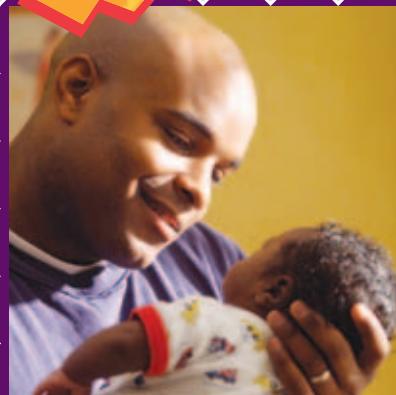
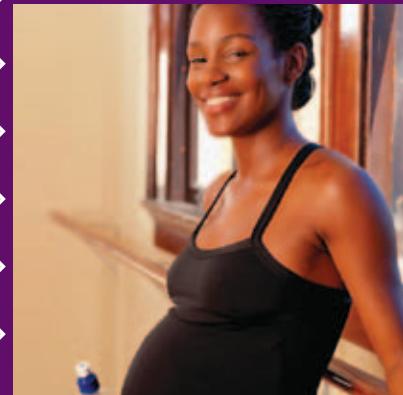


Healthy Pregnancy – Healthy Baby



A NEW LIFE

Healthy Pregnancy–Healthy Baby

A NEW LIFE

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Writing: Janis Wood Catano, Grace M. Beazley. Graphic Design: Karen Brown. Illustration: Bonnie Ross.

Printed 2006. Second edition 2008. Third edition 2010. Fourth edition 2012. Fifth edition 2015.

Many Public Health nurses and nutritionists in the province of New Brunswick have helped in reviewing and revising the information in *Healthy Pregnancy...Healthy Baby: A New Life*. Their commitment to the families who will use this resource has been evident throughout the process and is very much appreciated. Without these dedicated individuals, this manual would not have become a reality. Thanks are also given to the Public Health professionals who worked on earlier versions.

As well, we acknowledge the CPHA - Plain Languages Services for their text revision.

Canadian Cataloguing in Publication Data
Main entry under title
A New Life

ISBN 1-55236-448-8 (Parents Guide)

Also available at www.gnb.ca/publichealth



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Congratulations on your pregnancy!

This is a time of joy and promise. It's the start of a new life for you, your baby and your family.

It may also be a time when you have questions and worry.

There are many things you need to know as you live through the coming months. You won't find everything you need to know in this book. We suggest you take prenatal classes and that you read books and magazines. Your library and the Internet are good places to learn more. In fact, there is so much information around that you might feel that it's too much!

Remember that your pregnancy is special and personal. No two pregnancies are the same. What happens to you will be different from what you read about and different from what may have happened to your mother, sister or friends. Take time to think about what you read and hear. Most of the time, your own common sense will be a good guide. Take your questions to your prenatal class health care provider. Above all, have fun! Enjoy the changes in your body and your growing baby.

A New Life is also an on-line prenatal program that includes eight learning modules intended for the mother to be, her partner and her family.

Web Site: <http://www.nb.unvanl.ca>

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A Healthy Start



A NEW LIFE

A Healthy Start

Prenatal care is part of a healthy pregnancy.

Good prenatal care includes regular visits to your doctor or Nurse Practitioner. You should also attend prenatal classes. Talk with your health care provider or hospital to find out how to register for classes.

During your pregnancy, you should feel comfortable asking questions, and you should feel comfortable with the answers you get.

Your family doctor or Nurse Practitioner are a good choice for your prenatal care. If you don't have a health care provider, ask friends and family about theirs.

But don't wait too long. Early prenatal care and prenatal classes are very important. If you have good prenatal care, you are more likely to have a healthy baby.

Visiting Your Health Care Provider

Maybe you have already had your first prenatal visit. If not, make an appointment soon. What you can expect at your first prenatal visit is described on page 4.

After this, your visits will likely be shorter. Your health care provider will check your weight, blood pressure and urine (pee), and will measure the height of your uterus to see how the baby is growing and will listen to your baby's heartbeat. All of these tests show you how healthy you are and measure your baby's growth.

Each visit should also include time for you to ask questions. It is a good idea to take a list of questions with you.

Besides the tests that all women have on their first prenatal visit, your health care provider may order other prenatal tests, such as ultrasound, amniocentesis, or non-stress testing. If your health care provider wants you to have any of these tests, be sure you understand the reason. Continue to ask questions until you are sure you understand.

Questions to ask your health care provider:

- What is the test?
- Why do I need it?
- What is the health care provider looking for?
- What effects will the test have on me and my baby?
- What will happen if the test results are not normal?

What To Expect On Your First Prenatal Visit

- Your health care provider will ask a lot of questions to obtain your medical history.
- You will have a complete physical exam.
- You will have an internal (pelvic) exam.
- The health care provider will take samples from inside your vagina to test for cancer and infection.
- You will need to pee in a bottle (urine test).
- Your blood pressure will be checked.
- You will need to go to a lab or hospital for blood tests. Your health care provider will tell you about the tests you will need.
- Your health care provider will need to know if you have had a vaccination for German measles (Rubella).
- Your health care provider may ask you questions about HIV (Human Immunodeficiency Virus). Prenatal blood tests routinely include a blood test for HIV. You may want to ask more about this if you have concerns.



How can you know what is normal?

During pregnancy, your body goes through many changes. Most of them are normal and healthy. They are the kind of things you should talk about with your doctor or nurse during your visits.

But when all that is happening is new, it can be hard to tell what is normal and what is not.

What is Normal?

IMPORTANT

There are some things that you will need to call your doctor about right away.

- Bleeding from your vagina—even if it's just a little bit of blood (spotting)
- Pain in your abdomen—more than gas pains
- Fluid coming out of or leaking from your vagina (water breaking)
- Sudden swelling of your hands, feet, or face—swelling that is different or worse than any you may already have
- Sudden weight gain
- A rash or unusual lesions on your skin
- A bad headache
- Seeing spots, flashes, or blind spots
- Blurred vision
- Feeling dizzy or lightheaded
- Fainting
- Pain or a burning feeling when you pee (urinate)
- Chills or fever
- Throwing up and feeling sick (nausea or vomiting) that is more than morning sickness
- Fewer baby movements later in pregnancy. You'll know if there's a change as your baby grows.
- Exposure to rubella, hepatitis, or sexually transmitted infections

Healthy Choices

When you are pregnant, there are many things to think about and many choices to make. Should you change what you eat? Should you travel? Is it safe to take drugs? This section will give you a chance to think about some of these questions.

Eating for Two

When you eat, you are feeding your baby. The food you eat should supply your baby with everything he or she needs to grow. The food you eat is important for your health and your baby's health.

Pregnancy is not a time to diet. It is normal, and healthy to gain weight when you are pregnant. Ask your health care provider how much weight you should gain during your pregnancy.

As your body gets used to being pregnant, you may find that you feel hungry all the time. If you are hungry, eat. But eat something that's healthy for you and for your baby. Celery and carrot sticks, fresh fruit, fruit juice, whole grain toast, and bran muffins are all healthy snacks.

See Section 5 - Healthy Eating, to learn more about healthy foods for a healthy pregnancy.

Take Care of Your Teeth

You may have heard that you will lose one tooth for every baby. This is not true. You don't lose teeth because you are pregnant. You lose teeth because you don't take care of them.

Dental care is very important during pregnancy. Pregnancy affects all parts of your body, including your teeth and gums. Plaque forms on your teeth more quickly during pregnancy. Your gums can be red and sore. They become infected. Brushing and flossing your teeth regularly is even more important now.

Make a special effort to see a dentist while you are pregnant. Be sure to tell the dentist that you are pregnant.

Think about having regular dental care after your baby is born. Your teeth, and your children's teeth, are meant to last a lifetime.



If you smoke, this is the best time to stop. When you smoke, your baby smokes too. Stop and think what that means before you light up a cigarette.

Even if you don't smoke yourself, second-hand smoke from the people around you can harm your baby.

No Smoking, Baby Growing

Why should you quit now?

Before they are born, babies need a good supply of oxygen and food. They get both from their mother's blood. The chemicals in tobacco smoke make the mother's blood less able to carry oxygen. If you smoke, your baby gets less food and less oxygen. Here are some of the problems caused by smoking:

- You are twice as likely to have a miscarriage as a woman who does not smoke.
- Your baby is much more likely to be born too early.
- Your baby is more likely to be born small, and small babies are more likely to be sick.
- You may have problems in labour and delivery.
- Your baby is more likely to be stillborn or die within the first weeks of life.

If you smoke after your baby is born, the nicotine and chemicals go into your breast milk. Some babies are affected by the nicotine. They are difficult to calm down. Ask your health care provider about how to breastfeed if you are a smoker.

Second-hand smoke harms babies before and after they are born.

- Smoking around babies is a risk factor for Sudden Infant Death Syndrome (SIDS).
- Children who live with smokers are more likely to have breathing problems such as asthma and bronchitis.
- Children who live with smokers also have more colds and ear and throat infections.



What can you do?

The best thing is to stop now. It may seem that stopping right now would make your life more stressful. But smoking adds stress to your body. It speeds up your heart and also your baby's. It raises your blood pressure. If you stop now, you can prevent most of the bad effects smoking will have on your baby. As well, after birth your child will not be exposed to cigarette smoke in the house.

If you live with smokers, let them know what their smoking can do to your baby. Even if they are not ready to quit, you can reduce the amount of smoke in the house by having some rules.

- Make your home smoke free by asking people to smoke outside.
- Make your car smoke-free. Smoke builds up very quickly in a small, closed space like a car.

Smoking is an addiction. No one believes that it is easy to stop but millions of people have done it. When you are pregnant, it is one of the most important things you can do for your baby. Talk to your doctor before using nicotine patches or gum.

If you need help to quit or to keep your home and workplace smoke-free, contact Public Health Services or the Smokers' Helpline (www.smokershelpline.ca or 1-877-513-5333).

Alcohol and Pregnancy Do not Mix

When you drink, your baby drinks too. This could cause your baby to be born with Fetal Alcohol Syndrome (FAS) or other health problems called Fetal Alcohol Spectrum Disorder or FASD. A child with FAS or FASD may have low birth weight and problems with thinking, speaking, hearing, or learning. These problems do not go away when the child grows up. Contact the Victorian Order of Nurses (V.O.N.) for more information about Fetal Alcohol Spectrum Disorder (www.von.ca). Click on ‘Services’ and then Fetal Alcohol Syndrome (FASD).

IMPORTANT

There is no amount of alcohol that is known to be safe during pregnancy. There is about the same amount of alcohol in:

- A bottle of beer
- A glass of wine
- A shot of liquor

Each of these affects your baby in exactly the same way.

So the best choice is not to drink at all when you are pregnant.

If you do drink, you should know that no kind of alcohol is safer than another. If you have been drinking a lot, counselling may help you stop. For your own sake, and your baby’s, please look for the help you need. Contact Addiction Services (www.gnb.ca/0378/centers-e.asp) or ask your health care provider about programs in your community.



Taking Medicines

As soon as you know that you are pregnant, talk with your doctor about the drugs you are using. This includes: all prescription drugs and all of the medicine you can buy at the drug store, such as aspirin, pain relievers, cough and cold remedies, and even vitamin pills.

If you go to more than one health care provider, make sure that all of them know you are pregnant. Tell all of them about the medicines that you are using.

To be safe, you should not take any drugs unless your health care provider says it's okay. If you do need to take medication, follow your health care provider's directions.

Any drug you take can reach your baby. So before you take any medicine, ask your health care provider, pharmacist, and even your dentist these questions:

- What is it?
- What is it for?
- What will it do to me and my baby?
- What are the side effects?
- What is the smallest dose I can take?
- Can it wait until after the baby is born?

Using ‘Street’ Drugs

If you take drugs like marijuana, cocaine, heroin or speed (amphetamines) so does your baby. Any drug you take reaches your baby. Your baby can become addicted to these drugs. They can harm both you and your baby.

If you use drugs, it may not be easy to stop without help. For your own sake and your baby's, please look for the help you need. Contact Addiction Services (www.gnb.ca/0378/centers-e.asp) or ask your health care provider about programs in your community.



Drugs and Danger to Your Baby

Name of Drug	What are the Risks?	Here's what we suggest:
Alcohol	Baby may have low birth weight, problems with thinking, speaking, hearing or learning. The danger is higher if the mother drinks a lot and often.	“Safe” level is not known. The New Brunswick Department of Health recommends NO ALCOHOL during pregnancy. Talk to your doctor or Addiction services right away if you need help to stop drinking.
Amphetamines (speed)	Greater risk of miscarriage, early birth, low birth weight.	DO NOT USE. Talk to your doctor or Addiction Services right away if you are a user.
Antacids	May be safe if not used often.	Use only once in awhile. Do not take more than what is suggested on the label. Talk to your pharmacist about which is best during pregnancy.
Antihistamines (cold and Allergy medicines)	Not much is known about the risks of taking these drugs during pregnancy.	Talk to your doctor before you use them.
Caffeine	May harm baby if taken in large amounts. Caffeine is found in coffee, tea, chocolate, cola drinks and energy drinks.	Use only small amounts of any food or drink that has caffeine. DO NOT USE energy drinks as they contain larger amounts of caffeine.
Cannabis (Marijuana, Hashish)	Baby may not grow in a normal way, may be smaller than should be, may have problems with addiction or withdrawal later.	DO NOT USE. Talk to your doctor or local Addiction Services about stopping.
Cocaine, Crack	Risk of miscarriage, early birth, baby may not grow in normal way.	DO NOT USE. Talk to your doctor or local Addiction Services right away if you are a user.
Hemorrhoid preparations	No known risk.	Ask your doctor or pharmacist to suggest something that will work. If you need to use a cream for a long time, ask your doctor if it is okay to do so.

Healthy Pregnancy – Healthy Baby

Name of Drug	What are the Risks?	Here's what we suggest:
Household chemicals, paints, liquid cleaners, fertilizers	Breathing the fumes may hurt the fetus.	Use with caution. Keep the windows open or use a fan.
Laxatives	Bulk-forming laxatives such as Metamucil are safe.	Use other types only if your doctor says it is okay.
Medicine for Nausea (morning sickness)	These drugs have different risks to unborn baby.	DO NOT USE unless your doctor says it is okay.
Opiates such as heroin and illegal prescription drugs (e.g., Percocet, Talwin, Darvon)	Risk of miscarriage, early birth, difficult birth, baby born with breathing problems, signs of drug withdrawal, slow mental and physical development.	DO NOT USE. Talk to your doctor or Addiction Services right away if you are a user. Note: Using dirty needles (not sterilized) to take drugs makes the risk of getting Hepatitis and AIDS/HIV higher for both mother and baby.
Pain Killers <ul style="list-style-type: none"> • Non-prescription, containing ASA (e.g., Aspirin, Bufferin, Anacin) or acetaminophen (e.g., Tylenol, Atasol) • Non-prescription, containing codeine (e.g., 222s, Tylenol with codeine) 	<ul style="list-style-type: none"> • Safe to use once in awhile. • (Probably) safe to use sometimes. 	You should only use these once in awhile. Check with your doctor before using them often. Do not take more than is suggested on the label. Do not use ASA during the last three months of pregnancy. Check with your doctor.
Sleeping Pills	The risk to the baby depends on the kind of sleeping pill. If you use them often, the baby may have breathing problems at birth. Baby may suffer from signs of withdrawal.	Use only if your doctor says it is okay. You may need your doctor's help to stop if you use sleeping pills often.

Name of Drug	What are the Risks?	Here's what we suggest:
Tobacco	The more you smoke, the more risk of miscarriage, early birth, problems in labour and at birth; small baby, stillbirth and crib death. Children who have tobacco smoke in the house have higher risk of crib death, breathing problems such as asthma and bronchitis. They have more colds and more ear and throat infections.	DO NOT USE. If you need help to stop, talk to your doctor or call the Smokers' Helpline free of charge at 1-877-513-5333.
Tranquilizers	If used often, the baby may be born with breathing problems or signs of withdrawal	Use only if your doctor says it is okay. You may need your doctor's help to stop if you use these drugs often.

Many of us use caffeine without knowing it. Did you know that there is caffeine in coffee, tea, cola drinks, chocolate, and many medicines?

Caffeine

No one really knows what effect caffeine can have on an unborn baby. We do know that it is a stimulant. It makes people feel jumpy. For this reason alone it's a good idea to limit it.

How much is too much? Although we don't really know, these guidelines will help keep you within a safe limit.

- Drink no more than one or two cups of coffee or tea each day.
- Read the labels on foods, drinks and medicines. Choose those that have the least caffeine.

If you love to eat chocolate, try to replace it with healthy snacks like fresh fruit, yogurt, or an oatmeal cookie. See Section 5- Healthy Eating to learn more about choosing good foods and avoiding caffeine.

Infection and Illness

It is common sense to stay away from sick people while you're pregnant. Try to avoid people who have colds, coughs, sore throats, flu, contagious diseases, skin rashes, and sexually transmitted infections.

If you do get sick or if you have signs of the flu, make an appointment to see your doctor.

Remember—don't take any medicine on your own. If you have a cold or other mild sickness, get lots of rest, drink plenty of fluids, and use a humidifier.

Tell your doctor if you have been exposed to any serious illness, including infections that come from having sex.

Travel

Whether you travel depends on how you feel and how long the journey will be. When in doubt, check with your doctor.

Car Travel



As long as you are comfortable driving, you can continue to do so. Remember that you still need to wear both the lap belt and the shoulder belt. If it is worn correctly, the seat belt will not harm your baby. Here are some tips:

- The lap belt should be snug and low over the pelvic bones. Do not buckle it across your soft stomach area.
- The shoulder belt should be worn across the chest. You can get an extension for your seat belt if it is too short.
- Common sense is your best guide when you travel by car.
- Try not to take long trips alone.
- If you do go on a long trip, plan to rest every 160 km (100 miles). Get out of the car and walk around for a few minutes. Allow plenty of time to use the washroom.
- When you have a choice, drive on major roads that have more traffic. This will make it easy for you to find places to stop if you need to use a telephone or washroom.
- Take a small pillow to support your back. This can make a long drive more comfortable.
- Think about going by train or air instead. You may find them less tiring than car travel.

Air Travel

Most airlines need a letter from your doctor if you want to fly during the last month of pregnancy. To avoid problems, ask about the airline's rules before you buy an airline ticket.

When you fly, your feet may swell. Wear loose, comfortable shoes. Walk in the aisle at least once an hour. Drink plenty of juice and water to prevent fluid loss.

Travel Vaccines (Immunization)

If you plan to visit a country that requires vaccinations, check with your local V.O.N. Link: www.von.ca. Click on Locations.

When you call, tell them where you plan to travel and that you are pregnant. They will be able to tell you whether the vaccines you need are safe during pregnancy.

During pregnancy you may want to be extra careful with certain things that are around you every day.

Dangers Around You

Household and Garden Chemicals

Avoid them if you can, but if you must use them, follow the directions on the label with great care.

If you do any indoor painting, such as the baby's room, be sure there is plenty of air flowing through the room. If you can, keep the windows open. Also, some stores sell indoor paint that is less toxic than normal paint. It costs more but it may be worth the cost, if you can afford it.

X-Rays

X-rays may damage an unborn baby especially early in your pregnancy. The best advice is to avoid all X-rays while you are pregnant. This includes dental X-rays.

If you need to have X-rays, be sure to tell your doctor, dentist, radiologist, or the person giving you the X-ray that you are pregnant. They will take special care to protect your baby.

Pets

Some pets such as cats, turtles, and iguanas carry infections that could harm your baby. For example, outdoor cats may carry a germ that causes toxoplasmosis, which would hurt your baby's development. Be very careful when you are touching cats or cat litter boxes. Avoid working in soil where cat waste (feces) is buried. Have someone else change the litter boxes. Always wash your hands with soap and water after touching pets.

Working When You Are Pregnant

For most jobs, it is fine to work while you are pregnant. You may find that you need to rest more often and make some changes so you can be comfortable at work.

Many women need extra rest in the first three and last three months of pregnancy. Try to nap when you feel sleepy. If there is a place at work where you can lie down, you may find that resting on your side at lunch or during a break is a big help.

Computer Screens (Video Display Terminals)

Many people wonder whether the computer screen (or video display terminal) might be dangerous during pregnancy. So far, research shows that they won't hurt you or your baby. Pregnant women who work at computer screens do NOT need to wear special clothing or lead aprons.

Workplace Dangers

Many workplaces contain things that may cause birth defects or miscarriages. The main dangers are from chemicals, solvents, gases, metals, and radiation. If you are concerned about this and wonder if your workplace has these dangers, talk to your doctor or ask questions in your prenatal class. It's your job to know what the risks are in different kinds of jobs.

You could also ask your Health and Safety Committee for information. If your workplace does not have this kind of Committee, you might want to start one with your co-workers.

Share Your Feelings

Pregnancy is a time of growth and change. Your body is changing and your feelings change along with it.

You may find that your feelings change so often - and so quickly—that you feel as if you are on a roller coaster. One minute you're up, and the next you're down.

These mood changes can be a surprise. But they are a normal way of dealing with all the changes that come with pregnancy.

You do not need medicine to help you. You need time, patience, love, and support. Ask the people around you for the help you need. Talk about your fears and your worries. Share your dreams and plans. If you need a hug or a back rub or a shoulder to cry on, ask for it. No matter how much people care about you and want to help, they can't read your mind. They won't know what you need unless you tell them.

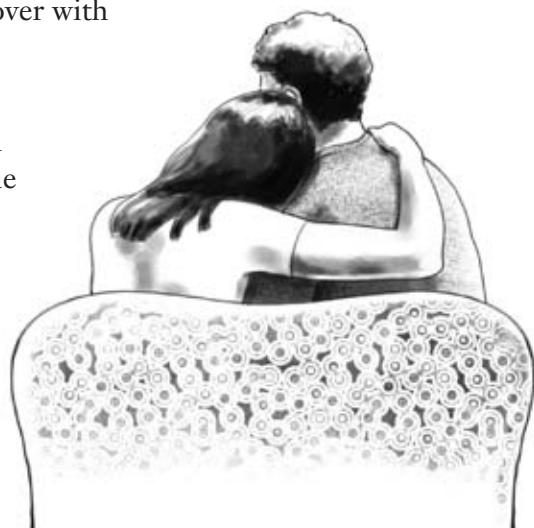
Pregnancy is a normal part of life. But it is a time when your life is changing. Although you may be happy to be pregnant, all the changes can cause stress. There's a lot to think about while you're pregnant. What will childbirth be like? Will your baby be healthy? Will you be a good mother? A good father? Will you have to move to a bigger house or apartment? Can you afford it?

Don't let things build up. Talk about your worries and take care of problems while they are still small.

Pregnancy can bring people closer than ever before. Talk things over with the ones you love.

Communication is important now, while you're pregnant. It will become even more important later, when you begin your life with a new baby. You cannot assume that you and your partner have the same feelings about parenting. For example, what do you think is more important—a happy baby or a clean house? What does your partner think? How do each of you plan to divide up the housework, the diaper changes, and earning a living?

Talk it Over



Something you need to talk about is feeding your baby. Did you know that breastfeeding has many advantages? It's the safe, natural way to feed your baby. Breast milk is the perfect food for babies. Breast milk is made to meet babies' needs and to protect them from disease and infection. See Section 4 - Breastfeeding, for more information.

Talk with the important people in your life about how you plan to feed your baby—your partner, your mother, your family or a health professional. You will need help and support as you learn to be a parent. These are the people you can depend on. Make them part of your plan.

You need to start talking about these things now. Don't wait until you have a problem before you share your feelings.

You can handle most things by talking them over with people you trust or by working them out on your own. If it becomes too much for you and you feel like there are too many problems, seek professional help or counselling.

Sexuality

As your life, body, and feelings change during pregnancy so will your sexual feelings and desires.

Is It Safe to Have Sex When You Are Pregnant?

In a healthy pregnancy, sex will not hurt the baby or the mother. Most of the time it's safe and normal to have sex.

However, your doctor may suggest that you not have intercourse:

- If the placenta is growing in the lower part of your womb (uterus) near your vagina. This is called placenta previa.
- If, in the past, you have had a problem with your cervix starting to open up too early in your pregnancy (this is called incompetent cervix).
- If you have had early labour in the past, and no one knows why
- If you have any signs that you might be going into labour too early
- If you have any signs that you might miscarry
- If your water has broken
- If you have an infection
- If your doctor suggests that you avoid intercourse, don't forget to ask when you can start again.



Sexual Feelings

It is normal for your sexual feelings—and your partner's—to change while you are pregnant. A lot of things affect how you feel about sex. For example, you and your partner may have mixed feelings about the way the body changes during pregnancy. Many men and women think that a pregnant woman's large breasts and round tummy are sexy and exciting. Others do not. You may find that your own feelings about your body change from day-to-day.

Do you want to have sex more, or not at all? Many women find that they are more sensitive to touch and feel very sexy when they are pregnant. Others find it more difficult to enjoy sex at this time.

The best thing to do is to talk to your partner. You need to try to understand each other's feelings.

As your size and shape change, you might try different and more comfortable ways to have sex. Why not try new things? Let your partner know what feels good and what does not. Ask your partner to tell you what he wants and how he feels. Remember that there are many ways to show love, care, and affection that don't involve sexual intercourse. If you or your partner do not want intercourse, find other ways to be close. Try massage, cuddles, kissing, and back rubs. Pregnant women often feel a great need to be held and cuddled. Their partners seem to like it, too.

Enjoy your pregnancy and take care of yourself. Look at it this way: taking care of yourself is good practice for taking care of your baby.

Take Time for Yourself

Give yourself a break:

- Make some time for yourself every day. Stretch out, relax, and think about your baby.
- Give yourself a day to read, swim, walk, or spend the day in bed.

Stay active:

- Do something physical every day. Walking, swimming—even just stretching—will help you feel better when stress builds up.

Relax

- Lie down, relax your muscles, and focus on deep and slow breathing.
- Do some of the relaxation exercises on pages 124-126 in Section 6 - Healthy Activity, every day.

Buying for Baby

Car Seats



Although there are hundreds of things you can buy for a baby, it's good to know there are only a few that you must get. A car seat is one of them.

The law says that babies must travel in a car seat, even on the trip home from the hospital.

Even if you do not own a car, you will need a car seat when you travel in a taxi or ride with friends. You can also use an infant car seat as a baby seat in your home.

Babies must ride in a rear facing car seat until they are at least one year old and they weigh 10 kg (about 22 lb). The infant car seat must always face backwards and be kept in place with a seat belt. The safest place for a car seat is in the centre of the back seat (except if there is an armrest that folds down). Infant car seats are not safe unless they are installed and used according to the instructions that come from the company that made the seat.

Infant car seats must meet the Transport Canada's safety standards. Do not buy a car seat unless it has an instruction booklet and a National Safety Mark to show that it meets these standards. A plastic infant carrier is NOT a safe seat even if it has a seat belt.



Be careful about buying a used child seat. Make sure any child seat you buy has:

- Manufacturer's instructions
- All necessary hardware, straps, buckles, harnesses and chest clip
- Not been in a collision
- Not been recalled
- Not expired (check the expiry date, if one is not visible contact the manufacturer)
- No discolored (stress) marks or cracks and the harness is not worn or torn.

Before you buy a car seat, try it out in your car. Make sure that it fits easily into your car's seat and that your seat belts will fit around it. Check that it's easy for you to use. Read the instructions and practice.

If you have questions, call Transport Canada toll-free at 1-800-333-0371.

WARNING Do not put an infant or child car seat in front of an air bag.

Baby Furniture

You will not need a lot of baby furniture right away. The baby will need a place to sleep—a crib or bassinet. You will need a place to put baby clothes—a small chest of drawers or even a box. You do not really need a rocking chair, but many parents and babies get a lot of pleasure from one.

Any furniture you buy for the baby should be clean, safe and sturdy. Old furniture is not always safe.

Make sure that:

- All small parts are firmly in place and will not come loose
- No parts are loose, split or broken
- No hardware is missing
- There are no holes or spaces big enough to trap any part of the baby

Making sure the crib is safe

If you are buying a second-hand crib, do a very careful safety check. Used furniture does not always meet the standards set by the Canada Safety Association (CSA).

- The slats should be no more than 6 cm (2 3/8 in) apart.
- The mattress should be less than 15 cm (6 in) thick. It must be firm and should not move around. You should not be able to fit more than two fingers between the mattress and the side of the crib.
- When the side rail of the crib is up, there should be at least 66 cm (26 in) between the lowest part of the mattress support and the top of the side rail.
- The tops of the corner posts should be very small and not pointed, so children's clothing won't catch.
- The mattress supports should be firmly attached. The mattress should not come loose when you push up from under the crib, rattle the crib from side to side, or thump the mattress from top to bottom.
- The crib must have a label that says the name of the company that made it, the model number and the date it was made. It is illegal to sell cribs made before 1986, and cribs older than 10 years old should not be used.
- There should be clear, easy-to-understand directions on how to set up the crib.

WARNING

Because of the risk of SIDS (Sudden Infant Death Syndrome), soft mattresses, pillows, comforters, stuffed toys, and bumper pads should not be used in cribs.

Safe Playpens

All playpens, new or used, must meet the standards of the Hazardous Products Act. These are

- Playpens should be stable and sturdy, with no more than two wheels or casters. These should both be on the same end.
- Sides should be at least 48 cm (18.9 in) high.
- If there is netting on the sides, it must be very fine mesh to keep clothing, buttons, or hooks from getting caught.
- Edges must not be rough or sharp.
- Hinges should be designed to prevent pinching or a sudden fall.
- There should be no holes that are large enough to trap tiny fingers.
- All small parts should be firmly attached.

More Information:

To find out more about buying baby clothes and toys see Section 8 - Healthy Family.



Nine Months of Changes



A NEW LIFE

Nine Months of Changes

Pregnancy begins with the joining of an egg and a sperm. It ends with the birth of your baby. The nine months you are pregnant will be nine months of change.

While your baby is growing inside, you will be changing too. Your uterus will get larger as your baby grows. You will produce more blood to carry food and oxygen to your baby. Your breasts will be getting ready to produce milk. At the emotional level, you will be getting ready to be a mother, and your family will be getting ready to welcome a new person.

During these nine months, you are your baby's world. Make this world the best it can be.



First Trimester: Months 1, 2, 3

Your baby's growth

Weeks 1 to 4

- 0.5 cm (1/4 in) long — about the size of a pea
- spine and spinal cord are forming
- digestive system is starting to form
- umbilical cord is forming
- heart is beating by day 25



actual size

Weeks 5 to 8

- 2.8 cm (1 1/8 in) long
- weighs 1 g (1/30 oz)
- face is forming; eyes are shut
- long bones, internal organs, and brain are forming
- arms and legs are forming



actual size

Second Trimester: Months 4, 5, 6

Your baby's growth

Weeks 13 to 16

- 15 cm (6 in) long
- weighs 115 g (4 oz)
- strong heartbeat
- active muscles: baby turns, rolls, kicks, and waves arms and legs
- skin is thin and covered with soft, downy hair
- fingernails and toenails are forming
- swallows the liquid that is in the uterus (amniotic fluid)



1/4 actual size

Weeks 17 to 20

- 25–30 cm (10–12 in) long
- weighs 450 g (1 lb)
- heartbeat can be heard
- sucks thumb
- hiccups
- has hair, eyelashes, and eyebrows
- mother may feel movement



1/4 actual size

Changes you may notice during Months 1, 2, 3**Weeks 9 to 12**

- 7.5 cm (3 in) long
- weighs 28 g (1 oz)
- arms and legs can move
- has fingers and toes
- has fingerprints
- can smile and frown
- tooth buds are forming



1/2 actual size

During the first three months, your baby is growing and changing, but your body does not yet look different.

- Your uterus grows from about the size of a tennis ball to the size of a grapefruit
- You may gain or lose up to 2.3 kg (5 lb)
- You may find there is more wetness (secretions) coming from your vagina
- Your breasts feel full and tender
- You may need to pee (urinate) often
- You may feel faint, tired, or sick
- You may feel like throwing up (nausea) or you may throw up (vomit). This is called “morning sickness.” It can happen at any time of the day or night.

***Changes you may notice during Months 4, 5, 6*****Weeks 21 to 24**

- 28–36 cm (11–14 in) long
- weighs about 680 g (1 1/2 lb)
- skin is wrinkled and has a creamy coating that protects it
- opens eyes
- has a strong grip
- lots of movement: baby wakes, sleeps, yawns, cries, sucks thumb



1/8 actual size

Most women start to feel a lot better. If you were tired, moody, and had morning sickness, you may find that they will go away. You may feel dreamy and calm. As you feel the baby move and kick, your baby becomes very real.

- You begin to look pregnant.
- You should be gaining about a pound a week—1.5–1.8 kg (3–4 lb) a month.
- You may notice that your nose is stuffy. You gums or nose may bleed.
- You may notice some changes in your skin: a dark line down the centre of your abdomen (called the linea nigra) and a dark shadow on your face (called the mask of pregnancy).



**Third
Trimester:
Months
7, 8, 9**

Your baby's growth

Weeks 25 to 28

- 36–43 cm (14–17 in) long
- weighs about 1000–1400 g (2 1/2–3 lb)
- very active — kicking and rolling around
- starting to make breathing movements
- adding body fat and brain is growing



1/8 actual size

Weeks 29 to 32

- 42–45 cm (16 1/2–18 in) long
- weighs 1800–2200 g (3 1/2–4 lb)
- bones in the head are soft and flexible
- is storing iron in liver
- sleeps and wakes
- responds to sounds

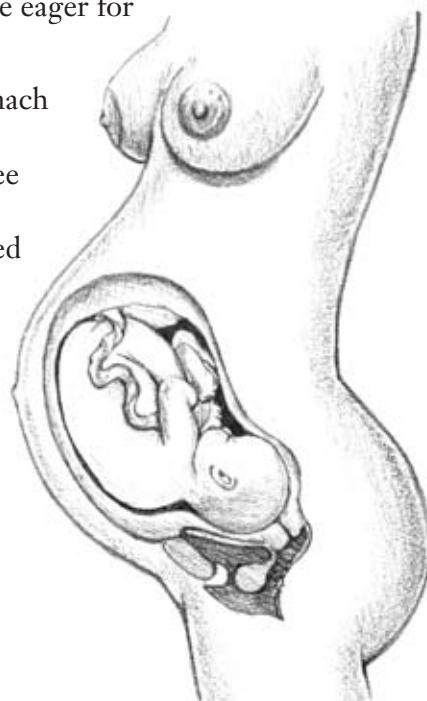


1/8 actual size

Changes you may notice during Months 7, 8, 9

By this time your baby is very real, and you are eager for the birth.

- You may notice stretch marks on your stomach area (abdomen) and breasts.
- You may notice that you sweat often and pee (urinate) more.
- You may notice skin changes such as tiny red spots called “vascular spiders.”



Weeks 33 to 36

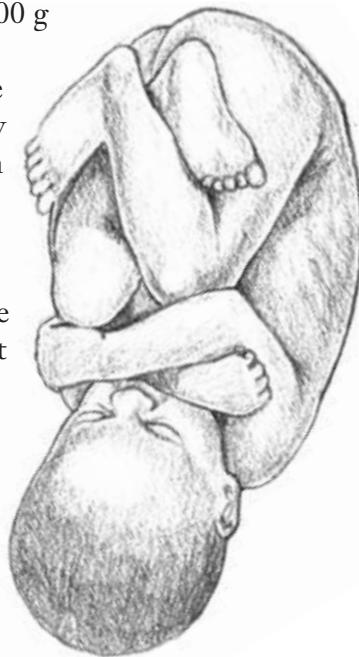
- 48 cm (19 in) long
- weighs 2200–2700 g (4–5 lb)
- getting too big to move around as much
- at about 36 weeks will settle into a head-down position for birth
- adding fat, this means skin has fewer wrinkles
- brain continues to grow
- skin has thick, creamy coating (vernix)
- most of the downy hair is gone from skin
- gaining protection from germs (immunity) from mother



1/8 actual size

Weeks 36 to 42

- 50 cm (20 in) long
- weighs 3200–3500 g (7–7 1/2 lb)
- lungs are mature
- has enough body fat to keep warm
- fingernails are long
- head is large
- arms and legs are curled up against body
- Ready to be born!



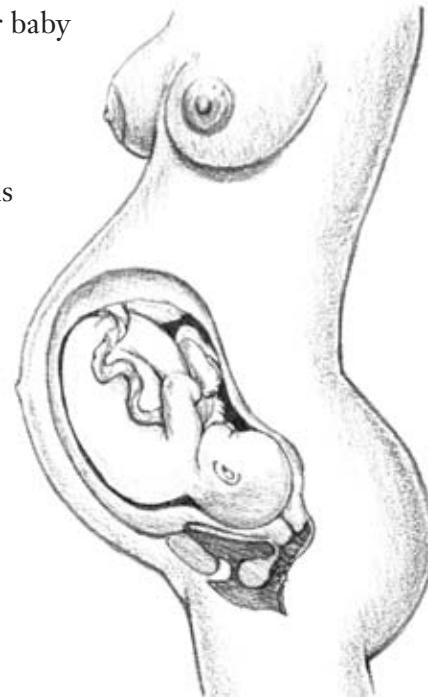
1/4 actual size

What you might be feeling during the 9th month (Weeks 36 to 42)

This is it! You are full of mixed feelings. You can hardly wait to see your baby and you are nervous about giving birth.

- You may feel lots of “Braxton-Hicks” contractions. These are normal practice for labour. See Section 7 - Healthy Birthing to learn more.
- You may notice that the baby has dropped lower into your pelvis. This makes it easier for you to breathe. It also means you will pee (urinate) more often.
- You may have a burst of energy
- Signs that labour is starting:
 - backache
 - a plug of mucus with a little blood in it comes out of your vagina. This is called a “show.”
 - contractions may get stronger and don’t stop when you move around
 - your water breaks
- You have loose bowel movements

HAPPY BIRTHDAY!



Relief from Common Aches And Pains

When you are pregnant, your body goes through many changes. Some of them are not comfortable. But most of them are normal. You do not need medicine or treatment. It's also nice to know that not all women have ALL of the problems we talk about here.

In general, if you eat healthy food and stay active you will be more comfortable during these nine months.

Backache

What causes it?

Poor posture and your growing abdomen can make your back sore.

What can I do about it?

- Stand up straight. Tighten your buttocks and pull in your tummy muscles. Good posture will ease the strain on your back.
- Do pelvic tilts and abdominal exercises every day. See Section 6 - Healthy Activity for directions. Doing a pelvic tilt on your hands and knees can help a lot. Here's how to do it:
 1. Lower yourself to the floor, on your hands and knees. Keep your back flat and your head level with your back. Do not let your back sag.
 2. Tighten your buttocks and abdominal muscles, pulling in your tummy and curving your back up. Hold for a few seconds.
 3. Relax back to where you began. Keep your back flat. Do not let it sag.
 4. Repeat a few times.
- Be careful when lifting. See Section 6 - Healthy Activity, for safe ways to lift.
- Use a firm mattress on your bed and sleep on your side with your knees bent toward your chest. The left side is best because it helps your blood to circulate.
 - Use a heating pad, hot water bottle, warm bath, or ice to reduce the ache.
 - Wear shoes with a low heel and good support.
 - A back rub from a friend or partner can also feel good.



What if none of this helps?

- Talk to your health care provider.
- Do not take any kind of pain medicine without asking your doctor if it is okay to do so.

What causes breasts to change?

Most breasts start to change early in pregnancy and continue to change until the baby's birth. Your breasts may get larger. You may be able to see the veins in your breasts, and you may notice a tingle in your nipples. The darker skin around your nipples (the areolas) may get larger and darker, and the little bumps on them stand up more. Later in your pregnancy you may notice a sticky, yellow fluid leaking from your breasts. This is colostrum, the fluid your body makes before it starts to make breast milk.

All of these changes are your body's way to get ready to produce milk for breastfeeding.

What can I do about it?

Breast changes are a normal part of pregnancy. If your breasts are tender or uncomfortable, wearing a support bra can help. A good bra is also important when you are doing exercise or being active. Some women also wear a bra at night because it feels comfortable.

Breast Changes

Constipation

What causes it?

When you are pregnant, your bowels slow down a bit and your growing uterus causes pressure on your bowels. This makes constipation more likely. Women who take iron pills when they are pregnant may be constipated. It can also be caused by a change in your eating habits.

You are constipated if your bowel movements are hard and dry or are difficult to pass. It is not a serious problem. Although it may be very uncomfortable, it does get better.

What can I do about it?

- Eat high-fibre foods like whole wheat bread, whole grain cereal, bran, beans, dried fruit, and fresh fruit, prune juice and vegetables.
- Drink lots of water — 6 to 8 glasses a day.
- Stay active. Walk every day or do some other exercise that you enjoy.
- Develop good bowel habits:
 - When you have to go, do it. Do not wait.
 - Wait until you have to go. Do not try to force it.
 - Do not strain. Relax and take your time. Try raising your feet on a stool or a box while you are sitting on the toilet.
- Try drinking hot or very cold liquid on an empty stomach.

What if none of this helps?

- Talk to your health care provider if the problem lasts more than a week or so.
- If you're taking iron pills because your health care provider has told you to, ask if you should stop taking them.
- Do not take any laxative or other medicine without checking with your health care provider.



Cramps in your legs and feet

What causes it?

Cramps in your feet and legs are most common in the last 3 months of pregnancy. They can be caused by the pressure of your uterus on the blood vessels and nerves that connect to your legs. They can also be caused by pointing your toes when you stretch.

What can I do about it?

- Stay active. Exercise will provide more circulation to your legs.
- Be careful not to point your toes when you stretch, especially when you first wake up in the morning.
- Wear comfortable shoes. Avoid wearing high heels.
- Avoid standing for long periods of time.
- Avoid crossing your legs.
- Wrap ice in a wet towel and place it on the cramped muscle. Leave it there for 10 to 12 minutes to help relax your muscles.
- If you do get a muscle cramp, do not massage, squeeze, or press on it. Blood vessels bruise easily, and pressure will only make the cramp worse. The best thing to do is to stretch gently.

For foot cramp:

1. Sit down. Keep the cramped leg straight. Bend the other knee.
2. Slowly flex the toes of the cramped foot towards your nose.
3. Hold your legs this way until the cramp goes away.



For leg cramp:

1. Sit on the floor, near a wall.
2. Using your cramped leg, press the bottom of your foot against the wall. Keep your other leg bent.
3. With your arms straight, lean back on your hands for support.
4. Pressing your foot into the wall, slowly straighten your cramped leg until the back of your knee touches the floor.
5. Hold your leg this way until the cramp goes away.



What if none of this helps?

- Talk to your health care provider if you have painful cramps often.

Feeling tired (fatigue)

What causes it?

Feeling tired is a normal part of being pregnant. Women notice it most during the first three months. It is caused by the fact that your body is using a lot of energy to adjust to pregnancy.

You may also feel tired again during the last two months because you are using a lot of energy to carry the baby's weight and your own.

What can I do about it?

- Accept that you need to rest and allow time to rest during your day.
 - Rest before you become too tired.
 - Rest when you can, even at work. Sit down and put your feet up for a few minutes. If you have a place to do so, lie down on your side.
 - Take naps when you need them. Take a nap instead of a coffee break.
 - Go to bed early to get the extra sleep you need.
- Take good care of your health. Eat well and stay active. Regular exercise will make you feel less tired, not more tired.

What if none of this helps?

- Check with your health care provider. Do not take any medication.
- Do not use coffee or caffeine pills to stay awake.



Flatulence (Gas)

What causes it?

You can have gas at any time while you are pregnant. It happens because your digestive system slows down when you are pregnant. This gives gas more time to form. It is also caused by the pressure of your uterus on your stomach and intestines.

What can I do about it?

- Notice which foods you ate just before you felt the gas pains. Try to eat only small amounts of foods that give you gas. Many kinds of food can cause gas. They are different for everyone.
- Try not to be constipated. Follow the advice in the section on constipation.
- Stay active.

What if it does not help?

- Gas may annoy you. In most cases, it is not a serious problem.
- If you have a lot of pain from gas, talk to your health care provider.

Frequent Urination (needing to pee often)

What causes it?

The urge to pee (urinate) is very common during the first three months of pregnancy. It is also strong in the few weeks before the baby is born. It happens because your uterus is pressing against your bladder (the sac that holds pee). This leaves only a small space in your bladder, and you need to empty it (or urinate) more often.

What can I do about it?

- It is good to drink plenty of fluids when you are pregnant, so do not reduce the amount you drink during the day.
- If you find you have to get up many times a night to go to the bathroom, try to drink less during the evening.

What if none of this helps?

- Don't worry. This may annoy you, but it is a normal part of being pregnant.
- If you have any pain or burning when you pee (urinate), check with your health care provider. You may have a bladder infection.

Groin Pain

What causes it?

Near the end of the nine months, you may feel a “pull” or “stitch” below your belly or in your groin. This is caused by the weight of your pregnancy stretching the ligaments that hold your uterus in place. This kind of pull can happen when you exercise, cough, or sneeze. It is not comfortable and not serious. Do not let it stop you from being active.

What can I do about it?

- Stand up straight. Poor posture can cause this pain and make it much worse.
- Do not stand for long periods of time.
- If you get this pain while you are doing exercise, try to notice what makes it happen, and avoid doing this.

If you get groin pain:

- Do a light, massage in circles around the sore area. Use a very light touch when stroking downward.
- To stop a sudden pain:
 1. Lean against something for support.
 2. Use both hands to lift up your belly. This will take the pressure away.
 3. Continue to hold your belly until the pain goes away.
- Try lying down on the sore side with your legs bent into your chest. This takes the stress off your ligaments and may provide quick relief.
- Do pelvic tilt on your hands and knees:
 1. Kneel on your hands and knees. Keep your back flat and your head level with your back. Do not let your back sag.
 2. Tighten your abdominal (stomach) muscles, pulling in your tummy and curving your back upward. Hold for a few seconds.
 3. Relax back to your starting position. Keep your back flat. Do not let it sag.
 4. Repeat a few times.

What if none of this helps?

- Talk with your health care provider if this happens often and is painful.



What causes it?

Most of us get a headache once in a while. They do not stop just because you are pregnant. During pregnancy, some women get more headaches than usual for them. This is caused by normal changes in the blood vessels. Headaches can also be caused by fatigue and stress.

Headache

What can I do about it?

- Think about the things that give you headaches and try to avoid them. Eye strain, cigarette smoke, coffee, and fluorescent lights cause headaches in some people.
- Get plenty of rest.
- Eat many small meals. Do not go for a long time without eating.
- Drink lots of fluids.

If you get a headache:

- Find a quiet place and relax.
- Put a damp cloth on your forehead or the back of your neck. Some people like a warm cloth, others want a cool one.
- Rub your neck, shoulders, face, and scalp. It's even better if someone else does this for you.
- Get some fresh air.

What if none of this helps?

- Do not take any kind of pain medication until your health care provider says it is okay.
- Talk to your health care provider if it seems like you have a lot of headaches.
- Contact your health care provider right away if you have a severe headache, or a headache that lasts a long time, or if your vision is blurry (fuzzy).



Heartburn

What causes it?

Heartburn is caused by acids pushing up out of your stomach. When you are pregnant, it happens because the stomach muscles relax, making it easier for food to come back up and your growing uterus pushes up against the stomach, which forces acids up.

What can I do about it?

- Sit up straight during meals. This gives your stomach as much room as possible to digest food.
- Eat many small meals instead of a few large ones.
- Eat slowly.
- Avoid foods with a lot of grease or spices.
- Remain sitting up for an hour or two after eating. Lying down after you eat can cause heartburn.
- Avoid heavy meals for 2 to 3 hours before bedtime.
- Do not drink anything just before or after eating.
- When lying down raise your head and shoulders.

If you get heartburn:

- Take small sips of water or milk.
- Sit up straight or stand. Lying down may make heartburn worse.
- At night, sleep with the head of your bed raised a bit, or use extra pillows.
- Try sleeping on your side.

What if none of this helps?

- Talk to your health care provider or pharmacist before you take antacids or any other kind of medication.

Hemorrhoids (Piles)

What causes it?

Hemorrhoids are swollen veins in the rectum. They are caused by the pressure of the baby on the lower part of your body. They may also be caused by pushing too hard when you are having a bowel movement. Hemorrhoids can be painful or itchy and may hang out of the rectum. They usually go away after delivery but will sometimes last for a few weeks after the birth.

What can I do about it?

- Try not to be constipated. See the section on constipation for advice on this.
- Do not sit on the toilet for a long time. Do not push too hard when having a bowel movement. Putting your feet up on a stool while sitting on the toilet may reduce the strain a bit.
- Do pelvic floor exercises to improve blood circulation in your pelvic area. See Section 6 - Healthy Activity for details on this.
- Sitting in a warm bathtub for 15 to 20 minutes may reduce the pain.
- Putting warm pads or ice packs on the hemorrhoids may also help.

What if none of this helps?

- Talk to your health care provider.
- Do not use any kind of medication, ointment, or suppository without asking your health care provider if it is okay.



Insomnia (Trouble Sleeping)

What causes it?

Some women have difficulty falling asleep and staying asleep when they are pregnant. During the first three months, this is because your body is getting used to the changes that come with being pregnant. Later on, the size of your uterus and your baby's kicking can make it hard for you to find a comfortable way to sleep. Insomnia can be more of a problem for women who have shortness of breath.

What can I do about it?

- Stay active. Walk or exercise every day. It is easier to get to sleep if your body is tired.
- Avoid caffeine (in coffee, tea, cola drinks and chocolate).
- Try to go to bed and get up at the same time each day.
- Avoid eating large meals near bedtime.
- Try to find a comfortable way to sleep. Use pillows and rolled-up blankets for support.
- Sleep on pillows that prop you up if you are short of breath.
- Have a warm shower or bath before bed.
- Have a glass of warm milk or hot water with lemon before bed.
- Try going for a walk in the evening.
- Try relaxation exercises. See Section 6 - Healthy Activity, for directions.
- Read a really boring book.
- Get a backrub. It may help you sleep.

What if none of this helps?

- Do not take any sleeping medication unless your health care provider says it is okay.

Morning Sickness (throwing up)

What causes it?

“Morning sickness” is the feeling that you might throw up (nausea). It is also the act of throwing up (vomiting). Both of these can happen during the first three months or longer. Although it is called “morning sickness”, it can happen any time of the day or night.

Some pregnant women get morning sickness, and others never do. If you are one of the women who gets it, you may not be able to stop the feeling that you might throw up (nausea). But you may be able to stop the throwing up (vomiting) by trying what we suggest here. You may need to try a few things before you find one that works for you.

What can I do about it?

- You will feel better after you eat, so even though you may not want to, it's important to eat. Nausea is much worse if your stomach is empty.
- Try eating a few crackers or dry toast before you go to bed or before you get up in the morning. Keep them by your bed.
- Instead of a few large meals, try eating small meals or snacks every 2 or 3 hours. A bedtime snack can be helpful. Try peanut butter or a protein rich food to keep your stomach full for a longer time.
- Try not to eat solids and liquids at the same time. Have soups and drinks between meals instead of with meals.
- Avoid fried foods.
- Avoid coffee.
- Avoid smoking.
- Get up slowly in the morning. Do not move quickly or suddenly.
- If you feel like you might throw up, sip soda water or ginger ale, or go outside for fresh air. A short walk might help.

What if none of this works?

- Talk to your health care provider.
- Do not take any medicine for nausea without asking your health care provider if it's okay.
- Try not to worry. Morning sickness does not affect your baby's growth or health.



Shortness of Breath

What causes it?

Shortness of breath can happen at any time during pregnancy. As your uterus grows, it presses against your rib cage. This leaves less room for your lungs to expand. For many women, shortness of breath stops when the baby gets bigger and moves down into your pelvis. For most women who are having their first baby, this happens about two weeks before labour begins.

What can I do about it?

- Very little can be done to prevent shortness of breath. Having good posture can help. Stand up straight. This will give your lungs room to expand.
- Try sleeping propped up on pillows.
- Try taking slow deep breaths.
- Raise your arms over your head, lifting your rib cage.
- Do not exert yourself too much.
- Wear loose clothing.
- Avoid smoking.

What if this does not help?

Tell your health care provider about your problem. Shortness of breath can also be a sign that you do not have enough iron in your blood.

Swelling

What causes it?

During pregnancy, the amount of blood and other fluid in your body increases. This is normal. It may cause your feet, face, and hands to be puffy or swell a little. This is most common during the last three months of pregnancy. About 8 out of 10 women get some swelling when they are pregnant.

What can I do about it?

- Avoid wearing tight clothes or jewelry—for example, avoid elastic waists, knee-high stockings, socks with elastic tops, rings, and tight watchbands.
- Try to gain weight in a slow, steady way.
- Avoid standing for long periods of time.
- Do not sit with your legs crossed.

- Get as much rest as you can.
 - Rest with your feet up many times each day.
 - When you are resting, lie on your left side. This can improve your blood circulation and reduce swelling.
 - Try to reduce your workload.

If you have mild swelling in your legs, ankles and feet, do this exercise for 10 to 15 minutes, twice a day:

1. Lie with your head and shoulders propped on pillows.
 2. Keep your knees bent a bit, and put your legs on a chair or sofa, so they are a bit higher than your heart.
 3. Curl your toes under and then make them stand straight up.
Repeat this several times.
 4. Make circles with your feet. Repeat this several times.
 5. Tighten and relax the muscles in your upper legs (thighs).
Repeat this several times.
- If you have mild swelling in your hands, bend your fingers back and then make them stand straight again. Move your hands in circles.



What if none of this helps?

- Do not take any kind of diuretic (water pills), or other medication unless your health care provider says it is okay.
- If you have pins and needles in your hands, especially at night, talk to your health care provider.
- Contact your health care provider right away if you have sudden or severe swelling in your hands and face, or if you feel numb in your hands and face.

What causes it?

When you are pregnant, it is normal to have more thin, milky fluid coming out of your vagina. Sometimes there can be a lot of this wetness. As long as the fluid is thin and milky, it is normal and you do not need to worry.

Wetness in your vagina

If the wetness makes you itchy, smells bad or feels like it is burning, you may have an infection. If this happens, contact your health care provider.

What can I do about it?

- Keep the area clean and dry.
- If the wetness is heavy, try wearing a panty liner.
- Do not douche.

Varicose Veins

What causes them?

When you are pregnant, the walls of your blood vessels stretch because they have to carry more blood. As well, your uterus is growing and this puts extra pressure on the veins in your legs. Blood circulates more slowly. More blood stays in pools in your veins. When this happens, it is called varicose veins. Varicose veins can also happen in the vulva or the rectum (hemorrhoids or piles) if you sit too long in one place or if you have weak pelvic floor muscles.

If you had varicose veins before, you may find that they are worse when you are pregnant.

What can I do about it?

- Stay active. Walking and moving improve circulation.
- Stand up straight. Good posture will improve your circulation. See Section 6 - Healthy Activity to learn more.
- Do leg, foot, and pelvic floor exercises often each day. See Section 6 - Healthy Activity, for more information.
- Lie down with your legs raised for 10 to 15 minutes often each day. Support your feet on pillows so that your legs are a bit higher than your heart.
- Do not stand for a long time. Be sure to sit down and put your feet up often each day.
- If you sit during the day, change position often. Using a footstool may help. Get up and walk around for a few minutes once an hour.
- Do not sit with your legs crossed.
- Sleep and rest on your left side.
- Avoid tight clothing, especially socks with elastic tops and knee-high stockings.
- Wear shoes with low heels and good support.

If you get varicose veins in your legs:

- Wear fitted support stockings. Put them on before you get out of bed in the morning. If you get up first and your legs begin to swell, lie down and raise your legs for 10 minutes before you put the stockings on.

What if none of this helps?

- Talk to your health care provider about it.
- Do not take any medication unless your health care provider says it is okay.



Becoming a Father



A NEW LIFE

Becoming a Father

Fathers can have many feelings about pregnancy and being a parent. You may find that your feelings are sometimes very mixed. Your feelings may also change as the pregnancy ends and the baby's birth gets closer.

It is normal to have questions about becoming a father. You are not the only man who feels this way. The things you worry about and the feelings you have may not be the same as someone else's, but they are normal.

How You Might Feel

- Excited, proud, and full of hope.
- Concerned about your partner, wanting to protect her.
Is she sick? Will she be okay? What can you do to help?
- Wanting to protect the baby. Feeling love for the baby.
This may happen after the baby becomes real to you for example, when you feel the baby kicking or hear the baby's heartbeat. You may find yourself wondering about what it will be like to be a father. You may also worry about whether you will be a good father who can take care of the baby.
- Concerned about practical things.
Will there be enough money? Do you need a bigger place to live? A bigger car?
- Worried about how your life will change.
Will your relationship with your partner change? Will your partner focus so much on the baby that she won't have time for you? Will she love the baby more than she loves you? Are you selfish for even thinking about this?
- Concerned about sex.
Will having sex hurt your partner or the baby? Is it okay to still want sex?
Is it okay not to want it?



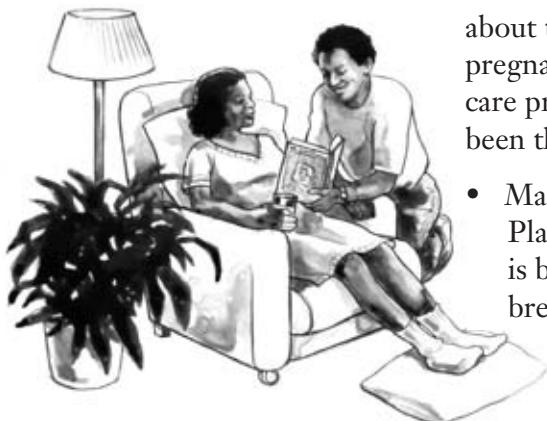
What You Can Do

- Talk about how you feel. Your partner is the best person to talk to. Share your joy and excitement as well as your worry and concern. Listen when your partner talks about her feelings. Talk about the kind of father you hope to be.
- Read and learn about pregnancy and birth.

This prenatal book can help you and your partner. Section 1 - Healthy Start, talks about sexuality and communication. It provides advice on buying safe furniture for your baby. Section 2 - Nine Months of Changes, gives details about the baby's growth and changes during each month your partner is pregnant. You might go with your partner to one of her visits to the health care provider. Meet the health care provider. Ask the questions that you have been thinking about. Listen to your baby's heartbeat.

- Make plans together.

Plan for the birth. Talk about how you will feed the baby. Breastfeeding is best, and your partner needs to know you will support her to breastfeed. There are many benefits to breastfeeding. See Section 4 - Breastfeeding, for more details. Talk about how you will divide the work, responsibility, and fun of a new baby.



Abuse in Pregnancy

Violence against women is a common problem. Abuse often starts or gets worse when a woman is pregnant. If a woman is abused when she is pregnant, she is four times more likely to have a baby who does not weigh enough (low birth-weight baby).

The stress of pregnancy can lead to abuse. Women who are abused are three times more likely to be injured when they are pregnant. They may also have a miscarriage.

Questions you need to ask yourself:

- Is she afraid of me?
- Do I threaten her?
- Do I yell at her?
- Do I call her names?
- Do I throw things?
- Do I hit her?
- When I get angry, do I put all the blame on her?
- When I hit her, do I promise not to do it again?
- Does she feel she is alone and has to keep the abuse a secret?

If you said YES to any of these questions, you should talk to someone because your partner and your unborn baby may be in DANGER.

How can you help to prevent abuse?

- Learn to talk openly about your feelings with your partner. How is your relationship changing now that she is pregnant? What can you do about this?
- Find out who you can talk to in your community. It is important that you talk to someone about the new feelings you have.
- Get help right away if you think that abuse is part of your relationship.

You, your partner, and your unborn baby deserve a safe start in life!

Stop the hurting, start the healing.

How You Might Feel

- Excited that the baby will be born, at last!
- Worried that you will not get to the hospital in time. Worried that something bad will happen to your partner or baby.
- Overwhelmed that it is all happening so fast.
- Confused about what is going on, and what you should be doing.
- Hoping that you will be able to help your partner cope with the pain.
- Sure that you are both ready for this experience.

The Father during Childbirth

What You Can Do

- Read and learn as much as you can about childbirth.
Go to prenatal classes with your partner. Go on a tour of the local hospital. Watch a movie about childbirth. It will help you understand what birth can be like.
- Plan to stay with and support your partner during labour.
Section 7 - Healthy Birthing, tells how you can help your partner get ready for the birth and help her when she is in labour. Section 6 - Healthy Activity, explains how you can help your partner learn to relax. The more you prepare yourself to help your partner, the better you will feel about everything.
- Talk to your partner about your worries.
Sometimes fathers are so worried about the birth that they try not to think about it. You may have heard that some babies are born by cesarean section. Reading and asking questions about this may help you feel better. Talking about your worries and sharing your excitement can help you feel closer to your partner. Then, you can work together to handle all that happens.



The New Father

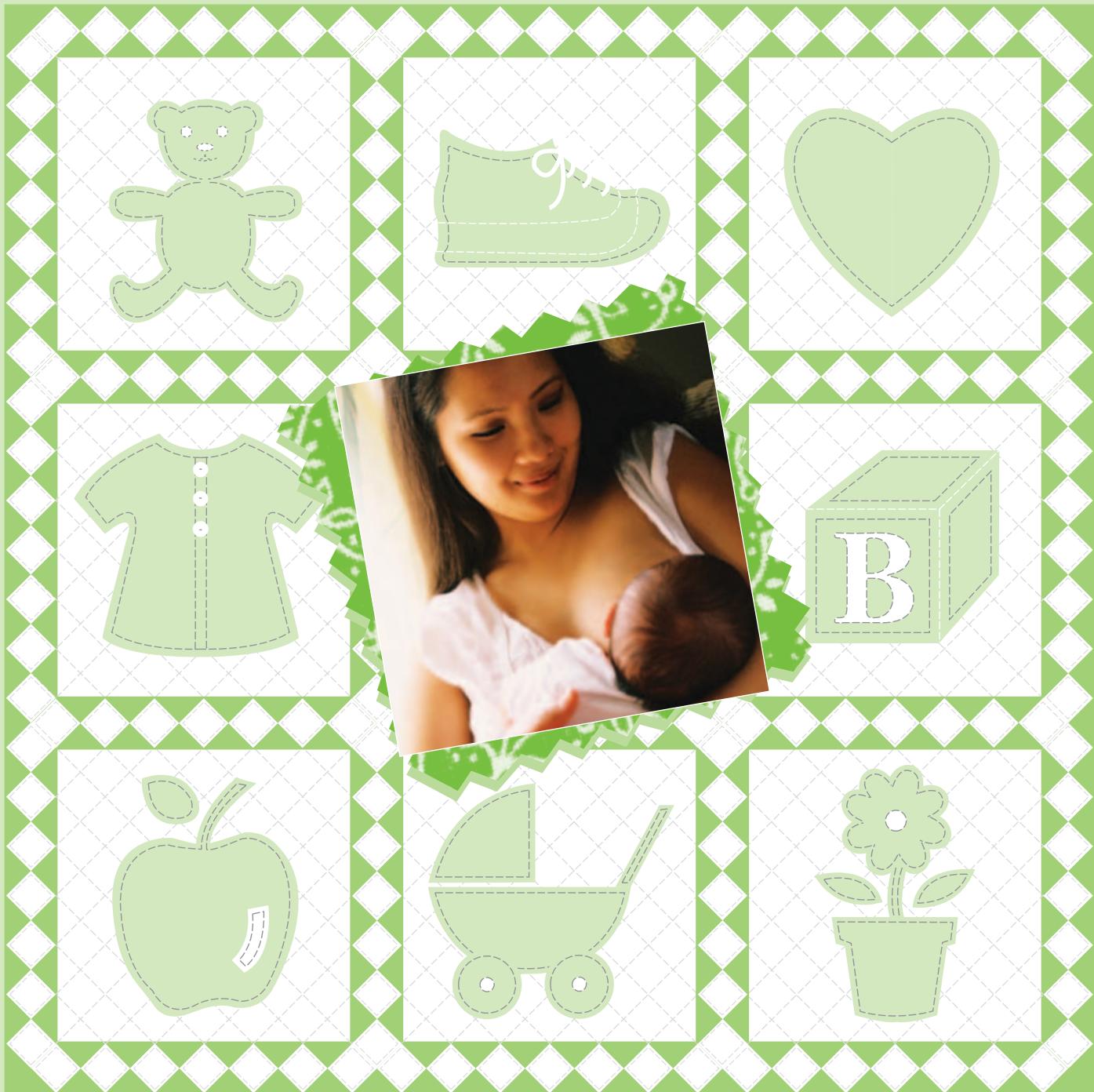
How You Might Feel

- Pleased, proud, and excited.
The birth of a baby is an amazing event. Being part of childbirth and holding your new baby are very special.
- Amazed by the baby.
You may be surprised at how strong your feelings are. You may have a very strong need to see, hold, and touch your baby. This is good for you, and for the baby!
- Sad.
Fathers sometimes worry because they do not feel as happy as they thought they would.
- Tired and overwhelmed.
Once your partner and baby come home, you may be shocked to see how much time the baby takes. You may also be surprised to see how little sleep new parents get. Sometimes a father might feel that mothers are the ones who know how to look after a baby. It comes as a surprise when your partner turns to you for support or help.
- Worried about whether the baby is normal.
Many new fathers have no idea what babies are like, or what to expect. They worry about the baby's health and about doing something that might hurt the baby.
- Worried about money.
Your family income might be lower for a while. The cost of diapers, baby clothes, and food may seem high.

What You Can Do

- Read and learn as much as you can about babies and baby care.
Section 8 - Healthy Family, talks about this, and about how new fathers can take care of themselves. While your partner is in the hospital, learn together how to give the baby a bath, feed the baby, and change diapers. Practise picking up and holding the baby before you go home. The more you know about normal newborn babies, the less you will have to worry about.
- Try to take a few days off from work to help welcome the new baby.
Learning to care for a baby is a big job. You and your partner will need each other's help and support as you learn about your baby and begin to split up the chores. Your partner will need extra help for a while as she recovers from childbirth.
- Think positively.
Babies are a big responsibility. They are also a source of joy. Being a father can fill you with pride, purpose, and joy. It really does change your life. With love and care, this will be a good change.

Breastfeeding



A NEW LIFE

The Best for You and Your Baby

You are pregnant. Now is the time to learn the facts about breastfeeding and the risks associated with infant formula. Then you can decide what is best for you, and for your baby.

You may get a lot of advice about breastfeeding from friends or relatives. Breast milk is the perfect food for your baby. It is all your baby needs for the first six months of life. The act of breastfeeding will help your baby learn to love, trust and play. It is good for your baby to have skin contact with you, to look into your eyes, and to cuddle.

Breast milk gives your baby what his body needs to help fight disease (antibodies). You will give your baby natural “protection” from disease simply by breastfeeding.

Breastfeeding is good for your baby and will make you feel good about yourself too!



Breastfeeding Is Best for Babies

Here are some reasons why your milk is best for your baby.

Perfect first food

Breast milk is made to meet babies' needs. It is easier for babies to digest than infant formulas (or breast milk substitutes). Babies who are not breastfed usually have more colic, burping, upset stomach, constipation, and diarrhea than babies who are breastfed.

Protection from disease, infection, and allergy

Breast milk protects babies against disease and infection. Food allergies may be less common in babies who have only breast milk for the first 6 months. Breastfed babies have less breathing problems, diarrhea, vomiting, ear infections, juvenile diabetes and childhood cancers.

Baby decides how much to drink

Babies breastfeed when they are hungry and stop when they are full. They decide how much milk to have. Babies who are fed with formula can be coaxed to take a little more. They may drink more formula than they need.

Good mouth development

A mother's nipple fits the shape of a baby's mouth. Babies who breastfeed usually have good jaw development, and their face muscles are strong.

Comforts and makes babies happy

Babies have a natural need to suck. Breastfeeding helps meet that need.

Close bond between mother and baby

Breastfeeding is more than a way to feed your baby. It creates a bond between you and your baby. Your warmth and the closeness of your body help to make your baby feel safe and loved.

Breast milk supplies all of your baby's food needs during the first 6 months of life. This is the time of most rapid growth during life. Your healthy baby does not need any other foods during this time. That means no food or other drink except a vitamin D supplement (page 193). Feeding solid foods too early could reduce your milk supply and increase the baby's risk of allergies.

Breastfeeding is Good for Mothers and Families

Here are more reasons why breastfeeding is good for mothers and their families too.

Low cost

Breast milk is free! You make breast milk, so your only extra expense might be the purchase of a nursing bra and breast pads.

Always ready and safe

Breast milk is always clean, fresh, and the right temperature. You do not have to prepare bottles in advance or wash them after a feeding. When your baby is ready to eat, breast milk is also ready 24 hours a day. That makes night feedings very easy! If you travel with your baby it is easier too. There is no formula to prepare and carry, or bottles to wash.

Helps the environment

Breastfeeding is the natural way to feed babies. You use less of the earth's resources because you do not have to heat, store and wash the bottles for formula. You will reduce air, land, and water pollution if you breastfeed. Why? Feeding your baby formula uses electricity, paper, plastic and gas (for transportation to stores).

Feeling good

You are giving your baby the best food you can! Most mothers find breastfeeding makes them feel really good. While breastfeeding is natural, you will need to learn how to do it. It may take some time and patience, but it's worth the effort. You may have a few problems during the first weeks, and this is normal. Talk about them right away with your health care provider or with someone at your breastfeeding clinic. There are also other people in your town or city who can help.

Learning about your baby

Breastfeeding helps you learn the signs that tell you what your baby needs. Then, you can answer her need for food and comfort before she becomes too upset.

Helps mother's body

When a baby sucks at your breast, your uterus returns to its normal size more quickly. Breastfeeding may also help you slowly lose some of the weight that you gained when you were pregnant. Making breast milk uses up fat stored in your body. Women who breastfeed are less likely to get weak bones (osteoporosis), cervical cancer, and breast cancer.

Breastfeeding does not guarantee that you will lose all the weight you gained when you were pregnant. Healthy eating and being active are also important. See Section 6 - Healthy Activity, to learn more about this.

Working mothers

If you are working, breastfeeding may be harder to do. But women say it can be done, with planning and help. When you need to be away from home, you can express your breast milk manually (using your hands) or with a breast pump and leave it with your sitter or partner to feed your baby. Breast milk can be frozen for future use too.

Some mothers have a daycare centre at work, or nearby, so they can breastfeed during their breaks. You could plan for your partner, family member, or sitter to bring your baby to you during your breaks at work. Talk to your boss to see what can be done to make this possible.

If you are a student

Many of the ideas for working mothers can help women who are also students. Your school, community college, or university may have a student counseling service that can help you. Find out what is available!



Common Myths and Concerns about Breastfeeding

A myth is a belief that is not based on fact. New mothers and fathers have many common breastfeeding questions. We try to answer some of them here. If you still have questions, talk to your health care provider or someone who offers breastfeeding support in your town or city.

Will I be able to breastfeed?

Yes, your milk will arrive and your baby will breastfeed.

There are some medical problems that prevent some women from breastfeeding. Examples are a mother who is addicted to drugs or alcohol, is having treatment for cancer, or is infected with HIV. A breast reduction may also decrease milk supply.

Are my breasts too small?

The size of a mother's breasts does not matter. Big or small, they can produce all the milk your baby needs. You need to start to breastfeed your baby very soon after birth. The more often you breastfeed, the more milk there will be.

Are my nipples the right shape?

The shape of your nipples is not likely to be a problem. Your baby's sucking will make the nipple and the dark skin around it (areola) softer as you breastfeed. Your baby will do most of the work if your nipple needs to be different from its normal shape.

Will breastfeeding make my breasts sag?

This is one of the myths about breastfeeding. The hormones of pregnancy, not breastfeeding, affect the breasts and may make them sag. A good support bra will help. You can expect your breasts to return to their normal (or almost normal size) when you stop breastfeeding.

Does breastfeeding take a lot of time?

Some people say that breastfeeding "ties you down." In fact, many women like the fact that breastfeeding gives them more freedom than formula feeding! All new mothers are limited by feedings, the baby's demands, and being tired. The first few weeks with a baby are filled with change and joy. This is true for all new mothers!

Do I need to eat special food?

No. Go ahead and eat all your favourite healthy foods. Even if you do not have a perfect diet, your milk will contain everything your baby needs. For your own health, follow *Eating Well with Canada's Food Guide*, drink lots of liquid, and get plenty of rest.

What about smoking and breastfeeding?

When you are pregnant, you should stop smoking. After your baby is born, the harmful effects of smoking get passed along to your baby in breast milk. Heavy smoking (more than 20 cigarettes a day), may make your baby feel like throwing up (nausea), throw up (vomit), have stomach cramps, and the runs (diarrhea). Smoking will also decrease the amount of milk you produce. The smoke from your cigarettes will increase your baby's risk of ear infections, colds and Sudden Infant Death Syndrome (SIDS). But, if you do smoke, it is still better to breastfeed than to feed your baby formula. You should know that your baby is more likely to be a smoker when he grows up, if you or your partner smoke.

Will breastfeeding keep me from getting pregnant?

Breastfeeding is not an effective method of birth control unless you follow all the steps of the LAM method. See LAM (Lactational Amenorrhea Method) on page 220 in the birth control section in Section 8 - Healthy Family. Although you may not have a menstrual period while you are breastfeeding, you could become pregnant. You must use some form of birth control (contraception) if you do not wish to be pregnant.

Birth control pills can decrease the amount of milk you produce. Talk with your health care provider about the kind of birth control to use while you are breastfeeding. If you decide to use birth control pills, watch for the signs of less milk, such as smaller breast size, or more demand from your baby (outside of growth spurts).

Will my partner be left out?

No. At first, when you and your baby are building the milk supply, there are many things he can do to help you. He can also build a close relationship with your baby. For details, see page 64.

What about my other children?

Older children will wonder about breastfeeding if they haven't seen it before. They may want to talk to you and be near you while you are breastfeeding. Make a snack for them and have them sit next to you to eat it. Suggest that they bring you a book to read or that they do something quiet nearby. Give them special toys at this time. Talk to them about what is happening while you feed. If older children feel left out or jealous this is normal. Make sure they know that you love them and they are important to you.

If your children are old enough, they can help to care for the new baby. Teach them to hold or burp the baby. Ask your child to sing while you change the baby's diaper and to pass you things you need. They could answer the telephone when you are breastfeeding. If your older children have a good experience now, they may decide to breastfeed your grandchildren!

What about going back to work?

In New Brunswick some mothers have maternity leave benefits. On the other hand, women who go to school, have a casual job, or are self-employed may not have paid leave. They may need to return to school or work within the baby's first month of life. If you must go back to work or school, you can still breastfeed with help from your partner, sitter, relative or friend. For more information about expressing, pumping and storing breast milk, talk to your health care provider.



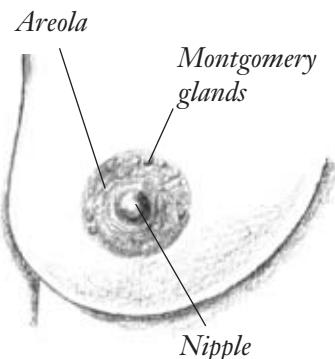
Getting Ready to Breastfeed

Once you know you will breastfeed, you can prepare yourself. The time to do this is now, when you are pregnant. It is also the time to think about who will support you and answer your questions. You can prepare your partner to be involved; there are many ways he can help. Near the end of your pregnancy, you might want to think about buying a nursing bra.

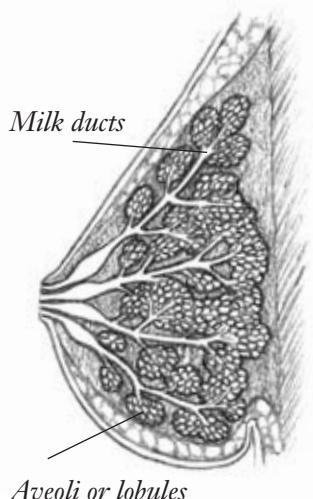
The Breast and How It Works

The breasts are organs of the female body. This section describes the parts of the breast and how your breasts change during pregnancy and when your body makes milk (lactation).

Parts of the breast



- The breast is made of skin, chest muscles, blood vessels, nerves, fatty tissue, and milk-producing tissue.
- The areola is the darker circle of skin that spreads around the nipple.
- Inside the breast, milk glands (or lobes, which are made up of smaller lobules) contain tiny milk-producing bags (alveoli).
- These tiny bags produce and release breast milk.
- Milk tubes (or ducts known as lactiferous ducts) carry the milk from the alveoli to the nipple.
- Each nipple has 15 to 25 tube (or duct) openings from the tiny milk bags.
- The bumps you see on the areola are called Montgomery glands. They produce an oil that makes the nipple and areola less dry. This oil also helps to prevent germs from growing on the nipple and areola.



Changes in Your Breasts

1. Before pregnancy

Your breasts were getting ready to breastfeed even before you thought about being a mother. Milk glands started to grow during your teenage years.

2. During pregnancy

Hormones make your breasts change during pregnancy. The breast, areola, and nipple get bigger. The nipple and areola also become darker in colour. Milk glands and tubes (ducts) increase in number and grow in size. If you have some hair around your nipple, do not worry. This will not affect breastfeeding.

3. When you are breastfeeding (during lactation)

You will notice a big change in your breasts when your baby is born. Once the placenta leaves your body, hormones tell the alveoli to produce milk. Your breasts will get bigger as milk fills the milk ducts. The amount of swelling is not the same for all women. Your breasts may feel full, or even a bit tight. If you breastfeed often, these feelings tend to go away.

Setting Goals for Breastfeeding

The best time for your baby's first feeding is within the first hour of birth. The World Health Organization and Health Canada say that it is good to breastfeed until the child is at least two years old.

Now is a good time to set some goals for breastfeeding. By making your own goals for breastfeeding, you are learning what you need to do.

You are also finding out how you are going to do it. If you set goals, you can then decide how to reach your goals.

Your breastfeeding goals

Read this list of breastfeeding goals and check off the ones you want to aim for.

- I will breastfeed our baby as long as I can, because it will help our baby grow.
- I will try to quit smoking or cut down now.
- I will find a breastfeeding support group during my pregnancy.
- I will learn as much as I can about breastfeeding.
- I will tell the hospital staff that I plan to breastfeed my baby.
- I will create a baby-feeding plan that says that my baby will not be given any bottle or pacifier (see page 68 for a sample).
- I will accept that breastfeeding may take time, patience, and effort.
- I will make the first few weeks a learning time for both my baby and me.
- I will involve my partner so that breastfeeding will succeed in our family.

Building Support for Breastfeeding

Breastfeeding is the normal way to feed your baby. But, this does not mean you will know how to do it right away. Most mothers need help and support to breastfeed. This is most true during the first month or two.

How can breastfeeding support help me?

It is a good idea to think about getting support ahead of time and to find friends, family members, professionals, and support groups to help you. Why is this a good idea?

- You will have someone to talk to about breastfeeding your baby. This person can give you help in person or by telephone.
- You will have someone to lean on any time of the day or night. You may need it most often during the night!
- You will have people checking to see if you and your baby are fine. This may happen in person or by telephone.
- You will have help with some of the baby care. For example, a support person may take your baby for a walk while you relax in the bath. The support person could look after the baby while you have your hair cut.
- You will have someone to help with meals, housework, and maybe even shopping. This person may help a little bit or a lot. It depends on what you need and how helpful she can be.
- If you have other children, you will have help in caring for them. You can also involve older children in helping out, if you think it will work out.
- You will have someone to invite you, your baby, and the rest of your family for a meal or an outing.
- You will have a babysitter so you and your partner can go out.

Remember, friends and family will offer advice, whether you ask for it or not. Some advice will be helpful. Some of it may leave you feeling confused because the ideas do not agree with each other. Do not be afraid to ignore advice if you do not find it helpful!

Who can provide support for breastfeeding?

The time to think about who can help you with breastfeeding is NOW, when you are pregnant. Then you will be ready when your baby is born!

- Find one or two mothers who have enjoyed breastfeeding their babies. It is good to choose people who live near you. Ask them if they will give you moral support or help with any problems you might have when you are breastfeeding your baby.

- Talk with your partner about ways to share “the load” once your baby arrives.
- Find out if there is a breastfeeding support group where you live. Ask your health care provider. Maybe you can join a group and learn from mothers who have breastfed their babies. Go to one or two meetings while you are pregnant.
- Find other new mothers to talk with and who will agree to do child-care for you (and you will do it for them). Find out how you can offer to give each other time off when you need it.
- Check to see if there is a parent-child drop-in centre, mother-baby group, or exercise program you can join close to where you live.
- Talk about breastfeeding with your health care provider. Your hospital or other agency may offer breastfeeding support in the community.

A Word to Partners

As the partner of a breastfeeding mother, you can be part of breastfeeding. When your partner is pregnant, you can learn together why breastfeeding is good for your baby, for the woman, and for your family. Talk about your concerns at your prenatal class or with a health care provider. Share your feelings about breastfeeding before your baby is born.

Here are some ways that partners can help with breastfeeding

Supporting the mother is important to successful breastfeeding. Here are some things that partners, family members and friends can do to support the breastfeeding family:

- Become informed. Read about breastfeeding. Talk to other breastfeeding families.
- Attend breastfeeding support groups with the mother (before or after the baby is born).
- Help with caring for the baby; bathe, massage, comfort, change diapers.
- Support the mother by helping with chores around the house, such as laundry, cooking, cleaning, grocery shopping, and looking after older siblings.
- Limit interruptions such as visitors and phone calls.
- Encourage the mother to get lots of rest. Help by comforting the baby, taking the baby for a walk, and talking or singing to the baby.
- Bring the baby to the mother for feedings. Mothers who have had a caesarean section or difficult delivery will really appreciate this.

- Ensure that the mother has a glass of water while she is nursing. Offer her a snack.
- Offer her lots of encouragement. A mother who feels supported will be more confident and will breastfeed for longer.
- Learn where to get help. If the mother and baby are having difficulty, get help.

Nursing bras

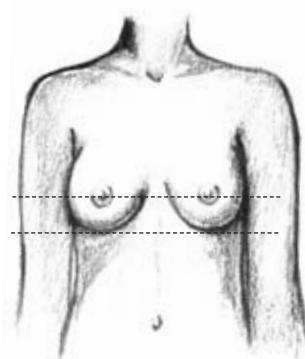
Nursing bras are made to provide women with support and comfort when they are breastfeeding. They also make it easy to breastfeed. You can wear a normal bra as long as it does not have under wire. They may clog or plug your milk ducts. Some mothers with heavy breasts find a normal bra gives more support. The ones that open and close at the front are best. Some women prefer to not wear a bra at all.

When you are pregnant, your breasts get bigger, and if you have to buy new bras, you might want to buy nursing bras. You can wear them while you are pregnant and also for breastfeeding. You will need 2 or 3 bras. You can buy them in a department store or maternity store. Have them ready to go into the suitcase you will take to the hospital.

What makes a good nursing bra?

The bra should fit well, be easy to adjust, and not be tight. It should have seamless cups (without plastic liners). The flaps should be large. You will need to pull them down for easy feeding and to allow most of the breast to be free. The bra should give firm support and have wide straps that do not stretch. It should be made of cotton or cotton-polyester so you can wash it. Try the bra on before you buy it. Make sure you can hook and unhook the flap with one hand. A good lingerie store can measure you.

Buying Nursing Bras



Breastfeeding in the Hospital – Plan Ahead

Feeding after birth

It is best if you can breastfeed your baby within 1 hour of birth. Most babies are quiet and awake for about 3 hours after they are born. During this time, your baby may be ready to start feeding. Not all babies will do this but you can still enjoy this first quiet time together.

Common Questions

Will someone help me the first time I breastfeed?

Yes, ask someone to help you get started.

Does the hospital allow babies and mothers to stay in the same room?

Yes. It is normal for babies and mothers to be together 24 hours a day. It allows breastfeeding to have a good start. It is often called rooming-in.

Does the hospital offer breastfeeding classes?

During pregnancy you may find it helpful to attend breastfeeding classes where you can talk with other mothers about breastfeeding. When you are in hospital, the nurses can answer your questions and help you with breastfeeding. Ask for as much help and information as you need.

Does the hospital staff give breastfed babies water or soothers (pacifiers)?

No. Breastfed babies should not be given fake nipples. Sucking the nipple of a bottle or a soother and sucking the breast are very different. If babies have a bottle or soother, they may prefer to suck them, and not the breast. This can make a baby refuse your breast.



There is no need to give water, sugar and water, or formula to healthy babies who breastfeed. If the doctor says the baby needs liquid, it can be given to the baby by cup or in a syringe.

Does the hospital or community have a support group or 24-hour breastfeeding phone line?

Yes it does, make sure you call someone as soon as you have questions about breastfeeding your baby. Keep the phone number handy. Many problems seem to come up in the middle of the night. It is important to phone the number for advice when you need it.



My baby and I will develop good latch-on skills

Your baby gets milk by pressing on the areola, not by sucking your nipple. Nurses can help you and your baby learn the right way to latch-on. Having the correct latch is important for breastfeeding. If the baby has a poor latch, you may get sore nipples. Both of you need lots of practice so you can do it right. Be sure to ask the nurses in the hospital to check your latch.

Goals for Breastfeeding in the Hospital



My baby and I will try more than one position for breastfeeding

You do not need to sit up each time you breastfeed your baby. Lying down is a very good way to feed the baby at night because you can rest. It is also a good way for you to rest during a daytime feeding. Ask the nurses to help you and your baby try different positions.



I will learn to express breast milk while in hospital

Using your hand to pump out breast milk is called “hand expressing”. It is a good thing to learn when you are in hospital. You may need to use this skill when you go home. During your first week at home, you may need to make the areola of your breast softer so that the baby can latch on. The areola can be hard if your breast is full of milk. After you learn to express milk, you should wait for 3 or 4 weeks before you empty your breast to replace a feeding.



Example of a Baby Feeding Plan

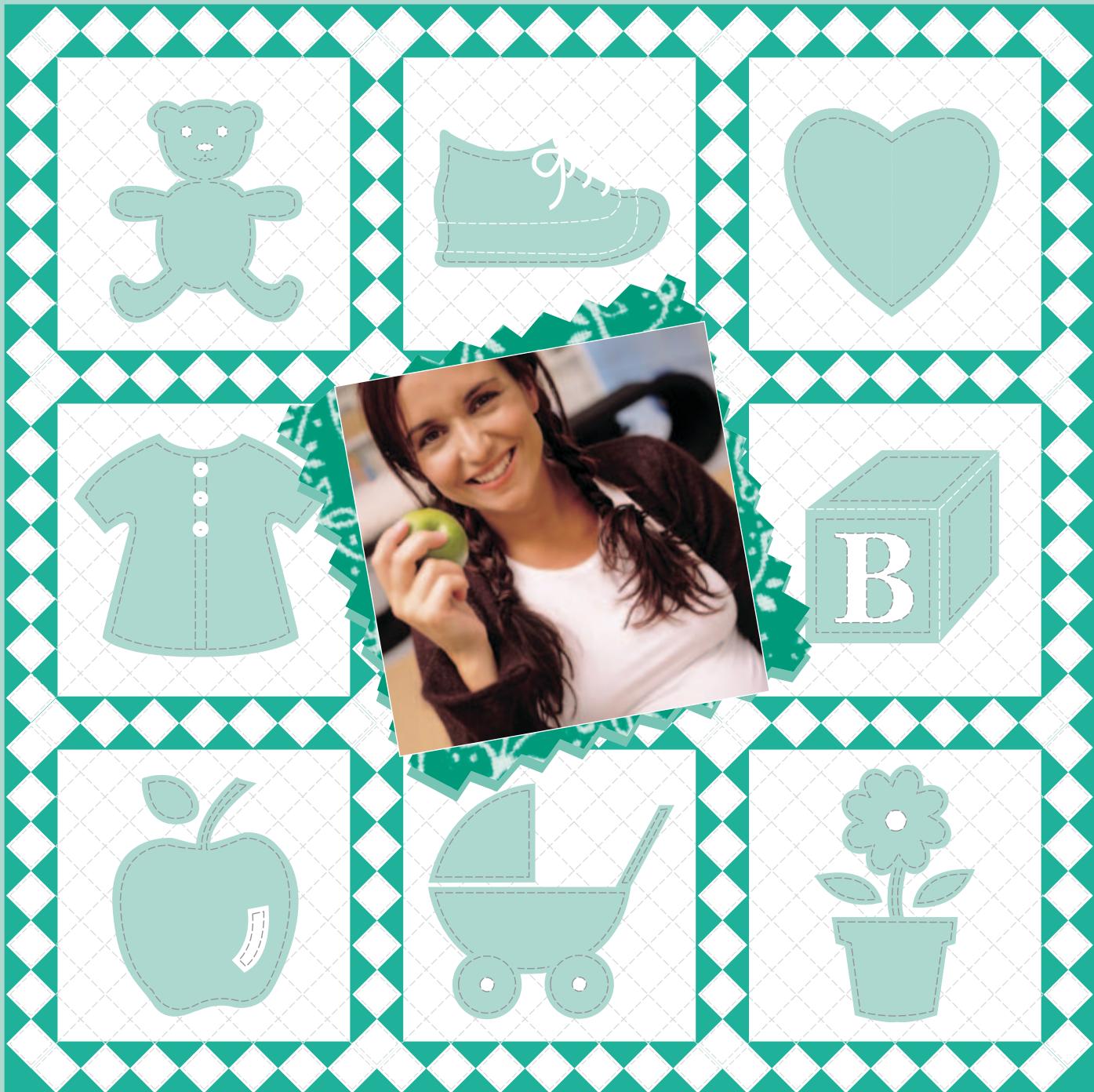
My Breastfeeding Plan

My goal is to breastfeed my baby and I would like my nurse to help me reach this goal. Please help me by doing these things:

- Do not give my baby a bottle.
- Do not give my baby any fluids or extra feeding without my consent.
- Do not give my baby a fake nipple or soother.
- Keep my baby in my room with me, at all times.
- Explain other ways of feeding to me, if my baby cannot breastfeed, such as cup feeding, finger feeding, and expressing my milk.
- Encourage me to have regular skin-to-skin times with my baby.
- Teach me to recognize when my baby is hungry.



Healthy Eating



A NEW LIFE

Healthy Eating

What did you feed your baby today?

When you are pregnant, the food you eat feeds your baby, too. What you eat at this time can have a big effect on your baby's growth and health.

Healthy eating can also improve your own health when you are pregnant. It can help you prevent or control some of the uncomfortable things that happen, such as feeling like you are going to throw up (nausea), constipation, and heartburn.

Your eating habits affect your family's eating habits. If you start good eating habits now, your baby and your whole family will be healthier.

Healthy eating is good for you, good for your baby, and it tastes good, too! *Eating Well with Canada's Food Guide* will help you plan meals and snacks that give you all you need to nourish yourself and your baby.





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safety... our priority.

Votre santé et votre
sécurité... notre priorité.

Healthy Weight Gain During Pregnancy

Gaining weight is a natural part of pregnancy. It helps your baby grow and develop, and prepares you for breastfeeding.

How much weight you should gain depends on your Body Mass Index before you became pregnant (your pre-pregnancy BMI).

Find out your pre-pregnancy BMI and your recommended weight gain at healthcanada.gc.ca/pregnancy-calculator and talk to your health care provider.

Based on my pre-pregnancy BMI (____),
my recommended weight gain is between ____ and ____ kilograms (kg)
 pounds (lbs)

Most of this weight gain will happen in the second and third trimesters, as your baby and the tissues that support your pregnancy continue to grow.

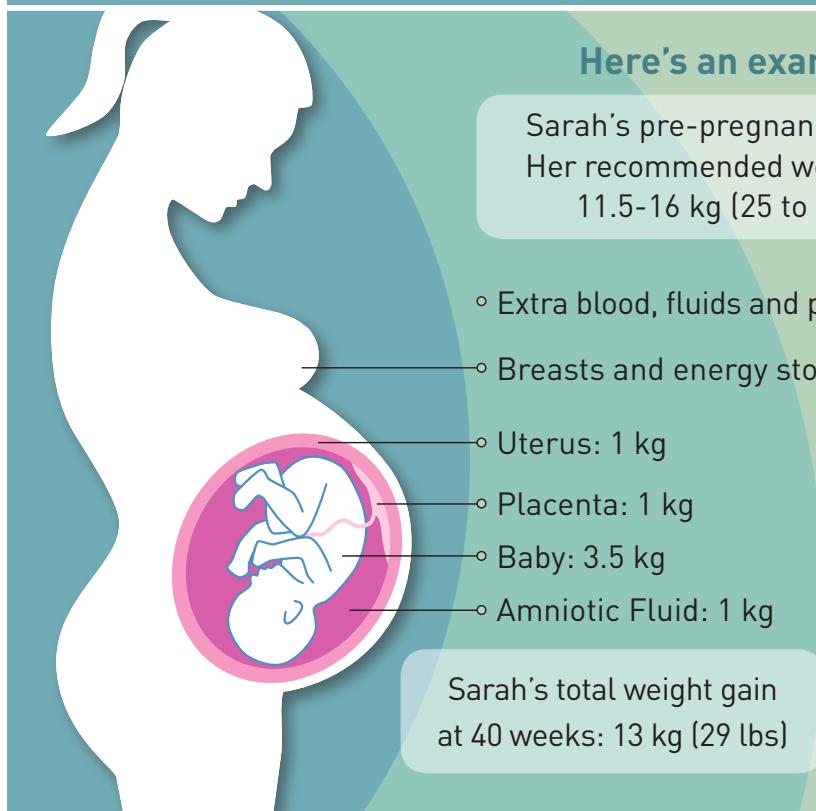
Where does the weight go?

Here's an example:

Sarah's pre-pregnancy BMI: 23
Her recommended weight gain:
11.5-16 kg (25 to 35 lbs)

- Extra blood, fluids and protein: 3.5 kg
- Breasts and energy stores: 3 kg
- Uterus: 1 kg
- Placenta: 1 kg
- Baby: 3.5 kg
- Amniotic Fluid: 1 kg

Sarah's total weight gain
at 40 weeks: 13 kg (29 lbs)



Canada

Gaining a healthy amount of weight during pregnancy has benefits:

- it helps your baby have a healthy start;
- it can reduce your risk of complications in pregnancy and at delivery; and
- it improves your long-term health.

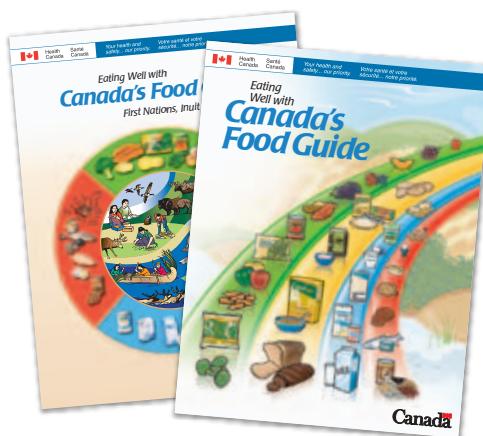
Here are two things you can do every day to gain a healthy amount of weight during pregnancy:

Enjoy being active.

- Add up activities like brisk walking or swimming in periods of at least 10 minutes, for a total of about 30 minutes of activity each day.
- Remember to talk to your health care provider before increasing your activity level or starting an exercise program.

Eat “twice as healthy” not “twice as much”.

- One extra snack each day is often enough. For example, have an apple or a pear with a small piece of cheese (50 grams or 1 ½ oz) as an afternoon snack.
- Follow *Eating Well with Canada’s Food Guide* to eat the amount and type of food that is right for you and your baby.



For more information on eating well and being active during pregnancy, visit: healthcanada.gc.ca/foodguide-pregnancy.

What You Need

When you are pregnant, every day you should have:

- Regular meals and snacks
- Food from each of the 4 food groups
- Foods that have iron and folic acid
- Foods high in fibre

You should also have fish and omega-3 fats every week.



When you are pregnant, you should limit:

- Caffeine
- Artificial sweeteners
- Foods that do not nourish your body

When you are pregnant, you **must not** drink alcohol. See Section 1 - Healthy Start, for more information.

Balance is the key to healthy eating. You need to eat many kinds of foods, but not too much of any one thing.

No food is perfect all by itself. You need many kinds of healthy foods to be healthy and to have a healthy baby.

Regular Meals

Eating regular meals and snacks is important. Both you and your baby need a steady supply of food to stay healthy. It is hard to get this if you miss meals.

Try to make a habit of eating regular meals. If you find it hard to eat three meals a day, try to have more small meals and more snacks. The important thing is to stay with a pattern of eating that you enjoy. It should also be one that gives you and your baby the food you need.

Pregnant women need to eat when they get up in the morning. The night is a long time to go without food. Your body slows down while you are asleep, and you need healthy food to get moving again.

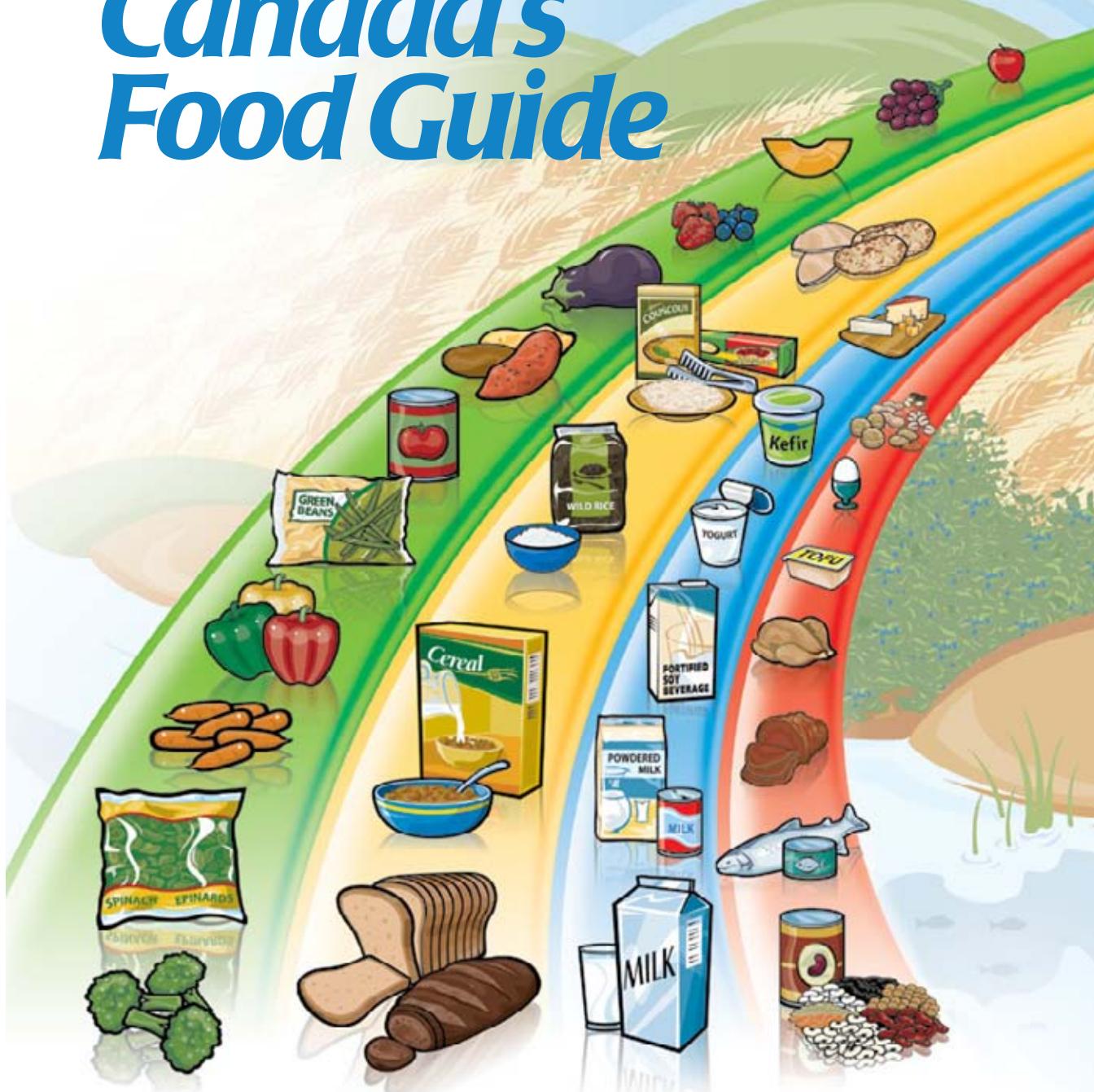


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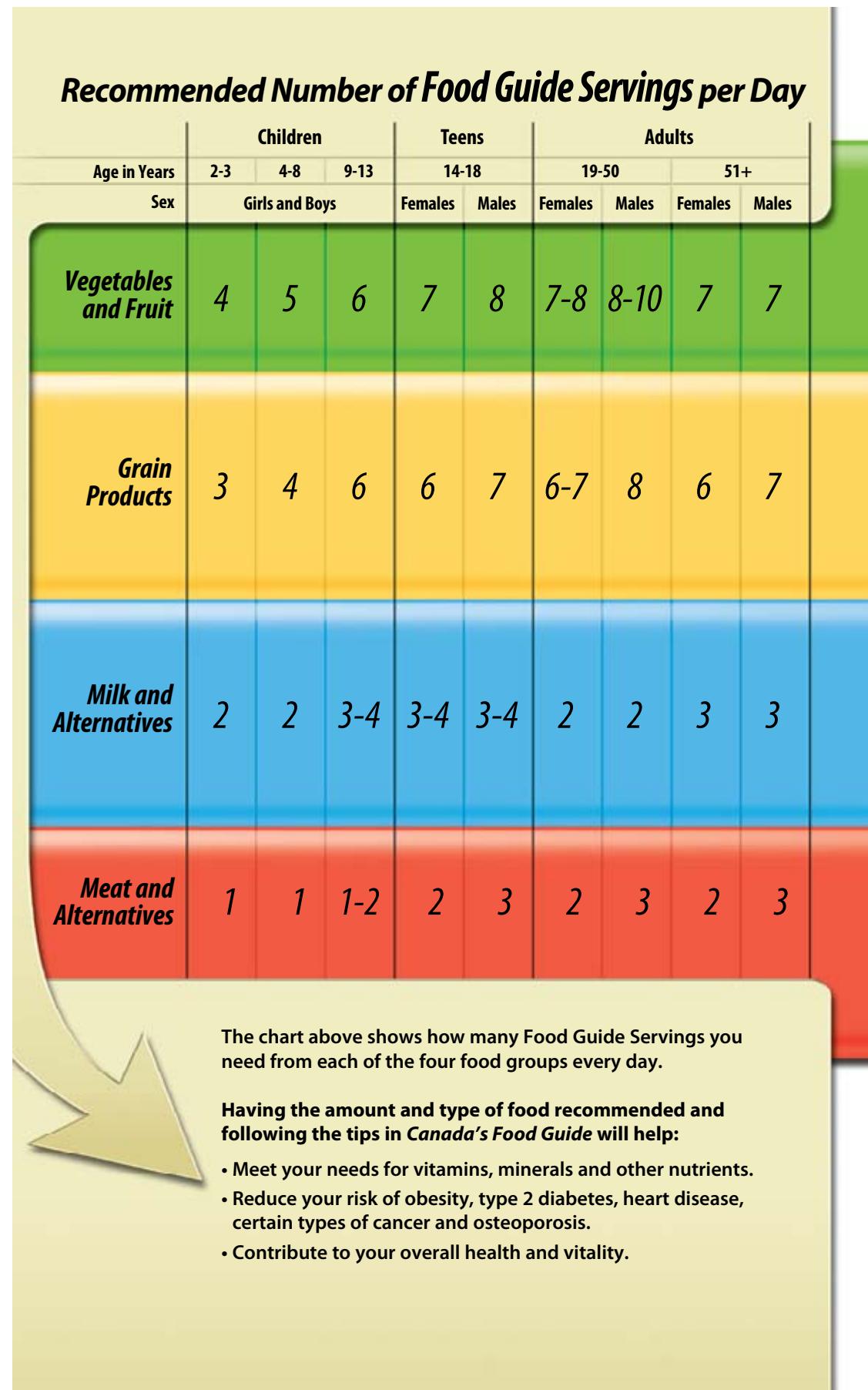
Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

Eating Well with **Canada's Food Guide**

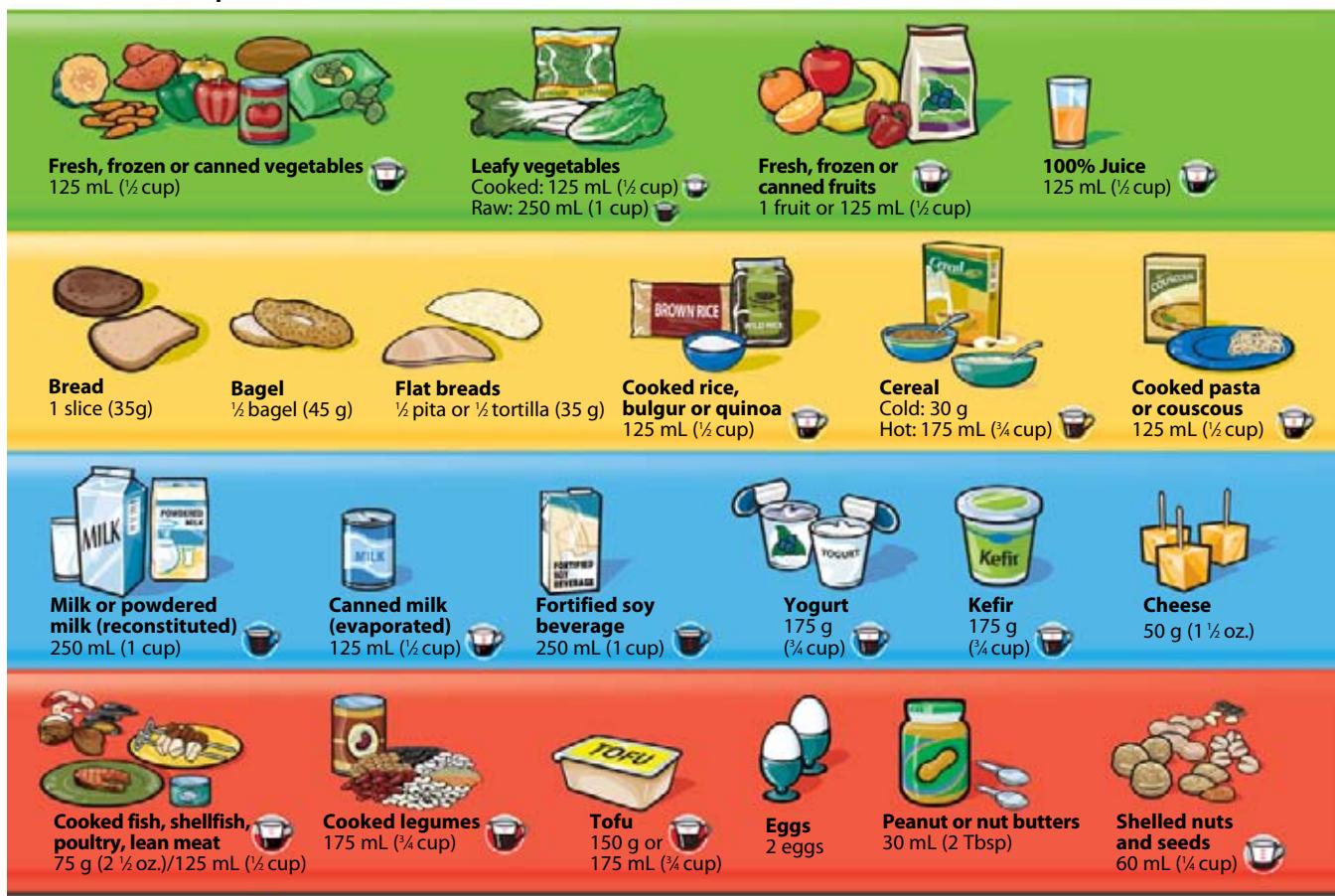


Canada



What is One Food Guide Serving?

Look at the examples below.

**Oils and Fats**

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.

Make each Food Guide Serving count... wherever you are – at home, at school, at work or when eating out!

► Eat at least one dark green and one orange vegetable each day.

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

► Choose vegetables and fruit prepared with little or no added fat, sugar or salt.

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

► Have vegetables and fruit more often than juice.

► Make at least half of your grain products whole grain each day.

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

► Choose grain products that are lower in fat, sugar or salt.

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

► Drink skim, 1%, or 2% milk each day.

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

► Select lower fat milk alternatives.

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

► Have meat alternatives such as beans, lentils and tofu often.

► Eat at least two Food Guide Servings of fish each week.*

- Choose fish such as char, herring, mackerel, salmon, sardines and trout.

► Select lean meat and alternatives prepared with little or no added fat or salt.

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages...

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



Men and women over 50

The need for **vitamin D** increases after the age of 50.

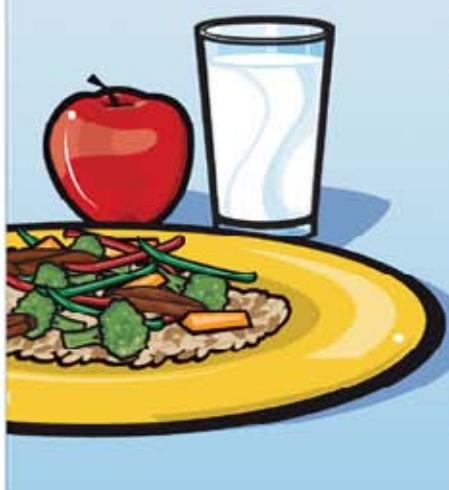
In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide Servings in a meal?

Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert



250 mL (1 cup) mixed broccoli, carrot and sweet red pepper	=	2 Vegetables and Fruit Food Guide Servings
75 g (2 ½ oz.) lean beef	=	1 Meat and Alternatives Food Guide Serving
250 mL (1 cup) brown rice	=	2 Grain Products Food Guide Servings
5 mL (1 tsp) canola oil	=	part of your Oils and Fats intake for the day
250 mL (1 cup) 1% milk	=	1 Milk and Alternatives Food Guide Serving
1 apple	=	1 Vegetables and Fruit Food Guide Serving

Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

Be active

To be active every day is a step towards better health and a healthy body weight.

It is recommended that adults accumulate at least 2 ½ hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day. You don't have to do it all at once. Choose a variety of activities spread throughout the week.

Start slowly and build up.

Eat well

Another important step towards better health and a healthy body weight is to follow *Canada's Food Guide* by:

- Eating the recommended amount and type of food each day.
- Limiting foods and beverages high in calories, fat, sugar or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts	
Per 0 mL (0 g)	
Amount	% Daily Value
Calories 0	
Fat 0 g	0 %
Saturated 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!

For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at: www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

*Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien*

This publication can be made available on request on diskette, large print, audio-cassette and braille.

Water

Although water is not a food group, it helps to keep your body healthy.

- It helps keep your body temperature normal.
- It moves vitamins and minerals to where your body needs them.
- It helps your bowels to work well, prevents constipation, and lets the fibre in your food do its job.

Fresh, clean drinking water is part of healthy eating during pregnancy. You need 6 to 8 glasses of water a day. Make sure you do not drink so much water that you have no desire for food.

Making sure your water is safe

If your city or town supplies water to your house, you can be quite sure that it is safe for you and your baby.

If you get your water from a well, you need to have it tested. It may contain things that could affect you and your baby.

Contact your local Public Health office, Health Protection Branch to learn more about testing your well water.

Extra Omega-3 Fats, Folic Acid, and Iron

Omega-3 fats, folic acid and iron are very important for your baby's growth. You need more than usual while you are pregnant. The best way to be sure you are getting enough is to eat many kinds of foods from each of the four food groups every day.

Why do I need omega-3 fats?

Omega-3 fats play an important role in the growth and development of your baby.

What foods contain omega-3 fats?

Fish are a good sources of omega-3 fats and other important nutrients for a healthy pregnancy. You get all the omega-3 fats you need if you have 2 Food Guide Servings of fish each week.

Choose fish that have low levels of things that could affect you and your baby. Fish like salmon, trout, herring, haddock, canned light tuna, pollock (Boston bluefish), sole, flounder, anchovy, char, hake, mullet, smelt, Atlantic mackerel and lake white fish. Limit fish like fresh/frozen tuna, albacore/white tuna, shark, swordfish, escolar, marlin, and orange roughy that contain things that could affect you and your baby. Eat no more than 2 Food Guide Servings of these fish each month.

Omega-3 Fats

If you do not like fish, talk to your health care provider about other ways to get the omega-3 fats you need. Omega-3 eggs contain omega-3 fats. Be aware they do not have nearly as much omega-3 fats as fish.

Iron

Why do I need iron?

You need iron to build red blood cells. They carry oxygen and iron to your baby. Babies need to have a good supply of iron in their bodies when they are born. The iron they are born with has to last them until they are about 6 months of age.



What foods contain iron?

Some good sources of iron are:

- Meat and alternatives, like lean red meat, clams, lentils, legumes, dried peas and dried beans
- Whole grain breads, cereals and wheat germ
- Dried fruit, like raisins, dates, apricots, prunes, and prune juice.

Easy Ways to Add Iron

Use dried fruit	Dried fruit, like apricots, dates, raisins, and currants, make good snacks. You can also add them to cereal, applesauce, salad, muffins, sweet loaves, and cookies.
Drink prune juice	A Food Guide Serving of prune juice (1/2 cup) is also a good source of iron. Try mixing it with other juices to add taste and extra iron.
Use beans	Dried peas, beans, and lentils — homemade or canned — are good sources of iron. Baked beans, chili con carne, split pea soup, and lentil soup taste good, are popular, and good sources of iron. If you make homemade soup, try adding a can of kidney beans or chick peas for extra iron.
Use whole grains	Switch from white to whole wheat breads. Add oatmeal to meatloaf and meatballs. Use bran flakes in baking, instead of corn flakes.
Use wheat germ	Add wheat germ to meat loaves, hamburgers, muffins, breads, and cookies. You can also use it as a crunchy topping on casseroles and fruit crisps, or sprinkle it on salads and cereals.
Avoid coffee or tea at mealtimes	These make it harder for your body to use iron. Wait at least an hour after meals before having coffee or tea.

Vitamin C helps your body to use the iron in vegetables, fruit, grain products and legumes. Try to eat foods with vitamin C at the same time you are eating non-meat foods rich in iron. Some foods high in vitamin C are oranges and grapefruit and their juices, tomatoes and tomato juice, cabbage, cauliflower, and broccoli.

Why do I need folic acid?

Folic Acid

Folic acid is a vitamin that works with iron to keep your blood healthy. You need folic acid to build healthy blood and tissue for your baby.

Research has shown that women need more folic acid than we thought before. Taking folic acid before you get pregnant and during the first three months you are pregnant will help prevent problems in your baby. The most common problem it prevents is spina bifida. Your body does not store folic acid, so you need to be sure to get enough every day.

The New Brunswick Department of Health suggests that all women who could become pregnant (from the time they start having periods until the end of menopause) do two things:

- Eat food sources of folic acid every day, and
- Take a multivitamin containing folic acid every day.

What foods contain folic acid?

Many kinds of food are good sources of folic acid.

- Vegetables and fruit, such as broccoli, dark greens (romaine and spinach), green peas, brussels sprouts, tomatoes, sweet potatoes, oranges, grapefruit and cantaloupe.
- Meats and alternatives like peanuts and peanut butter, other nuts, dried peas, and dried beans
- Whole grain breads, cereals and wheat germ

Folic acid is destroyed by heat, air, and water. Be sure to keep fruit and vegetables cool in the fridge until you use them. Eat some fruit and vegetables raw. When you cook, use as little water as possible. Try steaming your vegetables instead of boiling them.

Easy Ways to Add Folic Acid

Use spinach	Try a spinach salad, or add spinach to your salads. Use it with lettuce, or instead of lettuce in sandwiches. Add it to soups, stews, and casseroles.
Eat raw fruit and vegetables	Try raw broccoli, cauliflower, carrots, and green pepper with a dip. Add fruit and vegetables to your salads. Tomatoes are good with most salads, and oranges taste great with spinach. Oranges are a very good source of folic acid.
Add vegetables as often as you can	Try making stew with tomato juice. Add tomatoes to macaroni and cheese. Add an extra can of tomatoes to your chili or spaghetti sauce.
Drink citrus juices	Try one Food Guide Serving (1/2 cup) of citrus juice as a low-cost, quick way to get folic acid acid. Orange, grapefruit or pineapple juice are good choices. Be sure that you get 100% real juice. Fruit drinks and drink powders do NOT contain folic acid.
Use wheat germ	Sprinkle it on salads and cereals. Add it to meat loaf and casseroles. Add some in when you bake bread, muffins, or cookies.
Use whole grain flour	Make baked goods rich in folic acid by using whole-wheat flour, oatmeal, and wheat germ for cookies, fruit crisps, muffins, granola, or fruit loaves.
Use nuts	Snack on peanut butter and crackers or whole wheat toast. Snack on peanuts, almonds, and walnuts. Add them to salads. Put them into casseroles and vegetable dishes. Add chopped nuts to cookies, muffins, and bread when you bake.
Eat beans, peas, and lentils	Try pea soup, bean soup, lentil soup, bean salads, and canned or homemade baked beans.

Choosing foods that are high in calcium and vitamin D is healthy at any time, but many women do not get enough calcium and vitamin D in their diets. You need calcium to stay healthy and to help your baby have strong bones and teeth.

Foods Higher in Calcium and Vitamin D

What foods contain calcium and vitamin D?

Milk, milk products like cheese and yogurt, or milk alternatives — like fortified soy beverage — are common and good sources of calcium. You will get the calcium you need if you have 2- 4 servings (depending on age) of milk and alternatives each day.

Make sure that you include at least 500 mL (2 cups) of milk or fortified soy beverage each day. It is enriched with vitamin D, which your body needs in order to use the calcium in foods. Some cheeses and yogurts are now enriched with vitamin D.

If you do not like milk products or cannot eat them, talk to your health care provider about other ways to get the calcium you need. Sardines and salmon (with the bones), tofu, sesame seeds, almonds, baked beans, and broccoli contain calcium. Be aware that they do not have nearly as much calcium as milk and alternatives. Nor do they all contain vitamin D. This means you will have to eat a lot more of them to get the calcium you need.

Easy Ways to Add Calcium

Use skim milk powder when cooking	Five tablespoons of dry milk powder gives you the same calcium as one cup of milk. Add skim milk powder to puddings, custards, cheese dishes, scrambled eggs, meat loaves, muffins, bread, chowders, and milk soups for extra calcium. Mash potatoes in their cooking water, add 45–60 mL (3 to 4 tablespoons) of skim milk powder, and then mash again.
Use cheese	Try cheese for a snack. You can also grate it into salads, casseroles, and sandwiches. Make cheese sauces for vegetables and pasta. Try low fat cheese.
Use yogurt	When cooking, use plain yogurt instead of sour cream. Use yogurt to replace some or all of the mayonnaise in salad dressing, dips, or sandwich fillings.
Use milk instead of water when you can	Make hot cereals and cream soups with milk, not water. Add extra milk powder for even more calcium.

Higher Fibre Foods

Higher Fibre when you are pregnant

Constipation is a common problem for pregnant women. Fibre is a natural laxative. It helps prevent constipation. When you eat foods higher in fibre, be sure to drink lots of fluid to keep the fibre soft.

Higher fibre foods include:

- Whole grain breads and cereals
- Vegetables and fruit
- Dried peas, beans, and lentils

Staying active is also good if you want to prevent constipation. See page 32 in the Section 2 - Nine Months of Changes, for more information about constipation.

Vegetarian Eating

If you are vegetarian, you can still nourish yourself and your baby in a healthy way. There are a few things you should know.

- Be sure to eat enough. When you are pregnant, you must get enough food energy (calories) to meet your own needs and the needs of your baby. Because vegetarian food often contains fewer calories, you may need to eat more than usual to get the energy you need.
- Be careful to get enough protein. Protein from plants needs to be mixed the right way if you are to meet your food needs and your baby's. Good quality protein is very important when you are pregnant.
- Make sure you are getting enough vitamins and minerals. If you are a strict vegetarian and avoid all foods that come from animals, you may need extra calcium, iron, zinc, vitamin D, or vitamin B12 when you are pregnant.

If you have any questions about vegetarian eating during pregnancy, talk with your health care provider.

What You Do Not Need

In this section, we'll be talking about caffeine, artificial sweeteners, and "other" foods.

These "other" foods are sometimes called "empty calories." They do not nourish your body but they do make you feel full. This leaves less room for the healthy foods you and your growing baby need.

Here are some good reasons to limit caffeine while you are pregnant.

- Caffeine enters the baby's blood, and the baby cannot get rid of it very well.
- Drinks that contain caffeine, like coffee, tea and colas, may take the place of better drinks, like water, milk or 100% juice.
- Caffeine makes you pee (urinate) more often. If you have a problem with having to go to the bathroom often, caffeine will make it worse.
- Caffeine makes it hard for your body to use calcium and iron. Both of these are very important for your baby's growth and health.

Caffeine

Many of us use caffeine and do not know it. Did you know there is caffeine in chocolate, and in many soft drinks and medicines? Read the labels on food and choose products that have the least caffeine.

If you want to replace coffee or tea with herbal teas, you need to be aware that not all herbal teas are safe during pregnancy. If you use herbal teas, use the safe ones. Safe herbal teas are: rosehip, lemon balm, citrus peel, ginger, and orange peel. Check with your health care provider before you use other herbal teas.

One way to cut down on caffeine is to know when you use it and think about what you could have instead.

For example:

- Do you need two or three cups of coffee each morning? Try to stop after one cup.
- Do you have the habit of drinking coffee or tea on your breaks at work? Drink water, milk, or 100% juice. Or eat an apple. Make sure that the foods or drinks you have instead of coffee will nourish your body.
- Do you drink coffee or cola, or eat chocolate, to boost your energy? Getting plenty of rest, eating well, and doing exercise will increase your energy during the day.

Artificial Sweeteners

The two most common artificial sweeteners are aspartame and sucralose. These are known as Equal, Nutrasweet, and Splenda. Small amounts of these sweeteners will not hurt you or your baby.

Two other artificial sweeteners, saccharine and cyclamate, should be used only if your doctor says it is okay.

If you use artificial sweeteners, think about the kinds of foods and drinks that contain them. Most of them do not nourish you or provide the kind of energy that you and your growing baby need. Be very careful that these products do not replace better foods. Now is the time to make healthy food choices. Water, milk, and 100% juice are healthy choices. They are also cheaper than sugar-free cola. An apple or orange is a better snack than sugar-free jello.

‘Other’ Foods

‘Other’ foods are sometimes called junk foods because they have a lot of sugar and fat. They do not nourish your body in a healthy way. They give you calories but nothing else. Candy, chocolate bars, cake, donuts, soft drinks, fruit drinks, French fries and chips are considered unhealthy foods.

When you are pregnant, you should make sure that the foods you eat nourish both you and your growing baby. Do your best to limit unhealthy foods and desserts. For example, if you go to a fast food restaurant, have a cheeseburger but do not have French fries. Order a salad and drink milk, not pop.

Replace ‘other’ foods with healthy food. Try:

- An apple instead of a chocolate bar
- Orange juice instead of orange pop
- Cheese and crackers instead of cheese flavored snacks (Cheezies™)
- Milk instead of coffee
- Peanuts instead of chips
- A whole grain muffin instead of cake
- Bread and peanut butter instead of bread and butter/margarine

The key to healthy eating is to have a balance of many kinds of foods. Before you eat something that you know is not healthy, ask yourself “Have I eaten all or most of the food from the food groups listed in *Eating Well with Canada’s Food Guide?*”

Getting the Foods You Need

It is good to know what you should be eating. But it may seem hard at first to fit all the details about food groups, extra omega-3 fats, iron, folic acid, low fat, and high fibre foods into the meals you prepare every day.

We are here to help! In this section, sample menus show you how to get the foods you need.

The menu sheets on the next few pages can help you to plan meals so you and your baby will be nourished and have the energy you need.

The first two menu sheets have been filled in. They contain meals and snacks that most people know about. They are easy to make, and do not cost a lot. They give you the right number of servings from each food group as well as the extra omega-3 fats, folic acid and iron that you and your baby need.

Once you have seen and tried the first two menus, fill in the blank menu sheets to keep track of your own eating for a few days. Do your menus provide all the foods you and your baby need? If they do, congratulations! Keep up the good work!

If they do not, please keep trying. Use the sample menus for a few days to help you understand healthy eating. Then start making small changes so you are using different kinds of food. For example, replace the apple on the sample menu with an orange or a pear. Try green beans instead of peas, or broiled pork chops instead of roast beef.

As you keep track of what you eat, be aware that you do NOT have to eat something from each food group at every meal. Instead, you should eat the correct number of servings from each food group *during the whole day*.

When you look at these menus, it may seem like they have more food than you could eat in one day. Please remember that the serving sizes are small. Your goal should be to eat many different foods from each of the four food groups. This means that you should try to eat smaller servings of many kinds of foods rather than large servings of just a few.

Menus

My Food Guide Servings Tracker

NAME: Sample Menu #1

DATE:

Food Guide

Servings per day



PREGNANT FEMALE AGED 19–50

Vegetables and Fruit

1 Food Guide Serving =
125 mL (½ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 mL (1 cup) leafy raw vegetables or salad or
1 piece of fruit

- Include a multivitamin containing folic acid and iron every day.
- Eat at least one dark green and one orange vegetable each day.
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
- Have vegetables and fruit more often than juice.
- Make at least half of your grain products whole grain each day.
- Choose grain products that are lower in fat, sugar or salt.
- Drink skim, 1% or 2% milk each day.
- Select lower fat milk alternatives.
- Have meat alternatives such as beans, lentils and tofu often.
- Eat at least two Food Guide Servings of fish each week.
- Select lean meat and alternatives prepared with little or no added fat or salt.
- Satisfy your thirst with water.
- Limit foods and beverages high in calories, fat, sugar or salt.
- Be active regularly as part of a healthy pregnancy.
- See your doctor before increasing your activity level.

Grain Products

1 Food Guide Serving =
1 slice (35 g) of bread or ½ pita or tortilla (35 g) or
125 mL (½ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL (¾ cup) hot cereal

Milk and Alternatives

1 Food Guide Serving =
250 mL (1 cup) milk or fortified soy beverage or
175 g (¾ cup) yogurt or
50 g (1 ½ oz) cheese

Meat and Alternatives

1 Food Guide Serving =
75 g (2 ½ oz) / 125 mL (½ cup) cooked fish, shellfish, poultry or lean meat or
175 mL (¾ cup) cooked legumes or tofu or
60 mL (¼ cup) shelled nuts and seeds

Oils and Fats

30 to 45 mL
(2 to 3 Tbsp)
each day

Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.

Vegetables and Fruit

7–8

1 Food Guide Serving =
125 mL (½ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 mL (1 cup) leafy raw vegetables or salad or
1 piece of fruit

Grain Products

6–7

1 Food Guide Serving =
1 slice (35 g) of bread or ½ pita or tortilla (35 g) or
125 mL (½ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL (¾ cup) hot cereal

Milk and Alternatives

2

1 Food Guide Serving =
250 mL (1 cup) milk or fortified soy beverage or
175 g (¾ cup) yogurt or
50 g (1 ½ oz) cheese

Meat and Alternatives

2

1 Food Guide Serving =
75 g (2 ½ oz) / 125 mL (½ cup) cooked fish, shellfish, poultry or lean meat or
175 mL (¾ cup) cooked legumes or tofu or
60 mL (¼ cup) shelled nuts and seeds

Oils and Fats

2–3

Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.

Vegetables and Fruit

7–8

1 Food Guide Serving =
125 mL (½ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 mL (1 cup) leafy raw vegetables or salad or
1 piece of fruit

Grain Products

6–7

1 Food Guide Serving =
1 slice (35 g) of bread or ½ pita or tortilla (35 g) or
125 mL (½ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL (¾ cup) hot cereal

Milk and Alternatives

2

1 Food Guide Serving =
250 mL (1 cup) milk or fortified soy beverage or
175 g (¾ cup) yogurt or
50 g (1 ½ oz) cheese

Meat and Alternatives

2

1 Food Guide Serving =
75 g (2 ½ oz) / 125 mL (½ cup) cooked fish, shellfish, poultry or lean meat or
175 mL (¾ cup) cooked legumes or tofu or
60 mL (¼ cup) shelled nuts and seeds

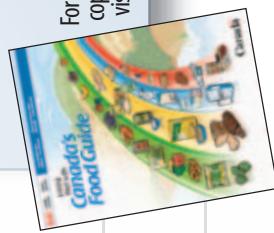
Oils and Fats

30 to 45 mL
(2 to 3 Tbsp)
each day

Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.



- Include a multivitamin containing folic acid and iron every day.
- Eat at least one dark green and one orange vegetable each day.
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
- Have vegetables and fruit more often than juice.
- Make at least half of your grain products whole grain each day.
- Choose grain products that are lower in fat, sugar or salt.
- Drink skim, 1% or 2% milk each day.
- Select lower fat milk alternatives.
- Have meat alternatives such as beans, lentils and tofu often.
- Eat at least two Food Guide Servings of fish each week.
- Select lean meat and alternatives prepared with little or no added fat or salt.
- Satisfy your thirst with water.
- Limit foods and beverages high in calories, fat, sugar or salt.
- Be active regularly as part of a healthy pregnancy.
- See your doctor before increasing your activity level.



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visit Canada's Food Guide on line.

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Canada

My Food Guide Servings Tracker FOOD INTAKE RECORD

NAME: Sample Menu #1

DATE:

MEAL	VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	OILS AND FATS	FOODS TO LIMIT
	=	=	=	=	=	=
BREAKFAST						
	Orange sections (1 orange) Bran muffin (1 small) 1% Milk (250 mL or 1 cup) Scrambled egg (1 egg)	1 serving =	1 serving	1 serving	1/2 serving	Limit foods and beverages high in calories, fat, sugar or salt.
LUNCH	Carrot sticks (125 mL or 1/2 cup) Apple slices (1 medium or 1/2 cup) Whole wheat bread (2 slices; 35 g x 2) Tuna (75 g or 2 1/2 ounces) Margarine (15 mL or 1 Tablespoon) Water (250 mL or 1 cup)	2 servings =	2 servings	-	1 serving	15 mL (1 Tablespoon)
DINNER	Broccoli (125 mL or 1/2 cup) Rice (125 mL or 1/2 cup) Whole wheat roll (1 small; 35 g) Small steak (75 g or 2 1/2 ounces) Margarine (7.5 mL or 1/2 Tablespoon) Water (250 mL or 1 cup)	1 serving =	2 servings	-	1 serving	7.5 mL (1/2 Tablespoon)
SNACKS	Morning Pineapple juice (125 mL or 1/2 cup) Graham crackers (3 crackers) Peanut butter (15 mL or 1 Tablespoon) Afternoon Grapes (125 mL or 1/2 cup) Cheese chunks (50 g or 1 1/2 ounces)	Evening Banana (1 small) Whole grain cereal (30 g or 3/4 cup) Toast (1 slice) 1% Milk (250 mL or 1 cup) Margarine (7.5 mL or 1/2 Tablespoon)	Morning 1 serving Afternoon 1 serving =	Evening 2 servings Afternoon 1 serving =	Morning 1 serving Evening 1 serving	Evening 7.5 mL (1/2 Tablespoon)
TOTAL NUMBER OF FOOD GUIDE SERVINGS	7 servings =	8 servings	3 servings	3 servings	30 mL (2 Tablespoons)	-

2

Food Guide Servings Tracker

My Food Guide Servings Tracker

NAME: Sample Menu #2

Food Guide
Servings
per day



PREGNANT FEMALE AGED 19–50

Vegetables and Fruit

1 Food Guide Serving =

125 ml ($\frac{1}{2}$ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 ml (1 cup) leafy raw vegetables or salad or
1 piece of fruit

- Include a multivitamin containing folic acid and iron every day.
- Eat at least one dark green and one orange vegetable each day.
- Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
- Have vegetables and fruit more often than juice.
- Make at least half of your grain products whole grain each day.
- Choose grain products that are lower in fat, sugar or salt.
- Drink skim, 1% or 2% milk each day.
- Select lower fat milk alternatives.
- Have meat alternatives such as beans, lentils and tofu often.
- Eat at least two Food Guide Servings of fish each week.
- Select lean meat and alternatives prepared with little or no added fat or salt.
- Satisfy your thirst with water.
- Limit foods and beverages high in calories, fat, sugar or salt.
- Be active regularly as part of a healthy pregnancy.
- See your doctor before increasing your activity level.



Grain Products

1 Food Guide Serving =

1 slice (35 g) of bread or $\frac{1}{2}$ pita or tortilla (35 g) or
125 ml ($\frac{1}{2}$ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL ($\frac{3}{4}$ cup) hot cereal

- 7–8
-
-
-
-
-
-
-

Milk and Alternatives

1 Food Guide Serving =

250 ml (1 cup) milk or fortified soy beverage or
175 g ($\frac{3}{4}$ cup) yogurt or
50 g (1 $\frac{1}{2}$ oz) cheese

- 6–7
-
-
-
-
-
-

Meat and Alternatives

1 Food Guide Serving =

75 g (2 $\frac{1}{2}$ oz)/125 mL ($\frac{1}{2}$ cup) cooked fish, shellfish, poultry or lean meat or
175 mL ($\frac{3}{4}$ cup) cooked legumes or tofu or
60 mL ($\frac{1}{4}$ cup) shelled nuts and seeds

- 2
-
-

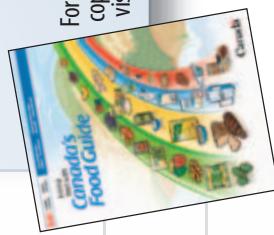


- 2–3
 -
 -
- Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.

Oils and Fats

30 to 45 mL (2 to 3 Tbsp)
each day

- Include a small amount of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.



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Canada
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My Food Guide Servings Tracker FOOD INTAKE RECORD

NAME: Sample Menu #2

DATE:

MEAL	VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	OILS AND FATS	FOODS TO LIMIT	
						Limit foods and beverages high in calories, fat, sugar or salt.	
BREAKFAST						-	-
	Prunes (stewed) (125 mL or $\frac{1}{2}$ cup) Whole wheat toast (1 slice; 35 g) 1% Milk (250 mL or 1 cup) Peanut butter (30 mL or 2 Tablespoons)	1 serving =	1 serving	1 serving		-	-
LUNCH	Tossed salad (250 mL or 1 cup) Whole wheat roll (2 small) 1% Milk (250 mL or 1 cup) Split pea soup (250 mL or 1 cup) Salad dressing (15 mL or 1 Tablespoon) Margarine (7.5 mL or 1/2 Tablespoon)	1 serving =	1 serving	1 serving	1 serving	22.5 mL (1 $\frac{1}{2}$ Tablespoons)	-
	Brussels Sprouts (125 mL or $\frac{1}{2}$ cup) Cauliflower (125 mL or $\frac{1}{2}$ cup) Applesauce (125 mL or $\frac{1}{2}$ cup) Noodles (125 mL or $\frac{1}{2}$ cup) 1% Milk (250 mL or 1 cup) Broiled Chicken (75 g or 2 $\frac{1}{2}$ ounces)	3 servings =	1 servings	1 serving	1 serving	-	-
DINNER	Morning Vegetable juice (125 mL or $\frac{1}{2}$ cup) Whole grain crackers (30 g)	Morning 1 serving	Morning 1 serving	Afternoon 1 serving		Evening 7.5 mL (1 $\frac{1}{2}$ Tablespoon)	-
	Afternoon Fruit and milk smoothie (1 banana; 1% milk (250 mL or 1 cup)) Oatmeal/carrot muffin (1 small)	Afternoon 1 serving	Evening 1 serving	Afternoon 1 serving	Evening 1 serving		
SNACKS	Evening Orange juice (125 mL or $\frac{1}{2}$ cup) Whole grain bread (1 slice; 35 g) Margarine (7.5 mL or $\frac{1}{2}$ Tablespoon)	Evening 1 serving					
	8 servings =	6 servings	4 servings	3 servings	30 mL (2 Tablespoons)		
TOTAL NUMBER OF FOOD GUIDE SERVINGS							

My Food Guide Servings Tracker

NAME: Your own menu #1

Food Guide
Servings
per day

PREGNANT FEMALE AGED 19–50



Vegetables and Fruit

1 Food Guide Serving =

125 mL (½ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 mL (1 cup) leafy raw vegetables or salad or
1 piece of fruit

- Include a multivitamin containing folic acid and iron every day.**

- Eat at least one dark green and one orange vegetable each day.

- Choose vegetables and fruit prepared with little or no added fat, sugar or salt.

- Have vegetables and fruit more often than juice.

- Make at least half of your grain products whole grain each day.

- Choose grain products that are lower in fat, sugar or salt.

- Drink skim, 1% or 2% milk each day.

- Select lower fat milk alternatives.

- Have meat alternatives such as beans, lentils and tofu often.

- Eat at least two Food Guide Servings of fish each week.

- Select lean meat and alternatives prepared with little or no added fat or salt.

- Satisfy your thirst with water.

- Limit foods and beverages high in calories, fat, sugar or salt.

- Be active regularly as part of a healthy pregnancy.

- See your doctor before increasing your activity level.

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7–8



Grain Products

1 Food Guide Serving =

1 slice (35 g) of bread or ½ pita or tortilla (35 g) or
125 mL (½ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL (¾ cup) hot cereal

Milk and Alternatives

1 Food Guide Serving =

250 mL (1 cup) milk or fortified soy beverage or
175 g (¾ cup) yogurt or
50 g (1 ½ oz) cheese

Meat and Alternatives

1 Food Guide Serving =

75 g (2 ½ oz) / 125 mL (½ cup) cooked fish, shellfish, poultry or lean meat or
175 mL (¾ cup) cooked legumes or tofu or
60 mL (¼ cup) shelled nuts and seeds

Oils and Fats

Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.

2–3



Oils and Fats

Include a small amount of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
(2 to 3 Tbsp)
each day

My Food Guide Servings Tracker

FOOD INTAKE RECORD

NAME: Your own menu #1

DATE:

MEAL	VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	OILS AND FATS	FOODS TO LIMIT
BREAKFAST						Limit foods and beverages high in calories, fat, sugar or salt.
LUNCH						
DINNER						
SNACKS						
TOTAL NUMBER OF FOOD GUIDE SERVINGS						

2

My Food Guide Servings Tracker

NAME: Your own menu #2 DATE:

Food Guide
Servings
per day

PREGNANT FEMALE AGED 19–50

Vegetables and Fruit

7–8



Include a multivitamin containing folic acid and iron every day.

Eat at least one dark green and one orange vegetable each day.

Choose vegetables and fruit prepared with little or no added fat, sugar or salt.

Have vegetables and fruit more often than juice.

Make at least half of your grain products whole grain each day.

Choose grain products that are lower in fat, sugar or salt.

Choose meat alternatives such as beans, lentils and tofu often.

Drink skim, 1% or 2% milk each day.

Select lower fat milk alternatives.

Have meat alternatives such as beans, lentils and tofu often.

Eat at least two Food Guide servings of fish each week.

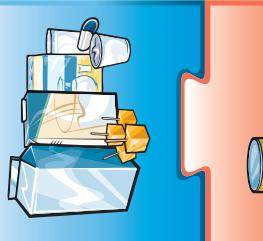
Select lean meat and alternatives prepared with little or no added fat or salt.

Satisfy your thirst with water.

Limit foods and beverages high in calories, fat, sugar or salt.

Be active regularly as part of a healthy pregnancy.

See your doctor before increasing your activity level.



Grain Products

6–7



Milk and Alternatives

2



Meat and Alternatives

2



Oils and Fats

2–3



www.healthcanada.gc.ca/foodguide

1 Food Guide Serving =
125 ml (½ cup) fresh, frozen or canned vegetable or fruit or 100% juice or
250 mL (1 cup) leafy raw vegetables or salad or
1 piece of fruit

1 Food Guide Serving =
1 slice (35 g) of bread or ½ pita or tortilla (35 g) or
125 mL (½ cup) cooked rice, pasta or couscous or
30 g cold cereal or 175 mL (¾ cup) hot cereal

1 Food Guide Serving =
250 mL (1 cup) milk or fortified soy beverage or
175 g (¾ cup) yogurt or
50 g (1 ½ oz) cheese

1 Food Guide Serving =
75 g (2 ½ oz)/125 mL (½ cup) cooked fish, shellfish, poultry or lean meat or
175 mL (¾ cup) cooked legumes or tofu or
60 mL (¼ cup) shelled nuts and seeds

Include an extra 2 to 3 Food Guide Servings from any of the four food groups each day.

30 to 45 mL
(2 to 3 Tbsp)
each day

Include a small amount of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.



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My Food Guide Servings Tracker

FOOD INTAKE RECORD

NAME: Your own menu #2

DATE:

MEAL	VEGETABLES AND FRUIT	GRAIN PRODUCTS	MILK AND ALTERNATIVES	MEAT AND ALTERNATIVES	OILS AND FATS	FOODS TO LIMIT
BREAKFAST						<p>Limit foods and beverages high in calories, fat, sugar or salt.</p>
LUNCH						
DINNER						
SNACKS						
TOTAL NUMBER OF FOOD GUIDE SERVINGS						

2

Food Guide Servings Tracker

Loving And Hating Foods When You Are Pregnant

You may find that when you are pregnant there are some foods that you love. You may even “crave” these foods. This means you want them often, and cannot seem to get enough of them. There may be other foods that you hate. Just thinking about them can make you feel sick.

No one knows why this happens. There is no physical reason for loving or hating certain foods.

In other words, you do not want chocolate because your body “needs” chocolate for some reason.

If you crave something that is good for you and your baby, like milk or fruit, go ahead and enjoy! Just make sure that you leave enough room each day for other good foods.

If you crave less healthy foods, like candy or chips, look for foods that are sweet or salty, and healthy. Instead of candy, you could eat raisins, date squares, muffins, and quick breads. Instead of chips, you could eat a small amount of peanuts or salted almonds.

The same advice applies to foods you hate. If you really do not like fried foods, do not worry. Broiling or baking is much better for you!

If you hate a healthy food that you and your baby need, try to find a way to put it into other foods. Or eat other kinds of foods that you like from the same food group. For example, if you hate milk, try yogurt or cheese. You could also put powdered milk into other things you cook, like muffins or meat loaf. If this does not work, look for other ways to get calcium, such as salmon, tofu, or broccoli. If you hate the smell of fish cooking, try to have someone cook it for you.

If you are very concerned about foods you love or hate, ask your health care provider for advice.



Vitamin Pills and Supplements

Eating Well with Canada's Food Guide recommends that women who are pregnant take a multivitamin that has folic acid and iron every day. Many people think that if they take a vitamin pill or supplement, they do not have to worry about what they eat. This is not true. Your body needs more than 50 kinds of vitamins and minerals every day. No vitamin or supplement can replace a healthy diet.

When you are pregnant, you need to study your eating habits and make changes where you can. Your health care provider can help with this.

Do not take vitamin pills or supplements beyond the recommended multivitamin on your own. Always talk to your health care provider.

Treat your multivitamin and any other vitamins or supplements like medicine. Follow the directions and keep it away from children.

Be sure to ask these questions:

- What is it?
- What's it for?
- What will it do to me and my baby?
- What are the side effects?
- What is the smallest amount I can take?

Remember that even the best supplement cannot replace healthy eating.

Check Your Eating Habits

Now that you know what you should be eating, check to see how well you are doing.

If you can say YES and put a check mark next to each of these questions, you are doing well! Your eating habits will help you create a healthy baby and a healthy family.

If you cannot put a check mark next to all the questions, do not give up. Change is not always easy. It takes time. Look at the things you need to change and think about how you can start changing them.

On most days, do you:

- Eat many different kinds of foods from each of the four food groups?
- Eat whole grain bread and cereal?
- Eat at least 7 servings of vegetables and fruit?
- Eat/drink foods rich in calcium?
- Eat/drink foods rich in folic acid?
- Eat foods rich in iron?
- Have at least one food rich in vitamin C?
- Eat regular meals and snacks?
- Eat healthy snacks?
- Drink 6 to 8 glasses of fluids?
- Limit caffeine?
- Limit the amount of ‘other’ foods?
- Limit artificial sweeteners?
- Keep active?

After the Baby Comes

Healthy eating does not stop when your baby is born. You will still need food from each of the four food groups every day.

Healthy eating will help you and your family stay healthy and active. *Eating Well with Canada's Food Guide* can help you make healthy choices. Use the *Food Guide* to learn how many servings you need from each food group. For information on women of childbearing age check out the pink box on the back of the *Food Guide*.

Every mother loses weight as soon as her baby is born. You lose the weight of the baby, the weight of the placenta, and the weight of the waters around the baby (amniotic fluid).

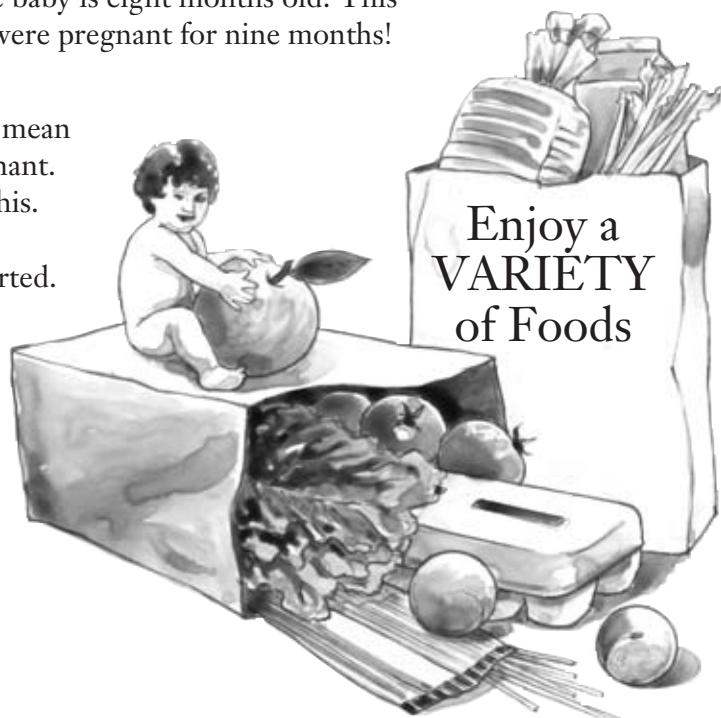
During the next few weeks, you will also lose the weight of your uterus as it returns to its normal size. The extra blood and fluid you needed when you were pregnant are not part of your body anymore.

If you are breastfeeding, do not try to lose weight by eating less. When you start to breastfeed, you will use up the fat your body stored when you were pregnant. This fat will help you prepare for breastfeeding.

If you have eaten healthy food during your pregnancy and continue to do so, it will not be hard to lose the extra weight. Many women find that they lose the weight gained during pregnancy by the time the baby is eight months old. This may seem like a long time, but remember, you were pregnant for nine months! Your body needs time to get back to normal.

Getting back to your "normal" weight does not mean you will look like you did before you were pregnant. Healthy eating and active living will help with this. Join an exercise program for new mothers. See Section 6 - Healthy Activity, to help you get started.

Losing Weight



Making Healthy Food Choices to Help You Lose Weight

If you need to lose a few pounds to reach a healthy weight, do it slowly. Remind yourself that it took nine months to gain the weight.

Keep eating the correct number of servings from each of the food groups. To change your weight, choose food that has fewer calories. The best way to lose weight is to take calories, not nourishment, out of what you eat. To cut calories, make healthy choices from the four food groups and limit the foods you eat from the “other” group.

If you want to learn more, talk with a your health care provider.

Regular activity will help you to use calories, tighten muscles, and feel great.

Tips to help you make Healthy Choices

- Increase the amount of whole grains, vegetables and fruit that you eat.
- Use skim milk, 1%, or 2% milk. Use 2 % milk instead of cream in coffee or tea.
- Use low-fat milk products, like yogurt and cheese.
- Use lean cuts of meat and trim off fat before cooking. Remove the skin from chicken before you cook it.
- Drain off fat when you are cooking meat.
- Eat more peas, beans, and lentils. Cook them with little or no meat and do not add fat.
- Bake, broil, roast, or steam foods. Do not add extra fat when you are cooking.
- Limit fried foods.
- Limit high-fat snacks. Choose pretzels instead of potato chips, frozen yogurt instead of ice cream, and fresh fruit instead of cookies.
- Cut back on added fats. Use only a little butter, margarine, or mayonnaise. Try lower fat substitutes.
- Cut back on high sugar foods like jam, sugar, honey, candy, pop, and fruit drinks (such as fruit cocktails and fruit punch).
- Cut back on fatty lunchmeats like salami, bologna, and hotdogs. Look for low-fat products.
- When you buy food in packages, read the Ingredient List and Nutrition Facts table. Ingredients are listed in order of their weight. If fats are listed in the first three ingredients, the product could be high in fat. Names for fat include saturated fat, trans fat, hydrogenated vegetable oil, palm oil, coconut oil, tallow, and any word ending in “glycerides” –such as monoglycerides and diglycerides.
- Look on cheese and yogurt labels for the percentage of milk fat (MF). Choose cheese that has less than 20% MF and yogurt that has less than 2% MF.

Make Healthy Eating A Habit

Healthy eating is a good habit. It means that you can enjoy many different kinds of foods that taste good and nourish your body. It means that you avoid alcohol and limit foods with fats, caffeine, salt, and sugar.

Good eating habits can help your family stay healthy for life. Right now is a good time to make healthy eating a habit.

Once your new baby arrives you can learn more about breastfeeding and healthy food for children by calling your local Public Health office.



Healthy Activity



A NEW LIFE

Active Living and Pregnancy

Active living offers something for everyone.

Active living means that you make some kind of physical activity a part of your daily life. It means doing things that are fun, healthy, and make you feel good. What you decide to do depends on your life and your body.

Active living can help you to:

- Reduce stress. Being active helps your body and mind relax.
- Stay comfortable. Being active can prevent backache and constipation.
- Manage your weight during pregnancy.
- Keep or improve your level of fitness. When you are fit, labour and delivery are not as hard. It will also be easier for you to get your muscle tone, strength, and figure back after your baby is born.
- Have more energy. Being active makes you feel more alive.

Unless you have medical reasons for not being active, you should make exercise and physical activity part of your life. It will help you feel and look better when you are pregnant, and after the baby is born.

This section offers a safe program to help you exercise your whole body within your own limits.

If you already have an active life, ask your health care provider, a physiotherapist or a fitness instructor for advice about exercise and pregnancy.

If you have not been doing regular physical activity, talk to your health care provider, a physiotherapist, or fitness a instructor before you begin. Then start slowly and increase in a way that suits you.

Comfort Every Day

As your size and shape change during pregnancy, you may find that even standing and sitting seem awkward.

You can adjust your movements to make the everyday activities safe and comfortable.

Stand Tall: Posture during Pregnancy

Check Your Posture

Here's what you can do:



- Tuck your chin in. Make your neck longer. Think about being taller.
- Roll shoulders back. Lift up your rib cage. Relax your arms at the sides of your body. Relax your shoulders.
- Tighten your stomach (abdominal) muscles. Make your lower back flat. Tuck your buttocks under.
- Relax your knees.
- Balance your weight on the center of each foot.

Try to avoid a posture where:



- Your neck sags. Chin juts forward. Body slumps.
- Your shoulders slouch. Rib cage is cramped. Arms turn in.
- Your stomach (abdominal) muscles are loose. Lower back is hollow. Hips and pelvis tip forward.
- Your knees are stiff and locked.
- Your weight is on the inner edges of each foot.

Good posture when you walk

Keep your back straight and your head up. Think about having a string tied to the top of your head, pulling your head up and making your spine straighter.



Tips for standing tall

If you must stand for a long time, raise one foot on a stool or the rung of a chair. This will give your back some relief.

When using a broom or a vacuum, stand with one foot forward and knees bent. This makes it easy for you to shift your weight and turn.

Looking after your back every day

Taking care of your back can be something you do every day, now and after your baby is born.

Ironing

When you iron, rest one foot on a small stool.

Laundry

Try not to bend and twist when you move clothes from a washing machine with a top lid into a dryer that has a front door. Instead, put the clothes on top of the dryer and then move them into the dryer.

When you hang clothes on a line, put the laundry basket at the same level as your waist, not on the floor.

Making Beds

Bend your knees, or place one knee on the bed.

Carrying Groceries

Balance the load by carrying the same weight in each hand. Hold heavy bags close to your body. Support heavy bags by bending your arms.

When you take groceries from the trunk of the car, put one foot or knee on the bumper.



Vacuuming

Balance yourself with one foot in front of the other. Keep your knees bent a bit and shift your weight from your back foot to your front foot. Try to maintain a pelvic tilt so you will not hurt your back.

Get down on your knees to reach under furniture.

Sleeping



Your mattress should be firm. Sleep in a way that does not put strain on your neck and back.

- If you sleep on your side, bend your knees and put a pillow between your legs.
- If you sleep on your back, put a pillow under your knees. Do not use this position later in pregnancy because the weight of the baby will put pressure on one of your main blood vessels.

Avoid lying on your stomach. This puts too much stress on your neck and back.

Getting Up (from the floor or out of bed)

As your baby grows during pregnancy, you may find it hard to change position. For example, it may be a challenge to get out of bed or to get up off the floor if you have been doing exercises. Try to move slowly. Always be careful when you change position. This will help to prevent muscle strain and dizziness.

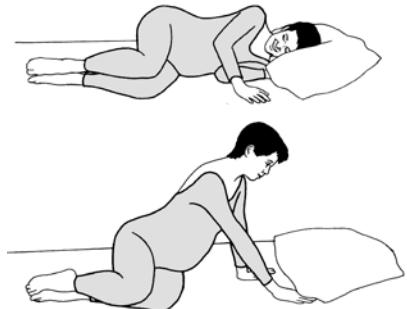


To get up from the floor:

- Bend your knees.
- Push your feet into the floor.
- Lift your buttocks a bit and roll to one side.
- Use your arms to slowly push up to a sitting position.
- Roll onto your knees.
- Move one knee forward placing your foot flat on the floor.
- Straighten your back.
- Place your hands on the bent knee for support.
- Stand, using your leg muscles to push yourself up.

To get out of bed:

- Move close to the edge of the bed.
- Bend your knees and roll to one side.
- Use your arms to slowly push up to a sitting position.
- Swing your legs over the side of the bed.
- Rest for a moment. Take a couple of breaths.
- Tighten your stomach (abdominal) muscles and stand up slowly.



Lifting

To lift with ease, bend your knees.

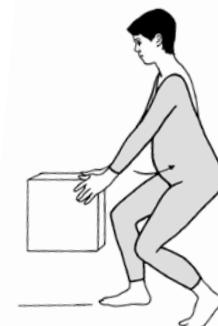
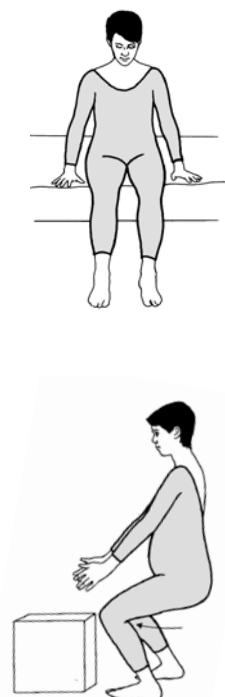
Try to avoid heavy lifting when you are pregnant. Let someone else take out the garbage and carry the groceries.

If you have a toddler or small child, it may be impossible to avoid lifting. To make it easy and safe, instead of lifting a toddler from the floor, help her to climb onto a sofa or a stool and lift her from there. Or sit on a sofa or chair and let her climb onto your lap.

Learning how to lift the right way can save you a lot of back pain, now and after your baby is born. The key is to lift with your leg muscles, not your back. Never bend from the waist. Bend your knees and lift with your legs. You should also try to bring the load as close to your body as you can, before you lift.

When you must lift something, here's how to do it:

- Stand with your feet apart
- Tuck in your buttocks and tighten your stomach (abdominal) muscles
- Bend your knees
- Pull the object close to your body
- Lift with your legs



Sitting (and getting up again)



Good Sitting Posture

- Sit up straight, with your back and the upper part of your buttocks resting against the back of the chair. Do not sit on the edge of a chair and slump against the back.
- Your feet should be out in front of you. They can be flat on the floor or on a stool. If you sit with your legs crossed, you are blocking the blood flow to your legs.
- Use a stool to raise your legs and feet when you are sitting. This is a good time to do foot and ankle exercises to improve blood circulation. Move your ankle around in circles. Stretch each foot up and down.
- Use little pillows to support your neck and lower back.

To Sit Down

- Tighten your stomach (abdominal) muscles by pulling them in and up. Tuck your buttocks under.
- Use your leg muscles to lower yourself into the chair. Hold the armrests if you need support.
- Slide back into the chair.



To Stand Up

- Slide forward to the front of the chair.
- Stay upright. Do not lean forward.
- Tighten your buttocks and use your legs to raise your body.
- Hold the armrests for balance.



Choose a chair or rocker that makes good sitting posture easy.

- **The seat** should be high enough so that your feet are flat on the floor. It should be deep enough to support the length of your thigh, but shallow enough to let your back and the upper part of your buttocks rest against the back of the chair.
- **The back** should be high enough to support your shoulders. It's even better if it can support your head.
- **The armrests** should be at a height that allows your arms to be comfortable when you are sitting in the chair.

If you can't find the perfect chair, you can make any chair more comfortable by using pillows, a foot rest, or a footstool for support.

Safe and Comfortable Activity

Safety and comfort are important no matter what kind of exercise or activity you do.

By being careful, you can still do most of the things you enjoy.

Dress in loose, lightweight clothing.

Safe and Unsafe Activities during Pregnancy

These are Safe and Fun	Be Very Careful with These	Avoid These — Not Safe during Pregnancy
<ul style="list-style-type: none"> • Walking • Aquafit (exercise in a swimming pool) • Swimming • Stationary bike • Cross-country skiing on flat ground • Snowshoeing • Low-impact aerobic classes • Prenatal exercise classes with trained teachers • Yoga • Tai chi 	<ul style="list-style-type: none"> • <i>Tennis and other racquet sports.</i> Decrease these sports. Stop after your 6th month. • <i>Golf.</i> Adjust your swing. Do not twist or jerk. • <i>Bowling.</i> Do not bend too far forward or lose your balance. <p>Tips to help you stay comfortable and active</p> <ul style="list-style-type: none"> • <i>Weight training.</i> Do not lift weights while lying on your back. Use low weights and high repetitions. Lessen the weight as you become bigger. Use weight machines. Avoid free weights. Do not hold your breath. Always breathe out when you are lifting. • <i>Running (high impact).</i> If you are not a regular runner, do not start to run or jog when you are pregnant. If you already run or jog, talk to your doctor about running during pregnancy. Listen to your body, and your doctor, when you run during the last three months of pregnancy. When you are running: <ul style="list-style-type: none"> – Keep your feet wide apart. – Keep your feet close to the ground. Do not bounce or run on uneven surfaces. <p>If you have any pain, stop and find a new activity.</p>	<ul style="list-style-type: none"> • Downhill skiing • Contact sports such as basketball, volleyball, hockey • Scuba diving • Horseback riding, especially jumping • Heavy weightlifting • Softball or baseball • All terrain vehicle (ATV)

How To Stay Comfortable When You Are Active

Dress in layers so you can take clothes off as you get warm.
Wear a bra with good support and non-elastic straps.
Wear shoes with good heel and arch support.
Go to the bathroom before you begin to exercise.
Review the Guidelines for Healthy Activity on page 122.



Program for an Active Pregnancy

Prenatal activity makes you stronger. It also helps your body to stretch and relax. Women who are active have healthy pregnancies and births, and a quick recovery after the birth. Always plan to begin and end exercises with a few easy stretches, then:

- Warm-up
- Exercise
- Cool-down

You can also do these exercises after your baby is born. They will help your body get back to normal and will give you the energy you need to enjoy your new baby.

It's a good idea to exercise as often as you can. Once a day is great! Find a friend, get the little ones to 'help' you, or exercise alone. You'll start to feel good sooner than you think.



Ease into exercise

- Start by doing each exercise 3 to 5 times. Build up to 5 to 10 times each.
- Begin and end your program with a few easy stretches.
- Take a few deep breaths and relax between exercises.
- Avoid high-bounce exercises. No-bounce is much better.
- Keep the water temperature in pools, whirlpools, and hot tubs warm (26 °C to 28°C) (no warmer than your skin temperature). Avoid saunas and steam rooms.

Listen to your body

- Drink plenty of water while exercising.
- Do not get too hot or too tired.
- Rest when you need to.
- Breathe normally. Do not hold your breath.
- If you have any pain, stop the exercise and check with your health care provider.

Staying Safe and Active

Pace yourself

- Avoid too much exercise during the first three months.
- If you were not active before you became pregnant, increase your level slowly.
- You should be able to talk while you are doing any exercise. If you can't talk with comfort, you are exercising too hard.
- If you have shortness of breath, slow down or stop the activity.
- Drink plenty of water during cardiovascular exercise. When your body temperature rises, so does the temperature in your uterus. Drinking extra water will keep your whole body at a good temperature.

WARNING:

After cardiovascular (aerobic) exercise, do not lie flat on your back or on your right side until your body has cooled down.

- You may have to change how active you are as you get bigger.
- From the fourth month on, exercise standing, sitting or lying on your side. Try not to be flat on your back for more than five minutes. The baby's weight can press on your blood vessels and reduce blood circulation to you and your baby.

Stop exercising and talk with your health care provider if you have:

- Any bleeding or a gush of water from your vagina.
- Many contractions after exercising. It is normal to feel a bit of tightness (contraction) in your uterus after exercise. But if the contractions keep coming, talk to your health care provider right away.
- Persistent severe headaches or blurred vision.
- Sudden swelling of the ankles, feet, calves, or face.
- An infection.
- Severe nausea or vomiting.
- A decrease in your baby's movement.
- Unexplained pain in your abdomen.

This group of exercises will help your body adjust to pregnancy and get ready for childbirth.

Exercises

When you are doing any exercise, do no lie on your back for more than 5 minutes unless you have pillows under your head and shoulders.

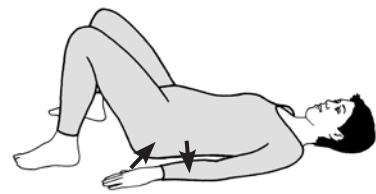
Remember

- Start by doing each exercise 3 to 5 times. Over time, you can increase to 5 or 10 times.
- Breathe normally. Never hold your breath.
- Stretch slowly and avoid bouncing.

1. Pelvic Tilt

What does this do? It helps prevent backache and makes your back and stomach (abdominal) muscles stronger. Here's how to do it:

- Lie on your back, with knees bent, feet flat on the floor.
- Tighten your stomach (abdominal) muscles.
- Tighten your buttocks and press your lower back into the floor.
- Hold for a few seconds. Breathe normally.
- Slowly relax.



Pregnancy puts a great strain on your abdomen. The next three exercises will help to make your stomach (abdominal) muscles stronger. This will help you when you are pregnant and when you are giving birth to your baby.

Before you do any abdominal exercise, you need to know whether your stomach (abdominal) muscles might be separated. This happens to about one out of three pregnant women. Ask a friend, your partner, health care provider, or teacher in a prenatal class to help you check for this.

Here's how to check:

- Lie on your back with your knees bent, feet flat on the floor.
- Tuck your chin in. Slowly raise your head and shoulders until you can see your abdomen.
- If you have muscle separation, you will see a bulge just above or below your belly button. If you are not sure what you see, feel the centre of your abdomen. If you can feel a soft place between two bands of firmer muscle, then you have a separation.



Here's what to do if you have an abdominal muscle separation:



If you have a separation, you need to support your abdomen while doing exercises. You can do this by:

- 1) Lacing your fingers together across your abdomen, or
- 2) Crossing your arms and putting a hand on either side of your abdomen.

There is no agreement about whether women should stop abdominal exercises if they have muscle separation. You can do the pelvic tilt and pelvic floor (Kegel) exercises (described on page 119).

For the next two exercises, later in pregnancy, you may want to put pillows under your upper back, so you are lying on a slant. This lets you do abdominal exercises and place less strain on your trunk.

2. Curl-ups

What does this do? It strengthens your stomach (abdominal) muscles. If you have a separation, support your abdomen with your hands. Here's how to do it:



- Lie on your back, knees bent, feet flat on the floor, arms across your abdomen.
- Tighten your abdomen and buttocks. (This is the pelvic tilt. Hold these muscles firm while doing this exercise.)
- Tuck in your chin.
- Lift up your head and shoulders while breathing out.
- Slowly lower your shoulders and head to the floor.
- Relax.
- Repeat.

3. Diagonal Curl-ups

What does this do? It strengthens your muscles along the side of your abdomen. Here's how to do it:

NOTE: Do not do this exercise if you have an abdominal muscle separation.

- Lie down, knees bent, feet flat on the floor.
- Tighten your abdomen and buttocks. (This is the pelvic tilt. Hold these muscles firm while doing this exercise.)
- Tuck in your chin.
- Lift your head and shoulders.
- Reach your arms across your body toward one knee.
- Curl up as far as you can, breathing out. Hold the pose while you count to 5. Breathe normally.
- Slowly lower your shoulders and head to the floor.
- Relax.
- Repeat, going from side to side.



The next two exercises (#4 and #5) will help make your pelvic floor muscles stronger. What are pelvic floor muscles? They are the muscles that go from your pubic bone in front to your tailbone in the back.

When you are pregnant, these pelvic floor muscles must be strong enough to support your uterus. During childbirth you need to be able to control these muscles, so you can relax them when the baby is being born.

Doing this exercise often will keep your pelvic floor muscles strong. This kind of exercise is sometimes called Kegel exercise or hidden exercise. You can do this any time — when you brush your teeth, when you are watching TV, when you are standing in line at the store. In fact, you can do these exercises when you are sitting, lying, or standing.

Doing 5 contractions, 10 times a day is not hard. You will benefit now and for the rest of your life.

4. Basic Pelvic Floor Exercise (Kegel exercise).

- You can be in any position: lying, sitting, standing, or on your hands and knees.
- Tighten the muscles around your bladder, vagina and rectum. Feel them pulling up inside.
- Hold for a count of five.
- Relax and repeat.



5. The Elevator

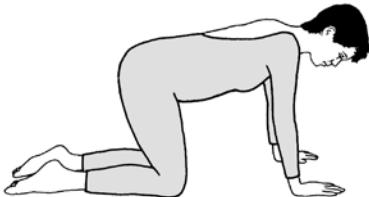
- You can be sitting, standing, or lying down. When you are learning this exercise, it is best to lie down.
- Imagine that you are an elevator.
- Slowly tighten your pelvic floor muscles, pulling them tighter and tighter at each floor.
 - First floor, make them tight.
 - Second floor, a bit tighter.
 - Third floor, tighter.
 - Fourth floor, hold for a few seconds.
- Breathe normally.
- Now, come back down the elevator.
 - Third floor, release a bit.
 - Second floor, release a bit more.
 - First floor, relax.
- Repeat.



6. Pelvic Rock

What does this do? This exercise can help you reduce lower back pain. Here's how to do it:

- Kneel on your hands and knees.
- Hold your back flat. Do not arch your back or let it go hollow. Keep your head level with your back.
- Tighten your stomach (abdominal) muscles pulling in and up.
- Tuck in your buttocks.
- Slowly relax your abdomen and buttocks. Keep your back flat. Don't let it sag.
- Repeat slowly.



Most exercises are safe when you are pregnant. But there are a few you should avoid because they put too much strain on your back and abdomen, or may throw you off balance.

Exercises to Avoid

To be safe, avoid:

- Trunk rotations with straight legs in a standing position
- Double straight-leg raises while lying on your back
- Straight leg sit-ups
- Exercises where you lift your lower back off the floor
- Shoulder stand with bicycling
- Deep knee bends — up and down
- Touching your toes from a standing position without bending your knees

If you do not know whether an exercise is safe, check with your health care provider or a physiotherapist.

Active Living

As well as doing a daily exercise program, walking, riding a bike and swimming are part of an active life.

If you were active before you got pregnant, try to stay active during your pregnancy. Be sure to read the section that tells you what is safe and unsafe during pregnancy.

If you have not been physically active before, you can start with walking, swimming and special prenatal exercise classes.

Common sense is important. Listen to your body. If you have pain, are tired or have shortness of breath, slow down or change to a different activity.

Find an activity you enjoy and have fun!

Guidelines for Healthy Activity

Follow the Guidelines for Staying Comfortable and Active on page 114. Choose an activity that you enjoy and try to do it for 10 to 15 minutes at a time, 3 - 4 times a week.

Warm up or stretch before your activity. Begin slowly.

Cool down or stretch after your activity. Gradually slow down. Do not stop suddenly.

Use the “talk test.”

If you are moving at the right pace, you should be able to talk during your activity. If you can't talk, you are doing too much. Slow down!

Don't forget to eat and drink.

Have a small snack, like whole wheat bread or a muffin about one hour or 90 minutes before you start. This will give you energy and avoid using up food your baby needs.

If the weather or the room is hot, drink small amounts of water every 5 minutes while you're active.

Avoid activities that involve

- Jumping
- Twisting
- Rapid jerking
- Sprinting
- Quick starts

Walking is easy and it is one of the best things you can do when you are pregnant. It is safe and natural, and there is almost no risk that you will hurt yourself.

Walking

Brisk walking is a healthy thing to do. More than half of your body's muscles are used when you walk. It trains your heart, lungs, and muscles to work better.

Regular, brisk walking can reduce blood pressure, improve digestion, and help prevent constipation. It also helps your body use more calories. If you eat healthy food, walking will help you maintain a healthy weight and feel good about your body.

Walking has other benefits as well.

- Walking makes your mind feel fresh. You will have more energy and feel less tired.
- Walking takes away stress and tension.

And whether you do it alone, with friends or with family, walking is fun!

Learning to Relax

When you relax, you let go of tension in your body (muscles) and in your mind.

Learning to relax:

- Helps you save energy
- Makes you feel good
- Helps make your baby's birth easy

Learning to relax is one of the best ways to have a comfortable labour.

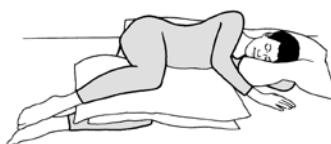
There are many ways to relax. If you have found something that helps you to relax, use it.

When you relax:

- Make sure all parts of your body have support and feel comfortable
- Let go of all muscle tension
- Clear your mind
- Breathe slowly and take in the same amount of air as you give out.

Learning to relax is a life skill. If you learn it now, you will have it for the rest of your life.

Finding Positions To Help You Relax



You never know what will feel good during labour. We suggest you learn to relax in different positions.

There is only one position to avoid when you relax. Do not lie flat on your back. This is because the weight of your uterus presses on your blood vessels and can reduce blood flow to you and your baby.

Many women enjoy these positions when they relax:

Side lying, with one pillow under your head and another pillow between your knees. Both knees should be bent a bit. Lying on your left side helps improve blood circulation to you and your baby.

Side lying with one arm behind. One pillow supports your head and shoulders. Put another pillow under your upper leg. Lying on your left side helps improve your blood circulation.

Back lying, with at least two pillows under your head and shoulders and another pillow under your knees. Do not lie this way later in pregnancy, because the weight of the baby will put pressure on one of your main blood vessels.

When You Practise Relaxation

It can be helpful for your labour partner to check your muscles for tension while you are learning to relax. They can gently touch or lift parts of your body. For example if your arm or leg is limp and relaxed, your partner puts it gently back on the pillow. If your arm or leg feels tense, your partner strokes or touches it gently until it relaxes. A warm, soft touch can help you relax more deeply. Many people are able to ‘let go’ of their muscles when they feel a light touch.

Breathe slowly and deeply while you learn to relax.

As you tighten your muscles, do so just enough so that you can feel them. As you relax, think about letting go of tension in your muscles.

Your labour partner may want to use a calm, soothing voice to help you relax. This will help you learn how to relax, and you may find that just the tone of voice will help you relax. This can make you feel safe and calm when you are trying to relax during labour. We suggest that your partner read “Relaxing Step by Step” to you while you learn to relax.

To learn to relax, you need to feel and then release muscle tension. You do this by making your muscles tight and then letting them get loose, one by one. Tighten as you breathe in. Let go as you breathe out.

You may want to start at your toes and move up to your face. You can also start with your face and move down to your toes. Try it both ways to see what you like better.

Find a comfortable position, making sure all parts of your body have support.

- Breathe in and tighten your ankles and pull your feet back toward your body.
Breathe out, letting go.
- Breathe in and tighten your legs.
Breathe out, letting go.
- Breathe in and tighten your buttocks and pelvic floor muscles.
Breathe out, letting go.
- Breathe in and curl your hands into a fist or straighten your fingers.
Breathe out, letting go.
- Breathe in and bend your wrists.
Breathe out, letting go.
- Breathe in and pull your shoulder blades together.
Breathe out, letting go.

Relaxing Step by Step

- Breathe in and wrinkle your face so it is as small and tight as it can be. Breathe out, letting go.
- Continue to breathe slowly, taking in the same amount of air when you inhale and letting out the same amount when you exhale... in and out, in and out, in and out ...
- Let your whole body go ... close your eyes ... rest. Breathe in and out, in and out.
- As you relax more deeply, your body will feel heavy, as if it is sinking into the floor. Let it go. Breathe in and out, in and out.
- Continue to breathe in and out, in and out, in and out. Let the sound and feeling of your breath keep your mind clear and calm.
- You may fall sleep. Let yourself go. Breathe in and out, in and out, in and out.
- When you are ready to move, do it slowly. Make fists with your hands and stretch the fingers out. Make circles with your feet and ankles. Move your legs. Sit up slowly. Rest for a moment, and then stand up.



After The Baby Comes: A Postnatal Program

Doing exercises after the baby is born is important. They will help your body adjust and go back to the way it was before you were pregnant. The time after the baby is born is called the “postnatal” time. Postnatal exercises can:

- Improve your blood circulation
- Help your body heal faster
- Restore muscle strength
- Build up your energy
- Help your bowels and bladder return to normal
- Help you feel better and more relaxed

You can start doing postnatal exercises as soon as your baby is born. See Section 7 - Healthy Birthing, for postnatal exercises you can do in hospital.

Once you return home, do your prenatal exercises again. Start slowly. Your strength will come back with time.

Healthy activity is important after the baby is born. You can run or swim. Make sure that your stitches have healed and all bleeding has stopped. Do not try to do too much. Listen to your body. If you have any pain or more bleeding, call your health care provider for advice.

Check with your health care provider before you begin a sport or activity you used to do. Within 8 weeks you should be able to do all your favourite activities.

Postnatal Program

In the first week home:

Warm-up first

Do some gentle warm-up and stretching exercises that make you feel comfortable.

Strengthening Exercises

- Pelvic Tilts
- Pelvic Floor Exercises
- Curl-ups*
- Diagonal Curl-ups*

Cool-down

Relaxation

- Lie on your back with your knees bent. Relax your arms at your sides.
- Straighten one leg, pressing your knee into the floor and pointing toes toward your head.
- Press your lower back into the floor.
- Pull your shoulder blades together.
- Tuck your chin in and push your head into the floor.
- Stretch your arms down.
- Hold the pose while you count to 10.
- Relax slowly and completely. Breathe slowly and deeply.
- Repeat, using your other leg.

In your second week at home add the other stretching and strength exercises from your prenatal list of exercises.

* If you had a cesarean birth, read the next section *before you do these exercises.*

After a Cesarean Birth

You can — and should — begin postnatal exercises while you are still in hospital. Section 7 - Healthy Birthing, has breathing and other exercises that will help.

When you go home, you can follow the same postnatal program as other mothers, with only one change. Do not do the abdominal exercises (Curl-ups, and Diagonal Curl-ups) until 3 to 6 weeks after your baby is born.

Taking Care of Your Back while taking care of your baby

To make sure you do not hurt your back, keep your good posture and be careful when lifting.

Remember: to lift with ease, bend your knees.

When you pick up your baby or toddler, follow the advice on safe lifting in the section called Comfort Every Day. Do not carry a baby or toddler on your hip.

You can also protect your back by making sure your baby's crib mattress is as high as it can be. Lower the side rail when you pick up the baby or change the sheets.

Use a table as high as your waist when you change diapers or give your baby a bath. If you do not have such a table, kneel down to do these things.

The handles on your stroller should be at waist level. Stand up straight and use your arms to push.

Be sure you have good support when you breastfeed or give your baby a bottle.

When you are sitting

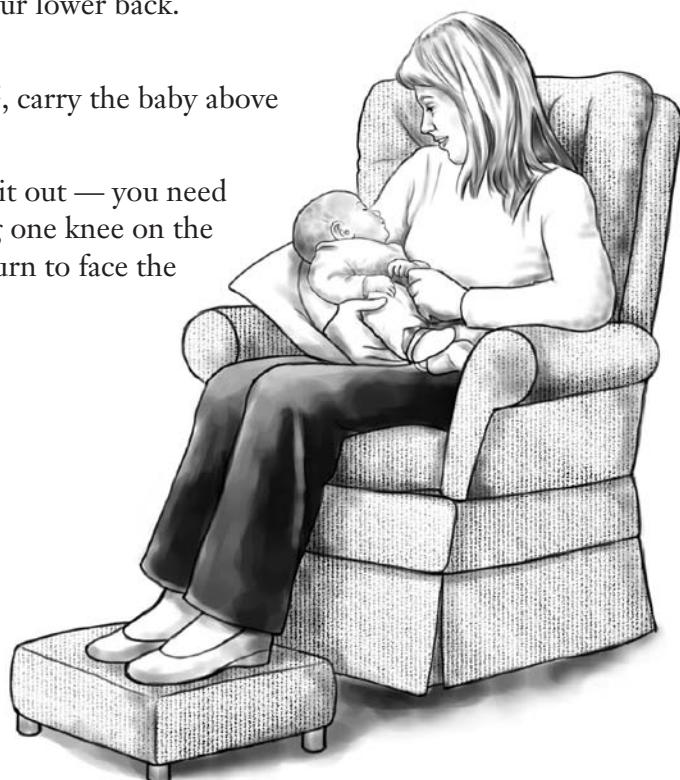
- Support your lower back with a pillow
- Support your arms with pillows or chair arms.
- Raise your feet on a small stool.

Breastfeeding when you are lying on your side

- Place a pillow between your legs and behind your lower back.
- Do not twist your back.

When you use an infant carrier such as a Snugli™, carry the baby above your waist.

When you put the car seat into the car — or take it out — you need to protect your back. You can protect it by resting one knee on the seat or putting one foot on the floor of the car. Turn to face the car seat when you buckle the baby into his seat.



Healthy Birthing



A NEW LIFE

Thinking About Childbirth

Childbirth is a normal, natural event. Even so, many women feel both worry and excitement when they think about giving birth.

It is helpful to learn about childbirth. Knowing what to expect will make you feel ready. If you know how to breathe, relax, and be comfortable while giving birth, you may decide that you can do it!

Learning about childbirth will also help you to make plans for your baby's birth. Most hospitals want to meet the needs of the whole family. You can learn about family-centred care and about other choices when you go to prenatal class. You may want to visit your hospital, and talk with your health care provider. When you know what your choices are, you can make the choice that is best for you.

When YOUR baby is being born, childbirth becomes very special.

When you know more about childbirth, you may find that you worry less. The goal is to relax and to have confidence in yourself.

A birth partner is someone that a woman chooses to help her during labour and birth. The birth partner stays with a woman and offers support when she is having the baby.

If you are a birth partner, you can help by:

- Going with the mother to at least one prenatal visit.
- Visiting the hospital together before labour and birth.
- Reading and learning about ways to help her during childbirth. This section is a good place to start.
- Going to prenatal classes with her.
- Taking time to practice with her how to breathe, relax, stay as comfortable as possible, and change positions.
- Giving active support to help her breathe, relax and stay as comfortable as possible during labour.

Anyone can be a birth partner — a husband or partner, family member, or friend. You don't need any special skills. You just need to be there and to care.

A Message for Birth Partners

Planning for Your Baby's Birth

The first step in planning for birth is to find out what choices are offered in your community. Talk with your health care provider or your prenatal class leader. Visit the hospital for a tour. You can also learn a lot by reading.

Once you know what your choices are, you can start thinking about the kind of care you would like during labour, birth, and afterward. You may want to make a list. Or, you could just keep the ideas in your mind. If you want to make sure things happen, be sure to share and discuss your plans with your health care provider and the hospital staff.

All women hope and plan for a normal, safe birth. But no one knows what will happen during your labour. If problems arise, you may not be able to have things as you had hoped. Even so, the time you spend thinking about, planning, and talking about birth is a good way to create a happy experience. You may want to make a list or make a Birth Plan.



Birth Plan

A birth plan is a tool to help you feel more prepared for the birth of your baby. It provides a starting point for you to:

- Express your fears, expectations, wishes and needs with your physician/ health care provider.
- Learn and discuss the options available and best practices for labour and birth at the place of birth.
- Decide on ways you want your partner/support person to be involved.

It is helpful to complete the birth plan after you attend Prenatal and Breastfeeding Classes. Learn as much as possible about labour and birth, so that you can develop the safest and most suitable plan for you and your baby. You can use this form, or you can write your own birth plan.

Information to consider and discuss with your health care provider

Coping with Contractions

During early labour, women have found different comfort measures helpful when coping with the discomforts of contractions. Some of the following things may help:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Taking a shower • Walking • Wearing your own clothes or pajamas • Using birthing balls • Listening to music | <ul style="list-style-type: none"> • Using a special “focal point” • Using pillows for support • Hot and/or cold compresses • Massage |
|---|---|

There are medications available for pain management in labour. Some of these may be:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Entonox (laughing gas) • Fentanyl | <ul style="list-style-type: none"> • Morphine • Epidural |
|--|--|

The Birth of Your Baby

During the pushing stage of your labour your nurse and your support person will help you to find comfortable positions. These can include:

- Using a squatting bar
- Laying on your side
- Sitting on the toilet to begin the pushing process

After the birth of your healthy, full-term baby, he/she will be placed tummy down, directly on your chest, “skin-to-skin”. It is important for your baby to stay skin-to-skin for the first 1-2 hours after birth to help your baby transition to life on the outside. It also helps to get breastfeeding started successfully.

Other discussion topics

While you are at the prenatal class/breastfeeding classes or reading about labour and birth, write down any items that you have questions about. Some common things that parents will ask about are: external fetal monitoring, internal fetal monitoring, forceps/vacuum delivery and episiotomy.

Birth Plan

My name: _____

My support person(s) for labour will be: _____

The most important issues for me, regarding my labour and birth are: _____

My fears and concerns about labour and birth are: _____

For comfort measures during labour, I would like to use: _____

I would like my partner/support person to be involved in the following ways: _____

I have received information about infant feeding choices and feel I would like to: _____

Mother's signature: _____

Date reviewed with physician: _____ Physician's Signature: _____

Note: *The physicians and nurses at the hospital will be there to offer support, education, and assistance throughout your labour. They will also discuss any changes in the status of your labour as these come up.*

How Can I Prepare for Childbirth?

In this section, we talk about ways you can get ready for childbirth.

Labour and birth are hard work. Being as comfortable as possible takes thought and effort. There are two keys. The first is knowing about labour and working with it. The second is learning about and practising as many ways to be comfortable as you can. You never know what will feel good during labour, so we suggest you learn a few ways. That way you can use all of them, if you need to.

For nine months, your baby has been growing in your womb (uterus). The uterus is made of very strong muscles. They stretch as your baby grows. The tip of the uterus, called the cervix, opens into the vagina. When you are pregnant, the cervix is thick and stays closed with a mucous plug (this is circled in the drawing).

When you are in labour, the muscles of the uterus tighten and relax. This allows the cervix to open and helps the baby move out of the uterus and down the vagina. Your uterus tightens (contracts) and then relaxes, over and over, until your baby is born. This tightening and relaxing is called “contractions.”

*What
Happens
during
Labour and
Birth?*



Labour is divided into three stages.

First Stage

The cervix gets thin (effaces) and opens up (dilates). During the first stage of labour, your cervix slowly opens from 1 centimetre to 10 centimetres. The first stage often lasts for 12 to 18 hours.

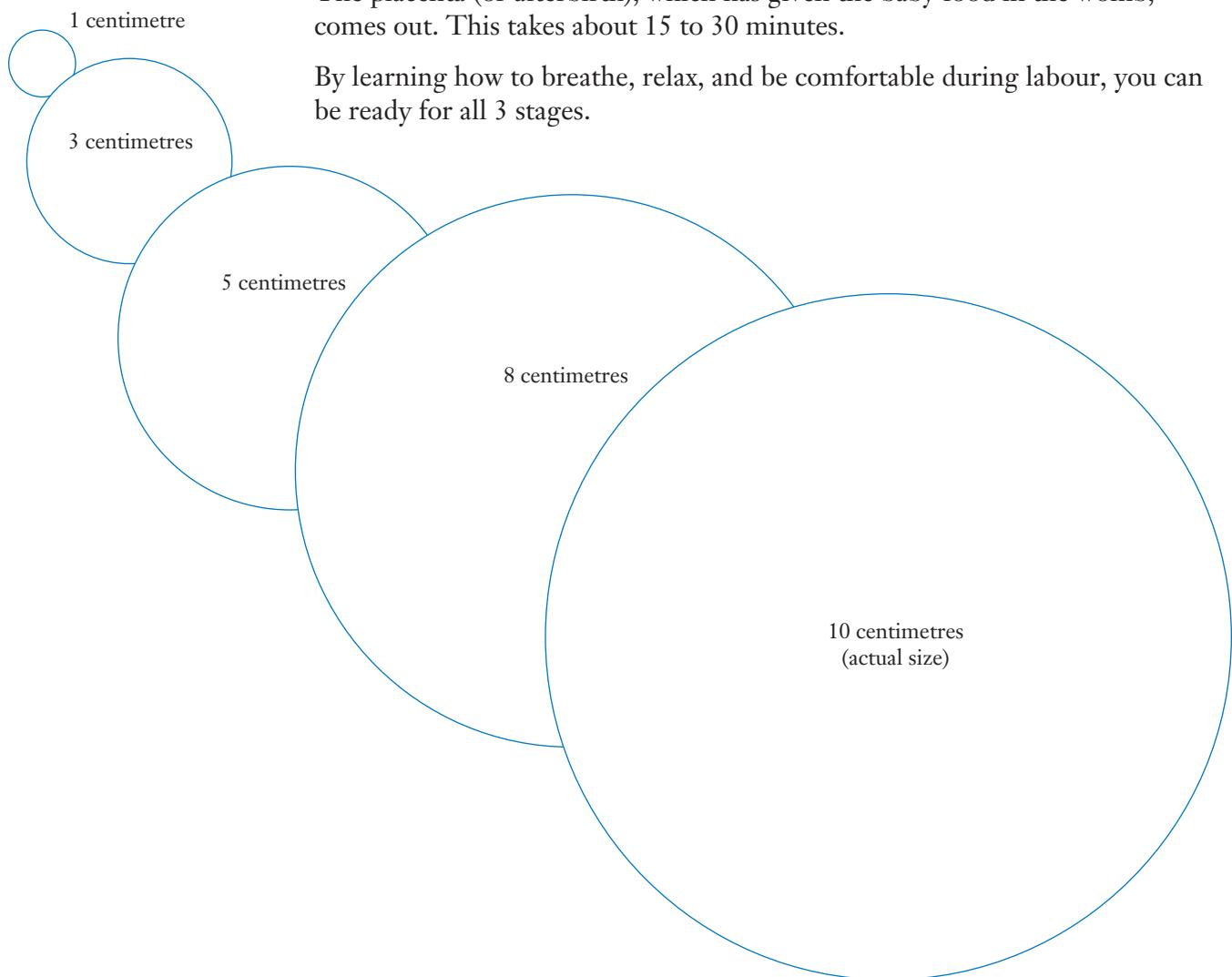
Second Stage

When your cervix has opened to 10 centimetres, the doctor or nurse will say it is “fully dilated”. This stage takes between 1½ to 2 hours.

Third Stage

The placenta (or afterbirth), which has given the baby food in the womb, comes out. This takes about 15 to 30 minutes.

By learning how to breathe, relax, and be comfortable during labour, you can be ready for all 3 stages.



Learning to Relax

This is one of the best ways to help yourself work with contractions during labour. You will find details on how to relax on page 124 in Section 6 - Healthy Activity.

You do not know what will feel good during labour, so we suggest that you practise relaxing in many positions. Try to practice the positions of labour and birth shown. There is only one position to avoid. When you are relaxing, you should not lie flat on your back. This is because the weight of your uterus will press on your blood vessels and can reduce blood flow to you and your baby.

Now is a good time to practise all of the positions you can use during labour. If you practise, then they will feel comfortable to you.

Doing the exercises in Section 6 - Healthy Activity, will help to stretch your body and make it strong. Then, these positions will feel good to you.

Here are some things to remember for when you are in labour:

- **Walk** as much as you can for as long as you can. Walking helps make your contractions less painful and stronger. You need strong contractions to help the baby be born.
- **Sit up or stand up** for as long as you can. Your uterus works best while you are upright.
- **Keep moving.** Try to stay out of bed as much as possible.

Positions for Labour and Birth

Positions for First Stage

Walking



Standing

- Leaning forward while standing
- Sway your hips side to side



Kneeling

- On hands and knees
- Leaning forward onto chair



Sitting upright

- Tailor sitting
- Leaning forward into the support person and held under the arms
- Leaning onto the back of a chair
- Leaning onto back of the toilet
- Sitting upright on a birthing ball



Semi-sitting

- In chair with feet up
- Propped up with pillows



Side-lying

- With leg on pillows



Rocking

Positions for Second Stage—Pushing

Squatting

- Supported squat
- Support for buttocks



Semi-sitting



Side-lying

- With leg on pillows
- With leg supported by partner



Kneeling

- On hands and knees
- Leaning forward onto chair
- Leaning forward onto lap



Massage

You do not know what kind of massage is going to feel good when you are in labour. We suggest that you try many kinds of massage. Then, when the time comes, you will have some choices.

Some tips for the person giving the massage:

- You need to relax and breathe. Being calm will help the woman stay calm too.
- Start with a gentle but firm touch.
- Put your whole body into the massage, not just your hands and arms. You might find that it helps to rock back and forth as you massage.
- In some of the positions shown for labour and birth, the woman in labour leans or rests against her labour partner. Most of these positions are good for massage.
- Massage is more than a back rub. You can also massage, arms, legs, inner thighs, hands, feet, neck, face, and scalp.



Effleurage



Counter pressure

Different ways to do massage

Using fingertips: You can stroke the stomach area (abdomen), lower back, or thighs using your fingertips, with hardly any pressure. You can do this in curves, circles, or figure eights — whatever feels good.

Counter pressure: This is a firm, steady pressure to the lower back. Use the heel of your hand and lean with all of your body weight. Making small circles with your hand as you press can also help. It's good to use counter pressure during contractions. It can help to ease back labour, when the mother is feeling the contractions in her back. Push on the part of the back where the woman says she hurts.

Stroking: Use slow, easy, gentle strokes with your whole hand. You can stroke in any direction and on any part of the body. Apply very little pressure, and allow your hand to fit into the shape of the body.



Stroking

Many women find the tips in this section are helpful. Try them all and try other things, too. Find what you like best.

Finding ways to be comfortable

Heat and cold

Wiping your forehead with warm or cool cloths can help you relax.

Try a warm bath or a warm shower.

It may also feel good to hold a hot water bottle against your lower back or lower stomach (abdomen). Some women find an ice pack is better than a hot water bottle.

Music

Bring a CD player with headphones or “iPod” to the hospital. You may find that music helps you relax and feel at home. If you have been listening to nice music while you practice breathing and relaxation, hearing that music may help you relax again.

Focus points

Women need to concentrate during contractions. The best way to do this is to find something to focus on. Your focus point can be a picture, a toy, your partner’s face, or a crack in the wall. It can also be something inside yourself. You can think about a peaceful place, recall a happy time, or imagine your uterus opening up to let your baby out. You may find that your focus point changes as labour continues. For example, early in labour, you may find it helps to look inside yourself. When labour gets more intense, you may need to focus outward and look at your partner’s face. You may wish to close your eyes to focus on your breathing.

Fluids

During labour you need to keep drinking to replace the fluids you lose.

Drinking also helps keep your energy high. Drinking clear liquids will help you feel more comfortable by taking away your thirst. Clear liquids include: water, apple juice, tea without milk, jello, and popsicles. If you have a very dry mouth, sucking on ice chips, a wet washcloth, or a sour lollipop may help.

Be aware that every labour is different. There is no right way or wrong way for you to be when you are in labour. Try as many ways to be comfortable as you can until you find the ones that you like best.



Comfort for Back Labour



Most women feel contractions in their lower abdomen. But about one out of four women will feel them in her back. This is called “back labour.” It happens when your baby’s back is pressing against your back. You will feel the pain just below your waist and it will stay with you for most of the first stage of labour.

All of the tips for dealing with labour will help with back labour. Here are some that might help the most:

Move into positions that take the baby’s weight off your back

- Get down on your hands and knees
- Lean forward while standing or sitting
- Lie on your side
- Sit on the floor with your partner so that your backs are touching. Then rock side-to-side or forward and back.

Massage

- Firm massage to your back, hips, and thighs.
- Firm counter-pressure with palm, fist, or heel of the hand into the place where you are feeling the most pain.



Heat and cold

- Place a hot water bottle or ice pack against the place where you feel the most pain.
- Stand or sit on a chair in a shower, with the water hitting your lower back.

Breathing for Labour and Birth

Breathing is something we do not think about very often. But during childbirth, paying attention to how you breathe can make a real difference. Learning to breathe in new ways can help you relax during labour. Your breathing can help you work with your contractions.

There are three levels of breathing used during the first stage of labour:

- Slow, deep breathing
- Faster, shallow breathing
- Breathing that involves panting-and-blowing.

Most women begin with slow, deep breathing and keep on using it for as long as it feels good. It is the most restful and least tiring way to breathe. You should move to the faster, more shallow breathing only when you feel you need to.

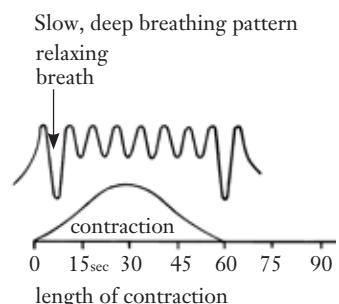
The way you use your breathing will be your choice. We suggest you use these tips in the best way to help you during childbirth. It is very important that you practice your breathing before labour starts. Your health care provider will help you find what breathing techniques work for you.

Your normal breathing may be faster or slower than someone else's. Begin by trying to relax and to breathe in a way that feels comfortable to you.

Slow, Deep Breathing

To use slow, deep breathing during labour:

- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth. Whether you breathe through your nose or mouth is up to you. Do what feels as comfortable as possible and natural.
- Breathe in slowly, feel your abdomen rise and your chest expand.
- Breathe out slowly, feel your abdomen and chest relax and fall. Keep your mouth slightly open and soft. When you breathe out, it should sound like a small sigh.
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.



How to practise slow, deep breathing:

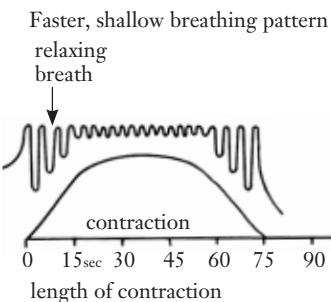
You or your partner can place a hand on your abdomen or chest. Watch how your body rises and falls with each breath. Your partner can also make sure that your arms and shoulders are relaxed at all times.

In labour, you will use this kind of breathing during contractions that last from about 30 to 60 seconds.

Faster, Shallow Breathing

This is the kind of breathing you can use when your contractions become more intense. It can also be used when you find it hard to stay relaxed while using slow, deep breathing. Faster, shallow breathing is done more quickly and higher in your chest than slow, deep breathing.

To use faster, shallow breathing during labour:



- When a contraction begins, take a relaxing breath — breathe in through your nose or mouth and out through your nose or mouth.
- Keep on breathing in through your nose or mouth and out through your mouth at the speed that feels comfortable. As the contraction gets stronger, switch to faster, shallow breathing.
- As your contraction gets stronger and your breathing gets faster, start to breathe in and out through your mouth. Keep your mouth soft and relaxed.
- As your contraction begins to end, slow your breathing down and go back to breathing in through your nose or mouth and out through your mouth.
- When the contraction ends, take another relaxing breath.

How to practise faster, shallow breathing:

Start by practising the faster, shallow parts of this breathing first.

Take a relaxing breath and then begin breathing in and out through your mouth. Use light, shallow breaths.

Try breathing at different speeds until you find one that is as comfortable as possible for you. Practise this breathing until you can stay relaxed and comfortable for 60 to 90 seconds.

When you are comfortable with the fast, shallow part, you can start with slower breathing, then speed up, and then slow down again.

Panting-and-Blowing Breath

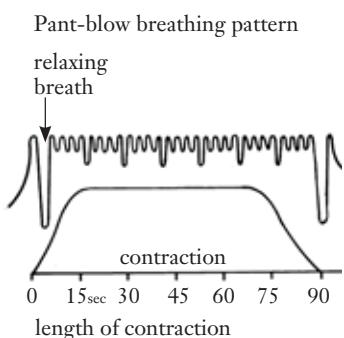
This helps you to relax when the contractions are longer and stronger and you cannot relax with other breaths.

Panting-and-blowing breath is done through your mouth. The basic pattern is this: you take several fast, shallow breaths in and out, and then you blow out.

These shallow breaths make a very quiet “heh” sound. You can do this at a speed you like. Many women find it comfortable to use “Heh, heh, heh, blow” (3 pants to 1 blow). You can also try other patterns, like “heh, heh, blow” (2 pants to 1 blow) or “heh, heh, heh, heh, blow” (4 pants to 1 blow). Try them all so that you can choose the one that works best for you.

To use panting-and-blowing breath during labour:

- When the contraction starts, take a relaxing breath—in through your nose or mouth and out through your nose or mouth. Place your tongue behind your upper teeth.
- Take several fast, shallow breaths, in and out through your mouth. Relax your tongue. Blow out through your mouth.
- You can use the speed you like, for example, “heh, heh, heh, blow.”
- Repeat until the contraction ends.
- When the contraction ends, take another relaxing breath.

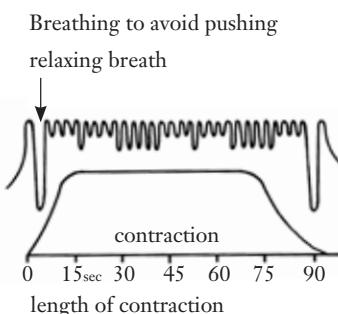


How to practise using panting-and-blowing breath:

This kind of breathing is used during “transition,” a part of labour that comes toward the end of the first stage. When you are at this stage of labour, contractions can last for about 90 seconds. They may come very close together.

Practise until you can stay relaxed and as comfortable as possible for 90 seconds while doing panting-and-blowing breath.

Breathing to Help You Avoid Pushing



Sometime, near the end of the first stage of labour, women want to push the baby out. There are times during labour when you might want to do this, but your doctor or nurse will tell you NOT to push.

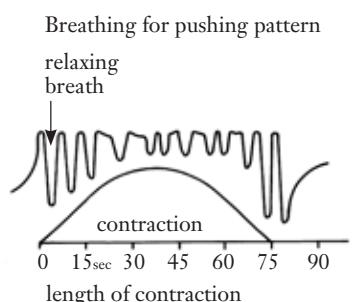
When you are asked NOT to push during labour:

- If you feel you want to push during a contraction, lift your chin and shift from panting-and-blowing breath to simply blowing out. Do this until the urge passes. Then return to your panting-and-blowing pattern. For example: “heh, heh, heh, blow; heh, heh, heh, blow; blow, blow, blow; heh, heh, heh, blow.”

How to practise breathing to avoid pushing:

- When you practice your panting-and-blowing breath, have your partner say “urge to push.” Then, change to blowing out for a few seconds until your birth partner says “urge passes.” Then return to panting-and-blowing breath.

Breathing While Pushing



Once your cervix is fully open, the doctor or nurse will ask you to push when you feel the urge. You might want to push more than once during each contraction. We have given you two kinds of breathing to use while pushing. Practise them both, and during labour use the one that works best for you.

When pushing during labour:

- When a contraction begins, take a relaxing breath — in through your nose or mouth and out through your nose or mouth.
- Use the kind of breathing that feels as comfortable as possible until you feel the urge to push.
- When you feel the urge:
 - Relax your pelvic floor muscles
 - Tuck your chin in and curl your upper body forward
 - Purse your lips and breathe out very slowly as you bear down and push
 - Keep bearing down and letting the air out slowly until the urge to push leaves
 - Pull back your legs to open up the pelvis.

OR

- Hold your breath and bear down while you count to 6. Take a quick breath and bear down for 6 seconds more. Repeat until the urge to push leaves.
- Return to the breathing pattern you like, until you feel another urge to push.
- When the contraction ends, take another relaxing breath.

How to practise breathing for pushing:

Have your partner say “urge to push.” Start to do the breathing for pushing until your partner says “urge passes.” Then return to the breathing pattern you like. Pushing contractions can be as long as 90 seconds.

Don’t actually push when you practise this. Focus on letting your pelvic floor muscles relax, and imagine the baby moving down and out.

In the next section, “Practising for Labour,” we provide details on how you and your partner can practise breathing patterns and ways to be as comfortable as possible so that you will be ready for labour.

Doing this kind of practice is a chance for you and your partner to really try all the new skills you have been learning.

Practising for Labour

Before actors present a play, they do a rehearsal. That’s what you and your labour partner will be doing.

Your partner will talk to you and pretend you are having contractions. You will practise breathing and relaxing during these pretend contractions. Your partner also checks to be sure that you’re relaxed. If you are tense, gentle stroking or touching can help you relax.

Try to practise all the different breathing patterns. The goal is for you to find them normal and natural when you use them during labour.

During this rehearsal, you can also use focus points to help you concentrate, and massage to help you relax. If you want to use “Your Guide to Labour and Birth” on pages 161-170, do so.

For your labour rehearsal:

- Find a comfortable position.
Remember to practise in a number of positions, so you will be able to breathe and relax when you are standing, sitting, or walking.
- Practise breathing with pretend contractions.
Use a clock or a watch with a second hand to keep time. Begin with contractions that are about 30 seconds long and go as high as 90 seconds.
- In practice and in labour, start and end each contraction with a relaxing breath.
Breathe in slowly and deeply through your nose or mouth.
Breathe out slowly through your nose or mouth.
Whether you breathe through your nose or your mouth is up to you.
Do what feels most comfortable and natural.

To practise breathing through a contraction:

- Note the time.
- Say, “contraction begins.”
- Take a relaxing breath.
- Do your breathing pattern.
- Say “contraction ends.”
- Take a relaxing breath.
- Practise all the breathing patterns until you feel relaxed and as comfortable as possible doing them. Have labour “rehearsals” as often as you wish.



Questions about Medical Help During Childbirth

Most births are normal and safe. Prenatal classes are important for preparing you for labour and birth. But no matter how well you prepare, you cannot be sure that all will be as you planned.

Ask questions now. If you talk to your health care provider when you are pregnant, you will feel more relaxed talking to him/her if you need medical help during labour. To choose what is right for you and your baby, you need to know what to expect.

Very few women have their babies on their due date. A normal pregnancy lasts between 38 and 42 weeks. If labour does not begin around this time, your doctor will watch you carefully.

*What if I am
still pregnant
after my due
date?*

Induction

Helping to get labour started is called “induction.” Labour is induced for certain reasons:

- The mother has a medical problem such as heart disease, diabetes, or high blood pressure.
- The baby has some problem and needs to be born soon.
- The doctor decides that your pregnancy is “post-term.” This means that you have been pregnant longer than is safe for you or your baby.
- Your water has broken but labour has not started.

Labour is “induced” with medication. You may be given medicine to help your cervix open, or to make your uterus start contractions. Some women get medicine to do both.

Talk with your doctor if you have more questions about this.



What Is Fetal Monitoring?

Fetal monitoring is a way to check on the effect that labour has on the baby's heart rate.

There are different kinds of fetal monitoring. The kind of monitor used when you are having a baby depends on what the nursing staff and the hospital have. It also depends on whether any problems arise during labour. Here are 3 common ways to do fetal monitoring:

1. Fetoscope

A fetoscope looks like a stethoscope. The nurse or doctor will use a fetoscope to listen to your baby's heartbeat.

2. Doppler Ultrasound

This is a small ultrasound machine that the nurse or doctor holds in their hands. It is pressed against your abdomen to hear the baby's heartbeat. Your baby's heartbeat will be checked depending on the stage of labour you are in.

3. Electronic Fetal Monitors

Your baby's heart rate and your contractions can be recorded using a machine called a fetal monitor.

There are two kinds of electronic fetal monitors:

- The external monitor is held in place by two belts wrapped around your belly.
- The internal monitor uses a small clip that is passed through the open cervix. The clip is attached to the baby's head. This does not hurt the baby.

Some hospitals use an external electronic fetal monitor for about 20 minutes when you first arrive. Then some kind of fetal monitor will be used at different intervals (called intermittent auscultation) from the start to the end of labour, to check on the baby's health.

If you would like to know more about fetal monitoring, or about how it is done in your hospital, talk to your doctor, hospital nurses, or the leader at your prenatal class.

What about Pain Relief?

Everyone feels the pain of labour in a different way. Learning to breathe, relax, and change to comfortable positions may be all you will need to help you during labour. Some women find that these are not enough. They want other kinds of pain relief. Having a trusted person to support them during labour helps women manage labour pain better. Most women find that they feel better during the early and late stages of labour when they are walking, standing, leaning, or sitting. A rocking chair can be very comforting. Remember to take short rests, eat light snacks, and drink plenty of juices and water.

Not all kinds of pain relief are offered in all hospitals. Talk to your doctor during your pregnancy to find out what he or she suggests, and to find out what is offered in your hospital. Visit the hospital and ask questions.

Here are some of the kinds of pain relief that women have during labour:

Narcotic Analgesics (Pain Killers)

This kind of medicine is usually given (injected) with a needle in the hip muscle or by an intravenous line. It is the most common kind of medicine for pain relief in labour. You may feel the effects within minutes if given intravenously, to about 15 - 20 minutes if it is given by needle into a muscle. You will also feel sleepy.

Many women find that this kind of medicine makes them feel more comfortable during labour. Others find they do not work well. Some women may feel like throwing up (nausea) or they may throw up (vomit).

Analgesics can build up in your system and affect the baby's breathing after birth and can have an effect on the breastfeeding process. For this reason, the amount that you are given depends on the stage of labour and your baby's condition. If your baby is sleepy at birth, a health care provider will use positive pressure with a breathing bag to help your baby breathe.

Entonox/Nitroxon

Entonox/Nitroxon is a mixture of oxygen and nitrous oxide. You breathe it through a face mask or tube that you hold yourself. You inhale slowly and deeply when a contraction begins. You continue to breathe Entonox/Nitroxon during the contraction. The Entonox/Nitroxon is removed when you push, so that you can push effectively, then it is returned between contractions.

This medicine is used mostly during transition (the end of the first stage of labour), when contractions are very strong. It is also used to help with pushing during second stage. It can be given safely at the start of the first stage as well. It can help you to relax. You will feel like you are floating. You may feel dizzy. Some women feel like they might throw up (nausea). Others throw up (vomit). It does not harm the mother or baby. The effects go away when you breathe normal air.

Local Anesthesia

These drugs are injected around your vagina (the perineum) to numb the area. This is like the freezing you have when you go to the dentist. This medicine is used during birth if you are going to have an episiotomy (a small cut to make your vaginal opening wider) or if you need forceps or vacuum extraction. When the medicine is first injected you may feel some stinging. Later, you will feel nothing.

Epidurals

This kind of pain relief involves injecting medicine into your lower back. The drugs take away most of the feeling between your waist and the tips of your toes. An epidural is a local analgesia that allows you to stay awake during birth. The doctor can give you the right amount so that you will be able to feel when you should push during the birth.

An epidural may be used if your labour is not progressing, if you are really tired (exhausted), or if you need to have the baby by cesarean or with forceps. An epidural can slow labour down if it is given before labour is really started. Most doctors avoid this by waiting until your contractions are regular and it has been determined that you are in active labour.

Only a specially trained doctor can give an epidural. Because of this, not all hospitals offer this kind of pain relief. Women sometimes have a bad headache after having an epidural.

TENS (Transcutaneous Electrical Nerve Stimulation)

TENS is a safe way to reduce pain. It uses a mild electric current to fool your nerves so you feel less pain. It is safe for both the mother and the baby. The TENS machine is connected to your skin by electrodes placed on your belly or back.

To use TENS during labour, a physiotherapist needs to show you how to use the machine. Talk with your doctor or a physiotherapist if you want to know more.

An episiotomy is a cut made between the vagina and rectum. It is done to make more room for the baby to be born. The cut is usually done right before the birth. The area where the cut is made may not have much feeling in it because of pressure from the baby's head. You will also get a local anesthetic. After the baby is born and the placenta is out, the cut is sewn with stitches that dissolve as the cut heals.

Most doctors only do an episiotomy if it is necessary, for example during a forceps delivery or if the mother is having a hard time pushing the baby's head out. Talk with your doctor if you would like to know more.

Why Would I Need an Episiotomy?

Some women need help to get their baby out. Some reasons why this might happen are:

- If the baby's heartbeat slows down or is not regular.
- If the baby is in a position that makes birth difficult.
- If the mother is just too tired to push any more.

When any of these things happen, the doctor may use forceps or a vacuum cap while you push.

- **Forceps** look like two spoons joined together. They are placed on either side of your baby's head to gently help the baby out.
- In **vacuum extraction**, a soft plastic cap is placed on the baby's head and gentle suction helps the baby out.

Both forceps and vacuum extraction may leave marks on the baby's head. This is not serious. The marks soon fade.

Why would I need Forceps or Vacuum Extraction?

What If I Need a Cesarean?

A cesarean is an operation that is done when it is not safe for your baby to be born through your vagina. Even though you may be planning for a vaginal birth, you should learn about cesareans in case your baby needs to be born this way.

A cesarean may be planned ahead of time or it may be needed because something happens that was not expected. You and your partner will decide with your doctor whether to have the operation. It is important to remember that you have NOT failed. The goal is a healthy mother and a healthy baby. Sometimes the only way to proceed is with a cesarean birth.

The most common reasons for having a cesarean are:

- Labour is not moving along in a normal way
- Changes in the heart rate show that the baby may be in trouble, or is tired
- The placenta is bleeding or coming away from the wall of the uterus
- The baby is in a position that makes birth through the vagina difficult
- The mother has a health problem, like diabetes, high blood pressure, heart disease, or active herpes

If you need a cesarean section, the way it is handled depends on the hospital where you give birth and the doctor who does the surgery. Talk with your doctor about your choices.

- You will most likely have an epidural. This is a kind of freezing drug (from the waist down). You will be awake when the baby is born. It is not likely that you will have drugs to put you to sleep (general anesthetic).
- Your partner may or may not be with you during the birth.
- You will most likely have a “bikini cut”. It is done across and low down on your abdomen.

After a cesarean, the baby will get special attention from the doctors and nurses. Then the baby will be wrapped in a warm blanket and given to you and your partner to hold.

Most mothers find that it takes them longer to heal from a cesarean than from a vaginal birth. This is because you have had an operation. Having a baby to look after and love will help you to feel better quickly.

To learn more about getting better after a cesarean birth or about having a vaginal birth after a cesarean, see Early Care for Mother and Baby, page 171.

Time to Get Ready

No pregnancy lasts forever. Now is the time to pack your suitcase and get ready for the real thing — your baby's birthday.

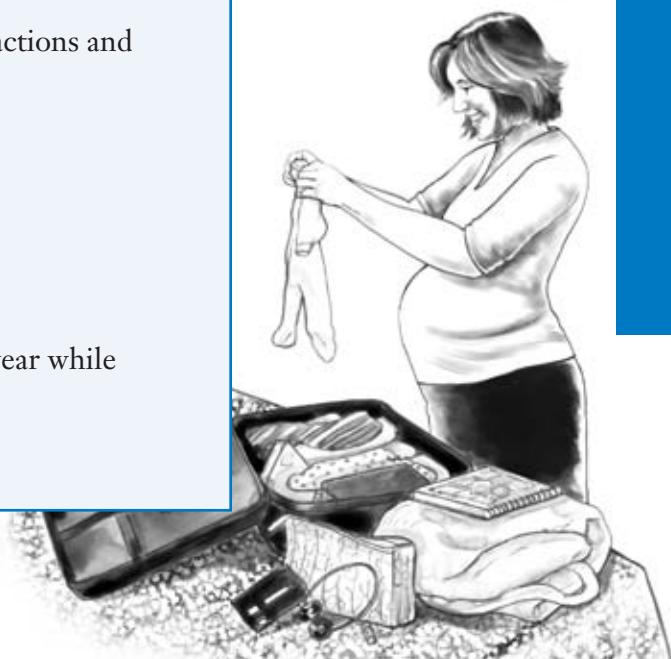
Think about packing two bags: one with things you will want during labour, the other with things you will need during your time in hospital. It should contain clothes for you and your baby to wear home.

Here are the kinds of things you might want to pack.

For labour

- Your copy of this book
- Lip gloss or lip balm
- Sour candy to suck on during labour
- Socks (for cold feet during labour)
- Talc, corn starch, or body lotion without perfume (for massage)
- Focus point (to look at during contractions)
- Watch with a second hand (for timing contractions)
- Notebook and pen (for writing down the time of contractions and questions for staff)
- Coins for phones and vending machines
- Music and a CD or MP3 player (with headphones)
- Playing cards, books
- Camera and film
- Bathing suit or T-shirt and shorts for your partner to wear while helping you in the shower
- Cell phones

Pack Your Suitcase Before You Need It





For your time in hospital

- Robe
- Slippers
- Nightgowns or pajamas (front opening for breastfeeding)
- Several maternity or nursing bras
- Personal items like a tooth brush, toothpaste, shampoo, brush, comb, deodorant, face soap, skin lotion
- Books or magazines
- Birth announcements to fill in and mail
- Loose, comfortable clothes to wear home
- Sanitary pads (maxi or super absorbent)
- A package of infant baby diapers
- Do not take valuable items or large amounts of money to the hospital.

For your baby to wear home

- Diapers (with pins and waterproof pants if using cloth)
- Undershirt
- Stretch suit or nightgown
- Hat
- Blanket
- For cooler weather: sweater and socks; blanket or bunting bag

REMEMBER:

You will need to put your baby in a safe infant car seat for the ride home, see Car Seats, page 20.

How Will I Know When I'm in Labour?

During the last few weeks of your pregnancy, your body will give you signs that the time is near. For example, you might have

- Increased discharge from your vagina
- Pains in your lower back
- Lightening (your baby dropping down into your pelvis)
- A need to urinate often
- Pressure in your pelvis and legs
- More swelling in your legs and ankles
- Lots of energy or feeling restless
- Feeling of tightness in your uterus

With all of this, it can be hard to know whether what you feel is labour or not. Even if you're not in true labour, you can be sure that your body is getting ready for your baby's birth.

Find out in advance whether your doctor or maternity nurse wants you to call for advice when you have questions about whether you are really in labour.

True labour	False labour
<ul style="list-style-type: none"> • Contractions are regular, about 15 to 20 minutes apart, and last for about 30 seconds. • Contractions slowly get closer together. • Contractions slowly get stronger and longer. • Contractions are felt more in the back or lower abdomen. • Contractions get stronger even when you walk or change what you are doing. 	<ul style="list-style-type: none"> • Contractions are not regular: sometimes they are close together, sometimes farther apart. • Contractions remain far apart. • Contractions stay the same strength. • Contractions feel like the abdomen is getting tighter around the baby. • Contractions stop when you walk or change what you are doing.

When Should I Go to the Hospital?

If you are having your first baby, you should leave for the hospital when your contractions are regular, strong and painful, and about 5 minutes apart for 1 hour. Your doctor will give you advice about this.

If you live a long way from the hospital where you plan to deliver your baby, you may need more time to get there. Also, you need to allow more travel time if road conditions are bad.

If you think your water has broken, call your doctor. Do so, even if there are no other signs of labour. Find out if your doctor wants you to call him or her before you go to the hospital.

My hospital labour and delivery number is: _____

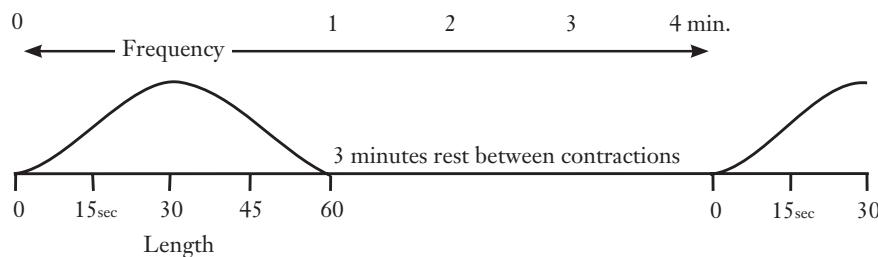
How to time a contraction

When timing a contraction, you are looking for two things:

- The **length** of the contraction. This means the amount of time between when the contraction starts and when it ends
- The **frequency** of the contractions. This means the time between the start of one contraction and the start of the next one.

To time contractions

- Use a watch with a second-hand or count the seconds out loud.
- Write down the time when a contraction begins. Usually you can feel the top of your abdomen get tight. Write down the time when the contraction ends. The abdomen gets soft. This is the length of the contraction.
- Write down the time when the next contraction begins. The time between the start of one contraction and the start of the next is the frequency, or how far apart the contractions are.



Your Guide to Labour and Birth

This guide provides information on

- What is Happening
- How You May Feel
- What You Can Do
- What Your Partner Could Do to Help

Read the rest of this section before labour starts. Take it with you to the hospital. It might help you and your partner keep track of your labour and stay as comfortable and clear as you can.



First Stage

Early Labour

What is happening



Your cervix is thinning and opening from 1 cm to about 4 cm

Your contractions

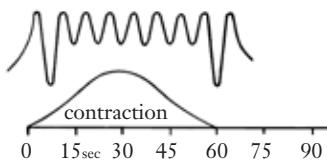
- Feel like menstrual cramps, gas, backache, or pressure in your pelvis. You may also feel tightness in your lower back, hips, and groin
- Each last about 30 to 60 seconds
- Begin mild and slowly get stronger
- May start out at about 30 minutes apart, but get closer until they are about 5 minutes apart

A pink mucous called “show” comes out of your vagina. (Sometimes this happens sooner.)

Your water may break.

You may urinate often or have diarrhea.

Slow, deep breathing pattern



How you may feel

Excited

Glad that labour is starting

Afraid

Talkative

Eager to have your baby born



What you can do

Carry on with what you would normally do. Stay upright as long as possible.

Walk.

Shower.

Relax in a warm tub if your water hasn't broken.

Rest. At night, sleep if you can.

Go to the bathroom as often as you need to.

Eat and drink as you feel the need. You need to keep your energy high. Even if you do not feel hungry, try to eat a light meal. Be sure to get enough to drink.

Breathe normally until walking or talking during a contraction becomes uncomfortable. Then begin slow, deep breathing as you need it.

Go to the hospital when your contractions are coming every 5 minutes (for a first baby). If you have had a baby before, go when your contractions are 10 minutes apart. You may also call the hospital for advice.

Go to the hospital if your water breaks.

How your labour partner can help

Stay with her. Talk to her.

Help her to walk, relax, rest, and pass the time.

Remind her to go to the bathroom. She will be more comfortable if her bladder is empty.

Suggest that she eat and drink.

Time her contractions (See page 160: How to time a contraction.)

Help her through contractions by:

- Breathing with her
- Helping her find comfortable positions
- Using heat, and cold to help her be comfortable

Make sure her bags are packed and ready to take to the hospital.

Call the doctor and take her to the hospital when it is time.



First Stage

Active Labour



What is happening

Your cervix is opening to about 4 cm to 8 cm.

Your contractions:

- Are stronger, more intense, and you feel them more in your abdomen. You can feel them rise to a peak, hold, and then stop
- Last about 45 to 60 seconds
- Are about 3 to 5 minutes apart

The “show” may increase until it is heavy and dark.

Your water may break

You may have some nausea, leg cramps, or backache. You may sweat a lot.

How you may feel

Tired

Quiet

Tense

Discouraged

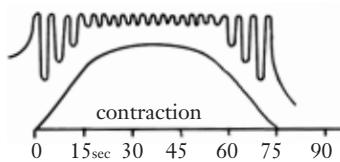
Serious

Focused only in labour

Nauseous (feeling like you might throw up)

Hot or cold

Faster, shallow breathing pattern



What you can do

Concentrate. Focus on breathing and relaxation.

Change positions often. Try the comfort positions you practised.

Walk.

Drink clear liquids to keep your energy up. Sucking on ice chips or a wet washcloth can help if your mouth feels dry.

Keep your bladder empty. Go to the bathroom once an hour.

During contractions:

- Focus on one contraction at a time
- Continue with your slow, deep breathing until it is no longer comfortable. Shift to faster, shallow breathing when you need to

Between contractions

- Relax
- Move around
- Change positions

How your labour partner can help

Stay with her.

Talk to her. Tell her that she is doing well.

Time the contractions.

Help her through contractions.

Breathe with her. Help her to focus.

Do things to comfort her such as massage, back rubs, cool cloths on her forehead.

Help her to move and find comfortable positions.

Offer her ice and clear liquids.

Help her to use vaseline or lip balm if her lips are dry.

Help her to relax and rest between contractions.

First Stage

Transition

What is happening



Your cervix is opening from about 8 cm to 10 cm.

Your contractions

- Are 1 to 2 minutes apart
- Last for 60 to 90 seconds
- Are very strong, intense, and sharp. They rise to a peak quickly, hold, and then ease up. They may have double peaks, when they begin to ease up and then rise again

You may feel great pressure on your rectum or vagina.

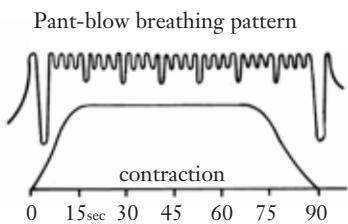
You may feel like you are going to throw up (nausea). You may even throw up (vomit).

You may have leg cramps, shaking, or backache.

Your face may be red and sweaty.

Your feet may be very cold.

You may be sleepy between contractions.



How you may feel

Afraid

Overwhelmed

Exhausted

Restless

Surprised by the urge to push

Confused when told not to push

In a bad mood with the doctor, nurse, or partner

Have a hard time relaxing and breathing

What you can do

- Focus on breathing and relaxing. Think about how close you are to holding and seeing your baby.
- Change positions often. Try the comfort positions you practised.
- Drink clear liquids.
- Suck on ice chips, sour candy, or a wet washcloth if your mouth feels dry.

During contractions

- Focus on one contraction at a time
- Do faster, shallow breathing as you need to
- Change to panting-and-blowing breath when you cannot relax with other kinds of breathing
- Blow out if you need to stop yourself from pushing

Between contractions

- Relax
- move around
- change positions

How your labour partner can help

- Stay with her.
- Talk to her. Reassure her. Tell her that she is doing well.
- Remind her that transition is hard, but short. It means that labour is almost over.
- Help her to stay calm and relaxed by staying calm and relaxed yourself.
- Time the contractions.
- Help her to focus.
- Help her through contractions. Breathe with her. If necessary, take her face in your hands and look into her eyes. Tell her, “Look at me. Breathe with me.”
- Remind her not to push too soon. Help her with panting-and-blowing until the urge to push passes.
- Give clear, simple directions.
- Do things to comfort her such as massage, back rubs, cool cloths to her forehead.
- Place a warm, wet washcloth against her perineum (the area around her vagina). This will help her to relax and let go of her pelvic floor muscles.
- Help her to move and to find comfortable positions.
- Offer her ice and clear liquids.
- Help her to use vaseline or lip balm if her lips are dry.

Second Stage

Pushing and Delivery



What is happening

Your cervix is fully open and your uterus is starting to push the baby down through your vagina.

Your contractions

- Are 2 to 3 minutes apart
- Last for 60 to 90 seconds
- Are very powerful

You may have a strong urge to push with the contractions.

You may find yourself grunting or making noises while pushing.

You may feel pressure in your rectum and groin as the baby moves down the birth canal. When the crown of the baby's head can be seen, you may have a burning feeling.

Your backache may go away.

How you may feel

Excited

Impatient

Tired

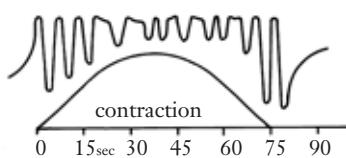
Happy that labour is almost over

Overwhelmed by the urge to push

Amazed at the effort of pushing

Sleepy and peaceful between contractions

Breathing for pushing pattern



What you can do

Your nurse or doctor will ask you not to push until your cervix is fully open. When you are asked not to push

- Blow out until the urge passes

When your cervix is fully open (10 cm), the nurse or doctor will ask you to push when you feel the urge. Pushing may feel very good, if your perineum is relaxed.

When you push

- Push from a position that feels comfortable to you: partly sitting, lying on your side, kneeling, squatting, or partly sitting with your knees bent

Use the breathing for pushing pattern that works best for you.

How your labour partner can help

Talk to her. Support her. Praise her.

Help her to imagine the baby moving down the birth canal.

Help her find a comfortable position for pushing. Hold and support her in this position.

Help her to curl forward while pushing.

Breathe with her. Help her by panting-and-blowing with her when she is asked not to push.

Let her know it's okay to make noises when she needs to.

Use massage to help her relax.

Remind her to relax her pelvic floor muscles.

Tell her when you can see the baby's head. She may want to touch it so she can believe that birth is almost here.

Welcome the baby into the world! Ask for the baby to lie on your chest and skin-to-skin.

Third Stage

Delivery of the Placenta



What is happening

After the baby is born, your uterus rises higher in your abdomen. It becomes very round and the size of a grapefruit.

The doctor will give you a needle (injection) to help the uterus push out the placenta. Putting the baby to your breast will also help the uterus to contract. The doctor or nurse may support your abdomen as the placenta comes out.

There may be a gush of blood as the placenta comes out.

If you had an episiotomy, the medicine you were given to freeze you will still be working, so it won't hurt while the doctor is stitching your incision (cut).

How you may feel

Excited, thrilled

Happy, grateful, glad that it is over

Proud, fulfilled

Tearful

Hungry and thirsty

Exhausted

Focused on the baby; needing to know that he or she is okay.

What you can do

Relax.

Bear down to push the placenta out the doctor or nurse asks you to.

Lie back, hug and enjoy your baby and your new family.

Breastfeed your baby.

How your labour partner can help

Assure her that the baby is fine.

Offer her something to drink.

Hold, hug, and enjoy the baby together.

Be aware of your own feelings. You may feel many emotions — joyful, tired, tearful, and glad that it is over.

Pat yourself on the back for doing such a good job.



Early Care For Mother and Baby

The first few days after your baby's birth are filled with excitement, change, and questions. In New Brunswick, a public health nurse will visit you in the hospital. If she has not seen you in the hospital, she will call you at home. You may be offered Healthy Families-Healthy Babies services.

After you go home, get more information and support from your local Public Health Office, Telecare, or the hospital.

Whether you had a vaginal or cesarean birth, you will notice many changes in the hours and days after your baby's birth. It will take about 6 weeks for your body to feel normal. It will slowly return to how it was before you were pregnant. Emotionally, you start getting used to being a mother and getting to know and love your new baby.

By resting enough, you and your baby will move smoothly through these changes.

When you are in the hospital, the nurses will check your temperature, pulse, and blood pressure. They will also check your abdomen to see that your uterus is firm and is getting back to its normal size. If you had an episiotomy, nurses will check to see that it is healing well.

As your uterus returns to the size it was before you got pregnant, you may feel sharp cramps in your abdomen. These are called "after pains". If you breastfeed your baby, you may notice them most while your baby is feeding. The baby's sucking makes the uterus get tight, and helps it return to normal. Many new mothers find that the breathing exercises they used during labour can help them with the "after pains", too.

The doctor or nurse will ask you about the amount and colour of the discharge from your vagina. This is called "lochia" and looks like a menstrual period. For the first few days after childbirth, it is bright red, heavy, and may have clots. During the next few days it changes to a brown or pink and then becomes light yellow or clear. This can take a few weeks.

Mother Care



The nurses will also remind you to urinate and will be there if you need help. They will ask if you have had a bowel movement and suggest you drink lots of water to prevent constipation.

Although you need rest, you also need to move around. In the hospital, you need to get up and walk. You can also begin gentle exercises soon after childbirth. A mixture of rest and activity will give you the energy you need to take care of your baby and yourself.

Talk with your nurse or doctor if you have any questions about your body, your baby or your new family.

Breast Care

For the first few days after birth, your breasts will feel soft and will produce colostrum — a sticky, yellow fluid.

Your milk usually comes in about 2 to 4 days after your baby is born. Your breasts will feel warm, firm, and tender. If they become very full and sore, feeding your baby will help. If the baby does not want to feed when you need relief, you can express milk from your breasts. This is easy to do when you take a warm shower. You can also put warm cloths (compresses) on your breasts to ease the discomfort.

When you take a bath, wash your breasts with plain water only. Do not use soap. Pat your nipples dry. Let them dry in the air after each feeding.

You can prevent dryness and skin rashes by rubbing a small amount of breast milk onto your nipples and the dark circle around them (areola).

Wear a cotton bra that fits you well and does not have elastic straps. The bra should not have a lining made of plastic or rubber.

To learn more about breastfeeding your baby, see Section 4 - Breastfeeding.



Even if you decide not to breastfeed, your breasts will produce milk.

A good support bra will help you feel more comfortable.

Mothers who decide not to breastfeed do not need medicine to dry up the milk.

Avoid doing things that will cause your breasts to produce milk, such as:

- Rubbing your breasts with a face cloth, your hands, or clothing
- Letting hot water fall on your breasts when you are in the shower. To avoid this, shower with your back to the water

If your breasts become sore and swollen, ice packs and pain pills may help. The milk in your breasts will be absorbed by your body. Try not to express milk.

Soon after your baby's birth —in 2 or 3 days — you may find yourself not feeling as happy as you think you should. You may feel tired, moody, tearful, helpless, or overwhelmed.

These feelings are called “postpartum blues.”

They are normal. Many new mothers feel this way. Most find that these feelings pass quickly. Resting and spending time with your baby will help.

To learn more about postpartum blues, see page 213 in Section 8 - Healthy Family. Talk about this with your partner, friend, support people and/or family.

Baby Blues (Postpartum blues)

For most women, the “baby blues” go away in a week or two. But in some cases, women go on to have postpartum depression. No one knows what causes it. The change in hormones and a family history of depression may be the reasons. If you have postpartum depression, you may feel very sad, angry, moody, helpless and lonely. You may not be able to sleep. Your energy may be low. You may think about hurting yourself or your baby.

You are not alone. Talk to your health care provider or call Tele-Care 811. This is an illness that can be treated. Most women improve within 3 months.

Postpartum Depression

IMPORTANT

See your doctor right away, or go to your hospital emergency centre if you start to think about hurting your baby or yourself. Make sure that someone stays with your baby.

Helping your body feel comfortable after birth

Care of the perineum

Whether or not you have stitches from a tear or episiotomy, your perineum (the area between your vagina and rectum) may be swollen and sore. To feel better, try:

Ice packs: Ice packs wrapped in towels will help reduce swelling and pain in your perineum. Be careful not to leave on longer than 20 minutes.

Warm baths: Soak at least 3 times a day in a warm bath. Do not add anything to your water. Use a mild soap at the end of your bath. Do pelvic floor exercises while you are soaking.

Rinsing carefully after going to the bathroom: Pour warm water over your perineum. Squirt water from a squeeze bottle while you are sitting on the toilet. Pat yourself dry with clean wipes, moving from front to back. This keeps the area clean and stops infection.

Sitting carefully: Sit down on both hips evenly. Make your pelvic floor muscles tight as you lower yourself. Relax them when you are sitting. Tighten them again as you get up. Sit on firm chairs, not a soft couch or chair.

Pelvic floor exercises: Start doing these soon after your baby is born. If you tighten and relax these muscles, healing will be faster.

Hemorrhoids

The pressure of bearing down during labour can cause hemorrhoids. If you had them during pregnancy, giving birth can make them feel more swollen and sore.

You can help the pain by:

- Using an ice pack wrapped in towels
- Soaking in a warm tub
- Keeping your bowel movements soft. Drink lots of fluids (6 to 8 glasses a day) and eat fruits, whole grains, and other high-fibre foods

To learn more about hemorrhoids and relief from them, see Relief for Common Discomforts on page 39 in Section 2 - Nine Months of Changes.

Hemorrhoids can hurt quite a bit. But they often go away as your body recovers from pregnancy and birth.

After a Cesarean Birth

After a cesarean, the care you receive in hospital will be a bit different. If you have questions, talk to your doctor or to the nurses.

You may also find that you have feelings you did not expect. If you had been planning a vaginal birth, you may feel sad. Talk about how you feel with your partner, your doctor, your nurse, or someone you trust. Your feelings are normal. Here are some tips for healing after a cesarean:

Physical care

After this kind of birth, the incision (cut) will be painful, and it will hurt when you move. If you need pain medicine, your doctor will order it for you.

For the first 24 hours after the birth, you may have a needle in your arm and a tube that provides fluids. This is called an intravenous drip (or IV). It helps you get enough fluids. You may also have a tube in your bladder to let you pass urine (pee). The hospital will offer you food and drink. It's good to eat, if you feel hungry.

To make it easy to have a bowel movement after the operation, drink plenty of liquids (6 to 8 glasses a day) and walk as much as you can. Your doctor may suggest medicines such as a stool softener or mild laxative. When you have a bowel movement, support the place where you were cut with your hands while you bear down gently.

Breathing exercises

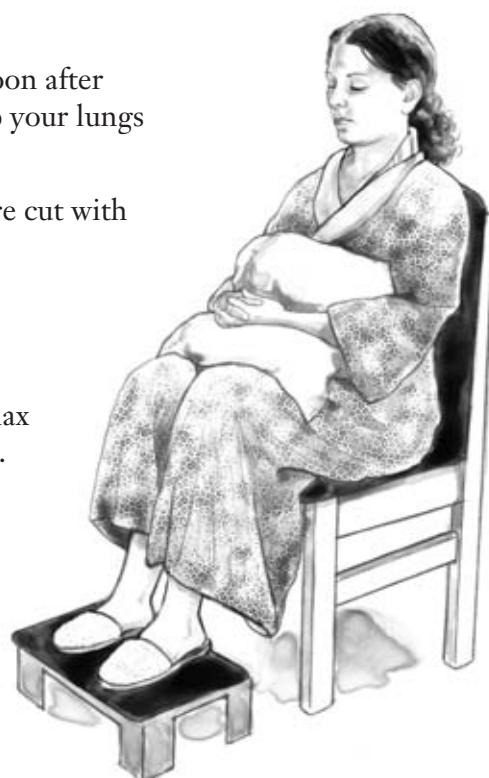
Breathing exercises are the first step to feeling better. Start them soon after the operation and continue for the next several days. This will keep your lungs clear and make your healing easy and faster.

When you do breathing exercises, support the place where you were cut with your hands or a pillow.

Here's what you can do once an hour:

Take 2 or 3 slow, deep breaths. Feel your chest expand.

Huff. Huffing is like saying "ha" quickly. Open your mouth and relax your jaw. Tighten your abdomen and force the air from your lungs.



Caring for your incision (cut)

Your incision will be covered with a bandage for at least 24 - 36 hours. Your dressing is removed just before you take your first shower. There is no further need for a bandage. Make sure your incision is dry before covering with your clothes.

Some stitches dissolve on their own. Others must be taken out by the doctor or nurse a few days after the operation. Some doctors use metal clips or staples to close the incision. These need to be taken out a few days after the operation.

The incision will be sore at first. As it heals, it may feel numb, itchy, tight, or tender. This is a normal part of healing.

Your doctor or nurse will tell you how to take care of your incision after you leave the hospital. In most cases, it will not need any special care after you go home.

When you are feeding your baby, place a pillow between your baby and the incision. You will both be more comfortable.

Rest

After a cesarean birth, your body must heal from both childbirth and an operation. Give yourself time to get your strength back.

Rest is an important part of feeling better. Try to rest when your baby sleeps. Accept help when people offer it. Limit visitors. Put a sign on the door of your house or apartment: “Mother and Baby Sleeping.”



Vaginal Birth after a Cesarean (VBAC)

If you have had a cesarean birth, you may be able to have a vaginal birth with future babies. You should discuss this with your doctor.

A vaginal birth after a cesarean (VBAC) may be possible if:

- Your next pregnancy is normal in all ways.
- The cut in your uterus from the first cesarean runs from side to side rather than up and down. Be aware that the scar on your skin may be up and down even though the cut in your uterus is from side to side.
- You are pregnant with only one baby, not twins or triplets.
- The reason for your first cesarean does not happen again. For example, if you had a cesarean because your baby was lying sideways in your uterus, if this baby is in a normal position (head down), you could give birth through your vagina.

A VBAC is safe, although there is a small chance that the uterus could tear (rip) during labour. This would happen where the cut from the first cesarean was. If this happens, you will need a cesarean again.

The benefits of a birth through the vagina:

- A lower risk of infection and bleeding
- Fewer problems from anesthesia
- A shorter time in hospital
- An easy and faster recovery from child birth

Talk with your doctor if you want to learn more about VBAC.

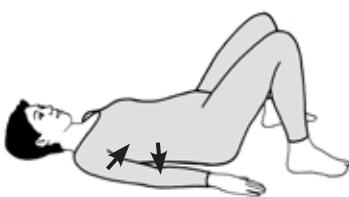
Not all hospitals offer vaginal birth after a cesarean. Talk with your doctor about what is offered in your town or city or about going to a hospital that has this choice for your next birth.

Exercises you can do after Child Birth

After your baby is born, being active will help your body return to normal.

Exercise will:

- Speed up healing
- Improve your blood circulation
- Make your muscles strong
- Keep your pelvic organs toned
- Give relief from hemorrhoids
- Help your bowels and bladder to work well
- Give you energy
- Help you to feel better and more relaxed



On the day of delivery — in bed:

- Do foot and ankle circles
- Do pelvic tilts (lying on your back with your knees bent)
- Do pelvic floor exercises

After 24 hours add:

- Stomach (abdominal) muscles tightening (lying on your back with your knees bent)

After two days add:

- Curl ups — Before you do curl-ups, check to see if you have an abdominal separation as you learned in Section 6 - Healthy Activity. If you do, you must support your abdominal muscles while you exercise.
- Diagonal curl-ups
- Alternate arm stretches
- Elbow circles

You may want to relax as part of your exercise program using the relaxation tips in Section 6 - Healthy Activity. Being relaxed matters as much now as it did when you were pregnant.

Exercises you can do after a Cesarean Birth

After an operation, being active will help you heal as much as rest does.

You should begin breathing exercises (see page 175) in the first few hours after your cesarean. Continue to do them while you are in the hospital.

Within the first 24 hours after birth, the nurses will help you to sit on the side of your bed, stand up, sit in a chair and to take short walks. This may not be easy, and you may think they are asking a lot of you. But it is important to be active. It helps you heal from the operation.

Moving and exercising will:

- Speed up healing
- Give you relief from gas
- Help your blood circulation
- Help your bowels and bladder return to normal
- Give you more energy
- Help you to feel better and more relaxed

If your hospital offers a postpartum exercise class, try to attend. It will give you a chance to move around and will help you return to normal life.

You have seen the exercises in this section. They were part of your prenatal program. Start them as soon as you can and do them at home. You'll find details about the exercises in Section 6 - Healthy Activity.

Start gently and allow your muscles to slowly get stronger. Start by doing each exercise 3 to 5 times. Slowly increase to 5 to 10 times each.

Days 1 and 2

Do these lying in bed:

- Foot and ankle circles
- Pelvic floor exercises
- Pelvic tilt (lying on your back with your knees bent)
- Abdominal tightening (lying on your back with your knees bent)
- Leg bending:
 - Lie in bed with head and shoulders raised on pillows
 - Bend your right knee, keeping your left knee straight
 - Bend and straighten your left knee several times
 - Change legs and repeat



Days 3 and 4



Do these sitting or standing:

- Foot and ankle circles
- Pelvic floor exercises
- Pelvic tilt
- Abdominal tightening

Do this lying down:

- Leg bending

Baby Care

During the first few days after birth, your baby is learning about life outside your womb. Breathing, eating, and the feeling of air are all new.

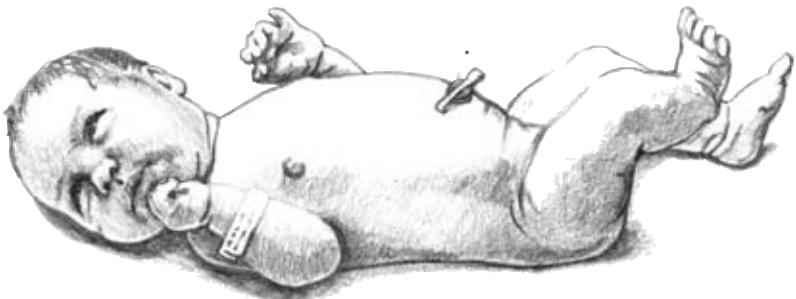
The hospital staff will check your baby's breathing, heart rate, and temperature. They want to be sure the baby can suck well. They will check to see if the baby is wetting diapers and having bowel movements.

Right after birth, your baby will be given an Apgar score. This score is based on your baby's heart rate, breathing, muscle tone, reflexes, and colour. Later, a doctor will give the baby a complete exam.

Immunizations during childhood help prevent certain diseases in the child's life. After birth, if you agree, your baby may receive his first hepatitis B vaccine. To learn more about immunization, see page 203 in Section 8 - Healthy Family.

The law says that an ointment must be put in your baby's eyes to protect against infection. This will be done soon after birth. The ointment may make your baby's eyes look puffy. Your baby will also be given vitamin K to help your baby's blood clot.

Before you and the baby go home, your baby's heel will be pricked with a needle. A blood sample will be taken and sent to determine if your baby has any genetic conditions including Phenylketonuria (PKU) and thyroid problems. If these problems are found early enough, your baby will not suffer damage to his development.



IMPORTANT:

If you go home early (as part of an early discharge program) or leave the hospital before 48 hours, your baby will still need to be tested.

Before you leave, arrange a time to come back to the hospital to have your baby's PKU test done.

How Your Baby Looks

New parents are often surprised by the way their baby looks. When you were pregnant, you may have been thinking and dreaming about a girl with blond hair like her father. Or a little boy with black hair and brown eyes.

Part of being a parent is letting go of this “dream” child. You need to accept and love your real baby. Love does not turn on and off like a switch. It grows over time. As you spend time touching, hugging feeding, and just looking at the tiny hands and feet, you will find a lot to love.

Size

Most full-term babies weigh about 3500 grams (7½ lbs) and are about 50 cm (20 inches) long. They lose a bit of weight soon after birth.

Head

Your baby’s head may seem too big for such a tiny body. It may also have an odd shape from the pressure of childbirth. You will notice a soft spot on the top of the head. Your baby may have a lot of hair, or almost none.

Skin

Your baby’s skin may be dry and flaky. This is normal and will change soon. You may also notice something that is creamy white on the baby’s skin. This is called “vernix”. It helped to protect the baby’s skin in the uterus. It is good for the skin after birth, too. You do not need to scrub it off.

Face

Most newborns have small, flat noses, small chins, and short necks. This makes it easy for them to breastfeed.

Body

Your baby will have a round chest and tiny little hips. The legs and arms will be bent a bit and the hands curled into fists. Many babies like to sleep with their legs tucked up, the way they were for the last nine months. To reduce the risk of Sudden Infant Death Syndrome (SIDS), babies should sleep on their backs. See Section 8 - Healthy Family: How Much Do Babies Sleep?

Cord

After the cord has been cut, it is grey and soft. It will be closed with a plastic clip. The clip may be taken off or your baby may go home with the cord clamp on. During the next few weeks, the cord will dry up, get small and dark, and fall off with the clip.

What Your Baby Needs

Newborn babies need to eat and to sleep. They need warmth and comfort. They need to be clean and safe.

You cannot predict what they will do. They have not settled into a routine of sleeping, waking, and eating.

Babies learn about the world by having their needs met. Babies need to be fed when they are hungry.

They need to be held close, treated gently. You need to keep them safe, warm, and dry. They need to see loving faces and hear gentle voices.

These first few days are a time when you, your baby, and your family meet each other. You will learn how your baby looks, smells and sounds. You will start to learn what she likes and dislikes, and your baby will begin to learn the same things about you.

Feeding Your Baby

Newborn babies don't eat much during the first few days. Because of this, they may lose a bit of weight and then begin to gain it back. Most babies are back to their birth weight within 2-3 weeks.

When you are breastfeeding, your breasts will produce "colostrum". This is a special kind of early milk for your baby. It is all your baby needs for the few days before your body begins to produce milk.

While you are in hospital, the nurses can answer your questions and help you with breastfeeding.

Ask for as much help and advice as you need. Some hospitals also offer classes to help you start breastfeeding.

You may also have questions about formula feeding, and how to prepare (make) formula. If so, be sure to ask for help and advice.

For more information about feeding your baby, see pages 190 to 193 in Section 8 - Healthy Family.



Taking Care of Your Baby

You will learn new skills to care for your baby. You will learn how to give a bath, change diapers, dress the baby, and feed him.

When you are in hospital the nurses will answer your questions and help you learn to take care of your baby. Use this chance to ask about anything that puzzles or concerns you. Some hospitals offer baby care classes to help new mothers feel sure of themselves.

You can learn more about baby care in Section 8 - Healthy Family, or by talking with your public health nurse.

During the first few days, some babies get “jaundice.” Their skin and eyes look yellow. The yellow colour is caused by something in the baby’s blood called “bilirubin”. You may see the yellow colour on the third or fourth day. It may get stronger on the fourth or fifth day, and be gone within two weeks.

Most of the time, jaundice is not serious. But it can be, sometimes. If your baby’s eyes or skin look yellow, the doctor may order a blood test. If the test shows that there is a high level of bilirubin in the blood, the baby will be treated with phototherapy. All of your baby’s clothes, except the diaper is removed and your baby will be placed under ultra violet lights. Depending on the type of light used your baby may need to have his eyes covered. The light helps to break down the bilirubin in the baby’s body. It will not harm your baby in any way.

If it is treated, this kind of jaundice has no long-term effects on the baby’s health.

If you are breastfeeding you should still feed your baby during the jaundice treatment.

If Your Baby Has Jaundice



Registering Your Baby's Birth

Before you and your baby leave the hospital, you will need to fill in forms to register your baby's birth.

When you have done this, you can give the forms to the maternity unit at the hospital. They will be sent to the Vital Statistics Office, which will send you a birth certificate for your baby. You should get this 6 to 8 weeks after Vital Statistics receives the forms.

If you complete the forms at home, mail them to:

Vital Statistics
435 King Street
Fredericton, NB
E3B 5H1

You must also register your baby with Medicare New Brunswick. You should do this as soon as you can, so that your baby's medical expenses are covered.

When you are in hospital, you will get a form to register your baby for a Medicare number. When Medicare New Brunswick gets your form, it will send you a Medicare card for your baby. Keep this card in a safe place. It is the baby's Medicare number for life. You will have to renew it every 3 years. Medicare New Brunswick will send you the forms. If your address changes, please inform Medicare New Brunswick of your new address.

If you have questions about your baby's birth certificate or Medicare numbers, contact your local Service New Brunswick Office or call 1-888-762-8600.



Healthy Family



A NEW LIFE

Your First Weeks at Home

Welcome home and welcome to life as a parent!

After a few days in the hospital, you may be looking forward to going home and being a family.

On the other hand, many new parents are worried about looking after the baby on their own. A new baby seems so tiny and helpless. You may wonder how you will manage.

There are many places to learn about baby and childcare. Family, friends, public health nurses, and community groups can help. So can books. You may want to get a childcare book you enjoy reading. It can come from your local library or bookstore.

In this section we talk about baby's first six weeks. We focus on taking care of your baby, taking care of yourself, and getting used to life as a family.

During these first weeks as a parent, you may feel excited and tired. Do not forget that being a parent is something we need to learn. It's a new skill! No one is born knowing how to be a good parent. You will learn over time. It is on-the-job training!

Relax. Get as much rest as you can. Focus on loving and looking after your new baby.



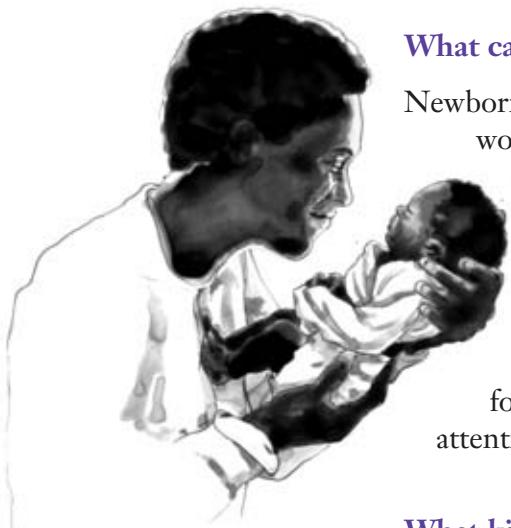
What's Normal for a Newborn?

New babies seem helpless, but they can see, hear, smell, taste, and feel. When they are born, they have what they need to live, to grow, and to learn about the world.

What can babies see?

Newborns can see light and dark, shapes and patterns. They can focus and see clearly when things are 18 to 25 cm (7 to 10 inches) away. When you hold your baby in your arms, this is about the distance between her face and yours. Babies like to look at faces more than anything else.

During the first few months, you may notice that your baby's eyes wander or cross once in a while. Many babies do this until they learn to control the muscles around their eyes. If you are worried about your baby's eyes, talk to your health care provider. You can do this when you take the baby for a checkup.



What can babies hear?

Newborn babies have excellent hearing. In fact, while they are still in the womb, they can hear their mother's heart beating. They can also hear noises from outside the womb.

Babies like to listen to voices, music, and humming sounds like a washing machine or a dishwasher.

Sudden loud noises may make a baby cry or wake them up if they are sleeping. Even so, there is no reason to try to keep the house quiet for the baby. Babies get used to normal noises. They do not pay a lot of attention to them.

What kind of sounds can babies make?

New babies can cry. After a few weeks, they can gurgle and make small sounds in their throats. Later, they begin to coo and babble and laugh.

The best way to help babies speak is to talk to them. Sing and talk to your baby as much as you can. Talk while you are feeding, washing, and dressing him. Talk about what you see when you are on a walk together. What you say does not matter. The baby needs to hear your voice.

What kind of movement is normal for a newborn?

Newborns have some control over their muscles. They can move their arms and legs, hold your finger, and turn to face the breast or bottle.

Babies' heads wobble. You need to support the head when you pick up a baby. Your baby will not be able to balance her head alone until she is about 4 months old.

Babies' bodies, minds, and feelings all grow at the same time. Even in the first weeks of life, you are teaching your baby about life.

When you respond to your baby's cries you are teaching her that when she needs something, someone will come and help her.

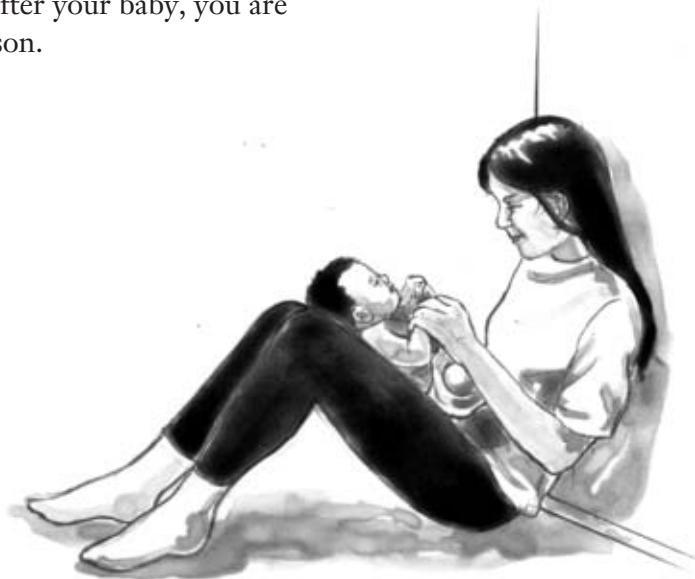
When you talk and sing to your baby, you are helping him to develop hearing and language skills.

When you smile and make faces at your baby, you're helping her to control her eye muscles so she can focus and see clearly.

When you blow bubbles on your baby's tummy, rub and kiss his little hands and feet, stroke his soft head and cheeks, you're helping him to learn how his body feels and what it can do.

As you play with your baby, love your baby, and look after your baby, you are helping him to develop into a happy, healthy little person.

How Can I Help My Baby Develop?



Caring for Your Baby

Caring for a baby takes skill and practice. No one is born knowing how to bathe, dress, feed, and diaper a baby. Most parents learn these skills as they go along.

Don't worry if you feel awkward and uncertain at first. Before you know it, looking after your baby will seem natural, you will hardly remember that it was something you had to learn.

How Should I Feed My Baby?

For the first six months of life, breast milk is all your baby needs. If you decide to use formula, that is all your baby needs for the first 6 months. Babies can have trouble with solid food if they have it before 6 months.

This means that for now, you only have to decide whether to give your baby breast milk or formula. Your local Public Health Office, prenatal instructor, or your health care provider can give you advice and information to help you.

Breastfeeding

Breastfeeding gives your baby the healthiest possible start. Section 4 - Breastfeeding, explains why breastfeeding is important and talks about building breastfeeding support. Now is the time to start calling on that support.

Breastfeeding is the natural way to feed your baby. But that does not mean that you will naturally know how to do it. Most mothers need advice and support. This is most true during the first month when everything is new.

Love and support from your partner and your family can help you. Friends who have enjoyed breastfeeding their babies can also help. So can a public health dietitian, health care provider, and support groups like La Leche League, breastfeeding clinics, breastfeeding support groups, and Family Resource Centres.

You need to take care of yourself while breastfeeding. Get plenty of rest, eat well, and drink lots of fluids. Eating healthy food will help you feed your baby and keep your energy high. While you are breastfeeding, you need the same amounts and kinds of food as you did when you were pregnant. This means that each day, you need at least:

	Teens (14 to 18)	Adults (19 or older)	Breastfeeding women
Vegetables and Fruit	7	7 to 8	
Grain Products	6	6 to 7	
Milk and Alternatives	3 to 4	2	
Meat and Alternatives	2	2	Include an extra 2 to 3 Food Guide Servings each day

Tips to help you breastfeed

- Do not do too much during the first few weeks. Focus on relaxing and getting used to breastfeeding. If you can, ask friends or relatives to help with cleaning the house or cooking, so you can spend these first weeks taking care of yourself and your baby.
- At first, breastfeed whenever the baby wants to feed. This is called “nursing on demand”. The more your baby nurses (or drinks breast milk), the more milk your body will produce. Feeding the baby small amounts often is the best way to establish a good milk supply.
- During these first weeks, your milk supply will change all the time to meet your baby’s needs. At first you may need to nurse every 2 or 3 hours. The time between feedings will increase until your baby wants to nurse every 3 or 4 hours. Most babies grow a lot when they are 10 days old and at 3 and 6 weeks and again when they are 3 months and 6 months. When this happens, your baby will need to nurse more often.
- Do not give your baby a bottle of milk. If your baby has milk from a bottle, she will drink less breast milk. If your baby is not drinking your milk, your body will not make milk. It is better to wait until you have nursed for at least 6 weeks and have a good supply of milk before you give your baby any bottled milk.
- If you find that you need to give your baby breast milk other than at the breast before the first 6 weeks, talk with your health care provider or a public health dietitian about the best way to do this.

How to breastfeed your baby

Your baby gets milk by sucking on the breast, not the nipple. The baby uses its lips, gums, tongue, cheeks, jaw muscles, and hard and soft palates to feed. It is good exercise! It can help make the baby’s gums, jaws, and teeth healthy and strong.

When you are breastfeeding, you should be sitting in a comfortable way and you should be in a position that allows your baby to “latch on” to your breast. Doing this will keep things going well for you both. Good position and good latching can also prevent problems later on.

When you breastfeed, you need to relax. There should be no tension in your shoulders or back. Make sure that your arms and back have support so you will not strain your muscles. You may want to use pillows and a footstool for more comfort. If you are sore from childbirth, you may need help to put the pillows in the right place.

Once you are in a good position, you can offer your baby your breast. Babies often nurse better when they have skin contact with their mothers. Many babies find the nipple easily, latch on to the breast, and seem to know what to do. Others need some help. Here are some ways to help your baby latch on:

- Have your baby at the level of your nipple before you begin. Use pillows or a rolled blanket to get your baby at the right level.
- Support your breast with your free hand by making your hand look like the letter “C”. This means that your thumb is on top of your breast, and your fingers are under it, far behind the darker skin around your nipples (areola).
- Help your baby’s mouth to open wide. To do this, lightly touch your baby’s lips with your nipple. Move the nipple from the baby’s upper lip, to lower lip, and back again.
- When your baby’s mouth is open as wide as a yawn, pull the baby close to you. Your nipple should be centred upward in your baby’s mouth. Baby’s chin should touch the breast first.
- Make sure that the baby’s mouth is wide open and the baby’s lips are curled out and that his chin touches your breast.
- Allow your baby to suck at the first breast for as long as he or she wants. Then you can offer the second breast, if she is still hungry. Babies will often leave the breast on their own when they are full or need to burp.

If your baby takes only the nipple, gently break the suction and start again. Break the suction by placing your clean finger into the corner of baby’s mouth and pressing against your breast. If you allow your baby to suck without getting a good latch, two things may happen. One, your nipples may get sore. Two, your baby may not get enough milk.

Breastfeeding is a special time for you and your baby. Relax and enjoy it. If you have questions or concerns, talk with your public health dietitian or health care provider.



Commercial Infant Formulas

If you decide to use a commercial formula, your health care provider may suggest a brand. There is not much difference between them.

You must prepare infant formula correctly. Germs can spread and your baby can get sick if you do not.

To learn more about how to prepare formula, contact your local public health office.

If either parent has milk allergies in the family, talk to your health care provider about how to tell if your baby has this kind of allergy.

Commercial Infant Formulas

Do I Need to Give My Baby Vitamins?

Vitamin D

- Health Canada recommends that all breastfed babies be given a daily Vitamin D supplement of 10 ug (400 IU).
- You should start giving your breastfed baby Vitamin D at birth. You should continue:
 - until your baby is getting at least 10 ug (400 IU) per day of vitamin D from food (such as drinking 2 cups (500 ml) of milk or formula a day), OR
 - until the breastfed child is one year old.

To learn more about breastfeeding and Vitamin D, talk to your health care provider.

IMPORTANT: Babies fed commercial formula **should not** be given any extra vitamin supplements.

Fluoride

Fluoride helps make strong bones and teeth. Your baby should not need to have a fluoride supplement. If your family has poor dental health or if you want to know whether fluoride is right for your baby, talk to your dentist.

Do I Need to Give My Baby Fluoride ?

How Much Do Babies Sleep?

New babies nap and sleep when they need to. They do not know about being “awake” or “asleep.” Each new baby develops a pattern of sleeping and waking. As you learn about these patterns, you will know when your baby is sleeping, awake or lying there quietly.

Something you can do to help your baby learn the difference between sleeping and waking is to put him to bed when he is very sleepy and get him out of bed when he is awake. This will help him connect the bed with sleep.

All new parents are tired. It may be months before you will be able to get more than a few hours of solid sleep.

Here are some things you can do to make night feedings easy.

- Make sure the baby is comfortable when you put her to bed. She should be fed, burped, and dressed in comfortable clothes. Be sure the room is warm and dark enough. (You may want to leave a dim light on so you can see during the night.)
- The baby will wake up because he is hungry. The night is too long for him to not have food. Make night feedings as quick and quiet as you can. The baby will go back to sleep faster if he stays sleepy and calm during the feeding. You do not need to go to the baby every time he makes a noise, but do go as soon as you are sure he is crying. Do not give him a chance to be wide awake. Have everything you need ready, such as a diaper. If you burp the baby and change the diaper half way through the feeding, the baby can go back to sleep right away at the end.

To reduce the risk of Sudden Infant Death Syndrome (SIDS):

- Provide a smoke-free and drug free environment before and after your baby is born.
- Breastfeed your baby. Breastfeeding offers some protection against SIDS or crib death. Fewer breastfed babies die from SIDS.
- Always place your baby on his or her back to sleep, at naptime and night time.
- Place your baby to sleep in a crib, cradle or bassinet next to your bed. This is called co-sleeping. Bed-sharing is when the baby sleeps in the same bed as an adult. Bed-sharing can increase the risk of SIDS.
- Provide your baby with a safe sleep environment that has a firm surface and no pillows, comforters, duvets, bumper pads or stuffed toys.
- Make sure your baby is not too hot.

Link: <http://www.phac-aspc.gc.ca> (search for SIDS)

Babies who lie in one position for a long time can develop flat spots on their heads. This happens because the baby's skull bones are very soft in the first year of life. As well, babies have weak neck muscles. They may turn their heads to one side when lying on their backs.

Why do some babies have flat spot on their heads?

To prevent your baby from getting flat spots on his head:

- Change where you put him in the crib each day. For example, one day place his head at the head of the crib, and the next day place his head at the foot of the crib.
- Avoid leaving your baby a long time in car seats, swings, and baby seats where his head will be in the same place.
- Change the way you hold him for feedings. If you use different positions, this will put less pressure on one spot on your baby's head.
- Move toys and mobiles to different places so your baby will turn his head in many directions.
- Put him on his tummy and side to play with him when he is awake. This is also good for your baby's development.



Why Is My Baby Crying?

All babies cry and most babies cry a lot. They cry because crying is the only way they have to let you know that they need something. Babies cannot say “Please change my diaper” or “Feed me” or “I want to have fun.” All they can do is cry.

When your baby cries, try to find out why. The chart on the next page can help. As time goes by, you will know what different cries mean and what to do. The key is to watch and learn your baby’s signals.

Don’t be afraid of “spoiling” your baby by going to him when he cries. Babies cry because they need food, love, hugs or a smile. When you respond to crying, you are helping your baby learn that the world is a good place to be. He is learning that help comes when it is needed. A baby whose needs are met will feel safe, secure, and loved, not spoiled.

Sometimes, no matter what you do, your baby keeps crying. This can be hard to deal with.

WARNING: Babies can be hurt if you treat them roughly or shake them. Shaking your baby can cause death or permanent damage to your baby’s brain. Make sure all the people around your baby know about “shaken baby syndrome.”

It is easy to say “stay calm,” but it can be very difficult to do. If you feel angry and are afraid you might hurt your baby:

- Put your baby safely in his crib and leave the room
- Do something to get rid of the anger. Run, jump, yell, or hit a pillow
- Call for help. Call a friend, family member, help line or Tele-Care 811. Sometimes just talking to another adult can help you feel better.



My baby is crying? What can I do?

Hungry or thirsty	<ul style="list-style-type: none"> Feed the baby, especially if more than 2 hours have passed since the last feeding.
Uncomfortable	<ul style="list-style-type: none"> Burp the baby. Check diaper pins. Change wet or dirty diaper. Change the baby's position. Gently rub the baby's back. Make sure the room isn't too warm or too cold. Make sure the baby is not wearing too many clothes, or not enough.
Not feeling safe (Insecure)	<ul style="list-style-type: none"> Wrap the baby up in a light blanket. Help the baby feel safe by moving slowly and calmly. Do not rush or move quickly. Hold the baby close and cuddle.
Lonely or bored	<ul style="list-style-type: none"> Talk or sing to your baby. Move the baby to a room with other people. Play music. Rock the baby. Take the baby for a walk. Give the baby a toy or mobile to watch.
Too tired	<ul style="list-style-type: none"> Move the baby to a quiet place. Give the baby something to suck — your breast or a soother (if you are formula feeding). Try quiet motion — rocking, patting, riding in a car or carriage. Turn on the dishwasher, clothes dryer, or washing machine. Babies often enjoy these kinds of sounds. They remind them of the sounds they heard in their mother's body before they were born. Take a warm bath with your baby (make sure you have someone to hold the baby while you get in and out of the bathtub).
Fussy time of day	<ul style="list-style-type: none"> This often happens late in the afternoon or early evening. Try the ideas for helping an overtired baby. Try to plan ahead to make this time of day calmer. For example, get supper ready ahead of time and plan activities to keep your other children busy. Ask for help during busy times. Ask your partner or someone else to take the baby or to do the chores so you'll be free to care for the baby. You can also use a snuggler (Snugli™) so you can hold your baby close and still have your hands free. Babies who are held and cuddled for longer periods cry less.

What is Colic?

Colic is not a disease. A baby with colic cries a lot more than other babies. Nothing seems to comfort the baby or stop the crying. It is painful for the baby and very hard for parents. If your baby has colic, do not blame yourself. It is not your fault.

No one knows what causes colic or why only some babies get it. Colic is most likely to occur in the evenings. It starts during the first few weeks of life and, in most cases, ends when the baby is 3 or 4 months old.

Check with your doctor or public health nurse to make sure there is not some other reason for the crying.

If your baby has colic, get as much rest and help as you can. Let other people help with the baby, meals, and other children. Remind yourself that this will not last forever.

A baby with colic:

- Cries as if in pain after a feeding
- Pulls his knees up to his chest as with a bad stomach ache
- May pass gas or vomit
- Does not stop crying for long, no matter what you do

You may find these ideas helpful if your baby has colic:

- If you are using a commercial formula, check to be sure the nipple is full of milk so your baby does not swallow too much air during feedings.
- Burp before, during, and after each feeding.
- Try to stay calm and keep your baby calm. Play soft, soothing music. Hum or sing. Walk or rock your baby. Rub the baby's back for comfort and to help pass gas. Lay your baby on his tummy and rub his back. Or, lay your baby on his back and rub his tummy. Place a warm cloth on the tummy or bath the baby in the tub.
- Use an infant carrier that straps on your shoulders (Snugli™). It allows you to carry and comfort your baby when you have to do other things.
- Take the baby for a car ride or go for a walk using the carriage. Sometimes the noise and movement help.
- If you smoke, the nicotine goes into the baby with your breast milk. This may be making the baby upset. You may want to stop or reduce your smoking. Or you could only smoke after you feed the baby.
- Do not change your baby's commercial formula without first talking to a health professional.

How Do I Give My Baby a Bath?

New babies like to be warm, dry and wrapped up. When you begin to give your baby a bath, she may cry until she gets used to it. This is normal. Do not worry about it.

Most babies begin to enjoy their baths after a few months. It becomes a time for play and exercise, tickles and giggles. It can be fun for all the family.

Babies do not need a bath every day, but you should keep their faces, hands, bottoms, and the folds in their neck, groin, and legs clean. It is not safe and you should NOT clean inside the baby's ears and nose, or under a boy's foreskin.

Making the Bath Safe

- Do not leave your baby alone in the bath or on the table. Do not turn your back for even a second. Have all you need for the bath with you and ready before you start. If you have to look away or reach for something, keep one hand on the baby.
- Put water in first. Then put the baby in the water. Never add hot or warm water after the baby is in the tub. Test the water in the tub with your wrist or elbow. It should feel warm, not hot. If it feels fine to you it will be fine for your baby.
- When you have put all the water in the bath, be sure that the water in the tap is cold. This way, the baby won't be burned if the tap is turned on by accident.
- Hold the heavy parts of your baby— his head and hips — when you lift the baby in or out of the bath. Use both hands and hold the baby close to your body. Babies are slippery when wet!

Bath Time Tips

Before you begin your baby's bath, be sure you have all the things you will need. They are:

- Basin or tub
- Mild soap with no perfume (scent)
- Towels
- Washcloth
- A soft hairbrush
- Clean clothes and diaper

Choose a room that is warm, with no drafts. Spread out a large towel to lay the baby on. Take off your rings, watch, or other jewelry. Wash your hands and fill the basin with lukewarm water — not hot. Test the water with your wrist or elbow.



When you give your baby a bath, start at the top and move toward the feet. Use only clear water when you wash your baby's face. Use a mild soap on the rest of her body and be sure to rinse well. You need to be sure to rinse the folds on the baby's neck, groin, and legs.

After the bath, wrap your baby in a towel and dry gently. It is best not to use baby powder.

Can I Prevent Cradle Cap?

During the first few months, babies sometimes get cradle cap. This is a yellow, dry crust on the scalp.

To prevent cradle cap:

- At bath time, rub your baby's head using small circles. Dry the head by rubbing with a towel.
- Brush baby's hair and scalp every day.
- If you use soap or shampoo to wash your baby's head, rinse well. Make sure every bit is removed.

If your baby gets cradle cap:

- Do not try to pick it off.
- Rub mineral oil, baby oil or vegetable oil into your baby's scalp.
- Leave for 15 or 20 minutes.
- Shampoo the scalp. Rinse well with clear water. Then gently brush or comb the baby's hair to remove the crusts.

How Do I Take Care of My Baby's Cord?

During the first week, your baby's cord will get smaller and darker. It will dry up and fall off. All you need to do is keep the skin around it as clean and dry as you can. Moving the cord or cleaning around it will not hurt the baby.

In the past, parents were told to gently clean the base of the cord two or three times a day with a bit of cotton dipped in rubbing alcohol. The goal was to keep the cord dry during the baby's bath. This meant it was easier to give sponge baths, rather than tub baths.

Today there are more ideas about how to care for the cord. No one knows for sure what is best. You will get information on how to take care of your baby's cord while you are in the hospital.

Giving your baby a bath in a tub and drying the skin around the cord is safe. It will not stop the cord from dropping off.

Fold the top of the baby's diaper down. The air around the cord will keep it dry. Be sure to change the baby's diapers often.

If you do use alcohol to clean the cord and your baby boy has been circumcised, be careful to keep the alcohol away from his penis.

IMPORTANT Call the doctor if:

- The skin around the cord becomes red or inflamed
- It smells bad
- It is leaking pus or fluid

A baby's bowel movements (BM) change colour and texture over time. They are also different for babies who breastfeed and those who have formula.

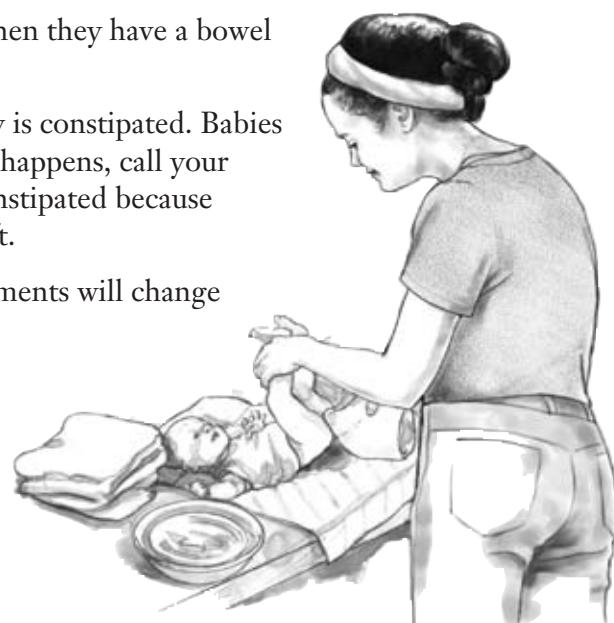
The first BM is black, sticky, and does not smell very much. During the first week, the BMs can be greenish black, greenish brown, brownish yellow, greenish yellow, or yellow. You may also notice some mucus.

It is normal for babies to grunt and get red in the face when they have a bowel movement.

Not having a BM each day does not mean that your baby is constipated. Babies are constipated when their BMs are hard and dry. If this happens, call your health care provider. Breastfed babies are hardly ever constipated because breast milk contains enough water to keep their BMs soft.

When a baby's milk or food is changed, the bowel movements will change as well.

Bowel Movements (BMs)



IMPORTANT Call your doctor if:

- BMs are watery and have a strong smell. This could be "the runs" (or diarrhea). The runs can make your baby very sick very quickly.

Can I Prevent Diaper Rash?

Diaper rash is very common. It can be just a few red spots (a mild case). Or it can be blisters and sores (a severe case). Diaper rash is caused by many things:

- Urine and bowel movements in diapers
- Rubbing against a wet diaper
- Allergic reaction to laundry soap, foods, disposable diapers, or diaper wipes
- A skin infection, but this is less common

To avoid diaper rash:

- Change diapers often. Use a clean cloth to wash and dry the baby's bottom each time.
- If you use cloth diapers, wash them well. Rinse the diapers twice and put 1/2 cup (125 mL) of vinegar in the rinse. Do not use bleach, i.e. Javex™ or fabric softeners like Downey™.
- If you use cloth diapers, use "breathable" diaper covers.

If your baby gets diaper rash:

- Leave the baby's diapers off as much as you can. Lay him on his tummy on top of a few diapers or a soaker pad. Dress the baby in a shirt and cover him with a sheet to keep him warm.
- Change diapers often. Be careful to use clean cloths to wash and dry the baby's bottom each time.
- Use rubber pants as little as possible.
- If you use disposable diapers, change to another brand or try cloth diapers.
- Rub a zinc-based ointment on the diaper rash. Ask your doctor, public health nurse, or pharmacist to suggest a good brand.

Call the doctor if:

- The diaper area smells like yeast
- Diaper rash still won't go away, after you have tried all these tips.

How Many Wet Diapers Can I Expect?

Babies use between 6 and 10 diapers each day. If you change the wet diaper right away, you can prevent diaper rash.

If your baby has less than 6 wet diapers a day, or if the pee (urine) is dark yellow and has a strong smell, it likely means that your baby needs more fluids.

Most babies go for their first check-up when they are 2 to 6 weeks old. During a check-up, the doctor will weigh and measure the baby and check to see how your baby is developing.

Immunizations are also part of babies' health care. It is important that your baby is immunized on time and on schedule for the best protection. In New Brunswick, your baby gets the shots (immunizations) listed below.

When Do I Take the Baby for Check-Ups and Shots (Immunizations)?

Child's Age	Name of Vaccine	The vaccine protects your child from:
Birth	Hepatitis B	Hepatitis B
2 months	DTaP-IPV-Hib, Hepatitis B, Pneumococcal conjugate	Diphtheria, Tetanus, Pertussis, Polio, and Haemophilus influenzae type b, Hepatitis B, Pneumococcal disease
4 months	DTaP-IPV-Hib, Pneumococcal conjugate	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b, Pneumococcal disease
6 months	DTaP-IPV-Hib, Hepatitis B	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b, Hepatitis B
12 months	MMRV, Meningococcal conjugate C, Pneumococcal conjugate	Measles, Mumps, Rubella, Varicella (Chickenpox), Meningitis Type C, Pneumococcal disease
18 months	DTaP-IPV-Hib, MMRV	Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b, Measles, Mumps, Rubella, Varicella (Chickenpox)
6 months to 18 years	Influenza (yearly)	Influenza
4 years	DTaP-IPV	Diphtheria, Tetanus, Pertussis, Polio
Grade 7	HPV (girls only), Tdap	Human Papillomavirus, Tetanus, Diphtheria and Pertussis
Grade 9	Meningococcal conjugate	Meningitis

After they have all their baby shots, children need a booster shot at age 4, before they start school. Talk with your doctor or public health nurse to learn more about check-ups and immunizations.

Keeping Your Baby Safe

Making your baby's world as safe as you can is part of being a parent.

To keep your baby safe, you need to watch him. Never leave an infant alone — even for a second — except in a safe crib or playpen.

Childproofing

Another way to keep your baby safe is to childproof your home. New babies will not crawl around on the floor or put things in their mouth. But it is wise to prepare for when this happens. Start now. Make your home safe before your baby learns to roll over, sit up, or crawl.

Check the floor, shelves, tables, and cupboards.

REMOVE:

- Small things that a baby can swallow or put into his ears and nose
- Sharp or rough things that can cut or scrape a baby
- Plants low enough to be pulled over or eaten
- Lamp cords long enough for a child to get tangled in or cords that a baby can use to pull something down on himself
- Cords for blinds or drapes from baby's reach by tying them up. Make sure not to put your baby's crib near a window with blinds that have cords or near a window that does not have a window guard.



Start to buy:

- Safety gates for stairs
- Covers for electric plugs (Be sure they are not small enough for the baby to swallow.)
- Locks for cupboards
- Hooks to keep drawers closed

WARNING:

Because of the risk of Sudden Infant Death Syndrome (SIDS), you should not use a soft mattress, pillow, comforter, stuffed toys, or bumper pads in the baby's crib.

A safe infant car seat is one of the first things you should buy for your baby. See page 20 in Section 1 - Healthy Start, to learn more about this. **The law says that babies must always ride in an approved infant car seat.** This includes the trip home from the hospital. Your baby's car seat should:

- Face backward
- Be fixed in place with the seat belt and have the harness fastened across the baby's chest
- Support your baby's head and neck. You can use a rolled up blanket for this.

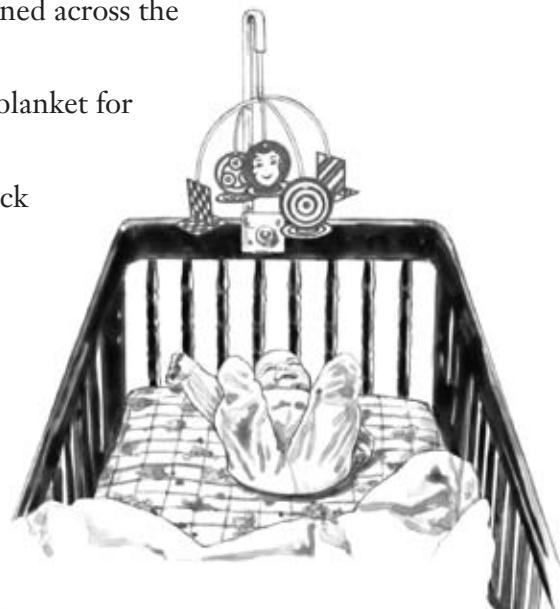
The safest place for the baby's car seat is in the centre of the back seat. Never put an infant seat in front of an air bag.

Buying safe cribs and playpens is also important. See Section 1 - Healthy Start for details on safe car seats, cribs, and playpens.

All the things you buy for your baby should be safe and well made. This includes strollers, high chairs, clothing, toys, and soothers.

Talk with your public health nurse, Consumer and Corporate Affairs Canada, St. John Ambulance or the Red Cross to learn more about child safety.

Safe Car Seats and Baby Furniture



Preventing Allergies

Parents need to protect their babies' health. This is just as important as keeping your baby safe from accidents. If people in your family have allergies, you may want to make it less likely that something in your home will trigger an allergic reaction in your baby. Ask your health care provider for more details on preventing allergies.

Buying for Baby

Clothing

The kinds of clothes, bedding, and diapers you choose for your baby will depend on how much you have to spend and where you live.

You may buy your baby new things, or you may choose to have second-hand things from a store that sells them, or from people you know. Check to be sure that they are safe, well made, and easy to keep clean.

The clothes your baby needs depends on the time of year and the way you will do laundry. If you have your own washer and dryer and can do laundry each day, you will need fewer clothes than if you have to go out to do your wash. Be sure to wash all clothing and cloth diapers before your baby wears them. Try to avoid laundry powders and fabric softeners such as BounceTM or DowneyTM. They may cause a rash on your baby's skin.

Buy baby clothes that are:

- Soft and comfortable. Cotton works well.
- Easy to wash using a washing machine and dryer. Avoid clothes that need to be washed by hand.
- Easy to get on and off. Baby clothes should open up in the front and have large armholes. Sleepers and nighties with snaps and zippers are easier to handle than those with ribbons or ties.
- Loose clothing allows air to circulate. Your baby is less likely to get a skin rash. When you buy sleepers, make sure that the part where the feet go are big enough for baby's toes.

Basic baby clothes include:

- 4 to 6 undershirts
- 6 sleepers or nightgowns
- 1 sweater
- 1 snowsuit (if your baby is born in winter)
- 1 hat
- Socks or booties

Babies grow quickly. Do not buy too many clothes in very small sizes.

Diapers

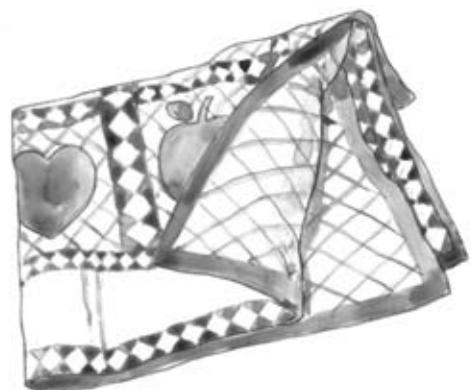
You can choose whether to use cloth or disposable diapers.

Disposable Diapers	Cloth Diapers
<ul style="list-style-type: none"> • Most expensive kind of diaper • Very easy to use • Good to use if you do not have a washer and dryer • May cause diaper rash • Some babies get a skin rash from the plastic cover • Buy only one package at first, in case your baby cannot wear them. 	<ul style="list-style-type: none"> • Come in many styles, such as flat squares, fitted diapers with Velcro closings, etc. • Many people use a diaper service to wash the diapers. (Ask your public health nurse if there is one in your area) • You will need to buy at least 24 diapers • You will need diaper pins, unless the diapers have Velcro closings • You will need waterproof pants to cover the diaper • You will need a diaper pail to soak the dirty diapers

You can find advice on buying a safe crib on page 21 in Section 1 - Healthy Start. Once you have a safe crib, you will need bedding. Cotton fabrics are comfortable for babies. Here's what you should have:

Bedding

- 3 or 4 fitted crib sheets
- Waterproof mattress cover
- 2 baby blankets (for the crib). Do not use comforters or baby duvets
- 4 to 6 receiving blankets (to wrap the baby in)



Toys

Babies are learning about the world and themselves. They need things to look at, things to listen to, and things to feel. New babies do NOT need many toys.

Babies can look at hanging mobiles, pictures, and toys. They can also look at your face and your smile.

Babies like to listen to music and rattles. They can also listen to your voice, as you sing and talk to them.

Babies can feel soft toys and pieces of cloth. They also like to feel the warmth of your body as you hold them close. They like to learn about their own bodies as you pat and stroke them.

People who love and look after their babies are the best “toys” a baby can have.

When you do buy toys, be sure that they are safe and correct for your baby’s age and size. They should have no parts small enough to swallow, no pieces that can come off, no strings long enough to choke or tangle, and no strong smells.

Safe toys are:

- Well-made
- Sturdy
- Washable
- Smooth, with no sharp points or rough edges

Do a careful check of all new toys before you give them to your baby. Check often for wear or damage. You can find out more about toy safety here:

Child Safety Link:
www.childsafetylink.ca
Phone: 1-866-288-1388

Consumer Product Safety (Health Canada):
www.healthycanadians.gc.ca/index-eng.php
Click on “consumer product.”
Phone: 1-866-662-0666

Parachute:
www.parachutecanada.org/safekidscanada
Click on ‘Injury topics’ and ‘Home safety’



Being a Healthy Mother

The first weeks after childbirth are a time of change. There are many new things to adjust to.

The best things you can do for yourself are:

- Get as much rest as you can
- Eat healthy, good foods
- Accept the help that people offer
- Talk about your feelings with your partner and other people you care about.

Taking good care of yourself is part of taking care of your baby.

Accepting Motherhood

Childbirth affects all parts of your life. It affects your:

- **Body.** You will leave behind the stress of pregnancy and start to deal with the physical demands of caring for your baby.
- **Feelings.** You may feel joy, excitement, fear, confusion, and love. Your feelings are very strong and change very quickly.
- **Social life.** You see that your role in society has changed. There may be tension between your new role as a mother and other roles, in the workplace and in your family.
- **Mind.** You are leaving behind who you used to be and you are starting a different stage of your life. It is a time of change, and it may not be easy.

All of these changes seem to come at once. They are all mixed together. You may not know why you feel so swamped you just know that you do. And you may be surprised that you feel this way!

All of these feelings happen at a time when you are so tired. Some people feel tired deep in their bones. Everything seems worse when you are tired.

Talking with your partner about your feelings is important. If you feel tired, lonely or angry, say so. You may find that he feels the same way. Talk about what is bothering you. You need to know what the problem is before you can start to solve it.

Talking with other new mothers can also help you. When they tell you about their lives, you will hear that you are NOT the only one who feels this way.

Your Body After Childbirth (Postpartum)

Your life will get better. Your baby will begin to sleep at regular times. You will learn to give him a bath, dress him and feed him. You and your partner will be able to talk to each other without the baby crying or one of you falling asleep. And one day your baby will smile just for you, and you will know that being a mother is the best thing in the world.

The time after childbirth is called postpartum. It affects your body in many ways.

During the first 6 weeks after childbirth, your body is going through many changes:

- Your uterus is getting back to the size it was before you were pregnant.
- While you are breastfeeding, your body is getting used to making milk.
- You are losing the extra fluid your body made while you were pregnant.
- Your hormones are changing from the high levels of pregnancy to a lower level.
- You are recovering from the physical effort of giving birth. If you had a cesarean, you need to recover from the operation (surgery). If you had a vaginal birth, your stitches may be healing (if you had stitches).

Don't forget that you were pregnant for 9 months. It will take a while for your body to feel "normal" again.

You should have a postpartum checkup about 6 weeks after giving birth. Your health care provider will check to see if your uterus has gone back to its normal size and shape and that any stitches have healed. You will also have your blood pressure taken and may be asked to provide blood and urine (pee) for lab tests.

This checkup gives you a chance to ask questions or talk about your concerns or problems. It is also a good time to talk about birth control.

Vaginal Discharge (Lochia)

After childbirth, discharge from your vagina continues for several weeks. It will change from bright red to a pink or brown colour, and then it will be clear. You should have sanitary napkins at home. Buy them before you go into the hospital.

If the discharge changes from a small, brown discharge back to a bright red flow, this may mean that you are being too active. Try to rest more often.

Talk to your health care provider if your discharge becomes very heavy, has clots, or smells bad.

Getting Your Period Again

While you breastfeed your baby, you will not have regular periods for 4 to 12 months. If you are giving your baby formula, you will likely have your period 6 to 12 weeks after your baby is born. Your first period after delivery may be heavy and last longer than normal.

When your period returns, it may not be regular for a while. This is normal. You should be aware that you can get pregnant during this time. You should use birth control. For more information on this, go to the section called Sex and Birth Control on page 218.

LIt's hard to believe that looking after a tiny baby can take so much time and energy. Many new mothers spend their first few weeks feeling very tired.

Feeling tired

Here are ways to help you cope:

- Get as much rest as you can.

Nap when your baby naps. Unplug the phone. Put a note on your door: "Mother and Baby sleeping. Do not disturb."

Try to make night feedings easier. We provide advice on this on page 194 in the section called How Much Do Babies Sleep?

- Get organized.

Keep things simple. Think about all the things you have to do. Make a list that says "must do" and "should do". Focus on the "must do's." Do not do things that can wait until tomorrow.

Do things when you have the energy, not when you think it's "time." This may mean setting the table for supper at 10 am or making your lunch right after breakfast.

Talk with your partner about ways to share the load.

Be aware that it may take longer than you thought it would to get organized. It can take time to create new routines for yourself, your baby, and the rest of the family.

- Get as much help as you can.

If people offer to help, accept.

If someone asks you if there's a baby gift you'd really like, ask for a day of house cleaning, diaper service for a week, a prepared dinner, or an evening of babysitting.

- Be realistic.

Know that it is okay if you can't do things as quickly as before you had a baby. You may find that it takes twice as long to do housework or laundry.

Try not to measure the work you are doing at home against what you may have done at work before you had your baby. They are very different and really cannot be compared.

- Build a support network.

Look for other new mothers to talk to, exchange childcare, or help out. Check to see if your neighbourhood has a parent drop-in centre. Some church and community groups offer mother-baby groups or exercise programs.

- Take care of yourself.

This is not selfish. It is necessary.

Try to arrange for time to be alone, to go for a walk, or relax in the bathtub.

- Stay active.

Do postpartum exercises. You may feel so tired that this idea makes you laugh. But exercise will increase your energy.

- Eat healthy food.

Continue to make the healthy food choices you made when you were pregnant.

- Do something for yourself every day.

Wash your hair, watch a TV show, read, talk to a friend.

- Give yourself credit for doing a good job.

For most women, having a new baby is a happy time. But this is not always true. New mothers may feel both happy and sad.

About 80 per cent of all women, on the second or third day after the baby is born, may notice they:

- Feel disappointed
- Feel sad and tearful
- Feel irritable
- Feel overwhelmed, and worried
- Feel very tired, and cannot sleep well
- Have mood swings
- Cannot focus

This usually goes away within 1 to 2 weeks, but for 1 out of 10 women, something called postpartum depression begins.

The Baby Blues and Postpartum Depression

Postpartum depression (PPD) may begin a few weeks after birth or at any time during your baby's first two years. It typically begins between 6 weeks and 6 months postpartum. It is extremely common; affecting, approximately 15% of new moms. Some issues can contribute to having a history of depression, for example, increased stress, lack of social support and having a history of depression. A woman who has this kind of depression feels sad, anxious and worried. She feels this more strongly than other women, and her feelings can affect how she cares for her baby and herself. PPD can prevent mothers from interacting with their babies in a way that can lead to long term developmental delays in their children

What is Postpartum Depression?

A woman with postpartum depression may feel:

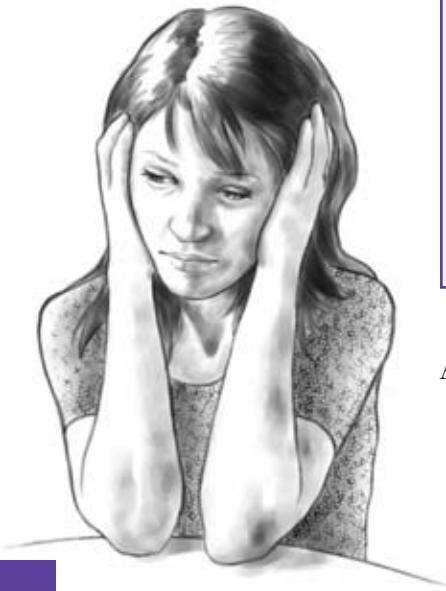
- | | |
|---|---|
| <ul style="list-style-type: none">• Very sad• Weepy and cry a lot• Guilty• Angry• Exhausted• Worried• Tense• Irritable | <ul style="list-style-type: none">• Overwhelmed• Lonely and helpless• Worthless• Confused• "Not herself"• Very sensitive• She may not be a very good mother |
|---|---|

She may also feel that she:

- Eats too much or not enough
- Cannot focus
- Has low self-esteem
- Has panic attacks
- Has daydreams that make her feel afraid
- Has thoughts of hurting her baby or herself
- Is not interested in things that used to bring her pleasure
- Is not confident

If you have any or many of these signs, be aware that this illness can be treated, and you are not alone.

- Know that your feelings may have many emotional and physical causes.
- You may need professional help.
- Talk with someone who will listen.
- Accept help from others, and ask for help when you need it.
- Try to find some time for yourself.
- Do not think you have to be the perfect mother and have the perfect baby.



A website that can give more advice and help for women who may have PPD is:

A New Life: <http://nb.unvanl.ca>

Look under ‘Healthy Family,’ then ‘Healthy Mother,’ then ‘Postpartum Blues’ and ‘Depression’

When to Go For Help!

See your doctor right away or go to the hospital emergency room if you have:

- Daydreams that make you feel afraid, or
- Thoughts of hurting your baby or yourself

If other feelings of depression last longer than 2 or 3 weeks contact:

- Your family doctor/obstetrician
- Local emergency room
- Public Health Services
- Chimo Provincial Crisis Line (506) 450-4357
- Local Mental Health Clinic, private counselor, psychologist, or psychiatrist
- Tele-Care 811

Tips for Good Postnatal Health

After your baby is born, here are some ways to help yourself:

- Get as much sleep as you can.
- Eat many small meals instead of three large ones
- Accept that you need help: go to your friends, neighbours, and family.
- Do not let motherhood take over your entire life. Being a little bit selfish can be a good thing.
- Find time for yourself without guilt. Learn to relax into motherhood. For example, take a nice long bath.
- Read all you can on the subject.
- Express your feelings. Write them down. Tell people how you feel.
- Find someone who wants to listen. It's good to find someone who is going through the same thing. Just talking about it may help.
- Join a group of new parents in your community. Share your problems with someone who will not judge you.
- Do not isolate yourself.
- Make a real effort to talk with your partner. Hold on to the love and friendship that you have.
- Solve the problems you can and accept the others.

Getting fit again

It's normal for you to want to look like you did before you were pregnant. But give yourself some time. You were pregnant for 9 months. Your body will not return to "normal" right away.

Eating healthy food and being active will help you to feel fit. See Section 5 - Healthy Eating and Section 6 - Healthy Activity, to learn more. See page 178 in Section 7 - Healthy Birthing, for postpartum exercises you can begin in the hospital.

In some places, the YM/YWCA and other organizations offer postpartum exercise programs. They are a good place to get fit, and a good place to meet other mothers and babies.

Good health matters as much now as it did when you were pregnant. Eat healthy food, rest, stay active, and avoid drugs and smoking. Taking care of yourself is one of the best ways to take care of your baby.

Going Back to Work/School

Many new mothers have 6 to 12 months maternity leave. Others go back to work or school much sooner, and you may be thinking about it. You do not want to decide on this too quickly.

When making your plans for going back to work, you will need to think about:

- Child care
- How your workplace supports parents when their children are sick
- Maternity/paternity benefits
- Maternity rights
- Whether or not you are ready to return to work or school

There is no "best" time to return to work or school.

Every mother, baby, and family are different. Each parent will need to decide how to balance work, study, and being a parent.

If you plan to return to work or school, you will need to find good child care. This may not be easy, so it's wise to allow plenty of time to search. Talk to friends and neighbours about the childcare they use.

You can also contact groups like the YM/YWCA, churches, and early childhood development associations.

You can find out more about childcare centres, choices, and services from the Department of Social Development (www.gnb.ca/0000/ECHDPE/ELCC-DayCare.asp).

Single Parents

Whether you planned to be a single parent or not, you should be aware that you are not alone.

Being a new parent, finding a balance between work and home, dealing with money, and finding time for yourself are problems for all mothers. They can be even harder when you are alone.

All the advice for new mothers applies even more to you. Single mothers must take care of themselves, find a good support network, and try not to do too much.

We suggest that you find community services that can help you and your baby. Talk to your public health nurse, the Department of Social Development, or the Family Resource Centre.



Sex and Birth Control

Being a Couple

Anew baby turns a woman into a mother, a man into a father, and a couple into a family. But the “couple” is still there.

Some couples have trouble working out a new relationship that feels good to both of them. You are not alone. As it was during pregnancy, good communication is the key. Talk about how you feel. Be as open with each other as you can. A sense of humour helps, too.

Most new mothers are ready to have intercourse when their stitches have healed and the discharge from their vagina is clear. Couples often try new positions to help them cope. Many new mothers are so tired that they lose interest in sex. Many new fathers feel the same way. If mothers are going through postpartum blues, this will also reduce their interest in sex.

We all need to be touched and held. Many new mothers find that caring for the baby meets their need to be touched. They find that they have little left for their partner. This can upset a man who is used to a close and warm relationship.

Why do babies seem to wake up just when you start to make love? This makes some people think they should forget about sex. Remember that your baby will soon be sleeping all night, or at least long enough for you to enjoy yourselves.

All of these feelings will pass. Talk to each other. Say “I love you” often. Try to keep romance alive by spending time alone with each other. Going for a walk, driving in the car, or going out for coffee can help remind you that you are friends and lovers as well as parents.



Thinking about Birth Control

Right after childbirth, birth control may be far from your thoughts. Most new parents feel that they have plenty of time before they need to start thinking about birth control again.

But the time will come, sooner than you think, when you will want to have sex again. It's a good idea to be ready.

Women need to know that after childbirth you can produce eggs (ovulate), and get pregnant, even though you have not had your period. About half of all new mothers produce an egg before they have a period.

The time to think about birth control is now — before you need it. If you wait for your 6-week-postpartum checkup, it may be too late.

Choosing a method of birth control may take some thought. Talk about it with your partner and ask your nurse, nurse practitioner or doctor for more information.

When you are trying to decide, ask yourselves:

- Can I use it while I'm breastfeeding?
- If I breastfeed, can it affect the amount of milk I produce?
- How well does the method work? Do I feel confident using it?
- Is this easy enough that I will use it every time?
- Will I enjoy sex less if I use this method? Could using it become part of lovemaking?
- Do I have enough privacy to use this method? Do I need to use the bathroom to insert something? Is my bedroom close enough?
- Do I have all the facts and skills to use this method properly?
- Can I afford this method? Do I need to pay for something once, or will I need to keep spending money?

Birth Control Methods



There are many things to think about and discuss. The information about some of the birth control methods on the next pages might help you choose a birth control method. Do not forget that if you try one method and you are not happy with it, you can always try another. For more information on sexual health, contraception or sexually transmitted infections, you may consult the following website: www.sexualityandu.ca.

Breastfeeding (LAM)

What is it?

LAM stands for Lactational Amenorrhea Method. It means that you use breastfeeding as a method of birth control. Lactational means breastfeeding. Amenorrhea means having no monthly period.

LAM makes use of the normal things that happen in a woman's body after childbirth and when she breastfeeds. The baby's sucking prevents her body from releasing an egg (ovulation). If a woman does not release an egg, she cannot become pregnant.

How well does it work?

This method works well if used correctly (see also the section entitled Breastfeeding on page 58). It will work ONLY if ALL these factors apply to you:

- Your baby is under 6 months old.
- Your monthly periods have not returned.
- Your baby is ONLY breastfed and is not receiving any other foods or liquids.
- Your baby breastfeeds on demand during the day and every night (minimum of 6 feedings every 24 hours).



If ALL conditions are met, this method is 98% effective. LAM does not protect you from sexually transmitted infections (STIs). You and your partner should use a condom. Talk to your health care provider for more information about this method of birth control.

Are there any side effects?

This method has no side effects, and it costs nothing. But if your period returns, no matter how old your baby is, start using another method of birth control right away.

Hormonal methods of birth control

What is it?

A vaginal ring is a flexible, almost transparent ring that you insert in your vagina yourself. It releases a continuous dose of hormones (estrogen and progestin) for three weeks. It is then removed for a week. That is when you have your period.

Contraceptive vaginal ring (NuvaRing)

How well does it work?

If used as directed, the vaginal ring works very well. It is 92% effective with typical use and 99.7% effective with proper use. The vaginal ring does not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?

To find out more about the vaginal ring, talk to your health care provider.

Are there any side effects?

Most women do not have side effects. The most common are feeling like you might throw up (nausea), cramps, sore breasts, headaches and feeling moody.

Your health care provider could suggest you stop smoking before giving you a prescription for the Nuva-Ring.

Contact your health care provider if you have any of these side effects:

- Headaches
- Blurred vision
- Leg cramps
- Bleeding from your vagina in the middle of the month (when you are not having your period).

Do not stop using the Nuva-Ring “to give your body a rest” unless you want to become pregnant.

Will this method have any effect on our sex life?

If the vaginal ring is properly positioned, neither you nor your partner should notice it.

How do I get it?

You need to visit your health care provider to get a prescription. The cost is about \$25 a month.

Breastfeeding and NuvaRing

It is suggested that you wait at least six weeks after childbirth or a caesarean section before you start using this method because it is preferable for your milk production to be well established and for you to be used to breastfeeding before starting. Be attentive to your milk production and to baby's growth and satisfaction at the breast. If you notice a problem, contact a lactation consultant, your health care provider, or a nurse.

Depo-Provera

What is it?



Depo-Provera is an injection or “shot” of the hormone progesterone. It is given once every 12 weeks to prevent pregnancy. It stops your body from making an egg each month.

You can use Depo-Provera when you are breastfeeding. It is best to wait until you have a good milk supply and you are settled into breastfeeding before you start Depo-Provera.

How well does it work?

Depo-Provera works well when used correctly. It is between 97% (typical use) and 99.7% effective (proper use). For more information talk to your health care provider.

Depo-Provera does not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it used?

Depo-Provera works right away if you get it within 5 days after your period starts. It can be given 5 days after childbirth, or 5 days after an abortion or miscarriage. It provides complete birth control for 12 weeks. You must get a Depo-Provera shot every 10–13 weeks to stay protected. Follow the recommendations provided by your health care provider.

Are there any side effects?

For the first few months, the side effects are irregular periods, spotting, extra bleeding, or missed periods. It is normal for some women to have no bleeding at all after 6 to 12 months. Some women have sore breasts, get depressed or gain weight because they want to eat more (increased appetite). Once Depo-Provera is injected, any side effects will last until the shot wears off.

After you stop taking Depo-Provera, it may take 6 months to 2 years to become fertile again. You need to be aware that it could take that long to get pregnant again. You will also need to use other birth control if you do not want to get pregnant.

Treatment risks and benefits must be carefully (re)assessed periodically for all users of this medication. You should NOT use Depo-Provera if:

- You are pregnant or think you might be;
- You have abnormal bleeding from your vagina;
- You have a family history of breast cancer;
- One of many other contraindications are present.

Using Depo-Provera for a long time can reduce calcium in your bones. Ask your doctor about calcium pills and foods that have lots of calcium.

Will it affect our sex life?

Depo-Provera works well to prevent pregnancy, so some women find they enjoy sex more because they do not have to worry about this.

How can I get it?

You need to get a prescription from your family doctor or the doctor at a Sexual Health Centre. Go to a pharmacy to get the medication. Each shot costs about \$40. If you have a Social Development Health Card, it covers the cost of Depo-Provera. A public health nurse at the Sexual Health Centre or your doctor will give you the Depo Provera shot.

Breastfeeding and Depo-Provera

Be attentive to your milk production and to baby's growth and satisfaction at the breast. If you notice a problem, contact a lactation consultant, your health care provider, or a nurse.

The Pill



What is it?

All birth control pills contain hormones that are like the ones your body produces during pregnancy. Some, such as combined oral contraceptives, contain two types of hormones (estrogen and progestin). Others, like the mini-pill, contain only progestin (no estrogen). These work to prevent the ovary from releasing an ovum (egg).

How well does it work?

If you follow the directions, the pill works very well. It is 92% effective with typical use and at least 99.7% effective with proper use. For more information, talk to your health care provider.

The pill will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?

- Begin taking the pill on the first day of your period.
- If you don't start the pill with your period, use condoms for that month.
- Take the pill at the same time each day. Pick a time that suits you the best. Many women find it easy to take the pill at noon or in the evening at dinner time.
- If you forget to take your pill one day, continue taking one every day AND use a condom for the rest of the month.
- If you have bleeding while taking the pill, call your health care provider but do not stop taking the pill.
- The pill does not work as well if you have diarrhea or vomiting.
- Use a back-up form of birth control if you are taking antibiotics. If you are taking other medicines, ask your pharmacist if they will stop the pill from working.

Are there any side effects?

With the kinds of pills used today, most women do not have side effects. The most common are feeling like you might throw up (nausea), cramps, sore breasts, headaches and feeling moody.

Your health care provider could suggest you stop smoking before giving you a prescription for the pill.

Contact your health care provider if you have any of these side effects:

- Headaches
- Blurred vision
- Leg cramps
- Bleeding from your vagina in the middle of the month (when you are not having your period).

Do not stop taking the pill “to give your body a rest” unless you want to become pregnant.

Will it affect our sex life?

Some women say that they enjoy sex more while they take the pill because they are not worried about getting pregnant.

How do I get it?

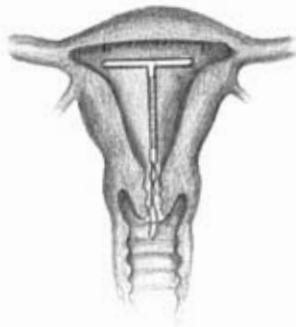
You need to visit your health care provider to get a prescription.

The pill costs about \$18 per month. If you do not have money to pay for it, talk to your health care provider about the Compassionate Pill Program.

Breastfeeding and the pill

It is possible to take the progestin-only pill (mini-pill) while you are breastfeeding. Make sure your milk production remains optimal. For combined oral contraceptives, i.e., all pills containing estrogen and progestin, it is suggested that you wait at least six weeks after childbirth or a caesarian section to start using this method as it is better for your milk production to be well established and for you to be used to breastfeeding before starting. Be attentive to your milk production and to baby's growth and satisfaction at the breast. If you notice a problem, contact a lactation consultant, your doctor, or a nurse.

Mirena IUD



What is it?

An IUD is a small T-shaped device that a doctor puts into your uterus. It contains a hormone called levonorgestrel (a progestin, not estrogen) that is released slowly every day.

How well does it work?

The Mirena IUD works very well. It is 99.8% effective with typical and proper use.

The Mirena IUD will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?

The IUD must be placed in your uterus by a doctor. This may cause some discomfort and cramping for a few hours. It can be left in place for up to 5 years. You will need to visit your doctor for a checkup at least once a year and when you want to have it removed.

Are there any side effects?

Irregular bleeding or bleeding between your periods may occur during the first months following insertion. Some women will stop menstruating.

Will it affect our sex life?

If the IUD is in the right place, neither you nor your partner should notice it at all.

How do I get it?

You will need to visit your healthcare provider, or a sexual health centre (only if you are 19 years of age or under). After childbirth, your health care provider can insert an IUD when you go for your 6-week checkup (it can be inserted after 4 weeks), provided your uterus is healing well and there is no sign of infection. The cost of the Mirena IUD varies from \$330 to \$360. Your IUD could be free if you have a social assistance card or if you are eligible for the compassionate assistance program. Talk to your health care provider.

Breastfeeding and the Mirena IUD

Be attentive to your milk production and to baby's growth and satisfaction at the breast. If you notice a problem, contact a lactation consultant, or your health care provider.

What is it?

The contraceptive patch slowly releases hormones through the skin every day. It can be placed on the buttock, outer arm, lower abdomen, or upper torso but not on the chest.

Contraceptive patch (EVRA)

A new patch is applied once a week for three weeks. No patch is worn during the fourth week. That is when you will have your period.

How well does work?

If used as directed, the contraceptive patch is very effective. It is 92% effective with typical use and 99.7% effective with proper use. The contraceptive patch does not protect you against sexually transmitted infections. You and your partner should use a condom.

How do I use it?

To find out more about the contraceptive patch, talk to your health care provider.

Are there any side effects?

Most women do not have side effects. The most common are feeling like you might throw up (nausea), cramps, sore breasts, headaches and feeling moody.

Your health care provider could suggest you stop smoking before giving you a prescription for the Patch.

Contact your health care provider if you have any of these side effects:

- Headaches
- Blurred vision
- Leg cramps
- Bleeding from your vagina in the middle of the month (when you are not having your period).

Do not stop using the patch “to give your body a rest” unless you want to become pregnant.

There is a possibility of skin irritation where the patch is applied.

Will it affect our sex life?

Some women say that they enjoy sex more while they are on the patch because they are not worried about getting pregnant.

How do I get it?

You will need to visit your health care provider to get a prescription. The contraceptive patch costs about \$24 for 3 patches.

Breastfeeding and the contraceptive patch

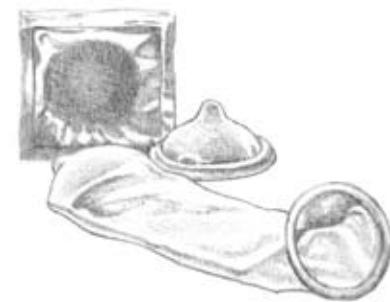
It is suggested that you wait at least six months after childbirth or a caesarean section before you start using this method because it is preferable for your milk production to be well established and for you to be used to breastfeeding before starting. Be attentive to your milk production and to baby's growth and satisfaction at the breast. If you notice a problem, contact a lactation consultant, or your health care provider.

Non-hormonal methods of birth control

What is it?

The male condom is a thin cover made of latex or other material (e.g., polyurethane or lambskin). The man puts it on his penis before intercourse. It prevents pregnancy by stopping the sperm from reaching the woman's ovum (egg).

Condom: Male



How well does it work?

If used correctly, and each time you have sex, condoms work quite well. For more information talk to your health care provider.

The effectiveness of the male condom ranges from 85% (typical use) to 98% (proper use). Condoms (latex, polyurethane) are the only form of birth control that can protect you from STIs. Sheepskin condoms are less effective and do not protect against STIs.

How is it used?

The male condom is unrolled onto the erect penis prior to any contact with the vulva and before entering the vagina. When unrolling the condom, pinch the end to leave a 2-centimeter space at the end for catching the sperm. When using a condom, you need to be very careful that it does not slip off while you are having sex. After the man ejaculates, remove the condom while the penis is still erect. One of you will need to hold it at the base to prevent leaking. Do not use a condom more than once. If you use a lubricant with a condom, be sure that it is water-based. Do not use Vaseline™ with a condom.

Are there any side effects?

Male condoms have no side effects. A few men and women have problems with the latex. They can choose to buy non-latex condoms. Condoms are an excellent form of birth control for the time right after your baby is born.

Will it affect our sex life?

Some men feel that it dulls the feelings they have in their penis. A drop of lubricant inside the condom can help the man feel more pleasure when he is using a condom.

How can I get it?

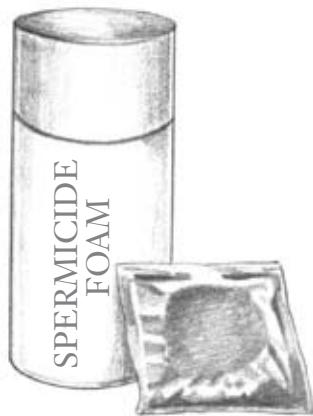
You can buy male condoms at any drug store. Check the “best before” date on the package, and do not buy condoms if they are expired. Do not leave them in extreme heat or cold. Also, do not buy a large box if you may not use them all before they expire. The cost per unit ranges from 50 cents to 2 dollars.

Spermicides

What is it?

Spermicides (foams, creams, films, suppositories, gel, and tablets) contain chemicals that:

- kill sperm before they reach the egg, or
- create a barrier to block sperm from moving through the cervix.



How well does it work?

Used on their own, spermicides do not work as well as some other kinds of birth control. Spermicide works much better if it is used with a barrier method of birth control, like a condom.

Spermicides will not protect you from sexually transmitted infections. You and your partner should use a condom.

How do I use it?

You can buy spermicides at the drug store. Follow the directions and pictures inside the package or on the box. The directions are different for different products. Read and follow the directions each time you have intercourse.

Spermicides must be left in place at least 6–8 hours after you have intercourse. Do not douche, or have a bath for at least 6–8 hours afterwards. You may wash the outside of your pubic area if you wish.

Does it have any side effects?

There are no serious side effects, but some people are sensitive or allergic to the products. Spermicides can cause itching, smelling or burning. If this happens, stop using it so you do not get an infection.

Will it affect our sex life?

Some spermicides add moisture to your vagina. Some people find this messy. Others find the extra moisture is good during intercourse.

Where can I get it?

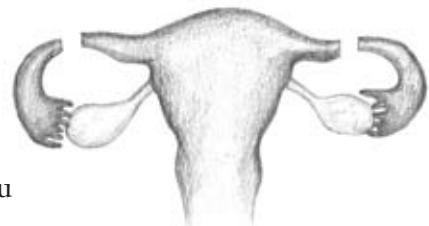
You can buy spermicides in any drug store. You do not need a prescription.

What is it?

Tubal ligation is an operation to cut and tie the tubes that carry the egg from the ovary to the uterus. These tubes are called the Fallopian Tubes. When the tubes are cut, the egg and the sperm cannot join.

Tubal ligation is a permanent form of birth control.

Tubal Ligation (Female Sterilization)



How well does it work?

Tubal ligation works better than any other form of birth control.

Tubal ligation will not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it done?

The surgeon makes a small cut in the lower abdomen, removes a piece from each tube, and ties off the ends. The operation is done when you are asleep (general anesthetic) or when your lower body is frozen (local anesthetic).

Are there any side effects?

There are no side effects, but all surgery carries some risk.

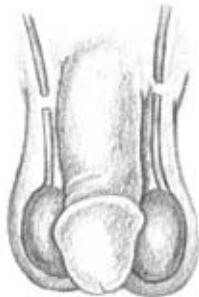
Will it affect our sex life?

Some women find that not having to worry about pregnancy makes them more interested in sex.

How can I get it?

You will need to talk to your health care provider.

Vasectomy (Male Sterilization)



What is it?

A vasectomy is an operation that cuts and ties the tubes that carry the sperm from the testicles to the penis.

When he has sex, the man still feels orgasm and still ejaculates, but the fluid contains no sperm.

How well does it work?

A vasectomy does not work right away. There may still be some sperm in the tubes, and the fluid that comes from his penis must be tested several times after the surgery to be sure it contains no sperm.

When the fluid is free of sperm, a vasectomy is almost 100% effective.

Like tubal ligation, vasectomy is a permanent method of birth control.

A vasectomy will not protect you from sexually transmitted infections. You and your partner should use a condom.

How is it done?

A vasectomy is a minor operation. It is done with freezing (an anesthetic) in the man's scrotum. Sometimes it is done in a doctor's office. Sometimes it is done in a hospital. Men do not need to stay in the hospital after the operation. Most men take a few days to rest at home.

Are there any side effects?

There are no side effects but all surgery carries some risk.

Will it affect our sex life?

Vasectomy does not affect the way a man performs or how he enjoys sex.

How can we get it?

You will need to talk to your health care provider.

Even if you use birth control, accidents can happen. People make mistakes.

If you had sex without using birth control or if your birth control fails, you can still prevent pregnancy by taking ECPs — Emergency Contraceptive Pills. They are also known as “Morning After Pills”.

You need to take ECPs within 3 days (72 hours) of having sex without birth control. The sooner you take them, the better they work.

If more than 72 hours have passed, a doctor can insert an emergency IUD. If this is done 5 to 7 days after sex, you may not get pregnant.

ECPs do not protect you from sexually transmitted infections.

You can get ECPs at sexual health centres, doctors' offices, emergency rooms, and pharmacies. ECPs are available without a prescription in New Brunswick. Emergency rooms, Public Health, and doctors' offices do not charge for the morning after pill, but pharmacies charge about \$50.

There are other methods of birth control that are generally less popular and/or less effective, e.g., female condom, diaphragm or cervical cap, copper IUD, natural family planning (rhythm method and sympto-thermal method), sponge and coitus interruptus. For more information about these methods, consult the website www.sexualityandu.ca.

*Emergency
birth control
pill (plan
B morning
after pill)*

*Other
methods of
birth control*

Family and Friends

A new baby creates new lives for many people. All of you will be learning to look at yourselves and each other in new ways. It takes time, patience, and love for a new family to settle into a new life.

Fathers

Many new fathers feel forgotten. When the woman was pregnant, everyone asked about her. Now everyone wants to know about the baby. Where does the partner fit in? New fathers may also feel that no one appreciates them. You feel tired, too. You have new things to worry about and new duties. You may be asked to do things that your own father did not do, like changing diapers, doing laundry, and getting up at night. As well, you have to go to work every day and earn a living!

You are not alone. Most new fathers feel confused for a while. It is not easy, but it's normal.



Here are some things that might help you:

- Take care of your health.

You need strength and energy to take care of your partner and your baby. Eat well. Be active and stay fit.

- Help and support your partner.

This may be a hard time for both of you. Remember that she has had the physical stress of pregnancy and childbirth. It takes time to recover. She needs your love and support. A new baby almost doubles the amount of housework to be done. You will need to do your share of the housework and take time to care for the baby.

- Talk about your feelings.

It's easy to hide from your feelings, especially when they are not happy ones. If you feel tired, lonely, worried, or left out, tell your partner. Do not be surprised if she says that she feels the same way. Talk about it. Listen to her. Say what you feel. When both of you have your feelings in the open, you can begin to solve problems together. This is not always easy, but it is worth the effort.

- Be an active father.

The more you offer, the more you get. Do your share of the daily work of looking after the baby. Try to spend time alone with your baby. Go for walks together. Give her a bath. Let her know who Daddy is.

- Accept that no one is perfect.

You will make many mistakes. So will your partner. Don't worry. This is how people learn to be parents.

- Face the fact that life will be different from now on.

This doesn't mean that it will be worse. Right now, it's easy to focus on how hard it is to have a new baby. But it is not all bad. Your new life as a father will bring joy, pride and a deep sense of purpose. So relax and grow into your new life. Life will be different. But so will you.

Having a new baby is very exciting for most children. But it can also cause mixed feelings. The new baby is the new focus in the family. Many older children feel a bit jealous and left out.

Brothers and Sisters

Here are ways to help your older children adjust to a new baby:

- Help them learn about babies before the baby comes.

Take them to visit friends with small babies. This can help children learn that a new baby will not be able to play with them for a while. Show them books with pictures and stories about babies.

Talk about all the things they can do that babies cannot do. Your "big" children can walk and talk and sing and play. Help them to feel pleased and proud of themselves.



- Make changes and plans ahead of time.

If you plan to move an older child to a new room, or to buy a new bed and give the crib to the baby, do it a few weeks or months before the baby comes. Then your children will not link these changes with the new baby. They will not feel that the baby is taking things away from them.

No child likes it when Mommy goes away. Let your children know what will happen and who will take care of them while you are away having the baby. Leave a list of meals, nap times, bedtimes, likes and dislikes for the person who will be looking after your children. Try to keep their lives as normal as you can while you are away. If it is allowed, have your children visit you and the baby in hospital. Do not be upset if your children are not very happy with you when you come home. It may take time for them to accept that you left them.

- Give children time to get used to the new baby.

This is a big change! Be patient. Older children often try to get attention by acting like a baby. Do not punish them for this. Let them know that you love them just the way they are.

Bring a present from the baby home from the hospital with you.

Try not to make too big a fuss over the baby. Don't use the baby as a reason for not doing something for the other children. Try not to say "Be quiet, you'll wake the baby" or "Be careful of the baby" too often.

Let your children help with the baby if they want to. But don't force it. And don't put your children in a situation where they could hurt the baby, even by accident.

Each parent should try to spend time alone with older children. They need to know that they are still special and loved.

Many parents don't feel instant love for a new baby. Neither will brothers and sisters. Bonding with a new baby takes time. Children who feel loved will find it easier to love their new sister or brother.

Grandparents

Just as you are learning to be parents, your own parents are learning to be grandparents.

They will be finding out what style of grandparenting feels right to them.

- Some grandparents are thrilled! They want to help and are looking forward to babysitting and spending time with their grandchild.
- Some may find that a grandchild means they are getting old. They may not like this idea very much.
- Others may be happy about the birth, but are not able to spend much time with you or your baby.

No matter what kind of grandparents your parents are, it helps to respect how they want to be involved with the baby.

Some new parents love to have help and advice from grandparents. Others find being around them is stressful. Don't forget that this is your baby. You have the right to parent in your own way. This may not be the way your parents raised you, and it may be hard for them to accept this.

Once again, talking about your feelings may help. Being silent and feeling bad is not the best way to get along with each other.



Looking Ahead

This book has covered 9 months of pregnancy and the first 6 weeks of your baby's life. We hope that it has been helpful and that you feel on your way to a happy and healthy family life.

Being a parent lasts longer than 6 weeks. There is a lot to look forward to: baby's first smile, first tooth, first step, and first word.

You will want to know more about what to expect, and about your baby's health, and growth as you move into the toddler and preschool years.

Find out if your community has:

- playgroups,
- parent resource centres,
- breastfeeding support groups,
- mother/baby exercise programs,
- parent/baby drop-in groups, and
- other places where you can meet other parents.

These kinds of programs also give your baby a chance to learn and play.

Talk to your health care provider about what your local Public Health Office has to offer. Look for childcare books in the library and in bookstores.

As a parent you will grow, change, and learn along with your children. You have a lot to teach them and they have a lot to teach you. Enjoy each other, love each other, and grow together in good health.

