Having Your Baby at Trillium Health Partners

Patient Information Book

For additional and up-to-date patient information, please visit:

www.trilliumhealthpartners.ca/

Trillium Health Partners
Better Together

CONGRATULATIONS!

Thank you for choosing to have your baby at Trillium Health Partners.

We hope this booklet will provide you with 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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LOCATION

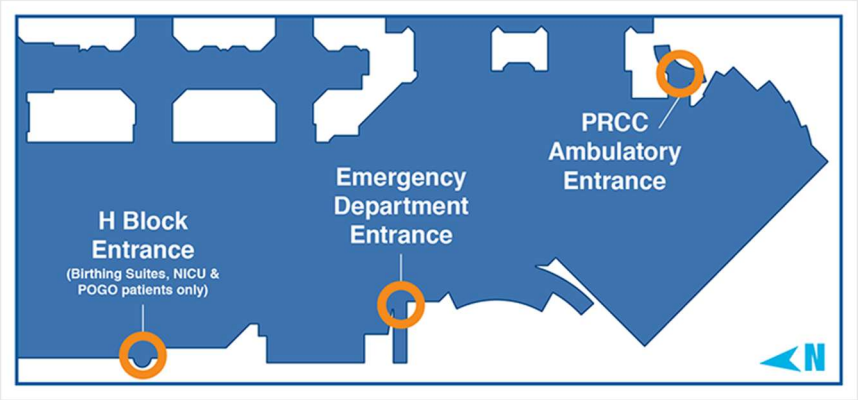
Beginning October 8, 2025, Trillium Health Partners will provide all inpatient hospital care for women's health, birthing patients, and children at Credit Valley Hospital.

Credit Valley Hospital

2200 Eglinton Ave. W., Mississauga ON

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

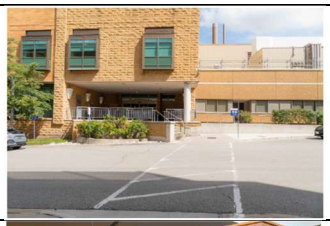
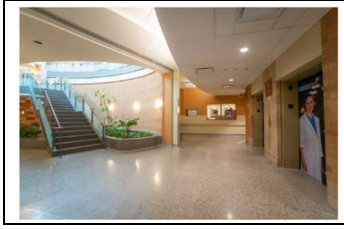
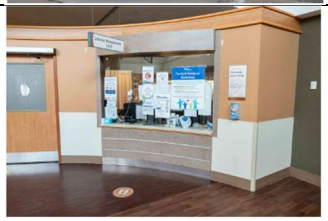
The Credit Valley Hospital is located at the intersection of Eglinton Avenue West and Erin Mills Parkway in Mississauga



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

	When you arrive, you will park in the parking garage or be dropped off at the Women's and Children's entrance.		You will enter through the Women's and Children's entrance doors.
	Once inside, you will take the stairs or elevator up to the Labour Assessment Unit.		You will then be greeted by a nurse who will assess you and provide next steps

Parking & Drop Off

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 includes the following areas:

LAU (Labour Assessment Unit)

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

ODU (Obstetrical Day Unit)

- This is where you would go if you have a scheduled procedure or induction of labour.

BSU (Birthing Suites Unit)

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

MBU (Mother Baby Unit)

- 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 admited 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	• 1 support person • No switching out with others
Obstetrical Day Unit	• 1 support person • No switching out with others

Birthing Suites	• 2 designated essential support persons may be present for labour and birth
	  • No switching out with others
	  • Children are not considered support persons and are not permitted.
	• For scheduled caesarean sections - 1 essential support person may be present in Birthing Suites (in both surgery & recovery).

Mother Baby Unit	• 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

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 (MBU) 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

	**Translation Services** Support is available if you require 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.
	**Sign Language Interpreter** 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.
	**Scent Free Environment** THP is a scent free environment. Scents can cause severe respiratory reactions. Please do not use or wear scented products in hospital (eg. perfume, cologne, body spray, air freshener sprays, etc.).
	**Smoke Free Environment** Smoking and vaping is not permitted anywhere on hospital grounds.
	**No Latex Balloons** Latex balloons can cause allergic reactions and are not allowed in the hospital. Mylar (foil) balloons are a safe alternative.
	**Photo and Videography** 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. ***During the birth, you are not allowed to use your camera or video equipment.***
	**Internet Access** THP provides free wireless high-speed internet. Please select "**THP_Patient_WiFi**" from network settings. Please note: access may sometimes be limited due to high volume of users.
	**Your Meals** 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. 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. Support persons do not receive meals. Additional food options are also available for purchase. Hours of operation may vary.

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 provides 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.

Glucose Challenge Test:

- You will complete a 1-hour screening test. NO fasting is required. During the test, you will drink a sugary drink, and an hour later, a blood sample will be taken to measure your blood sugar levels.
- If the results are higher than normal, a follow-up test will be needed to confirm if gestational diabetes is present.
- The follow up test (called the glucose tolerance test or GTT) is 2 hours long and DOES require fasting for 8-12 hours before the test.
- If the test result is above normal values, it confirms the diagnosis of gestational diabetes.

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 to additional support or education.

Most patients with GD who are treated have normal deliveries and healthy babies. However, untreated GD increases the likelihood of having a large baby and is associated with birth complications as well as health risks for the newborn. Untreated GD also increases the risk of stillbirth late in pregnancy (36-40 weeks).

Group B Streptococcus (GBS)

Group B Streptococcus (GBS) is a type of normal bacteria that is commonly found in the birth canal (10-30% of pregnant women).

A woman with GBS can pass it to her baby during labour and birth. Most babies who are exposed to this GBS bacteria during labour do NOT become sick. A few however, will become very ill.

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.

Treatment for GBS is usually with Penicillin or Ampicillin. Antibiotics for GBS will be given in the following situations:

- Your GBS **swab was positive,** and you are in labour
- Your GBS **swab was positive,** and your water has broken
- You have tested positive for **GBS in Urine** and are in labour or your waters have broken
- You are in labour before 37 weeks and your GBS swab is not back yet.
- You have had a previous baby with a GBS infection

Preparing For Your Birth

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 shared recovery room with your baby.

After the delivery, you will be monitored for approximately 1 to 2 hours. You will then be transferred to the postpartum unit. Three kinds of rooms 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 accommodation in the postpartum unit before being admitted. *****

You will be asked about your preference for 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 room availability.

*****Your accommodation preference is not guaranteed. 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.

Use **"My Birth Preferences" on page 39** to help you learn about your options for care and encourage communication between you and your healthcare providers. Share your preferences 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.

Markham Prenatal
A Division of Cells for Life

Trillium Health Partners is pleased to partner with Markham Prenatal to deliver a series of prenatal classes to support expectant parents. All classes are offered in a virtual format and are FREE of charge. They are live, interactive, and facilitated by registered nurses experienced in maternal and newborn care. Classes offered include:

Labour and Delivery #1
- Signs and stages of labour
- Positions for labour and comfort techniques
- Packing your hospital bag

Labour and Delivery #2
- Virtual tour information
- Birth and postpartum preferences plan.
- Cord blood/tissue banking education.
- Medical interventions, pain relief options
- Cesarean sections

Postpartum #1
- Physical and emotional changes
- Newborn's world (appearances, behaviours, routines)

Postpartum #2
- Safe sleep and awareness of SIDS
- How to tell if your baby is sick and when to call the doctor
- Breastfeeding

Register for these classes online at: https://info.markhamprenatal.com/trilliumhealth/

The following are some reliable resources for your prenatal education:

Peel Public Health – Services & Resources
https://peelregion.ca/children-parenting/pregnancy

Best Start Prenatal Education Program
https://www.beststart.org/

Ontario Prenatal Education
https://ontariodirectoryprenataleducation.ca/

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 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:

- **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.**
- **Identify a family physician and/or paediatrician to follow up with you and your baby after you have been discharged home from the hospital.**

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 balm
- ☐ Mouthwash, toothpaste, toothbrush, comb
- ☐ Socks and slippers
- ☐ Watch, pen and paper
- ☐ Any medications you are taking, in their original containers (if applicable)
- ☐ Glasses (if applicable)
- ☐ Water bottle
- ☐ Your own pillow (optional)

*** 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.

After delivery, you may need the following:

For Mom:

- ☐ Maternity pads (1 pack)
- ☐ Underwear (3-4)
- ☐ Breastfeeding pillow
- ☐ Toiletries and accessories (deodorant, toothbrush, toothpaste, hairbrush, hair ties, lip balm, scent-free body wash & shampoo, etc.).
- ☐ Fresh set of clothes to go home in

For Baby:

- ☐ Fresh set of baby clothes to go home in
- ☐ Diapers (10 per day, newborn size or size 1)
- ☐ Baby wipes (1 full-sized package)
- ☐ Baby pajamas and diaper shirts (3-4)
- ☐ Newborn hats (3-4)
- ☐ Swaddle sack/swaddle blankets
- ☐ 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.

ARRIVING AT THE HOSPITAL

When should I come to the hospital?

If you are <u>more than 20 weeks pregnant</u> 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 <u>less than 20 weeks pregnant</u> and have any serious concerns, please go directly to the Emergency Department of your closest hospital. If you visit the Mississauga Hospital Emergency Department and need specialized care from an obstetrician/gynecologist who is located at Credit Valley Hospital, our medical teams will ensure a safe transfer.

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

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 your questions about your health and pregnancy.**
    - **Take blood or urine samples if necessary.**
    - **May perform a vaginal exam if you are in labour.**

Your Baby's Movements

An active baby is a sign of a healthy baby.

You can expect to start feeling your baby move between 24 and 26 weeks of pregnancy. However, some people may feel their baby's movements earlier.

Baby's movements change as baby grows:

- At first, the movements feel like fluttering.
- As your baby gets bigger, the movement may feel more like kicks or jabs.
- Near the end of pregnancy your baby has less room to move around, and movements may be less kicks and jabs, and more of a rolling movement.

How much should baby move?

Babies should move every day.
Babies have active and sleep times.

Some days, if you are busy with other things, you may not feel the movements as much. You may be more aware of the baby's movements when you lie down with a focus on noticing the movements.
Be aware of your baby's normal pattern of movements. You know your baby best.

Being aware of your baby's normal movement patterns is important.

If you think your baby is moving less:

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

You may find counting movements helpful to know what is normal for your baby.
Feeling 6 movements in 2 hours can be used as a guide to determine your baby's normal activity.

If you feel your baby is moving less than normal, come to the Labour Assessment Unit (LAU) to be assessed.

Discuss any questions or concerns with your nurse, midwife or physician.

LABOUR AND BIRTH

Who will help me during labour?

Care in Labour

Patients whose pregnancy 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	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: • walking or standing • sitting or squatting • kneeling on your hands and knees • using your birthing ball
Hot and Cold Compresses	**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 **Cold:** Cold can help lessen back pain from labour by numbing the pain. Example: Cold compress, ice pack, wet towel
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 are other ways to help lower stress. Lowering stress helps your labour progress and helps you better cope with discomfort.
Distraction	Thinking about something else can distract you from thinking about labour pain. You can try: • 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 people 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 contraction pain relief from your contractions. Your legs will feel heavy and hard to move. This is normal. Because of this, you will not be able to walk around safely, and the nurse may need to empty your bladder for you using a catheter.

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.

Labour & Birth Interventions

If you need help with your labour and/or delivery, the healthcare team may discuss using any of the following interventions:

Induction of Labour

Induction of labour means starting labour using medicine or other methods, when it hasn't started on its own. Inducing labour usually involves one or two processes. The first step is getting your cervix ready for labour. The second is starting contractions.

You and your primary provider will discuss if you need an induction. Some reasons when induction may be recommended are: high blood pressure, diabetes, a small baby, or pregnancy going past 41 weeks.

There are different ways to induce your labour. The doctor will first do a vaginal exam to check your cervix, and this will help decide the best way to start.

Oxytocin

Oxytocin is a hormone that starts contractions. It is naturally made by your body, but there is a synthetic form that can help you with labour. Oxytocin may be given to you through IV if your contractions need to be stronger and/or more frequent. You and your baby will be monitored while you are receiving oxytocin.

Artificial Rupture of Membranes ("Breaking Your Water")

Artificial rupture of membranes involves using a special tool to break the amniotic sac during a vaginal exam. The tool used to break the water does not cause additional pain above the exam itself. By breaking your water, your body will release oxytocin to help make your contractions stronger.

Vacuum

Vacuum-assisted delivery is one way the doctor can assist the delivery of your baby. The vacuum consists of a suction cup that is applied to your baby's head, with an attached pump that creates grip to pull while you push.

Forceps

Forceps are a specialized instrument used to guide your baby's head out during your delivery while you are pushing.

Episiotomy

An episiotomy is an incision made in the perineum to enlarge the vaginal opening to help with delivery.

CAESAREAN SECTION BIRTHS

Some pregnant patients 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 covers 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 the 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.

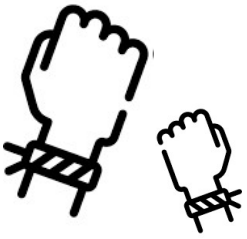
You can take pictures of your baby once the staff provide permission. Taking pictures or filming during surgery is not permitted.

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 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 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, they 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, 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 permanent green card in the mail.

BABY CARE

Medications

Vitamin K

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 serious bleeding in your baby. Newborns are born with low vitamin K levels, and not having enough can lead to dangerous bleeding, including in the brain.

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.

RSV Protection

If your baby is born between October and March, they will be eligible to receive protection against RSV, a cold virus that can cause serious breathing infections. A protective antibody against RSV is given as a single injection in baby's thigh and will protect them against RSV during their first winter season. If your baby is born between April and September, they will be eligible to receive this RSV protection from their primary care provider or through community clinics in the region.

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?	**Skin-to-skin can help your baby:**
• Helps with breastfeeding and latching • Soothes baby • Keeps baby warm • Regulates heart rate and breathing • Strengthens the bond with your baby	• Feel less pain during a procedure (such as blood tests or injections) • Have a lower risk of infection • Feel more relaxed • Regulates their heart rate and breathing, helping them to better adapt to life outside the womb.

What will my baby be screened for?

Hearing Screening

Your baby may have the opportunity to have their hearing tested before leaving the hospital if there is a hearing screener available in hospital.
If a hearing screen is not possible in hospital, you will be directed to ErinOak Kids to book an appointment.
The hearing screener will explain how the hearing test works and what the results mean.
If the hearing test shows possible signs of hearing loss or if the hearing test cannot be completed in hospital, the hospital will refer you and your baby to follow up with ErinOak Kids.

For more information visit the ErinOak Kids website:
https://www.erinoakkids.ca/

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 collect a small amount of blood by a heel prick and place it 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.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 a normal process that is part of your baby's adjustment to life after birth. Sometimes, jaundice levels become too high and need treatment to keep your baby safe.

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 follow-up in our clinic.

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 mom developing cancer of the breast and ovaries.
- Breast milk does not cost any money.
- Provides immunity to babies.
- Can prevent obesity and diabetes for babies.

While in the hospital, your healthcare team can help you with proper latching techniques 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

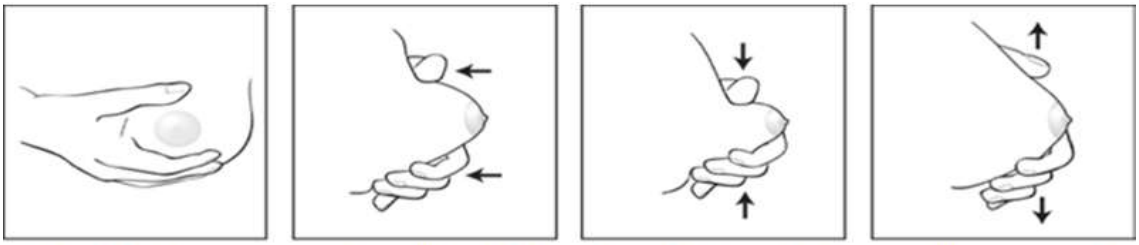
There are several ways you can hold your baby during feeding. It is a good idea to familiarize yourself with the different positions to help you get comfortable with holding your baby.

Some different feeding positions include:

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

Hand Expression

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



Finger position on breast | Press your fingers back toward your chest | Release pressure from your thumb and fingers | Gently compress your thumb and fingers together in a rolling action

Repeat above steps with both breasts.

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://peelregion.ca/children-parenting/feeding-baby/bottle-feeding

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	• No mixing is required. • Formula is sterile until the bottle is opened
Liquid Concentrate (Mix with water)	• It needs to be mixed with water. • Formula is sterile until the bottle is opened
Powder (Mix with water)	• It needs to be mixed with water. • Powder is not sterile. • Not recommended for babies under 2 months old.

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 a lactation consultant in hospital if you are having difficulties with feeding.

After discharge:

For more information on ***Feeding Your Baby***, visit the Having Your Baby page on the Trillium Health Partners website:
https://www.thp.ca/patientservices/womens/Having-Your-Baby/Pages/Feeding-Your-Baby.aspx

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 in Peel Region; your nurse can provide you with more information.

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

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 bassinet or crib 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.

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 my 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 snow suits 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 properly placed and secured your baby in the car seat.

Baby's First Bath

It is best to first bathe your baby at home after 24 hours.

Delaying your baby's first bath for the first 24 hours will:

- Keeps baby warm
- Protects your baby's skin and decreased infection
- Helps with bonding and feeding, and
- Stabilizes baby's sugar levels.

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."

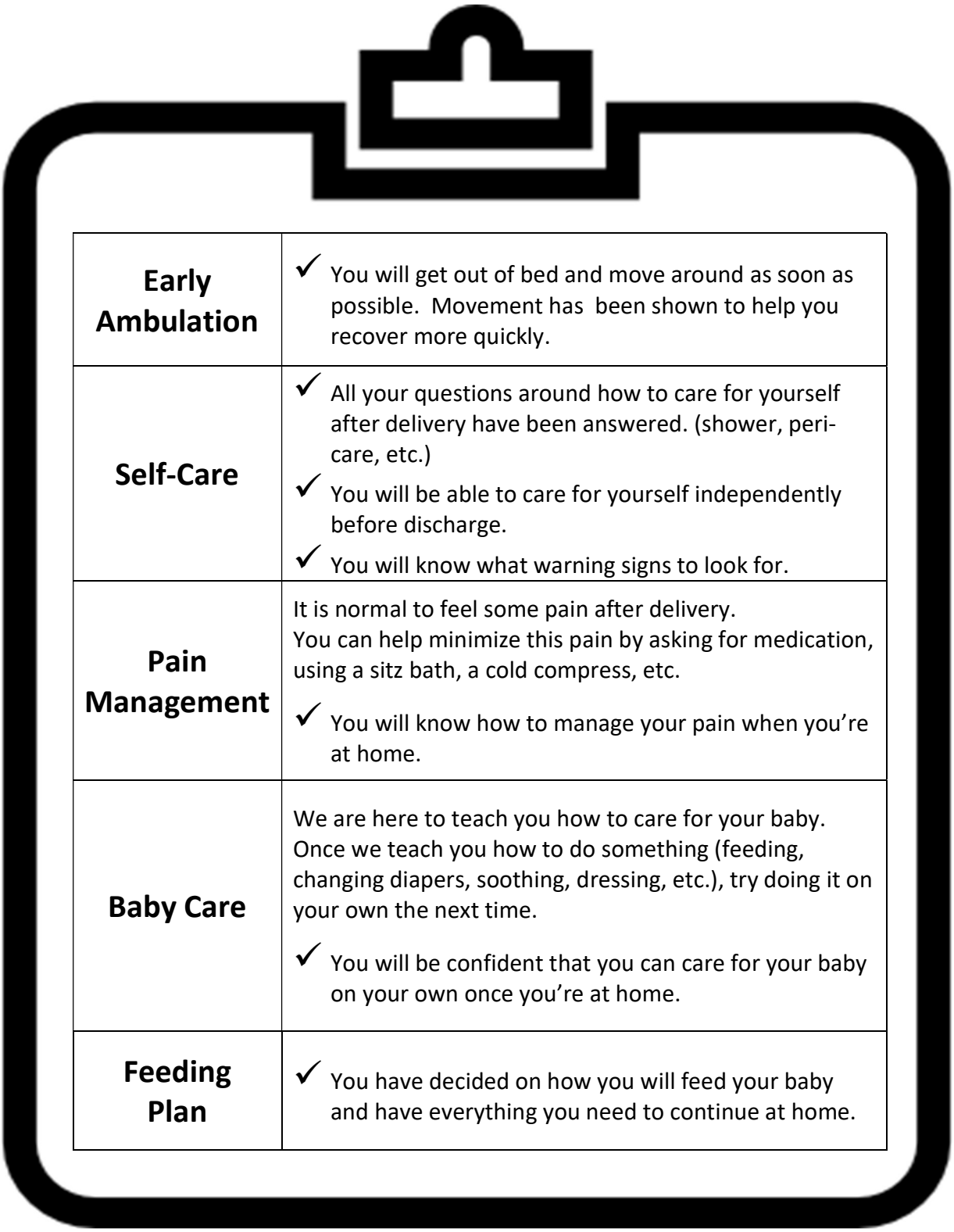
When you are in the hospital, you will be asked if you would like to be referred to this service. With your consent a Public Health nurse in your area will contact you within a few days after hospital discharge and provide you with information about available support services.

Perinatal Community Care Program (PCCP)

The THP Perinatal Community Care Program (PCCP) is a midwife-led program that provides families who give birth at THP with access to clinical care and support. The PCCP is for patients who don't have access to a healthcare provider, or who need extra support after being discharged from the hospital.

During your hospital stay, you and your healthcare team may determine that you would benefit by being seen in the PCCP. If so, a referral will be made before you are discharged home. Within 48 hours after you have been discharged home, a midwife will contact you to check on you and your baby and answer any questions.

GOALS FOR AFTER DELIVERY



Early Ambulation	✓ You will get out of bed and move around as soon as possible. Movement has been shown to help you recover more quickly.
Self-Care	✓ 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	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. ✓ You will know how to manage your pain when you're at home.
Baby Care	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. ✓ You will be confident that you can care for your baby on your own once you're at home.
Feeding Plan	✓ You have decided on how you will feed your baby and have everything you need to continue at home.

GOING HOME: Discharge from Hospital

How long will you be in hospital?

If you had a VAGINAL delivery, expect to be discharged at 24 hours after you delivered.

If you had a CAESAREAN SECTION, expect to be discharged as early as 36 – 48 hours after you delivered.

Certain people may opt for early discharge under midwifery care if it is cleared by their healthcare provider. In these cases, the birthing parent and newborn will be seen in the community.

"How do I know I'm ready to go home?"

You and your baby may be discharged from hospital when:

Birthing Parent is…

- ✓ medically stable
- ✓ provided teaching on how to care for themself while she recovers at home
- ✓ instructed on any follow up appointments parent and baby may need.

Baby has…

- ✓ been examined by a doctor and is medically stable
- ✓ completed all of the newborn screening recommended
- ✓ a feeding plan and any follow-up feeding support if needed.

Preparing for discharge

Transportation – Prepare ahead of time for a ride home at the time of your expected discharge. If your ride is not available at your time of discharge, you may wait in the Family Lounge until it arrives.

Car Seat - Familiarize yourself with your car seat and learn how to use it. Have it ready to use before you leave for the hospital. Have your car seat in the car and/or bring it to your room once you have been transferred to the postpartum unit.

Questions - Write down any questions you may have to help you remember what to ask your nurse before you go home.

Follow Up for Baby - Your baby will need to see a family doctor or paediatrician within 2-3 days after discharge. Confirm that your family doctor is accepting newborns in their practice or find a doctor that is.

My Birth Preferences

Our team is committed to supporting our families through their unique birthing experience. To help us understand your birthing preferences, you can tell us in person or fill out the form below and bring a copy when you come to the hospital to give birth.
Since we know that birth is unpredictable, this is not a "birth plan," but is meant to get you to start thinking about your birth and help guide discussion between you and your healthcare team.

Getting to know me:

My given name is:_____

I would like to be called: _____

My pronouns: _____ Language(s) I speak: _____

My partner/support person's name is: _____

The names of the 1-2 people who I would like in the room with me during my labour and birth are:

_____

If I have a Caesarean Section, _____ (name) will accompany me into the Operating Room if medically possible.

My due date is: _____ I am expecting ☐ Single ☐ Twins ☐ Multiples

Baby's(babies') name(s) is/are already decided _____

Pain management preferences:

☐ I would prefer a medication-free birth, and plan to use the following medication-free strategies:

_____

☐ I would prefer a medication-free birth but am open to discuss pain medication options if I feel I want them during labour.

☐ I would prefer medical pain management but would like to go as long as possible without it.

☐ I would prefer medical pain management as soon as possible.

To prepare for my delivery:

☐ I have completed prenatal education (class or self-directed learning).

☐ I have an understanding of the following possible scenarios and interventions:

- Induction of labour (reasons, methods, risks, and benefits)
- Labour augmentation (oxytocin, artificial rupture of membranes)
- Assisted vaginal delivery (vacuum or forceps—why they may be needed)
- Episiotomy (why and when it may be necessary)
- Cesarean birth (planned or emergency scenarios)

☐ I understand that certain interventions might be recommended for the safety of my baby and me. My care team will include me in all decisions and ask for my consent. I also know that in urgent situations, quick action may be needed, so I've taken time to prepare and learn about my options in advance

Other things I would like you to know about me:

Eg. Important issues, fears, concerns, previous experiences, cultural and/or religious considerations

_____
_____
_____
_____
_____
_____
_____
_____

Options I hope to use in labour include:

☐ Changing Positions	☐ Walking	☐ Hot/Cold Compress
☐ Shower	☐ Touch/Massage	☐ Counter-pressure
☐ Squatting Bar	☐ Birthing Ball/Peanut Ball	☐ Breathing/Relaxation
☐ Distraction	☐ Nitrous Oxide	☐ Epidural

☐ Other options: _____

After birth, I would like to have:

☐ delayed cord clamping (if safe to do so for baby)

☐ _____ (name) to cut the cord (if possible)

☐ skin-to-skin care after birth (if possible)

☐ _____ (name) to hold my baby(/babies) skin-to-skin if I am unable to.

If my baby (/babies) need special care, I would like to have _____ (name) to accompany my baby(/babies) as soon as it is possible.

☐ I have arranged for stem cell collection, and I will bring my collection kit and the completed paperwork

Other things that are important to me in the care of my baby(/babies) after delivery:

_____
_____
_____

Infant feeding preferences:

☐ Breastfeeding
☐ Formula feeding by bottle.
☐ Mixed feeding (both)
☐ Bottle feeding using expressed or pumped breastmilk.
☐ Other: _____

During my stay in the Postpartum Unit, I would like to:

☐ have _____ (name) stay with me overnight in my room for support.
☐ be present for any test or examinations of my baby(/babies)

Other things that are important to me during my recovery in the Postpartum Unit:

_____
_____
_____

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**