



Having Your Baby at Trillium Health Partners

Patient Information Book



**For additional and up-to-date patient information,
including pandemic restrictions, please visit:**

www.trilliumhealthpartners.ca/



**Trillium
Health Partners**
Better Together

CONGRATULATIONS!

Thank you for choosing to have your baby at Trillium Health Partners, Mississauga/Credit Valley Site.

We hope this booklet will provide you with the information to help prepare you for your pregnancy, birth of your baby and after care.

In addition to the information found in this booklet, please know your health care providers and team are here to support and partner with you along the way should you require help or have any questions.

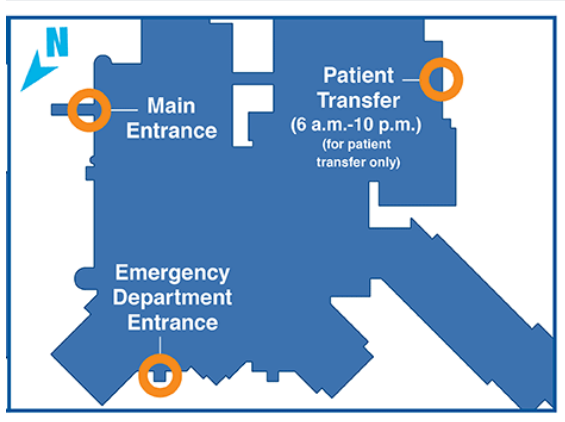
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SITE LOCATIONS

Mississauga Hospital Site

100 Queensway W., Mississauga ON



Mississauga Hospital is located at the corner of Queensway West and Hurontario Street (Highway 10), just two minutes north of the Queen Elizabeth Way (QEW) in Mississauga.

Enter through the main entrance. Follow the Mother and Baby signs to Elevator D, and take it to the third floor. The Labour Assessment Unit and Birthing Suites are to the right as you exit the elevator

Arriving at the Hospital

Main Entrance (Located across from the parking garage) – Use this entrance between 7am and 9pm

Emergency Entrance - Open 24 hours a day. Please note: this is the only entrance accessible between 9pm and 7am.

All hospital entrances are barrier-free/wheelchair accessible.

Note: Check the THP website for available entrances as access may change during pandemic.

Contact Numbers

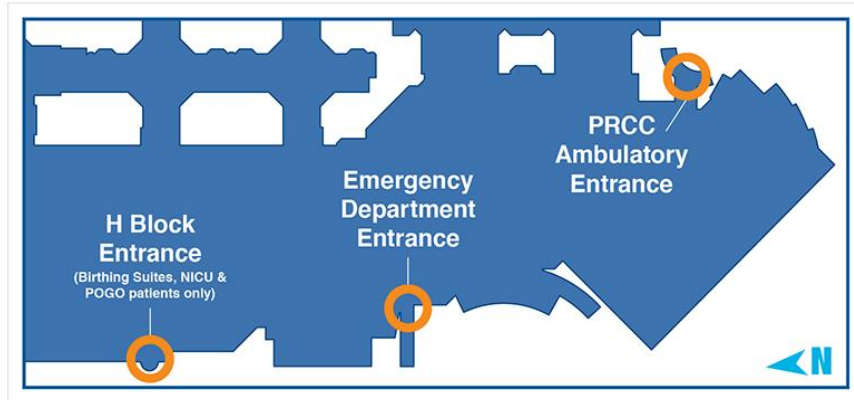


Main Hospital Telephone Number: **(905) 848-7100**

Credit Valley Hospital Site

2200 Eglinton Ave. W., Mississauga ON

The Credit Valley Hospital is located at the intersection of Eglinton Avenue West and Erin Mills Parkway in Mississauga



Arriving at the Hospital

Enter the Hospital from the **H block (Women's & Children's Entrance)**.

Take the stairs or SUN elevator to the third floor. The Labour Assessment Unit is at the top of the stairs, to the right of the elevator

Contact Numbers



Main Hospital Telephone Number: **(905) 813-2200**

Parking & Drop Off



Mississauga Hospital Site

Park in the parking structure across from the Main Entrance. In an emergency, patients can be dropped off at the Emergency Entrance. Both entrances can be accessed from Queensway.

Credit Valley Hospital Site

Park in the parking structure across from the H Block Entrance. In an emergency, patients can be dropped off at the H Block Entrance.

Parking Fee Options

When you arrive at the parking entrance, take a parking ticket and bring it with you when you leave your car.

Before returning to your vehicle, pay for your parking at one of the pay stations located in the hospital.

You can purchase a parking pass from the parking office or at any of the pay stations. There are special rates for multi-use passes. For more information on parking please visit <https://trilliumhealthpartners.ca/ineed/visitorinformation/Pages/Parking.aspx>

THP WOMEN'S & CHILDREN'S PROGRAM

THP's Women's & Children's Program has 5 units:

LAU (Labour Assessment Unit)

- This is where you will first go to be assessed.

BSU (Birthing Suites Unit)

- This is where you will be admitted once you are in active labour.
- You will labour and deliver here.

MBU/OBS (Mother Baby Unit/Obstetrics)

- This is where the new family will recover after delivery.
- Here you will learn how to care for your baby.

NICU (Neonatal Intensive Care Unit)

- Your baby may be admitted to NICU if they require specialized care.

PAEDIATRICS

- The Paediatrics unit cares for children up to 18 years of age.

FAMILY SUPPORT & VISITING

We know it's important for our patients to have family members and loved ones involved in their care while in the hospital. Visitor access is based on the patient's medical condition, care needs and expressed wishes. Please respect our patient's need for a quiet environment during the night to allow for rest, recovery and bonding with their baby.

Labour Assessment Unit	<ul style="list-style-type: none"> • 1 support person • No switching out with others
Birthing Suites	<ul style="list-style-type: none"> • 2 designated essential support persons may be present for labour and birth <ul style="list-style-type: none"> • No switching out with others • Children are not considered support persons • For scheduled caesarean sections - 1 essential support person may be present in Birthing Suites (in both surgery & recovery).
Mother Baby/ Obstetrics Unit	<ul style="list-style-type: none"> • 2 visitors may be present at the bedside at a time • Children under 14 years old may visit as one of the 2 visitors at the bedside and must be accompanied by an adult visitor; children may not stay overnight • We encourage quiet time on the unit from 10pm to 8am; only 1 support person may stay during this time

Note: Check the THP website for the most up to date visitor guidelines as they are subject to change as required.

PATIENT SAFETY



At THP we ensure the safety of our patients and families through:


Hand Hygiene

Preventing Infections

Prevent infection by washing your hands or using hand sanitizer often. Don't hesitate to remind your health care team members to do the same.


PLEASE WASH YOUR HANDS!

<p>Use hand sanitizer gel or wash your hands with soap and water for 15 seconds.</p> 	<p>Cover your mouth and nose when sneezing or coughing with a tissue or with your elbow.</p> 	<p>Health care providers are required to sanitize their hands before and after seeing patients and should wear gloves for tasks such as handling body fluids.</p> 	<p>Have your visitors wash or sanitize their hands before and after seeing you. If they are sick, please ask them to stay home or leave.</p> 
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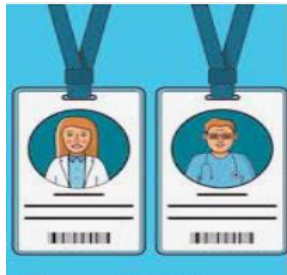


SPECIAL PRECAUTIONS – ISOLATION

You may have a condition that requires isolation. We will inform other patients, staff and visitors of the appropriate precautions to take (e.g. protective gown/mask, sign on your door).



Staff Identification











All staff in our program wear identification badges, this is so you know who we are and feel safe when we care for you and your baby. Safety is everyone's responsibility. If you have any safety concerns, please let someone on your healthcare team know.

Patient Care Areas



To protect our families, the doors to the Labour Assessment Unit, Birthing Suites, Mother Baby/Obstetrics Unit (MBU/OBS) and the Neonatal Intensive Care Unit (NICU) are locked at all times. Please use the phone beside the entrance to ask staff member to let you in. For additional security please note there is video surveillance throughout the hospital.

ADDITIONAL INFORMATION ABOUT YOUR STAY

	<p>Translation Services</p> <p>Support is available if you require a language translation. Please inform your healthcare team so that this can be arranged ahead of your arrival at the hospital. There is no cost for this service.</p>
	<p>Sign Language Interpreter</p> <p>Support is available if you require sign language interpretation. Please inform your healthcare team so that this can be arranged ahead of your arrival at the hospital. There is no charge for this service.</p>
	<p>Scent Free Environment</p> <p>THP is a scent free environment. Scents can cause severe respiratory reactions. Please do not use or wear scented products in hospital.</p>
	<p>Smoke Free Environment</p> <p>Smoking is not permitted anywhere on hospital grounds.</p>
	<p>No Latex Balloons</p> <p>Latex balloons can cause allergic reactions and are not allowed in the hospital. Mylar (foil) balloons are a safe alternative.</p>
	<p>Photo and Videography</p> <p>To protect the privacy of the members of the healthcare team, please ask their permission before taking their picture or including them in your video. <i>During the birth, you are not allowed to use your camera or video equipment.</i></p>
	<p>Internet Access</p> <p>There are four simple steps for wireless internet access:</p> <ol style="list-style-type: none"> 1. Ensure that the wireless adapter is connected and enabled on your laptop or other personal device; 2. Open your web browser, and type in a website (any website will do); 3. Connect to WiFi by selecting "THP_Guest" at any of our three sites; 4. Pick a rate plan, register with your credit card information and enjoy!
	<p>Your Meals</p> <p>We ask that you discuss your diet with your healthcare team during your labour. Let them know of any allergies or special dietary needs such as vegetarian, Halal or reduced lactose.</p> <p>After delivery you will receive breakfast, lunch and dinner for the rest of your stay. Your physician will order a diet type for you based on your medical condition.</p> <p>Support persons do not receive meals.</p> <p>Additional food options are also available for purchase. Hours of operation may vary.</p>

BEFORE YOUR BABY'S BIRTH

Prenatal Care

During this period you may be cared for by a family doctor, midwife and/or an obstetrician. Your healthcare provider will review your medical and family history. They will talk to you about lifestyle habits such as smoking, use of alcohol and medications, nutrition and exercise. Any necessary physical examinations will be performed and prenatal testing will be completed.

Prenatal Appointments



You can expect to see your care provider:

Up to 28 weeks pregnant	Every 4-6 weeks
From 28 to 36 weeks pregnant	Every 2-3 weeks
From 36 weeks pregnant to birth	Every 1 week

- If concerns arise during your pregnancy, you and your baby may need to be assessed more frequently.
- If you or your baby requires more surveillance, you may be seen in the *Fetal Medicine Clinic* in addition to your care provider's office.
- Your healthcare provider will organize routine prenatal laboratory tests for you and any other tests as necessary.

We encourage you to make notes and write down your questions so that you can discuss them with your healthcare provider or healthcare team.

Prenatal Tests

Ultrasounds



Pregnant persons routinely have two ultrasounds during their pregnancy.

- Dating ultrasound at 11-14 weeks
- Anatomic ultrasound between 18-20 weeks

Most low-risk pregnancies will not need additional ultrasounds. However, your healthcare provider may order additional ultrasounds during your pregnancy if further assessment is required.

Ultrasound provide important information related to your pregnancy, such as:

- The number of babies.
- The gestational age of the baby.
- The growth and development of the baby.
- The location of the placenta.
- The position of the baby.
- The amount of fluid around the baby.
- The movement and activity of the baby.

Glucose Testing

Pregnant persons are offered blood glucose screening for gestational diabetes (GD) between 24 and 28 weeks of pregnancy. If you have risk factors for GD, you may be tested earlier in your pregnancy. If you have pre-existing diabetes, you will not need this testing.

GD is a type of diabetes that occurs during pregnancy. It happens when the hormones secreted by the placenta make it harder for your body to break down carbohydrates (sugars).

Untreated GD increases the likelihood of having a large baby, and is associated with birth complications as well as health risks for the newborn (for example, preeclampsia, shoulder dystocia). Untreated GD also increases the risk of stillbirth late in pregnancy (36-40 weeks).

Treatment of GD starts with controlling the amount and type of carbohydrates (sugar) in your diet, as well as increasing exercise. You may also need oral medications or insulin injections to keep your blood sugar normal. Your healthcare provider may refer you for additional support or education.

Most patients with GD who are treated have normal deliveries and healthy babies.

Group B Streptococcus (GBS)

Group B Streptococcus (GBS) is a type of bacteria that is normally found in the birth canal in up to 30% of pregnant persons. Although it is a normal bacterium, persons with GBS can pass it to their baby during labour and birth. Most babies who are exposed to this GBS bacteria during labour do not become sick. However, some may become very ill.

If you have GBS, treatment with antibiotics during labour may help prevent infection in the baby. As such, it is recommended that all pregnant persons are tested for GBS bacteria between 35 and 37 weeks of pregnancy.

Your healthcare provider will provide you with instructions on how to do the vagina and rectal swab yourself around your 35 or 36 week prenatal appointment.

Preparing For Your Delivery

Register at the Hospital

You will need to register for your birth at the hospital by completing the **In-patient Registration Form** found in the envelope given to you by your healthcare provider.

Please complete both sides of the form as soon as possible and return it to your healthcare provider's office.

This information will be sent to the hospital to register you for your baby's birth.

Please ensure that the form is complete. Missing information will cause a delay in your admission.

Accommodations

Every family will give birth in a private room, at no additional cost. If you have a caesarean section, you will deliver in an operating room, then spend time post operatively in a recovery room with your baby.

After the delivery, you will be monitored in your birthing room for approximately 1 to 2 hours. You will then be transferred to the postpartum unit. Three kinds of rooms that are available on the postpartum unit: private, semi-private, or ward rooms. Low-risk midwifery clients have the option of going home from the birthing unit 3-4 hours after birth.

*****Please note that you cannot pre-book your room accommodations in the postpartum unit before being admitted. *****

You will be asked for your choice of room accommodation when you are admitted to hospital. Your room will be assigned at the time of delivery, and will be based on your request and availability. We try our best to provide you with the accommodation of your choice, but this is not always possible.

Birth Plans

You may wish to make a birth plan. Birth plans can help you feel comfortable with what may occur during your labour.

Creating your birth plan can also help you learn about your options for care and encourage communication between you and your healthcare providers. Share your birth plan with your healthcare team and use it as a starting point for discussing your labour care.

Note: It is not always possible to follow a birth plan, as unpredictable situations may occur.

Childbirth Education

At THP we believe that knowledge is the key to making informed decisions.

You can get prenatal education through your healthcare providers, reading, accessing community resources, and taking formal prenatal classes.

Childbirth classes are available from public health and private organization. Prices and formats will vary.

The following are some reliable resources for your prenatal education:

Peel Public Health – Health during Pregnancy Prenatal programs

<https://www.peelregion.ca/health/family-health/during-pregnancy/classes-programs>

Best Start Prenatal Education Program

<http://en.beststart.org/resources-and-research/prenatal-education-program>

Prenatal Education – Government of Ontario

<https://www.ontarioprenataleducation.ca/labour-support/>

OMama – Labour and Birth

<https://www.omama.com/en/labour-and-birth.asp>

BridgeWay Family Centre

<https://bridgewaycentre.ca/>

Umbilical Cord Blood Banking

Umbilical cord blood contains stem cells which can develop into all the different cells in the body. Umbilical cord blood has been used to successfully treat various paediatric, genetic, hematological, and cancer disorders in the children they have been collected from, as well as their family members.

Your family may wish to save or donate umbilical cord blood. We encourage you to do your research and finalize plans early in your pregnancy to prepare for an umbilical cord blood collection. There are several private umbilical cord blood banking programs available in Ontario that you can use - most are privately run and for profit.

The umbilical cord blood banking program you choose will charge you directly to store the umbilical cord blood. Please inquire about additional costs with the company that you choose. There is also an additional one-time charge by the hospital, as the collection of the umbilical cord blood specimen is **not an insured service under OHIP.**

Please discuss the collection of umbilical cord blood with your delivering healthcare provider, as they will collect the blood from the umbilical cord after birth. It will be your responsibility to ensure that the umbilical cord blood collection kit is brought to the hospital at time of delivery.

Note: It is not always possible to collect enough umbilical cord blood for banking. In the event of an emergency, it may not be possible to collect the specimen.

What should I have prepared before my admission to the hospital?

Before you come to the hospital for the birth of your baby it is important that you:

- Know where you are delivering your baby. Your healthcare provider will send copies of your prenatal record to the hospital and will tell you which hospital site to go to.
- Plan your transportation in advance.
- If you have other children, please plan and arrange childcare in advance. THP does not offer childcare services and staff are not responsible for supervising your children.

What should I bring to the hospital?

It is helpful to pack your bags and prepare your baby's bag several weeks before your expected delivery.

For the birth, be sure to bring:

- ☐ Private insurance information (if applicable)
- ☐ Ontario Health card
- ☐ Lip gloss or lip balm
- ☐ Mouthwash, toothpaste, toothbrush, comb
- ☐ Soap, shampoo, lotions
- ☐ Slippers and socks
- ☐ Phone and charger
- ☐ Pen and paper
- ☐ Any medicines you are taking, in their original containers (if applicable)
- ☐ Glasses (if applicable)
- ☐ Pillow for breastfeeding with coloured pillow cases (if desired)



For yourself, after the birth:

- ☐ 2 to 3 nightgowns or pairs of pyjamas (front opening for breastfeeding)
- ☐ Housecoat or lounge wear
- ☐ Tissues, one package of sanitary maternity pads and underwear
- ☐ Nursing bras, nursing pads
- ☐ Fresh set of clothes to go home in

For your baby:

- ☐ Diapers (5 to 10 per day, newborn or size 1)
- ☐ Baby wipes
- ☐ Baby pyjamas and diaper shirts (3 to 4)
- ☐ Clothing to take the baby home in such as a gown, baby pyjamas, blanket or sweater and knitted hat, if the weather is cold
- ☐ A CSA (Canadian Safety Association)-approved car seat. By Ontario law, your baby must always ride in an approved infant car seat. Please put the seat together before coming to the hospital and check the expiry date on the car seat.

*** We recommend that you leave your bags in the car while you are being assessed in LAU. They can be brought to your room once you are admitted.

ARRIVING AT THE HOSPITAL

When should I come to the hospital?

If you are **more than 20 weeks pregnant** and you think you are in labour, come to the Labour Assessment Unit (LAU).

Come to the LAU if at any time during your pregnancy you are worried about:

- Contractions that are strong, regular and frequent
- Your water breaks
- Bleeding
- Pain
- If the baby is not moving as frequently as you are used to.

If you are **less than 20 weeks pregnant** and have any serious concerns, please go directly to the Emergency Department of your closest hospital.

If you have a medical emergency call 911.

Examples of medical emergencies can include:

- Heavy bleeding from your vagina
- You feel like your baby is coming now or you feel a strong urge to push
- You feel like there is something in your vagina or between your legs
- Sudden or constant severe pain in your abdomen

Fetal Movement

Facts about Baby's Movements

Most pregnant persons feel baby movements regularly by 24 weeks or 5-6 months of pregnancy.

It is important to be aware of your baby's movements. Your baby will have periods of rest and activity each day.

If your pregnancy is healthy, you need to monitor your baby's movements only when you think your baby is not moving as much as usual.

If you have risk factors in your pregnancy you may be instructed to monitor your baby's movements more frequently. Smoking and certain medications may reduce baby's movements.

When to Monitor your Baby's Movements

If you are experiencing a change in your baby's movements monitor them as instructed below.

If you have been advised by your care provider to monitor your baby's movement, choose a time of day when your baby is usually active.

How to Monitor your Baby's Movements/ Kick Counts

- Find a quiet place and sit in a relaxed position and drink a glass of cold water.
- Place your hands on your tummy.
- Count your baby's movements

You should feel at least 6 movements within 2 hours.

Once you feel 6 movements, the test is complete.

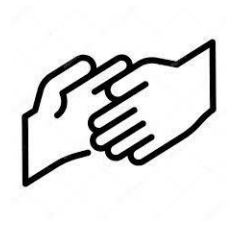
If you do not feel 6 movements by 2 hours, please come to the Labour Assessment Unit at the Hospital for further assessment.

What happens when I arrive at the hospital?

- Go directly to the Labour Assessment Unit (LAU) when you arrive at the hospital.
- You will be asked for your Ontario Health Card and how we can help you.
- In the LAU, similar to an Emergency Department, patients are seen according to the reason for their visit, not the order of arrival. You may have to wait in the waiting room.
- A nurse will show you to a bed in the LAU where they will:
 - **Ask you to change into a hospital gown.**
 - **Take your blood pressure and body temperature.**
 - **Listen to your baby's heartbeat.**
 - **Ask you questions about your health and pregnancy.**
 - **Take blood or urine samples if necessary.**
 - **May perform a vaginal exam if you are in labour.**

LABOUR AND DELIVERY

Who will help me during labour?



Clinical Care in Labour

Patients whose antenatal providers are obstetricians or family doctors will be assigned a nurse. Several nurses may assist you over the course of your labour. Midwifery patients will not have an assigned nurse, but will have a primary and back-up midwife attend them in labour.

The healthcare team is there to provide you with professional labour support, and to help ensure you and your baby are healthy and safe.

Here are some ways nurses and midwives will support you:

- Review your medical history with you, and your birth plan, if you have one.
- Provide you with information to meet you and your partner's needs.
- Help you to relax, and to find comfortable positions.
- Provide you with one-on-one support to help with pain, before and during the birth of your baby.
- Examine you and keep you up to date on your labour progress.
- Monitor your baby's heart rate, as well as your blood pressure, temperature and pulse.

The Role of your Support Person

Your support person can be anyone you choose. Together you will work with your healthcare team during your labour and birth.

Your support person can:

- Help you find a comfortable position.
- Get you ice or water.
- Help with your breathing and other relaxation techniques.
- Rub or massage your back.
- Reassure and encourage you.

How can I manage pain during labour?



There are many ways to relax and find comfort during labour. Practice these methods before you go into labour so that you and your support person will be prepared. People will often use multiple techniques throughout their labour to help manage pain.

Your healthcare team can help you decide which pain relief options may work best for you.

Methods of Relieving Pain

Relaxation Techniques and Comfort Measures

Walking and Changing positions	<p>Moving around and changing your body position may help control pain and speed up labour. Research has shown that pregnant persons who are upright in the first stage of labour have less pain and do not need as many pain medications or epidurals. You can try:</p> <ul style="list-style-type: none"> • walking or standing • sitting or squatting • kneeling on your hands and knees • using your birthing ball
Hot and Cold Compresses	<p>Heat: The stress of labour can cause muscles to become tight. Heat may help relieve pain by helping you relax and feel less stress. Example: Warm blanket or compress</p> <p>Cold: Cold can help lessen back pain from labour by numbing the pain. Example: Cold compress, ice pack, wet towel</p>
Hydrotherapy	The feeling of water on your body can help by relaxing you and relieving pain and pressure. (Example: Shower, tub).
Touch and Massage	Touch and massage is another way to help lower stress. Lowering stress helps your labour progress and helps you better cope with discomfort.
Distraction	<p>Thinking about something else can distract you from thinking about labour pain. You can try:</p> <ul style="list-style-type: none"> • different breathing techniques • thinking about something calming • concentrating on a picture or object that is meaningful to you • meditating • listening to music
Nitrous Oxide	A combination of nitrous oxide (laughing gas) and oxygen can be given through a mask to provide pain relief during labour and delivery. Nitrous oxide assists in reducing pain but it does not eliminate pain.
Pain Relief Medication	Speak to your care provider about other medication options that you can have for pain relief.

Epidural

All pregnant persons experience a certain amount of pain during labour and birth. Epidurals are the most commonly used form of medical pain management during labour.

An **epidural** is a safe and effective way to control labour pain. With this technique, pain is relieved by numbing the nerves that carry the pain sensation from the uterus to the spinal cord.

An anaesthesiologist will insert a small flexible plastic tube called an epidural catheter into your lower back. The tip of this tube will lie next to, the spinal column. Once inserted, tape is carefully applied to keep the epidural catheter in place. The anaesthesiologist will inject numbing medications (local anaesthetics) through the epidural catheter, providing a gradual onset of pain relief over 15-20 minutes. After this, a special pump continues to provide medication through the catheter to help control pain for the remainder of labour.

After having an epidural inserted, you should feel considerable contraction pain relief from your contractions. Your legs will feel heavy and hard to move. This is normal.

Although the medicine reduces pain, you will still feel the pressure of the contractions. This will help guide you when it is time to push the baby out.

Many people worry that an epidural causes back pain, but this is rare, although you might have some soreness or bruising at the injection site for several days after the birth. Pregnancy and childbirth may cause backache due to changes in posture, the heaviness of the baby and the stretching of your muscles. As such, back pain can occur both with and without epidural usage. This pain usually goes away on its own.

Speak to your healthcare team if you have any questions or concerns about getting an epidural. Together, you can decide if/when an epidural would be appropriate to help manage your labour pain.

CAESAREAN SECTION BIRTHS

Some pregnant persons will know ahead of time that they are having a caesarean section (c-section). A c-section may be planned if:

- Your baby is coming bottom or feet first (called breech position)
- The placenta is covering the opening of the cervix (called placenta previa)
- You have had a c-section before, and have decided to have another one.

If you are scheduled for a c-section, you will receive a package from your care provider detailing additional information related to your surgery. This is called ***“Caesarean Birth Pre-Operative Same Day Admission.”***

****Please read this information carefully. If you are not prepared for your scheduled cesarean section, this may cause a delay in your surgery.****

Not all caesarean section births are planned ahead of time. A c-section may be required during labour. In some situations, this decision may need to be made quickly.

Before the caesarean section birth, your health care team will talk to you about:

- Why a caesarean birth is needed
- The benefits and risks of surgery
- The anaesthesia plan
- What to expect before, during and after surgery.

Your partner or support person can stay with you during your surgery to support you, but cannot enter the operating room until everything is set up, and the surgery is about to begin. In an emergency, or during a rare occasion when you need to be put to sleep, your partner or support person may not be able to stay with you. The staff will keep them informed.

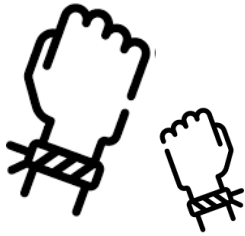
You can take pictures of your baby once the staff provide permission. Taking pictures or filming during surgery is not permitted.

After the surgery, you will be brought to a recovery area until your condition is stable. Once you are stable you will be transferred to the Mother Baby/Obstetrics Unit.

AFTER THE BIRTH OF YOUR BABY

Your Baby's Safety

Your baby's safety is our priority from the moment of birth onwards.



- At birth, you, your baby and your partner/support person will be given identifications bands. Please do not remove these while you are in hospital.
- Your healthcare team will introduce themselves to you. Only allow staff with photo identification badges to provide care to you and your baby.
- Never leave your baby alone. You or a support person must always watch your baby.
- Ask your nurse about safe sleep practices.
- While walking around the unit, please use a bassinet to transport your baby.

Where will my baby stay?

Once you and your baby are transferred and admitted to the Mother Baby/Obstetrics Unit, your baby will stay in your room all day and all night. This helps you and your family get to know your baby, bond with your baby, and learn how to provide comfort and care, and establish feeding routines.

Your nurse and/or support person will help you care for yourself and your baby. Your nurse can also answer any questions you may have.

If your baby requires additional care, it may be admitted to the Neonatal Intensive Care Unit (NICU). Parents may visit their babies in the NICU. Your baby's nurse in the NICU will explain to you what to expect while your baby is admitted there.

Registering your Baby

Every child born in Ontario must be registered with the province's Office of the Registrar General.

Registration is required by Ontario law, and creates a permanent identity record for your baby. There is no charge to register your baby.

Once you have registered your baby, you can then apply for other government services and documents such as:

1. Birth Certificate
2. Social Insurance Number
3. Canada Child Benefits
4. Ontario Health Card.

To register you will need information about your baby's birth (date, time, delivering doctor's name, etc.).

This information will be found on your discharge papers, which will be given to you when you leave the hospital.

You must register your baby's birth with the Government of Ontario.

How to register:

Complete the *Statement of Live Birth* form online using Service Ontario's Newborn Registration Service (www.serviceontario.ca/newborn)

The hospital will provide you with instructions on how to do this.

Birth Certificate

- You can apply for your baby's birth certificate online, or you can get a hard copy of the "*Request for Birth Certificate*" form from any Canada Post outlet.
- There is a fee for a birth certificate (\$25-\$75, depending on type), and it will be mailed to you.

Social Insurance Number (SIN) and Canada Child Benefits

- You can apply for your baby's SIN online when you register the birth, or get the "*RC66 Canada Child Benefits Application Form*" from the Canada Revenue Agency website, or by calling 1-800-959-2221
- There is no fee for a SIN

Ontario Health Card (OHIP)

- If your baby qualifies for OHIP coverage, you will be given a form while in hospital. Complete the top portion of the form and provide it to your nurse. The bottom portion of the form will be your baby's temporary health card until you receive the card in the mail.

BABY CARE

Medications

Vitamin K

Newborns have very small amounts of Vitamin K stored in their bodies, which can lead to serious bleeding problems. Within 6 hours of your baby's birth, your baby will be given a Vitamin K injection in their thigh. This Vitamin K injection is used to prevent bleeding in your baby.

Erythromycin

The nurse will also talk to you about giving your baby erythromycin, an antibiotic gel that is put in your baby's eyes to prevent eye infections from gonorrhea. This medication is optional if you aren't at risk for sexually transmitted infections.

Vitamin D

Breast milk on its own does not have enough vitamin D to support healthy bone development in babies. Vitamin D deficiency can cause rickets, which is the softening and weakening of bones.

Babies who are exclusively breastfed should get 400 International Units (IU) of vitamin D every day. You can buy Vitamin D drops at any pharmacy. Follow the dosage and instructions on the bottle.

Skin-to-Skin Contact



Skin-to-skin contact helps your baby get used to the outside world, improves bonding and helps with the feeding process.

You can perform skin-to-skin by removing your baby's clothing, placing your baby facing you on your bare chest and covering their back with a blanket. Ensure that their mouth and nose are not covered. You can perform skin-to-skin while in hospital and continue to do this when at home. This is something both you and your partner can do with your baby.

Your nursing staff will assist you in doing skin to skin care with your baby and answer any questions you may have.

Why do skin-to-skin?

- Helps with breastfeeding and latching
- Soothes baby
- Keeps baby warm
- Regulates heart rate and breathing
- Strengthens the bond with your baby

Skin-to-skin can help your baby:

- Feel less pain during a procedure (such as blood tests or injections)
- Have a lower risk of infection
- Feel more relaxed
- Regulates the baby's heart rate and breathing, helping them to better adapt to life outside the womb.

Feeding Your Baby

Baby Friendly Initiative (BFI)

Trillium Health Partners is a designated Baby Friendly Hospital. BFI is a global initiative started by the World Health Organization (WHO) and UNICEF to protect, promote and support breastfeeding.

Our goals as a designated Baby Friendly Hospital are:

- To provide the best possible care in all health services for families with babies.
- To help each family make an informed decision after receiving all the facts about each infant feeding method.

Feeding Do's



- ✓ Skin-to-skin care during feeding
- ✓ Feed every 2 to 3 hours (at least 8 times in 24 hours) – wake up the baby when it is time to feed!
- ✓ Hand express or pump each breast for 20 minutes to build milk supply and increase your baby's appetite
- ✓ Follow your baby's feeding cues

Feeding Cues

Early Cues	Licking or sucking anything close to their face Bringing hands and fingers to their face Opening and closing their mouth
Active Cues	Turning head side to side Fidgeting – not easy to settle
Late Cues	Quickly moving head side to side Crying

When your baby is finished feeding they will seem satisfied. Your baby will look relaxed, quiet and content, and will no longer show feeding cues.

A baby who is feeding enough will have an adequate number of both wet and stool soiled diapers. Right after birth it is normal for babies to lose up to 10% of their birthweight. At 2 or 3 weeks old, the baby should return or surpass their birthweight.

If you have any questions about feeding your baby, ask your healthcare provider. During your stay in hospital, your nurses can help you and your baby with feeding. We also have certified lactation consultants that can help with any difficulties you may have.

Breastfeeding

Exclusive breastfeeding for the first 6 months, and then adding foods at 6 months and continuing breastfeeding up to 2 years and beyond, is recommended by the World Health Organization (WHO) and Canadian Pediatric Society (CPS) to promote growth, brain development, and protection from disease.

Why choose breastfeeding?

- Helps with bonding between mom and baby
- Helps with mom's vaginal bleeding by contracting the uterus
- Reduces the risk of developing cancer of the breast and ovaries
- Breast milk does not cost any money
- Provides immunity to baby
- Can prevent obesity and diabetes for baby

While in the hospital, your healthcare team can help you with proper latching technique and positioning your baby to breastfeed. They can also help you with hand expression to help you produce milk.

Latching Your Baby

In order to feed properly, you need to help your baby get a good latch on your breast.

How do you know if your baby has a good latch?

- You can see and hear baby sucking and swallowing
- Your breasts feel empty after a feed
- There is no pain, redness or cracking of nipples during feeds

Positioning

There are several ways you can hold your baby during feeding. It is a good idea to familiarize yourself with the different positions to help you get comfortable with holding your baby.

Some different feeding positions include:

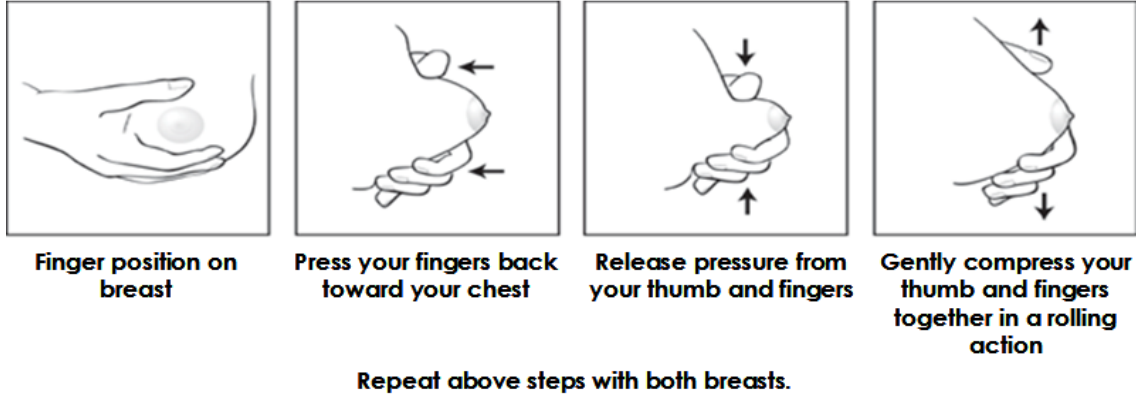
- Laid-back
- Cradle hold
- Cross-cradle
- Football position
- Side-lying

For more information on positioning and latching visit the La Leche League International website:

<https://www.llli.org/breastfeeding-info/positioning/>

Hand Expression

While in the hospital you will be taught hand expression. Hand expression helps produce milk and relieves engorgement.



Engorgement

Engorgement is when your breasts are overfilled with milk and become firm and swollen making it hard to breastfeed. Frequent feeds, gentle hand expression, reverse pressure on areola, and icepacks will help prevent and relieve engorgement. Taking Ibuprofen may also relieve discomfort.

Formula Feeding

If you choose to feed your baby formula, you need to know how to:

- Sterilize water and supplies
- Prepare formula properly
- Feed your baby with a bottle

Your health care team will give you information and education on how to safely formula feed.

For more information about formula feeding visit the **Region of Peel** website (<https://www.peelregion.ca/parenting/feeding-baby/formula.asp>), and on the **Best Start** website (<https://resources.beststart.org/product/b42e-safely-preparing-infant-formula-for-your-baby-video/>).

Use cow's milk-based formula if possible.

Soy-based baby formula is not recommended unless your baby cannot have cow's milk products for health, cultural or religious reasons. Ask your doctor before using soy-based formula.

It is important to prepare your infant formula safely.

Formula comes in 3 forms:

Ready to Feed	<ul style="list-style-type: none"> • No mixing is required • Formula is sterile until the bottle is opened
Liquid Concentrate (Mix with water)	<ul style="list-style-type: none"> • Needs to be mixed with water • Formula is sterile until the bottle is opened
Powder (Mix with water)	<ul style="list-style-type: none"> • Needs to be mixed with water • Powder is not sterile • Not recommended for babies under 2 months old.

For important facts about formula preparation and formula recalls you can visit <https://resources.beststart.org/product/b43-48e-safely-preparing-infant-formula-for-your-baby-tip-sheets/>

Make sure you have a supply of formula ready for your baby once you get home. The hospital does not provide you with formula when you leave.

Feeding Support

In hospital:

During your stay, your nurses can help you with feeding your baby. Our nurses are highly skilled and knowledgeable; ask them questions and discuss your feeding plan before going home.

You may also be referred to an in-house lactation consultant if you are having difficulties with feeding.

After discharge:

If necessary, we can provide follow-up breastfeeding support following discharge from the hospital at our Postnatal Clinic. An appointment will be made for you before your discharge if needed.

We also partner with Peel Public Health to provide community support for our parents Peel Region; your nurse can provide you with more information.

For breastfeeding support in your community, please visit: www.ontariobreastfeeds.ca

What will my baby be screened for?

Hearing Screening

Babies need to hear well to learn how to speak and understand.

You baby will have the opportunity to have their hearing tested before leaving the hospital.

A hearing screener will explain how the hearing test works and what the results mean.

If the hearing test shows possible signs of hearing loss, the hospital will refer you and your baby for follow up with Erin Oak Kids.

For more information visit:

<https://www.erinoakkids.ca/Services/Services/Infant-Hearing-Services/Audiology-Services-in-Halton,-Peel-and-Dufferin.aspx>

Newborn Screening

Newborn Screening is a blood test taken at 24-48 hours of age to look for rare conditions that can cause health problems. Your nurse will give your baby a heel prick and place a small amount of blood on filter paper. This will be sent to the Newborn Screening Ontario Program Laboratory in Ottawa for testing.

A screening test is also done for **Critical Congenital Heart Disease (CCHD)** to help us find any potential heart problems, even if no signs or symptoms are present. This test is painless and is done by placing a pulse oximeter on your baby's hand and foot to measure the amount of oxygen in their blood. The results will be immediately available.

Please see Healthy Beginnings for more information, call the Ontario Newborn Screening Program at 1877-627-8330 or visit:

<https://www.health.gov.on.ca/en/pro/programs/newborn/default.aspx>;

<https://www.newbornscreening.on.ca/>

Jaundice

Jaundice is a yellow colouring of the skin and the whites of the eyes. In babies, it is caused by extra bilirubin in the baby's blood system. Bilirubin comes from the breakdown of red blood cells. Jaundice is fairly common and may be a part of your baby's adjustment to life after birth.

Many babies become jaundiced at about 2 or 3 days after birth, reaching the highest level around 4 – 5 days of life and gradually decreasing by the end of the first week. While your baby is in hospital, your nurse will watch for signs of jaundice. When your baby is 24 hours old, your nurse will take a blood sample to screen for jaundice. Your healthcare team will inform you before discharge if your baby needs treatment, or needs a follow-up in our clinic.

Circumcision

Circumcision is not available during your hospital stay.

If you are considering circumcision, please speak with your family doctor.

Circumcision is not covered by OHIP (Ontario Health Insurance Plan). You will have to pay a fee for this procedure.

Car Seat Safety



Please purchase and install an infant car seat approved by the Canadian Motor Vehicles Safety Standards at least one month prior to your baby's expected date of birth. All children less than 22 lbs. should be in a rear facing car seat.

How do I put baby in the car seat?

- The harness strap must lay flat and fit snugly, allowing no more than 1 finger to slide under the strap.
- The harness should be at or slightly below the shoulders, with the baby's back and bottom flat against the car seat.
- There should be no snowsuits or baby blankets between the baby and the car seat.
- The chest clip should be threaded properly and at armpit level.

Familiarize yourself with your car seat and learn how to use it. Have it ready to use before you leave for the hospital. Before you go home, your nurse will check that you have the properly placed and secured your baby in the car seat.

Healthy Babies, Healthy Children

Healthy Babies, Healthy Children is a program provided by Peel Public Health to support families' well-being before and after the birth of a baby, and to help identify families who may benefit from parenting support through the Home Visiting Program.

The goal of the program is:

"To provide every family with a newborn in Ontario with the support they need to make healthy adjustment in the first few weeks of life as well as provide access to parenting support through community services."

When you are in the hospital, you will be asked if you would like to be referred to this service. With your consent a Public Health nurse in your area will contact you within a few days after hospital discharge and provide you with information about available support services.

Safe Sleep

How do I safely place my baby down to sleep or play?

When putting your baby down to sleep always put your baby on their back to reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the unexplained sudden death of a seemingly healthy infant of less than one year of age. It is sometimes also referred to as crib death. To help prevent SIDS, we recommend:

- Doing skin to skin with your baby
- Placing your baby on their back when sleeping
- Putting your baby on a firm surface (such as a mattress) in their own bed for the first 6 months of life
- Removing any soft pillows, toys or loose bedding to prevent suffocation
- Preventing your baby's face from being covered
- Leaving your baby's hands free when swaddling
- Alternating your baby's position in the crib by placing their head near the foot of the crib one day, and the head of the crib the next day (babies tend to turn to look out of their crib)
- Ensuring your baby is in a smoke and/or drug free environment
- Attending an infant safety and CPR session

Tummy Time for Play

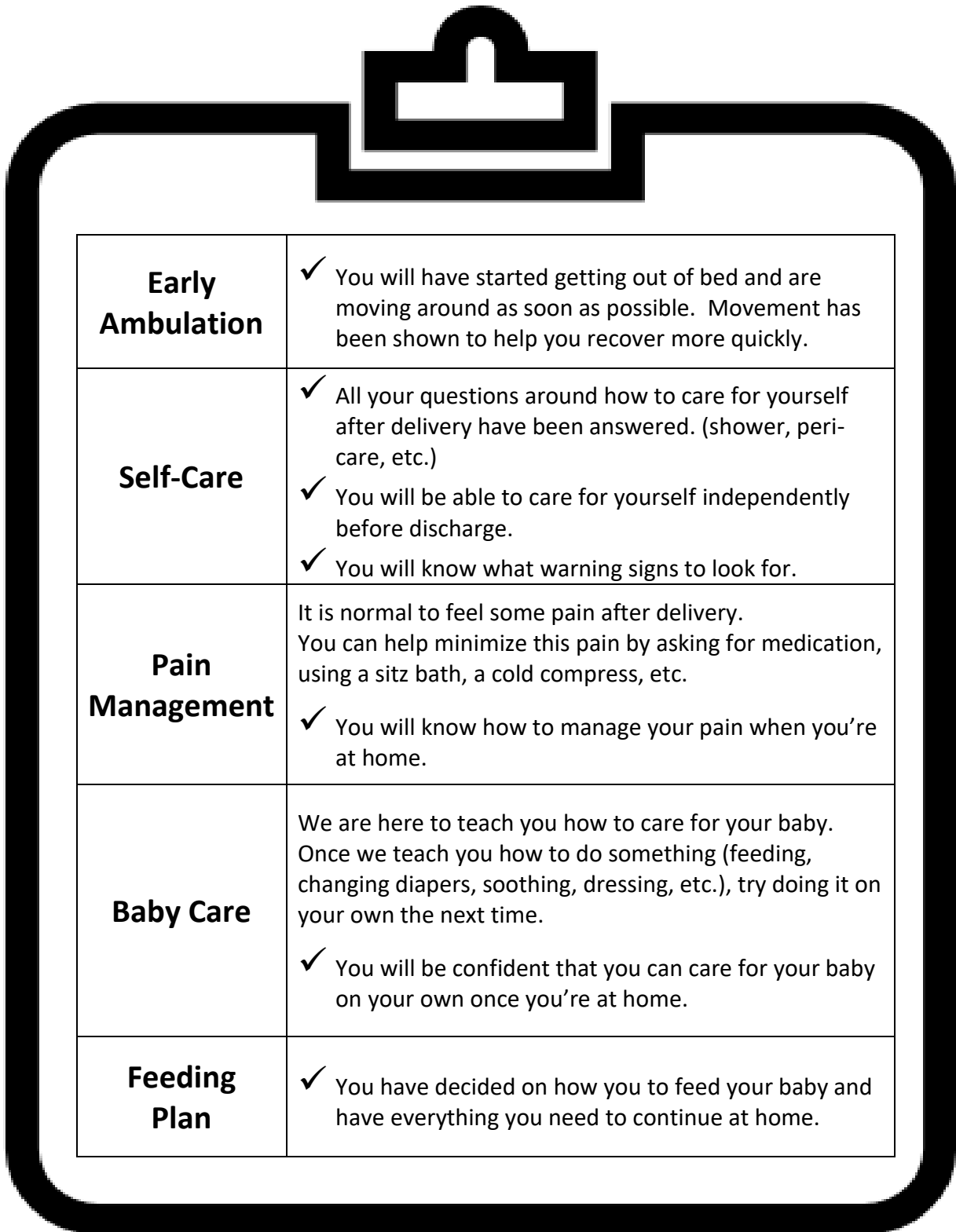
Tummy time helps strengthen your baby's muscles in the neck, back, shoulders and arms. It also helps your baby to learn large motor skills such as rolling, sitting and crawling and prevents "flat-head" (plagiocephaly).

To prevent "flat-head" you can place your baby on a flat surface on their stomach for short amounts of time 2 to 3 times a day. Here are a few ways you can encourage tummy time

1. Place your baby down with a mirror or toy in front of them to look at.
2. Lie on your back and put the baby's tummy on your chest
3. Use a rolled blanket or pillow under their chest to make it easier
4. Place your baby on their stomach on your lap

For more information see the *"Back to Sleep Tummy to Play Preventing SIDS & Baby Flat-Head"* brochure provided in your discharge package at the hospital

GOALS FOR AFTER DELIVERY



Early Ambulation	<ul style="list-style-type: none"> ✓ You will have started getting out of bed and are moving around as soon as possible. Movement has been shown to help you recover more quickly.
Self-Care	<ul style="list-style-type: none"> ✓ All your questions around how to care for yourself after delivery have been answered. (shower, peri-care, etc.) ✓ You will be able to care for yourself independently before discharge. ✓ You will know what warning signs to look for.
Pain Management	<p>It is normal to feel some pain after delivery. You can help minimize this pain by asking for medication, using a sitz bath, a cold compress, etc.</p> <ul style="list-style-type: none"> ✓ You will know how to manage your pain when you're at home.
Baby Care	<p>We are here to teach you how to care for your baby. Once we teach you how to do something (feeding, changing diapers, soothing, dressing, etc.), try doing it on your own the next time.</p> <ul style="list-style-type: none"> ✓ You will be confident that you can care for your baby on your own once you're at home.
Feeding Plan	<ul style="list-style-type: none"> ✓ You have decided on how you to feed your baby and have everything you need to continue at home.

OUR PROMISE TO YOU

We worked together with our patients to develop our Patient Declaration of Values. These values tell us what matters most to you in your care experience.

We promise to:

- Provide you with timely access to high quality care in a safe and comfortable environment
- Share meaningful information about your plan of care so you can make informed decisions
- Involve you and those most important to you in your care
- Listen and respond to your needs to build a trusting relationship
- Care for you with respect, compassion and dignity

OUR COMMITMENT TO ONE ANOTHER

Better Together
RESPECT
 @ Trillium Health Partners

THP DECLARATION OF RESPECT

Our Commitment to One Another

As patients, staff, medical professionals, volunteers, learners, family members and visitors we are **Better Together**. We commit to living our values of compassion, excellence and courage, creating a healthy, safe and respectful environment for healing.

Together, we developed our shared expectations of how we treat one another and commit as a community to:

- Respect others and treat them as they would want to be treated
- Listen and engage to build trust and mutual understanding
- Involve one another and work as a team
- Take accountability for our actions and the impact they have on others
- Learn from our experiences and continuously improve

TALKING TO YOUR HEALTHCARE TEAM

We are committed to your safety and invite you to participate in your care. Good communication is one of the most important parts of your care while you are in the hospital. We want you to feel as comfortable and confident as possible, and to feel prepared when it is time to go home.

Tips to Improve Your Care	
1.	Write down a list of questions or concerns before meeting with your health care team, listing your most important questions first.
2.	Your care team will ask you several questions. It is important to be open and honest when answering, even if a topic makes you uncomfortable. Your care providers are there to help you, not judge you, and they need complete information to ensure you get the best treatment for your condition.
3.	Make sure you understand your diagnosis, treatment and recovery plan. If you have questions about a treatment or test being given, feel free to ask the reason the procedure will take place. If you don't understand something or need it repeated, it is OK to ask for it to be explained as many times as you need.
4.	Many patients find it helpful to ask a loved one to be present while they talk to their care team. This person can help listen and write down important points for you.

MEDICAL LEARNERS AT THP

Trillium Health Partners is an academic teaching hospital, and medical learners may be involved in your care. This may include student doctors, nurses, and midwives. As Canada's largest community-based, academically affiliated hospital, THP takes pride in our duty to train the next generation of physicians and healthcare professionals.

FEEDBACK FROM OUR PATIENTS

Trillium Health Partners is committed to providing safe, quality and patient-centered care. Your feedback is very important to us. It helps us to continually improve the care that you receive and it helps us provide you with the quality of care that you expect and deserve.

What should I do if I have a problem or concern?

- If you have a concern, please talk to a member of your health care team. This includes your nurse, patient care manager, or doctor. Your team is familiar with your situation and may be able to resolve your concern right away.
- If that person is not available, or you are still not satisfied, please contact the Patient Relations Office:

Hours: 8:00am – 6:00pm

Telephone: 905-848-7164

Email: Patient.Relations@thp.ca

We are your hospital for life

Celebrate baby's arrival by creating a Little Ones memory!

When you join our Little Ones program through a donation, we will create a lasting memory and place baby's name and birth date on our Little Ones wall at our Mississauga and Credit Valley Hospital sites.

Your donation will support exceptional women's and children's care at Trillium Health Partners.

Every hour, every day, a baby is born at Trillium Health Partners—nearly 9,000 a year. Each born into our lifelong care closer to home.

>> To create a lasting memory, please visit
trilliumgiving.ca/little-ones



