

FRIDAYS CLASS

OUTLINE

- 1) Housekeeping
- 2) Introductions and Ice breakers
- 3) Class Expectations
- 4) Changes in Pregnancy
- 5) Rites of Passage
- 6) Self Care Before and After Birth
- 7) Tried and True Video
- 8) Closer**

FORMALITIES & HOUSEKEEPING ITEMS

Welcome: give a brief overview of the Instructor's background and work experience.

Aurora College: No smoking, fire exits, washrooms & parking

Juice and water offered at each class

May bring your own pillows if desired (some maybe provided), and wear comfortable clothes

Overview of Classes: 2 day workshop Friday 6:00-8:30 and Saturday 9:30 to 4:30. Hospital tour will take place on Saturday.

- ? Briefly summarize and review what each of the classes will cover. (Class content may change depending on what the needs of the group are.)

Introduction and Icebreaker

ICE BREAKER: (have these questions listed ahead of time on flip chart)

- , *Childbirth Mixer-See Handout*
- , *Name of mother and support partner.*
- , *Due dates*
- , *Boy/Girl*

Class Expectations

- ❖ What are your expectation for the class?
- ❖ What would you like to learn?
- ❖ Briefly summarize and review what each of the classes will cover. (Class content may change depending on what the needs of the group are.)

Physical and Psychological Changes in Pregnancy

- ❖ Start with getting to know each other. Break into 2 groups: Support Person and Pregnant Women. (depending on size of clas may need 4 groups)
- ❖ Have them discuss the changes and challenges they have experienced or noticed in themselves and in their partners during this pregnancy. These can be either physical changes or psychological changes.
- ❖ Bring the information back to the larger group
- ❖ List changes on the black board incorporate A+P to explain changes
- ❖ Use simulation belly also to help explain physiological changes in pregnancy.
- ❖ Go through Fetal Developmental Chart

List includes but is not limited to the following:

- **Hormonal Changes** – body makes extra estrogen and progesterone to maintain you pregnancy until placenta is fully developed at 3 months and takes over issuing hormones to maintain pregnancy
 - Hormones increase to 10 times their usual levels and fall sharply at birth
- **“Morning Sickness”** – nausea and/or vomiting can happen at anytime of the day
- **Breast Changes** – breasts may feel full, heavy, tingly or tender
 - the areola may darken and small bumps on the areola called Montgomery glands appear or become more prominent
- **Tiredness** – energy is needed for a growing uterus, baby and placenta which demands a lot from your body
- **Odd Tastes and Cravings** – increased saliva, a metallic taste in the mouth or strange cravings are common
- **Sense of smell** – may notice certain odours more or find that smoke and heavy scents bother you
- **Frequent Voiding:** pressure on the bladder
- **Constipation:** pressure on the bowels & decreased motility due to hormones
- **Heartburn:** later in pregnancy, due to growing uterus
- **Leg Cramps:** may be due to high levels of calcium and not enough phosphorus or pressure on the circulatory system.
- **Abdominal Discomfort:** stretching ligaments and muscles
- **Heavier vaginal discharge**

BREAK

Birth as a Rite of Passage

As you live, so shall you birth – Discuss personality/traits and how they may impact birth. People usually don't change overnight and so don't expect that you will be or act differently in labour. See more in "Birthing from Within" book.

Birth as a rite of passage – importance of event, life changing; also time to discuss possible child rearing practices etc so as to be a strong united front to your children and others around you (family etc).

Healthy Lifestyle

Ask the questions:

How have you incorporated a healthy lifestyle in your pregnancy?

After you have the baby how can you maintain a healthy lifestyle after the baby is born?

Include the following elements

- ❖ Nutrition
- ❖ Exercise
- ❖ Mental Health
- ❖ Time for Self
- ❖ Time for Couple
- ❖ Sexual Health

Tried and True Video

Show Tried and True Video. Handout Evaluation of Techniques Sheet.

Closer

- Go around the circle and ask each participant to name what they got out of this evening and what they are looking forward to for the next class

- End the session with the “Slow dance” from the video while reading out the relaxation exercise “the Forrest or the Beach.”

Handout for the class:

- ❖ How does you baby grow?
- ❖ Prenatal and Postnatal Health Lifestyle Recommendations
- ❖ Tried and True Evaluation Sheet
- ❖ Relaxation Exercises.

Video

- ❖ Tried and True

SATURDAY PRENATAL CLASS

OUTLINE

- 1) Introduction
- 2) Questions from last night's class
- 3) Relaxation Exercise (Beach or Forest)
- 4) False Labor vs. Real Labour flash card game
- 5) Warning Signs
- 6) Stages of Labor
- 7) Signs of impending labor
- 8) What does/can labor feel like?
- 9) Break
- 10) Pain
- 11) Labour Support
- 12) Review\talk about back labor techniques and posters
- 13) Hello Baby Video (vaginal delivery section)
- 14) Goto Stanton for Hospital Tour
- 15) Lunch
- 16) Pain and Bread Basket Pain Techniques
- 17) Questions from the morning
- 18) Medical Options and Practices
- 19) Induction of Labor
- 20) Electronic Fetal Monitoring
- 21) Vaccum
- 22) Forceps
- 23) Casearan
- 24) 24)Hello Baby (Cesarean Section 3)
- 25) Break
- 26) Breastfeeding
- 27) Breastfeeding your Baby Video or Breast Feeding
Coping with the First Week Video

- 28) Self-Attachement Video
- 29) The First Week Home
- 30) Closer

TRUE VERSUS FALSE LABOR

ACTIVITY #2: Put up a "True" and a "False" sign on the wall. Hand out a series of laminated cards. This series of colour coded 12 cards has a sign of labour written on each card. Ask the participants to place the card under the appropriate true or false sign.

Answers:

FALSE LABOR:

- ? contractions have no regular pattern
- ? contractions do not come more frequently
- ? contractions are not changed by walking (may stop)
- ? contractions are strongest in the front
- ? usually have no show

TRUE LABOR:

- ? contractions usually have a regular pattern
- ? come more frequently
- ? contractions usually begin in the back and move to the front
- ? contractions gradually get stronger and closer together
- ? usually have a show

WARNING SIGNS DURING PREGNANCY

EXPLAIN through class discussion

Call you doctor right away if you have of these signs:

Stomach cramps

- with or without diarrhea or vaginal bleeding

Contractions

- if you have 5 or more contractions in an hour

Menstrual like cramps

- crampy feeling in lower abdomen
- they may come and go or be constant

Pressure in your Pelvis

- it may feel like your baby is pushing down
- the pressure usually comes and goes

Low, dull backache

- may come and go or be constant
- usually felt below your waistline

Leaking or gushing of fluid

- may feel a slow leak or gush of fluid from you vagina

Change in vaginal discharge

- an increased watery, mucous pink or brownish discharge

Other warning signs:

- Severe or continuing headache
- Abdominal or right upper quadrant pain
- Nausea or vomiting that persists
- Fever above 100°F (38°C) degrees that doesn't go away
- Vision problems: blurry eyesight or blind spots, seeing flashes or spots of light

- Sudden swelling of you hands, face or feet
- Burning or pain when you (urinate) pee
- Itching and burning in the vagina

The first stage has three phases
PHASES OF 1ST STAGE

The Four Stages of Labor

- **first stage** is the beginning of contractions until 10 cm dilatation.
- **second stage** is the pushing until expulsion of the baby
- **third stage** is delivery of the placenta
- **fourth stage** involves the first 24 hours post delivery

EARLY	ACTIVE	TRANSITIONAL
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<p>?Contractions q5-20 mins apart, lasting 30 to 45 seconds ? Last 7-8 hrs ? Cervix opens 0-3 cm ? Fell excited</p> <p>To Do (Mom): ? Keep busy, walk, pee often ? Finish packing bag for the hospital</p> <p>To Do (Labour Companion): ?Time & Record Contractions ? Keep busy with Mom ? Call a ride when ready ? Woman may sleep, too busy to notice symptoms</p>	<p>? Contractions are 3-5 mins apart, lasting 45 to 75 seconds ? Contractions become stronger, longer, and closer together ? Lasts 3-5 hrs ? Feels more anxious ? Cervix opens 3-7 cms</p> <p>To Do (Mom): ? Try to rest between contractions ? Have a shower</p> <p>To Do (Labour Companion): ? Give a massage or back-rub ?Remind Mom to pee often ? Usually the woman can no longer walk/talk through the contractions</p> <p>Activities for Active Phase: ? begin using breathing techniques ? toward the end of this phase is time to go to the hospital (when you have 10 -12 contractions that are 5 minutes and are lasting 60 seconds each)</p>	<p>? Contractions q1-2 mins apart, lasting 75 to 90 seconds ? Last ½ to 1.5 hrs ? Cervix opens 7-10 cms ? Feel lousy</p> <p>To Do (Mom): ? Find a comfortable position ? Try not to push yet</p> <p>To Do (Labour Companion): ? Remind Mom it will soon be over. ? Give warm blankets & socks ? Duck if Mom swings, & be understanding!! ? Most difficult for most woman</p> <p>Activities for Transition: ? mother should never be left alone ? it is the worst part but it is almost over</p>
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POSITIONS FOR 1ST STAGE OF LABOR

****Show chart "Positions for First Stage".**

Explain how various positions open up the pelvis to enhance labor and the descent of the baby. It is a good idea to change position

every 30 - 45 minutes as any change in position can cause contractions to become more effective.

The following positions can be helpful in First Stage:

- ? standing
- ? walking
- ? standing and leaning forward
- ? sitting upright
- ? semi-sitting
- ? tailor sitting
- ? hands and knees
- ? kneeling, leaning forward with support
- ? sitting, leaning forward with support
- ? lateral (left side)
- ? squatting

SIGNS OF IMPENDING LABOR

**** WRITE ON A FLIPCHART & BRIEFLY EXPLAIN EACH ONE:**

- ? lightening (2-3 weeks before in primips) which allows woman to breath more deeply
- ? increased urge to urinate (more pressure on bladder)
- ? decreased compression of stomach allowing increased food intake
- ? increase in Braxton-Hicks contractions
- ? weight loss of 0.5-1.0 kg (usually water)
- ? increased backache
- ? increased pelvic pressure
- ? increased vaginal secretions
- ? diarrhea, nausea & vomiting
- ? sudden burst of energy 24-48 hrs. (Nesting instinct)

- ? softening & thinning of cervix
- ? loss of mucous plug

WHAT DOES LABOR FEEL LIKE?

- ? menstrual cramps or gas pains
- ? lower back pain radiating around to the front and back again
- ? wavelike in the beginning
- ? becomes more intense as the labour progresses (strong, longer, more painful)
- ? later on may also have nausea, vomiting, chills, painful backache, tremors and a sense of desperation

SIGNS OF TRANSITION:

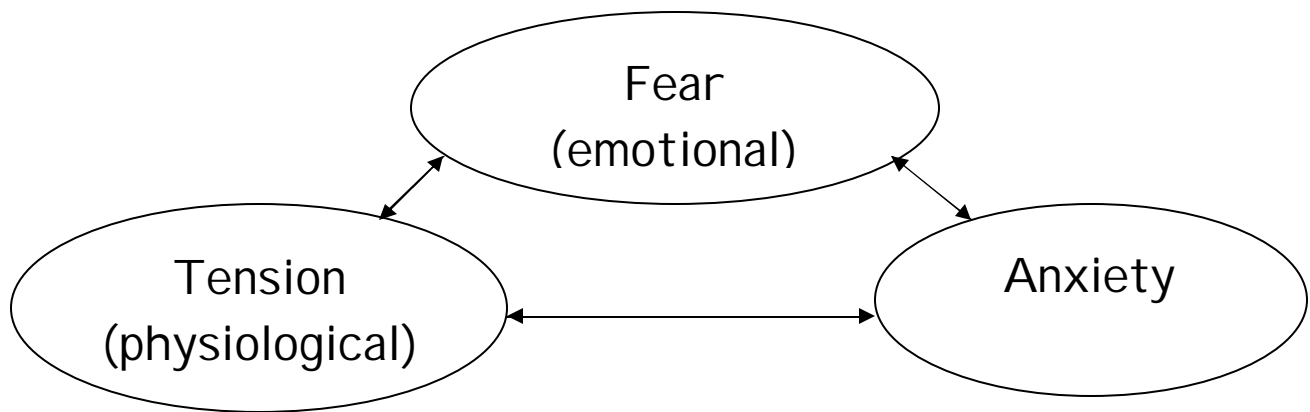
- ? mood changes (irritability, panic, lose her inhibitions).
- ? hot flashes
- ? cold chills - especially feet
- ? sleepiness
- ? nausea &/or vomiting
- ? backache
- ? trembling & shaking
- ? rectal pressure
- ? urge to push

Pushing:

Listen to your body and push as the urge presents as long as you are fully dilated and effaced. Pushing before then can cause the labour process to slow down.

WHAT CAUSES PAIN IN CHILDBIRTH?

Discuss pain in childbirth (possible causes)



You break this cycle through knowledge, relaxation, breathing and concentration techniques, which reduces perception of pain and facilitates relaxation.

Fear increases tension; tension intensifies pain, and pain produces additional anxiety that leads to fear and further tension.

Physiological: Refer to anatomy and physiology of pregnancy

- ? **Tension** - relaxation exercises can help
- ? **Uterine anoxia** - controlled breathing can help
- ? **Position** - lying flat on your back (not helpful), walk and change positions often
- ? **Cervical dilatation** -cervix must dilate to allow baby to pass through the birth canal.

Bread basket: See "Getting Parents' Baseline to Pain Sensation"
Use the ice; the first time get them to squeeze the ice for

60 seconds and focus on the ice. The second time get them to squeeze the ice and focus on their breathing.

Breadbasket: NFA Activity (Non-focused awareness)

LABOR SUPPORT

Labor support is very important! **“Studies show that woman who have labour companions have shorter labours and require fewer medications than woman who labour alone.**

Tell them what happens: HR increases, breathing increases, tired, tune out a bit in response to contractions, laboring woman can be grumpy, rude and demanding.

Role and effect on labor companion, husband/partner:

- ? usually feel relationship is enhanced
- ? can offer love and understanding that no one else can
- ? emotionally involved (seeing her in pain can distract the partner who may need support).

ACTIVITY #1: What sort of things can/should partner do for the laboring woman?

Brainstorm a Checklist (to be covered in more detail in each class):

- promotes relaxation (massage & touch)
- encourages concentration (focal point, visualization)
- assists with breathing (controlled & relaxed)
- comfort measures such as: ice chips, shower, massage, cold/heat, counter pressure, music, change positions, empty bladder every hour and words of encouragement

**** Be sure to cover the following "Touch, Talk & Time" segment that follows.**

Touch:

- helps woman relax if she tenses in response to contractions
- non-verbal communication
- practice different types of touch -she needs to tell you what feels good and what irritates
- when she says "Don't touch me!" she means "Don't touch me like that!"

When touch elsewhere is not working, try these techniques on the palms of the hands or soles of the feet:

- ? break the popsicle
- ? palm stretch and walk over hand/sole with thumbs
- ? acupuncture (fingers pressed into palms by making a fist)

TALK:

- ? Speak softly, be close to the woman
- ? Once active labour has started, talk should be used to help the woman focus, not to try to distract her. ie. "Your doing fine ...contraction is almost over....stay with it"
- ? Use positive redirection. ie. If she is breathing too fast don't say "Don't breathe so fast" Try instead, "Take it slow and easy...breathe with me..."
- ? Reassure woman, especially primips, that nothing they do in labour is wrong. ie. Sometimes it's alright to scream, throw off your clothes and yell, especially in transition. Whatever a birthing woman does is her very best.

TIME:

- ? Timing contractions is another useful activity for partners
Time the contractions and use this information to encourage her through them ie. "45 seconds are gone.." (when contractions are lasting 60 seconds). In transition this might not work as well, who wants to hear 105 seconds! The companion can simply say "it's at its peak....now it's nearly over".
- ? Focus attention on the woman not on machinery
- ? Show how to time contractions (from the beginning of one
to the beginning of the next one).

ACTIVITY #2: OUTWARD SIGNS OF TENSION

- ? jaw is clenched
- ? tense facial muscles & wrinkled forehead
- ? breath holding or heavy quick breathing
- ? raised tense shoulders
- ? clenched fists and curled toes

It is the labor companion's role to recognize these signs of tension and help to relieve them.

VISUALIZATION AND OTHER COMFORT MEASURES

? **Visualization:**

- ? personal one(using your imagination in a positive way
imagine a pleasant scene or place you would like to be
and
think about that place while you are in labour)
- ? cervix opening(picture what is happening inside
you - your cervix & baby during each contraction,
babes head leaning into the cervix, stretching it,
opening it, moving baby downwards.)
- ? count breaths out loud
- ? repetition
- ? distraction
- ? focal point- a route known only to you (ie; stairs
or jogging route.)

? **Vocalization**

- ? I'm safe, I'm sound
- ? A breath for you, A breath for me
- ? I love you, You love me

- ? **Shower**

- ? **Cold/Hot Packs:**
 - ? rice sock
 - ? ice packs

- ? **Massage & Effleurage** (light stroking over abdomen like a butterfly) hands, feet, legs, arms, back

- ? **Breathing:** Normal breathing, cleansing breaths

- ? **Hydrotherapy:** shower, or bath (See Comfort in Labour Handout for safety considerations. Birthing Pool not yet available for labour but a bath can be used prior to going to the hospital as a comfort measure.

Introduction to Massage

Method:

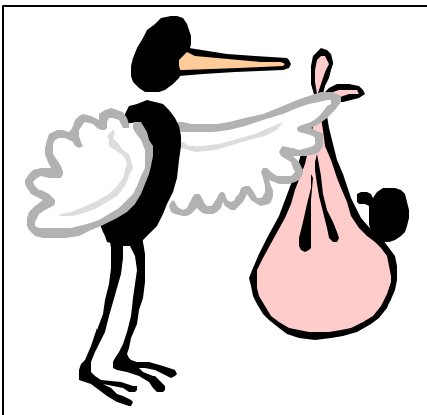
Ask the group to stand up and turn so that they are facing their support person's back. Touching only the shoulders and upper back area of the person in front of you, describe and demonstrate the following message techniques. Alternatively, ask participants to work with their support person. Ask the group to practice each of the techniques as you describe them.

1. "I imagine your finger tips are raindrops falling on the shoulders of the person in front of you".

2. "I imagine that you are playing the piano on the shoulders of the person in front of you".

3. "I imagine this person's shoulders area to be a bag of cotton balls."
4. "I imagine that you have just taken a warm shirt out of the dryer. Begin to iron out the creases on the person's shoulders and upper back".
5. "I imagine that you are gently Karate-chopping across this person's shoulders and upper back. Go from the midline to the outside and back again a few times, alternating the chopping motion gently.
6. "I imagine that you are stroking a soft, furry, stuffed animal or pet."

Note: Teaching massage in a group setting is a non-threatening way of introducing massage. Stress the importance of massage as a way to promote relaxation. Encourage the group members to practice at home. Suggest using a small amount (size of a quarter) of oil to make the massage smoother.



HOSPITAL TOUR

- A tour of the Labour & Delivery Unit at Stanton is offered as part of the prenatal classes. Others who want a tour may book it through the OBS unit or Perinatal Women's Health Program.

- This class allows parents to become familiar with the hospital and the routines especially the Labour and Delivery Unit. To many people, hospitals are surrounded in mystery, fear and anxiety. The tour gives the parents the opportunity to view the physical lay-out and ask questions.

HOW TO CONDUCT THE TOUR:

- The tour should follow the direction the mother will be taking, focusing on specific items of interest in that area.
- Ask clients to meet at the lobby of the hospital and start the tour from there.
- Parents will need to know where the Admitting Department is located and that the admitting personnel are not on duty 24 hours a day. They need to know what the process is when they must come through the ER entrance.
 - Discuss pre-registration. **NOT DONE ANYMORE.**
 - If people are coming in for prenatal procedures on OBS or perinatal health clinic they need to go through admitting and get their pink sheet.
 - Describe the routine admission procedures.
 - Discuss what they should bring to the hospital when they come into labour. See attached "What to Take With you to the Hospital" handout.
- Before starting the tour, the Instructor should consult with the L&D nurse to ensure the timing of the tours are not interfering with client care.

- From the Admitting Department proceed to the L&D unit. Give the parents a few moments to familiarize themselves with the layout of the areas, for example, the nursing station, the nursery, the labour rooms, and the post-partum rooms.

- In the Birthing rooms, show the parents:
 - the operation of the bed (including the use of the squatting bar), the washroom and the shower.
 - Birthing ball
 - Birthing stool
 - Bring a rocking chair into the room and have a mother sit in it during the tour. This will emphasize the importance of mothers comfort in labour.
 - Show the Ohio Warmer along with suction and oxygen equipment.
 - Show the Fetal Monitor and explain how it works.

- From the Birthing Room proceed to the post-partum area.
 - Explain private and semi-private rooms. Show them a room, if possible.
 - Inform them of visiting hours, rules for visitors, and rooming in policies.
 - Discuss telephone and TV use.
 - Discuss usual length of stay for vaginal (24 to 48 hours) and C/S(3 days) Moms.
 - Discuss when a Mother can start breast-feeding.

- Proceed to the Lounge area.
 - Show how a support person can get themselves a snack and something to drink.

- Discuss what happens with mom and babe after the birth (oxytocin injection, eye ointment, immunizations for baby, etc.)
- Proceed to Perinatal Care Clinic
 - Explain program.
- Proceed to the Nursery:
 - Show a crib and explain that some babies require closer monitoring.

- To wind up the tour, ask the group if they have any further questions on anything that they have seen or heard. Remind them that they can call the hospital or the Public Health Unit if they have questions later on.

MEDICAL OPTIONS AND PRACTICES

PAIN RELIEF

Pain in childbirth is complex - is probably the underlying reason for establishing childbirth education.

Pain Threshold is the level at which a person actually perceives pain (differ from person to person).

Pain Tolerance is the ability to tolerate pain (this also very individualized).

We will all feel it differently and at varying degrees.
 -give an example, i.e. If I were to pinch you really hard and 30 seconds later you say "ouch!" then I have reached your pain threshold. I keep pinching you and another 30 seconds later you say "enough!" then I have reached your pain tolerance. If you have learned a coping technique like

controlled breathing then you can begin to use that when you have said “enough!” and you will be able to handle the pain a while longer.

Bread basket: See “Getting Parents’ Baseline to Pain Sensation”
Use the ice; the first time get them to squeeze the ice for 60 seconds and focus on the ice. The second time get them to squeeze the ice and focus on their breathing.

Breadbasket: NFA Activity (Non-focused awareness)

Preparation and support will generally increase one’s tolerance.

For most women there will be pain in childbirth. It won’t just be uncomfortable, difficult, overwhelming - IT WILL HURT!

Explain the difference between analgesia and anaesthesia.

Discuss endorphins released during labor (10 X stronger than medications that can be used) and the effect of medical interventions breaking the connection between the brain and the body.

*Entonox gas: **Entonox (Gas and Air)***

This is the most common form of pain relief used routinely in both hospital birthing suites and for homebirth. It is basically 50% Nitrous Oxide (laughing gas) and 50% air (oxygen, nitrogen, carbon dioxide etc)

The benefits of gas and air are that although it does cross the placental barrier to the baby the effects are very short lived and therefore there are not known to be any serious side effects with its use for the baby.

However with gas and air there is about a one minute time lag between starting breathing it and the gas having any effect. This means that if you start breathing it when the contraction starts you will not actually get the benefit of the gas for that contraction as they only generally last a minute or so.

Nitrous Oxide is also a sedative so it can make you feel very woozy and dizzy. It can also make you feel very nauseous and given that women often feel sick during labour anyway you may feel that you would want to use another method other than gas and air. The nice thing about gas and air is that you control it so you can simply choose not to use it anymore if you do find it unhelpful.

Narcotic injection: acts on pain receptors and alters the sensation of pain (i.e. "It takes the edge off"). The drug will pass through the mother's blood stream to the baby in varying amounts. It can enhance relaxation during and between contractions and thereby aid in the progress of labour. Due to its effects on the baby it may not be given after 6cm dilatation. Possible effects on the baby include respiratory depression. This can be reversed in the delivery room with a medication called narkan.

Types of narcotics commonly used are:

- ? **Demerol** - long-acting narcotic and takes longer to be removed from the immature system of the baby. Central nervous system effects in the baby can include

inability to coordinate movements for suckling. Effects can remain in the baby for as much as a week, especially if more than one dose was given to the mother. These effects are *not* changed by the administration of Narcan. This medication however is rarely used now in labor due to its long acting effects.

? **Morphine & Fentanyl** - are short-acting narcotics.

These take less time to leave the baby's system, usually no more than 24 hours when only one dose is given. The CNS effects may still be seen as for Demerol.

? **Epidural:** can be used to administer analgesia or anaesthesia. Discuss indications for use. Inform them that a catheter may be placed in the bladder, vital signs will be checked every 15 minutes and there is an increased likelihood that Pitocin will be needed. Also, it is more difficult for a woman to push her baby out because she doesn't have the feeling of contractions. Therefore, it is also more likely that a vacuum extractor or forceps will be needed. Sometimes, the epidural can be turned off to allow the sensations to return for pushing. Current research shows that the drugs given via epidural do pass through to the baby and can have similar effects as on the baby's ability to suckle and learn to breastfeed in the early post-partum period. (*show chart*)

? **Spinal Anaesthesia:** commonly used for c-section. Will promote total loss of feeling but the woman will still feel "poking". Effects on baby as per narcotic injection and epidural.

? **General Anaesthesia:** rarely used.

- ? **Narcan:** used to reverse the effects of a narcotic on the baby's respiratory ability. Does not reverse the effects on the baby's coordination, sucking, etc.

INDUCTION OF LABOR

- ? Indications for induction include: maternal heart disease, diabetes, pregnancy-induced-hypertension or premature rupture of membranes. It may also be done for a post due date pregnancy or when fetal assessment tests show that the baby would do better if delivered.
- ? Induction may be done in one or more of the following ways:
 - ? with prostaglandin gel or cervidil to ripen the cervix (may be done more than once)
 - ? with amniotomy or artificial rupture of membranes. It may also be done to help labour progress. It feels like a vaginal exam when the amnihook is inserted to make a tiny opening in the amniotic sac.
 - ? I.V. oxytocin infusion. A man-made form of the hormone oxytocin, called pitocin, may be needed to strengthen contractions or to induce labour. It would be given intravenously. (*Show chart*)

ELECTRONIC FETAL MONITORING

- ? Internal and external fetal monitoring provide information on the frequency and duration of contractions and their effect on fetal heart rate patterns.
- ? This provides an accurate picture of the health status of the fetus and the quality of the uterine contractions during

labour.

- ? Possible problems can be identified before they become a threat to the woman or fetus.
- ? On admission to the ward a woman will have an initial 20 minute monitoring strip done if her membranes have ruptured, meconium is present in the amniotic fluid or she is a high risk pregnancy and then it will be done intermittently or continuously, depending on the circumstances. If a woman is having a normal healthy pregnancy there is no need for monitoring depending on how the labour is progressing.
- ? **** Show charts of external and internal fetal monitoring.**

EPI SI OTOMY

- ? Episiotomy is a surgical incision in the perineum made with scissors under local anaesthetic.
- ? It extends from the vagina towards the anus or more commonly downward and to the side. The routine use of episiotomy is controversial.
- ? An episiotomy may be indicated :
 - ? to speed the second stage of labour if the baby appears distressed
 - ? to reduce pressure on the fetal head during a premature birth
 - ? to attempt to avoid a tear in the perineum
 - ? to allow placement of forceps and/or vacuum
- ? The following measures may lessen the likelihood of an episiotomy:
 - ? eat a well-balanced diet for good muscle tone and skin elasticity

- ? massage the perineum during the last weeks of pregnancy to soften and increase the elasticity of the tissue around the vagina
- ? apply warm compresses to the perineum during the second stage
- ? use gentle pushing to ease the birth of the infant rather than prolonged breath holding and vigorous pushing.

VACUUM EXTRACTION

- ? This device consists of a round, plastic cup attached to either a hand or electric pump to produce the necessary suction.
- ? The cup is placed over the posterior fontanel as the fetus descends into the birth canal.
- ? When suction is applied via the pump, air beneath the cup is sucked out and the cup adheres so tightly to the scalp that traction applied by the physician will deliver the fetus.
- ? The baby will likely have some swelling and bruising on the scalp due to the suction. **(Show chart)**

FORCEPS

- ? Forceps are surgical pincers that look like two large spoons. Forceps are inserted into the vagina by the obstetrician and placed on either side of the fetal head . The fetus is then gently eased out of the birth canal. (Show chart)

CESAREAN SECTION BIRTH

The 4 "P's":

1. PLACENTA:

Placenta previa - placenta partially or completely covering cervical os

Placental abruption - placenta separates from the uterine wall

2. PELVIS:

Cephalo-pelvic-disproportion - baby is either too large or the pelvis is too small.

3. PASSENGER:

Malposition of the Baby:

transverse

footling breech

prolapsed cord

posterior and unable to turn

Health of the Baby: fetal distress

Health of the Mother that affects health of the baby:

pre-eclampsia

diabetes

active herpes infection

chronic health problems that may make a vaginal birth difficult or compromising to the mother or baby.

4. POWER:

Contractions insufficient to dilate the cervix (failure to progress).

- ? In circumstances where the fetus cannot be delivered safely through the vagina, a Caesarean birth is the alternative.
- ? A Caesarean birth may be elective, planned in advance or it may be an emergency because of problems that arise during the labour.
- ? It is important for women and their partners to view Caesarean birth in a positive manner.
- ? Some women express disappointment and feelings of failure following an unexpected caesarean.
- ? The woman should not feel that she has failed in any way. Emphasize that the type of birth is less important than the overall goal of a healthy mother and baby.

BREASTFEEDING

BENEFITS OF BREASTFEEDING

- Breast milk is the *perfect first food* for your baby. It is all your baby needs for the first six months of life. After this, other foods can be added to your baby's diet, but breast milk will continue to be the main food throughout the first year.
- Breast milk is easily digested and absorbed by your baby. There are over 200 nutrients in breast milk and its composition changes to meet the needs of your baby.
- Breastfed infant presented lower mean total cholesterol in adulthood.
- Another benefit is the many antibodies passed from you to your baby. These provide immediate protection to your baby against many serious illnesses. Breast milk also contains cells that fight germs. It may protect your baby from developing allergies, ear infections and other

diseases such as heart disease and digestive problems as an adult. Breast feeding may also reduce obesity in adulthood.

- Breast-feeding may also protect your baby against Sudden Infant Death Syndrome.
- Performance in intelligence test was higher in infants who breastfed in a few studies.
- Breast milk is inexpensive, convenient, at the right temperature and always available when needed.

Resource: Evidence of the long term effects of Breastfeeding-Who

If you are still undecided about whether or not to breastfeed, I encourage you to try it, you may find that it is easier than you thought and may enjoy it a lot. Explain that to give yourself and your baby a good chance for the BF to work it may take 4 to 6 weeks.

YOUR MILK SUPPLY AND HOW IT IS MADE

“Colostrum”, the very first milk, is rich in proteins and vitamins and helps your baby build up immunity. It is very easy to digest and has a mild laxative effect that is important in preventing or reducing newborn jaundice. It is important to feed often, about every 2-3 hours.

Gradually over the next few days, your milk changes from colostrum to transitional milk then mature milk in 2 weeks. If you could see the milk as it is flowing into your baby you will see that the milk is now thin and bluish, particularly at the beginning of feedings. This is called foremilk. The longer your baby feeds the richer the milk becomes. The latter milk, called the hind milk, is high in calories so that your baby will grow quickly and the high fat content also helps to satisfy your baby's hunger. It is important to let your baby nurse for as long as he wants at each feeding. Your baby will continue to nurse frequently over the first few weeks of life and will probably need to feed at least twice during the night.

Breast milk contains all the nutrients your baby needs except Vitamin D. Infants who are entirely breast fed should be given 400 IU/day of vitamin D from May to September and 800IU/day from October to April. Vitamin D prevents rickets in children. Discuss this supplement with your doctor, public health nurse or pharmacist.

Milk is produced by your breast on demand. A small amount is already in the breast at all times but most milk is made as your baby is nursing. The more frequently you nurse your baby, the more milk is produced. If you nurse your baby for as long and as often as your baby wants, you will have the milk your baby needs as he grows and his appetite increases.

Remember to relax and be patient. Breastfeeding is a learned skill, to be learned by both you and your baby.

SHOW VIDEO “Breastfeeding Your Baby” or “Breastfeeding: What video. to Expect your First Week” then answer any questions from the cover the additional material in a hands on way depending on your groups need.

FOUR COMFORTABLE BREASTFEEDING POSITIONS

The Cradle Hold

To breastfeed your baby in this position, sit upright and cradle your baby in your arm with its tummy against yours.

- ✿ Support yourself with pillows while sitting in a chair, sofa or bed.
- ✿ Use a pillow to bring the baby to the correct height of your breast.
- ✿ Support the baby's head on your forearm (just in front of the elbow), and tuck its lower arm between its body and yours.
- ✿ A footstool or pile of books will help support your legs and feet.
- ✿ With your free hand, support and offer your breast.

The Modified Cradle Position

Position the baby in the same way as the Cradle hold, having baby tummy to tummy with you.

- ✿ Hold the baby with the arm opposite to the breast you are nursing with.
- ✿ Gently hold your baby's head and neck. This gives you good control of the baby's head when trying to latch the baby.
- ✿ Once again, pillows will help to keep the baby in a good position, and your arms rested.

The Football Hold

This is a good position if you have had a cesarean birth, inverted nipples, strong milk ejection or if you have large breasts. Also good for nursing twins, a premature baby or a baby that has problems latching.

- ✿ Sit upright and place a pillow by your side to support your arm and raise your infant to the level of your breast.
- ✿ Lay your baby on its back, supporting its head and shoulders with your arm.
- ✿ Her body should be snuggled in close to you and the baby should be directly facing your nipple. (see diagram)
- ✿ Pull your baby onto the breast as it latches on.
- ✿ Avoid hunching over your baby. It will strain your arms and back.
- ✿ Try to keep your arms relaxed while you breastfeed.
- ✿ Placing a rolled facecloth or towel under your hand /wrist holding the baby's head also takes pressure off of your arm.

The Side-Lying Position

This position is beneficial if you are: breastfeeding at night, wanting to rest during feedings, need to lie flat after a caesarean section or spinal anaesthesia, finding your perineum sore from delivery, or your nipples are sore (changing positions can reduce soreness).

- ✿ Lie comfortably on a bed, couch or floor and bring your baby close. It is helpful to place one or two pillows under your head and one behind your back. Placing one between your knees can relieve pressure on your back.
- ✿ The baby should be on her side, turned toward you. The baby's face should be level with the nipple.
- ✿ Placing a rolled up towel or blanket behind the baby to prevent the baby from rolling backwards.

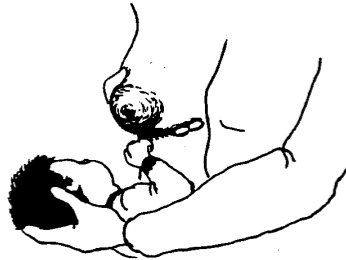
- Lift your breast upward with your free (upper) hand and gently stroke your baby's mouth until she opens to latch on.
- Once your child has emptied the lower breast, you can either:
 - turn over and place her on her other side or;
 - raise the baby with a firm pillow to the level of your other breast.
 - You can also turn your body to lower your upper breast to her mouth.

PUTTING YOUR BABY TO YOUR BREAST...
4 Steps to Comfortable Breastfeeding



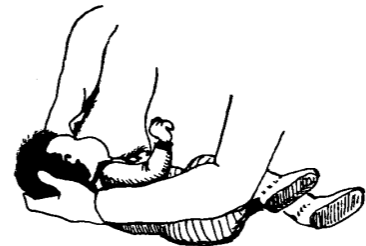
Step 1

- 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.



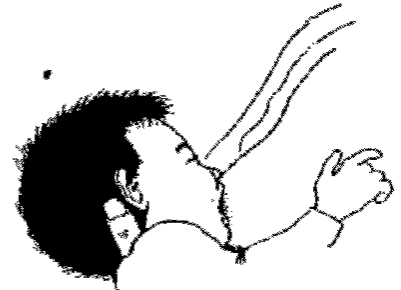
Step 3

- 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: Renfrow, M., Fisher, C. and Arms, S. *Breastfeeding*. Berkeley, CA: Celestial Arts, 1990. p. 36-64

BREAST CARE FOR NURSING MOMS

During your pregnancy, your body has gone through many changes to prepare your breasts for milk production. Early and frequent feedings and paying close attention to how the infant latches on, is crucial to providing the optimal level of functioning for both the infant and the mother. The following measures will help encourage a successful breastfeeding experience:

Early and frequent feedings (8 to 12 feedings per day) will help establish an adequate milk supply and prevent engorgement.

If you have pain only when baby is latching on, this is normal stretching and will subside. If it continues, change baby's position at the breast. Express a bit of breast milk. Rub into nipple and allow to air dry. Always ensure an effective latch. This is the key to successful breastfeeding.

Make sure baby takes in as much areola (the dark area around the nipple) as possible.

Expose nipples to air after breastfeeding.

Break baby's suction by placing your index finger between baby's gums.

Don't use soap on nipples or areola because it may dry out the natural protective secretions.

Wear a supportive bra during waking hours until completely finished breastfeeding.

8. Breast pads help keep bra clean from dripping milk. Avoid breast pads with plastic linings. Change them often if they get wet.
9. Regular daily showers should be sufficient hygiene for your breasts.
10. If you experience flu-like symptoms (general aching, fever, chills, or headache) along with sore breasts, contact your local public health nurse or doctor.

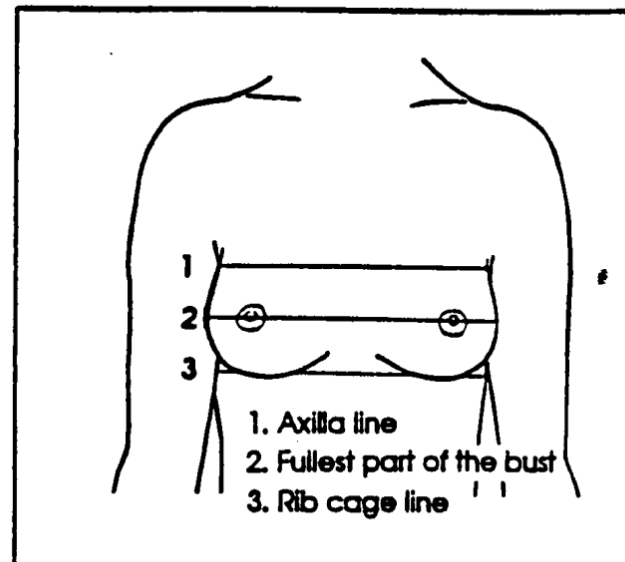
MEASUREMENT FOR NURSING BRA

To measure for proper fit of a nursing bra, measure around the rib cage, just below the bust line. Add 5 inches to this measurement to give the size of the bra required e.g. 34, 36, 38.

Take the measurement of the fullest part of the bust and then take the measurement just below the axilla. The difference between these two measurements indicates the cup size. A difference of one inch = cup size A, two inches = cup size B, three inches = cup size C, four inches and in half inches = cup size D.

Avoid measuring for a nursing bra if the breasts are engorged.

**Hay River Mothers: Nursing bras can be purchased through Medela, Rings Pharmacy, and Sears.



EXPRESSING YOUR OWN MILK

MANUAL EXPRESSION

1. Place warm-hot washcloths on your breasts to soften them.
2. Wash your hands with warm soap and water.
3. Make yourself comfortable.
4. Get yourself something to drink.
5. Use a clean container to collect the milk and lean over the container so that the milk will drop into it.

Manual expression may take some practice. You may wish to try this in the shower or bath while you are relaxed.

Support your breast in one hand and start to massage, working downward from above the breast. Work your way all around the breast, including the underside. Complete at least ten circuits: this helps the flow of milk through the ducts.

2. Stroke downward toward the areola with your fingertips several times. Avoid pressing on the areola.
3. Apply gentle downward pressure on the area behind the areola with your thumb and fingers. Squeeze thumb and forefingers together, at the same time pressing backward; the milk should spurt out through the nipple. Rotate the position of the thumb and forefingers around the breasts or use the thumb and forefingers of each hand to express the milk. Continue until milk being expressed starts to dwindle.

HAND PUMPING

Hand pumps are available to buy in all drugstores as well as Walmart in YK. Read the instructions, wash your hands and make sure all parts are clean or sterile.

ELECTRIC PUMPING

If you must pump your breasts routinely, an electric pump will be the most convenient and efficient. Hay River Public Health has a borrowing program for electric breast pumps. In Yellowknife they can be rented from the Co-op.

Diag. 1



Diag. 2



Diag. 3



* Wash your hands, make yourself comfortable, have something to drink.

- * The pump parts that will touch your breast and collect the milk should be sterilized.
- * Sterilize everything before use when your baby is ill or less than 4 months old.
- * Massage your breast gently.
- * Start the pump on the lowest setting. When the milk starts coming, slowly turn it up to the normal level, until the milk comes out in a stream.
- * At first, start with 5 minutes on each side, then go back to the first breast for 3 or 5 minutes more, then to the second breast for another 3 or 5 minutes..
- * You can slowly increase the pumping time to 15 to 20 minutes on each side by going back and forth three times.
- * Pump every 2 to 3 hours when you are awake and once during the night.
- * Don't be alarmed at the small amount.

STORAGE OF BREAST MILK

Breast milk has natural bacterial and viral killing substances, however, care should be used when storing milk. Wash hands thoroughly and collect milk in sterile containers.

Collect milk using manual expression or sterile breast pump equipment.

Milk can be stored in a refrigerator for 3- 5 days. If not immediately needed, freeze milk after expressing. Breast milk can be stored 3-4 months in a freezer compartment in the refrigerator. If you have a deep freeze, breast milk can be kept for 6 months. Be sure to label the milk with the date and use the oldest milk first. Thaw milk under warm tap water. DO NOT microwave, which kills antibodies. Once frozen milk is thawed, it can be refrigerated, never refrozen.

It is normal for milk to separate and look like cream has risen to the top. Just shake before using.

BREASTFEEDING: A TROUBLE-SHOOTING GUIDE

SORE NIPPLES

Sore nipples are most often caused by wrong position or latch.

Ask your nurse to watch you feed your baby at the breast to ensure an effective latch, position and transfer of breastmilk.

1. Express a drop or two of breast milk onto your areola and nipple at the end of feeding. This will help the nipple to heal.
2. If one nipple is sore start feeding at the other breast first.
3. If your nipples are cracked or bleeding it is NOT harmful for your baby to swallow a little blood during the feeding, but you may want to rest the nipple by pumping your breast milk and cup or bottle-feeding your baby the expressed breastmilk for 24 hours. Also a nipple shield can be used for 24 hrs to allow time for the nipple to heal and continue with the feeding on the sore nipple. A Public health nurse will assist you on the most effective method based upon assessment during the homevisit.
4. If you choose to use a nipple cream, use pure lanolin (eg: puralan) as long as you are not allergic to wool. As well the Public Health nurse may provide you with All Purpose Nipple cream to promote healing if cracks are present.
5. Itchy burning nipples may be caused by thrush (a yeast infection that often affects the baby's mouth as well), check with your doctor or public health nurse.

ENGORGED BREASTS

Engorged breasts are hard, hot, tender and overfull. Early and frequent feedings should prevent engorgement when your milk comes in on the 3rd or 4th day. However, if you do experience this condition, the following measures may help to relieve the discomfort.

1. Continue to feed the baby on demand, at least ever 2-3 hours during the day, every 3-4 hours during the night.
2. Apply warm moist towels to breast for 10 minutes before feeding.

3. Have a hot shower before feeding. Let the hot water hit your back and lean forward to help the milk leak out.
4. Attempt to manually express a small amount of milk until your breasts are comfortable (see manual expression)
5. Use a mild pain medicine sparingly for discomfort.
6. Do not restrict your fluid intake - drink to your thirst.
7. Use frozen green cabbage leaves applied to your breasts for 10 minutes, two times per day.
8. Use of cold compresses may relieve pain (used after a feeding). Try frozen vegetables from the freezer placed in a sandwich bag. Leave on 15 minutes or so after each feed and you should see an improvement in 24 hours.

PLUGGED DUCTS/MASTITIS

1. **Plugged ducts** are characterized by complaints of tenderness, heat and possibly redness in one area of the breast without fever or feeling of illness experienced by mother. The following measures will help in treating a plugged duct:
 - continue to breastfeed often
 - apply moist heat to the area several times a day
 - massage the affected area with your fingertip before and during the feeding to stimulate the flow of milk
 - change the infant's position during the feeding to ensure emptying of all the sinuses of the breast
 - get adequate rest and take fluids as determined by thirst, avoid under wire bras, skipped feedings, poor nutrition and stress if possible.
2. **Mastitis** is an infection of the breast characterized by fatigue and flu like symptoms as well as the appearance of a hot reddened and tender areas on the breast. This condition should be treated with antibiotics, as well as all of the measures above for plugged ducts, if the lump in the

breast has not resolved in 24 hours. Contact your health care provider if this infection occurs.

REMEMBER: KEEP BREAST-FEEDING EVEN IF YOU GET THIS INFECTION.

OVERACTIVE LETDOWN REFLEX

Overactive milk letdown reflex, is a term used to describe how milk is released from the breast. Some mothers may have a forceful milk letdown reflex along with a very abundant milk supply, resulting in the baby receiving the milk too fast. The baby may be physically well and gaining weight, but mothers find the feeding times are frustrating. The baby may be very irritable at the breast, and fussy. Typically, the baby starts nursing, and after a few seconds or minutes, starts to cough, choke and struggle at the breast. He may come off, and often the mother's milk will spray. After this, the baby frequently returns to the breast, but may be fussy and repeat the performance.

There are several things that can be done to solve the problem:

1. Try feeding the baby one breast per feed. In some cases, feeding even two or three feedings on one breast before changing to the other breast may be helpful. If you experience engorgement on the unused breast, express enough milk to feel comfortable.

Feed the baby before he is ravenous. Do not hold off feedings by giving water or a soother. A ravenous baby will "attack" the breast and cause a very active letdown reflex. Feed the baby as soon as he shows any signs of hunger. If he is half asleep, all the better.

3. If you have time, express some milk (an ounce or so) before you feed the baby.
4. Lie down or lean back to nurse. This will slow down the flow of milk so baby swallows less air and may even nurse more.

5. Burp your baby often during the first five minutes of feeding, if the milk is still spraying, wait until it stops before re-latching.

LATCHING ON

Once you are ready to begin a feeding, support your breast with your free hand. Keep your fingers away from the areola (the dark area around your nipple). Your thumb should be placed on top of your breast, with all four of your fingers underneath the breast to support the breast.

- ❁ Tease the baby's mouth open by tickling his lips with your nipple.
- ❁ When his mouth is wide open, quickly pull the baby close to you and centre your nipple in his mouth. (see diagram)
- ❁ If he does not take to the breast immediately, continue to tickle as above until baby opens his mouth wide.
- ❁ Then bring the baby towards your breast; **do not lean towards the baby.**
- ❁ When positioned properly, the baby's jaw will go beyond the nipple and come together farther up on the areola. It is important that he take enough areola into his mouth to enable him to *gum* the breast. This movement and pressure of the baby's jaw makes the ducts under the areola release the milk (see diagram).
- ❁ If only the nipple is in the baby's mouth, it will not empty the breast properly, your nipples will become sore and you may become quite full.
- ❁ If the baby has only the nipple in his mouth, take him off the breast and try again.
- ❁ When taking baby off the breast, you should first break the suction by gently placing your finger in the corner of the baby's mouth; then remove your breast, This will help prevent your nipples from getting sore as baby is pulled away.
- ❁ It is important that the baby's jaw is far enough on the areola to compress the milk ducts below. You may experience some discomfort when the baby first latches on. If it continues to be uncomfortable, take the baby off of your breast and reposition. If the baby's mouth is in good position on your breast, it should not cause pain.
- ❁ If baby's nose seems blocked by your breast, tuck the baby's bum and thighs closer to you and do not use your finger to hold the breast out of the way.

At each feeding, the baby should be allowed to nurse for as long as he will on one side to get the positive benefits of the *hind milk*. The baby will let go of the breast when he is ready. The baby may need to burp then be put back on the second breast, until he lets go or falls asleep. He may drink for only a few minutes on the second breast. This breast should be offered first at the next feeding.

How Do I Tell if My Baby is Hungry? Crying is a late sign and baby may be so frustrated that they do not want to latch on. Watch for a light sleep state, eyes moving under the lids, stirring from sleep, sucking motions, hands on the mouth, rooting (turning towards something near the face such as a blanket) etc.

HOW OFTEN TO NURSE YOUR BABY

A breastfed baby should be fed on demand; that is, whenever he is hungry. Feeding at least every 2-3 hours helps to bring in your milk supply and prevents fullness of the breasts. In the first few days after birth, your baby may wish to feed even more frequently as colostrum is easily digested. Baby may be sleepy in the first 24 hours and only feed 4-5 times. This is normal and does not mean the baby needs supplementary bottles.

Initially it may seem as though all you do is feed your baby but as your baby grows he will gradually increase the time between feedings and baby will be satisfied for longer periods.

At approximately 2-3 weeks, 6 weeks, and three months of age, your baby will go through *growth spurts* that may last 3-4 days. At these times, he will be awake more often and want to nurse frequently. Do not be discouraged by this or think you do not have enough milk. Nursing the baby more frequently to satisfy him will provide extra breast stimulation which will increase your milk supply.

Day after birth	# of feeds in 24 Hrs	Minimum # of wet diapers	Minimum # of poops	Breast feel
1	4-6	1	1 dark	Soft
2	8-12	2	1-2 dark	Soft
3	8-12	3	1-2 brown	Fullness
4	8-12	4-5	2 yellow, seedy, loose	Fullness soft after feeds
5+	8-12	6	3 or more yellow, seedy	Milk is flowing well
After 6 wks	8-12	6+	varies	soft

Talk about Best Beginnings Booklet- handed out at hospital tour

Talk about hormones associated with BF and their impact:

Sex drive

Baby blues, PPD

Dads – what can they do to support BF, protect space, interact with baby (explain how).

Talk about PH home visits, where, when, etc.

Postnatal Classes

Mom's Boob's and Babes

BOTTLE FEEDING

Explain Baby Friendly(briefly) and how to get info on Bottle Feeding from hospital.

Sleeping: where, when, how etc.

Immunizations (brief) schedule, where, etc.

Talk about adjusting during the first few days, accepting help, changed body shape.

BURPING

You may use several positions for burping your baby. These include:

- Holding your baby upright against your shoulder.
- Lying your baby across your lap.
- Holding your baby in a sitting position on your lap with your hand supporting babe under the chin.
- Gently but firmly pat or rub your baby's back until a burp is heard from any of these positions. ***Some babies may need to burp more than once. Others, especially breastfed babies burp very little, if at all, if a good latch is achieved. Sometimes it is helpful to burp a baby at the start of a feed, before the feed actually starts.***

HICCOUGHS

These are quite common and normal in newborns, especially after feeding. They usually stop in a short period of time with no treatment.

QUIET AFTER FEEDING

After feeding and burping, baby should have a quiet time. Too much handling or rough play after feeding may cause spitting up part of feeding. When settling baby after feeding, lay him down on his side. If he spits up while lying on his side, it will drain away and not cause him any trouble. If your baby brings up a lot of the feeding for several feedings in a row, consult your doctor or public health nurse.

NEWBORN WEIGHT LOSS AND GAIN

It is normal for a baby to lose up to 3 to 7% of its birth weight for the first 2-5 days. This weight is normally regained by 2 weeks of age.

Once your baby begins to gain weight, you can expect him to gain at a rate of 4-7 ounces per week. If you think your baby is not gaining weight, call your health nurse.

BOWEL MOVEMENTS (BM's)

Baby's first bowel movements are a dark green tar-like substance called meconium. After a few days the colour of the BM will change into a golden, yellowish colour. The frequency of normal BM's can greatly vary from one baby to another.

Breast fed babies may have an average of two to four BM's a day for the first six weeks of life. Following that time, the bowel movements may decrease in number and may be as few as one every few days. The BM's may be "curdy" looking.

Bottle fed babies have fewer bowel movements - one to four per day at first. Their BM's are usually pasty and firmer than breast fed babies. During the first few weeks you will become familiar with what a normal bowel movement is for your baby. Some variation is quite normal.

GENERAL CHARACTERISTICS OF THE NEWBORN

The Head:

- Often looks like it is shaped funny after birth because it has to "mold" a bit to get through the birth canal. Be patient, your baby's head will go back to its normal shape within the next few weeks. The soft spot at the top of the head will close when baby is between 9 to 18 months old. It allows room for baby's head and brain to grow.

The Eyes:

- Are often swollen at birth, and sometimes have some discharge for the first few days. If your baby has persistent discharge from his

eyes after you go home, NOTIFY YOUR DOCTOR or nurse. Sometimes newborns get eye infections that need treatment. Your baby can see at birth. He focuses at about 7"-8", and likes black and white coloured objects, and the human face.

The Nose:

- The baby breathes through the nose.
- The baby sneezes to clear mucus (snot) from its nose, so cleaning the nostrils with Q-tips is not necessary and can be unsafe.

The Ears:

- Hearing is very acute at birth. Newborns often jump or are startled when they hear sudden loud noises.
- Baby recognizes mother's voice and prefers a soothing voice. Baby likes to be talked to or sung to.
- The ear cartilage is thinner when a baby is born prematurely, but will develop as the baby grows.
- Your baby's ears will have wax, which protects them, so do not use Q-tips in the ears as it is dangerous and can damage the ear drum itself.

Breasts:

- Are sometimes swollen in both male and female babies. This is caused by the mother's hormones from the placenta, and will go away within several days after birth.

Hair:

- Often thin soft hair is present on baby's ears, face, back and body. This is called lanugo and is common.

Newborn Skin:

- A newborn's skin is velvety smooth and puffy; especially around the eyes, legs, back of feet and hands, and the scrotum and labia. It is covered with a greyish white cheese-like substance called vernix caseosa. If the vernix isn't removed during the bath, it will dry and disappear by about 24 hours.
- It is normal for overdue babies' skin to be quite dry and may peel and sometimes crack.
- A newborn's skin is very sensitive. It is common to see a newborn rash

on the baby's skin during the first week of life. It comes and goes and looks like reddened bumps with a white head in the middle. No treatment is needed. If you notice your baby's skin is highly sensitive, wash all baby's clothes in mild unscented detergent.

Milia:

- Are clogged oil glands and will appear as white dots on the cheeks, chin and nose. Usually go away on their own in a few weeks. Do not squeeze!

Respirations (breathing):

- Often vary in speed and depth, and seem irregular. The stomach moves in and out when a baby breathes which is different than an adult, whose chest moves in and out when breathing.

Genitalia:

- Baby girls have a vaginal discharge during the first week of life. The discharge is mucousy, with a small amount of blood (like a "period"), and is caused because the baby no longer has a high level of the mother's hormones in its body.
- If your baby boy is uncircumcised, daily care of the penis is simple washing and rinsing the genital area at bath time. Do not pull or force the foreskin back while washing or rinsing.

Arms and Legs:

- Often babies keep their arms and legs folded in the fetal position for the first few weeks of life. Gradually they sleep in a more *unfolded* or relaxed position. Newborns who are having difficulty settling are often comfortable when snugly wrapped in a receiving blanket.

Personality:

- Babies each have their own personality and characteristics right from the time of birth. That is one of the reasons it is so difficult to get consistent advice about baby problems. What works for one child might not work well for another. Some babies sleep a lot, fall into regular eating patterns quickly, and are generally easy to raise. Some babies cry a lot less, and have less regular sleeping and eating patterns. Many babies fall somewhere between these two patterns. It may take some time to understand your baby, and to find out what

works best for him.

Hands on Practice

Have the mom and dads practice diapering, wrapping, bathing, burping and holding the baby.

Brainstorm the question:

What do you think the first week home with the new baby will look like?

Closer

- ❖ Any last questions or concerns.
- ❖ Relaxation technique: Slow dance with the Forrest or the Beach
- ❖ Evaluations

HANDOUTS:

Stages of Labour
Bread Basket Techniques
Comfort in Labour
?OBS- What to Pack?
Hep B pamphlet
BCG pamphlet
Pain Management
Breast Feeding Package
Breastfeeding your Baby: Tips for Moms
Learning to Breastfeed: Helpful Tips!
Herbs of Caution (if we have it)