

# Postpartum Discharge Package

CARING FOR YOUR NEWBORN



**SOUTHLAKE**  
REGIONAL HEALTH CENTRE



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# BABY

## Warning Signs

### SEEK MEDICAL ATTENTION IMMEDIATELY IF

- Your baby's skin is blue/gray/pale skin colour (except hands and feet).
- Your baby is having difficulty breathing.
- Your baby's skin or whites of the eyes are increasingly yellow.
- Your baby is not feeding after exhausting all attempts or is lethargic.
- Your baby's armpit temperature is persistently over 37.5°C or under 36.5°C.
- Your baby has not passed urine in 24 hours or is not passing stool regularly.
- There is consistent forceful vomiting.
- There is green, brown or fresh red blood in the spit up.
- Your baby is gagging or coughing persistently.
- Your baby has green foul smelling discharge around the umbilical cord or circumcision site.
- Your baby is passing bloody or clay coloured stools.



## Fever

### Taking baby's temperature

- An axillary temperature is when the armpit (axilla) is used to check body temperature. The axillary method is the safest way to take your baby's temperature.
- Only healthcare professionals should use a rectal thermometer to take a baby's temperature.

### How to take an axillary temperature:

1. Use a digital thermometer.
2. Place the tip of the thermometer in the centre of your baby's armpit.
3. Tuck and hold your baby's arm snugly against her body.
4. Leave the thermometer in place for about 1 minute or until you hear the "beep."



### QUICK TIP

**Fever is usually a sign that the body is fighting an infection.**

- A temperature of over 37.5°C is a fever in a newborn.
- See your doctor if your newborn has a fever.
- Pay attention to how your child looks and acts.
- Dress your child lightly.



| DO'S  | DON'TS  |
|---|---|
| <ul style="list-style-type: none"> <li>• Do use an axillary digital electronic thermometer. This type of thermometer is a fast, accurate and safe way to check your baby's temperature.</li> <li>• Do remove some of your baby's layers of clothing before taking his temperature for a more accurate reading.</li> </ul> | <ul style="list-style-type: none"> <li>• Don't use a mercury thermometer. Mercury is toxic: if the thermometer breaks, you and your baby risk being harmed by leaking mercury and broken glass.</li> <li>• Don't use an ear thermometer. These type of thermometers are expensive, can be complicated to use, and can give inaccurate readings.</li> <li>• Don't use fever strips: they don't give accurate readings.</li> <li>• Don't use an oral thermometer until your child is at least 4 years old.</li> </ul> |

## Vitamin D

Your baby needs Vitamin D supplement if exclusively or partially breast-feeding to develop strong bones. If you are exclusively offering commercial infant formula, extra vitamin D is not needed because it is already added to the infant formula.

- All babies need extra vitamin D starting at birth because they are not exposed to direct sunlight.
- The recommended dose is 400IU daily. It can be dropped into baby's mouth directly or on mother's nipple if breast-feeding.
- Talk to your newborn's health care provider with any questions about vitamin D supplementation.



For more information visit York Region Public Health  
[www.york.ca/health/nutrition/feeding-babies-and-young-children](http://www.york.ca/health/nutrition/feeding-babies-and-young-children)

## Safety

The following safety tips are to keep your baby safe.

### Injuries

- Injuries are preventable. The best way to keep your baby safe is to stay close to your baby.
- Prevention is the most important part of safety. As your baby becomes more active, they will explore and will develop new skills. Child proofing your house is necessary to keep them safe as they grow.
- Prevent burns. Your baby may reach out unexpectedly and burn themselves. Avoid holding them when you smoke, cook or drink a hot drink. Avoid sitting too close to a fireplace.
- Check for strangulation or entanglement risks. Drawstrings on clothes, any object tied to baby's clothing, necklaces, head bands, cords on toys, strings, window blinds or curtain cords, etc. can pose a risk to your baby.

0-6 months old

## Checklist: Safety at Home

**CHILDSAFETYLINK**  
Here for you.



- Put your newborn to sleep in an empty crib without bumper pads, heavy blankets or toys.
- Remove bibs, cords and strings before putting your newborn to sleep.
- Use the change table strap or change your newborn on the floor.
- Place baby seats and play equipment on the floor to prevent falls.
- Have everything you need by your side before you start bath time.
- Keep one hand on your newborn at all times during bath time.
- Check bath water temperature with the inside of your arm.
- Use covered mugs, even in the house.
- Send in the warranty card for new baby equipment.
- Use teething toys and gentle gum massages instead of teething jewellery.

Child Safety Link: a program of the IRWK Health Centre. Here for you with helpful information to keep your children safe. CSL-2016

Have questions? Call us at 1-866-288-1388    [childsafetylink.ca](http://childsafetylink.ca)

### Handling Your Baby

When holding your baby, support their head and neck since a baby's neck muscles are not yet fully developed. Your nurse will demonstrate how to hold your baby.

- Always support your baby's head. Their head is bigger and heavier than their body.
- Keep one hand on your baby's body at all times when they are on a high surface. For example, when changing your baby on a change table, a counter or a bed.
- Always hold your baby during feedings.
- Be sure that toys are sturdy and washable with no small parts.
- Keep small objects out of your baby's reach.

## Safe Sleeping

For the first 6 months, the safest place for your baby to sleep is on their back, in a crib, cradle or bassinet that is in your room (room sharing). Use a firm and flat (not inclined) sleep surface, like a mattress in a safety-approved crib, play yard, or other flat surface covered by a fitted sheet. Dress your baby in a well-fitting, one-piece sleeper and keep your baby's head and face uncovered during sleep.

If you use a sleep sack, make sure it is the right size for your baby. If it's too big, your baby's head can slip down inside the sack, which can cause your baby to overheat or suffocate. If it's too tight, your baby may not be able to move their hips and legs freely, which can be dangerous, especially if they roll onto their tummy.

If you choose to swaddle your baby, follow a **safe swaddling technique** described below. Stop swaddling when your baby shows signs of rolling over."

**Safe Sleep for Your Baby**

Please take a few minutes to read this important information on steps you can take to help your baby sleep safely.

To learn more about safe sleeping visit the Government of Canada Public Health Services website.

Public Health Agency of Canada / Agence de la santé publique du Canada

Canada

# HEALTHY BEGINNINGS

## INFANT SLEEP

Healthy sleep is important for your baby's growth and development, metabolism and growth, learning, memory and emotional health. You can encourage good sleeping habits at a young age to help reduce the risk of sleep deprivation and disorders later in life.

### SAFE SLEEP ENVIRONMENT

Always place your baby in a safe sleep environment. This includes:

- Sharing a room with your baby for the first six months of your baby's life.
- Placing your baby on their back to sleep for every sleep. Once your baby can roll you do not need to reposition them.
- Putting your baby to sleep on a firm surface covered by a fitted sheet in a crib, cradle or bassinet that meets Canadian Safety Regulations.
- Removing all objects (e.g. loose blankets, pillows, bumper pads) from your baby's sleep environment.
- Providing a smoke-free environment.

### INFANT SLEEP CYCLES

#### Under three months old

| What you can expect   | What you can do   |
|---|---|
| Babies cannot tell the difference between night and day and their sleep patterns are irregular. They spend 60 to 90 minutes in a sleep cycle and more time in light sleep so daytime naps and nighttime waking is normal. They will also wake during the night to feed because of their small stomach capacities. | <ul style="list-style-type: none"><li>• Watch your baby for cues that may tell you they are tired and sleepy. They may be less alert or active, become quieter, start yawning, closing their fists, or their eyelids may flutter.</li><li>• Feed baby at night.</li><li>• Reduce stimulation when you recognize your baby's sleep cues (e.g. speak softly, turn off lights, take baby to their crib).</li></ul> |

**PUBLIC HEALTH**  
1-800-361-5653  
TTY 1-866-512-6228  
york.ca





### Three to six months old

| What you can expect  | What you can do   |
|--|---|
| Babies will start to sleep for longer periods of time and eventually the longest sleep time (4 to 5 hours) will happen at night. | <ul style="list-style-type: none"> <li>• Set a consistent bedtime routine.</li> <li>• Avoid skipping daytime naps.</li> </ul> |

### Six months to one year old

| What you can expect   | What you can do   |
|---|---|
| Babies' patterns will be more regular. They will sleep for longer periods at night (some even sleep for 8 hours) without needing to feed. | <ul style="list-style-type: none"> <li>• Maintain bedtime routines and have a bedtime before 9pm.</li> <li>• Create positive sleep associations by observing how your baby falls asleep and repeating those strategies (e.g. dark room, placing baby in their crib, saying good night).</li> <li>• Avoid exposure to screens (e.g. TV, phone, tablet) in the evening (e.g. after 7pm) and while baby is trying to fall asleep.</li> </ul> |

## INFANT SLEEP DISRUPTIONS & SOOTHING STRATEGIES

Sleep can be disrupted or pattern may change for a number of reasons. Your baby may be:

- Sick or not feeling well. If you suspect that an illness is disrupting your baby's sleep contact your health care provider or call Telehealth for 24 hour medical advice at 1-866-797-0000.
- Experiencing developmental milestones (e.g. teething, growth spurt, starting to crawl).
- Over tired and having difficulty settling down to sleep. Signs that your baby may be overtired include crying, clinging to caregiver, being clumsy, being fussy over food, becoming bored with toys or demanding attention.

There are a variety of strategies to comfort an unsettled baby which could help them settle to sleep. It is important to keep in mind that strategies work sometimes but no strategy works all of the time. Some strategies may even stimulate your baby. Try a variety of soothing strategies:

#### Repeating/rhythms

- Sing a lullaby with repeating verses
- Walk rhythmically
- Gently rock your baby

#### Multiple sensations

- Read a picture book to your baby (sight, sound, touch)
- Give your baby a bath or massage

#### White noise

- Turn on a vacuum, fan or sound machine

#### Closeness

- Hold baby skin to skin
- Feed the baby
- Maintain eye contact
- Talk to the infant
- Make funny faces or sounds

#### Changing positions

- Pick your baby up
- Carry your baby (in arms or a sling that meets safety standards)

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## Car Seat Safety

Car seats should be used to their maximum height and/or weight. To read more about car seat safety and the stages following a rear-facing car seat, see the following links.

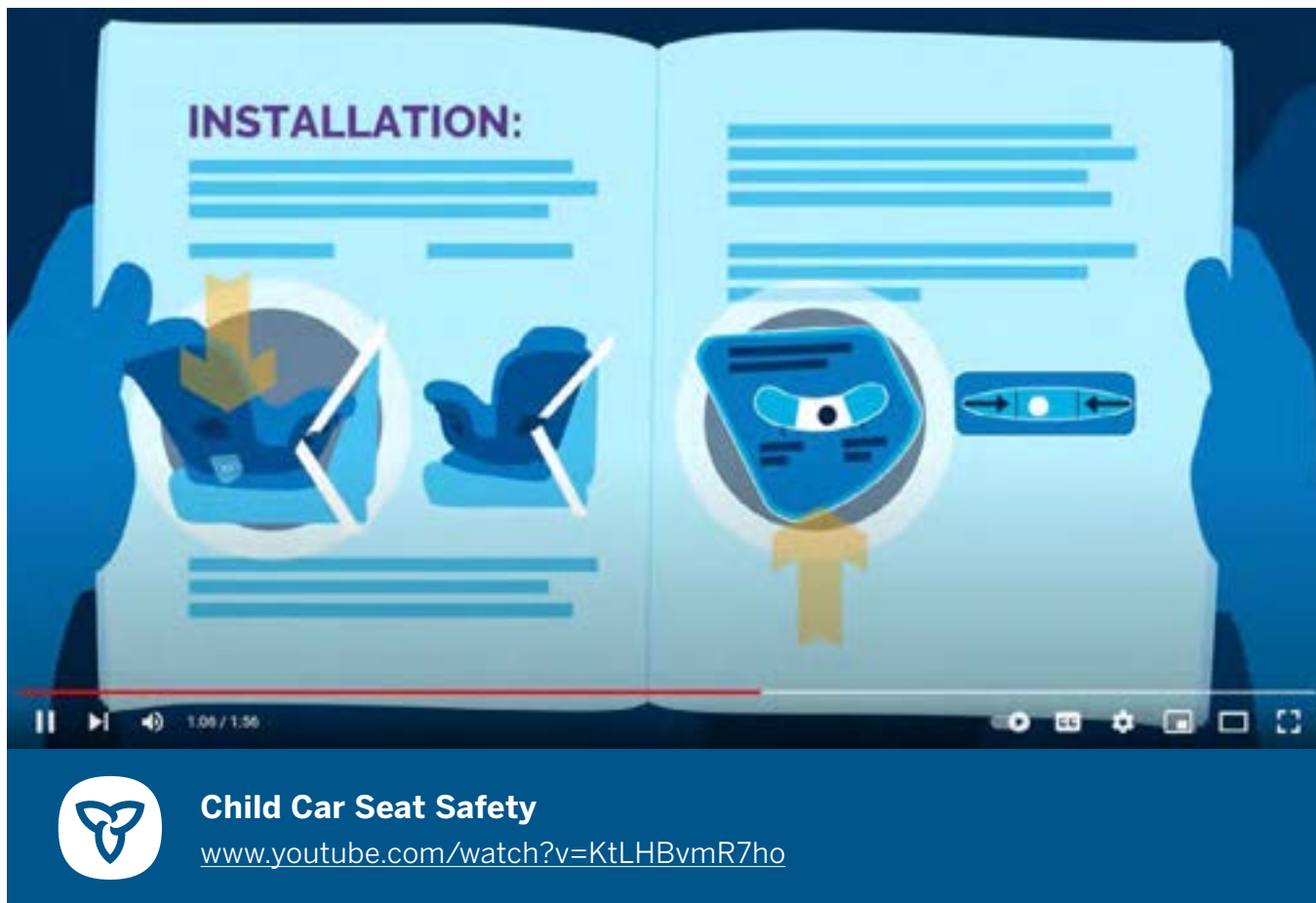
### Choosing the right car seat

[www.parachute.ca/en/injury-topic/car-seats/choosing-the-right-car-seat/](http://www.parachute.ca/en/injury-topic/car-seats/choosing-the-right-car-seat/)



### Dressing for car seats

- Never dress your baby in a heavy coat or snowsuit, then put them in a car seat. It interferes with the effectiveness of the car seat.
- If you choose to lay a blanket over your baby, make sure the blanket is below their face. Remove the blanket once the inside of the vehicle warms up. This will keep your baby comfortable, and not too hot, during a long ride.



**Child Car Seat Safety**

[www.youtube.com/watch?v=KtLHBvmR7ho](http://www.youtube.com/watch?v=KtLHBvmR7ho)



# CAR SEATS AND BOOSTER SEATS:

## What you need to know



Using the correct seat for your child's weight, height and developmental ability, installing the car seat tightly and properly harnessing your child in their seat are all vital steps of safe car seat use. Always follow both car seat and vehicle manuals.

### Stage 1: Rear-facing car seat

- This can be an infant carrier, a rear-facing convertible or a rear-facing 3-in-1 car seat.
- Never place a rear-facing car seat in the front seat where there is an active passenger airbag.
- Once a baby has reached the maximum height or weight limit of the infant carrier, they should be moved to a rear-facing convertible or rear-facing 3-in-1 car seat.
- For convertible or 3-in-1 car seats, refer to the car seat manual for weight and height limits and adjustments that need to be made as you switch from the rear-facing to forward-facing stage.



At a minimum, babies should stay rear-facing until all three of these milestones are met:

1. A minimum weight of 22 lbs (10 kg).
2. Able to walk unassisted.
3. At least one year of age.

It is safest to keep your baby rear-facing for as long as they are within the weight and height limits of your convertible or 3-in-1 car seat.

After selecting the right seat for your child's weight, height and developmental ability, properly installing the seat in your vehicle is the next important step to ensuring your child is riding safe. Both your vehicle manual and the car seat manual will provide important information about installing your car seat.

## Option 1: Installing a car seat using LATCH

The Lower Anchorage and Tether for Children (LATCH) system, also called ISOFIX or Universal Anchorage System (UAS), exists for all vehicles and car seats manufactured after September 1, 2002. Do not use the LATCH system and the vehicle seat belt together — choose the system that offers the tightest fit.



Each vehicle LATCH position consists of two small bars built into the crease of the vehicle seat. Many vehicles only have the LATCH system in the outer back seat positions — refer to your vehicle manual to find out where the LATCH positions are located.

Car seats come with a separate strap with hooks that will clip onto the LATCH anchors in the vehicle. Refer to the car seat manual for information about the proper way to attach the hooks to the anchors. For car seats that can be installed forward-facing, there will also be a tether strap near the top of the car seat (see Tethering section).



## NOTE



Many car seat and/or vehicle manufacturers are now requiring car seat installations to be switched from a LATCH installation to a seat belt installation once your child reaches a certain weight. If neither manual indicates when this is necessary, it is recommended to re-install your car seat with the vehicle seat belt once your child is 40lbs (18 kg).

## Option 2: Installing a car seat using a seat belt

If your vehicle does not have the LATCH system, the vehicle seating position you are installing a car seat in does not have LATCH anchor, or you are past the LATCH weight limits, you will use the vehicle seat belt to install the car seat. Once properly installed according to vehicle and car seat instructions, the seat belt or LATCH are equally safe.

## Which kinds of belts are in your vehicle?

There are also several kinds of retractors and latch plates to take up slack in the seat belt and properly secure occupants and car seats. Read your vehicle manual to find out what type(s) of seat belts are in your vehicle.

**Lap-shoulder belt with a free-sliding latch-plate:** Many vehicles have a lap-shoulder seat belt system that requires you to fully extend the seat belt out of the retractor to switch it into a locking mode when installing a car seat. However, a few vehicles have lap-shoulder belts that only lock in a sudden stop or collision. To secure this type of seat belt around a car seat, a metal “locking clip” is required. Your vehicle manual will let you know if you need a locking clip - use one only if it is required.

## How tightly should a car seat be installed?

To help ensure your seat is tight enough, push down on the car seat while you tighten the LATCH strap or seat belt. To check for a tight fit, try to pull the car seat away from the back of the vehicle seat and slide it from side to side where it is belted — the car seat should not loosen and should have less than one inch (2.5 cm) of movement where it is belted.



## Tethering for forward-facing car seats

All forward-facing car seats must be installed with the LATCH strap (or seat belt) and a tether strap. A tether strap anchors the upper part of a forward-facing car seat to the frame of the vehicle and limits how far forward a car seat can move in a collision. The tether strap needs to be tight, with less than one inch (2.5 cm) movement — push down on the car seat while tightening the tether strap. Check your vehicle manual for tether anchor locations; each forward-facing car seat will need its own tether anchor.



## Securing your baby/child in a car seat

The final step in using a car seat correctly is properly securing your child in their seat. Properly adjusted harness straps will effectively restrain your child in their car seat in a collision. Your car seat manual will provide specific instructions on how to adjust and tighten the straps.



### Harnessing tips:

The harness straps should fit snugly — only one finger should be able to fit between the harness and your child's collar bone. Or try the "pinch test": pinch the straps at your child's collarbone – if extra slack can be gathered between fingertips, the harness is too loose.

- Rear-facing seats: straps must lie flat and come through the back of the car seat at or below their shoulders.
- Forward-facing seats: straps must lie flat and come through the back of the car seat at or above their shoulders.
- The top of the chest clip should be at armpit level to hold the straps in place.



## Third-party aftermarket products

Never put additional padding under or behind your child. This extra padding will compress during a collision, creating dangerous slack in the harnessing. Extra padding or accessories that came with the car seat have been crash-tested with the car seat and can be used according to the car seat manufacturer's instructions. Third-party aftermarket products are items not supplied with the car seat or made by the car seat manufacturer (e.g., padded infant car seat bags or child seat belt adjusters).



Transport Canada does not regulate third-party aftermarket products. Car seat manufacturers generally state in their instructions that no third-party aftermarket products should be used with their restraint systems. Adding these products could reduce the effectiveness of the car seat, booster seat or seat belt and prevent the restraint from performing as designed, resulting in an injury to your child. It is recommended you contact your car seat manufacturer before using any aftermarket product.

**For more information, visit  
[york.ca/injuryprevention](http://york.ca/injuryprevention)**



# TAKING CARE OF YOUR BABY

## The Crying Baby

Healthy babies cry, coo and make other noises to express their needs and communicate with the people around them. Most of the time, you can figure out what they need: a cuddle, food, sleep, diaper change, or making sure they are not too hot or cold.

But there are times when even the most caring parent or caregiver can't soothe a crying baby. You might feel frustrated or overwhelmed, but it's not your fault. It will get better. Being patient and gentle are key to getting through these tough times. Also, know when you need a break. Although you are focused on meeting your baby's needs, it is very important to take care of yourself.

### Why do some babies cry more than others?

All babies cry, some more than others. Sometimes it sounds to you like something is wrong. If you think your baby is not okay, you need to make sure they are healthy and developing well. Bring them for a checkup with their family doctor, midwife, paediatrician or public health nurse.

All babies have periods when they cry more. This is part of normal development, and each baby is different. During this "peak" period

- usually sometime around 3 to 12 weeks of age- some babies may cry much more than others. They may have more trouble settling. The crying may seem stronger, and it may be harder (sometimes impossible!) to help them soothe.



caringforkids.cps.ca

### Here is the good news

- This crying is normal, and there is no lasting effect on your baby.
- It won't last forever. This period of strong, intense (and unexplained) crying may lessen over time, or it can end as quickly as it started. Usually, it is over by the time your baby is 3 to 4 months of age.



### QUICK TIP

**Ask a trusted family member or friend for help.**

It is okay to ask for help. Taking a break can help.

## What can I do to help soothe my crying baby?

Your baby is unique, and what helps soothe one baby may not work for yours. You will find what works for you and your baby. If you are breastfeeding, encourage your baby to breastfeed, offer a clean finger, or pacifier. Give your baby a warm bath.

### When your baby is crying, here are the questions to ask:

| Do I need to change the diaper?  | Does my baby want to be held?   | Is my baby cold or hot?   | Is my baby over stimulated?   | Is my baby lonely?   |
|--|---|---|---|--|
| See if your baby needs a diaper change, is hungry, seems to be in pain, or has a fever. Sucking sometimes helps calm a baby. | Hold your baby. You cannot “spoil” a baby by picking them up. Be gentle and soothing. | Add a layer of clothing - babies need 1 more layer than adults. Remove a layer of clothing - your baby might also be hot. | Dim the lights and keep surroundings quiet. Too much stimulation can often trigger crying or make it worse. | Many babies are soothed by motion. Try walking with your baby held close to your body or in a stroller. Rock in a gentle, rhythmic motion. |

## Swaddling

Swaddling is a simple way to help your baby feel safe and warm as they adjust to life outside the womb.

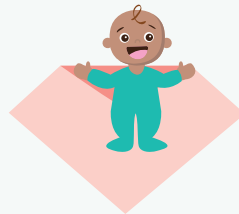
### SWADDLING IN 6 EASY STEPS

1



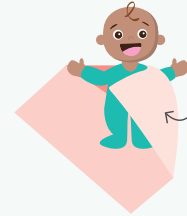
Spread a lightweight cotton or linen blanket out flat with one corner folded down. Choose the right size for your baby.

2



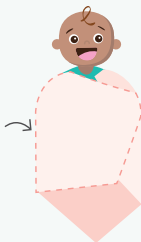
Lay the baby face up on the blanket, with their head above the folded corner.

3



Straighten the baby's left arm, wrap the left corner over the body, and tuck the blanket between the right arm and right side of the body. It should be a “V”.

4



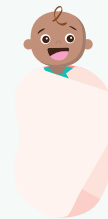
Tuck the baby's right arm down, fold the right corner over the body and under the left side of the body. A small flap should come down to their upper chest to form the other half of the “V.”

5



Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby.

6



Make sure the baby's hips can move and the blanket is not pulled too tight. Wearable swaddle wraps are also available.



## How can I look after myself?

The early days of taking care of a new baby are hard. You are probably not sleeping much, and you are trying to meet your baby's needs around the clock. A baby's near-constant crying can be stressful. Remember: it is not your fault. It is normal to feel upset or frustrated about the crying sometimes. It will get better.

In the meantime, here are ideas for taking care of yourself:

- Tell people you trust that your baby cries a lot. Ask if you can call them for help on days that are especially hard.
- Make a plan for what you will do when you are feeling overwhelmed or too tired to deal with the crying. Write it down or tell someone about it.
- If you have a co-parent or another adult in the home, talk about what each of you can do to take care of the baby and each other.
- If possible, arrange for regular child care so you can get some rest. Find a friend, family member or someone else you trust who has experience with babies. If trusted people offer help, accept it.
- Take slow and deep breaths when the crying feels like too much.
- Eating and sleeping well can make a big difference in how well you can cope. Try to nap when you can and have snacks if you are not able to prepare a full meal.
- Put your baby down in a safe place (in their crib or safe sleeping space) and walk away for a few minutes, or take a shower.
- Cry if you need to. Caring for a crying baby can feel overwhelming.
- Take breaks. If you can, exercise, read or spend time with a friend, even for just a few minutes.



### QUICK TIP

**If you feel sad, anxious, resentful or angry, talk to someone you trust and get help.**

Talk to your child's paediatrician, family doctor, public health nurse, or do an online search for community support in your area.



Image: Freepik.com

# HEALTHY BEGINNINGS

## TUMMY TIME

Placing your baby on their tummy when they are awake and supervised:

- Promotes healthy child development.
- Can help prevent misshaping of their head.

### BENEFITS OF TUMMY TIME

- Prevents flathead.
- Helps develop head control.
- Helps strengthen back, neck, shoulders, arms and hands, which promotes gross motor development including crawling, sitting and rolling.
- Supports fine motor development by building strength to use hands and arms to reach, grasp and play.
- Promotes sensory development by providing natural opportunities for the skin of a baby's stomach, legs, arms and face to touch and experience the different surfaces they are lying on.
- Promotes body awareness as legs and arms move against a surface. The friction that is created lets your baby know where their body is located in space.
- Enables your baby to visually explore their environment from a new perspective.
- Can improve sucking and swallowing coordination when feeding.

To reduce risks associated with Sudden Infant Death Syndrome (SIDS), babies are safest when put to sleep on their backs and should be provided with supervised time on their tummy when awake.

**“Back to sleep, tummy to play!”**

### HOW MUCH TUMMY TIME DOES MY BABY NEED?

- Tummy time is an important activity and needs to be part of a baby's daily routine.
- Three to five minutes of play and interaction on tummy, two to three times per day is recommended. The more time the better!
- at 1 week 5 min/day  
at 4 weeks 10min/day  
at 8 weeks 20 min/day  
at 12 weeks 45 min/day  
at 16 weeks 80 min/day
- You can start placing your baby on their tummy within the first days after your baby is born.
- As your baby grows older and stronger, the amount of time spent on their tummy should increase.
- Some babies may not like to play on their tummies at first, but with ongoing and consistent opportunities, they will begin to enjoy the position.

### PUBLIC HEALTH

1-800-361-5653  
TTY 1-866-512-6228  
york.ca/parenting



## TUMMY TIME WITHIN DAILY ROUTINES

- Lie on your back and place your baby on your chest. Talk to your baby to encourage them to lift their head to look at you.



- As your baby grows stronger, you can give your baby support by putting a rolled towel under their chest. You can also place your baby over your leg. Place your baby's arm in front of the towel or leg as seen below.



- Get on the floor and interact with your baby and/or encourage older siblings to lie face-to-face on the floor with your baby.
- Provide many interesting items for your baby to look at for example brightly coloured toys and a mirror.



- As your baby gets stronger, put toys around your baby to encourage reaching and movement skills.
- Carry your baby in tummy down position; be sure to provide support with your forearm.



A great way to include tummy time into your daily routine is by rolling your baby onto their tummy after diaper changes and before picking them up. Do not leave them unsupervised on high surfaces.

## STRATEGIES TO HELP WITH FLATHEAD

- Provide time for baby to be on tummy.
- Minimize time spent in various baby gear such as car seats or bouncy chairs as babies need time to move and explore.
- Play with your baby on the floor in a side lying position and have toys available to play with. You can place a small rolled up towel behind baby for support.



## WHEN YOUR CHILD HAS A PREFERENCE FOR LOOKING TO ONE SIDE

- Place toys on less preferred side for baby to look at.
- When changing your baby's diaper, stand on your baby's less preferred side so they turn to their less preferred direction to look at you.
- Place your baby in a bassinet/crib so that they need to look to their less preferred side when looking around the room.

## FOR MORE INFORMATION

- Some babies will need special consideration around tummy time needs. Speak to your health care provider if you have any questions or concerns.
- For a video modelling tummy time ideas visit: Niagara Children's Centre <https://youtu.be/mrdNw2rkTnA>

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## Diapering

### How to change your baby's diaper

1. Gather the following before laying your baby down:  
Diaper, small washcloth, warm water, petroleum jelly, diaper cream (zinc oxide), baby/diaper wipes or washcloth.
2. Place the new diaper under your baby's bottom with the tabs sticking out the side just above your baby's waist.
3. Remove the old diaper.
4. Use wipes or washcloth, wiping front to back.  
For a baby girl gently clean the dirty areas.  
For a baby boy do not pull the foreskin back.  
Place his penis in a downward position before fastening the diaper.
5. Gently pat dry or air dry.
6. Secure the diaper using the tabs, if your newborn's umbilical cord is still attached, fold the front of the diaper over. This will keep the cord stump exposed to the air.
7. Place your baby in a safe location while you wash your hands. Avoid diaper rash by changing your baby's diaper when it's wet or soiled. If you're using cloth diapers you might need to change diapers more often. Do not use baby powder or talc: it can cause breathing problems or lung damage if they breathe it in.

### Diaper rash

- Diaper rash is a red skin irritation on your baby's bottom caused by wet and soiled diapers or overuse of wet wipes.
- A rash that lasts longer than a few days might be caused by a type of yeast called candida (*Candida albicans*). The rash is usually very red with small red spots close to larger, more defined patches. Have a health care provider assess if you think it is a yeast rash.

### Preventing diaper rash

- Let the skin on your baby's bottom air dry completely after cleaning or gently pat their skin dry with a cloth. Don't rub your baby's skin with a cloth, as this can irritate their skin.
- Use an appropriate sized diaper, not too tight or loose.
- To avoid skin irritation, minimize use of wipes unnecessarily.
- Wash cloth diapers according to manufacturer recommendations.

### Treating diaper rash

If your baby has a diaper rash:

- Wash their bottom with only warm water.
- Give them a warm bath to help ease their discomfort.
- Let their bottom air dry completely after a diaper change.
- Using a towel give them "naked time" by letting them go diaper-free at various times during the day. This can help speed up healing.
- Try a zinc oxide or calendula cream to help soothe their skin and provide a barrier against moisture. Apply the cream when your baby's skin is completely dry. Wipe off the cream at each diaper change and then reapply.

### CALL YOUR DOCTOR IF

Your baby's diaper rash:

- Doesn't clear up after 3 days
- Has spread to a larger area, up the abdomen, or down the legs
- Has pus (a yellow discharge)
- Is accompanied by a fever



## Diapers of the Breastfed Baby

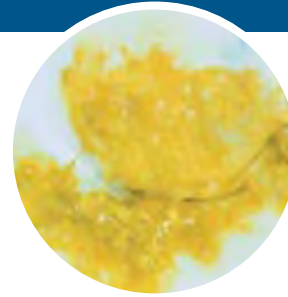
Looking at a baby's poop and pee can help you tell if your baby is getting enough to eat. The baby's poop should change colour from black to yellow during the first 5 days after birth.



The baby's first poop is black and sticky



The poop turns green by day 3 or 4

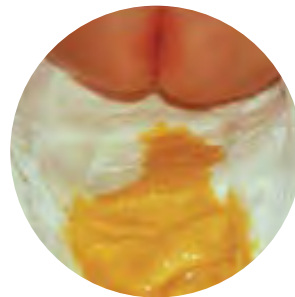


The poop turns yellow by day 4 or 5

It's normal for babies to pass stool every time you feed them, or even more often



Poop can look seedy



Poop can look water



Illness, injury, or allergies can cause blood in poop. Call doctor.



Babies make some large and some small poops every day.



Only count poops larger than this.



On day 1 or 2 some babies have orange or red pee.



A wet diaper is as heavy as 3 tablespoons of water.

### BY DAY 3 OR 4

Most breastfed babies should make 3 or 4 wet diapers with pee that looks like clear water.

### BY DAY 4

Most breastfed babies make 3 or 4 poopy diapers every day.



|  |   |
|--|---|
| <h2>Umbilical Cord</h2>  | <h2>Cord care</h2>  |
| <p>The umbilical cord connects the placenta to the growing baby inside the uterus to provide nutrients and oxygen to the developing baby. After a baby is born, the umbilical cord is clamped and cut, leaving a short stump behind. The umbilical stump should be kept dry and above the diaper until it falls off within 7 to 10 days. You can still bathe your baby while their cord is attached.</p> | <ul style="list-style-type: none"> <li>• Wash the umbilical cord area with water.</li> <li>• Dry the cord after it has been washed.</li> <li>• Leave it open to air-dry.</li> <li>• Fold the diaper down and away from the cord.</li> <li>• Keep the umbilical cord clean and dry to prevent infection.</li> <li>• While a little redness and slight bleeding around the cord is normal, call your doctor right away if your baby has: <ul style="list-style-type: none"> <li>◦ Odd or foul smell coming from the area</li> <li>◦ Yellow puss or discharge</li> <li>◦ A fever</li> <li>◦ Redness spreading and is warm to touch</li> <li>◦ Bleeding that doesn't stop.</li> </ul> </li> </ul> |
| <h2>Skin</h2>  | <h2>Skin care tips</h2>   |
| <p>To protect baby's thin and fragile skin: avoid direct sunlight; make sure baby is wearing a wide brimmed hat in the summer; in the winter, cover up their skin as much as possible to prevent frostbite.</p>  | <ul style="list-style-type: none"> <li>• Keep babies under one year out of direct sunlight and in the shade, under a tree, an umbrella, or a canopy.</li> <li>• Never let them play or sleep in the sun.</li> <li>• Never leave children in a parked vehicle.</li> <li>• Do not put sunscreen on a baby less than 6 months old without asking your health care provider first. Never use baby oil to protect children from the sun. It will not protect them and will do them more harm.</li> <li>• You can use a gentle moisturizer after bathing to massage your baby before bedtime.</li> </ul>  |
| <h2>Nails</h2>   | <h2>Tips for making trimming easier:</h2>   |
| <p>Do not clip in the first 2 weeks, as you could accidentally cause abrasions or bleeding. Use an emery board or nail file for the first few weeks. Gently file your baby's nails while they are asleep. After the first few weeks, switch to nail clippers or scissors that have rounded tips.</p>   | <p>If you see a little blood around your baby's nail, gently apply pressure to the area. Don't apply a bandage: if your baby puts their finger in their mouth, the bandage could come off, causing them to choke.</p> <ul style="list-style-type: none"> <li>• Use baby-sized nail clippers or round-tip scissors: they have rounded tips and will prevent damage to the nail bed.</li> <li>• You can make clipping or filing your baby's nails easier by teaming up with your partner. Try holding your baby on your lap or breastfeeding your baby to keep them calm and still while your partner trims and files their nails.</li> </ul>   |
| <h2>Dressing your Baby</h2>  | <h2>Tips</h2>   |
| <p>Always lay your baby down in a safe place when dressing them. This leaves your two hands free to get your baby dressed faster! Never pull your baby's arms or legs through clothing forcefully. Be patient and gentle. To prevent strangling, don't dress your baby in clothes with ribbons or ties.</p>  | <p>Dress your baby as you're dressed, plus one layer. Choose outfits that are easy to open with zippers or buttons on the front, and make sure the openings for the neck easily slide over your baby's head. It is recommended to wash new items of clothing before your baby wears them and to use unscented detergents when washing baby clothing.</p> <p>See <b>car seat</b> section for how to dress your baby for a car seat.<br/>See <b>safe sleep</b> section for how to dress your baby for sleeping.</p>   |

## Bathing your Baby

Once you're home, it may be easier to give your baby sponge baths at first. Simply use a warm, damp washcloth to wash and dry their face, body, and diaper area - in that order.

### 8 TIPS FOR BATHING YOUR BABY



1

Have all supplies nearby: mild soap, wash cloth, plastic cup, towel, diaper, and clothes.



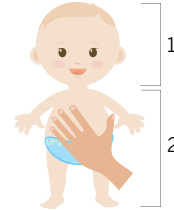
2

The water temperature should be about 100°F and feel warm on the inside of your wrist. Keep the room comfortably warm, about 74° F.



3

Support your baby's neck with one hand and wrap your fingers around one thigh as you place them in and take them out of the tub.



4

Wash the face first, then the body and diaper area using a tiny amount of mild soap.



5

Clean all the folds and creases, including under the baby's neck.



6

Use your cup to rinse the baby by pouring warm water over them. Dry the baby with a warm towel then dress them.



7

Never leave the baby alone - if you must leave, always take the baby with you.



8

Bathe the baby 2-3 times a week; in between wash the face, hands, and diaper area



## Bath Time: How To Bathe Your Baby

[www.youtube.com/watch?v=Z6tjXlkyc5E](https://www.youtube.com/watch?v=Z6tjXlkyc5E)



SCAN AND PLAY

# NEWBORN SCREENING

Your baby's health is important to you. As a group these diseases affect about 225 out of the approximately 143,000 babies born each year in Ontario. The goal of screening is early detection – so that treatment can be started early and better health can be achieved.

|  |  |
|--|--|
| <b>Blood Test Screening</b>  | How the test is done   |
| A health care provider will perform this test on your newborn. This paper sample is then sent to be screened for several different conditions.   | Taking a small sample of your newborn's blood (collected from one of their feet) and blot the blood on a special piece of paper.   |
| <b>Critical Congenital Heart Disease (CCHD) Screening</b>  | How the test is done   |
| Your postpartum nurse will conduct the pulse oximetry screening on your newborn by placing a monitor on babies right hand and on one of their feet. The nurse will then tell you if your baby passed their screening and the follow up steps required if they do not pass their screening.   | Sensors are placed on the baby's hand and foot with a sticky strip and a small red light or probe. These sensors measure the baby's oxygen level and pulse rate. The test takes a few minutes to perform while the baby is still, quiet, and warm.   |
| <b>Biliary Atresia Screening</b>   | Early detection leads to early treatment   |
| Your postpartum nurse will give you the infant stool colour card (ISCC) to check for pale stool/ poop (acholic) in the first month of a baby's life.   | It is important to contact Newborn Screening Ontario (NSO) if you notice any of the abnormal colours on the stool card, so that an initial telephone assessment can be completed.  |
| <b>Jaundice</b>  | Treatment  |
| Jaundice is very common in newborns. It can give the skin or the whites of the eyes a yellow colour and babies can appear overly sleepy. Testing is done one of two ways. By a light meter placed on your baby's skin that calculates the bilirubin level. Or by a blood sample taken from their heel that will measure the level of bilirubin in their blood serum. If the level is high after light meter testing, a blood test may be done to confirm the levels. | In some cases, feeding the baby frequently, every 2 to 3 hours, can reduce jaundice. If required, there are 2 types of treatment. Phototherapy involves placing your baby under a special light wearing only a diaper and eye protection. Another treatment involves placing a fiberoptic blanket under your baby. Sometimes, the light and blanket are used together. |

[newbornscreening.on.ca](http://newbornscreening.on.ca)



**Toll Free Phone**  
1-877-627-8330

**Email**  
NSO@cheo.on.ca

**SCAN AND PLAY**





## INFANT HEARING PROGRAM

# YOUR BABY'S HEARING SCREEN



### Why do we screen babies for hearing loss?

Two out of 1,000 babies have hearing loss at birth. Two more develop hearing loss by the age of five. These children may hear some sounds but miss others, making it harder to learn speech and language. This can lead to behaviour and emotional challenges.

The Infant Hearing Program provides hearing screening for all newborns in hospital or community settings and:

- Identifies newborns with permanent hearing loss
- Supports language development so they will be ready to start school
- Identifies and monitors children at risk of developing hearing loss

### Hearing screen results

- Pass** – Baby hears in both ears
- Pass but at risk** – Baby hears in both ears but is at risk for developing hearing loss. Follow-up with an Infant Hearing Program audiologist will be booked when your baby is 15 to 18 months
- Refer** – Further testing is needed
- No Result** – Hearing screen incomplete and further testing is needed

} **Book another hearing screen**

Preparing for further testing:

- Avoid lotion on your baby's head on the day of the test
- Feed your baby just before the appointment
- Bring your baby sleeping or resting quietly in a car seat, and don't forget:
  - Baby's Ontario health card number (if available)
  - Blanket and other items to calm your baby
  - Extra diapers and clothes

### What if my baby does not pass the next hearing screen?

Your baby will be referred to an audiologist with the Infant Hearing Program who has the training and equipment needed for a full hearing assessment.

### Checking if your baby is at higher risk for hearing loss

Babies with certain risks for hearing loss will be monitored. The same sample collected by the hospital or midwife for the newborn blood spot screening can be screened for:

- Cytomegalovirus infection – babies usually show no symptoms at birth but hearing loss could develop later
- Some common genetic risk factors – there is usually no family history of hearing loss

You have chosen to:

- Consent** – You will only be contacted with results if a risk is found.
- Decline** – Your baby will not have this screen. Any change in hearing may not be found right away and could delay speech and language development.

### Can hearing loss happen later in my child's life?

Hearing loss can develop during childhood. You should have your baby's hearing tested by an audiologist if you have concerns about their hearing, speech or language development.

For more information please visit:  
[ontario.ca/infantheating](https://ontario.ca/infantheating)

## IMMUNIZATION SCHEDULE

Starting at two months of age, your baby will need to start their immunization schedule. Breastfeeding provides protection for your baby and immunization adds to that protection. Immunization will help your baby fight off vaccine-preventable diseases and stay healthy. It is also important for your baby to receive these vaccines in order to enter daycare and school.

When your baby is being immunized, breastfeeding and holding your baby skin-to-skin can help lessen the pain of the injection. Your health care provider will give you information about the vaccines and a booklet to keep track of the vaccinations your baby has had. Make sure you keep this booklet in a safe place.

For more information on immunization, refer to *A Parent's Guide to Immunization* at:  
[www.phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/assets/pdf/pgi-gpv-eng.pdf](http://www.phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/assets/pdf/pgi-gpv-eng.pdf)

To learn about Ontario's free immunization program visit:  
[www.ontario.ca/page/vaccines](http://www.ontario.ca/page/vaccines)



A Parent's Guide  
to *Vaccination*

# CHILD DEVELOPMENT

Look and See Checklists – to download in different languages and to see more visuals create a free account [www.lookseechecklist.com/en/](http://www.lookseechecklist.com/en/)

## Get Started

- Choose the nearest age**  
Choose the checklist that matches your child's age. If your child falls between two ages, use the earlier age (if child is 4½ years old, use the 4 year checklist). If your child is 3 or more weeks premature, determine the appropriate checklist at [lookseechecklist.com/premature](http://lookseechecklist.com/premature)
- Answer the questions**  
Answer the questions to the best of your ability. If you are not sure, try the question with your child. Any examples are only suggestions. You may use similar examples from your family experience. Language and communication items can be asked in the child's first language. Items marked with \* may not be common to all cultures.
- Follow-up with a professional**  
If you answer "no" to any question or have any concerns about your child's development, follow-up with a health care and/or child care professional.

## When you're done

Follow the parenting tips beside the checklist to help your child grow. These tips may be a bit more challenging than the checklist. If you have questions, contact a professional. The tips are organized into the following developmental areas:

- Emotional
- Physical
- Speech/Communication
- Learning/Thinking

### By one month of age, does your child:

- Look at you?
- Startle to loud or sudden noise?
- Calm down when comforted?
- Suck well on the nipple?

### Try these tips to help your child grow:

Get to know me. Touch me as you feed, dress, and bath me. Try to learn how I like to be handled: firmly or lightly, quickly or slowly. Massage my arms, legs, back, tummy, and face. This is a good time to get to know one another.

When I am awake and being watched, I need tummy time. I need to see on my back on a firm, flat surface.

Please do me by talking, singing, or cooing as you change my diaper, give me a bath, feed, or dress me. I want you to be involved with me.

Talk, sing lullabies, say rhymes, or make up songs so I can listen to the sound of your voice. Change your voice. I enjoy a high pitch or low pitch.

Respond to my crying. It's my way of communicating if I'm hungry, hot, wet, need a diaper change, or am in discomfort. Hold me close, you won't spoil me.

Movements and jiggling things are favorites of mine.

I like movement, but please don't shake me. It's not safe. My head is too heavy for my neck. Since I am so young, always support my head.

Please don't let anyone shake around me.

### By two months of age, does your child:

- Follow movement with eyes?
- Study your face?
- Startle or wake to loud noises?
- Stop crying when comforted by you?
- Enjoy being touched and cuddled?
- Recognize and calm down to a familiar gentle voice?
- Have different cries? (crying, fussing, wailing)
- Have a variety of sounds? (crying, cooing)
- Suck well on the nipple?
- Feed every 2-4 hours during the day?
- Lift head when on tummy?
- Hold head up when held at your shoulder?
- Move arms and legs?

You're my best friend, and my interactions with you help me with my relationships in the future.

I am most interested in your voice and face. I need you to hold me close so I can study your face.

To help me relax, hold me close to you and cuddle me as we rock in a rocking chair. Talk or sing to me. Touch me, talk in a soft low voice, or play lullaby music. Loud noises scare me.

As you feed me, hold me close and look at me. Smile, tell me how wonderful I am, and let me gaze into your eyes.

I'm too little to go for a long time without eating. I may need to eat sometimes during the night.

I need my head supported as you hold me against your shoulder and you talk to me. I may try to lift my head for a few seconds to see my new world. There is so much to see.

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Weight: \_\_\_\_\_

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Caring for your Newborn 27

# REGISTER YOUR NEWBORN WITH SERVICE ONTARIO

The Ontario government's 5-in-1 Newborn Bundle lets you do 5 important things online at one time:

- Register your child's birth.
- Apply for a birth certificate for your child, for a fee.
- Get a social insurance number (SIN) for your child.
- Sign up for the Canada Child Benefit, which also signs you up for Ontario's child benefits.
- Choose to get more information about Registered Education Savings Plans (RESPs).



It takes about 25 minutes to fill out the online form. It is sent directly to the Office of the Registrar General.

To register your child's birth, you need information about your child and each person who will be listed as a parent on the birth registration. You need to give information about your child, including:

- Child's date of birth.
- Child's first, middle, and last name.
- Child's weight at birth.
- Birth parent's maiden name.
- Number of weeks the birth parent was pregnant.
- Name of the doctor, registered midwife, or other person who helped deliver the child.
- Name of the hospital or place where the child was born.

If your baby was born in a hospital, you can find some of this information on the hospital discharge documents.

For more information visit: [www.ontario.ca/page/register-birth-new-baby](http://www.ontario.ca/page/register-birth-new-baby)

Pour les instructions en [français](#):

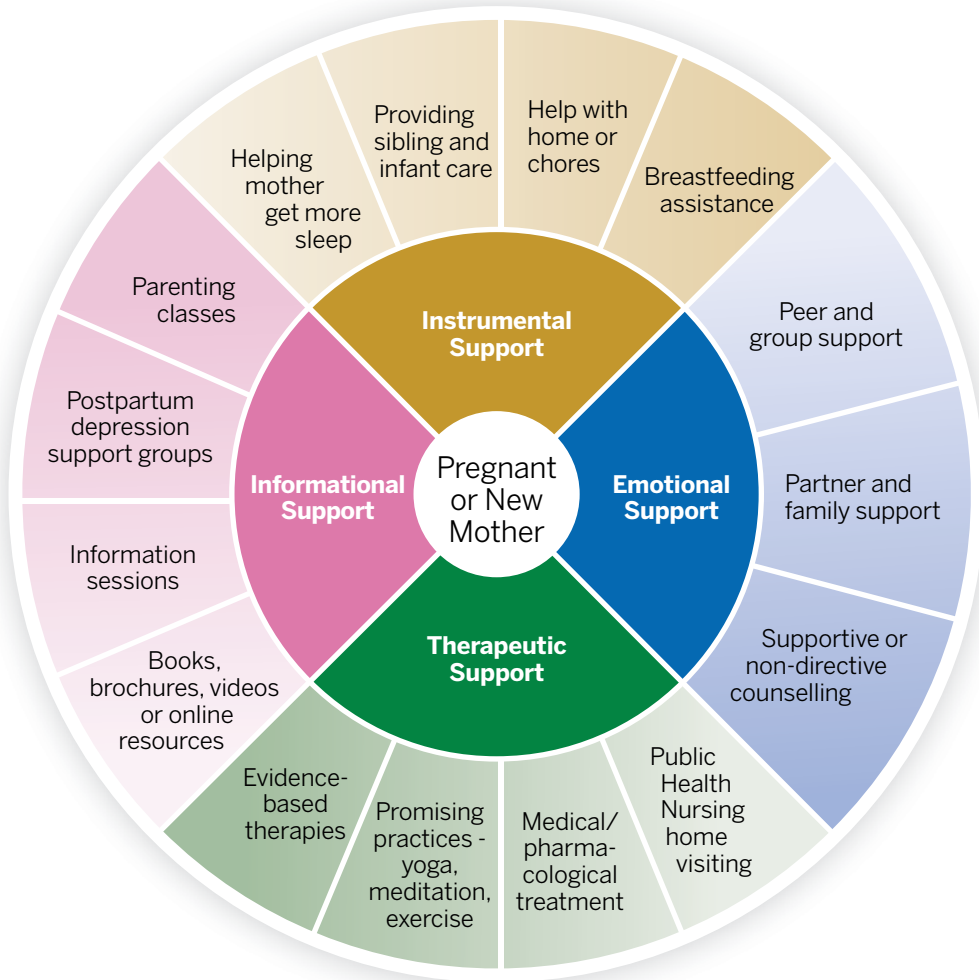
Retrieved from:

[www.stepstojustice.ca/questions/family-law/how-do-i-register-my-babys-birth-ontario](http://www.stepstojustice.ca/questions/family-law/how-do-i-register-my-babys-birth-ontario)

## WHERE TO FIND MORE INFORMATION

- [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
- [www.aboutkidshealth.ca](http://www.aboutkidshealth.ca)
- [www.york.ca/babytalk](http://www.york.ca/babytalk)
- [www.ontario.ca/page/vaccines](http://www.ontario.ca/page/vaccines)
- [www.health.gov.on.ca/en/pro/programs/immunization/immunization\\_tool.aspx#2-4mths](http://www.health.gov.on.ca/en/pro/programs/immunization/immunization_tool.aspx#2-4mths)

## COMMUNITY RESOURCES



### Prenatal Circle of Support

*best start*  
*meilleur départ*

by/par health **nexus** santé

## Public Health

- Healthy Babies Healthy Children (HBHC)  
[www.ontario.ca/page/healthy-babies-healthy-children-program](http://www.ontario.ca/page/healthy-babies-healthy-children-program)

### York Region Public Health

To speak to a registered nurse about York Region's breastfeeding supports or other parenting questions, call 1-800-361-5653 and press 2, or chat live with a registered nurse at [York.ca/nursechat](http://York.ca/nursechat)

### Simcoe Public Health

To speak with a registered nurse about services offered through the Healthy Babies Healthy Children Program, call Health Connection Monday through Friday, 8:30am – 4:30pm at 705-721-7520 (1-877-721-7520) or visit online.

## Support Groups & Education

- [www.roseofsharon.com/programs](http://www.roseofsharon.com/programs)
- [www.dadcentral.ca/dads](http://www.dadcentral.ca/dads)
- La Leche League Canada  
[www.lllc.ca/lllc-group-listings/ON](http://www.lllc.ca/lllc-group-listings/ON)
- Early on Centre  
[www.ontario.ca/page/find-earlyon-child-and-family-centre](http://www.ontario.ca/page/find-earlyon-child-and-family-centre)

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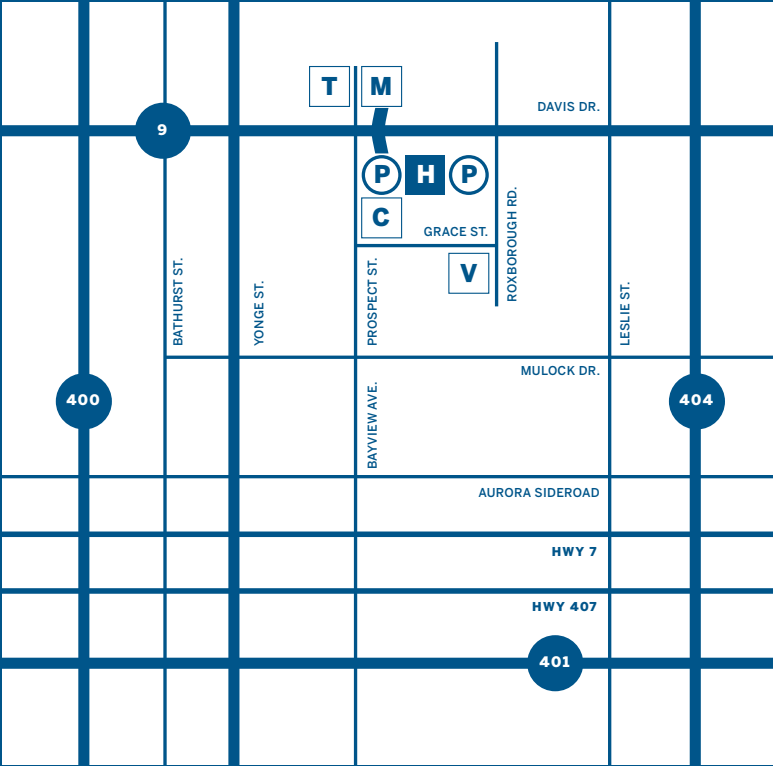
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- Peel Public Health  
Family Health - Newborn Care: Taking Care of Your Baby  
[www.peelregion.ca/health/](http://www.peelregion.ca/health/)
- Mount Sinai Hospital. (2020)  
*Preparing to go home with your baby: Discharge information about you and your newborn.*
- My Health Alberta  
[www.myhealth.alberta.ca](http://www.myhealth.alberta.ca)
- Ontario & Canada Government  
[www.ontario.ca/page/infant-hearing-program](http://www.ontario.ca/page/infant-hearing-program)  
[www.ontario.ca/page/register-birth-new-baby#section-1](http://www.ontario.ca/page/register-birth-new-baby#section-1)  
[www.ontario.ca/page/apply-ohip-and-get-health-card#section-6](http://www.ontario.ca/page/apply-ohip-and-get-health-card#section-6) - OHIP  
[www.canada.ca/en/health-canada/services/sun-safety/sun-safety-tips-parents.html#a2](http://www.canada.ca/en/health-canada/services/sun-safety/sun-safety-tips-parents.html#a2)





# HOW TO FIND US



**V** Southlake Village,  
640 Grace Street

**M** Medical Arts Building,  
581 Davis Drive

Southlake Foundation,  
581 Davis Drive

**H** Southlake Regional  
Health Centre

**|** Bridge over Davis Drive – accessible from P3 of the  
Parking Garage and Level 3 of the Medical Arts Building.

**C** Stronach Regional  
Cancer Centre

**T** The Tannery Mall,  
465 Davis Drive

**P** Parking

## For more information, please contact:

**Birth Unit & Postpartum  
Southlake Regional Health Centre**

Tel: 905-895-4521

596 Davis Drive  
Newmarket, Ontario L3Y 2P9

**southlake.ca**