

Baby's Best Chance



**Parents' and Caregivers' Handbook
of Pregnancy and Baby Care**



BRITISH
COLUMBIA

Perinatal
Services BC
Provincial Health Services Authority

CHILD
HEALTHBC
LEAD BENEFCTOR
saveonfoods

8th edition

My Circle of Support Contact Information

Personal Support Team

Name/Title

Contact Information

Health Care Support Team

Name/Title

Contact Information

Baby's Best Chance

Parents' and Caregivers' Handbook
of Pregnancy and Baby Care

8th edition
Updated in 2024

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Always seek the guidance of a health care professional if you have any questions or concerns or require more information than is included in this publication.

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Territorial Acknowledgement and Commitment

Territorial Acknowledgement

We acknowledge the traditional and ancestral lands and territories of First Nations throughout B.C. in which the contributors to this resource work, live, and play. We also acknowledge the generations of First Nations, Métis, and Inuit from elsewhere in “Canada” who call these lands and waters home. We wish to honour the strength and beauty of the diverse Indigenous cultures, practices, beliefs, and values that have thrived on these lands for thousands of years.

Commitment to Eradicating Indigenous-Specific Racism

We are committed to eradicating Indigenous-specific racism and advancing Indigenous cultural safety and humility. We acknowledge the harms resulting from ongoing colonization, systemic discrimination, and Indigenous-specific racism that continues to impact Indigenous health and wellness inequities. We understand that we have a responsibility to identify, interrupt, and redress the impacts of colonialism on Indigenous people’s health and wellness.

With gratitude and humility, we recognize that this update could be more fulsome. In our upcoming edition, we are committed to curating more Indigenous-focused content, incorporating deeper cultural insights and integrating Indigenous wise practices and knowledge into *Baby's Best Chance*.

A commitment to gender-inclusive language

We express support for parents of all gender identities and family structures by using a variety of terms in this book.

Throughout this book, the terms “baby,” “child,” “children,” “families,” “parents and caregivers” and “chestfeeding” are used as broadly inclusive terms embracing people who are Two-Spirit, cisgender, transgender, gender non-binary, and gender non-confirming. These terms are used to acknowledge the diversity of gender identity, individuals, family structures and caregiving relationships.



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Introduction

Welcome to the 8th edition of *Baby's Best Chance: Parents' and Caregivers' Handbook of Pregnancy and Baby Care*, published by the Government of British Columbia and Provincial Health Services Authority.

The first *Baby's Best Chance* was published in 1979 in honour of the Year of the Child. In this edition, we provide you with updated information that's based on current evidence and guided by the real-life experiences of parents and caregivers. We've also revised the book to reflect the incredible diversity of families in British Columbia.

The joys and challenges of parenthood are influenced by many things, including our childhood experiences, our families and our culture. At the same time, we each have the opportunity to create our very own parenting journey. We hope this book provides you with resources that will help you create the journey you envision for yourself and your family.

Baby's Best Chance is intended to offer general information about pregnancy and parenting, with a focus on ensuring the health and well-being of you and your baby. It also provides guidance on how you can access additional support, should you need it.

Of course, each pregnancy and every family are unique, and as parents and caregivers we learn as we go. As you use *Baby's Best Chance*, remember that no parent is perfect. Your loving presence, not your perfection, is one of the greatest gifts you can give to your baby.

Baby's Best Chance is the first of 2 books on pregnancy and early childhood development available from the Government of British Columbia. The second book, *Toddler's First Steps: A Best Chance Guide to Parenting Your 6- to 36-Month-Old*, covers development, nutrition, health, parenting and safety for toddlers. Both books are available through public health units and online at healthlinkbc.ca.

The 8th edition of *Baby's Best Chance* continues to be evidence-based and aligns with best practices.

This book is updated every 2 years. If you have suggestions for the next edition, please email us at chbcadmin@phsa.ca or psbc@phsa.ca.

How to Use This Handbook

User-friendly. That's the goal we had in mind when we created *Baby's Best Chance*. So whether you prefer to read a book cover-to-cover or to flip through for specific information, you can find what you need quickly and easily.

Baby's Best Chance is divided into 6 main sections:

Section 1, **Pregnancy**, is all about you and your developing baby as you navigate your way through each trimester.

Section 2, **Birth**, gives you the information you need to help you prepare for labour and birth.

Section 3, **Life With Your Baby**, is full of the practical information that will help you settle in to care for your newborn.

Section 4, **Baby Care**, details everything from diapering to sleep to crying, with a focus on keeping your baby safe and healthy.

Section 5, **Baby Development**, provides information on typical milestones and how you can support your baby's development in all areas – from their brain and language skills to their physical, social and emotional growth.

Section 6, **Feeding Your Baby**, covers your baby's nutritional needs, with comprehensive information on breastfeeding or chestfeeding, infant formula and helpful tips on introducing solid foods.

Chestfeeding is a term that is becoming more commonly seen and used when discussing infant nutrition. It's a term that can be used by anyone, but often used by trans-masculine or non-binary parents to describe how they feed and nurture their baby from their bodies. Language is constantly changing. Using the term "chestfeeding" is not just about human anatomy. It's about helping all parents and caregivers feel they can find the support and resources they need to feed their babies. To learn more about chestfeeding go to: transcarebc.ca/

We've also included a number of additional pieces that can help you navigate the book:

Looking for insight into a particular topic or information on a key word?

Turn to the **Table of Contents** on pages 1 and 2 or the **Index** on page 167.

Need information on the services and supports available to help you and your family thrive?

See the **Resources** section on page 125.

Not sure what a word or concept means?

Check the **What is...?** boxes that appear throughout the book.

Interested in information on healthy eating?

See **Canada's food guide** on page 148.

Want to speak with a health care professional in person?

Phone **HealthLink BC**, an invaluable free service of the Government of British Columbia. **Call 8-1-1** toll-free or 7-1-1 for the deaf and hard of hearing. Services are available in 130 languages, 24 hours a day. Speak with a registered nurse (anytime), a pharmacist (nightly, from 5 pm to 9 am), a registered dietitian or a qualified exercise professional (9 am to 5 pm, Monday to Friday).

Want quick info at a glance? Look for the coloured boxes.

Throughout this guide, you'll find boxes in a variety of colours. Look to these for essential bits of information that will help you navigate pregnancy and life as a new parent or caregiver – everything from healthy eating tips to money-saving how-tos.

Our **What is...?** boxes explain key words and ideas in easy-to-understand terms.

Our **Try This** boxes suggest simple first steps you can take to help you get comfortable with each new aspect of pregnancy and parenting.

Our **Key Takeaway** boxes sum up the section's not-to-be-missed information.

Our **Partners** boxes suggest ways your support team can get involved.

Our **Did You Know?** boxes offer handy bits of insider information that can help build your understanding.

Our **Family Story** boxes give you a peek into the experiences of other soon-to-be and new parents.

Our **How To** boxes help you master the practical tasks of parenting by breaking them down into easy-to-follow steps.

 Our **Money Sense** boxes share tips on how to save money on everything from prenatal supplements to child care.

 Our **Brain Builder** boxes offer simple ideas on how to support your child's brain development through everyday activities.

 Our **Be Aware** boxes draw your attention to common things that may be unsafe for your child.

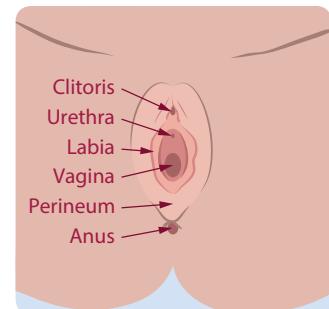
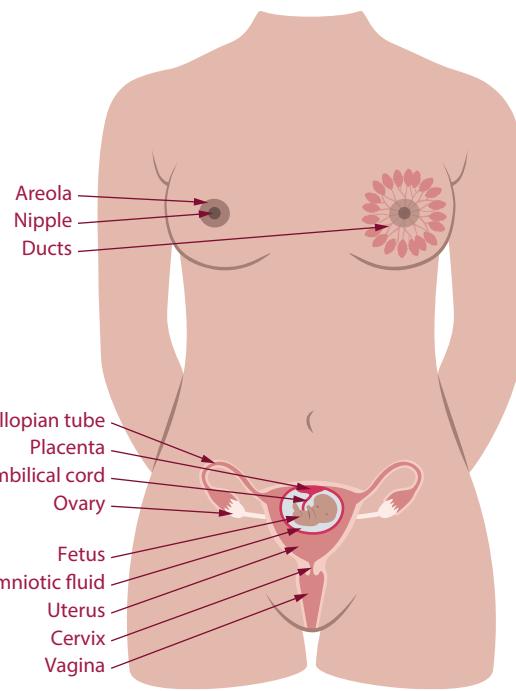
 Our **Danger** boxes alert you to hazards that can pose a serious risk to your child.

 Our **Medical Emergency** boxes help you recognize whether a situation calls for immediate medical help.

 Our **Seek Care** boxes point out things that warrant a call to your health care provider or HealthLink BC.

The Body

Throughout *Baby's Best Chance* you'll see references to various body parts. Whenever possible, we've tried to use easy-to-understand terms. In some cases, though, the more formal name is used. If you come across a word you're not sure about, use these illustrations for reference.



Your Circle of Support

Your Personal Support Team

Think about who you can count on to provide emotional and practical help – everything from holding your hand during labour to babysitting.

This may include:

- your partner(s)
- family members
- friends, neighbours or co-workers
- members of your cultural, religious or community groups
- members of your prenatal group
- child birth educator
- a doula (trained labour companion)



WHAT YOU CAN DO

- Listen to your partner's concerns.
- Take part in appointments and prenatal classes.
- Help prepare your home for the baby.
- Be involved in the labour and birth.
- Be a hands-on and equal partner in child care and household duties.
- Take parental leave or arrange holidays so you can be home to help your family adjust to life with a new baby.
- Share in a healthy lifestyle before, during and after pregnancy.
- Get advice from friends and family on how they supported their partners during pregnancy.
- Find people and groups that can support you during this time of change.

Your Health Care Support Team

Your health care team may include:

- a midwife
- a family doctor
- an obstetrician
- hospital, public health, primary care or community health nurses
- HealthLink BC (nurses, pharmacists, dietitians and other health care providers)
- a lactation consultant
- a nurse practitioner
- a counsellor
- a naturopathic doctor
- a pharmacist
- a social worker
- a dentist or dental hygienist



TRY THIS

Decide who you'd like to have on your support team, then record their contact information on the inside front cover of this book.

Doctor or midwife?

In B.C., you can choose a registered midwife or a family physician to care for you during pregnancy, birth and the postpartum period. If your pregnancy is high risk, you will receive care from an obstetrician in addition to your physician or midwife.

Both doctors and midwives are an important part of the B.C. health care system, but not every community has both.

Doctors work in clinics, usually deliver babies in hospital and provide follow-up care in a clinic after a baby is born. If your family doctor doesn't provide maternity services, they will refer you to another doctor or midwife who will take care of you during your pregnancy and postpartum period.

Midwives work in clinics, deliver babies in hospital and in homes and provide follow-up care and support after a baby is born. To find a midwife, visit bcmidwives.com.

Family doctors, obstetricians and midwives all share the same goal: the health of you and your baby. Focus on finding someone whose approach matches your wishes and values.

There are some clinics where midwives, family doctors and nurses work together to provide care.

Choosing health care providers

Ask for recommendations from friends or health care professionals. You can also call HealthLink BC at 8-1-1 to ask about services near you.

Questions to ask:

- Do you provide care during pregnancy?
- What are your policies around phone calls, home visits and on-call coverage?
- How often will I likely need to see you?
- Will you attend the birth?
- Will you support my preferences in terms of where I'll give birth, who will attend and what birthing positions and pain control I'll use?
- Will you provide breastfeeding or chestfeeding support?



DID YOU KNOW?

Indigenous midwives are available to provide care for Indigenous and non-Indigenous birthing people, newborns, families and communities. Indigenous midwives are committed to reclaiming well-person care. They are devoted to upholding and honouring traditions, rights, culture and language and bringing birthing to communities. Please review the Midwives Association of British Columbia, Indigenous Midwives Advisory Council website for more information. bcmidwives.com/Indigenous_Midwives_Advisory_Council.html



DID YOU KNOW?

Transgender, Two-Spirit and gender-diverse parents and caregivers can find supportive, gender-affirming health care providers through Trans Care BC: transcarebc.ca/ or 1-866-999-1514 (toll-free).



DID YOU KNOW?

B.C.'s Medical Services Plan will cover the cost for a doctor or a midwife or an obstetrician during your pregnancy.



Lifestyle

Pregnancy is a good time to do more of the things that will help keep you and your baby healthy.

Building Healthy Habits

Try to focus on:

- ✓ eating nutritious foods
(see [Eating Well for Pregnancy](#))
- ✓ getting regular physical activity
(see [Taking Care of Yourself](#))
- ✓ finding health care providers you trust and going to prenatal care appointments
(see [Health Care During Pregnancy](#))
- ✓ brushing your teeth, flossing and seeing a dental professional
- ✓ quitting or reducing smoking, vaping and nicotine use
- ✓ building a support team of family, friends and community members (see [Your Circle of Support](#))
- ✓ keeping immunizations up-to-date and practicing hand hygiene. To learn more see: gov.bc.ca/gov/content/covid-19/info/response



DID YOU KNOW?

Good dental care is especially important during pregnancy. Brush your teeth and floss regularly. See a dentist and/or a dental hygienist if possible and let them know you're pregnant when you visit.

Reducing the Risks

By making changes to your lifestyle, you can lower the risks to you and your baby. Help is available. Talk with your health care provider.

Hot baths, hot tubs and saunas

Hot baths, hot tubs, saunas and other hot, enclosed spaces can raise your body temperature. When you're pregnant and you get overheated, your baby's temperature goes up, too. This can affect their development.

Lower the risk:

- Keep the water temperature below 38.9°C (102°F).
- Limit your time to 10 minutes.
- Have another adult with you.
- Get out right away if you feel dizzy or faint or have a fast pulse, irregular heartbeat, stomach pain or tingling in your feet or hands.
- Sit with your arms and chest above water.

Caffeine

Caffeine is fine in small amounts, but too much is not good for you or your baby. And it can keep both of you awake.

Lower the risk:

- Limit caffeine to 300 mg a day (2 cups/500 ml of coffee or 4 cups/1000 ml of tea containing caffeine).
- Remember that caffeine is found in things other than tea and coffee, like chocolate, pop and energy drinks.
- Try decaffeinated tea and coffee.



WHAT YOU CAN DO

Do your part to raise a healthy baby: make nutritious meals, exercise with your partner and plan social activities that don't involve alcohol. If you smoke, take time to learn how it can affect your baby and what you can do to stop or cut down. (See [Nicotine or commercial tobacco](#))

X-rays and CT scans

X-rays and CT scans may expose your baby to radiation, which could cause birth defects or growth issues.

Lower the risk:

- Before any medical or dental work, tell your technician if you're pregnant or breastfeeding or chestfeeding. Your health care provider will recommend the safest test possible.

Pets

Pets, especially cats, can carry a parasite in their poop that can cause a serious infection ("toxoplasmosis") and lead to miscarriage or birth defects.

Lower the risk:

- Have someone else empty the litter box daily. If you do it yourself, wear disposable gloves and avoid breathing in the dust, then wash your hands well.
- If possible, keep your cat indoors.
- Wear gloves when gardening to avoid direct contact with soil that may have cat waste in it.
- Wash your hands well with soap and water after touching pets.

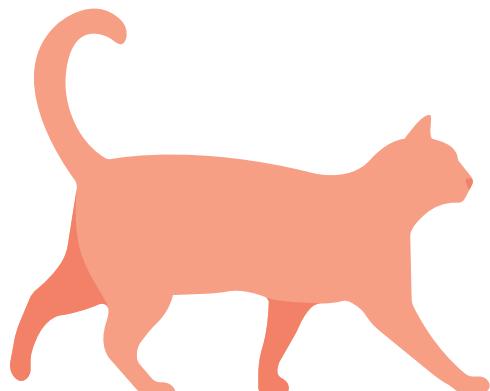


Domestic violence

Violence toward you puts both you and your unborn baby at risk. If your partner(s) abuses you physically, sexually, emotionally or verbally during pregnancy, your baby could also be injured. Your unborn baby may be affected by the stress you feel. After birth, even if a child doesn't actually see the abuse, they will feel the tension and fear in the home. This can harm their development and lifelong health.

Lower the risk:

- Seek help. Start by talking about it and take action at your own pace.
- Call VictimLink BC for 24-hour support in 240 languages: 1-800-563-0808 (toll-free) or victimlinkbc.ca.
- Talk with your health care provider or a violence worker.
- Contact bc211 (dial 2-1-1) to find services and supports.
- Call 9-1-1 for emergency help.



Medications

Many medications are safe to take during pregnancy and while breastfeeding or chestfeeding. But some – including natural remedies, traditional medicines, and prescription and non-prescription medicines, like Advil (ibuprofen) – may be unsafe during pregnancy. Using opioids (like morphine, oxycodone and fentanyl) during pregnancy can increase your risk of miscarriage, preterm birth and low birth weight. Opioid use can also cause your newborn to go through withdrawal, as can using sedatives such as Xanax, Valium and Ativan (benzodiazepines) during pregnancy.

Lower the risk:

- Talk to your health care provider or pharmacist. Let them know about all the medications you're taking, including natural ones. They can connect you to supports that can help you make changes so that you and your baby are as safe as possible.
- If you can't see your health care provider right away, call HealthLink BC 8-1-1 to talk with a nurse or pharmacist. Some medications, like those for seizures, should not be stopped suddenly.
- Never take sedatives along with opioids or alcohol.
- Talk with a health care provider about any teas, tinctures or other natural remedies you may be considering using while pregnant.
- Speak with an herbalist or Elder for information on the use of traditional medicines during pregnancy.

Non-prescription opioids and stimulants

Non-prescription opioids and stimulants can put you and your baby at very serious risk. Using drugs like cocaine and crystal meth (methamphetamine) during pregnancy raises the risk of sleep-related infant death and can cause the placenta to tear away from the wall of the uterus, risking miscarriage and preterm birth. Inhalants – such as glue, gasoline, paint thinner, cleaning fluids, hairspray and spray paint – increase the risk of miscarriage, birth defects and long-lasting problems. These effects are similar to what happens in Fetal Alcohol Spectrum Disorder (FASD) (see next page to learn more about FASD). Non-prescription opioids and stimulants can also restrict your baby's growth and cause them to experience withdrawal.

Remember – you are not alone! If you need help, it is never too late to seek support.

Lower the risk:

- Ask your health care provider for referrals to services that offer respectful support to people using substances during pregnancy.

- Work with your health care provider, outreach nurse or clinic to stop or slowly reduce your use.
- Call HealthLink BC at 8-1-1 anytime to talk with a registered nurse.
- Call the Alcohol & Drug Information Referral Service (ADIRS) anytime, day or night, for free, confidential information:
1-604-660-9382 (lower mainland) or
1-800-663-1441 (anywhere in B.C.).

Nicotine or commercial tobacco

Using nicotine or commercial tobacco can increase the risk of miscarriage, stillbirth, preterm birth, low birth weight and sleep-related infant death. The harms of using nicotine or commercial tobacco are equal no matter how it is used – smoking, vaping or chewing. It is also important to know that exposure to second-hand smoke from nicotine or commercial tobacco is harmful. Exposure to smoke and third hand smoke after birth can reduce your milk supply and puts your baby at much higher risk of sleep-related infant death, ear infections, asthma and bronchitis. It can also increase the chance that your child will become a smoker.



Lower the risk:

- If you are unable to quit all at once, smoke or vape less and less often.
- Keep your car and home smoke and vapour-free.
- Ask others to smoke or vape outside, then wash their hands. If possible, have them change clothes, too.
- Talk to your pharmacist or doctor about the BC Smoking Cessation Program, which provides free and low-cost nicotine replacement products and medications to help you quit.

Try to quit.

More resources available to help you quit or smoke or vape less:

- Contact Quit Now at quitnow.ca or 1-877-455-2233 (toll-free).
- Talk Tobacco: Indigenous quit smoking and vaping support. smokershelpline.ca/talktobacco/home or 1-833-998-8255 (TALK).
- First Nations Health Authority Resources:
 - [FNHA Quitting Commercial Tobacco](http://fnha.ca/Documents/FNHA-Quitting-Commercial-Tobacco-FAQs.pdf)
fnha.ca/Documents/FNHA-Quitting-Commercial-Tobacco-FAQs.pdf
 - [FNHA Respecting Tobacco](http://fnha.ca/respectingtobacco)
fnha.ca/respectingtobacco



DID YOU KNOW?

It's against the law in B.C. to smoke or vape in cars carrying children under 16 years old.

Alcohol

There is no known safe amount of alcohol during pregnancy. Alcohol during pregnancy can result in Fetal Alcohol Spectrum Disorder (FASD), which can cause your baby serious brain injury and problems with hearing, speech, vision, memory, coordination and learning.

Lower the risk:

- Stop drinking if you're pregnant or planning a pregnancy.
- If you're having trouble stopping completely, reduce the amount you drink. Never have more than 2 drinks at a time.
- Visit bcapop.ca to find a pregnancy outreach program near you.
- Call HealthLink BC at 8-1-1 anytime to talk with a registered nurse.
- Seek support from a public health nurse, social worker or Elder.
- Call the Alcohol & Drug Information Referral Service (ADIRS) for free, confidential information: 1-604-660-9382 (lower mainland) or 1-800-663-1441 (anywhere in B.C.).



BE AWARE

If you're dependent on alcohol or if you go through withdrawal when you stop drinking, it may be dangerous for you to stop suddenly. Seek support from your health care provider or the resources listed here.

Canada's Guidance on Alcohol and Health

Guidance to support people in Canada to make informed decisions about alcohol and consider reducing their alcohol use

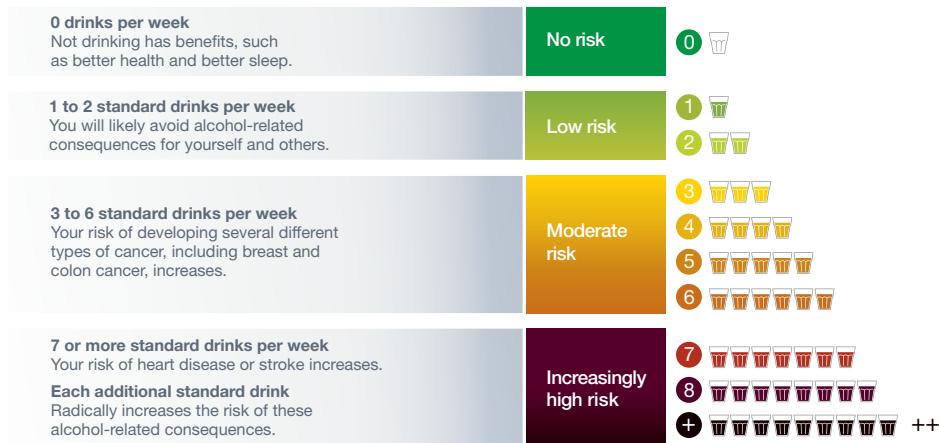


A standard drink means:

	Beer 341 ml (12 oz) of beer 5% alcohol	or		Cooler, cider, ready-to-drink 341 ml (12 oz) of drinks 5% alcohol	or		Wine 142 ml (5 oz) of wine 12% alcohol	or		Spirits (whisky, vodka, gin, etc.) 43 ml (1.5 oz) of spirits 40% alcohol
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To reduce the risk of harm from alcohol, it is recommended that people living in Canada consider reducing their alcohol use.

Alcohol Consumption Per Week



Alcohol Consumption Per Day

If you are going to drink, don't exceed 2 drinks on any day. Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.



Pregnant, Trying to Get Pregnant or Breastfeeding

During pregnancy or when trying to get pregnant, there is no known safe amount of alcohol use. When breastfeeding, not drinking alcohol is the safest.



Sex and Gender

Health risks increase more quickly at 7 or more standard drinks per week for females. Overall, far more injuries, violence and deaths result from men's drinking.

Cannabis (marijuana)

There is no known safe amount of cannabis during pregnancy. Cannabis in any form – smoking, vaping or edibles – can cross the placenta and may affect your unborn baby. Using cannabis when pregnant may lead to low birth weight, stillbirth, preterm birth and birth defects. As your child grows, it may affect their intellectual development – including memory, focus and decision-making. It may also cause problems with sleep and hyperactivity.

Lower the risk:

- Stop using cannabis if you're pregnant or planning a pregnancy. If you have trouble stopping, talk with your health care provider.
- Use less cannabis and use it less often.
- Don't use cannabis with tobacco or other substances or with medications.
- Don't use cannabis to help with morning sickness. Know that there are safer ways to cope (see [Stages of Pregnancy](#)). Talk with your health care provider.
- Choose lower-potency products that have higher levels of CBD (cannabidiol) and lower levels of THC (tetrahydrocannabinol). But be aware that even CBD-only products haven't been proven safe during pregnancy.



DID YOU KNOW?

It's possible to become dependent on cannabis.



TRY THIS

Talk to your friends and family about any lifestyle changes you want to make while you're pregnant. Ask them to help you meet your goals for a healthy pregnancy – by not smoking cigarettes or cannabis around you, for example.

Sexually transmitted infections (STIs)

Sexually transmitted infections (STIs) can cause problems with your pregnancy, increase the risk of preterm labour and harm your baby.

Lower the risk:

- Use condoms.
- Discuss your sexual practices with your health care provider.
- Make sure that both you and your partner(s) get tested for STIs early in your pregnancy. Better yet, get tested before you get pregnant.
- If you have sex with a new partner, use a condom and get tested for STIs.



DID YOU KNOW?

Testing for STIs is a regular part of prenatal care that helps make sure that you and your baby are as healthy as possible. You can get STIs while you're pregnant and not even have symptoms, but you can be treated with antibiotics that are safe to take during pregnancy.

B.C. and other parts of Canada have seen an increase in the number of cases of congenital syphilis, which is when a baby is infected during pregnancy. If not diagnosed and or treated early, this may cause fetal loss, still birth or other serious health problems. It is very important in pregnancy to have your regular prenatal follow ups and get routine testing. Help keep yourself and others healthy by learning more about how syphilis spreads, symptoms to look out for and when to get tested:

BCCDC Smart Sex Resource

smartsexresource.com/sexually-transmitted-infections/stis-conditions/syphilis/

PSBC Syphilis in Pregnancy

perinitalservicesbc.ca/Documents/Resources/Alerts/patient-resource-syphilis-in-pregnancy.pdf

HealthLink BC has more information about common risks during pregnancy and how to protect yourself and your baby. Visit healthlinkbc.ca or call 8-1-1 to talk with a nurse or other health care professionals.

Sexually Transmitted Infections You Can Pass to Your Baby

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
Chlamydia Diagnosed by urine test or testing a swab of fluids from the vagina.	During birth.	Parent: Usually no symptoms. May have pain when peeing, vaginal discharge or stomach pain.	Parent, partner(s) and baby: Antibiotics.	Parent: Preterm labour, premature breaking of water. Baby: Pneumonia, eye infections, blindness.	Parent: Treat parent before birth to prevent infecting baby. Partner(s): Treat partner(s) to avoid re-infection. Baby: Antibiotic eye ointment may be recommended for baby after birth.
Gonorrhea Diagnosed by urine test or testing a swab of fluids from the vagina.	During pregnancy or birth.	Parent: Pain in lower stomach, vaginal discharge, pain when peeing, or no symptoms.	Parent, partner(s) and baby: Antibiotics.	Parent: Preterm labour, infertility or future pregnancy losses, pelvic inflammatory disease, reactive arthritis. Baby: Eye infections and blindness.	Parent: Treat parent and partner(s) before birth to prevent infecting baby. Baby: Antibiotic eye ointment may be recommended for baby after birth.
Hepatitis B Diagnosed by blood test.	During birth or by contact with blood.	Parent: Loss of appetite, fever, tiredness, muscle and joint pain, stomachache, nausea, diarrhea, vomiting, dark urine, yellow skin and eyes. Baby: Usually no signs. May have fever, fatigue, vomiting, loss of appetite, yellow skin.	Parent, partner(s): Ongoing antiviral drugs if necessary. Baby: Hep B immunization and hepatitis immunoglobulin.	Liver disease and liver cancer, especially for baby.	Parent: Hep B vaccine. Antivirals if high virus levels during pregnancy. Baby: Hep B vaccine at birth. May also get Hep B immunoglobulin.

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
Herpes Diagnosed by a swab or blood test after a sore develops.	Usually during birth. Sometimes before or after birth. During breastfeeding or chestfeeding if there is a sore on or near the nipple.	Parent: Blisters/sores in genital area that appear once or return. May be no signs. Baby: Low energy, fever, low weight gain.	Parent, partner(s) and baby: Ongoing antiviral drugs.	Baby: Skin, eye, mouth or blood infections, seizures. May be fatal.	Avoid sex if you have a sore. Avoid oral sex if your partner(s) has a cold sore. Condoms help but don't guarantee protection. Caesarean birth is recommended if you have an active infection at time of birth. Avoid breastfeeding or chestfeeding if you have open sores on your breast or chest. Hand express or pump milk until healed. Pumped milk can be given to the baby if no part of the pump or your hands has come into contact with a sore. Otherwise, discard the milk.
HIV (Human Immunodeficiency Virus) Diagnosed by blood test.	During pregnancy, birth or breastfeeding or chestfeeding.	Parent: At first – rash, fever, sore throat, severe headache, swollen lymph nodes, nausea, fatigue, mouth sores, vaginal infections, night sweats, vomiting, muscle and joint pain. Baby: Failure to thrive, swollen belly and lymph nodes, diarrhea, pneumonia, oral thrush. May test negative and have no symptoms. Regular testing is important.	Parent, partner(s) and baby: Ongoing antiviral drugs.	Parent and baby: Advanced HIV or AIDS.	Parent: Ongoing antiretroviral therapy during pregnancy and after birth. Baby: 6 weeks antiviral therapy after birth. Baby should not be breastfed or chestfed.

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
Syphilis Diagnosed by blood test.	During pregnancy or birth.	Parent: Many have no symptoms. Some have a small, painless sore in genital area, then fever, rash, headache, swollen glands.	Parent, partner(s) and baby: Antibiotics (during pregnancy or to newborn).	Parent: Nervous system, eye and heart problems and preterm labour. Baby: Stillbirth or physical and mental problems.	Early treatment of parent usually prevents infection in baby. Prevent baby's contact with a sore. Avoid skin-to-skin contact and breastfeeding or chestfeeding if you have open sores on your breast or chest. Hand express or pump milk until healed. Pumped milk can be given to the baby only if no part of the pump, your hands or the milk have come into contact with a sore. Otherwise, discard the milk.
Zika Virus Diagnosed by blood or urine test.	During pregnancy.	Parent: A week of mild fever, rash, muscle and joint pain, irritated eyes, headache.	Parent: Usually cures on its own. Baby: Ongoing support and treatment to help child cope with developmental delays and other challenges.	Baby: Can affect brain development which could lead to an abnormally small head ("microcephaly") and cause developmental delays, epilepsy and hearing and vision problems.	Use condoms (and barrier protection for oral sex) if partner(s) has travelled to areas with Zika. Avoid any type of sexual contact with infected partners. While pregnant, avoid travel to areas where Zika is present.

Eating Well for Pregnancy

What is Canada's food guide?

Tips to help you eat well while pregnant and breastfeeding or chestfeeding – and for the rest of your life. See [Canada's food guide](#) on page 148.

Eating well during pregnancy will give your baby what they need to develop well. It will give you the extra calories and nutrients you need as your placenta grows and your blood supply increases. And once your baby arrives, eating well will help both of you stay healthy.



Focus on:

- ✓ enjoying a variety of healthy foods from the 3 groupings of food – vegetables and fruits, whole grain foods and proteins
- ✓ eating 3 meals and 2 or 3 snacks each day
- ✓ choosing foods with healthy fats like nuts, seeds, fatty fish and vegetable oils, instead of saturated fats
- ✓ trusting your body and hunger to guide you in how much to eat – your body needs a little more food each day
- ✓ drinking water as your main choice

Highly processed and prepared foods and drinks that are high in saturated fat, sugar and sodium – like chips, cakes and pop – don't have the nutrients your growing baby needs. Choose these foods and drinks less often.



KEY TAKEAWAY

Every little bit counts. You don't need to eat perfectly. Do the best you can – your efforts make a difference for you and your baby. Find out about financial supports that may be available to you at [HealthLinkBC.ca](#) or call 8-1-1 for resources that can help.

Key Nutrients During Pregnancy

	Why You Need It	Foods That Provide It		
		Vegetables and Fruits	Whole Grain Foods	Protein and Other Foods
Iron	Helps build new red blood cells and helps them carry oxygen. Iron you eat while pregnant will help your baby store enough for when they're born.	Dark leafy vegetables like spinach and swiss chard. Beets, green peas, baked potato with skin.	Fortified whole grain cereals and bread, enriched cereals and bread, wheat germ.	Cooked mussels, clams, beef, lamb, chicken, fish, eggs, tofu. Cooked dried beans, peas, lentils, hummus. Pumpkin seeds, cashews, pine nuts, hazelnuts. Unsweetened fortified soy beverage. Instant Breakfast or Ovaltine added to milk.
Folic Acid	Lowers the risk of birth defects of the brain and spine. Important for baby's healthy growth and development.	Dark green leafy vegetables, artichokes, asparagus, avocado, beets, broccoli, brussels sprouts, okra, bananas, oranges, ripe papaya.	Enriched grain products including bread, cereal and pasta.	Cooked eggs. Cooked dried lentils, peas, chickpeas, beans. Almonds, cashews, hazelnuts, peanuts, sesame seeds, sunflower seeds, walnuts.
Calcium and Vitamin D	Helps build baby's bones, teeth, nerves, heart and other muscles. Having enough calcium throughout pregnancy meets the needs of both you and your baby.	Bok choy, broccoli, kale, mustard greens, swiss chard, oranges.		Canned salmon, sardines with bones. Baked beans, soybeans, tofu with calcium. Almonds, hazelnuts, sesame seeds, tahini. Lower-fat milk (1% and 2%), cheese, yogurt, kefir, evaporated milk, unsweetened fortified soy beverage.
Omega-3 Fatty Acids	Builds baby's brain, nervous system and eyesight.			Fatty fish like salmon, mackerel, herring, trout. Walnuts, ground flax seeds, chia and hemp seeds. Omega-3-fortified foods including eggs, yogurt, unsweetened fortified soy beverage.
Fibre	Helps prevent constipation.	All vegetables and fruits – fresh, frozen, canned and dried.	High fibre breakfast cereals, bran cereals, 100% whole grain breads and crackers, brown rice, whole wheat pasta.	Cooked legumes, like lentils, beans (such as black, kidney, soy) and peas (such as chickpeas, garbanzos, split peas). All nuts and seeds.
Vitamin B12	Supports red blood cell formation, DNA creation and central nervous system development.		Fortified breakfast cereals.	Fish, meat, poultry, eggs. Dairy products. Fortified plant-based beverages. Nutritional yeast.

Craving a Snack?

Try:

- fruit and a small handful of unsalted nuts or seeds
- cut-up raw vegetables and hummus
- whole grain crackers with cheese or canned fish
- yogurt and berries
- peanut butter or nut butter on whole grain toast
- whole grain cereal with or without milk
- smoothie blended from yogurt, fruit and milk or fortified soy beverage

If you crave unusual non-food items like ice, clay or starch, tell your health care provider.



WHAT YOU CAN DO

Make healthy meals for yourself and your partner. Families eat better when they eat together.



DID YOU KNOW?

You can call HealthLink BC at 8-1-1 to talk with a registered dietitian about healthy eating.

Foods to Limit or Avoid During Pregnancy

Caffeine:

A small amount (about 2 cups/500 ml of coffee) is usually safe, but too much caffeine may affect an unborn baby, make a breastfed or chestfed baby restless, rob you of much-needed sleep and make you pee more (see *Lifestyle*).

Cheese:

Pasteurized and unpasteurized soft and semi-soft cheeses (feta, Brie, Camembert, blue cheese, queso blanco, queso fresco and others) can contain bacteria which are especially dangerous during pregnancy. Stick to safer options – pasteurized hard cheeses (such as cheddar, Swiss and parmesan), pasteurized cottage cheese, cheese curds or cream cheese.

Deli products:

Ready-to-eat meats such as bologna, roast beef, ham and turkey breast should only be eaten steaming hot. Avoid pâté and meat spreads unless they're canned. Cook hot dogs well and be careful not to drip the liquid from the package onto other foods.

Eggs:

Eggs are a great source of choline, but lightly cooked or raw eggs – and products with raw eggs, like cookie dough or homemade Caesar dressing – can contain bacteria which are especially dangerous during pregnancy. Cook eggs until both the white and yolk are firm. If a recipe calls for raw eggs that won't be cooked, use pasteurized egg products instead.

Energy drinks:

Energy drinks have ingredients that may be harmful. Avoid them during pregnancy and while breastfeeding or chestfeeding.

Fish:

Fish is an excellent source of omega-3 fats, but some fish may be high in mercury. Have:

- no more than 150 grams (or 5 ounces) per month of fresh or frozen tuna, shark, marlin, escolar, orange roughy or swordfish
- no more than 300 grams (or 10 ounces) per week of canned albacore tuna

Be careful with raw fish, like sashimi and sushi. It's safest to avoid them during pregnancy.

Herbal teas:

Some herbal teas, such as chamomile, are not safe to drink when you are pregnant. Avoid teas with aloe, coltsfoot, juniper berry, pennyroyal, buckthorn bark, comfrey, labrador tea, sassafras, duck root, lobelia, stinging nettle and senna leaves. Also avoid kombucha tea. Other herbal teas such as citrus peel, ginger, orange peel and rose hip are considered safe in moderation (2 to 3 cups per day). For more information visit: canada.ca/content/dam/phac-aspc/documents/services/health-promotion/healthy-pregnancy/healthy-pregnancy-guide.pdf

Liver:

Liver is very high in vitamin A which, in large amounts, can lead to birth defects. Limit yourself to 75 grams (2½ ounces) of liver products per week during the first trimester, then eat in moderation. Don't take fish liver oil supplements, which are not safe at any time during pregnancy.

Pre-packaged raw vegetables, fruits and salads:

Pre-packaged and prepared vegetables and fruit, including packaged salads, can carry harmful bacteria. Avoid them or thoroughly wash or cook them before eating.

Soy:

Tofu, unsweetened fortified soy beverages and foods containing soy products are healthy, but soy supplements are not known to be safe during pregnancy.

Sprouts:

Stay away from raw alfalfa and mung bean sprouts as they can carry harmful bacteria.

Sugar substitutes:

Artificial sweeteners are fine occasionally, but don't let food and drinks made with sugar substitutes replace nutritious ones.

Tap water with lead:

Water is your best choice for staying hydrated, but in some buildings drinking water can become contaminated with lead from pipes and faucets. Flush your taps for a few minutes or until they run cold each morning and whenever you haven't used your taps for a long time. Use cold water for drinking and cooking, as hot water can carry more lead. If you are concerned, it is relatively simple to have your water tested. If your water comes from a private well, routine sampling is recommended to ensure that this water remains safe to drink. For more information on testing private well water systems, please see: healthlinkbc.ca/healthlinkbc-files/well-water-testing.

Unpasteurized foods:

Avoid unpasteurized milk, yogurt, cheese and juice. These can contain harmful bacteria that can make you and your baby sick and result in miscarriage, premature birth or stillbirth.

Food Safety

Protect yourself and your baby from the bacteria and parasites some foods can carry:

- ✓ Wash your hands with soap and warm water for at least 20 seconds after using the toilet, before and after preparing food and after you touch raw meat. Use hand sanitizer if soap and water aren't available.
- ✓ Wash raw vegetables and fruits under clean, running water. Use a brush to remove dirt.
- ✓ Fully cook pork to an inside temperature of 71°C; ground beef, lamb and veal to 71°C; and game meats to 74°C. Well-done pieces and whole cuts of beef, lamb and veal should be cooked to 77°C. Eggs should be cooked until the yolks are hard (74°C). For poultry and game birds, cook to 74°C for parts and ground meat, and 82°C for whole birds. Fish should be cooked to 70°C (fully cooked fish should flake with a fork). Oysters should be cooked to 90°C, but other shellfish can be cooked to 71°C.
- ✓ After prepping raw meat, put cutting boards, plates and knives into the dishwasher or handwash and sanitize them (and your counters) with a mixture of 1 teaspoon of bleach in 3 cups (750 ml) of water. Rinse well.
- ✓ Keep cooking tools and surfaces clean, and change dishcloths and towels every day. Avoid using sponges, which are hard to keep bacteria-free.
- ✓ Keep hot foods hot (60°C or above) and cold foods cold (4°C or below). Don't let food sit at room temperature for more than 2 hours or for more than 1 hour outdoors in the summer.
- ✓ Put cooled prepared food and leftovers in covered containers in the fridge or freezer within 2 hours.

✓ Use leftovers within 2 or 3 days. Reheat them to at least 74°C before serving.

✓ Check that safety seals on jars are intact when you buy them.

For more information on food safety, visit canada.ca/en/health-canada/services/general-food-safety-tips/safe-internal-cooking-temperatures.html.

Are you vegetarian or vegan?

Ensure you're getting enough protein, iron, calcium, zinc, vitamin D, vitamin B12, choline and linolenic acid (an omega-3). Call Dietitian Services at HealthLink BC at 8-1-1 if you're concerned you might not be getting all the nutrition you need.

Healthy eating tips

- Cook larger amounts and freeze leftovers for later.
- Take along snacks and a bottle of water when you go out.
- Eat plenty of vegetables and fruits. For convenient and less expensive options, try canned, frozen or dried (without added salt or sugar).
- Try not to skip meals. If nausea is a problem, try smaller meals and regular snacks.
- Choose foods that are low in sugar to help keep your teeth and gums healthy.

Using Fahrenheit?

4°C	→	39°F	74°C	→	165°F
60°C	→	140°F	85°C	→	185°F
68°C	→	154°F			

Taking Supplements

If you're trying to get pregnant or you're pregnant or breastfeeding or chestfeeding, certain supplements – along with a healthy diet – will give you the extra vitamins and minerals you and your baby need. But some supplements may be harmful, and too much of any supplement can cause problems. Tell your health care provider about all the supplements you take, including natural and herbal products and supplemented foods and drinks like protein powder, meal replacement shakes or bars and enhanced waters.

You will need:

- ✓ a daily multivitamin and mineral prenatal supplement that has 0.4 mg (400 mcg) of folic acid, 16 to 20 mg of iron, 400 to 600 IU vitamin D, and vitamin B12

Your health care provider may also suggest other supplements.

If you're taking separate calcium and iron supplements, take them at different times of the day.

You should avoid:

- ✗ vitamin A supplements and multivitamin and mineral supplements with more than 3 mg (3,000 mcg) or 10,000 IU vitamin A, which can cause birth defects
- ✗ fish liver oil supplements (like cod liver oil), which are high in vitamin A
- ✗ soy supplements
- ✗ herbal supplements



TRY THIS

If your supplements are making you nauseous or making your nausea worse, talk with your health care provider about things that can help. Don't stop taking supplements before speaking to your health care provider.



MONEY SENSE

Prenatal supplements may be available for free if you can't afford them. Talk with your health care provider.



Weight Gain in Pregnancy

How Much is Healthy?

Gaining weight is a natural part of pregnancy. Don't try to lose weight while pregnant.

While some weight gain can happen in the first trimester, it is usually small. Most of the weight gain happens in the second and third trimester.

Each body is different and there is no exact amount of weight gain that you should be aiming for. Instead, there is a range of weight gain that's good for you and your baby. Healthy weight gain depends on your weight before pregnancy and other factors.

Talk with your health care provider about what a healthy weight gain is for you during pregnancy or call 8-1-1 to speak to Dietitian Services at HealthLink BC.



KEY TAKEAWAY

Being active and eating nourishing foods support healthy weight gain for you and your baby.



DID YOU KNOW?

Gaining too little or too much weight may raise some health risks for you and your baby. Discuss with your health care provider if you have questions or concerns around healthy weight gain during your pregnancy.

How a weight gain of about 14 kg (30 lb) adds up

Extra stores for pregnancy and breastfeeding or chestfeeding:

2½ to 3½ kg (5 to 8 lb)

Blood: 2 kg (4 lb)

Retained fluid: varies

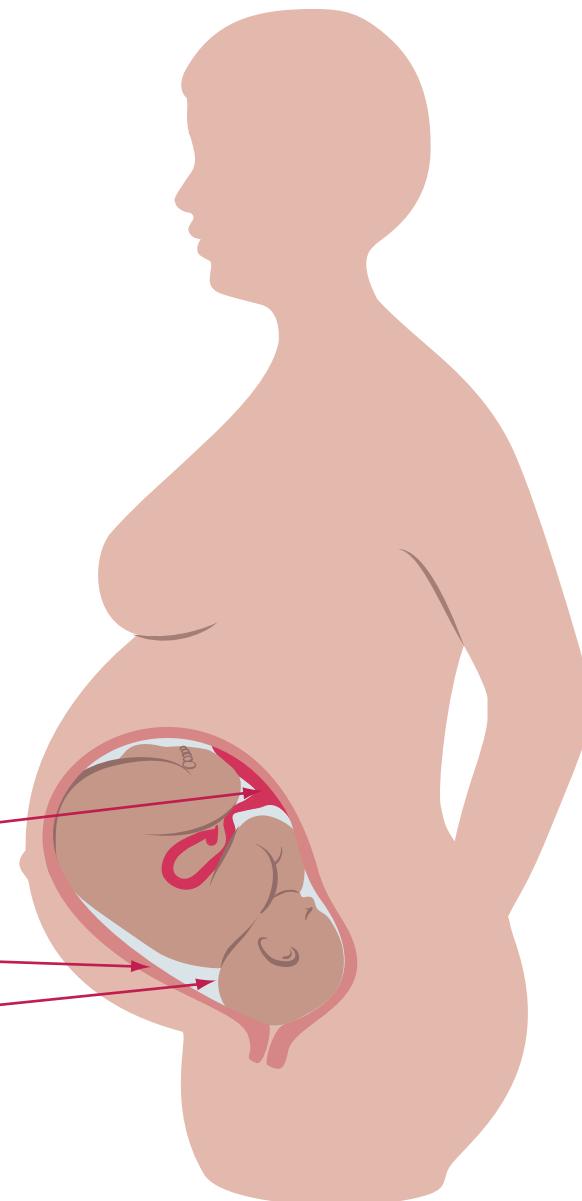
Breasts or chest: 1½ kg (3 lb)

Placenta: ½ kg (1 lb)

Baby: 3½ kg (7½ lb)

Uterus: 1+ kg (2½ lb)

Amniotic fluid: 1 kg (2 lb)



Taking Care of Yourself

Physical Activity

Staying physically active during pregnancy can help you:

- prepare your body for labour and birth
- improve your mood and your energy level
- cut down on backache and constipation
- lower your risk of gestational diabetes
- sleep better

Try these:

- ✓ walking
- ✓ riding a stationary bike
- ✓ swimming or aquafit
- ✓ low-impact aerobics or prenatal fitness classes
- ✓ prenatal yoga
- ✓ canoeing
- ✓ fishing



KEY TAKEAWAY

Choose activities that you enjoy, that suit your cultural practices and that are safe during pregnancy. Aim for 2½ hours of moderate-intensity activity each week, but keep in mind that any amount is useful. Spread it out over at least 3 days or – better yet – do something every day.

Don't try these:

- ✗ activities involving bouncing or fast changes in direction, such as squash and racquetball, for example, can cause ligament injuries more easily when you're pregnant
- ✗ contact sports, such as karate and any activities where you're likely to fall, like skiing, should be avoided since balance becomes harder during pregnancy
- ✗ activities that will overheat you, like hot yoga or swimming in pools warmer than 28°C (82°F)
- ✗ scuba diving



DID YOU KNOW?

Staying active doesn't have to be about going to the gym. You can keep your body moving with day-to-day activities like taking the stairs, raking leaves or getting off the bus one stop away and walking the rest of the way to work.



WHAT YOU CAN DO

Find activities you can do with your partner and, after the birth, with your new baby, too.



DID YOU KNOW?

You should be able to carry on a conversation while you're exercising. If not, slow down.

Stay safe when exercising

- ✗ Don't lie flat on your back if doing so makes you feel light-headed or nauseated.
- ✗ Don't hold your breath. Breathe out on exertion and in when you relax.
- ✓ Use light weights, resistance bands and body weight.
- ✓ Drink water before, during and after activity.
- ✓ Stretch comfortably and do gentle warm-ups and cool-downs before and after exercise.
- ✓ Get Active Questionnaire for Pregnancy. csep.ca/2021/05/27/get-active-questionnaire-for-pregnancy/



SEEK CARE

Stop exercising, sit down and drink water if you have:

- extreme shortness of breath
- chest pain
- regular and painful contractions
- bleeding or a gush of liquid from your vagina
- dizziness or faintness

If you don't feel better after resting, contact your health care provider or HealthLink BC at 8-1-1.

Contact Physical Activity Services at HealthLink BC for physical activity support during and after pregnancy. Call 8-1-1 or refer to this link for more information: healthlinkbc.ca/health-services/healthlink-bc-811-services/physical-activity-services



TRY THIS

If you were active before pregnancy, continue your physical activity routine but listen to your body. If you don't have an exercise routine, start gradually, with 15 minutes (including breaks), 3 times a week.

Physical activity after the birth

Physical activity can help you boost your mood and energy, help with postpartum depression and anxiety, improve your sleep and strengthen your heart, lungs, muscles and bones. If you had a caesarean, talk with your health care provider about when you can start. If you had a healthy pregnancy and gave birth vaginally, get active again as soon as you're comfortable. Whatever activity you do, start slowly.

Physical activity and breastfeeding or chestfeeding

In rare cases, intense exercise can change the taste of your milk. If your baby doesn't feed as well after you exercise, feed them beforehand. Or pump milk before you work out.

Stress

Some stress is to be expected, but too much can be unhealthy for you and your baby.

To help balance your stress, try:

- ✓ talking with a professional or someone else you trust
- ✓ saying no to extra responsibilities
- ✓ making time for yourself
- ✓ practising healthy eating
- ✓ being physically active
- ✓ making sleep a priority
- ✓ practising relaxation breathing
- ✓ building a support system and making friends with other parents and caregivers
- ✓ taking prenatal classes

If you have a sudden crisis, talk with your health care provider or call HealthLink BC at 8-1-1.



DID YOU KNOW?

Pregnancy can cause you to feel more sensitive and emotional than usual. And if you've experienced childhood trauma, pregnancy and labour can trigger memories and negative feelings. Make a clear birth plan (see [Preparing to Give Birth](#)) and talk to your support team about how they can help you feel safe. And take care of yourself by resting, meditating, eating well and staying active.



FAMILY STORY

I found my greatest stress reliever was learning to say no. That and prenatal yoga! Free your life of extra stress and find an outlet to release the stuff you just can't get rid of.

Are you sad, exhausted, moody, worried or crying a lot?

Perinatal depression and anxiety can affect both you and your partner(s). Help is available. See [Your Emotional Health](#).



WHAT YOU CAN DO

Take prenatal classes together. Discuss your birth preferences, your parental leaves and your finances. Listen to your partner's concerns and ask what you can do to help. And remember – you may feel the strain, too. Take time to manage your own stress and talk with a health care provider if you need extra support.

Posture

As your pregnancy progresses, your posture may suffer. By paying attention to how you hold your body, you'll have less pain in your back, shoulders and hips.



TRY THIS

Pull in your stomach (think "belly button to back bone"), bring your shoulders back, straighten your spine and walk tall.

Your stomach

Your abdominal muscles run from your chest to your pubic bone and take most of the pressure during pregnancy. As your baby grows, they soften and weaken under the strain.

Everyday tips:

- Get out of bed by turning onto your side and pushing up with both arms.
- Don't hold your breath when you lift or carry things.
- Don't do sit-ups or other curling-up movements.



DID YOU KNOW?

If you notice a bulging along your middle when you get out of the bath or bed, your abdominal muscles may have separated, like a zipper opening under stress (*diastasis recti*). Most small gaps will heal themselves. See a physiotherapist if you're concerned and avoid sit-ups and twisting your hips.

Your back

Everyday tips:

- Wear comfortable, supportive shoes and loose clothing.
- Stand with your knees slightly bent but not locked. Put one foot on a stool if you're standing for long.
- Sleep on your side with a pillow between your knees. To get up, turn onto your side and push up with both arms.
- When lifting, bend your knees, use your legs instead of your back, hold the item close to your body and don't twist. Don't try to lift or move heavy objects.



HOW TO

Strengthen your back with pelvic tilts

1. Get on your hands and knees with your elbows slightly bent.
2. Keep your hands under your shoulders and knees under your hips.
3. Keep your back flat and your head and neck in line with your spine.
4. Arch your lower back while tightening your tummy muscles and bum.
5. Slowly relax and return your back to the flat position.



Your pelvic floor

Your pelvic floor muscles run from your pubic bone to your tailbone. It acts as a sling to support your spine and pelvis, your internal organs including your uterus, and your baby. Good muscle tone is key to an easier delivery and a faster recovery. It also helps with sexual function and controlling the flow of pee.

Pregnancy and birth can weaken the pelvic floor and bring "pelvic girdle" pain to the lower back, bum, sides of hips, perineum and inner thighs. Talk with your health care provider if the pain continues after birth.



HOW TO

Strengthen your pelvic floor with Kegel exercises

1. Find a relaxed position (standing, sitting, lying down or even walking). Don't tuck your hips under or sway your back.
2. Gently tighten and lift the muscles around your vagina and rectum (above the anus), as if you're stopping yourself from peeing and passing gas. Your upper belly, thighs and bum should be relaxed. Don't do Kegels when using the toilet, which can lead to infection.
3. Hold the muscles tight for a count of 5 seconds (or 10, once you're stronger). Keep breathing.
4. Release. Pause for 10 seconds.

Repeat up to 10 times, several times per day.



TRY THIS

Prevent pee from leaking by tightening your pelvic floor muscles while coughing, sneezing and lifting.

Travel

In the car

- Wear your seat belt.
- Move the seat as far back as possible to make room for the air bag.
- Don't recline your seat.
- Limit your travel time.
- Take breaks to stretch and move.
- Let others drive when possible.

On a plane

- Before you buy a ticket, check with the airline – some won't allow you to fly after 36 weeks.
- Book an aisle seat for easier access to the bathroom.
- Exercise in your seat and walk the aisle to prevent blood clots in your legs.
- Drink plenty of water and bring healthy snacks.



DID YOU KNOW?

You can find current travel health notices at travel.gc.ca/travelling/health-safety/travel-health-notices.



TRY THIS

If you can afford the fee, consider visiting a travel clinic before you leave.

If you're travelling a long distance

- Buy travel insurance that covers pregnancy and birth.
- Take a copy of your prenatal record.
- Look into local health care and the location of the nearest hospital.
- Check for travel advisories. Some areas have illnesses, like malaria or Zika, that are especially dangerous during pregnancy.

- At least 6-8 weeks before travel, talk with your health care provider about travelling outside of Canada. The hepatitis A, meningococcal and polio vaccines may be recommended for pregnant people traveling to countries where these diseases are common. Some vaccines may take several weeks to become fully effective and some may require more than one dose.



Put the lap belt below your belly and the shoulder belt against your chest.

Sexual Wellness

Pregnancy and parenthood may change your sexual relationship, but intimacy doesn't have to end.

While you're pregnant

Having sex is usually fine right up until labour. If your health care provider tells you to avoid vaginal intercourse, you can still kiss, cuddle and have oral sex. But don't let your partner(s) blow air into your vagina (which can cause an air bubble in your blood) and don't have oral sex if your partner(s) has a cold sore, which can give you a herpes infection.

Your orgasm can trigger your uterus to contract briefly, but this doesn't affect the baby. If you're at risk for preterm labour, ask your health care provider if orgasm is okay.

Vibrators and dildos are fine, as long as your health care provider hasn't told you to avoid vaginal intercourse. Be sure they're clean and don't penetrate the vagina forcefully.

Condoms will help protect you and your baby against sexually transmitted infection (STI). Use them if you have a new partner, if you have more than one partner or if you or your partner(s) have an STI. Avoid condoms that contain nonoxyl-9 (N-9).

After the birth

Sex can happen whenever you're healed and you feel ready. For many people, this takes about 4 to 6 weeks. If sex is uncomfortable, try a water-soluble lubricant and plenty of foreplay. A warm bath can help, too, if your health care provider has given you the go-ahead.

You may consider using birth control (see [Family Planning](#)). You can become pregnant again right away, even when you're breastfeeding or chestfeeding. For more information on Sexual Health after Childbirth see: perinatalservicesbc.ca/Documents/Health-info/Newborn-care/Sexual_health_after_childbirth.pdf



WHAT YOU CAN DO

Talk to each other. It may take time for one or both of you to feel comfortable having sex again. Start when you both feel ready.



DID YOU KNOW?

In a healthy pregnancy, having sex won't harm your baby or make you go into labour. But it may prepare you if you're ready to give birth, by releasing hormones that can start contractions.

Not interested in sex?

Intimacy can strengthen your bond with your partner(s), which is good for the whole family. But your interest and your partner(s)' may change. You may feel tired, nauseated or uncomfortable. Your partner(s) may worry that sex will harm the baby or start labour. Either of you may suffer from depression (see [Your Emotional Health](#)).

But remember, intimacy doesn't have to involve sex. You can stay close by cuddling, holding hands or taking a walk together.

If you want to have sex but are finding it difficult to enjoy it, try new positions and activities or

use pillows to make it more comfortable. Wear a padded feeding bra if you leak milk. Boost your interest with exercise. Set aside romantic time each week and try times of the day when you're more rested.

Working

If you're exposed to chemicals, fumes, overheating or other hazards at work, talk with your health care provider. If you do physical work like heavy lifting or if you work night shifts, talk to your supervisor about adjusting your duties.

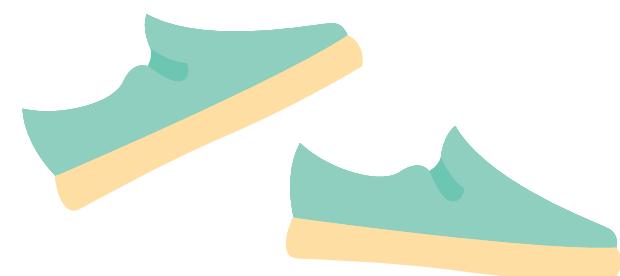
Whatever your job, eat healthy snacks, drink plenty of water and find ways to be comfortable.

If you stand for long periods:

- shift your weight from one foot to the other
- put one foot on a footrest
- wear comfortable, supportive shoes
- take shorter, more frequent breaks and try to find a quiet place to lie down or put your feet up

If you sit for long periods:

- change your position often
- use a footrest
- get up and walk



Health Care During Pregnancy

Working with your health care provider is key to a healthy pregnancy and a healthy baby.

How Often Should You See Your Health Care Provider?

First 30 weeks	30 to 35 weeks	35 weeks on
Every 4 to 6 weeks	Every 2 to 3 weeks	Every week or 2

You will be offered more visits if you:

- are underweight or overweight
- had problems with a previous pregnancy
- have diabetes or high blood pressure
- are over age 40
- are carrying more than 1 baby

- have had a caesarean or other surgery on your uterus
- drink, smoke or use drugs
- are depressed or dealing with other issues, including violence in the home



DID YOU KNOW?

You can choose to visit your health care provider on your own or you can bring someone along. Do what makes you most comfortable.



WHAT YOU CAN DO

Read through the list of medical emergencies (see [Pregnancy Risk Factors](#)) and ensure your partner visits their health care provider if necessary.

What Happens at a Visit to Your Health Care Provider?

Each time you visit your health care provider, they'll likely:

- check your blood pressure
- check your baby's heart rate
- measure your belly to check the baby's growth

Your early pregnancy visits are usually the longest. Your health care provider will take a physical history and do a complete checkup, which may include:

- a pregnancy test
- questions about your lifestyle, including diet, exercise, smoking, drinking and drug use
- information about prenatal supplements
- an abdominal exam
- a pelvic exam with Pap test or vaginal swab
- cervix/HPV self screening
- height and weight measurements
- blood tests to screen for sexually transmitted and blood borne infections, confirm your blood type and check your iron levels
- genetic screening tests
- a urine test



BE AWARE

Health Canada warns that gentian violet (also known as crystal violet) can increase the risk of cancer. If you're pregnant, don't use it to treat any condition.

At your later pregnancy visits, your health care provider may suggest tests to identify any issues with you or your baby that may need treatment. These tests may include:

- an ultrasound (19 to 22 weeks) to check the location of your placenta and the development of your baby
- screening (24 to 28 weeks) to check for gestational diabetes
- a swab (35 to 37 weeks) to screen for Group B Streptococcus infection
- genetic screening tests

Your health care provider will also ask about your emotional well-being and, if you have Rh-negative blood, give you an Rh-immune globulin shot at 28 to 29 weeks.



TRY THIS

Write down some basic information and bring it along to your first appointment:

- the dates of your last period and Pap test
- your blood type and the other biological parent(s)
- medications (including herbal ones) you take
- past pregnancies
- illnesses you've had and any that run in your family or the other biological parent(s)' family
- plans and questions about feeding your baby
- any other questions

What is prenatal genetic screening?

Optional blood tests that can tell you the chance of your baby having conditions like Down syndrome or spina bifida. This screening isn't perfect and doesn't provide a diagnosis. If you get a positive result, you may choose to have more specific tests. See [Pregnancy Risk Factors](#) to learn more.

What are the Pregnancy Passport and the Indigenous Pregnancy Passport?

Free pamphlets you can use to keep track of your pregnancy care. The Indigenous Pregnancy Passport also includes traditional beliefs and values. Both are available online at [perinatalservicesbc.ca](#) or through your health care provider.

Recommended Vaccines

Getting vaccinated in pregnancy is a safe and effective way to protect you and your baby from harmful diseases. Visit: [immunizebc.ca/adults/pregnancy](#) for more information and talk with a public health nurse or your health care provider about vaccines you may be eligible for.



DID YOU KNOW?

Young babies can get seriously ill from influenza. By getting the flu shot during pregnancy, you'll pass protective antibodies along to your baby and help protect them until they're 6 months old and can get the vaccine themselves.

Influenza vaccine (flu shot)

Influenza (flu) is more serious when you're pregnant. It can harm you and your baby and lead to severe illness and complications, including premature labour and delivery. Get a flu shot and encourage family and friends you see regularly to do the same. And if you have flu symptoms (fever, cough, headache, achiness, fatigue), contact your health care provider or HealthLink BC at 8-1-1 or [healthlinkbc.ca](#).

Pertussis (whooping cough) vaccine

Pertussis is a serious infection of the airways that can cause pneumonia (lung infection), seizures, brain damage and even death. The younger a baby is when they get pertussis, the more likely they'll need to be treated in a hospital. But babies can't be vaccinated against pertussis until they're 2 months old. By getting vaccinated at some point during your pregnancy – ideally between 27 and 32 weeks – you'll pass protective antibodies on to your baby, providing them with some short-term, early protection against the infection. Visit [immunizebc.ca/pregnancy](#) for more information.

COVID-19

Pregnant individuals are at increased risk of serious illness and complications from a COVID-19 infection. COVID-19 vaccines can be given safely at any time while trying to conceive, during pregnancy or while breastfeeding or chestfeeding. To learn more visit: [bccdc.ca/Health-Info-Site/Documents/COVID-19_vaccine/COVID19_Vaccine_Perinatal.pdf](#)

Pregnancy Risk Factors

Pregnancy Over Age 35



DID YOU KNOW?

Age is less important than many other factors to have a healthy pregnancy. No matter what your age, focus on eating well, staying active and getting good medical care.

If you're over 35 and pregnant, you may face some increased risks. These may include:

- your baby being born with a genetic chromosome condition such as Down syndrome or Trisomy 18
- complications such as diabetes or high blood pressure
- caesarean birth
- miscarriage

Genetic Conditions

Screening tests

Anyone, regardless of age and family history, can have a baby with a genetic condition like Down syndrome or spina bifida. Optional prenatal genetic screening can tell you whether there is a higher likelihood of your baby having these conditions. Screening doesn't give a firm diagnosis, but it can help you decide whether to have diagnostic tests.

There are several screening tests available, including various blood tests and ultrasounds. The type of screen you might choose would depend on your medical history and how far along you are in your pregnancy. The Medical Services Plan (MSP) covers the cost of some screening tests – you can pay for others at private clinics.

If you're considering screening, discuss your options with your doctor or midwife as early in your pregnancy as possible.

Diagnostic tests

You may choose to have diagnostic testing if you're age 40 or older, if your prenatal genetic screening result showed a higher likelihood of certain conditions or if you have a family history of a certain genetic condition that can be tested for. Unlike screening tests, diagnostic tests are 100% accurate.

Amniocentesis (done from 15 weeks onwards) involves removing a tiny amount of amniotic fluid through a needle in your belly.

Chorionic Villus Sampling (CVS) (done between 11 and 13 weeks) involves removing a small amount of placenta tissue through your vagina or belly.

Both amniocentesis and CVS carry a small risk of miscarriage.

The decision of whether to do genetic screening and diagnostic testing is yours. Consider whether you need to know for sure if your baby has a genetic condition and what you'll do with the information once you have it. Learn more at bcprenatalscreening.ca and bcwomens.ca.



KEY TAKEAWAY

Screening tests can tell you if your baby is at a higher risk of a genetic condition.

Diagnostic tests can tell you for certain if your baby has a genetic condition.



FAMILY STORY

When we heard that my prenatal genetic screening test was abnormal, we panicked. It turned out that my dates were wrong and I was actually 19 weeks instead of 17, so that meant the results were normal. We sure had a rough few days, though.

Medical Complications

Gestational diabetes can usually be controlled with a diabetic diet and regular physical activity, but some people may need insulin injections. It usually goes away after birth but can increase your risk of diabetes in the future.

Vaginal bleeding of a small amount in your first trimester is usually not a problem. But in your second or third trimester, bleeding should be taken seriously. Call your health care provider right away if you have bleeding at any time in your pregnancy.

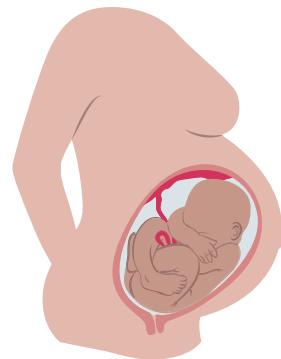
Placenta previa is a condition where the placenta covers part or all of the cervix. If you have a placenta previa when it's time to give birth, you'll need a caesarean.

High blood pressure affects 7 in 100 pregnancies. Contact your health care provider or call HealthLink BC at 8-1-1 immediately if you have sudden or fast-increasing swelling in your hands or face, fast weight gain, headaches, blurry vision, spots or stars in front of your eyes or abdominal pain.

Premature rupture of membranes is a tear in the bag of water (the amniotic sac) before you're in labour. Contact your health care provider if your water breaks early. Note the colour and amount of liquid. Don't take a bath, have sex or use a tampon until you've seen your health care provider.

Rh factor and blood type problems can occur if you're Rh-negative and your baby is Rh-positive. If your blood mixes during pregnancy or birth, you could develop antibodies that will harm your next child. To prevent this, you'll be given injections of Rh-immune globulin at 28 weeks, after amniocentesis, after any vaginal bleeding, miscarriage or termination and after the birth.

Breech position means that your baby's bum or legs – instead of their head – are facing down. As your due date approaches, your health care provider may be able to use their hands on the outside of your belly to turn your baby.



If not, you'll meet with a specialist to discuss the issues of breech delivery and decide whether to plan for a vaginal breech birth or a caesarean.

What is HELLP syndrome?

A rare but serious high blood pressure related liver disorder. If you have pain in the upper right side of your abdomen, go to the emergency room.



MEDICAL EMERGENCY

Go to the hospital or call 9-1-1 right away if, **at any time in your pregnancy**, you have:

- blurred vision or a headache that's becoming worse and doesn't get better when you take pain medication
- pain in your belly, especially in the upper right section, or if you also have blood in your underwear
- weight gain of 1 kg (2 lb) or more over a 24-hour period
- seizures

If you're **between 20 and 37 weeks** pregnant, call 9-1-1 immediately if you have:

- severe vaginal bleeding
- severe belly pain

If you're **24 or more weeks** pregnant, call 9-1-1 if fluid gushes or leaks from your vagina and you think the umbilical cord is bulging into your vagina. Immediately get down on your hands and knees and raise your bum higher than your head. This will decrease pressure on the cord until help arrives.



SEEK CARE

See your health care provider right away or call HealthLink BC at 8-1-1 if you have any of the following:

- contact with anyone who has German measles (rubella)
- an unusual rash
- all-over itching with or without dark pee, pale stools or yellow skin or eyes
- sudden, unusual thirst
- unusual weakness
- fever or cough that isn't getting better
- frequent vomiting that won't let you keep fluids down
- bleeding from your vagina, with or without pain, cramps or fever
- tissue passed through your vagina
- burning when you pee, a need to pee frequently or pee that's cloudy, bloody or smelly
- increase in vaginal discharge that has a bad odour could be bacterial vaginosis (BV), which is caused by an overgrowth of normal bacteria in the vagina. In women/people with risk factors for preterm birth, screening and treatment may be recommended
- a gush or trickle of water from your vagina that continues after going to the bathroom
- a decrease in your baby's movement
- dim or blurry vision
- constant crying or negative feelings about your pregnancy or care of the baby
- severe headache
- swelling of your feet, hands or face
- signs of preterm labour
(see [Special Birth Issues](#))

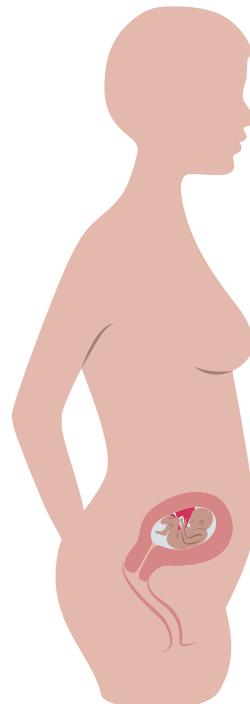
Stages of Pregnancy

When you're pregnant, it's not just your belly that's growing. Your whole body is going through a variety of normal changes.

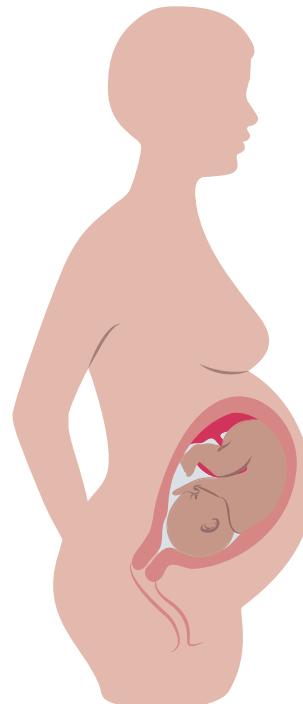


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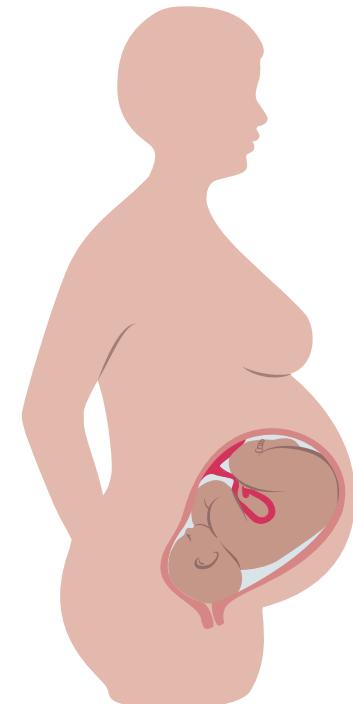
Whatever changes you're experiencing, you'll feel better throughout your pregnancy if you stay active, rest when you're tired, drink plenty of water and eat well.



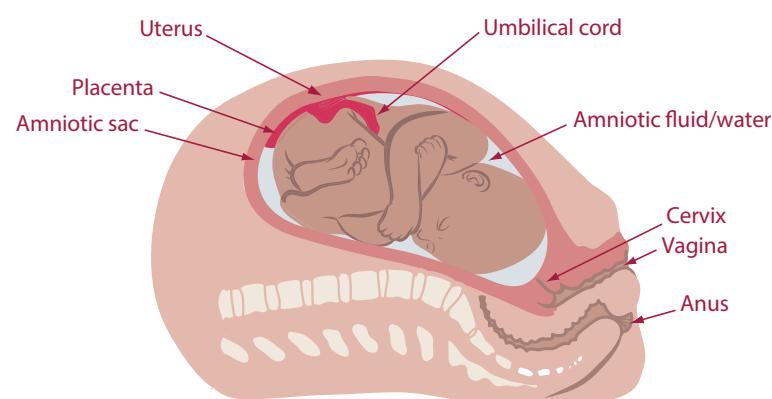
1st Trimester



2nd Trimester



3rd Trimester



Common Changes and What You Can Do

First Trimester: 0 to 14 weeks



WHAT YOU CAN DO

Show support by being understanding of your partner's moods and going along on visits to health care providers. Talk about how you're feeling, too.



DID YOU KNOW?

Up to 80% of people will have nausea and vomiting during their pregnancy. For many, this lasts beyond 20 weeks.



SEEK CARE

Contact your health care provider or HealthLink BC (8-1-1 or healthlinkbc.ca) if you:

- are sick most of the time and can't keep fluids or food down
- vomit more than 5 times a day
- have lost more than 5% of your pre-pregnancy weight
- pee less than 3 times in 24 hours



MEDICAL EMERGENCY

Most miscarriages happen in the first 12 weeks of pregnancy. Call your health care provider if you have:

- blood or tissue coming from your vagina
- severe pain in your belly, lower back or pelvis

Common Changes	What You Can Do
Menstrual period stops	Wear pads if you have spotting. While spotting in the first trimester is very common, call your health care provider or HealthLink BC at 8-1-1 if you have concerns.
Tender nipples, breast or chest tissue	Wear a comfortable, supportive bra. If you have concerns, talk with your health care provider.
Mood changes	Share your feelings, eat well and exercise. Call your health care provider if you think you might be depressed.
Fear, uncertainty, excitement	Find support groups for pregnant people or new parents and caregivers.
Tiredness	Rest when you can.
Headaches	Use good posture. Drink lots of water. Don't strain your eyes. Put a cool or warm washcloth on your forehead or neck. Get a massage. Try Tylenol (acetaminophen).
Need to pee a lot	Limit caffeine. See Lifestyle .
Morning sickness, nausea	Eat smaller amounts more often. Have a small snack, like crackers, a few minutes before you get out of bed. Sip water, unsweetened apple juice, sparkling water or ginger ale. Eat cold meals, avoid greasy food and have someone else cook. Wear loose clothing and let fresh air into your home. Switch to liquid prenatal vitamins. To protect your enamel, don't brush teeth right after vomiting. Instead, rinse with water, mouthwash or baking soda mixed with water. If you're considering using cannabis to help with morning sickness, learn about the risks and talk with your health care provider about safer options (see Lifestyle).
Thin, milky vaginal secretions	Wear small pads, cotton underwear and looser pants. Contact your health care provider if you're itchy or have frothy, smelly or coloured discharge.
Shortness of breath	This is normal, but contact your health care provider if you have a family history of heart problems. Seek emergency care if your symptoms come on suddenly and you have chest pain or if the shortness of breath makes it hard to lie flat or speak.
Light-headedness	Stand up slowly and eat regularly.

Second Trimester: 15 to 27 weeks



WHAT YOU CAN DO

Show support by looking into prenatal classes, giving gentle massage and exercising and eating well with your partner.



DID YOU KNOW?

By the second trimester, your chance of miscarriage is low.



TRY THIS

Talk or read to your baby or play soothing music – and encourage your partner to do the same. Your baby can hear you and is learning what you sound like.

Common Changes	What You Can Do
Red, inflamed gums	Floss and brush regularly. See a dental professional and tell them you're pregnant.
Larger, darker nipples and areola (the circle around them), with little bumps, leaking nipples	Use pads in your bra and change them whenever they're wet.
Stuffy nose, nose bleeds	Drink plenty of water. Avoid smoke. Massage your sinus area. Breathe in steam or cool mist, place warm, moist towels on your face or try nose drops made of $\frac{1}{4}$ teaspoon salt in 1 cup warm water. Don't take antihistamines unless recommended by your health care provider.
Feeling baby move ("quickenning")	Note the date and tell your health care provider on your next visit.
Low back pain	Use good posture and wear supportive shoes. Don't lift heavy items. Get a massage (by someone specially trained in prenatal massage only) or apply heat or cold. Sleep on your left side with a pillow between your knees.
Pubic pain	Don't push heavy things with your feet or open your knees wide.
Throbbing legs, varicose veins	Stay active. Sleep on your side with a pillow between your legs. Don't cross your legs. Do ankle and foot exercises and prop up your legs when sitting. Wear support hose if advised by your health care provider.
Swelling of ankles, feet, hands and face and tingling in hands ("edema")	Stay active. Sleep on your left side. Prop up your legs. Avoid tight socks, rings and watches. If you have a lot of swelling or if you also have headache, blurred vision or stomachache, seek medical attention right away.
Constipation	Drink lots of water, eat high-fibre foods and stay active. Don't hold back or force bowel movements. Don't use suppositories, mineral oil, laxatives or enemas unless recommended by your health care provider.
Line running from belly button to pubic area, darkening of face	Line may remain after birth, but will usually fade in a few weeks.

Third Trimester: 28 to 40 weeks



WHAT YOU CAN DO

Help prepare your home for the baby, take care of household duties and get ready to give support during labour.



DID YOU KNOW?

In the third trimester, your breathing will likely improve as your baby moves down to prepare for birth. Take note of when this happens and tell your health care provider at your next visit.

If you're concerned that your symptoms are serious, see [Pregnancy Risk Factors](#) and contact your health care provider or HealthLink BC at 8-1-1.

Common Changes	What You Can Do
Stretch marks on stomach, breast or chest, thighs	Will usually fade over time.
Dry, itchy skin	Try glycerin soap or calamine lotion. Moisturize. Avoid long, hot baths.
Heavy, sore breasts or chest	You may want to wear a supportive bra day and night and during exercise.
Larger, darker nipples and areola (the circle around them), with little bumps, leaking nipples	Use pads in your bra and change them whenever they're wet.
Fatigue	Rest. Get help with chores. Consider stopping work early.
Doubt, fear about labour	Take prenatal classes and think about your plans for labour (see Preparing to Give Birth) and for feeding your baby (see Breastfeeding or Chestfeeding Your Baby). Talk with trusted friends, family members and your health care provider or call HealthLink BC at 8-1-1.
Pre-labour contractions ("Braxton Hicks")	As you approach your due date, contractions will increase. Braxton Hicks contractions aren't harmful and aren't a sign that you're about to go into labour. Try physical activity.
Leg muscle cramps	Drink milk and eat calcium-rich foods. Before bed, take a warm bath and stretch your lower legs.
Impatience for the birth	Talk about your feelings.
Hemorrhoids	Apply ice wrapped in a cloth. Avoid constipation and straining. Sleep on your side with a pillow between your knees. Don't sit or stand for long periods. Try pelvic floor Kegel exercises (see Taking Care of Yourself).
Heartburn	Eat small, frequent meals, avoid greasy and spicy foods and drink plenty between meals. Raise your head and shoulders when lying down. Don't bend over or lie down right after a meal. Avoid tight waistbands. Chew non-peppermint gum with xylitol. If heartburn is making it hard to eat or sleep, ask your health care provider about medications that can help.
Sudden perineum pain	Avoid sudden movement. Bend at the hips when you cough or sneeze.
Shortness of breath	Take deep, slow breaths through your mouth. Wear loose clothing. Use good posture.
Difficulty sleeping	Exercise. Before bed, try a warm bath, a warm decaffeinated drink and snack, deep breathing and relaxing music. Use extra pillows to support your body.
Increased need to pee	Avoid caffeine and try Kegel exercises (see Lifestyle and Taking Care of Yourself).

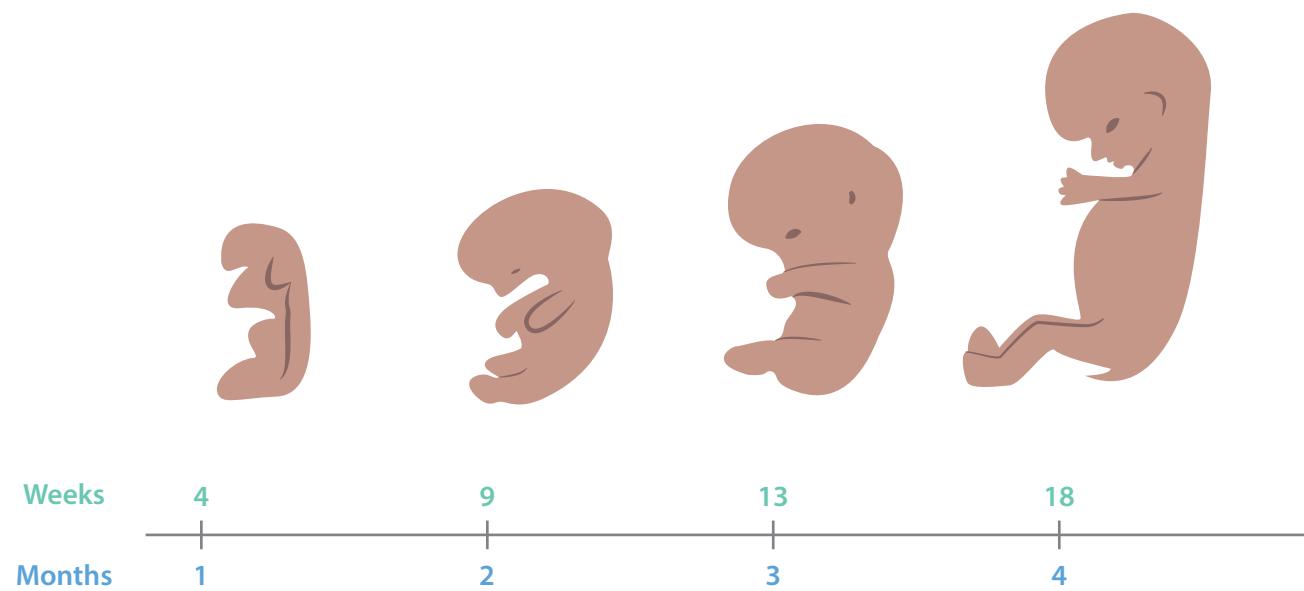
Your Developing Baby

The **first trimester** (the first 14 weeks) is a time of fast growth and development. It's also a time when your baby is most at risk from hazards such as smoking, alcohol, drugs, infection and X-rays. By the end of the first trimester, your baby will be the size of a lemon.

Your baby's brain really begins to develop during the **second trimester** (15 to 27 weeks) and will continue to do so until they're in their twenties. By the end of the second trimester, your baby will be the size of a sweet potato.

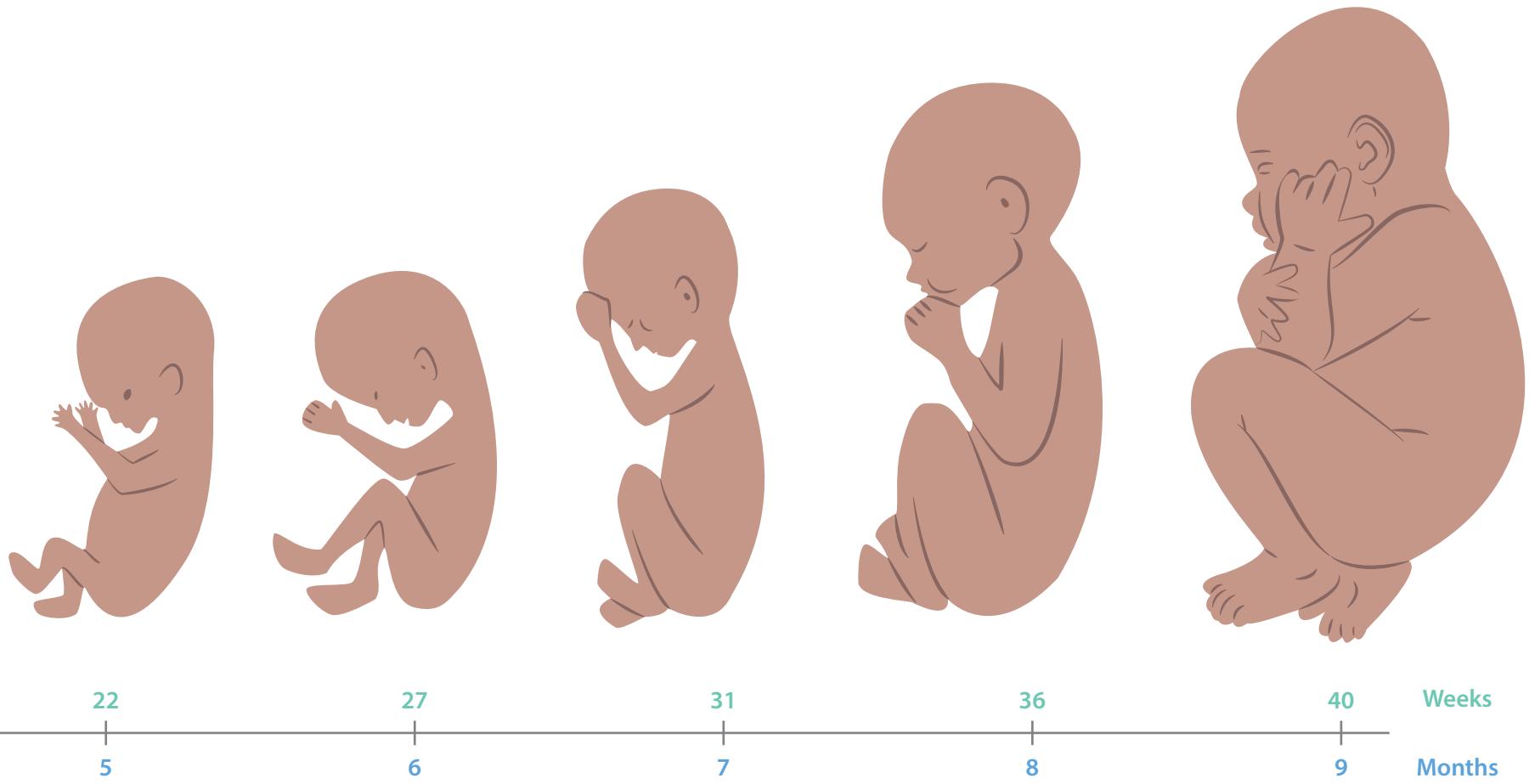
In the **third trimester** (28 weeks to birth), your baby is preparing to be born. Most can safely arrive after 36 weeks. At that point, your baby will be the size of a honeydew melon.

A baby born before 37 weeks is **preterm**.
A baby born between 37 and 39 weeks is **early term**.
A baby born between 39 and 41 weeks is **full term**.
A baby born between 41 and 42 weeks is **late term**.
A baby born at 42 weeks or later is **post term**.



First Trimester: 0 to 14 weeks

- 1 day** – sperm and egg meet
- 7 to 10 days** – fertilized egg attaches to uterus; placenta begins to form
- 2 weeks** – embryo forms on uterus wall; menstrual periods stop
- 4 weeks** – eyes, ears, nose, spine, digestive tract and nervous system start to form; tube (future heart) starts beating
- 8 weeks** – embryo becomes a fetus and has all organs; bones form
- 12 weeks** – tooth buds, fingernails and genitals form; fetus can move but can't be felt; heartbeat may be heard by health care provider



Second Trimester: 15 to 27 weeks

- 16 weeks – baby can hear your voice; you may feel them move
- 17 weeks – immune system starts to develop as baby begins to store your antibodies
- 20 weeks – downy hair covers body; eyebrows and lashes grow; first poop ("meconium") appears in intestines
- 24 weeks – breathing begins
- 26 weeks – baby's outline may be felt through your stomach

Third Trimester: 28 weeks to birth

- 28 weeks – baby can store nutrients and hear and respond to sounds
- 32 weeks – fat forms; sense of taste develops; eyes react to light
- 36 weeks – body is plumper; skin is smooth and covered with pale, cheesy substance
- 40 weeks/full term** – male's testicles are in scrotum; female's external genitalia are formed
- 40-42 weeks/late term** – soft spots ("fontanelles") on head get smaller; fat layer shrinks; skin is drier and looser

Preparing to Give Birth

Hospital or Home Birth?

Where you give birth is a shared decision between you and your health care provider.

If there are medical concerns, a hospital may be the better choice. If you have a midwife, a home birth may be an option. Talk with your health care provider about the pros and cons of each and consider your own values and preferences in making your decision.



DID YOU KNOW?

If you live in a remote community without maternity services, you may have to travel to give birth in a community with available maternity service providers or hospital maternity services. Your health care provider can connect you with supports and resources.



DID YOU KNOW?

Having more than one person with you during labour allows them to take breaks. And people with extra support often have shorter labours and need less pain medication.

Your Health Care Circle of Support

During the birth

If you give birth in a hospital, a Registered Nurse with a specialization in perinatal nursing will be with you during your labour and delivery. Your health care provider – your doctor or midwife – will be with you during the birth. Depending on how their practice is set up they may be with you at regular intervals during your labour or with you continuously for your labour. Ask your health care provider what you can expect for care during labour. If you need extra care, an obstetrician, pediatrician or other specialist may also be on hand.

If you give birth at home, your midwife and another attendant will be present.

After the birth

If you're being cared for by a doctor, they'll give you instructions about follow-up once you leave the hospital. You will also be contacted by a public health nurse.

If you're being cared for by a midwife, they'll visit you at home often in the first week. For the next 5 weeks, you'll bring your baby to their clinic for visits. After 6 weeks, you and your baby will be back in the care of your usual health care provider and will continue to have the support of a public health nurse.

If you're being cared for in a collaborative practice, you'll be cared for by the team.

Your Personal Circle of Support

Whether in the hospital or at home, you can choose who you'd like to have with you. You might include:

- your partner(s)
- a close friend, parent or other family member
- a doula
- your other children

If children attend, tell your health care provider in advance and arrange for someone – other than the people supporting you – to look after them.

If you need medical advice after hours, contact your on-call maternity provider first, then call a HealthLink BC registered nurse at 8-1-1.

What is a doula?

A professional support person who provides emotional and physical care and information before, during and shortly after the birth. Doulas don't offer medical care and aren't covered by the Medical Services Plan. To find a doula, visit bcdoulas.org. Different communities may have different doula directories.



MONEY SENSE

The **Doulas for Aboriginal Families Grant Program** covers up to \$1,200 of doula costs per pregnancy for Indigenous families. Visit bcaafc.com for more information.

Your Birth Preference Guide

Birth preference guides are a supportive communication tool to help support you with labour and birth options.

This is an opportunity to share with your care team what is important to you. This also gives you an ability to share any cultural, ceremonial and traditional practices you may want to include in your labour and birth. Use this guide early and often, and discuss with your care team and your partner(s) or support.

Keep your list short and clear. You might include:

- preferred birthing positions
- whether or not you want pain medication
- what you'd like to happen if you need medical help



BE AWARE

Labour can be an emotional experience. And if you've gone through trauma in your life, being in labour may trigger negative memories and feelings. You can help create a supportive environment and build your sense of control and your ability to cope by sharing your birth preferences with your support teams.



TRY THIS

Tell your health care provider in advance about any special ceremonies or traditions you'd like to include to welcome your new baby.



KEY TAKEAWAY

Births are unpredictable, and sometimes not all of your birth wishes can be met. But your support circle can ensure that you're involved in all decisions along the way.



DID YOU KNOW?

Perinatal Services BC has created a birth preference guide. See the appendix or find it here: perinatalservicesbc.ca/Documents/Health-info/PSBC_Birth_Preference_Guide.pdf



FAMILY STORY

Our birth wishes were really useful. My partner shared our preferences with the staff, so even though our nurses changed at shift time, they came into the room knowing who I was and what we hoped for.



WHAT YOU CAN DO

Let your work know that you may have to leave on short notice, make sure there's gas in the car and always be reachable within 2 weeks of the due date. And pack your own bag. Include a sleeping bag and, if you'll be helping in the shower, a swimsuit.

Packing for the Hospital

Check with the hospital to see what they provide and what you'll need to bring. Then pack everything in advance so you'll be prepared before you go into labour.

Helpful items might include:

- **labour supplies**, including lip balm, hot and cold packs, a hand-held massager, music, flip-flops for the shower and snacks and drinks for you and your personal support team
- **personal items**, like pajamas (front-opening for skin-to-skin contact and breastfeeding or chestfeeding), toothbrush, several pairs of underwear, large sanitary pads and loose clothes to wear home
- **items for the baby**, including a CMVSS-approved car seat (see [Baby Safety](#)), newborn diapers, sleepers and a blanket
- See the Labour and Birth Hospital packing list in the appendix or find it at: perinatalservicesbc.ca/Documents/Health-info/PSBC_Labour_and_birth_hospital_packing_list.pdf

Preparing for a Home Birth

Your midwife will offer tips for getting your home ready and will bring the equipment and medications you'll need. It's also a good idea to have a packed bag ready, just in case you need to go to the hospital.

Preparing for Labour

How Will You Know if You're in Labour?

It's easy to confuse early labour with active labour. In both, your contractions may be uncomfortable. But there are clear differences:

Early Labour	Active Labour
Contractions: <ul style="list-style-type: none"> not at regular intervals vary in length stay the same or become weaker felt in the lower belly, may feel like menstrual cramps most uncomfortable when you're moving, may decrease when you change position still allow you to talk 	Contractions: <ul style="list-style-type: none"> at regular intervals become longer become stronger felt in the belly, lower back or thighs continue whether you're moving or resting, may require you to stop and breathe more difficult to talk breathing through contractions becomes harder
Cervix is thinning ("effacing") and softening and remains closed or opens ("dilates") just a bit	→ Cervix continues to thin and opens
There may or may not be pinkish discharge ("show") or leaking from the amniotic sac as your water breaks	→ There may be "show" or leaking from the amniotic sac as your water breaks
Early labour can stop and start and can last from several hours to several days. If you're healthy and low-risk, being at home is usually best	→ Coping techniques don't work as well. You require more support



FAMILY STORY

The start of Michelle's labour was confusing. She was awake all Sunday night with contractions but then fell asleep in the morning and everything stopped. All day it was off and on. She was awake most of Monday night with contractions and a little bit of show. Again it stopped when she had breakfast and a bath. On Tuesday, she went to the hospital exhausted, and her son was born late that night.



TRY THIS

Take a shower. If it's early labour, your contractions will probably slow and get shorter. Or try sleeping or distracting yourself with another activity. If you can do either, it's also likely early labour. Getting rest now will help you build your energy for active labour.

Relaxing for Labour

Practise these techniques now so you'll know which will be the most helpful to you when labour begins:

Focal point concentration – Focus on something or someone other than the pain.

Visualization – Picture a place or a thing that makes you feel relaxed and safe.

Water therapy – Get in the bath or shower during early labour for rest and comfort. And remember to drink lots of water.

Massage – Between contractions, use light, even strokes on the belly, press on the lower back or squeeze and release tense areas. Have your partner massage you (be sure to tell them what's working for you) or do it yourself.

Complete relaxation – Gently tense and relax each part of your body in turn. Hold each muscle for 3 to 5 seconds. Breathe in as you tense and breathe out as you relax.



WHAT YOU CAN DO

Read through this section to learn how you can use things like massage to help your partner during labour. Practise relaxation and breathing techniques together throughout the pregnancy. During labour, encourage and praise your partner.

Breathing for Labour

Using breathing techniques during labour can help you relax, focus your attention, relieve your pain and keep oxygen flowing to you and your baby. There's no right or wrong way to breathe during labour. Try different ways to see what works for you.

Slow breathing – Breathe in through your nose and out through your mouth at about half your normal speed. Keep your shoulders relaxed.

Light breathing – Take shallow breaths in and out through your mouth at about twice your normal speed. When a contraction starts to decrease, return to slow breathing. When it stops, take a deep breath. End with a relaxing sigh.

Short breath holding (second stage of labour) – Hold your breath briefly when you're pushing.

Panting (second stage of labour) – Lift your chin, keep your mouth slightly open, and breathe in and out lightly and quickly, like a dog panting. This will help you control the urge to push so your baby's head can come out gently.

What is counter pressure?

Firm, constant pressure applied to the lower back, hip or another painful area. Your partner can press with their hand (have them practise in advance) or you can lean against a rolled towel, a tennis ball or a wall.



TRY THIS

Think of preparing for labour like getting ready for a marathon: pace yourself, drink water and practise relaxing and breathing techniques ahead of time so you're ready when you need them.



Comfortable Positions for Labour

Try to keep moving and stay relaxed. And by staying upright, you'll help open your cervix and get your baby into the best position for birth.

First stage of labour:

Walking

Good for:

- moving the baby down in your pelvis
- relieving backache

Standing

Good for:

- relieving backache

Rock your hips, lean forward and rest on something or try counter pressure.

First and second stages of labour:

Sitting upright

Good for:

- relaxing your bottom for pushing
- providing a restful change from standing
- offering a comfortable position if you have electronic fetal monitoring

Try sitting on the toilet.

Semi-sitting

Good for:

- providing rest
- napping between contractions

Lean forward, rest on your partner and get a back rub.

Birthing Ball

Good for:

- moving your baby down in your pelvis

Lean on the ball while kneeling or sit on it while someone helps you keep your balance. Don't use a ball if you're slippery with oil or lotion.

Peanut Ball

Good for:

- moving your baby down in your pelvis

Use instead of a birthing ball if you are lying in bed to support you in different positions.



Kneeling ("all fours")

Good for:

- taking the pressure off hemorrhoids
- relieving backache
- moving your baby into the ideal birthing position

Lean forward on a chair or bed to lessen the strain on your hands and wrists. Try pelvic tilts. Kneel and lean on a support while your partner gives you a massage or uses counter pressure. Can also be done in the shower or on a yoga mat.

Side-lying

Good for:

- alternating with walking during the first stage of labour
- using during birth
- offering a safe position if you've taken pain medication or have an epidural
- taking the pressure off hemorrhoids and your bum

Be sure your upper leg is well supported so you can relax between contractions.

Squatting

Good for:

- moving the baby down in your pelvis

Ensure you have someone to support you. Use a squatting bar or stool. Or try leaning on a partner or having them wrap their arms around you to give your legs a rest. Keep your feet flat. Change positions between contractions. If you've had an epidural, squatting may not be safe.

Giving Birth

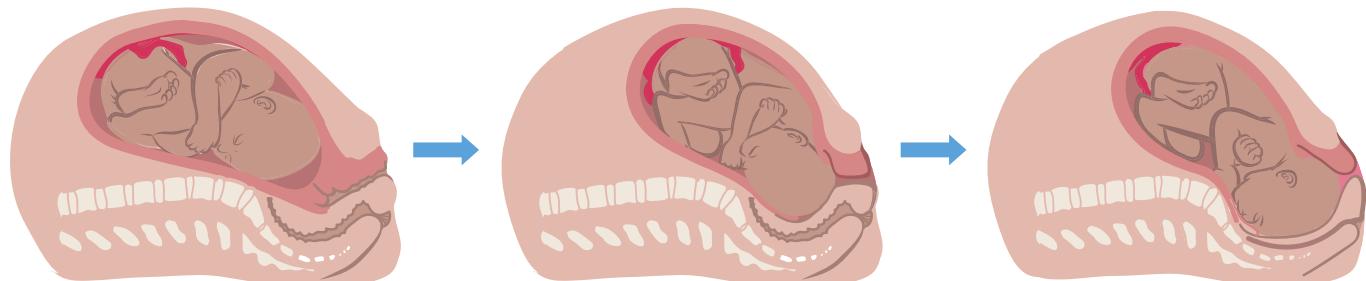
How Long Does Labour Last?

Labour is different for each person. On average, it can last anywhere from a few hours to a few days.

The 4 stages of labour and delivery:

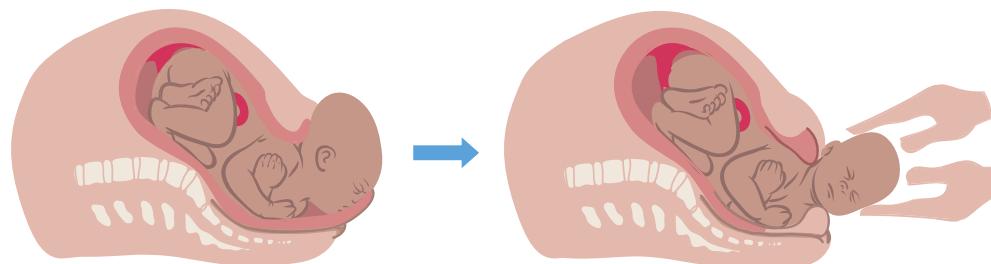
1st stage

You're in early and then active labour. Your cervix softens and thins ("effacement"), and opens ("dilation"). Your baby's head moves down in your pelvis as you breathe through contractions.



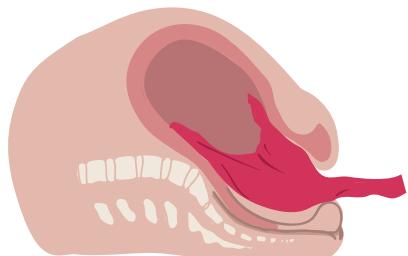
2nd stage

Your cervix is fully dilated. You push with contractions, rather than breathe through them. Your baby is born.



3rd stage

Hold your baby skin-to-skin. They may breastfeed or chestfeed or nuzzle your breast or chest. The placenta is delivered.



4th stage

In these first few hours after birth, continue to hold your baby skin-to-skin – until the end of your first feeding or for as long as you like. For the first hour, skin-to-skin contact should be constant. Your partner or support person can do this if you're unable. Your baby may also be ready to latch on to your breast or chest.



Stages of Labour

First Stage of Labour

The first stage of labour is the longest, lasting from a few hours to a few days. This stage happens in 3 phases: early, active (usually 12 hours or less) and transition. It begins with mild contractions and ends when the cervix is fully opened.

Early first stage of labour

What happens:

- cervix softens and opens to about 4 cm
- baby's head comes down in your pelvis
- you may have diarrhea
- mucus plug falls out of the cervix – you may have pinkish discharge ("show")
- amniotic sac ("water") may leak or break

What you might feel:

- backache and pelvic pressure
- discomfort in thighs, hips or belly
- contractions that feel like mild cramps and get stronger, longer (15 to 30 seconds at first, then up to 45 seconds) and more frequent (every 10 to 20 minutes at first, then every 5 to 7 minutes)
- a trickle or gush of fluid

What you can do:

- stay around home if your birth is low risk
- carry on your usual activities, go for a walk or try to sleep or rest
- breathe normally until you can't talk through contractions, then start with slow breathing
- eat a light meal and drink fluids
- take a shower or bath
- use a sanitary pad and call your health care provider if your water breaks

Active first stage of labour

What happens:

- cervix opens to about 4 to 6 cm
- baby's head continues to move down in your pelvis
- "show" remains mucousy and may become heavier, red and bloody
- health care provider listens to baby's heartbeat every 15 to 30 minutes

What you might feel:

- stronger contractions every 3 to 5 minutes that may last 60 seconds or more
- doubt as to whether you can cope with contractions
- quiet focus on yourself and your labour

What you can do:

- go to the hospital if you're planning a hospital birth
- use relaxation techniques
- focus on breathing
- concentrate on one contraction at a time
- between contractions, keep moving and sip fluids or suck on ice chips
- pee frequently
- have a warm shower while sitting on a chair or leaning on your partner

Transition stage of labour

What happens:

- cervix opens from about 7 to 8 cm to full dilation or 10 cm
- baby moves down further into your pelvis
- health care provider listens to baby's heartbeat every 15 to 30 minutes

What you might feel:

- pressure on your bottom
- strong contractions every 2 to 3 minutes that last 60 to 90 seconds
- moments of panic and confusion
- irritability, difficulty saying what you need
- nausea, vomiting
- trembling arms and legs, leg cramps
- hot or cold flashes, sweating on face
- constant discomfort
- strong urge to push



BE AWARE

Throughout your labour, let your nurse or midwife know about changes to your "show."

What you can do:

- picture your cervix and body opening up to let your baby out
- tell someone if you have the urge to push
- use panting if you have the urge to push before you're fully dilated

What is fetal monitoring?

Listening to your baby's heart rate during active labour to see how it's being affected by contractions. Usually done with a hand-held doppler device. If needed, an electronic monitor may be placed around your belly or clipped onto your baby's head.

Call your health care provider or hospital when:

- your contractions are regular and painful, last 60 seconds each and come every 5 minutes or less for an hour or more
- your water breaks
- you have vaginal bleeding or pinkish discharge ("show")
- you're unsure and worried
- your baby's movement has decreased
- your health care provider has advised you to call early

**SEEK CARE**

If your water breaks and the fluid is green, brown or yellow, your baby has pooped. This may mean that they're stressed or in a breech position. Go to the hospital.

Second Stage of Labour

The second stage begins with your cervix fully open and ends with the birth of your baby. It can last from 1 to 3 hours for a first baby, and longer if you have an epidural.

What happens:

- health care provider breaks your bag of waters, if it hasn't yet broken
- health care provider listens to baby's heartbeat every 5 minutes or more or after every push
- baby's head pushes down against your perineum – your health care provider will provide guidance to reduce tearing as your baby is being born but you may still tear a bit
- vagina stretches
- you may poop as you push

What you might feel:

- powerful contractions every 2 to 3 minutes that last 60 to 90 seconds
- strong urge to push or poop
- splitting and burning feeling on your bottom
- baby's head slipping back in or rocking back and forth between contractions
- emotional, surprised, overwhelmed, anxious or frightened
- very tired but with a burst of energy

What you can do:

- continue to incorporate birthing ceremonies and traditional protocols
- relax your bottom and go with the urge to push – use the muscles you use for a bowel movement
- use breathing techniques – drop your chin towards your chest and relax your tongue
- change positions as needed
- use relaxation techniques between contractions
- if asked to stop pushing, use panting
- touch your baby's head as it comes out
- look down or use a mirror to watch your baby being born

**WHAT YOU CAN DO**

During contractions, look your partner in the eyes and help them focus on their breathing. Between contractions, wipe their forehead with cool cloths and offer sips of fluids. Stay with your partner and be calm, confident and encouraging.

Third Stage of Labour

In the third stage, your uterus contracts and the placenta comes out. This is usually the shortest stage of labour – often lasting only 5 to 30 minutes.

What happens:

- umbilical cord is cut and clamped
- health care provider checks baby over, usually while baby is skin-to-skin
- placenta separates from the uterus wall and is pushed out the vagina
- uterus rises in the belly and becomes the size and shape of a grapefruit
- tears or episiotomy are stitched up

What you might feel:

- cramps and a gush of blood as the placenta comes out
- relieved, grateful, joyful or unemotional
- exhausted, shaky, cold, hungry, thirsty



What you can do:

- cuddle your baby skin-to-skin on your chest
- look for baby's feeding cues (see [What are feeding cues?](#) healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/feeding-your-baby/getting-started-and-feeding-cues)
- bring baby to your breast or chest to see if they're ready to suck – if not, continue skin-to-skin contact

Fourth Stage of Labour

The fourth stage refers to the first 2 or 3 hours after birth.

What happens:

- your body begins to recover
- your baby may breastfeed or chestfeed or nuzzle your breast or chest

What is the Golden Hour?

The Golden Hour is the first hour after birth and a magical time to bond with your baby. It includes:

- immediate skin-to-skin contact
- deferred cord clamping
- early breastfeeding or chestfeeding
- delayed routine care

See the PSBC Golden Hour brochure in the appendix or visit perinatalservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Golden_Hour_Brochure.pdf

What you might feel:

- very tired, dizzy, shaky, chilled
- difficulty peeing because of swelling
- discomfort

What you can do:

- keep your baby skin-to-skin until they finish their first feeding and then for as long as you wish
- put an ice pack between your legs to reduce swelling
- drink fluids and have a light meal
- have someone help you if you need to get up



DID YOU KNOW?

Waiting 24 hours or more after birth before bathing your baby will help keep their temperature steady and can help get breastfeeding or chestfeeding off to a good start.



BE AWARE

Avoid distractions, such as cell phones, while your baby is skin-to-skin or feeding. If you're sleepy, have a support person with you when you're cuddling skin-to-skin with your baby. If no one is available, put your baby on their back in the crib.

To learn more about safe position for skin-to-skin contact see the appendix or visit: perinatalservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Skin-to-Skin_Fact_Sheet.pdf

Medical Procedures to Help Labour and Birth

There are many medical procedures to help you have a safe and healthy delivery. Your health care provider will talk with you and your support person about options that are not part of routine care.

What is induction of labour?

Starting labour by using medication, by using a catheter balloon to stretch the cervix or by purposely breaking your water. Your health care provider might suggest an induction if you're past 41 weeks or if there are concerns for the well-being of you or your baby. There are risks and benefits to planning an induction. Your health care provider will help you to decide.

What is an episiotomy?

A cut made at the opening of the vagina to get the baby out faster if, for example, their heart rate drops. An episiotomy is usually not necessary.

What are forceps?

Instruments used by an obstetrician to provide traction along with your pushing efforts to help the baby deliver, if you are having trouble pushing or if there are any concerns for your baby's well-being. Using forceps may help avoid a caesarean birth.

What is a vacuum?

A suction cup placed on your baby's scalp to help ease their head out if you're having trouble pushing or if there are concerns for their well-being.



DID YOU KNOW?

In most cases, a vaginal delivery is the safest way to give birth. Babies born vaginally have fewer breathing problems and complications, and parents have less pain and infection and recover faster.

Caesarean Birth

What is a caesarean (C-section)?

A surgery in which your baby is delivered through a cut in your belly and uterus.

A caesarean may be the safest choice for you and your baby if:

- you're pregnant with more than one baby
- your cervix isn't opening fully, even after a long labour
- your baby is very large or in a breech (bottom- or feet-first) or sideways position
- your baby isn't coping well with the contractions
- you have a serious medical condition
- you have herpes sores on your genitals
- you've had a previous caesarean with an up-and-down cut

Caesarean delivery

Most people have an epidural or spinal anaesthetic and are awake during the surgery and birth. Your partner(s) or support person can be in the operating room. You will likely be able to hold your baby skin-to-skin right after or soon after the birth. If you're too sleepy or not able, your support person can hold the baby skin-to-skin until you're ready.

If you have a general anaesthetic, you'll be asleep during the surgery and birth and your partner(s) will not be in the operating room.

Your recovery

You will have an IV in your arm until you're drinking well, and a tube into your bladder for about 12 to 24 hours or until you can get up to the bathroom.

Healing may take 6 weeks or longer. You will probably need pain medication for several days and help at home for at least a week. Don't return to your usual activities too soon or lift anything heavier than your newborn.

Experiment to find the most comfortable position for breastfeeding or chestfeeding (see *Breastfeeding or Chestfeeding Your Baby*).

Future births after a caesarean

Having a caesarean doesn't mean you'll need one next time you have a baby. If the cut from your caesarean was made side-to-side, not up-and-down, you can most likely give birth vaginally in the future.

What is Vaginal Birth After Caesarean (VBAC)?

Giving birth vaginally after having had a caesarean in the past.

What's safer?

Both vaginal and caesarean births are very safe for mothers or birthing parents and babies. VBAC is about as safe as a first vaginal birth. A planned repeat caesarean is about as safe as a first elective caesarean. In fact, only very rarely – 5 of every 10,000 births – do babies have life-threatening complications after a VBAC or a planned caesarean.

With a vaginal birth, there's less chance of infection and excessive bleeding, a shorter hospital stay and a faster recovery time. Giving birth vaginally can, though, cause a caesarean scar to pull and tear the uterus. But this is rare – only happening in 2 to 4 of every 1,000 births.

If you give birth vaginally, you and your baby will be monitored closely during labour so that any problems can be acted on quickly. Choosing a hospital that can do a caesarean if necessary will help you ensure a safe delivery.

Contact HealthLink BC at 8-1-1 or healthlinkbc.ca for more information and talk with your care provider to make an informed choice.



WHAT YOU CAN DO

If your partner had a general anaesthetic and is asleep, hold the baby yourself – skin-to-skin – as soon as possible after delivery.



KEY TAKEAWAY

Include your thoughts about caesareans in your birth preference guide (see [Preparing to Give Birth](#)). Make it clear if you'd like your baby to be brought to you or your partner(s) right after birth. And if you're upset after a caesarean, share your feelings with someone you trust.

Pain Relief Options

Pain relief without medication

There are a number of ways to help ease labour pain that don't involve medication. These include:

- acupuncture and acupressure
- breathing and relaxation techniques
- comfortable positions
- hypnosis
- ice packs
- massage
- practising ceremony or traditional protocols
- support from a partner(s) or doula
- walking
- warm baths or showers



Pain medication

Medication	Pros	Cons
Nitrous oxide and oxygen "Laughing gas" breathed in through a mouthpiece.	<ul style="list-style-type: none"> Can be used right up until birth. Doesn't affect the baby. Helps you focus on your breathing. You breathe in only the amount you need. 	<ul style="list-style-type: none"> Dulls the pain but doesn't erase it. May cause nausea, dizziness and tingling or numbness in your face and hands.
Sterile water injection Sterile water injected into the lower back.	<ul style="list-style-type: none"> Releases endorphins to help relieve pain. 	<ul style="list-style-type: none"> May sting going in.
Opioids Morphine or fentanyl injected by a health care provider.	<ul style="list-style-type: none"> Relaxes you. Morphine helps you rest during early labour. Fentanyl helps you rest between contractions during active labour. 	<ul style="list-style-type: none"> May make you drowsy, dizzy or nauseated. Dulls the pain but doesn't erase it. Morphine given too close to the birth can slow baby's breathing and affect baby's ability to breastfeed or chestfeed at first. Fentanyl requires an IV, close monitoring and frequent vital sign assessment. A limited number of doses of fentanyl may be given.
Pudendal block Local anaesthetic injected into a nerve in the vagina.	<ul style="list-style-type: none"> Blocks pain around your vagina. 	<ul style="list-style-type: none"> Doesn't take away the pain of contractions.
Epidural/spinal Local anaesthetic injected into a space near your spinal cord.	<ul style="list-style-type: none"> Gives relief from the waist down (from chest down during a caesarean). Can be used at any time during labour – more can be given as needed, for relief up to 24 hours. Lets you be awake during a caesarean. "Walking epidural" lets you move around freely. No drowsiness. 	<ul style="list-style-type: none"> May affect your urge or ability to push. Increases the chance that forceps will be needed. Affects leg control – you may not be able to get up during labour or right after delivery. May make you shivery and itchy. May affect blood pressure. Requires an IV. May require a fetal monitor and catheter (tube inserted into your bladder). May cause headache. May affect baby's ability to breastfeed or chestfeed right after birth. Additional support to establish breastfeeding or chestfeeding may be needed.
General anaesthetic Complete sedation used to put you fully to sleep.	<ul style="list-style-type: none"> Can be used in emergency caesarean when it's too late or unsafe to give an epidural or spinal. 	<ul style="list-style-type: none"> You're asleep during the birth. May cause dangerous reactions, such as fast-dropping blood pressure. May affect baby's ability to breastfeed or chestfeed right after birth. Additional support to establish breastfeeding or chestfeeding may be needed. May cause dry, sore throat. May cause nausea and vomiting.

Special Birth Issues

Preterm Labour

A baby is “preterm” if they’re born before 37 weeks of pregnancy. Preterm babies are more likely to have longer hospital stays and may have problems with:

- breathing
- maintaining body temperature
- sucking and swallowing
- low blood sugar
- infection
- bruising and bleeding
- jaundice (yellowish skin)

Babies born too soon are also more likely than full-term babies to have lifelong problems related to vision, breathing, walking and learning.



FAMILY STORY

Our daughter was born at 34 weeks by caesarean section. My wife had really high blood pressure and the baby was being stressed. She was born very small but – thankfully – healthy. But it was one of the most frightening things we’ve ever gone through.

Reducing your risk

Preterm labour can happen to anyone. The cause is often unknown. But your chances of preterm labour are higher if you’ve already had a preterm baby or you’re carrying twins or triplets. If you have a bladder or kidney infection or a medical condition like high blood pressure or diabetes, your risk is also increased.

You can decrease your risk of having a preterm labour by:

- seeing your health care provider regularly
- eating well
- working with your health care provider to stop or reduce smoking, drinking and drug use
- seeking help if you are experiencing domestic violence or intimate partner violence (see [Lifestyle](#))
- limiting your workday to 8 hours and finding time to rest
- exploring ways to reduce your stress
- wearing your seat belt with one strap above and one strap below your baby (if only a lap belt is available, fasten it below baby)
- getting treatment for any pelvic or urinary tract infections during pregnancy



SEEK CARE

Contact your health care provider or go to the hospital right away if you have these signs of preterm labour:

- a trickle or gush of fluid or bleeding from your vagina
- stomach pains or bad cramps that won’t go away
- unusual lower back pain or pressure
- contractions that don’t go away when you walk, rest or take a warm shower
- a feeling that something isn’t right



Preterm and Low Birth Weight Babies

What is a preterm baby ("preemie")?

A baby born before 37 weeks.

What is a low birth weight baby?

A baby whose birth weight is in the lowest 10% of babies overall – usually less than 2½ kg (5½ lb).

The earlier your baby is born, the less they'll weigh and the more health problems they may have. And although one-third of low birth weight babies are born at full term, they often have some of the same issues as preterm babies.



DID YOU KNOW?

Babies who have lots of physical contact with a caregiver grow faster than babies who don't. All babies – even when they're in an incubator – need to be touched, stroked and talked to as much as possible.



DANGER

Preterm and low birth weight babies are at higher risk for sleep-related death (see [Sleep](#)). Talk with your health care provider about how to make your baby's sleep as safe as possible.

What is kangaroo care?

Holding your baby skin-to-skin on your chest so they can hear your heartbeat, feel you breathing and breastfeed or chestfeed.

What to expect

- Your baby may need to go to the hospital's special care nursery (the "NICU") after they're born. As soon as you can, hold them skin-to-skin ("kangaroo care"). To learn more: perinatalservicesbc.ca/health-info/newborn-care
- Small babies may not be ready to feed right away, but with time and support, they will. In the meantime, hand express or pump your milk often and early – within the first hour, if possible – to start your milk supply and collect your colostrum (see [Expressing Your Milk](#)).
- Your baby may need a car seat made for babies under 2½ kg (5½ lbs). In a regular infant seat, their chin may drop down, blocking their breathing.



DID YOU KNOW?

The use of nicotine such as smoking/vaping) and/or cannabis can significantly increase the risk of low birth weight and premature birth.



DID YOU KNOW?

Your milk is perfectly suited to your preterm baby's needs, with protein for brain growth and antibodies to protect them from infection.

Twins, Triplets and More

What to expect

- Your babies may be delivered vaginally or by caesarean, depending on their position, how many weeks they are and their health.
- Breastfeeding or chestfeeding early and often and trying different positions will help you produce enough milk (see [Breastfeeding or Chestfeeding Your Baby](#)).
- Don't hesitate to ask for help once you're home.



FAMILY STORY

At first, I was scared to touch my son. He was so tiny and connected to so many tubes. I learned to ask questions and focus on every improvement, no matter how small.



WHAT YOU CAN DO

If your baby is taken away for special care after birth, go with them to the nursery and take part in their care. The nurse can show you how to change their diaper, hold them skin-to-skin and help them settle.

Losing a Baby

What is a miscarriage?

The unexpected loss of a pregnancy before 20 weeks gestation.

Miscarriage is common. Nearly 1 in 3 pregnant people will experience a miscarriage in their lifetime. Most miscarriages occur in the first 12 weeks of pregnancy.

What is a stillbirth?

The death of a baby of 20 or more weeks gestation but before the baby is born. Stillbirth can happen during pregnancy or during labour.

The experience of miscarriage, ectopic pregnancy or stillbirth may lead to many different emotions. Whatever your feelings, they're normal.

After your delivery, you may choose to hold, cuddle and spend time with your baby. Some families give their baby a bath or dress them. You may choose to have pictures taken, have foot or hand prints made or to bring home other momentos. Please speak to your hospital social worker or a support staff if you have specific requests about burying or cremating your baby. These may include religious, cultural or spiritual practices.



KEY TAKEAWAY

Most miscarriages happen in the first trimester because the fertilized egg did not develop fully. Miscarriage is not anyone's fault.

Helping You Cope

You need rest, good nutrition, exercise and support to recover from giving birth. It is important to take care of yourself as you grieve. Your health care team may support you with making informed decisions and set up counselling and referrals. After you leave the hospital, you can find support through Elders, public health, spiritual or religious leaders, grief counsellors or support groups and community organizations.

As the person who gave birth, you can expect some specific physical changes to your body. The arrival of your milk may begin as early as 12 weeks of pregnancy. Even though your baby has died, your hormones continue to signal to your body to produce milk. Some people find the presence of milk upsetting and want to dry it up as quickly as possible, while others find it a comforting reminder of the ability to care for the baby they so loved and wished for.

There is no right or wrong way to feel and it is your choice whether to donate your milk or to dry it up. To learn more see "Lactation After Loss" at bcwomens.ca/health-info/pregnancy-parenting/stillbirth-newborn-loss#Lactation--after--loss

- More information can be found through BC Women's Hospital + Health Centre Miscarriage, Recurrent Pregnancy Loss or After the Loss of Your Baby (bcwomens.ca/health-info/pregnancy-parenting/stillbirth-newborn-loss#Coping--with--grief) and through HealthLink BC at 8-1-1.

- People with lived experience of miscarriage and stillbirth report that peer support is helpful. Talking with a friend or family member or listening to stories about lived experiences on podcasts, such as BC Women's Hospital + Health Centre's Stillbirth Happens – Let's Talk (bcwomens.ca/health-info/pregnancy-parenting/stillbirth-newborn-loss/podcast-stillbirth-happens), may bring comfort and help you feel less alone as you grieve.

Other resources that can help:

- Coping with ending a pregnancy - bcwomens.ca/health-info/sexual-reproductive-health/abortion-services/coping-with-ending-a-pregnancy
- Miscarriage - bcwomens.ca/health-info/pregnancy-parenting/miscarriage
- After the loss of your baby - bcwomens.ca/health-info/pregnancy-parenting/stillbirth-newborn-loss



Baby's Best Chance

BC Bereavement Helpline:

Assists families in coping with loss and managing grief

Email: contact@bcbh.ca

Phone: 1-877-779-2223

Website: bcbh.ca

Hope for Wellness Helpline:

Culturally safe support available 24/7 for all Indigenous people across Canada

Phone: 1-855-242-3310

Website: hopeforwellness.ca

**FAMILY & FRIENDS****What You Can Do**

The best thing to say to a grieving parent or caregiver may simply be, "I'm so sorry."

Having a Baby After a Pregnancy Loss

When you have experienced a pregnancy loss or the death of a baby, another pregnancy can bring mixed emotions. It can also bring a new wave of grief. It is ok if you need more support. You can ask for extra care, monitoring and reassurance.

Share your feelings with your health care team so they can support you to do what is best for you and your family.

Culturally Safe Care

Indigenous hospital and community navigators may help support individuals and their families who identify as Indigenous, First Nations, Inuit or Métis navigate hospital procedures and protocols, connect with resources and support in hospital and in the community and facilitate access to cultural resources. Upon request you can be connected with an Elder who provides emotional and cultural support and counselling for you and your family.

**WHAT YOU CAN DO**

You and your partner may respond differently to the death of a baby. Reach out for help if you need it.



Bringing Your Baby Home

Preparing Your Vehicle

Learn how to use your car seat in advance and bring it to the hospital for the trip home. By law, your baby must be in a properly installed, rear-facing, CMVSS-approved car seat, except in a taxi. See [Baby Safety](#) for more information on how to choose and safely use a car seat.



Preparing Your Home

Ensure you have diapers, blankets, clothes and a safe, firm sleeping space (see [Sleep](#)).

Preparing Your Family

Before the birth, think about how you'd like to include your family and friends in your first weeks at home. Be sure to plan for plenty of time to focus on rest, sleep and your baby.

Help prepare older children by:

- showing them extra love and attention
- reading books or watching videos together about pregnancy, being a sibling and what it will be like when the baby comes home
- having them practise staying with the family or friends they'll be with during the birth
- making big changes like toilet training several months before – or well after – the baby arrives
- giving them little jobs, like singing to the baby
- not worrying if they go back to baby-like behaviours for a short time



FAMILY & FRIENDS

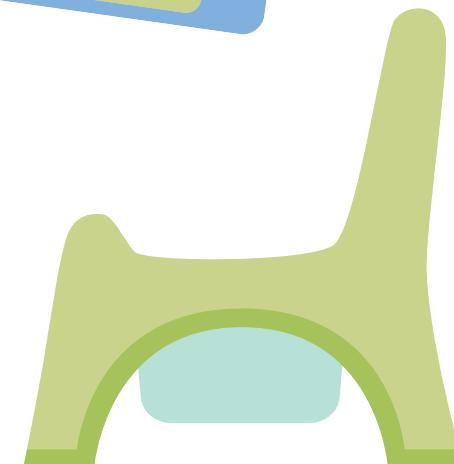
What You Can Do

- Call before you visit and keep your visit to a reasonable length.
- Don't visit if you're sick and don't kiss anyone if you have a cold sore.
- Wash your hands before touching the baby.
- Don't smoke or vape in the house.
- Bring a meal and ask if there's anything else you can do.
- Celebrate the new baby by honouring the family's cultural traditions.
- Consider getting a flu shot in advance.
- Consider getting a COVID-19 vaccine.



WHAT YOU CAN DO

If possible, arrange to have time off work when the baby arrives. Not only will you be able to offer your partner extra support, but you'll have more time to bond with and enjoy your baby.



Preparing Your Pets

Plan for someone to take care of your pets during your labour and decide who will look after them once there's a new baby in the house.

Your Body After Pregnancy

Discomforts



KEY TAKEAWAY

Talk with your health care provider if your discomfort is severe or long lasting or if you need pain medication. There's no need to be embarrassed. These symptoms are common, and they **can** be treated.

Cramps

Your uterus will continue to contract for about a week. Cramps will be strongest in the first few days, especially while breastfeeding or chestfeeding. If this isn't your first baby, your cramps may be stronger.

Hemorrhoids

Pregnancy and pushing can cause veins to bulge around your anus. They may itch, bleed or hurt but usually go away in a few weeks. Try not to stand or sit for long periods, eat lots of fibre, drink water and soak in a warm bath.



Pelvic girdle pain

Back, hip and pubic pain is common during pregnancy. It usually goes away after the baby is born. If it continues, physiotherapy can help. Talk with your health care provider.

Separation of stomach muscles

If you notice a bulging around your middle, your stomach muscles may have separated, like a zipper opening under stress. Most small gaps will heal themselves. Don't do sit-ups or twist until you're healed. See your health care provider if you have a large gap or a very floppy, bulging belly.

Vaginal bleeding

You will bleed for 2 to 6 weeks. For a few days, the blood will be dark red with clots about the size of a loonie. You shouldn't soak more than 1 maxi-pad every 2 hours. Then it will slow down and change colour. If it increases or smells bad, call your health care provider. And use pads, not tampons, until you're healed.

Vaginal discomfort or pain

You may be bruised, swollen or sore from the birth or stitches. Pour warm water over your perineum (the area between your legs) or sit in a warm, clear bath to help with the discomfort and swelling and to keep clean. For pain relief, try ice in a towel, sit on a cushion or talk with your health care provider about pain medication. Do Kegel exercises (see [Taking Care of Yourself](#)). If, after you've healed, you still have pain when having sex or putting in a tampon, talk with your health care provider.

Vaginal prolapse

Sometimes the organs in the lower body can bulge into the vagina. You may:

- feel a pressure between your legs, like something is falling out
- have pain in your lower back or belly
- have less feeling during sex
- have to pee more, have leaks or have trouble peeing
- be unable to poop

Vaginal prolapse is treatable. Use Kegel exercises (see [Taking Care of Yourself](#)) to strengthen your muscles and talk with your health care provider.



SEEK CARE

See your health care provider or call HealthLink BC at 8-1-1 right away if:

- your vaginal bleeding increases or smells bad
- you have heavy bleeding that soaks through a pad each hour for 2 hours or more
- you have bloody discharge for more than 6 weeks
- you pass blood clots larger than a golf ball over several hours
- you have headaches, changes in your vision or abdominal pain
- you feel like you have the flu or have an unexplained fever over 38°C (100°F)
- your stitches open or get infected
- the area around your caesarean is swollen, red and painful
- the calf of your leg is red and painful
- you have a sore, red area on your breast or chest that doesn't go away after regular breastfeeding or chestfeeding
- you have to pee often, and it hurts
- you can't poop, even though you're drinking plenty of fluids, being active and using a stool softener

Body Functions and Routines

Menstrual period

Your period may not start while you're breastfeeding or chestfeeding your baby. If you don't breastfeed or chestfeed, your period will usually return a month or 2 after the birth.

Remember, though, that it's possible to get pregnant again before your period returns. See [Family Planning](#) for information on birth control options.

Peeing

You may find it hard to tell when you need to go, so pee regularly. You may also find it hard to start peeing, or it may sting. Pour warm water over the area or pee in the shower or bath. Your pee may leak, especially when you cough, sneeze, laugh, exercise or have to go badly. Try Kegels (see [Taking Care of Yourself](#)) and if your issues last longer than 6 to 8 weeks, talk with your health care provider.



Bowel movements (pooping)

Drink lots of water, eat high-fibre foods, and you'll probably poop within 2 or 3 days after the birth.

Put your feet on a stool while you're on the toilet.

If you have stitches, put a cool, wet pad against the area when you poop for the first time. If you can't go, try a stool softener (available without a prescription) but use it for a short time only.

Exercise

If you had a caesarean, talk with your health care provider before starting to exercise again. If you had a healthy pregnancy and uncomplicated vaginal birth, you can resume gentle physical activity as soon as you feel ready. Listen to your body. If you have heavier and brighter bleeding, slow down. If you have pain, stop and rest.

You can begin Kegels (see [Taking Care of Yourself](#)) a day after a vaginal birth. Try walking with your baby in a stroller or carrier or try gentle dancing while holding your baby. Start swimming once vaginal bleeding and discharge have stopped. And look into yoga and fitness classes for birthing parents. Save vigorous exercise – like running – for when your pelvic muscles have recovered. Talk with your health care provider if exercise causes pee or poop leaks, heaviness in your vagina or pain.

Your Emotional Health

When you have a new baby, it's normal to experience emotional ups and downs. But it's important for you and your loved ones to be able to recognize when you might need some extra support.



KEY TAKEAWAY

Asking for help when you need it is a sign of strength, not weakness. After all, taking care of yourself is good for both you and your baby.



MEDICAL EMERGENCY

If you have thoughts of hurting yourself or your baby, get help right away. Talk with your health care provider or call HealthLink BC at 8-1-1 (24 hours a day, 7 days a week) to speak confidentially with a registered nurse.



DID YOU KNOW?

At least 23% of parents will experience depression or anxiety during pregnancy or after a birth.

The Baby Blues

What are the “baby blues”?

The typical mood changes that happen in the days after giving birth, affecting up to 80% of new mothers or birthing parents.

Not surprisingly, most people experience mood swings in the days after giving birth. Your hormones are changing, you're recovering from labour and you're tired – really tired – from caring for a newborn. The “baby blues” may have you feeling sad, restless, irritable or helpless. Minutes later, you may be happy and full of energy. Fortunately, the baby blues usually go away on their own within 2 weeks. If they don't, speak to your health care provider.



WHAT YOU CAN DO

- Encourage your partner to talk about their feelings. Listen and take them seriously.
- Let your partner know they're loved and valued. Give them extra physical space if they need it.
- Take on more household chores and child care.
- Prepare nutritious food for you and your partner and suggest going on walks together.
- Protect your partner's sleep by taking on more of your child's nighttime needs.
- Offer to go with them to see their health care provider.
- Don't expect that you can fix everything yourself.
- Take care of yourself and talk to someone about your feelings, too. Remember that you can also be affected by perinatal depression and anxiety.



TRY THIS

Take good care of yourself. Sleep while your child naps, remember to eat and take a daily walk with your baby. See [NESTS for Well-being](#) in the appendix.

Perinatal Depression

What is perinatal depression?

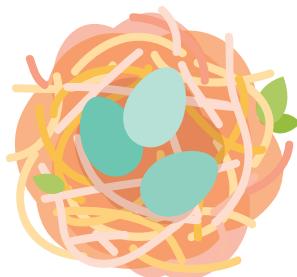
A more serious, longer lasting depression that can happen during pregnancy or after the birth.

Some people experience more serious, longer lasting distress. You may feel like you can't cope or that you might harm yourself or your baby.

Signs and symptoms of perinatal depression

Do you:

- cry uncontrollably?
- feel guilty, worthless or unfit to care for your child?
- think about harming yourself or the baby?
- have severe mood swings?
- feel sad or hopeless?
- feel unable to enjoy your baby?
- feel uninterested in your usual activities?
- feel extremely fatigued or have trouble sleeping because you're sad?



People who have had depression or anxiety before are more likely to have perinatal depression. Those with added stress in their lives – health or money problems, unstable or unsupportive relationships or a sick baby, for example – are also at higher risk.



DID YOU KNOW?

Perinatal depression can affect people of all genders and can occur during pregnancy or at any time in the year after giving birth, adopting, miscarrying or having a stillbirth.

The “NESTS” approach to self-care

- Try to eat **Nutritious** food.
- Get some daily **Exercise**, even just a quick walk around the block.
- Try to protect your **Sleep**. Ask your partner(s) to do a night feed, for example.
- Find a bit of **Time** for yourself. Hire a babysitter or ask family to help with child care.
- Seek out **Support**. Tell your partner(s), friends and family what you need. Talk with your health care provider or call HealthLink BC at 8-1-1. Contact the Pacific Post Partum Support Society (postpartum.org) or join a postpartum support group.
- See the **NESTS for Well-Being** resource in the appendix or find it at: perinatalservicesbc.ca/Documents/Health-info/PSBC_NESTS_for_well-being.pdf

Perinatal Anxiety

What is perinatal anxiety?

Recurring, persistent, intense or disabling worry or fear that can happen during pregnancy or after the birth.

Some parents or caregivers worry more than usual that something bad will happen or have uncontrollable thoughts about harming their baby, either accidentally or on purpose. Anxiety disorders may also cause you to feel physically unwell.

Signs and symptoms of anxiety

Do you:

- feel dizzy, sweaty or shaky?
- have gas, constipation or diarrhea?
- feel short of breath, panicky or like your heart is racing?
- get easily startled?
- feel restless or moody?
- avoid family, friends and activities?
- have trouble sleeping because you’re worried or fearful?

Anxiety may cause you to check on your baby all the time or to avoid doing day-to-day things, like driving, with them.

If you’ve had anxiety or depression or gone through trauma in the past, or if there’s someone in your family who has had mental health issues, you may be at greater risk. Lack of sleep and not enough support may worsen anxiety and depression.

Postpartum Psychosis

What is postpartum psychosis?

A very rare and severe – but treatable – mental illness that can occur after giving birth.

Some new parents or caregivers start to behave in ways that are very unusual for them and to have thoughts that aren't based in reality. You may feel thrilled and full of energy or paranoid and suspicious. You might have thoughts of harming yourself or your baby.

Signs and symptoms of postpartum psychosis

Do you:

- feel elated, with racing thoughts?
- feel restless or moody?
- feel very confused and unable to organize and communicate your thoughts?
- feel like doing things that aren't normal for you?
- talk constantly or want to avoid family, friends and activities?
- feel like you don't need to sleep?
- feel like you're in dream?
- hear, see, feel, smell or taste things that aren't there or don't make sense?

- worry that people can't be trusted or want to harm you or your baby?
- have unusual thoughts – for example, that your baby is possessed by the devil or that you have special powers?

If you or someone in your family has bipolar disorder or a psychotic disorder, you're more at risk of perinatal psychosis. Lack of sleep also increases the risk.

Getting Help

Perinatal depression and anxiety are common and treatable. You're not alone, and there are many ways to find support. Getting help early can mean feeling better sooner.

Health care providers

Talk with your doctor, midwife, nurse practitioner, public health nurse or call HealthLink BC at 8-1-1 anytime, day or night, to speak confidentially with a registered nurse.

Friends, family and community

Tell the people close to you how you're feeling and listen to their concerns. Sometimes it's our friends and family who first see that we need help.

A Postpartum Support Guide may help you and your family plan ahead for the weeks and months following birth. See the appendix or find it here: perinatalservicesbc.ca/Documents/Health-info/PSBC_Postpartum_Support_Guide.pdf



MEDICAL EMERGENCY

Postpartum psychosis is a medical emergency. Seek care right away at the nearest emergency department.

Dealing With Frustration



FAMILY STORY

At times I'd think, "What have we done? I want my old life back!" But the good times are so great that I can't imagine not being a dad.

Bringing home a baby means a lot of changes – to your family, your body and your schedule. Add to that the fact that you're very tired, and life as a new parent or caregiver can be frustrating.

It may feel as though your baby cries endlessly and that nothing you do helps. You may feel trapped at home and that you can't do the things you did before. You may not feel comfortable with your body or as connected to your partner(s). You may feel overwhelmed by visitors or by all the advice you're getting. All of these feelings are normal.



DID YOU KNOW?

Talking with other new parents and caregivers will help you see that they're feeling the same things you are. See the [Resources](#) section for information on parenting groups and programs.

Easing the Frustration

Try:

- putting the baby down somewhere safe and leaving the room for a few minutes when you start to feel frustrated
- asking friends or family to take the baby for walks so you can have a nap or some time alone with your partner(s)
- talking to your partner(s), family and friends about what you need
- accepting help when it's offered
- sharing your feelings with other parents or caregivers



MEDICAL EMERGENCY

If you have thoughts of hurting yourself or your baby, get help right away. Call your health care provider or HealthLink BC at 8-1-1 (24 hours a day, 7 days a week) to speak confidentially with a registered nurse. To learn more, see [Your Emotional Health](#).



DANGER

Never shake your baby.

Shaking a baby can cause brain damage or death. If you feel like you're about to lose control, put your baby down in a safe place and walk away. See [Crying](#) and visit dontshake.ca/ to learn more.

Cultural Differences In Parenting

Cultural beliefs and traditions can enrich a family's life. But when you and your partner(s) have different cultural backgrounds, conflicts may come up.

Talk with your partner(s) about what cultural values are most important to them. Tell your partner(s) what's important to you. Then find the core values that you share. Use these to create your own family traditions.

What you can do

- Combine the best of your two backgrounds. Celebrate the holidays, speak the languages and cook the traditional foods from both cultures.
- Make new family traditions that focus on your shared core values.



FAMILY STORY

My mother couldn't read English and didn't know any of the English nursery rhymes. So I took her to the library to pick out picture books. She used them to tell her own stories to my son in Mandarin.



Support for Your Personal Situation

Being a Single Parent or Caregiver

Being single doesn't have to mean being alone in parenting. If you have family and friends close by, they can be a good source of support. And whatever your situation, there are people and programs to help you.

Finding parenting programs and groups

Find information about the supports in your area by contacting:

- your public health nurse, social worker or health care provider
- **BC211:** bc211.ca
- **Parent Support Services Society of BC:** parentsupportbc.ca or 1-877-345-9777
- your local **YMCA / YWCA** or community centre
- the **BC Association of Pregnancy Outreach Programs:** bcapop.ca
- the **BC Association of Aboriginal Friendship Centres:** bcaafc.com or 250-388-5522
- the **Immigrant Services Society of BC:** issbc.org or 604-684-2561



TRY THIS

Get to know other parents and caregivers through breastfeeding or chestfeeding groups, religious groups or online parenting groups, like those on Facebook. Or meet them at playgrounds, community centres or movie times for parents or caregivers and babies.



MONEY SENSE

Financial support for job seekers

For help finding a long-term job, contact the Single Parent Employment Initiative (SPEI): 1-866-866-0800. If you're on income or disability assistance, you may receive:

- up to a year of paid training
- paid work experience
- free child care while you train and during your first year of work
- free transit to and from school

Parenting Multiples

Caring for just one newborn is a big job. So caring for twins, triplets (or more!) can be especially hard.

Having multiple babies means even less sleep, more work and less time for yourself. As much as possible, take care of yourself. Eat well, sleep when your babies are asleep and reach out for support. And if your community has a group for parents and caregivers of multiples, consider joining.

Finding help

Don't wait until you're overwhelmed to ask for support. Try:

- asking family and friends for help with the babies, housework or errands
- joining an in-person or online support group for parents and caregivers of multiples
- getting help with breastfeeding or chestfeeding from your health care provider, public health nurse, midwife or lactation consultant



Doing the Paperwork



DID YOU KNOW?

Whether you're on unpaid or paid leave, your employer must keep your job or a similar one open for you. And while you're away, you can still get your medical benefits.

Arrange leave from work

Unpaid time off: All employees can get unpaid time off to spend with a new child. If you give birth, you may get maternity leave as well as parental leave. Partners and adopting parents can get parental leave.

Paid time off: If you had a job before giving birth, you may get paid maternity leave and paid parental leave through Employment Insurance. Most mothers or birthing parents take the parental leave right after their maternity leave is over. Partners and adoptive parents may also get paid parental leave. Find out more at canada.ca/en/services/benefits/ei/ei-maternity-parental. And talk to your employer about any additional benefits your workplace may offer.

Choose a name

You will have to give your baby a first name ("given name") and a last name ("surname"). You can also choose to give them one or more middle names. The baby's surname can be from either parent, or a combination of both names (with or without a dash) or different from both.

Consider choosing a guardian

Think about who you would like to care for your child if you die. If that person agrees, you can name them as your child's guardian in your will or by filling out an Appointment of Standby or Testamentary Guardian form.

Register the birth

Register your baby with the B.C. Vital Statistics Agency within 30 days of the birth. The birth can be registered online at ebr.vs.gov.bc.ca or through your hospital or midwife. When you register the birth, you can also enrol your baby in the Medical Services Plan and apply for their birth certificate, Social Insurance Number and Canada Child Benefits.



Get a birth certificate

Apply for official identification for your baby at ebr.vs.gov.bc.ca or on the back of the form you use to register the birth. There is a fee for a birth certificate.



MONEY SENSE Apply for the Canada Child Benefit

Monthly government payments are available to help you raise your baby. Just check the consent box on the back of the form you use to register the birth. Find out more at canada.ca/en/revenue-agency/services/child-family-benefits or 1-800-387-1193.

Get medical coverage

Fill out the Medical Services Plan (MSP) Baby Registration form within 60 days of the birth. Apply when you're registering the birth, or get the form at health.gov.bc.ca/exforms/msp/115fil.pdf or from your hospital or midwife. Use your own medical number for the baby for the first 60 days.

The FNHA First Nations Health Benefits Program is available to infants (up to 24 months) if at least one parent is a First Nations person with Indian status who lives in B.C.

Email healthbenefits@fnha.ca or call 1-855-550-5454 toll-free to learn more.



MONEY SENSE

Medical coverage

If you have a modest income, you may qualify for MSP Supplementary Benefits. Contact Health Insurance BC at 1-800-663-7100 for more information. If you qualify for MSP Supplementary Benefits, you can also get help to pay for your child's glasses, hearing devices and basic dental care. Contact the Healthy Kids program at 1-866-866-0800 to learn more.

The Canadian Dental Care Plan

(canada.ca/en/services/benefits/dental/dental-care-plan.html) will help ease financial barriers to accessing oral health care for uninsured Canadian residents who have an adjusted family net income below \$90,000.

If you are a refugee, call Health Insurance BC at 1-800-663-7100 to find out if you qualify for MSP coverage. If not, you may be able to get help through the Interim Federal Health Program. Call 1-888-242-2100 or visit cic.gc.ca/english/refugees/outside/summary-ifhp.asp.



MONEY SENSE

Get help with prescription drug costs

If you're already registered for Fair PharmaCare, your baby will automatically be registered. If not, register them at gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents or call 1-800-663-7100.



MONEY SENSE

Look into other financial support

If you receive income assistance, you may be able to get help to pay for housing, supplements, formula and more. Search "General & Health Supplements" at gov.bc.ca or call 1-866-866-0800.



Finding Child Care



KEY TAKEAWAY

Be sure you feel comfortable with anyone you leave your baby with – even if it's just going to be for a few minutes.

Babysitters

Before you leave your baby with a new caregiver – whether a friend, family member or babysitter – prepare by:

- watching them hold and play with your baby
- asking how they would deal with crying or fussiness
- watching as they feed and diaper your baby
- explaining your safe sleep routines (see *Sleep*)
- asking if they've taken a babysitting and first aid course
- being clear about your Dos and Don'ts:
 - ✓ Always place the baby on their back for sleeping.
 - ✓ Check the baby often while they're sleeping.
 - ✓ Contact you if there are problems.
 - ✗ Never hit or shake the baby.
 - ✗ Never leave the baby alone on a change table, couch, adult bed or counter.
 - ✗ Never heat a baby bottle in the microwave or on the stove. Use a container of warm tap water instead.

When the babysitter arrives, show them where things are kept – including the list of emergency numbers. Tell them where you're going, when you'll return and how you can be reached.



TRY THIS

Make a list of important numbers and keep it close to the phone. Include:

Emergency numbers:

- 9-1-1 (fire, police, poison control, ambulance)

Non-emergency numbers:

- your cell phone
- health care provider
- helpful neighbour
- closest relative
- taxi
- HealthLink BC – 8-1-1

At the top of the list, write:

- your full name and your baby's
- your home phone number
- your address
- your baby's BC Services Card number



FAMILY STORY

After Jacob came into our lives my partner and I would pass by each other like zombies. Using a babysitter once in a while let us reconnect as a couple.

Licensed Child Care

Even if you won't need a licensed child care provider for a while, it's a good idea to start looking early. This gives you time to find an option that works for you and your family.

For more information, contact:

- the Child Care Service Centre (toll-free at 1-888-338-6622)
- Child Care Resource and Referral Centres ([gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/how-to-access-child-care/child-care-resource-referral/find-your-ccrr](http://gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/how-to-access-child-care/child-care-resource-referral-find-your-ccrr))
- Service BC locations (toll-free at 1-800-663-7876)
- Immigrant Settlement Service Agencies (issbc.org)

See Child Care in the [Resources](#) section.



MONEY SENSE

If you're thinking of using a licensed child care provider, you may be able to get help with child care costs.

The **Affordable Child Care Benefit** (ACCB) provides up to \$1,250 per month toward the cost of child care. You can estimate your funding amount with the online estimator at myfamilyservices.gov.bc.ca/s/estimator. Visit the ACCB website for information on how to apply.

In addition, you may be able to reduce your child care fees by up to \$900 per month per child through the **Child Care Fee Reduction Initiative** (CCFRI). You don't need to apply to access CCFRI. You'll automatically get the discount if your child is enrolled in a participating school.

Family Planning

Birth Control

After birth you may want to consider birth control options. It's possible to get pregnant after birth – even if your period hasn't started yet.

When you're deciding on a method of birth control it's your choice which method you will choose to use or whether you will use birth control at all. Discuss with your health care provider and think about:

- how well it works
- whether it affects breastfeeding or chestfeeding
- how easy it is to use
- whether it protects against sexually transmitted infections (STIs)
- whether it is available to you and free of charge



DID YOU KNOW?

Withdrawal (pulling the penis out before ejaculation) is NOT an effective method of birth control. Neither is douching or rinsing the vagina after sex.



DID YOU KNOW?

Lactation amenorrhea method (LAM) is a way to use breastfeeding or chestfeeding to temporarily help prevent pregnancy. It must be used correctly to work.

When can I use LAM as birth control?

LAM only works if your:

1. Baby is less than 6 months old.
2. You don't have a period (amenorrhea). When your periods start, use some other birth control method.
3. Baby is exclusively breastfeeding or chestfeeding day and night. This means that the baby receives only human milk.

LAM does not work if you don't have all 3 things above. Talk to your health care provider to see if LAM is right for you.



DID YOU KNOW?

There are prescription contraceptives available for free for B.C. residents. If you are in the wait period for MSP coverage, the pharmacist will ask you to sign a form for exceptional coverage. To learn more: gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/prescription-contraceptives



KEY TAKEAWAY

All people have the right to make decisions about contraception and family planning. Your care provider's responsibility is to be supportive. Their role is to provide you with information, help you know what contraception choices are available, listen to you, and work with you to learn what is best for you. This process is also called informed consent for contraception.

MOST EFFECTIVE Birth Control Methods

Type	Failure Rate	Pros	Cons
IUS (progesterone-releasing intrauterine system) Small t-shaped device inserted and left in the uterus	About 1 in 1,000 users will get pregnant within a year	<ul style="list-style-type: none"> more effective than sterilization fertility returns as soon as it's removed prevents pregnancy for 3 to 5 years makes periods lighter and less crampy, without changing natural hormonal cycles no estrogen, so no estrogen-related side effects safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> first 3 to 4 periods may be extra heavy and crampy may stop periods no protection from sexually transmitted infections (STIs)
IUD (copper or plastic intrauterine device) Small t-shaped device inserted and left in the uterus	Less than 1 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> prevents pregnancy for 3 to 10 years fertility returns as soon as it's removed safe while breastfeeding or chestfeeding no estrogen, so no estrogen-related side effects 	<ul style="list-style-type: none"> copper IUD may make periods heavier or more painful no protection from STIs
Sterilization Vasectomy – cutting and sealing the tubes that carry sperm Tubal occlusion ("tubes tied") – cutting or blocking the tubes that carry eggs	Vasectomy: less than 1½ in 1,000 pregnancies within a year Tubes tied: up to 2 in 1,000 pregnancies within a year	<ul style="list-style-type: none"> paid for by MSP vasectomy requires no hospital stay tubes can be tied during caesarean safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> small chance of complications from surgery permanent no protection from STIs

VERY EFFECTIVE Birth Control Methods

Type	Failure Rate	Pros	Cons
Depo-Provera® shot Hormone injection given every 12 weeks	About 4 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> may make periods lighter or stop them safe while breastfeeding or chestfeeding no estrogen, so no estrogen-related side effects doesn't interfere with sex one shot prevents pregnancy for 3 months 	<ul style="list-style-type: none"> may cause irregular periods, depression, weight gain no protection from STIs may weaken bones may take 1 to 2 years to get pregnant after use
Oral contraceptive pill ("the pill") Daily hormone prescription pill	About 7 in 100 users will get pregnant within a year when used as directed	<ul style="list-style-type: none"> easy to use may make periods more regular may lower the risk of some cancers 	<ul style="list-style-type: none"> may cause weight gain, headache and nausea may increase risk of blood clots, heart attack and stroke may not work if taking other medicines no protection from STIs in rare cases, may lower your milk supply must be taken daily
Progesterone-only oral contraceptive pill ("mini pill") Daily hormone prescription pill	Less than 1 in 100 users will get pregnant within a year when used as directed	<ul style="list-style-type: none"> easy to use no estrogen, so no estrogen-related side effects safe to use when breastfeeding or chestfeeding no decrease to milk supply doesn't interfere with sex 	<ul style="list-style-type: none"> may not work if taking other medicines no protection from STIs must be taken daily
Contraceptive patch Hormone patch worn on the skin	About 7 in 100 users will get pregnant within a year when used as directed	<ul style="list-style-type: none"> easy to use may make periods more regular doesn't interfere with sex 	<ul style="list-style-type: none"> can come off – must check daily must replace weekly may increase risk of blood clots, heart attack and stroke may cause weight gain, headache and nausea no protection from STIs may lower your milk supply much less effective for people over 90 kg (200 lb)
Vaginal ring Hormone-releasing ring inserted into the vagina each month	Less than 1 in 100 users will get pregnant within a year when used as directed	<ul style="list-style-type: none"> inserted by user and remains in place for 3 weeks doesn't interfere with sex 	<ul style="list-style-type: none"> may be awkward to insert may increase risk of blood clots, heart attack and stroke may cause weight gain and headache may lower your milk supply no protection from STIs

LEAST EFFECTIVE Birth Control Methods

Type	Failure Rate	Pros	Cons
Condom Sheath worn over the penis	About 2 in 100 users will get pregnant within a year when used perfectly	<ul style="list-style-type: none"> no prescription needed protects against most STIs safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> can slip off or break can cause allergic reaction
Diaphragm or cervical cap Cover for the uterus inserted through the vagina	Up to 16 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> can last several years can be put in as late as 6 hours before sex safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> must be fitted by a doctor and refitted after pregnancy or weight change may be hard to insert must be used with spermicide, which can cause allergic reaction risk of bladder infection can't be used during period no protection against STIs may not be widely available in Canada
Female condom Soft plastic tube inserted into the vagina	Up to 21 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> no prescription needed protects against most STIs safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> can be hard to insert can be noisy in use can be expensive
Fertility awareness Tracking your menstrual cycle to figure out when you're able to get pregnant	Up to 24 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> low cost teaches about fertility patterns safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> menstrual cycle must be regular may not work while breastfeeding or chestfeeding must carefully monitor cycle at times, must avoid sex or use another method no protection from STIs contraceptive effects of hormone therapies for trans and non-binary people are not reliable
Vaginal spermicide Medication inserted into the vagina. Best used with another method, like condoms	Up to 30 in 100 users will get pregnant within a year when used alone	<ul style="list-style-type: none"> no prescription needed adds lubrication safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> can cause allergic reaction may need to be inserted 15 to 20 minutes before sex only works for 1 hour may increase chance of STIs

EMERGENCY Birth Control Methods

Type	Failure Rate	Pros	Cons
Emergency contraceptive pills	<p>Ulipristal acetate (Ella One®) – Up to 3 in 100 users will get pregnant if taken within 5 days</p> <p>Plan B® – Up to 5 in 100 users will get pregnant if taken within 72 hours</p> <p>Yuzpe (Ovral®) – Up to 6 in 100 users will get pregnant if taken within 24 hours</p>	<ul style="list-style-type: none"> can be used up to 5 days after sex if another method has failed 1 dose will not likely affect breastfeeding or chestfeeding 	<ul style="list-style-type: none"> may cause nausea and vomiting may disrupt your period no protection from STIs may be less effective in individuals who have a higher body weight
Copper IUD	Less than 1 in 100 users will get pregnant if inserted within 7 days	<ul style="list-style-type: none"> can be used within 5 days after unprotected sex to prevent pregnancy very effective for up to 10 years safe while breastfeeding or chestfeeding 	<ul style="list-style-type: none"> may make period heavier or more painful may be difficult to find a health care provider to insert it within 7 days no protection from STIs

For more information, talk with your health care provider or contact Options for Sexual Health at 1-800-739-7367 or HealthLink BC at 8-1-1.



DID YOU KNOW?

Sex can happen whenever you're healed and you and your partner(s) feel ready. If it's uncomfortable, try a warm bath, a water-soluble lubricant and plenty of foreplay.



Clothing

Wondering how many clothes or blankets your baby needs? In most cases, dress your baby as you would dress yourself. Then see if you notice any signs that they're uncomfortable.

If your baby is too hot, they may be sleepy, sweaty or get a rash. If they're too cold, they'll probably fuss.

Remember that babies lose a lot of heat through their heads. In cool weather, give your baby a hat. In warm weather, use one with a wide brim that keeps the sun off them. When you're indoors, a hat isn't needed.



DANGER

Getting overheated puts your baby at higher risk of Sleep-Related Infant Death (see [Sleep](#)).



DID YOU KNOW?

Cold hands and feet don't necessarily mean your baby is cold. Check your baby's upper arms and thighs instead. If you're wondering if they're too warm, check if the back of their neck is sweaty.



Sleep



DID YOU KNOW?

Each newborn is different. For the first month, your baby may sleep 18 of every 24 hours, then from 12 to 16 hours a day for the first year, waking often. It takes babies time to learn the difference between day and night, but eventually they'll sleep for longer stretches. Most babies don't sleep through the night until they're a year old.

Sleep, Baby and You

You can help your baby sleep well by knowing that:

- babies wake frequently to connect and eat
- babies benefit from being close to their parents and caregivers while awake and asleep
- over time it will get easier to tell when your baby needs to nap

You can take care of yourself by (see [NESTS for Well-Being](#) in the appendix):

- setting aside enough nap time during the day so your baby is not overtired and restless at night
- creating a nighttime routine, such as a warm bath, rocking, singing and quiet time
- breastfeeding or chestfeeding to lull them back to sleep at night



TRY THIS

During the day, have your baby sleep in a light room with normal daytime noises. At night, signal that it's time to sleep: keep the room dark and quiet.



HOW TO

Support your baby's nighttime sleep

- Keep a regular daytime and bedtime schedule.
- Have a bedtime routine.
- Breastfeed or chestfeed at the start of the bedtime routine, about 15 minutes before settling your baby.
- Don't put them down to sleep with a bottle.
- Sing to them before you put them into bed.
- Make the room quiet and dark.
- Stroke them or hold their hand while they lie in their crib.
- Be consistent. Follow the same routine for naps and at night.

Falling Back to Sleep

Your baby's sleep patterns may change often in the first year. They'll start each night with a few hours of very deep sleep, followed by several hours of lighter sleep. During light sleep, they may partly wake many times and want to connect with you and be soothed. They'll likely want you to breastfeed or chestfeed, pat, rock or cuddle them. Waking frequently also protects babies from sleep-related infant death.

For more information, see:

- **Safer Sleep for My Baby** – available through HealthLink BC, or ask your health care provider. To learn more, visit: healthlinkbc.ca/sites/default/files/safer-sleep-for-my-baby.pdf
- **Honouring our Babies** – focuses on the strengths of Indigenous knowledge, cultural values and practices using a two-eyed seeing approach. To learn more, visit: perinatalservicesbc.ca/Documents/Resources/Aboriginal/SafeSleep/HOB_SafeSleep_IllustratedCards.pdf

Safer Sleeping



DID YOU KNOW?

For the first 6 months, the safest place for your baby to sleep is on their back at nighttime and at nap time, in their own crib or bassinet, in your room.

Sleep-related infant death can happen by accident (usually when a baby is smothered or suffocated) or by **Sudden Infant Death Syndrome** (SIDS or “crib death”) – the unexplained death of a healthy baby while sleeping. Help your baby sleep safely by:

- putting them down to sleep on their back on a firm surface
- sleeping in the same room as your baby for at least the first 6 months
- making your home smoke-free
- keeping your baby warm but not hot
- breastfeeding or chestfeeding
- keeping pillows, toys, heavy or weighted blankets and pets out of your baby’s bed
- not swaddling your baby for sleep
- learning about bedsharing safety as sleeping with your baby can happen intentionally or unintentionally
- not sleeping with your baby on a couch, sofa or recliner
- using slings, carriers and wraps safely for daytime sleep



DID YOU KNOW?

Use stuffed toys for playtime, not sleep time. Putting them in the crib can block your baby’s breathing.



BE AWARE

A car seat is not a safe place for your baby to sleep. They could suffocate if their body gets into the wrong position. If your baby falls asleep in the car, check on them regularly. Once you get to your destination, move them to a safe sleep space.



KEY TAKEAWAY

Always put your baby down to sleep on their back, and if you find them sleeping on their tummy, turn them over onto their back again. Once they can roll easily from back to front and back again (usually at around 5 to 6 months), you no longer have to turn them over.



DID YOU KNOW?

Protective Factors for Safer Sleeping

- Stopping or reducing smoking (before pregnancy is best).
- Breastfeeding or chestfeeding for 6 months or more helps prevent sleep-related infant death because it helps boost a baby’s immune system. The more you breastfeed or chestfeed the greater the protection. Any amount of human milk will help keep your baby healthy.
- Routine immunizations.

You can create a safer sleep environment for your baby and reduce the risk of overheating, suffocation and sleep-related death:

	What's Safest?	What is Unsafe?
Bed	<ul style="list-style-type: none"> ✓ Crib, cradle or bassinet that has been approved by Health Canada (ask your health care provider if you're unsure) ✓ Talk with your health care provider about other safe alternatives. Even a cardboard box, a drawer or a laundry basket can work ✓ Firm adult mattress with a parent or caregiver – only if baby is healthy, full-term and breastfeeding or chestfeeding (visit HealthLink BC Safer Sleep for my Baby at healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/baby-safety/safer-sleep-my-baby) 	<ul style="list-style-type: none"> ✗ Drop-side crib (banned for sale since 2016) ✗ Co-sleeper crib that attaches to your bed ✗ Folding crib without double locks ✗ Damaged crib or one made before 1986 ✗ Car seat ✗ Alone in an adult bed ✗ Couch or chair
Mattress	<ul style="list-style-type: none"> ✓ Firm mattress 	<ul style="list-style-type: none"> ✗ Soft surface (couch, pillow-top mattress, air mattress, beanbag, waterbed) ✗ Torn mattress ✗ Mattress more than 15 cm (6 inches) thick (about the length of your hand) ✗ Gaps of more than 3 cm (1½ inches, or about 2 finger widths) between mattress and crib frame
Bedding	<ul style="list-style-type: none"> ✓ Light blanket, sleeper or sleep sack – without buttons or other parts that could come off and choke your baby. Make sure sleep sack's arm and neck holes aren't so large that your baby can slip down into it 	<ul style="list-style-type: none"> ✗ Heavy blankets, weighted blankets and sleep sacks, quilts, duvets ✗ Pillows ✗ Bumper pads ✗ Sheepskins ✗ Plastic sheets ✗ Top sheet ✗ Toys (including stuffed animals) ✗ Commercial wedges and positioning devices for babies
Clothing	<ul style="list-style-type: none"> ✓ Sleeper and light blanket, or blanket-thickness sleeper 	<ul style="list-style-type: none"> ✗ Heavy clothing ✗ Hats ✗ Swaddling
Other	<ul style="list-style-type: none"> ✓ Room sharing 	<ul style="list-style-type: none"> ✗ Pets in bed with baby ✗ Sharing a bed with an adult who has been drinking alcohol or taking medication or other substances that makes them sleepy

Room Sharing

What is room sharing?

Sleeping in the same room as your baby, but not in the same bed.

Is it recommended?

Yes. Room sharing is recommended for the first 6 months.

Why?

It can calm your baby and reduce the risk of sleep-related infant death.



DID YOU KNOW?

If you have more than one baby, it's safest to have them in their own sleep spaces. If they share the same crib, put them head to head, not side by side.



Bedsharing

What is bedsharing?

Sleeping in the same bed with your baby.

Is it recommended?

Bedsleeping is an option for some healthy, full-term breastfeeding or chestfeeding babies, but it is unsafe for others.

Why?

The safest place for your baby to sleep for the first 6 months is in their own safe sleep space in your room. But some families prefer to bedshare for cultural reasons, feelings of safety or to support breastfeeding or chestfeeding. And some find that they end up bedsharing even if they hadn't planned to. Learn more about safety and bedsharing. See Safer Sleep for My Baby: healthlinkbc.ca/sites/default/files/safer-sleep-for-my-baby.pdf#page=3



DANGER

Bedsharing is especially risky for some babies. Never share a bed if:

- your baby was born prematurely or weighed less than 2½ kg (5½ lb) at birth, or
- you or your partner(s):
 - smoke, or if you smoked while pregnant
 - have taken any substances that might make you sleep more heavily, like alcohol, medicine, cannabis or other drugs

Have another adult available to look after your baby if you're drinking alcohol or using any substances.

Talk with your health care provider about how to balance your family's wishes with the risks of bedsharing. And if you do choose to share a bed, do so as safely as possible. Ensure:

- ✓ Your baby is far away from pillows, blankets and duvets.
- ✓ Your baby is on their back.
- ✓ Your baby isn't swaddled.
- ✓ The mattress is on the floor to reduce the risk of a fall.
- ✓ The mattress is firm (no waterbeds, air mattresses, pillowtops or feather beds).
- ✓ The baby is on the outside of the bed, not between adults.
- ✓ There's space around the bed so the baby can't get trapped between the mattress and the wall or a side table.
- ✓ The adults in the bed both know that the baby is in the bed and are comfortable with it.
- ✓ Any long hair is tied back so it can't get wrapped around the baby's neck.
- ✓ No older children or pets are in the bed.



BE AWARE

It's normal for babies to feed often during the night, so some parents find themselves bedsharing. Most parents who breastfeed or chestfeed in bed will naturally sleep in a "C" shape – facing their baby with their knees up under baby's feet and their arm above baby's head. This protects the baby from moving down under the covers or up under the pillow. Talk to your health care provider about sleep positions that can help you rest and keep your baby safe.

Swaddling

Is it recommended?

No. It's safest not to swaddle your baby for sleep.

Why not?

Tight swaddling may cause your baby to overheat, which may put them at risk for sleep-related infant death, chest infections and hip problems. Or they can get stuck on their stomach and be unable to move into a safer position. Swaddling in the early days may lead to less breastfeeding or chestfeeding and slower weight gain for your baby. Preterm babies and babies exposed to substances may need swaddling as part of their care while in the hospital. But it's safest to stop swaddling once your baby is home.

Try This:

Try using a sleep sack instead of swaddling with a blanket. If a sleep sack is used a blanket is not needed.

- Choose a light-weight sleep sack that is the right size for your baby. Make sure it fits properly around the neck and armholes. If it's too big, your baby's head can slip down inside the sack, which can cause your baby to overheat or suffocate (for example, it should never cover your baby's nose or mouth).
- Weighted sleep sacks and weighted blankets are **not safe** for children under 2 years old because they may become trapped under these items or they may find it hard to move or breathe, especially if the blanket covers their face or nose.

Some families may choose to swaddle their baby to sleep, for cultural or other reasons. If you choose to swaddle, you can keep your baby safer by:

- putting your baby to sleep on their back
- only swaddling from the shoulders down, not over the face or head
- swaddling loosely enough that you can fit 2 fingers between the blanket and your baby's chest
- using a light cotton blanket
- checking that your baby's not hot or sweaty
- keeping the swaddle loose around your baby's hips and making sure they can bend and move their legs like a frog
- swaddling only when a caregiver is watching to protect your baby from rolling over
- not swaddling if your baby resists
- unbundling your baby during feedings so they can shift their position as needed
- not swaddling after 2 to 3 months or once your baby shows signs of rolling over or is able to move the blanket themselves



Developing Attachment

What is attachment?

The close bond between a baby and their caregivers. This bond builds throughout the early years of your child's life. It grows stronger each time you show your baby love, attention and consistency.

A healthy attachment is key to promoting the lifelong health of your baby. It teaches your baby that they are safe and loved. As they grow, it helps them develop self-regulation and emotional and mental health, build strong relationships and have the confidence to explore the world around them.

Each time you respond to your baby's needs in a warm and consistent way, you're building attachment. For example, if you cuddle and soothe your baby each time they cry, you're showing them that they can depend on you for comfort. And doing so will help your child to soothe themselves as they grow.

Speak to your health care provider if you're having trouble developing attachment with your baby. And learn more about how to promote your baby's health through warm and consistent responses in [Brain Development](#).



DID YOU KNOW?

Skin-to-skin contact is an excellent way to build your emotional bond with your baby. It soothes and comforts them and can even make breastfeeding or chestfeeding easier.



HOW TO

Build a healthy attachment with your baby

- Listen, watch and try to understand how they communicate their needs.
- Respond to their needs in a **loving** way.
- Respond to their needs as **quickly** as you can.
- Respond to their needs in a **consistent** way.
- Cuddle, smile and talk to your baby often.



DID YOU KNOW?

While babies are usually most closely attached to parents, they can also have healthy attachments to other adults, including grandparents and daycare providers. If your baby bonds with others, this doesn't mean that they'll have a weaker bond with you.

Pooping, Peeing and Diapering

Bowel Movements (Pooping)

What's normal?

Day 1 to 2: First few poops ("meconium")

How it looks – thick, sticky, tar-like, black or dark green

How it smells – no smell or mild odor

How often – at least once or twice per day

Days 3 to 4: Next poops ("transitional stool")

How it looks – looser, brown, green or yellow

How it smells – no smell or mild odour

How often – at least 2 or 3 times per day

Day 5 to week 3 and beyond

If your baby is breastfed or chestfed:

How it looks – golden-yellow, soft and runny, lumpy or seed-like

How it smells – no smell or mild odour

How often – 3 or more times a day if small (the size of a loonie) or once a day if large, for the first few weeks. After the first month, once every few days or even just once a week.

If your baby is fed formula:

How it looks – pale yellow to light brown, pasty (like pudding)

How it smells – strong smell

How often – once or twice a day for the first few weeks, then every day or 2 after the first month

For information on diarrhea and constipation, see [Baby Medical Care](#).



DID YOU KNOW?

In rare cases, extremely pale poop in a newborn may be a sign of liver disease called biliary atresia. For the first month of your baby's life, check the BC Infant Stool Colour Card (perinatalservicesbc.ca/Documents/Screening/BiliaryAtresia/BA_Stool_Card_Print_2023Jan.pdf) given to you when you gave birth, and if you're concerned, email psbc@phsa.ca or call toll-free 1-877-583-7842.



SEEK CARE

If there's a pink or rusty-orange stain in your baby's diaper after the fourth day, feed them more often. Contact your health care provider or call HealthLink BC at 8-1-1 if the stain continues, if your baby's pee is bloody or the colour of cola or if there's little or no pee for 6 hours or longer.



TRY THIS

If you're not sure if your baby has peed, feel whether their diaper is heavy, blot it with a tissue or cut it open to feel if it's wet inside.

Diapering

Your baby will go through a lot of diapers – 10 to 15 each day! Make diaper changes special by talking, singing and playing with them.



BRAIN BUILDER

Chat with your baby as you change them. Let them know what you're doing at each step.

Choosing diapers

Disposables

Pros:

- ✓ easy to use
- ✓ don't need a waterproof cover
- ✓ no washing

Cons:

- ✗ cost more than cloth
- ✗ create a lot of garbage

Cloth

Pros:

- ✓ cost less than disposables
- ✓ better for the environment
- ✓ can be bought or homemade

Cons:

- ✗ may need a waterproof cover
- ✗ need washing or a diaper service

Compostable

Pros:

- ✓ no washing
- ✓ better for the environment

Cons:

- ✗ cost more than cloth and disposables



DID YOU KNOW?

In the first few days, it's normal for females' genitals to be enlarged with a bit of bleeding or white discharge and for males' scrotums to be red. Both may also have swollen breasts or chests or even leak milk.



HOW TO Diaper your baby

1. Wash your hands with soap and water.
2. Put your baby on a flat surface, like a change table with side rails or the floor.
3. Keep one hand on them at all times.
4. Keep creams and pins out of reach. Give them a toy to keep them busy.
5. Wipe your baby **from front to back** with a warm, wet washcloth or unscented baby wipe.
6. Pat them dry or let them air dry.
7. Wash your hands with soap and water.
8. Don't use powder or cornstarch.



HOW TO Wash cloth diapers

1. Fill your diaper pail $\frac{3}{4}$ full of water. Add $\frac{3}{4}$ cup of vinegar. Don't use bleach.
2. Rinse any poop out into the toilet.
3. Add the diaper to the pail.
4. When the pail is full, empty it into the washing machine and spin out the water.
5. Wash in hot water filled to the highest water level. Run an extra rinse cycle.



DANGER

If you use deodorizing tablets, keep your diaper pail out of reach of children.



Cleaning

Daily Cleansing

Each day from when your baby is born, wipe their face, neck and diaper area, in that order.

Bathing



DID YOU KNOW?

You don't need to bathe your baby every day.

Safer bathing

- ✓ Always have at least one hand on your baby while they're in the bath.
- ✓ If you can, set your hot water tank below 49°C (120°F).
- ✗ Never leave your baby alone when they're in or near the bath – not even for a moment.
- ✗ Don't use:
 - ✗ bath oils, which will make them slippery
 - ✗ cotton swabs, which can hurt delicate areas
 - ✗ bath seats or rings, which pose a drowning danger



BRAIN BUILDER

Make bathing an interactive experience. Smile, make eye contact, sing and talk to your baby.



HOW TO Bathe your baby

1. Have the room warm – 22 to 27°C (72 to 81°F).
2. Use a sink, basin, baby tub or – if you get in with them – your regular bathtub.
3. Lay out a blanket or towel.
4. Put everything you'll need within reach.
5. Use warm – not hot – water.
6. Wash parts from cleanest to dirtiest. Start with the face, using only water, and clean the diaper area last. Use a mild, unscented soap on visibly dirty parts, like the diaper area and hands.
7. Use mild, unscented soap or baby shampoo on their hair and rinse well.
8. Place them on the towel and pat them dry. Move quickly, since babies cool down fast. Be sure to dry in areas where their skin folds.



WHAT YOU CAN DO

Sit in the tub and have your partner pass your baby to you. When the bath is finished, pass them back before getting out.

Parts Needing Special Care

Eyes

Using a clean, damp cloth, wipe from the inner to the outer corner.

Ears

Clean only the outer part, using a washcloth wrapped around your finger. Don't use cotton swabs.

Genitals

Gently clean between the outer folds of labia and the outside of penis foreskin. Don't pull on foreskin.

Teeth and gums

Wipe gums daily with a damp, clean cloth. Once their first teeth appear, use a soft baby toothbrush and a grain of rice sized amount of fluoride toothpaste for babies in the morning and at bedtime.

Umbilical cord

Keep the area dry. After bathing and diaper changes, wipe with a damp cotton swab or washcloth and dry well. When putting on a diaper, fold it down so it lies below the cord. After the cord falls off (around 5 to 15 days), clean the belly button with warm water or gentle soap and water for a few days. If the area around the cord is warm, red or swollen or has a bad-smelling discharge or if the cord won't dry out, call your health care provider.

Nails

Keep them trimmed to keep your baby from scratching themselves. Trim them when your baby is asleep or sleepy, so their hands are open and still, or after a bath when their nails are softer. Use blunt scissors or a nail file. On toes, cut or file straight across so they don't get ingrown nails.

Teething

What's Normal?

Teething usually starts between 3 months and a year. Most babies get their first tooth at about 6 months. Once teething starts, it continues until your child is 2 to 3 years old. By age 3, they'll have 20 teeth. These will help them eat, speak and hold space for their permanent teeth, which will start to come in at about age 6.

How Will You Know?

Some babies aren't bothered by teething while others are uncomfortable, restless and fussy. Most will suck, drool and want to chew on their fingers or hard things.

You may also notice that your baby has red spots on their gums and cheeks that may feel warm to touch. Your baby may rub or pull on their ear and cheek and bring their hands to their mouth more often. Some babies sleep less soundly.

What You Can Do

Try to keep your baby's face clean and dry to prevent a rash. Begin brushing with a grain of rice sized amount of fluoride toothpaste when the first tooth appears. And help ease sore gums by:

- letting your baby chew on a clean teething ring or wet cloth that's been chilled in the fridge (not the freezer)
- wiping and massaging your baby's gums with a clean finger or cloth

Don't use:

- ✗ teething gels or ointments, which can numb your baby's throat so they are unable to gag and protect themselves from choking
- ✗ teething necklaces can be unsafe. If the beads break and your baby swallows them or if the necklace gets tangled, it could choke or hurt your baby
- ✗ liquid or gel-filled teething rings can be unsafe. Bacteria might grow inside them, and they can crack and break open
- ✗ teething biscuits, frozen fruit or other foods that can stick to your baby's teeth and cause decay
- ✗ avoid mesh teething bags as they may cause choking and can be difficult to clean, leading to bacterial growth



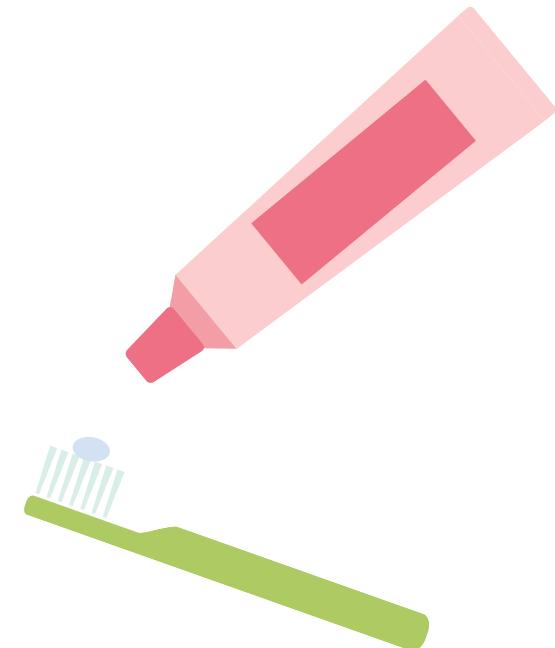
DID YOU KNOW?

Although teething may be uncomfortable for your baby, it doesn't cause fever. If they have a fever, treat it as you would normally (see [Baby Medical Care](#)).



DID YOU KNOW?

You can pass cavity-causing bacteria on to your baby. Take good care of your own teeth and don't put a soother or spoon in your mouth before giving it to your baby.



Crying

What's Normal?

In the early months, your baby may cry for hours a day. This phase – sometimes called “the Period of PURPLE Crying” – starts when a baby is about 2 weeks old and can last until they are 3 to 4 months. Learn more at dontshake.ca/

Your baby may cry when they are hungry, uncomfortable, sick, hurt or wanting to be held. Crying doesn't mean they are being bad, that they are mad at you or that you're doing something wrong.

What You Can Do

You may have to try lots of things before you figure out what your baby needs. And often what works one day won't work the next. Try:

- changing their diaper
- feeding and burping them
- checking that they're warm but not hot
- snuggling them close to your chest
- playing soft music, humming or singing a lullaby
- running the vacuum cleaner, clothes dryer, fish tank aerator, dishwasher or a white noise machine
- offering a teething ring, favourite blanket or soft toy
- rocking them, walking with them or putting them in a baby swing
- taking them for a car ride or a walk in the stroller



KEY TAKEAWAY

Sometimes there's nothing you can do to stop your baby from crying. The most important thing is to stay calm and take a break when you need it. And remember – this is a normal stage that will come to an end.



FAMILY STORY

I actually got out of the car and walked away from my husband and baby. The crying was just too much. But after a short break and a cry, I got back in the car. That's what parenting is all about – just doing the best you can.

Staying Calm

When your baby won't stop crying, it's normal to get frustrated and angry.

Try managing your anger by gently putting your baby down in a safe place, like the crib, and:

- taking some deep breaths and counting to 10
- leaving the room for a few minutes and crying into a pillow or running on the spot
- calling a friend or relative to ask for help
- waiting until you're calm to try comforting your baby again

Remember – letting your baby cry for a few minutes won't harm them.



DANGER

Shaking a baby, even for a few seconds, can lead to brain damage, blindness or even death.

Never shake your baby. Make sure that everyone who cares for your baby learns to cope calmly with their crying.

Finding Help

If you're having trouble coping with your baby's crying, try:

- talking to your partner(s) about how you can help each other
- finding someone you can call anytime if you're losing control
- asking other parents and caregivers how they coped
- speaking with your health care provider, calling HealthLink BC at 8-1-1 or visiting dontshake.ca/



SEEK CARE

If your baby's crying is constant or louder than usual or if they have a fever or are vomiting, contact your health care provider.

Healthy Habits

Sun Safety



DID YOU KNOW?

Your baby's sensitive skin can be damaged by the sun even when it's cloudy.

Sunscreen shouldn't be used on babies under 6 months old. But you can help protect your baby from overheating and sun damage by:

- staying in the shade, especially during your baby's first year
- never leaving your baby alone in a car
- breastfeeding or chestfeeding more often or offering a drink every hour
- using a large-brimmed hat with a neck cover and no ties
- dressing your baby in loose, light clothing and sunglasses
- once your baby is 6 months old, using water-resistant sunscreen with SPF 30 or higher on any areas not protected by clothing



Supervised Tummy Time

Giving your baby supervised time on their tummy a few times each day helps avoid flat areas on the head, helps your baby learn to roll and crawl and strengthens the muscles in your baby's neck, back and arms. Skin-to-skin contact and "baby-wearing" also give your baby the benefits of tummy time.



BRAIN BUILDER

Use tummy time to give your baby interesting things to look at. Talk and sing to them. Or use tummy time as a chance for other family members to spend time with them.



DANGER

Don't leave your baby alone during tummy time and only use tummy time when they're wide awake.



HOW TO Help your baby enjoy tummy time

1. Start when your child is a newborn.
2. Get on the floor with them.
3. Lay your baby on their stomach – on your lap, your chest, the floor or another safe, firm surface.
4. Support them with a rolled up towel under the chest and a hand under the chin.
5. Stroke or massage them.
6. Start with very short tummy times and work up to 2 to 3 sessions daily for a total of 30 minutes each day.

Baby Medical Care



DID YOU KNOW?

You have the right to ask questions about your baby's medical care and to say no to any treatment you don't feel comfortable with. Discuss with your health care provider any concerns or questions you may have.

Medical Care Given at Birth

Treatments

Vitamin K injection

A shot given to boost your baby's level of vitamin K and prevent serious bleeding. Babies are born with very little vitamin K but need it to help their blood clot. If you don't want your baby to receive an injection, vitamin K can be given by mouth, but this is less effective.

Eye treatment

An antibiotic ointment used to prevent your baby from getting an infection when certain bacteria from your genitals get into their eyes during delivery. Left untreated, some infections can cause blindness.

Early hearing screening



Screenings

Newborn screening

A blood sample taken from a prick in your baby's heel to screen for 27 rare but serious treatable disorders. Early treatment can prevent developmental delays, growth issues and life-threatening health problems. If the screening result is positive, it doesn't mean that your baby has a disorder – only that they may need testing to find out for sure. Screening is done 24 to 48 hours after birth – before you and your baby leave the hospital or at home by your care provider if you had a home birth. For additional information on newborn screening if you are discharged early or had a home birth, visit PSBC website: perinatalservicesbc.ca/our-services/screening-programs/newborn-screening-bc



TRY THIS

Just before and while your baby's blood is being taken, comfort them and help reduce their pain with skin-to-skin cuddling or breastfeeding or chestfeeding.

Early hearing screening

Testing done in hospital, at public health offices and community hearing clinics. Soft sounds are played in your baby's ears while a computer measures their response. Tests can be done while your baby is sleeping.

Because hearing can change, it's important to have your child re-checked if you have future concerns about their hearing, speech or language development.



DID YOU KNOW?

If your baby doesn't pass the early hearing screening, they'll need further testing. But it doesn't mean that they have hearing loss.

Optional interventions

Circumcision

Surgery to remove the foreskin covering the head of the penis. Although not recommended by the Canadian Paediatric Society and not covered by the Medical Services Plan, you may choose to circumcise your child based on your own beliefs and customs. Remember that your child can choose to get circumcised later in life.

Immunization

What is immunization (“vaccination”)?

Protecting your child from a disease before it has a chance to make them sick.

How it works

Immunizations, also known as vaccinations, help your baby make antibodies to fight diseases caused by germs like bacteria and viruses. They also help reduce the spread of disease to others. Immunizations are usually given by needle (injection), by nose (“intranasally”) or by mouth (“orally”).

Why immunize

Immunization is the best way to prevent your baby from getting serious diseases. What diseases do childhood vaccines protect against?

- Diphtheria
- Pertussis (whooping cough)
- Tetanus
- Hepatitis B
- Polio
- Haemophilus influenzae type b (Hib)
- Pneumococcal infections (including severe brain, blood, ear and lung infections)
- Rotavirus
- Menngococcal infections (including severe brain and blood infections)
- Measles
- Mumps
- Rubella
- Varicella (chickenpox)
- Human papillomavirus (HPV)
- Influenza (flu)
- COVID-19

Your child may be eligible for other vaccines, such as hepatitis A. Other vaccinations might also be recommended for your baby if you are planning to travel. Talk to your health care provider for more information.

Some of these diseases are now rare in Canada, thanks to immunization. But the germs that cause them still exist and can make a child very sick, especially if they’re not immunized.



DID YOU KNOW?

When you immunize your child, you’re also protecting the wider community. When more people are vaccinated, disease can’t spread as easily and those most at risk – the elderly and babies too young for vaccination, for example – are safer.

When to immunize

It’s important that your baby gets their immunizations on time. Some are given once or twice, and others are given in a series.

Children in British Columbia are usually immunized at 2, 4, 6, 12 and 18 months, at 4 to 6 years and in Grades 6 and 9. Immunization schedules can change, though. Talk with your health care provider, visit immunizebc.ca/children or call HealthLink BC at 8-1-1 if you have questions.

Is it safe?

Immunization is very safe. Some vaccines may cause soreness where the needle was given or slight fever, but these side effects are minor and usually last only 1 or 2 days.

The flu shot (influenza vaccine)

Children 6 months and older and their caregivers should get the influenza vaccine each flu season. Young children are at a higher risk of becoming seriously ill if they get the flu.



TRY THIS

Breastfeed or chestfeed your baby or simply hold them skin-to-skin before, during and after an immunization. Being held close will give your child comfort and sucking will help distract them. Your milk has substances that can naturally calm them and reduce their pain.



TRY THIS

Use the Child Health Passport (available through your public health nurse or community health nurse or see: healthlinkbc.ca/sites/default/files/documents/child-health-passport-eng.pdf) to keep track of your child’s immunizations.



DID YOU KNOW?

Serious side effects to immunizations (such as high fever) are very rare. Choosing not to immunize is much more dangerous, since the risks of the disease are far greater than the risk of side effects.

Common Health Concerns

Ear infection

The most common cause of hearing problems in very young children.

How will you know?

If your baby has an ear infection, they may:

- be fussy
- have pain
- put their hand or fist to their ear
- have a fever
- have fluid leaking from their ear
- have trouble hearing

What can you do?

See your health care provider right away if your baby has any of these symptoms.



DID YOU KNOW?

Babies who live in homes with cigarette smoke get more ear infections.

Crossed (“wandering”) eyes

A normal occurrence in the first 6 months.

How will you know?

Your baby may have wandering eyes if their eyes cross constantly or if they continue to cross after 6 months. Children with a family history of crossed eyes are more likely to be affected.

What can you do?

Contact your health care provider or HealthLink BC at 8-1-1.

Thrush

An infection that occurs when a yeast called “candida,” which normally lives in your body, grows out of control. Babies get thrush because their immune systems are not yet strong enough to control yeast from growing.

How will you know?

If your baby has thrush, they may:

- have thick white patches in their mouth that don't wipe away, or a red rash in their diaper area
- refuse to feed
- gain weight slowly
- be gassy and cranky

What can you do?

If you think your baby might have thrush, contact your health care provider. Thrush is a common and treatable infection. The yeast that causes thrush can pass between you and your baby during breastfeeding or chestfeeding. Discuss with your health care provider about treatment options and whether both you and your baby need to be treated.



BE AWARE

Health Canada warns that gentian violet (also known as crystal violet) can increase the risk of cancer. If you're breastfeeding or chestfeeding, don't use it to treat thrush or any other condition.

High temperature or fever

How will you know?

If your baby has a fever, they may:

- be flushed, pale, sweaty or hot on the back of their neck
- feed poorly
- be uninterested in things they usually enjoy
- be extra sleepy



DID YOU KNOW?

Armpit measurements are often easiest with babies, but they're not always accurate. Even if your baby has a “normal” armpit temperature – 36.5 to 37.5°C (97.8 to 99.5°F) – they may have a fever. Watch your baby for other signs and symptoms.



HOW TO

Check your baby's temperature

1. Put the tip of a digital thermometer in the middle of their armpit.
2. Tuck their arm snugly against their body.
3. Comfort and distract them.
4. Gently remove the thermometer when it beeps.
5. Check under the other arm.

Don't use a mercury (glass) thermometer (which can be dangerous) or forehead strips, pacifier thermometers or ear thermometers (which are less accurate). Rectal temperatures are very accurate. Only use this method if you have a thermometer that's meant to be used in the rectum, if you've been taught how to use it safely by a health care provider and if you feel comfortable doing so.

Method	Normal temperature range
Armpit	36.5 to 37.5°C (97.8 to 99.5°F)
Ear	35.8 to 38°C (96.4 to 100.4°F)
Mouth	35.5 to 37.5°C (95.9 to 99.5°F)
Rectum	36.6 to 38°C (97.9 to 100.4°F)

What can you do?

If your baby shows signs of fever or if their temperature is above the normal range shown on the chart, speak to your health care provider or call HealthLink BC at 8-1-1. Let them breastfeed or chestfeed more (or give them more to drink) and take off any extra clothing they're wearing.

Acetaminophen (Tylenol) can help. Talk with your health care provider or call HealthLink BC at 8-1-1 before giving it to your baby, then follow the package directions.



MEDICAL EMERGENCY

If your baby is less than 3 months old and has a fever, see your health care provider right away to make sure it's not a sign of a more serious illness.



DANGER

Never give your baby Aspirin or anything else containing acetylsalicylic acid (ASA), which can damage their brain and liver. If your baby is less than 6 months old, talk with your health care provider before giving them ibuprofen (Children's Advil or Motrin). **Always check with your health care provider before giving your baby any medication.**

Food allergy

A potentially dangerous reaction to food.

How will you know?

Symptoms of an allergic reaction can be mild to severe. They often show up within minutes of eating the food. Your baby may get hives, swelling, redness, rash, stuffy or runny nose or itchy or watery eyes. They may cough or vomit.

Once a person has a food allergy, a reaction will happen every time they eat that food.

Over time, though, some children outgrow some allergies. Your child's health care provider can help you determine if this is true of your child.

What can you do?

Stop giving your baby any food you think they might be allergic to and talk with your health care provider.



TRY THIS

Help prevent allergies by breastfeeding or chestfeeding. See [Understanding Food Allergies](#) to learn more about how to introduce common food allergens into your baby's diet.



MEDICAL EMERGENCY

Call 9-1-1 immediately if your baby has any of the following:

- swelling of their mouth, tongue or throat
- hives that are spreading
- trouble breathing or swallowing
- repetitive coughing or wheezing
- a hoarse voice or cry
- pale or bluish face or lips
- faintness or weakness or has passed out

Jaundice

A yellowing of the skin and the whites of the eyes caused by too much bilirubin in your baby's blood.

How will you know?

Jaundice usually appears on the face and chest during the first week and lasts a few days. In most cases, it will go away with extra feeding. As your baby takes in more milk, they'll usually poop out the excess bilirubin. Some babies need phototherapy lights to help break down the bilirubin through the skin.

Your baby may be checked for jaundice before you leave the hospital. Your health care provider will also check during follow-up visits after the birth.



MEDICAL EMERGENCY

Although jaundice is common in newborns, in rare cases it can be severe. And if untreated, severe jaundice can lead to long lasting problems. Call your health care provider right away if your baby seems very sleepy and cranky and refuses to drink and if their skin or the whites of their eyes look yellow.

Diaper rash

A red, painful reaction in the diaper area caused by dampness, a yeast infection, soap, perfume or oils.

What can you do?

You can help ease diaper rash by:

- changing diapers as soon as they're wet or dirty
- cleaning with warm water without soap, drying well and using a thin layer of zinc-based cream
- letting your baby go diaper-free a few times each day, like during tummy time
- using unscented detergents and wipes
- adding vinegar when you wash cloth diapers
- not using plastic pants

Contact your health care provider if the rash lasts longer than 5 days, if it's mainly in the skin creases or if there are blisters, pus, peeling or crusty patches.

Other rashes

How will you know?

In the first few weeks, your baby may have tiny white raised dots on their face ("baby acne"). In the first few months, they may get blotchy red pinpoints on their body.

What can you do?

Both will clear up on their own. Call your health care provider if a rash suddenly becomes red and itchy and oozes fluid.

You can soothe your baby's skin by:

- keeping them warm but not hot
- giving them short baths in lukewarm water every second or third day only
- dressing them in cotton
- moisturizing them with a small amount of non-medicated, unscented lotion
- not using perfumed soaps, lotions or fabric softeners



DID YOU KNOW?

The less product you put on your baby's sensitive skin, the better. Test a small amount on your baby first, then use as little as possible. Talk with your health care provider about what products might be right for your baby.

Cradle cap

What can you do?

A bit of scaliness on your baby's scalp is normal. If it's crusty, try rubbing in a drop of unscented oil. Then gently brush out the scales and wash the oil off well.

Coughing and sneezing

Your newborn will cough and sneeze to clear their nose and lungs, but this doesn't mean they have a cold. Don't give them cough or cold medicine unless recommended by your health care provider.

Constipation

How will you know?

Once they're a few weeks old, some babies will poop every day, while others will go once a week. Both are normal. It's also normal for your baby to grunt and get red in the face when they poop, even when they're not constipated.

What can you do?

See your health care provider or call HealthLink BC at 8-1-1 if:

- your baby is less than 2 weeks old and they poop less than twice a day
- their poop is dry and hard or they have trouble passing it for more than a week
- there's fresh blood in their poop

Laxatives, suppositories and enemas should only be used if prescribed by your health care provider.



DID YOU KNOW?

A baby who's only breastfed or chestfed rarely gets constipated.

Vomiting

How will you know?

Most babies spit up. Spit-up rolls out of the mouth, sometimes with a burp, and doesn't usually bother a baby.

Vomiting is much more forceful. And if your baby is throwing up more than a few tablespoons of liquid, they may become dehydrated.

What is projectile vomiting?

Milk or formula ejected very forcefully in an arc – sometimes over a distance of several feet. Projectile vomiting usually happens right after a feeding but can happen hours later. In some cases, it means the passage between your baby's stomach and intestines is too small ("pyloric stenosis"). This can be fixed, but needs immediate medical treatment.

What is reflux?

Reflux is common in babies and children, and it's most often not a sign of a serious problem. It is common for babies to spit up (have reflux) after they eat. Discuss with your health care provider if you have concerns.



MEDICAL EMERGENCY

See your health care provider right away if:

- your baby can't keep fluids down or seems dehydrated
- there are streaks of blood in the spit-up
- spitting up causes your baby to choke, gag or turn blue
- your baby is projectile vomiting

Diarrhea

How will you know?

If your baby's poop is watery and bad-smelling, they may have diarrhea. Usually, you can treat them at home by giving them plenty of human milk, or formula if they're being formula fed.



MEDICAL EMERGENCY

When diarrhea leads to dehydration, your baby can become very sick, very quickly. Get medical help right away if your baby:

- is very sleepy and hard to wake up
- has a very dry mouth and tongue
- has very dry eyes, with no tears or fewer tears than normal
- is peeing less than usual, with fewer than 4 wet diapers in 24 hours
- has a soft, sunken spot on their head
- has a faster heartbeat
- has sunken eyes
- has greyish skin



Flat areas on the head

Because your baby's skull is soft, they can get a flat area if they always rest on the same part of their head. This will likely go away on its own.

What can you do?

You can help avoid flat areas by:

- having supervised tummy time several times a day while your baby is awake (see [Healthy Habits](#))
- using different positions to hold your baby
- placing them with their head at one end of the crib one day and at the other end the next day (always on their back)
- limiting time in a bouncy seat, infant swing, stroller and car seat to 1 hour



DID YOU KNOW?

A flat area on your baby's head won't affect their brain development.



TRY THIS

If you're driving a longer distance, take breaks so you can take your baby out of the car seat every hour.

Baby Safety

Basic Hygiene

Help your family stay healthy by:

- ✓ **washing your hands** with soap and water for at least 20 seconds:
 - before feeding your baby
 - after using the bathroom
 - after diapering
 - after touching pets
 - after sneezing or coughing
- Teach your older children to wash regularly, too.
- ✓ **washing high chairs, bibs and eating areas** after each use
- ✓ **cleaning cribs, strollers, changing tables and floors** with a mixture of 1 teaspoon of bleach in 2 cups (500 ml) of water

General Safety

Improve your family's safety by:

- ✓ keeping emergency numbers by your home phone and in your cell phone
- ✓ learning basic first aid
- ✓ installing a fire extinguisher and smoke and carbon monoxide detectors, checking the batteries in the spring and the fall when you change the clocks and planning a fire escape route
- ✓ keeping your home smoke-free
- ✓ removing loose rugs, mini-blinds that may contain lead and dangling cords

- ✓ fastening bookcases and other furniture to the wall
- ✓ putting your baby down before having a hot drink or cooking
- ✓ setting your hot water heater below 49°C (120°F)
- ✓ keeping out of baby's reach:
 - all alcohol, cannabis, tobacco, medications and non-prescription opioids and stimulants
 - cleaners, chemicals and small objects like buttons and coins out of baby's reach

See *Toddler's First Steps* for more information on childproofing your home.



DID YOU KNOW?

Your baby is most likely to get injured when you're distracted or tired, when they're tired or when you're not prepared for their next stage of development, like rolling over or crawling. Make babyproofing an ongoing process so you can keep up with each step of your child's growth.



TRY THIS

Use extra care when carrying your baby. Don't try to carry other loads at the same time and keep a hand free to hold onto railings when taking the stairs.

Baby Equipment



BE AWARE

Before using any second-hand equipment, check for safety recalls at recalls-rappels.canada.ca/en.

Safer toys

Look for:

- soft
- non-toxic
- washable
- no small parts
- no batteries
- no plastic or vinyl in baby's mouth



DID YOU KNOW?

Baby walkers are banned in Canada. They move too quickly and can cause head injuries. To learn more about consumer products visit: canada.ca/content/dam/hc-sc/migration/hc-sc/cps-spc/alt_formats/pdf/pubs/cons/child-enfant/child-enfant_play-jeu-eng.pdf#page=21

Safer cribs

See *Sleep*.

Safer playpens

Look for:

- fine mesh that you can't fit your little finger through
- no more than 2 wheels
- at least 48 cm (19 inches) high
- no rough or sharp edges or loose parts
- no hinges that can pinch or accidentally collapse
- no drilled holes between 3 and 10 mm (1/8 and 3/8 inch)
- no tears in rails or mattress pad
- no small parts for baby to choke on

Keep it safe by:

- not putting any scarves, necklaces, cords, heavy blankets, pillows or large toys in with your baby
- making sure all sides are fully raised and firmly fixed

Safer strollers

Look for:

- 5-point harness
- easy-to-use good brakes
- secure wheels
- sun shade
- no sharp edges or loose folding parts
- suitable to your child's age, height and weight
- instructions and a label listing the manufacturer, model and date of manufacture

Keep it safe by:

- not putting your purse or heavy packages on the handle
- not using blankets or pillows as padding



BE AWARE

Don't jog with your baby in a stroller until they're at least a year old and their neck muscles have strengthened. And always secure the 5-point harness.

- making sure your baby's legs aren't bunched up against their stomach
- not zipping your coat up over your baby
- being extra careful if your baby is 4 months or younger and talking with your health care provider before using if your baby was premature



BE AWARE

Don't use a carrier, sling or wrap while skiing, jogging, biking, cooking or doing any other activity that could harm your baby.

Safer baby carriers

Slings and wraps

Look for:

- snug fit
- nothing covering baby's face or head
- no rips or tears

Front carriers

Look for:

- firm, padded head support
- leg holes your baby can't slip through
- right size for your baby (check the weight requirement)

Keep them safe by:

- keeping your baby secure and upright
- keeping your baby's face uncovered and in view at all times
- keeping your baby's head close enough for you to kiss
- checking on your baby often to monitor their breathing and check for overheating
- making sure your baby's chin isn't resting on their chest
- being careful when putting your baby in and taking them out
- holding onto your baby when bending over
- making sure your baby's back is supported

Back carriers

Look for:

- wide, solid base

Keep it safe by:

- using it only once your baby can sit up by themselves
- not using it as a car seat
- never placing it on a table or counter with your baby in it
- always doing up the straps and restraining buckles
- not doing up your coat around the carrier

Safer soothers

Look for:

- one-piece design
- firmly attached nipple
- no cord (use a clip with a short ribbon instead – but only when baby isn't sleeping)
- no toy or stuffed animal attached

Keep it safe by:

- boiling it in water for 5 minutes, then cooling it completely before the first use
- cleaning it regularly in warm, soapy water
- replacing it every 2 months, or sooner if it's sticky, cracked or torn



DANGER

Don't let your baby chew on a soother for teething. It can break and cause them to choke.



DID YOU KNOW?

Cleaning a soother in your own mouth or dipping it in honey or syrup can lead to tooth decay for your child.

Safer car seats

Look for:

- CMVSS label
- at least 2 sets of slots for shoulder harness straps



Visit bcaa.com/community/programs/child-passenger-safety for more information.

Choose the proper seat:

Infant vs. convertible car seat:

You can use an infant seat from birth until your baby reaches the seat's weight limit. Then switch to a convertible car seat. Or you can start with a convertible seat and adjust it as your baby grows.

Rear-facing vs. front-facing:

A rear-facing seat is the safest for your baby and must be used until they're at least 1 year old **and** weigh at least 10 kg (22 lb). Continue to keep your child facing the back of the car for as long as possible – even if they have to fold their legs a bit. Once they reach the rear-facing weight or height limit of the seat, it's time to either find another model that they can use rear-facing, or switch their current seat to face the front of the car.



DANGER

Never leave your baby in their car seat on a table, counter or anywhere else they could fall from.

Never place a rear-facing seat in a seat that has an air bag.

Never leave a baby alone in a car, even for a few minutes.

New vs. used:

Second-hand seats aren't recommended. And don't use seats that have been in a car crash or are past their expiry date. The plastic may be damaged or weakened, or the safety standards may have changed. If you do use a used seat, inspect it carefully, check for any recalls, and visit Health Canada's second-hand car seat safety page: canada.ca/en/health-canada/services/road-safety/second-hand-car-seats.html





HOW TO Put your baby in the car seat

1. Fasten the harness snugly so that only 1 finger fits between it and your baby's collarbone.
2. Raise the chest clip to your baby's underarms.
3. Ensure the harness straps are at your baby's shoulders or slightly below. Raise the harness straps when their shoulders are level with the next highest slot.
4. For support, only use items that came with your car seat. Don't use unrelated head huggers, rolled towels or blankets.
5. Dress your baby in clothes that have sleeves and legs and aren't too heavy. Don't use a coat.
6. If your baby needs a blanket, put it on after they're strapped in.



HOW TO Install a car seat

1. Place it rear facing in the back seat following the manufacturer's instructions.
2. Lower the carrying handle behind an infant seat.
3. Tilt a child seat back a maximum of 45°. If your baby's head falls forward, the seat needs to be tilted back more.
4. Secure the seat with its universal anchorage system or with the car's seat belt. Check your car's owner's manual to see if you need to use a locking clip.



Brain Development

When we think about how to support our babies' development, we usually consider the basics: keeping them comfortable, safe and healthy and ensuring they sleep well and get enough to eat.

But what about building our babies' brains?

Your Baby's Development Begins With Their Brain

A child's earliest experiences are key to building the physical structure of the brain. In fact, brain connections grow fastest in the first 3 months of life. And while every child develops at their own pace, a healthy brain supports development in all areas. This means that doing what you can to support healthy brain development in the first days, months and years of your child's life can help them enjoy a lifetime of good overall health.



KEY TAKEAWAY

Early experiences play a big role in shaping your baby's brain. And strong brain development supports your baby's growth in all other areas.



DID YOU KNOW?

The Canadian Paediatric Society recommends no screen time for children under the age of 2. See [Toddler's First Steps](#) for more information about screen time.

How Can You Build Your Baby's Brain?

By communicating with your baby, you can help build their brain. Experts call these brain-building moments between a child and parent or caregiver "serve and return" interactions.

What are "serve and return" interactions?

Paying attention and responding with warmth, support and enthusiasm to what your child communicates. Imagine a tennis game between a parent or caregiver and a child. But instead of hitting a ball back and forth across a net, they send and get different types of communication, such as touch, sounds, words, smiles and eye contact. By reading the little cues your baby gives you and responding in a consistent way, you're building attachment which, in turn, builds your child's ability to learn and grow.

Each positive interaction is another brick in a healthy foundation for all of your baby's later development. Together, they set them up for success in everything from learning to read to dealing with stress to forming healthy relationships.



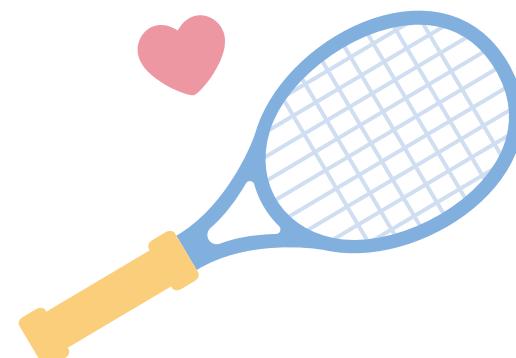
TRY THIS

Put aside your cell phone when you're around your baby so that you can focus on them.



DID YOU KNOW?

You can't spoil your baby by giving them too much attention. Your baby isn't being bad when they cry or get upset. They're just telling you that they need something. For ideas on how to deal with intense crying, see [Crying](#).





HOW TO

Use serve and return interactions

- Pay a lot of attention to your baby and watch for their cues.
- Take note of what interests them, whether it's a bright colour, a fluffy dog or a spinning wheel.
- Talk to them regularly. Chat about what you're doing, what they see and what gets their attention.
- Cuddle and comfort them when they cry or are upset.
- Smile back when they smile.
- Coo back when they coo.
- Make lots of eye contact.
- Sing songs.
- Play simple games like peek-a-boo.
- Read to your baby and respond to what interests them on the page.
- Say the name of an object when your baby looks at it.
- Hold them, touch them and cuddle them skin-to-skin.



See the **Brain Builder** boxes throughout this book for more ideas on how to support your baby's brain development through everyday activities.



Physical Development

All children are unique and will develop at their own pace. But there are some typical milestones that mark most babies' development.

In their first few months, your baby will sleep about 15 hours each day. Their eyesight and hearing will sharpen, and their brain will continue to develop.

1 st month	2 nd month	3 rd month
<ul style="list-style-type: none"> loses weight after birth, then begins gaining 120 to 240 grams ($\frac{1}{4}$ to $\frac{1}{2}$ lb) per week needs head supported recognizes your voice and is startled by noise 	<ul style="list-style-type: none"> lifts head half-way while lying on tummy unfolds hands moves eyes together and watches moving objects reaches for objects and holds them for a short time 	<ul style="list-style-type: none"> stretches arms and legs rolls over from back to side holds head up to watch and listen holds objects for longer amounts of time swipes with arms briefly bears weight on legs may get first tooth
4 th month	5 th month	6 th month
<ul style="list-style-type: none"> stands with help rolls over from front to side sits with arms propped lifts head almost fully 	<ul style="list-style-type: none"> rolls over from front to back grabs toes and feet wiggles forward on floor reaches with good aim passes objects from hand to hand 	<ul style="list-style-type: none"> holds head steady sits with back straight when propped grasps and studies small objects rolls in both directions weighs twice as much as at birth



DID YOU KNOW?

Your new baby can tell light from dark, see shapes and patterns and briefly focus on things 18 to 45 cm (7 to 18 inches) away.



TRY THIS

Make lots of time for skin-to-skin contact, walks with your baby in the fresh air, supervised baths and tummy time (see [Healthy Habits](#)).



DANGER

Your baby will put anything in their mouth, so only give them things too big to be swallowed.



BRAIN BUILDER

- Hold up bright objects that make noise when your baby hits them.
- Let them feel things with different textures.
- Play in front of a mirror.



DID YOU KNOW?

When your child is about to make a developmental leap, it may seem like they're going backwards in another area. If a child is learning to crawl, for example, they may seem less interested in food or sleep.

Social and Emotional Development

As soon as your baby is born, you can start teaching them to trust, love and connect with others by building a close bond with them (see [Developing Attachment](#) and [Brain Development](#)).

1 st month	2 nd month	3 rd month
<ul style="list-style-type: none"> starts developing attachment with parent or caregiver cries if under or over stimulated may begin persistent crying (see Crying) turns head to the sound of a familiar voice 	<ul style="list-style-type: none"> studies faces and makes eye contact shows personality smiles back at you cries to have needs met crying may be its most persistent 	<ul style="list-style-type: none"> may laugh out loud knows the difference between parent or caregiver and strangers stops crying when you come in the room persistent crying may stop
4 th month	5 th month	6 th month
<ul style="list-style-type: none"> greets parent or caregiver moves arms to signal “pick me up” is becoming more playful enjoys social interaction and may show preference for certain familiar people 	<ul style="list-style-type: none"> pushes away things they don’t like 	<ul style="list-style-type: none"> copies facial expressions makes noises and movements to show moods may be shy or afraid of strangers responds to their name likes their reflection



BRAIN BUILDER

- Cuddle and comfort your baby when they cry or are upset.
- Smile back when they smile and make lots of eye contact.
- Hold them, touch them and cuddle them skin-to-skin.
- Read to them.



DANGER

Shaking a baby, even for a few seconds, can lead to brain damage, blindness or even death. Make sure that everyone who cares for your baby learns to cope calmly with their crying.



DID YOU KNOW?

It's not possible to spoil a new baby. Support your child by giving them plenty of hugs and smiles and comforting them when they cry.

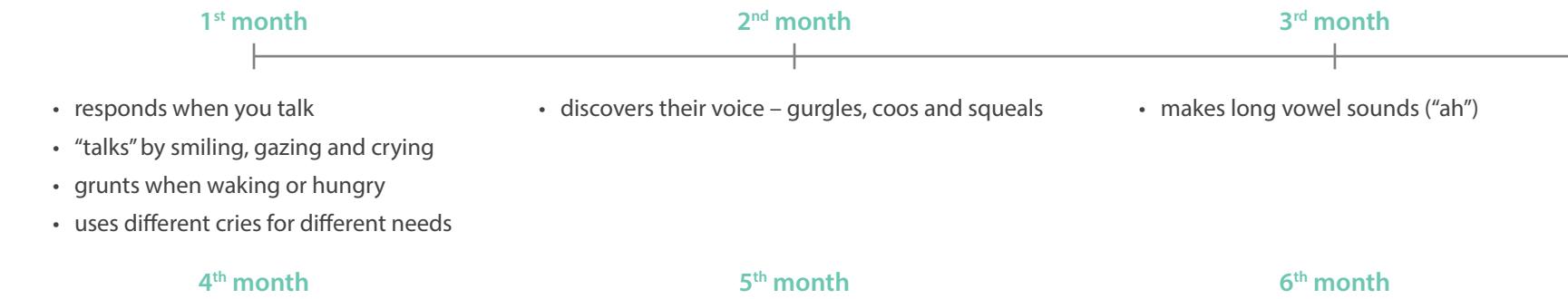


FAMILY STORY

My family member said I was spoiling our baby by carrying them a lot and picking them up when they fussed. But I knew this wasn't true. Paying attention to them helped them develop into a trusting and calm little child.

Language Development

Your baby first “talks” to you by crying. They then learn to make sounds and smile. Eventually they’ll start to use words.



SEEK CARE

Are you concerned about your baby’s development? Remember – every child is unique. But talk with your health care provider if your baby:

- has a very stiff or floppy body
- doesn’t watch faces by 2 to 3 months
- is unusually quiet and still or can never settle
- doesn’t react to loud noise
- holds their hands in tight fists
- doesn’t follow activities with their eyes
- doesn’t recognize you
- doesn’t make sounds
- has a lot of trouble feeding



KEY TAKEAWAY

Talk to your baby all the time and respond whenever they communicate with you.



DID YOU KNOW?

You can talk to your baby in whatever language you feel most comfortable. In fact, your baby can learn more than one language without getting confused.



BRAIN BUILDER

- Read, tell stories and sing to your baby.
- When you’re bathing or diapering them, chat with them about what you’re doing.
- Try to let them see your face when you’re talking.
- Repeat and respond to their coos and babbles.

Breastfeeding or Chestfeeding Your Baby

Why Breastfeed or Chestfeed?

Breastfeeding or chestfeeding offers your baby many important benefits.

Human milk:

- provides the best nutrition
- is all the food your baby needs for the first 6 months and continues to be important for 2 years or more
- changes as your baby grows so that it always provides the right nutrition
- is easy to digest
- helps your baby's immune and digestive systems mature and work well
- helps your baby develop mentally and emotionally
- supports your baby's healthy growth



DID YOU KNOW?

The words *breastfeeding* and *chestfeeding* are used throughout this section to describe a baby being fed human milk produced by a parent at the parent's breast or chest. You may prefer different words, like *nursing*. Use whichever terms you're most comfortable with and ask that your friends, family and health care providers use them, too.

And babies who are breastfed or chestfed may have lower rates of:

- sleep-related infant death (see [Sleep](#))
- coughs, colds and pneumonia
- ear and other infections
- vomiting, diarrhea, constipation and other digestive issues
- serious illnesses like diabetes and childhood leukemia

Breastfeeding or chestfeeding is a skill you can practise and learn. And help is available.

The first few weeks are a learning time for both you and your baby as you figure out how to work as a team. Discuss with your health care provider if you have questions or concerns. And see the [Resources](#) section for information and tools to support your infant feeding decisions to help you reach your feeding goals.

Breastfeeding or chestfeeding is good for you.

Breastfeeding or chestfeeding helps you build a strong emotional bond with your baby and heal faster after giving birth. It can be calming for you and your baby. Your body uses energy to make milk, which may help you to lose weight that you gained during pregnancy. And by breastfeeding or chestfeeding, you may lower your risk of diseases like breast and ovarian cancers.

Breastfeeding or chestfeeding is convenient.

Every baby is different, and every nursing parent is different. It can take up to 6 weeks to get used to breastfeeding or chestfeeding, but once you get the hang of it, it can be easy. Your own milk is always the right temperature, convenient and changes as your baby grows to provide the right nutrition and available anytime they are ready to eat.

Preparing to Breastfeed or Chestfeed

While you're pregnant, learn all you can about why breastfeeding or chestfeeding is important and how to get off to the best start. You might consider:

- discussing with your health care provider or public health nurse
- practising positions and learning how to get a good latch
- learning how to hand express (see [Expressing Your Milk](#))
- watching videos
- talking to family and friends who have breastfed or chestfed
- taking part in breastfeeding or chestfeeding cafés or groups, such as La Leche League ([lllc.ca](#))
- taking a prenatal class
- finding a lactation consultant through the British Columbia Lactation Consultants Association ([bclca.ca](#))

- learning about all the supports that are available to breastfeeding or chestfeeding parents and caregivers (see the [Resources](#) section)

Right after your baby is born, keep them skin-to-skin until they finish their first feeding and then for as long as you wish. This uninterrupted skin-to-skin contact – ideally within the first hour (and beyond) after birth – is an important first step in breastfeeding or chestfeeding. Your baby will likely look for your breast or chest to feed. If they don't, try hand expressing a few drops of colostrum and try again (see [Expressing Your Milk](#)). The small amount of rich milk your breast or chest produces the first few days after birth is all your baby needs. If, for some reason, your baby can't be with you right after birth, the colostrum can be brought to them. In addition, hand expressing will help your body start producing the milk you'll soon need to feed your baby (see [Special Birth Issues](#)).



What is skin-to-skin contact?

Holding your baby on your bare chest. All babies benefit from skin-to-skin contact.

Why is it so important?

Skin-to-skin contact can:

- help your baby feel safe and secure
- calm them and reduce crying
- keep them warm
- keep their heart rate, breathing and blood sugar steady after birth
- help you know when they're hungry
- help with their social and brain development
- lessen postpartum depression

When should skin-to-skin happen?

- right after birth
- every day in the first months
- whenever your baby needs comfort, like when they're upset, sick or getting a vaccination

Who can have skin-to-skin contact with your baby?

- you
- your partner(s)
- other trusted caregivers

Remember – only have skin-to-skin contact when you're wide awake and always follow safer sleep practices (see [Sleep](#)).

It is normal for you to become sleepy or want to rest during skin-to-skin contact.

If you become sleepy while holding baby, someone else should keep watch over both of you to ensure baby remains safe. If no one is present, dress and place baby in their own crib, positioned on their back dressed or with a light blanket over them for warmth.

See the appendix or visit: perinatalservicesbc.ca/Documents/Health-info/Newborn-care/PSBC_Skin-to-Skin_Fact_Sheet.pdf

What is colostrum?

Your first milk, rich in antibodies and nutrition. Colostrum coats your baby's digestive tract, helps protect them from infection and helps them pass their first poop ("meconium").

Finding Support

Breastfeeding or chestfeeding is much easier with the right support. This may include your partner(s), family and friends.

You can also get professional and community support through:

- your health care provider
- a public health nurse
- your doula
- British Columbia Lactation Consultants Association (bclca.ca)
- HealthLink BC (call 8-1-1)
- hospital breastfeeding or chestfeeding clinics
- parent-to-parent support groups, like breastfeeding or chestfeeding cafés organized by La Leche League (lllc.ca)
- Indigenous wellness teachings

Vitamin D

Health Canada recommends that all breastfed or chestfed, healthy, full-term babies are given a liquid vitamin D supplement of 400 IU each day, starting at birth. Read the label for directions.

Caring for Yourself

When you're breastfeeding or chestfeeding, try to focus on:

- **getting enough rest.** Nap while your baby sleeps and try not to take on too many responsibilities other than caring for your baby.
- **drinking fluids** whenever you're thirsty
- **eating well** (see [Healthy Eating During Breastfeeding or Chestfeeding](#))
- **continuing to take a daily multivitamin and mineral prenatal supplement**
- **getting support** from your partner(s), family and friends
- **discussing any concerns** with your health care provider



DID YOU KNOW?

If you get a cold or the flu, don't stop breastfeeding or chestfeeding. Breastfeeding or chestfeeding may help protect your baby from getting sick.



WHAT YOU CAN DO

- Understand the importance of breastfeeding or chestfeeding.
- Ask your partner what they need and how you can help.
- Listen to your partner's concerns and support them as they make decisions about breastfeeding or chestfeeding.
- Take the baby out for a walk and let your partner sleep.
- Take on more household jobs.
- Care for your older children.

How to Breastfeed or Chestfeed

Which breast or side of chest?

Begin with the side you didn't use at the last feeding or the one you didn't start with.

How often?

By their second day, your baby will be more awake and will likely feed more often – at least 8 times every 24 hours. There may be less than an hour from the start of one feeding to the start of the next. Over time, the number of feedings will decrease, and there will be longer spaces between feedings.

What are feeding cues?

Signs that your baby is hungry. When they want to feed, your baby may:

- bring their hands to their mouth
- "root" (move their head as if they're looking for your nipple)
- open their mouth, lick their lips or suck
- clench their fists over their chest and tummy, bend their arms and legs or act fussy

Crying is a late sign of hunger. Calming your baby before you try to feed them might help them latch.

What is cluster feeding?

Breastfeeding or chestfeeding several times close together. Your baby may cluster feed in their first few days and when they're going through a growth spurt.

For how long?

Watch your baby, not the clock, to look for signs that it's time to breastfeed or chestfeed. Bring your baby to your chest if they show hunger cues, even if they just finished feeding.

Your baby will probably feed actively for a few minutes before letting go. Don't rush, though – they may just be resting. Try burping or changing their position to see if they'll wake to try on the other side. If they're still hungry, they'll drink more.

Your Milk Supply

When milk is removed – either by breastfeeding or chestfeeding, hand expressing or pumping – it tells your body to make more. This means that you'll very likely be able to produce all the milk your baby needs. In fact, during the early weeks, you may have more milk than your baby wants. If your baby isn't feeding well, express your milk (see [Expressing Your Milk](#)) to help keep up your supply.

You can help build your milk supply by:

- starting to breastfeed or chestfeed your baby right after they are born
- responding to your baby's feeding cues
- breastfeeding or chestfeeding often, at least 8 times in 24 hours
- expressing after breastfeeding or chestfeeding, then safely storing your extra milk to give to your baby later (see [Expressing Your Milk](#))
- offering both sides at each feeding, switching from one side to the other when your baby gets sleepy
- breastfeeding or chestfeeding while skin-to-skin
- making sure your baby has a deep latch
- taking time for self-care
- not supplementing with formula (see [Supplementing](#))

Breastfeeding or chestfeeding on both sides helps build your milk supply at first. Once your baby is feeding well and gaining weight, you don't need to switch sides at each feeding. Let your baby choose which side they want.

Is my baby getting enough milk?

When healthy babies are fed in response to their hunger cues, they will take what they need. And babies who feed directly at the breast or chest can't overfeed. Let your baby be your guide.

Remember that your baby's stomach is very small – the size of a marble at birth, and the size of an egg after 10 days.

The best way to know if your baby is getting enough milk is if they're sucking well and making swallowing sounds. You can also tell by how much weight they gain and by how much they pee and poop (see [Pooping, Peeing and Diapering](#)).

If you're worried about whether your baby is getting enough milk, discuss your concerns with your health care provider or public health nurse or call HealthLink BC at 8-1-1.



DID YOU KNOW?

In the first few days, it's normal for babies to lose some weight – usually 7 to 10% of their birth weight or a bit more if you had a caesarean or IV fluids during labour. Your baby will probably gain this weight back within 2 weeks, then start gaining 120 to 240 grams ($\frac{1}{4}$ to $\frac{1}{2}$ lb) each week until about 4 to 6 months when they are twice as heavy as when they were born. If your baby loses more than 10% of their weight in the first few days, talk with your health care provider or call HealthLink BC at 8-1-1.

Breastfeeding or Chestfeeding Positions

A good position helps your baby get a deep latch. Use whatever positions work best for you and your baby. Get comfortable by:

- holding your baby skin-to-skin
- using pillows to support your arms, back and feet
- using a foot rest if you're seated and putting a pillow on your lap
- not letting your fingers get in the way of latching (if you're supporting your breast or chest with your free hand)
- having a glass of water within reach
- asking your partner(s) to help
- keeping safer sleep principles in mind (see [Sleep](#)). If you think you might fall asleep, make sure that the environment is as safe as possible for your baby.



Cradle



Modified cradle



Football hold



Side-lying



Laid-back

Latching On

What is latch?

The connection your baby's mouth makes with your breast or chest while feeding. An effective latch lets your baby suck well and is comfortable for you.



HOW TO

Get an effective latch

- Unwrap any blankets or get skin-to-skin with your baby.
- Hold your baby close to your body. Turn their whole body to face you so that you're tummy to tummy. Their hips should be against your ribs.
- If you're using your hand to support your breast or chest, keep your fingers well back from your areola (the coloured area around your nipple).
- Touch your baby's chin to your breast or chest and point their nose to your nipple, then wait until they open their mouth wide, like a yawn.
- Hug their shoulders closer and roll your areola onto their tongue, to bring your nipple deep into their mouth.
- Make sure they're taking a big mouthful of breast or chest, and that their lower jaw covers more of your areola than their upper jaw.

One of the best ways to ensure that your baby gets enough milk is to have an effective latch between their mouth and your breast or chest.

When you have an effective latch:

- ✓ you feel comfortable
- ✓ baby's chin touches breast or chest – nose is slightly away
- ✓ baby's lower lip flares out (though you may not be able to see it)



Step 1



Step 2

- ✓ baby's cheeks are full and rounded
- ✓ baby sucks in bursts with brief pauses in between
- ✓ baby doesn't easily slide off breast or chest
- ✓ nipple is its usual colour and rounded or slightly elongated when baby comes off
- ✓ baby makes "ca" swallowing sounds once your milk has come in
- ✓ baby actively feeds for several minutes
- ✓ baby settles after feeding
- ✓ breast or chest feels softer after feeding, especially in the first weeks

When you have an ineffective latch:

- ✗ baby has dimples in their cheeks
- ✗ nipple is flattened or misshapen when baby comes off
- ✗ nipple becomes cracked, blistered, bleeding, painful
- ✗ baby makes a clicking or smacking sound
- ✗ baby has trouble staying attached to breast or chest



TRY THIS

If you need to stop a feeding or if you feel pain when your baby latches, remove them by putting your clean finger in the corner of their mouth. Gently pull down on their chin to break the suction. Calm your baby if they're crying, then start again. And remember – while it's not uncommon to feel some discomfort when you're learning to breastfeed or chestfeed, it should fade during a feeding and, in time, disappear completely. Talk with your health care provider or public health nurse or call HealthLink BC at 8-1-1 if the pain continues.

Let-Down Reflex (Milk Ejection Reflex)

What is let-down?

A reflex that makes your milk flow. Each person feels the let-down reflex differently. You may not feel it, or you may notice tingling, leaking, a feeling of sudden fullness or some discomfort. Let-down happens when your baby sucks, which stimulates nerves and releases milk-making hormones. It can also happen when you hear a baby cry or for no reason at all.

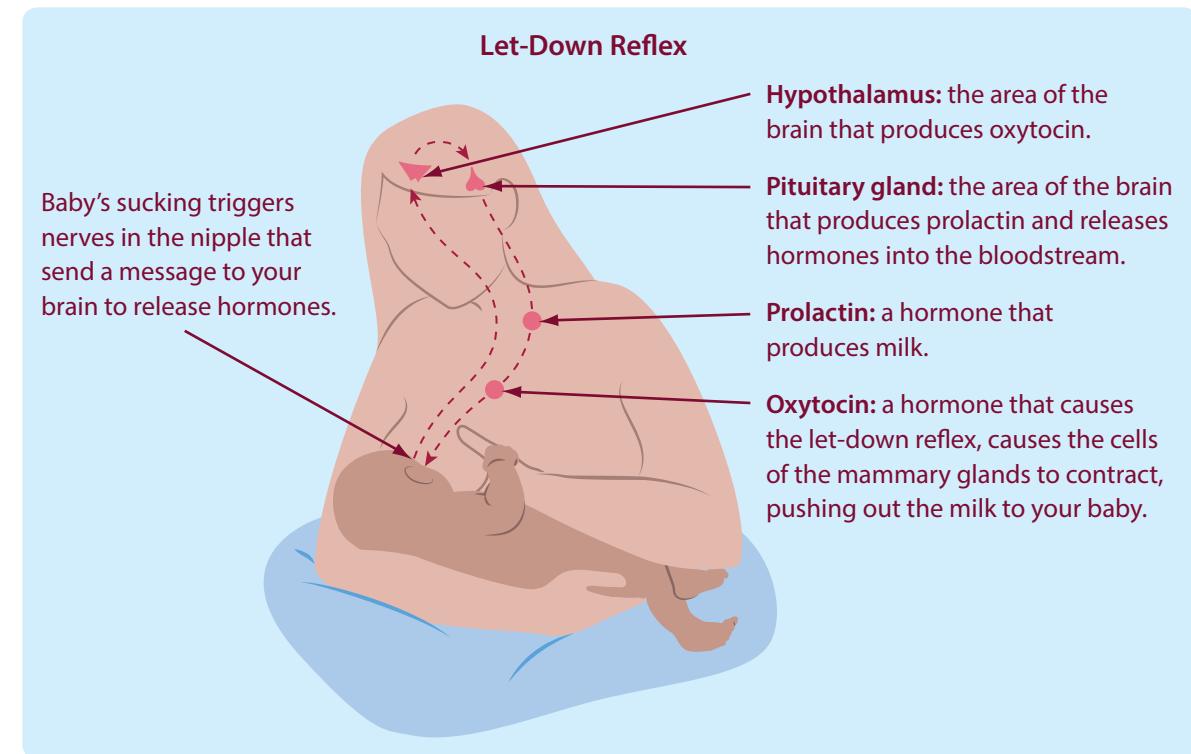
If let-down happens when you're not feeding your baby, try wearing breast or chest pads or pressing your hand over your nipples to hold back the milk.

It takes time for you and your baby to practice and get used to feeding. If your let-down is slow, try to relax before breastfeeding or chestfeeding or expressing your milk by:

- cuddling your baby skin-to-skin
- sitting or lying down in a private, quiet place
- gently massaging or putting a warm facecloth on your breast or chest
- thinking about your baby or looking at their picture

You can help a fast let-down reflex by:

- expressing a little of your milk before feeding
- reclining and allowing your baby to help control the speed of the milk flow
- burping your baby after the first few minutes of feeding



Burping

Why burp your baby?

If your baby has fallen asleep after feeding on one side, burping can help wake them up to finish feeding. It can also help bring up air bubbles and prevent spitting up.

Do you have to burp your baby?

Bottle-fed babies often need to be burped because they can take in extra air during a feed. Otherwise, burping isn't always needed. Often, it just happens on its own when your baby changes positions. And if your baby seems content, it may not be necessary at all. Signs that your baby needs to be burped include fussiness, arching of the back, pulling or bending of the legs or pulling away from the bottle.

Expressing Your Milk

What is expressed milk?

Human milk that has been hand expressed or pumped so that it can be given to your baby by spoon, cup or bottle.

Hand expression is a helpful skill to learn when you have a new baby, regardless of how you feed them. You may want to express your milk if:

- you need to collect colostrum or milk if baby can't feed at the breast or chest yet or if you are apart
- you need a few drops of milk to rub on your nipples to keep them healthy
- you need to soften your very full breast or chest so your baby can latch well
- you're trying to interest your baby in latching
- you're trying to increase or keep up your milk supply
- you'll be away from your baby for longer than a few hours
- you're going back to work



DID YOU KNOW?

If your baby was born prematurely, you can help them get the best start on breastfeeding or chestfeeding by:

- learning how to hand express colostrum early
- expressing and pumping your milk often
- holding your baby skin-to-skin as much as possible
- offering your breast or chest as soon as your baby is stable (see Special Birth Issues)



DID YOU KNOW?

In pregnancy you begin producing milk, called colostrum, early in the second trimester.

If you have a low-risk pregnancy you can begin hand expression at 36 weeks, unless advised not to by your doctor or midwife. Prenatal hand expression helps you practice expressing your milk before your baby arrives. You can collect and store your colostrum which may be helpful in the early days if your baby needs extra milk.

When to Hand Express Your Milk

- during low-risk pregnancies, from 36 weeks on
- to practice expressing your milk before your baby arrives
- to collect colostrum in case your baby needs extra in the early days after birth

Discuss with your health care provider if hand expressing is a good choice for you. To learn more about expressing and storing your milk during pregnancy see lllc.ca/prenatal-colostrum-expression

How to Express Your Milk

You can express your milk:

1. by hand
2. with a hand pump
3. with an electric pump

Helpful hints:

- Before you start, wash your hands and get comfortable.
- Gently massage your breast or chest before expressing to help the milk let down.
- Be patient. Expressing is quicker for some people than others. It can take a bit of time before the first drops appear. And at first, you may only be able to get a few drops or none at all. This will increase with practice and as your milk supply builds.
- To encourage your milk to flow ("let down") try applying a warm cloth to your breast or chest or snuggling skin-to-skin with your baby.

Expressing, like breastfeeding or chestfeeding, takes practice and support. You can practise as soon as your baby is born, or even before. If you need help, talk with your health care provider or public health nurse or call HealthLink BC at 8-1-1.

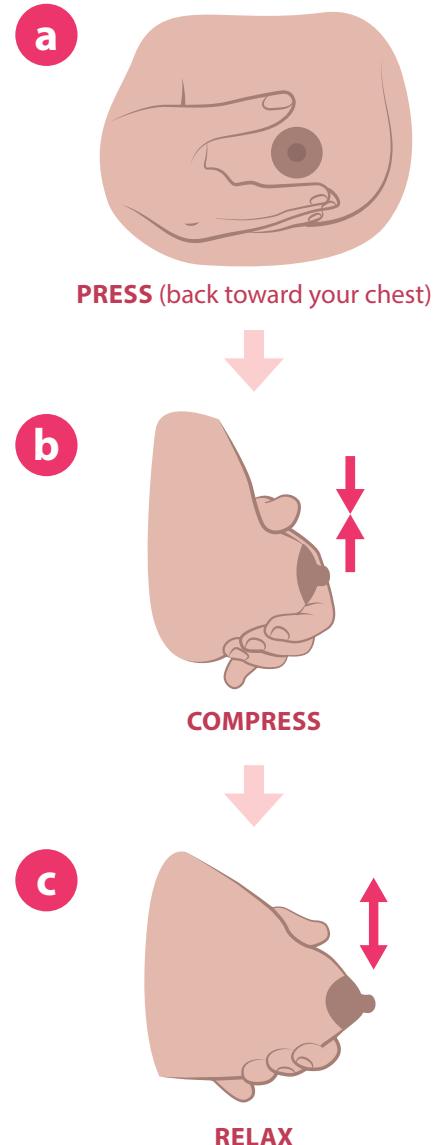


DID YOU KNOW?

Hand expression is the best way to collect colostrum – your first, nutrient-rich milk.

Using your hands

You don't need any special equipment to express your milk. Hand expressing is an important skill, but it takes practice. With time, you'll figure out what works best for you.



HOW TO Express your milk by hand

1. Wash your hands well with soap and water.
2. Hold your baby skin-to-skin.
3. Gently massage your breasts or chest to help start the flow of milk.
4. Hold your breast or chest gently with one hand. Your thumb and fingers should be opposite each other and about 2½ to 4 cm (1 to 1½ inches) back from the nipple.
5. Place a clean container with a wide opening in front of you or hold it under your breast or chest to catch the milk. If you're collecting colostrum, a clean spoon will work.
6. Press gently back toward your chest wall. Don't squeeze the base of your nipple, because this will stop the flow of milk.
7. Relax your fingers, then repeat the same motion.
8. Move your hand around to express from your entire breast or chest. Switch your hands and sides as often as you like.
9. It should feel comfortable and without pain. Adjust as needed.

For more information try this video, Hand Expressing Milk, from HealthLink BC: healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/breastfeeding/video-hand-expressing-breastmilk

Using a pump

You can use a hand pump or an electric pump. An electric pump may let you express both sides at the same time, is faster and more efficient and may be the best choice if you'll be expressing milk often. Whichever you use, be sure to follow the manufacturer's instructions about how to use and clean it.

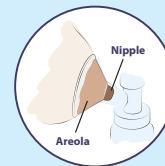
Pumping should be comfortable. If it makes your nipples sore, try adjusting the suction and check that the flange (the part that forms a seal over your nipple) is the right size.

Flange size will vary between pump companies and brands. You may need different flange sizes for each breast or sides of your chest, and the sizes may change over time. If you continue to have problems, discuss with your health care provider.

Proper fit

CORRECT FIT

The nipple is centred and moves freely.



TOO SMALL

The nipple rubs along the side of the tunnel. Try a larger size. Some parents need a different size on each side.



TOO BIG

The nipple and excessive areola are pulled into the tunnel. Try a smaller size. Some parents need a different size on each side.



Thinking of renting, borrowing or buying a used mechanical pump?

Most pumps are very hard to disinfect and are not meant to be used by more than one person. Your health care provider can help you find the best option for you.



DID YOU KNOW?

If your baby is given a bottle, they may start to refuse your breast or chest. If you're going to offer your expressed milk, it's best to wait until you and your baby have settled into a breastfeeding or chestfeeding routine – usually around 4 to 6 weeks.



DID YOU KNOW?

With a cooler and frozen gel packs, you can safely transport expressed human milk for up to 24 hours. Use gel packs – not regular ice, which isn't as cold. Make sure the gel packs are in direct contact with the milk container. And don't open the cooler if you don't need to. If you're transporting milk to or from a milk bank, follow their instructions.



TRY THIS

If you leak milk from one nipple as your baby feeds from the other, tuck a small, clean, BPA-free container under the leaking nipple while your baby is feeding. Safely store the milk to use later.

Storing Your Milk

Put your expressed milk in feeding-sized portions into clean, food-grade, BPA-free bags or containers with lids. Don't use baby bottle liners, which can break. Leave extra space for the milk to expand as it freezes, then label it with the date and time and store it in the main compartment (not the door) of the fridge or in the freezer. You can add freshly expressed milk to older milk that has never been frozen, but be sure to cool the new milk first.

How long can you safely store freshly expressed human milk?*

	Freshly expressed milk	Milk thawed in fridge but not warmed
Room temperature 25°C (77°F) or colder	up to 6 hours	up to 4 hours
Refrigerator 4°C (39.2°F)	up to 5 days	up to 24 hours
Freezer (separate door freezer or fridge) -18°C (-0.4°F) or colder	up to 6 months	Do not refreeze
Deep freezer -20°C (-4°F)	up to 12 months	

*These recommendations are for healthy full-term babies only. If your baby was born prematurely, has a health condition, or in emergency situations, safe storage times are much shorter. Talk with your health care provider or call HealthLink BC at 8-1-1.

Using Expressed Milk

When you give your baby expressed milk, you can use:

- a glass
- a cup, like a small medicine measure cup
- a spoon
- a bottle made of glass or BPA-free hard plastic

Thoroughly wash all bottles, containers and pump parts after every use (see [Cleaning and Disinfecting Feeding Equipment](#)). Use the milk with the earliest date on the label first. When a feeding is done, throw away any leftover milk.

Frozen milk

It's best to thaw frozen milk in the fridge. But if you need the milk right away, run the container or bag under warm tap water or put it in a clean bowl or mug of warm water. Don't let the water touch the lid of the container or the top of the bag. Once thawed, gently swirl the milk. Thaw only what you need for one feeding.

Milk stored in the fridge

You can give your baby expressed milk right from the fridge. But if you want to warm it, run the container or bag under warm tap water or put it in a bowl of warm water. Don't let the water touch the lid of the container, the top of the bag or the nipple of the bottle.



BE AWARE

Don't use the stove or microwave to heat human milk. It can heat unevenly and burn your baby. If you use a commercial milk warmer, follow the manufacturer's directions carefully.

Breastfeeding or Chestfeeding Challenges You May Face

It may take some time for you to adjust to breastfeeding or chestfeeding. But with patience, practice, rest and – perhaps most importantly – the support of those around you, you can find a way to meet your feeding goals.



KEY TAKEAWAY

If you're having trouble or feeling discouraged, get help right away.

HOW TO

Apply reverse pressure to soften your areola

1. Place your fingers on each side of your nipple.
2. Gently push inward toward the chest wall. It may feel uncomfortable, but it shouldn't hurt. Hold for about a minute.
3. Rotate your fingers around the nipple and repeat.
4. Repeat on any areas of the areola that are still firm.



Soreness

Sore nipples

A deep latch is key to your comfort. It's common to have some soreness for the first week. But if your nipples are damaged (cracked, bleeding, scabbed or blistered), your baby may not be positioned or latched well. Get help early. Talk with your health care provider and try:

- improving your baby's position and latch (see [Latch On](#))
- changing positions (see [Breastfeeding or Chestfeeding Positions](#))
- soothing your nipples by dabbing on expressed milk and letting them dry before dressing
- starting to feed your baby before they cry
- breastfeeding or chestfeeding on the less-sore side first
- gently removing your baby from your breast or chest by placing a finger in the corner of their mouth



FAMILY STORY

At first, my breasts were swollen and my nipples were sore. I felt like giving up. But with the support of my doctor and another breastfeeding mom who had been through the same things, it got much easier. After a couple of weeks, the short-term pain was long forgotten, and I knew I was doing the best for my baby.

Heavy, painful breast or chest ("engorgement")

It's normal for your breast or chest to get larger or feel heavy, warm and uncomfortable when your milk supply increases or if you miss a feeding, especially early on. If this causes your nipples to flatten, it can make it hard for your baby to latch. Talk with your health care provider and try:

- breastfeeding or chestfeeding early and often, following your baby's cues – at least 8 times every 24 hours, including at night
- ensuring your baby has a good latch and is feeding well (see [Latch On](#))
- applying "reverse pressure" and gently hand expressing a small amount of milk just before latching
- gently massaging your breast or chest with flat fingertips, from the nipple outwards towards your neck and underarm
- placing ice or cold packs on your breast or chest (but not directly on your skin)
- breastfeeding or chestfeeding on the engorged side first
- changing positions to drain all areas of your breast or chest (see [Breastfeeding or Chestfeeding Positions](#))
- wearing a supportive feeding bra
- speaking with your health care provider about over-the-counter medications that can help with soreness
- don't over-pump, apply heat or use deep massage. These can increase swelling.

Red, sore spot on breast or chest (“plugged duct”)

If a milk duct (the channel your milk flows through) narrows, you may get a lump or firm area on your breast or chest. This usually clears up in a day or two but can get infected. To help prevent plugged ducts, try:

- breastfeeding or chestfeeding often, following your baby’s cues – at least 8 times every 24 hours, including at night
- ensuring your baby has a good latch and is feeding well (see [Latch On](#))
- positioning your baby with their nose or chin pointed to the sore spot
- using different feeding positions (see [Breastfeeding or Chestfeeding Positions](#)) to help drain all areas of your breast or chest
- placing ice or cold packs every hour or more often, if it feels good on your breasts or chest (but not directly on your skin)
- speaking with your health care provider about over-the-counter medications that can help with soreness
- calling your health care provider or HealthLink BC at 8-1-1 if the red, sore spot doesn’t go away in a couple of days

Painful breast or chest and flu-like symptoms (“mastitis”)

If you feel like you’re getting the flu and your breast or chest is firm, swollen, hot, red and painful, contact your health care provider or HealthLink BC at 8-1-1 right away. You may have an infection and need antibiotics. Neither the infection nor the antibiotics will harm your baby, and your milk will still be safe to drink. Take the antibiotics as directed while:

- breastfeeding or chestfeeding as usual
- letting your breasts or chest rest between feedings (no extra pumping or massage)
- positioning your baby with their nose or chin pointed to the sore area
- ensuring your baby has a good latch and is feeding well (see [Latch On](#))
- placing ice or cold packs on your breast or chest (but not directly on your skin)
- speaking with your health care provider about over-the-counter medications that can help with soreness



KEY TAKEAWAY

If your soreness continues or if you need help to deal with the pain, talk with your health care provider or call HealthLink BC at 8-1-1.

Itchy or burning nipples or rash on areolas

If your nipples burn or itch, or if you have a rash on your areola (the coloured area around your nipple), contact your health care provider. They can determine if your symptoms are due to thrush (a common infection caused by the yeast *Candida albicans*), dermatitis or eczema. Thrush is a common and treatable infection. The yeast that causes thrush can pass between you and your baby during breastfeeding or chestfeeding. Discuss with your health care provider about treatment options and whether both you and your baby need to be treated. Try to:

- keep your nipples dry
- change nursing pads often
- make sure your baby latches on well (see [Latch On](#))



DANGER

Don’t take codeine or medicine that contains codeine (like Tylenol 3) while breastfeeding or chestfeeding. It can seriously harm your baby. Talk with your health care provider or a HealthLink BC pharmacist at 8-1-1 to learn about what medication is safe to use during breastfeeding or chestfeeding.



WHAT YOU CAN DO

Help your partner by learning all you can, listening and providing encouragement and hands-on support.



HOW TO

Keep your breasts or chest healthy

- Wash your hands with soap and water before touching your breasts.
- Keep your milk flowing by regularly breastfeeding or chestfeeding, hand expressing or pumping.
- Express and rub a few drops of your milk on your nipples after each feeding, then let them air dry.
- Expose your nipples to the air as much as possible by wearing loose-fitting clothing. If you're comfortable doing so, go without a top and bra at home.
- If you wear nursing pads, change them as soon as they're wet.
- Be sure your bra fits comfortably. You may find you need a larger size while breastfeeding or chestfeeding.
- Get as much rest as possible and drink plenty of fluids.



Other Challenges

Flat or inverted nipples

If your nipples sink in or if they don't stick out when they're stimulated, it may take your baby longer to learn to latch on. Try gently rolling your nipple with your fingers or use a milk pump on the low setting to draw your nipple out just before you try latching. If your baby still isn't feeding well, give them expressed milk until they can get a good latch.

Breast or chest surgery

If you've had breast or chest surgery, you'll likely be able to breastfeed or chestfeed. If you have implants, you'll probably produce enough milk. But if you've had breast or chest reduction or top surgery, you may not. And if a surgical cut was made along the edge of your areola, you may have nerve damage and produce less milk. See the [Resources](#) section for places you can go for support.

Tongue-tie

If the connection between your baby's tongue and the floor of their mouth is too short, it may limit how they can move their tongue and may make feeding difficult. Try different feeding positions (see [Breastfeeding or Chestfeeding Positions](#)) and get support from someone familiar with tongue-tie. If it's still causing a problem, see your health care provider. If it interferes with feeding, tongue-tie can sometimes be fixed.

Spitting up

Spitting up small amounts after feeding is very common in the first few months. It may stop as your baby grows. See [Common Health Concerns](#).

Abuse or trauma

For some people who have experienced trauma, breastfeeding or chestfeeding may trigger an emotional reaction that may be overwhelming. For others, breastfeeding or chestfeeding may be helpful and calming. The most important thing is for you and your baby to feel safe and comfortable. Talk with your health care provider about your feeding goals and to find support reaching them.

Feel Like Giving Up?

Learning a new skill takes practice, and it can be discouraging. Talk to someone you trust. Set small goals, like getting through the next feeding or breastfeeding or chestfeeding for one more week. Breastfeed or chestfeed as much as you feel you can. And remind yourself that **some amount of breastfeeding or chestfeeding is better than none**.



FAMILY STORY

The best piece of advice I have is to keep trying. Breastfeeding is so worthwhile. And there are many people and groups to support you. I got so much helpful advice from others who had breastfed and from my doctor.

Breastfeeding or Chestfeeding in Public

In Canada, there are laws that protect your right to breastfeed or chestfeed anywhere, at any time. Breastfeeding or chestfeeding in public is a normal, healthy and legal activity, and it's illegal for anyone to ask you to stop or cover up.

Feeling modest?

With practice, you can breastfeed or chestfeed with very little breast or chest showing. And many public places and stores have a private space where you can feed your baby.



TRY THIS

If it makes you more comfortable when breastfeeding or chestfeeding in public, place a light cover over your baby while they latch on. You can leave it on while they feed or take it off once they're latched.



DID YOU KNOW?

There's more information on breastfeeding or chestfeeding and returning to work in [Toddler's First Steps](#), available from your public health unit and online at healthlinkbc.ca/toddlers-first-steps.

Healthy Eating During Breastfeeding or Chestfeeding

There is no special diet needed for lactating parents. If you are breastfeeding or chestfeeding, the amount of food you need may or may not change compared to your needs during pregnancy. Trust your intuition: eat when you are hungry and this will guide what and how much you eat. A little extra food each day, such as an additional snack, may help to meet your needs for energy and nutrients during lactation.



Try:

- ✓ eating a variety of foods every day (see [Canada's food guide](#))
- ✓ ensuring you get key nutrients, including vitamin A, vitamin B12, vitamin D, omega-3 and calcium (see [Key Nutrients During Pregnancy](#))
- ✓ eating more if you're hungrier than usual
- ✓ drinking water as your main drink choice
- ✓ continuing to take a multivitamin supplement with folic acid



DID YOU KNOW?

Many of the foods you may have avoided during pregnancy are no longer a safety concern after the birth. Unpasteurized cheeses and sushi, for example, are fine while breastfeeding or chestfeeding.

Some foods and beverages, though, are still best avoided while breastfeeding or chestfeeding. These include:

- ✗ fish high in mercury
- ✗ foods and drinks high in caffeine
- ✗ alcohol
- ✗ herbal teas, other than those safe during pregnancy (see [Foods to Limit or Avoid During Pregnancy](#))

Caffeine, Smoking, Vaping, Alcohol, Other Substances and Breastfeeding or Chestfeeding

Can I Breastfeed or Chestfeed if I Take Medication?

Most medications, including most antibiotics, are safe to use. But some – including some herbal products and anything containing codeine, like Tylenol 3 – may harm your baby.

If you take or are considering medication

Check with your pharmacist or health care provider or talk with a HealthLink BC pharmacist at 8-1-1 to learn if any medication, herbal remedy or supplement you're currently taking or considering is safe to take while breastfeeding or chestfeeding.

Can I Breastfeed or Chestfeed if I Have Caffeine?

Many people have some caffeine when they're breastfeeding or chestfeeding. But some babies are sensitive to it and may become restless or fussy – especially when they're younger.

If you have caffeine

Limit your caffeine to 300 mg per day – about 2 cups/500 ml of coffee or 4 cups/1000 ml of tea. And remember that other things – like pop, energy and sports drinks, over-the-counter medicines and chocolate – also have caffeine.

Can I Breastfeed or Chestfeed if I Smoke, and/or Vape Tobacco?

It's best for you and your baby if you stop smoking. But breastfeeding or chestfeeding is still important for your baby's health, and many parents who smoke do breastfeed or chestfeed successfully. Breastfeeding or chestfeeding may even help protect your baby from some of the negative effects of being exposed to tobacco smoke.

Smoking may:

- affect your milk production and let-down reflex
- make your baby fussy
- affect your baby's sleep
- put your baby at greater risk of ear infections, asthma and sleep-related infant death (see [Sleep](#))

For more information on commercial or ceremonial tobacco use, see [Nicotine or commercial tobacco](#).



DID YOU KNOW?

Vaping exposes your baby to harmful chemicals like nicotine and solvents. You can still breastfeed or chestfeed, but talk with your health care provider or call HealthLink BC at 8-1-1 to learn how you can lower the risk.

If you smoke, vape or both

Reduce your baby's exposure to smoking or vaping's harmful chemicals by:

- smoking or vaping only *right after* breastfeeding or chestfeeding
- smoking or vaping less or using a nicotine patch
- keeping your home and car smoke- or vape-free
- if you've smoked or vaped, washing your hands and changing your clothes before you hold your baby
- smoking or vaping outside only, while wearing a jacket you keep outside and only wear when you're smoking or vaping
- not bedsharing with your baby (see [Sleep](#))

For information on how to quit or reduce the amount you smoke or vape, visit [quitnow.ca](#), talk with your health care provider or call HealthLink BC at 8-1-1.

Can I Breastfeed or Chestfeed if I Drink Alcohol?

The safest choice is not to drink alcohol while breastfeeding, chestfeeding or expressing milk. It takes about 2 hours for alcohol from one standard drink to leave your body and your milk. A standard drink once in a while may be okay if planned. (See [Canada's Guidance on Alcohol and Health](#) for what a standard drink looks like.)

Alcohol can:

- harm your baby's brain development, growth, and sleep
- decrease the amount of milk you produce
- decrease the amount of milk your baby drinks
- shorten the duration you can breastfeed or chestfeed
- increase your baby's risk of low blood sugar
- affect your judgment and ability to care for your baby

If you drink alcohol

By planning ahead, you can lower your risks and risks to your baby:

- stick to one standard drink.
- feed (or express and store milk) before drinking.
- wait 2-3 hours per drink before feeding or expressing milk again.
- throw away any milk expressed within 2-3 hours of drinking.

For more information, see [Canada's Guidance on Alcohol and Health](#) or talk with your health care provider. Call HealthLink BC at 8-1-1 for more help.



BE AWARE

It takes time for your body to get rid of the alcohol in your milk. And pumping, drinking a lot of water, resting or drinking coffee doesn't make it happen any faster. Any milk that you pump while drinking or in the 2 to 3 hours after drinking should be thrown away.

Can I Breastfeed or Chestfeed if I Use Cannabis (Marijuana)?

The safest option is to not use cannabis while breastfeeding or chestfeeding. Tetrahydrocannabinol (THC) in cannabis is stored in human milk and can be passed on to your baby. And because THC remains for so long in the body, expressing and discarding or throwing your milk away ("pumping and dumping") doesn't make it safe for your baby, either. Even cannabidiol (CBD) hasn't been proven safe while breastfeeding or chestfeeding. Cannabis can also make you drowsy and unable to respond to your baby's needs.

Breastfeeding or chestfeeding has many health benefits for both the baby and the parent. If you're finding it difficult to stop using cannabis, discuss with your health care provider about steps you can take to help protect you and your baby.



DID YOU KNOW?

Whether smoked, vaped, applied to the skin or ingested (as edibles, drinks, oils or pills), no amount of cannabis is known to be safe if you breastfeed or chestfeed.



KEY TAKEAWAY

To protect your child, avoid exposing them to smoke from cannabis, vaping, e-cigarettes and cigarettes, both during pregnancy and after birth.

Can I Breastfeed or Chestfeed if I Use Non-Prescription Opioids and Stimulants?

Non-prescription opioids and stimulants can pass through your milk and affect your baby.

If you use non-prescription opioids and stimulants

Talk with a trusted health care provider, public health nurse or pharmacist, or call HealthLink BC at 8-1-1 to get support and information about how to safely feed your baby.



KEY TAKEAWAY

If you have more than 1 standard alcoholic drink per day, smoke, use cannabis or take non-prescription opioids and stimulants, talk with a trusted health care provider, public health nurse or pharmacist, or call HealthLink BC at 8-1-1. They can help you make the best feeding decision for your baby.



DANGER

Ensure all alcohol, cannabis, tobacco, medications and non-prescription opioids and stimulants are kept out of baby's reach (see [Baby Safety](#)).

Supplementing

Some families may need to supplement their breastfed or chestfed baby for medical reasons, while others may choose to supplement for personal reasons. If you use infant formula to feed your baby, it is important to have the information you need to feel comfortable with your plan and feed your baby safely.

What is supplementing?

Giving your baby your own expressed milk, donated human milk or baby formula, in addition to breastfeeding or chestfeeding.

Supplementing Options

Recommended supplements in order of what to try first, if available:

1st choice: Your own milk, freshly hand-expressed or pumped

2nd choice: Your own frozen milk, thawed just before using

3rd choice: Pasteurized donor milk from a certified human milk bank

4th choice: Store-bought infant formula that is cow's milk-based (see [Formula Feeding](#))

Your own milk is best

Your own milk – fresh or frozen (when fresh isn't available) – is the best way to feed your baby.

If you need to give your baby something other than your own milk

Option 1 – Pasteurized donor human milk from a certified human milk bank

Because certified milk banks have a small supply of milk, it's usually only given by prescription to premature, very ill or high-risk babies.

What is pasteurized donor human milk?

Human milk that has been donated to a certified human milk bank. Donors are carefully screened to make sure they're healthy and their milk is safe. The milk is pasteurized to kill harmful bacteria and viruses.



BE AWARE

To help ensure your baby grows well and stays healthy, always follow the directions on the label when making and storing formula.

Option 2 – Store-bought infant formula

If you're not able to get milk from a certified human milk bank, the next best choice is cow's milk-based store-bought infant formula. This can provide your baby with complete nutrition. Formula is available in 3 types: ready-to-feed liquid, concentrated liquid and powdered. Healthy babies born at full term (37 weeks or more of pregnancy), can be fed any type of store-bought formula.

If your baby was born premature (before 37 weeks of pregnancy) and is under 2 months of age (corrected age), or had a low birth weight (less than 2500 grams at birth), or has a weakened immune system, use liquid formula – either ready-to-feed or concentrate – as powdered formula is not sterile and may not be the best choice for young babies who are at higher risk of getting sick. Ready-to-feed and concentrated liquid formulas are sterile until they are opened. Specialized formulas should only be used if recommended by your health care provider. Discuss options with your health care provider to determine the best choice for your baby.

Before Supplementing

Talk with your health care provider before giving your baby anything other than your own milk. This will help you get all the information you need to feed them safely.

Supplementing with other milk or formula when it's not needed can decrease your milk supply, cause engorgement (see [Breastfeeding or Chestfeeding Challenges You May Face](#)) and make breastfeeding or chestfeeding more difficult. It can also affect your baby's health.

But sometimes it's medically necessary to supplement to give your baby more food and energy. The most important thing is that your baby gets enough food and that they're fed safely – whether with human milk, formula or both. Talk with your health care provider if you have concerns about giving your baby formula.

If you supplement:

- Give your baby as much of your own milk as you can.
- Get support from your health care provider or a lactation consultant to keep up your own milk supply. This may allow you to return fully to breastfeeding or chestfeeding in the future.
- Use a spoon or a small cup without a lid, not a bottle. Or use a specialized feeding device if recommended by your health care professional.



KEY TAKEAWAY

If you're thinking about supplementing, make sure you have all the information you need to make an informed decision. Talk it over with your health care provider or public health nurse or call HealthLink BC at 8-1-1 for advice.



DID YOU KNOW?

In-home heat treatment of human milk ("flash heating") has not been proven to remove dangerous bacteria and viruses that could make your baby sick.

Thinking About Sharing Milk with Other Parents and Caregivers?

What is informal ("peer-to-peer") human milk sharing?

Sharing unscreened, unpasteurized human milk with friends, family members or through local or online milk-sharing groups.

Parents and caregivers who want to give their baby human milk but aren't able to provide enough themselves sometimes consider informal milk sharing. But before giving your baby milk from an informal donor, talk with your health care provider about the risks and benefits.

What are the risks?

Because milk shared informally isn't screened or pasteurized, it may carry risks:

- Viruses such as HIV and Hepatitis B and C can be passed to your baby. Donors may not even know that they carry certain viruses and bacteria.
- If donors smoke, drink alcohol, use cannabis, or take prescription or over-the-counter medications, herbal supplements or non-prescription opioids and stimulants, harmful substances can pass into the milk and hurt your baby (see [Caffeine, Smoking, Alcohol, Other Substances and Breastfeeding or Chestfeeding](#)).
- If the milk isn't collected, stored and transported safely, bacteria can grow and make your baby sick.
- Unscreened donor milk may be mixed with water, cow's milk or something else that you don't know about.



DID YOU KNOW?

You can donate your extra milk to the BC Women's Provincial Milk Bank. If you have extra milk you'd like to donate, talk with your health care provider, visit bcwomensmilkbank.ca or call 604-875-3743.

Lowering the risks

If you're considering informal milk sharing, lower the risk by:

- not buying milk online
- only using the milk of a close family member or friend
- finding out all you can about your donor's health and lifestyle
- ensuring that the donor has recently tested negative for Hepatitis B and C, human immunodeficiency virus (HIV), human T-lymphotropic virus (HTLV) and syphilis, and that they aren't at ongoing risk for exposure
- confirming that the donor doesn't smoke, drink alcohol, or use cannabis or non-prescription opioids or stimulants
- ensuring that the donor doesn't take any medications or supplements, including herbs
- checking that the donor is in good overall health and not using their milk when they're sick
- limiting the number of donors you use
- having ongoing, face-to-face contact with your donor
- ensuring that the milk is handled, stored and sent to you as safely as possible



BE AWARE

Health Canada, the Canadian Paediatric Society and the Human Milk Banking Association of North America do not recommend sharing human milk with friends, family or milk-sharing groups. Milk shared informally is not tested or pasteurized to kill harmful bacteria and viruses.

Formula Feeding

Deciding how to feed your baby isn't always easy. Sometimes, for medical or personal reasons, store-bought infant formula is used instead of or in addition to, human milk. You should feel safe and supported to make an informed feeding decision about feeding your baby (see *Deciding How to Feed Your Baby* in the appendix).

Make an Informed Choice

Make sure you have all the information you need to make an informed choice. Contact your health care provider or a public health nurse or call HealthLink BC at 8-1-1. They can talk with you about the benefits, risks and costs of each option. And if you decide to use formula, they can help you choose the type that's best for your baby.

If you are hoping to return to breastfeeding or chestfeeding, contact your health care provider or a lactation consultant to help put in place plans and supports to achieve your feeding goals.



DID YOU KNOW?

The World Health Organization, Health Canada, Dietitians of Canada, the Canadian Paediatric Society and the B.C. Ministry of Health all recommend that babies be fed only human milk for the first 6 months. After your baby is eating solid family foods, human milk remains an important source of nutrition. If possible, continue to breastfeed or chestfeed until your child is 2 years or older.

If You Use Formula

Breastfeed or chestfeed, too, if you can

Give your baby human milk whenever possible. If your baby is not exclusively receiving human milk, offer a store-bought infant formula until 9 to 12 months (see *Supplementing*).

If you're not currently breastfeeding or chestfeeding but hope to breastfeed or chestfeed your baby in the future, talk with your health care provider about how to keep up your milk supply. Or find a lactation consultant through the British Columbia Lactation Consultants Association (bclca.wildapricot.org/).

Use formula safely

To learn how to prepare, store and feed formula safely, talk with your health care provider or a public health nurse, call HealthLink BC at 8-1-1 or see the HLBC File: Feeding Your Baby Formula: Safely Making and Storing Formula at healthlinkbc.ca/healthlinkbc-files/feeding-your-baby-formula-safely-making-and-storing-formula

Health Canada inspects all store-bought infant formulas for safety and nutrition. But it's possible for formula to come into contact with bacteria or to be missing an ingredient. To check for product recalls, visit recalls-rappels.canada.ca/en.



KEY TAKEAWAY

Although human milk is best, sometimes formula is necessary. If you need to use formula but feel uncomfortable or guilty about doing so, discuss with your health care provider. And remember that no matter how you feed your baby, you can use feeding times to build a close and loving bond with your child.



DANGER

If you use infant formula, choose only store-bought cow's milk-based varieties (or store-bought soy-based formula, if your child can't have cow's milk-based). Other beverages don't provide the nutrition your baby needs.

Never use these in place of infant formula:

- ✗ evaporated or condensed milk
- ✗ regular cow's milk, goat's milk or other animal milks (these can be introduced after 9 to 12 months but should not replace formula or human milk)
- ✗ nut "milks," like almond, cashew and coconut drinks
- ✗ other "milks," like rice, oat, potato, soy and hemp drinks
- ✗ homemade formula



BE AWARE

Using a home machine to prepare infant formula can be unsafe. The machine may not heat the water enough to kill any bacteria the formula might contain, and it may not dispense the right amount of powder. The safest way to make powdered formula is to use boiled water cooled to 70°C.



KEY TAKEAWAY

Safe drinking water is water that is safe to drink and fit for household use without further treatment. Choose a reliable water source that is intended for drinking water and that has been tested safe for coliform bacteria, lead and nitrate levels. If there is no safe drinking water source, use bottled water and boil it.



BE AWARE

Boiling won't get rid of dangerous chemicals in water and may instead make them more concentrated.

Ensure your water is safe for making formula

In most B.C. communities, drinking water is typically treated at a water treatment plant so that it is safe to drink at the tap. If you have your own water source (for example, a private well) you should test your drinking water regularly. For more information on well water testing, see: healthlinkbc.ca/healthlinkbc-files/well-water-testing.

Some buildings have plumbing that contains lead. In some situations, lead can leach from plumbing and into drinking water at the tap which can cause a health impact for infants and children. For more information on lead in drinking water, see: healthlinkbc.ca/healthlinkbc-files/lead-drinking-water

Be sure that your water is safe before using it to make infant formula. When preparing formula, do not use:

- ✗ water from the hot side of the tap
- ✗ discoloured water that hasn't been tested
- ✗ specialty nursery or baby waters
- ✗ carbonated or flavoured waters
- ✗ water known to contain high levels of nitrate, fluoride, sodium, lead, manganese or bluegreen algae (cyanobacteria)

If you don't have access to safe water or are unsure of whether it is safe, use ready-to-feed liquid formula or make powdered formula using bottled water.

If you have questions or concerns about your drinking water contact your local health unit, health authority or your First Nations government office. Visit gov.bc.ca/gov/content/environment/air-land-water/water/water-quality/drinking-water-quality/health-authority-contacts

Cleaning and Disinfecting Feeding Equipment

Keeping Everything Clean

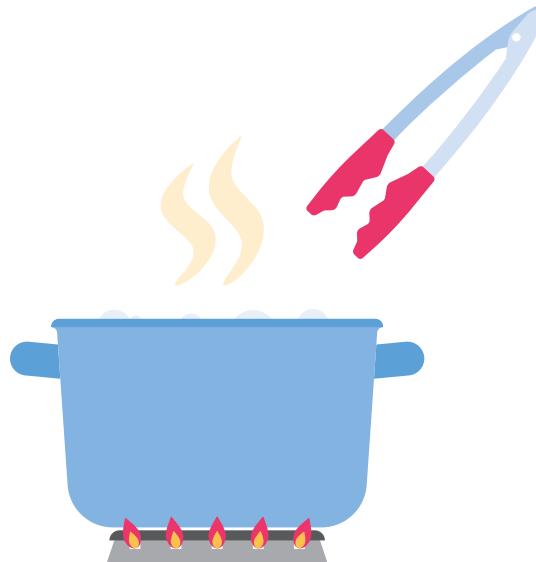
All the equipment you use to feed your baby needs to be kept clean.

Mechanical pumps should be cleaned according to the manufacturer's instructions. Everything else – including items you use to make formula, artificial nipples, rings, caps, discs, measuring cups, can openers, storage containers and tongs – can be cleaned and disinfected simply in your kitchen.



DID YOU KNOW?

Dishwashers aren't recommended for disinfecting infant feeding equipment.



HOW TO

Clean and disinfect infant feeding equipment

First – clean everything:

1. Wash your hands with soap and warm water.
2. Wash the sink with a clean dishcloth, soap and warm water.
3. Disinfect the counter by mixing 1 teaspoon (5 ml) of bleach with 2 cups (500 ml) of water in a labelled spray bottle. Spray the counter and wipe it with a clean towel.
4. Fill the sink with hot, soapy water.
5. Wash all infant feeding equipment, including tongs.
6. Scrub the inside of containers and artificial nipples with a clean bottle brush.
7. Rinse everything with hot water and set it on a clean towel.

Then – disinfect everything:

1. Fill a large pot with water. Add the clean items. Make sure everything is covered with water and that there are no air pockets.
2. Bring the water to a boil. Let it boil uncovered for 2 minutes.
3. Take out the tongs. Once cool, use them to remove the other items.
4. Set everything on a clean towel to air dry.
5. Once dry, use the items right away. Or store them in a clean plastic bag or on a clean, dry towel covered with another clean towel.

If you use a store-bought disinfectant or sterilizer, follow the manufacturer's instructions.

Introducing Solid Foods

At about 6 months, your baby may be ready to add solid family foods to their diet. Keep breastfeeding or chestfeeding, too, until they're 2 years old – or even longer, if you both wish.

Your baby may be ready for solid foods if they can:

- ✓ sit and hold their head up
- ✓ watch a spoon, open their mouth and close their lips around it
- ✓ keep most of their food in their mouth

First Foods

Your baby's first foods should be rich in iron – like meat, fish, chicken, eggs, lentils, tofu and iron-fortified baby cereal. Introduce these alongside other family foods, like grains, vegetables and fruit.



HOW TO Introduce solid food

- Pick a time when your baby is wide awake and has an appetite but isn't too hungry. Solids can be offered before or after breastfeeding or chestfeeding.
- Sit them up in a feeding chair, facing you.
- Eat with your baby so they can learn by watching you.
- Serve them the same foods as the rest of the family, without added sugar or salt.



BE AWARE

It's not safe for your baby to have honey in their first year, even if it's pasteurized. It can cause botulism, a serious illness.

Meat

Meat, fish and seafood will be easier for your baby to eat if it's moist and in tiny pieces. Try:

- mixing small bits with water, human milk, mashed vegetables or gravy to make an even texture
- shredding it or serving it ground up
- using nutrient-rich dark meat rather than white meat chicken

Be sure to take out any bones and shells from fish.

Fully cook all pork to an inside temperature of 71°C; ground beef, lamb and veal to 71°C; and game meats to 74°C. Well-done pieces and whole cuts of beef, lamb and veal should be cooked to 77°C. Eggs should be cooked until the yolks are hard (74°C). For poultry and game birds, cook to 74°C for parts and ground meat, and 82°C for whole birds. Fish should be cooked to 70°C (fully cooked fish should flake with a fork). Oysters should be cooked to 90°C, but other shellfish can be cooked to 71°C. Use a food thermometer to check the inside temperature.

Homemade Baby Food

Your baby can eat the same foods your family normally eats. Puréeing isn't necessary, even before they have teeth. Soft foods may be mashed, ground, minced or puréed. Or try finger foods like small pieces of well-cooked boiled or scrambled egg, tofu, fish, well-cooked vegetables, soft fruits without skins, cooked pasta or grated cheese.



DID YOU KNOW?

Gagging is a normal reflex babies have to prevent choking. If your baby gags, stay calm and reassure them. If you panic, you may make them afraid to try new foods.



HOW TO Keep homemade baby food safe

- Before and after food preparation, wash counters and utensils with soap and water. Disinfect surfaces and equipment by using 1 teaspoon (5 ml) bleach mixed with 3 cups (750 ml) water. This is especially important after handling and preparing raw meat and fish.
- Throw out worn cutting boards, which can hide germs.
- Put leftovers in the fridge and use within 2 days. Or freeze them and use within 2 months.



HOW TO Use the microwave to safely reheat baby food

- Stir at least once halfway through to ensure even heating.
- Taste the food to ensure it's not too hot before giving it to your child.
- Don't use the microwave to heat bottles. Warm them in hot water instead.
- Only use plastic containers or plastic wrap labelled "microwave safe."
- Don't use damaged, stained or smelly containers.
- Microwaving should only be used for reheating cooked food, not cooking raw food.

Understanding Food Allergies

What is a food allergy?

The body mistaking a food as harmful.

Common Food Allergens

Foods that most commonly cause food allergy are:

- milk and milk products
- egg
- peanut
- tree nuts – like almonds, cashews and walnuts
- soy
- seafood – like fish, shellfish and crustaceans such as crab and lobster
- wheat
- sesame
- mustard
- sulphites



DID YOU KNOW?

Food allergy and other allergic conditions – such as eczema, asthma and hay fever – tend to run in families. Talk about your family history with your health care provider to find out if your child is at risk.



TRY THIS

See Reducing Risk of Food Allergy in Your Baby at healthlinkbc.ca/healthy-eating-physical-activity/age-and-stage/infants-children-and-youth/reducing-risk-food to learn more.

Introducing Common Food Allergens

To reduce the risk of a food allergy developing, introduce the common food allergens when your baby has shown that they're ready for solid foods – usually around 6 months. (See [Introducing Solid Foods](#).)

When introducing a common food allergen for the first time, do not place the food directly on your baby's skin. Foods sometimes irritate the skin and may be misinterpreted as an allergic reaction. For this reason, consider spoon-feeding allergenic foods the first couple of times you offer them to your baby.

Start by offering common allergens one at a time. Begin with the common allergens your family eats most often. Try, for example:

- peanut and tree-nut butters blended into infant cereal or spread thinly on strips of toast
- well-cooked egg and seafood
- milk products like yogurt and grated cheese. Wait until 9 to 12 months to offer whole (3.25%) milk.

If no symptoms occur, offer more. Then keep offering the food regularly – a few times a week, for example – to help maintain your baby's tolerance to it.

Signs of Food Allergy

Feeding common allergens for the first time is safe and rarely causes a serious reaction.

Symptoms of an allergic reaction usually appear within a few minutes of being exposed to a food but it can happen up to 2 hours later. The most common signs include:

- hives, swelling, redness or rash
- stuffy or runny nose with itchy, watery eyes
- vomiting
- coughing

If you think a food may have caused an allergic reaction, stop offering it and speak to your health care provider. You can continue to introduce other new foods, including other common food allergens.

Severe symptoms require immediate attention.

These include:

- swelling of the mouth, tongue or throat
- hives that are spreading
- trouble breathing, repetitive coughing or wheezing
- difficulty swallowing or a hoarse voice or cry
- pale or bluish face or lips
- faintness, weakness or passing out



MEDICAL EMERGENCY

Call 9-1-1 or the local emergency number right away if your child is showing signs of a severe allergic reaction.

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Key Resources for Parents and Caregivers

9-1-1 Emergency

9-1-1 or 1-1-2 if unable to get 9-1-1

311 Non emergency

BC Poison Control Centre (DPIC) provides poison control and drug information services to both the public and health care professionals.

Phone toll-free: 1-800-567-8911

Website: dpic.org

HealthLink BC gives you 24-hour access to non-emergency health information and services in more than 130 languages – just a phone call or click away.

Call 8-1-1 to:

- speak with a nurse about your symptoms
- talk to a pharmacist about your medication questions
- get healthy eating advice from a dietitian
- find nearby health services and resources
- get information about physical activity from a qualified exercise professional

For deaf and hearing-impaired assistance (TTY), call 7-1-1.

Website: healthlinkbc.ca

Public Health Offices or Community Health Centres offer a wide range of services to promote physical, emotional, social, communication and cognitive development for infants and children. Their services include breastfeeding or chestfeeding clinics, nutrition information and consultation, parent or caregiver and infant drop-in, child health clinics and family and infant follow-up. Contact your local health authority for more information.

Toddler's First Steps: A Best Chance Guide to Parenting Your 6- to 36-Month-Old (4th Edition) *Toddler's First Steps* is a parenting handbook that follows *Baby's Best Chance* designed to help parents and caregivers of children 6 to 36 months of age.

To purchase a copy, go to: crownpub.bc.ca and search for *Toddler's First Steps*.

Website: healthlinkbc.ca/toddlers-first-steps

Abuse and Neglect

Helpline for Children offers help for anyone under the age of 19 suffering from physical, emotional or sexual abuse, including abandonment, desertion, neglect, ill treatment or failure to meet the physical, emotional or medical needs of a child. Anyone can call, 24 hours a day, including parents and caregivers who are afraid they might hurt their child or anyone who knows a child is being abused. You can call anonymously.

Phone: 310-1234 (no area code needed)

Alcohol, Tobacco and Substance Use

To learn more about alcohol, tobacco, and other substance use, the impacts of using substances, as well as available resources and supports if you are struggling, talk with your health care provider or contact any of the following resources.

Alcohol and Drug Information and Referral Line offers confidential, free information.

Phone toll-free: 1-800-663-1441

BC Mental Health and Substance Use Services provide health care services and specialized treatment for people across the province with complex needs, including severe and persistent mental health and substance use/addiction issues.

Website: bcmhsus.ca/

Canada's Guidance on Alcohol and Health provides ways to make the most informed decisions about drinking alcohol based on up-to-date research.

Website: drinklesslivemore.ca/

Families in Recovery (FIR) Program provides specialized support to pregnant individuals and new parents and caregivers navigating substance use and mental health concerns. FIR offers customized services through a multidisciplinary team of physicians, nurses, social workers and other support services.

Website: bcwomens.ca/our-services/mental-health-substance-use/fir

Government of Canada – Get help with substance use has resources and information for people who need help with substance use, including overdose prevention resources and quit smoking services.

Website: canada.ca/en/health-canada/services/substance-use/get-help-with-substance-use.html

HealthLink BC offers information and support 24 hours a day in more than 130 languages.

Phone: 8-1-1

For deaf and hearing-impaired assistance (TTY), call 7-1-1.

Website: healthlinkbc.ca

Heartwood Centre for Women is a 30-bed residential facility located in Vancouver that provides integrated treatment for women (age 19+), including trans women, across British Columbia who struggle with severe substance use and mental health challenges.

Phone: 1-888-300-3088 ext.2032

Email: heartwood@cw.bc.ca

Website: bcmhsus.ca/our-services/provincial-integrated-mental-health-addiction-programs/heartwood-treatment-centre

Help Starts Here offers support for addiction, anxiety, substance use and mental health. The website features more than 2,600 listings for mental health and substance use services available across British Columbia.

Website: helpstartshere.gov.bc.ca/

Here to Help BC offers mental health and substance use information. It offers strategies to help you take care of your mental health and use substances in healthier ways, find the information you need to manage mental health and substance use problems, and learn how you can support a loved one.

Website: heretohelp.bc.ca/

Herway Home operates in Victoria and provides primary health care and social supports to pregnant women and parenting women who have a history of substance use and may also be affected by mental health issues, violence and trauma. Services include drug and alcohol counselling, parenting support, pregnancy and post-natal information, nutrition, infant and child services, advocacy, housing and income assistance information, and outreach.

Phone toll-free: 250-519-3681

Email: herwayhome@islandhealth.ca

Website: islandhealth.ca/learn-about-health/pregnancy-birth-babies/herway-home-hwh

National Native Alcohol and Drug Abuse Program (NNADAP) currently funds 10 residential treatment centres. Services are offered to adults, youth and families. Services offered at treatment facilities vary, but they include clients with physical disabilities or concurrent disorders and those on OAT (opioid agonist therapy) or psychoactive medications. Family treatment, couples counselling and services for pregnant people are also available.

Phone toll-free: 1-866-913-0033

Website: fnha.ca/what-we-do/mental-wellness-and-substance-use/treatment-centres

Provincial Substance Use Treatment Program offers residential substance use treatment programs that provide structured, supportive residential treatment services for individuals. Clients are 19 years of age or older and have a primary concern of substance use and show patterns of substance use that have not been successfully addressed at the community level. The program is 90 days, with 6 to 12 months of aftercare support.

Website: bcmhsus.ca/our-services/provincial-substance-use-treatment-program

QuitNow provides a wide range of free smoking cessation services 24/7. Trained care coaches will help develop a quit plan, deal with cravings and provide ongoing support.

Phone: HealthLink BC at 8-1-1

Website: quitnow.ca

Smoke-Free Housing BC offers resources and tools for tenants, landlords and condo owners to address second-hand smoke issues in multi-unit housing.

Website: smokefreehousingbc.ca

Talk Tobacco is a free confidential program offering culturally appropriate support and information about quitting smoking, vaping and commercial tobacco use to First Nations, Inuit, Métis and urban Indigenous communities.

Phone: 1 833 998-TALK (8255)

Website: smokershelpline.ca/talktobacco/home

Birth and Postpartum

Birth Support Information, HealthLink BC provides information about labour, delivery and doula support.

Website: healthlinkbc.ca/pregnancy-parenting/labour-and-birth/labour-and-delivery

Website: healthlinkbc.ca/pregnancy-parenting/labour-and-birth/planning-your-delivery/doulas-and-support-during-childbirth

DONA International is a global doula certifying organization. On their website you can learn about the types of support doulas provide and search for doulas working near you.

Website: dona.org

Doulas for Aboriginal Families Grant Program (DAFGP) seeks to increase healthy birth outcomes for Indigenous families living in B.C. by removing the cost barrier to accessing Doula services. The grant program provides families with up to \$1,200 of coverage for full-spectrum doula support with each pregnancy. The program is delivered by the BCAAF.

Phone: 1-250-940-6403

Fax: 1-250-388-5502

Email: doulaprogram@bcaafc.com

Website: bcaafc.com/dafgp

Doula Services Association of BC promotes doula support for families in British Columbia. Their mission is to raise awareness about the role of Perinatal (fertility, birth, postpartum, loss) Doulas within B.C., to provide a referral service to B.C. families and to deliver continuing education to members, health care professionals and the public at large. Their referral program offers volunteer doula support to low-income families.

Website: bcdoulas.org/find-a-doula

Midwives Association of BC offers pregnancy and birth resources for 2SLGBTQIA+ individuals.

Website: bcmidwives.com/Resources.html

Trans Care BC provides information on the physical and emotional changes to expect during pregnancy, the postpartum period, and infant feeding.

Website: transcarebc.ca/parents-families/trans-parents

Breastfeeding or Chestfeeding

British Columbia Lactation Consultants Association is an organization of international board-certified lactation consultants (IBCLCs) and others who wish to protect, support and promote breastfeeding or chestfeeding.

Website: bclc.ca

Dietitian Services, HealthLink BC is a helpline staffed by registered dietitians who can answer general and medical nutrition questions. Translation services available in 130 languages.

Phone: 8-1-1
For deaf and hearing-impaired assistance (TTY), call 7-1-1.
Website: healthlinkbc.ca/health-services/registered-dietitians

La Leche League Canada encourages, promotes and provides parent-to-parent" or "peer-to-peer" support and information for parents and caregivers on breastfeeding or chestfeeding.

Website: lllc.ca
Website: lllc.ca/chestfeeding

Public Health Centres and Hospitals may offer additional breastfeeding or chestfeeding services such as lactation consultants, support groups and phone consultation. Contact your local health authority for more information.

Public Health Agency of Canada offers resources to help you breastfeed or chestfeed successfully, including:

10 Great Reasons to Breastfeed Your Baby: canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/10-great-reasons-breastfeed-your-baby.html

10 Valuable Tips for Successful Breastfeeding: canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/breastfeeding-infant-nutrition/valuable-tips-successful-breastfeeding.html

Taking Care, Centre of Excellence for Women's Health is a short guide to breastfeeding or chestfeeding and substance use.

Website: cewh.ca/wp-content/uploads/2022/01/Taking-Care_Dec-6-2021-FINAL-WEB.pdf

Child Care

The Ministry of Education and Child Care or your local public health office can give you information to help you select a child care facility. You can also go online to HealthLink BC for tips and information on choosing child care providers.

Affordable Child Care Benefit allows parents or caregivers to check whether they are eligible for monthly payments to help with the cost of child care. Factors like income, family size and type of care determine how much support families can get.

Phone toll-free: 1-888-338-6622
Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/childcarebc-programs/child-care-benefit

B.C.'s Ministry of Children and Family Development has information for parents and caregivers on how to select child care and local child care options.

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children

Canada Revenue Agency administers tax laws for the Government of Canada and for most provinces and territories, as well as various social and economic benefit and incentive programs delivered through the tax system.

Website: canada.ca/en/revenue-agency.html

Child Care Licensing Regulations describe what's required of child care operators in British Columbia.

Website: bcfcca.ca/wp-content/uploads/2014/06/Child-Care-Licensing-Regulation-Information-Package-PDF-File.pdf

Child Care Resource and Referral (CCRR) Centres make it easier for families to find and access responsive and inclusive quality licensed and registered child care by providing information, support, resources and referral services to parents, caregivers and child care providers across the province.

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/childcarebc-programs/child-care-resource-referral

Find Child Care allows you to check to see if your provider participates in the fee reduction initiative, and allows you to access additional early years supports or use the Child Care Map to search licensed providers in your community.

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/childcarebc-programs/child-care-fee-reduction-initiative-provider-opt-in-status

HealthLink BC provides an overview of what parents and caregivers can look for when choosing childcare.

Website: healthlinkbc.ca/health-topics/choosing-child-care

Parents' Guide to Selecting and Monitoring Child Care is a brochure from the government of British Columbia that can help you make decisions about child care.

Website: gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/child-day-care/parents_guide_to_selecting_and_monitoring_child_care_in_bc_dec_2019.pdf

Child Development

ABC's of Language Development: Discover Language with Your Child is a book written for parents and caregivers that provides "how to" practical strategies to support the communication and language development of all children, organized in an A-B-C format.

Website: languagesciences.ubc.ca/abcs-book

Appetite to Play supports parents, caregivers and early years providers to promote healthy eating and physical activity for children (birth to 5 years old). The resource includes information, games, activities and recipes.

Website: appitetoplay.com/

DECODA provides children from birth to age 5 with a strong foundation in literacy, physical activity and healthy eating through fun activities and play. This program values the learning and bonding that happen when children and caregivers play together.

Phone: 604-681-4199

Email: info@decoda.ca

Website: decoda.ca/resources

Feelings First provides information to parents and caregivers on important concepts around social and emotional development for children (birth to 5 years old).

Website: feelingsfirst.ca/

Infant Development Program of the Infant and Child Development Association of BC offers home-based prevention and early intervention services to infants and children up to 3 years old. Consultants assess children and help families get the tools, skills and community connections they need to promote optimal child development and support developmental challenges. To find a program in your area, ask your public health nurse or health care provider.

Email: info@icdabc.ca

Website: icdabc.ca/programs/infant-development-program

KidCareCanada provides a variety of videos and books for new parents and caregivers on social and emotional development.

Website: kidcarecanada.org/

Ready, Set, Learn is a British Columbia government initiative that helps families with children aged 3 to 5 years old connect with the school system and community agencies.

Email: EDUC.EarlyLearning@gov.bc.ca

Website: gov.bc.ca/gov/content/education-training/early-learning/support/programs/ready-set-learn

Strong Start programs provide rich learning environments designed for early learning development for children up to 5 years old. Learn more about this free program and find a StrongStart BC Centre near you.

Website: gov.bc.ca/gov/content/education-training/early-learning/support/programs/strongstart-bc

Child Support

Family Justice Services has information about government support for families.

Website: gov.bc.ca/gov/content/life-events/divorce/family-justice

Ministry of Attorney General: Family Maintenance Enforcement Program has information on government financial support for families.

Website: bcfma.ca/about-bcfma/

Children with Support Needs

If you think your baby has a developmental problem or a disability, your public health nurse can help. Most communities have an infant development program that can help you find support services and activities for your baby that will encourage development.

Ministry of Children and Family Development

Early Childhood Intervention services are provided to infants and young children who show signs of – or who are at risk of having – a developmental delay or disability. These services are tailored to the specific needs of each child and family. Visit the website or contact your local public health nurse or physician, or local service provider.

Early childhood intervention programs

Website: gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/early-childhood-intervention

Ministry of Social Development and Poverty Reduction

Healthy Kids is a program that provides coverage for various care and treatment for low-income families not receiving income assistance.

Healthy Kids brochure

Website: gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/healthy-kids.pdf

Healthy Kids Program overview: gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/healthy-kids

Basic dental, eyeglasses and hearing care: gov.bc.ca/gov/content/health/managing-your-health/family/child-teen-health/dental-eyeglasses

Supported Child Development of the Infant and Child

Development Association of BC is a community-based program that offers a range of consulting and support services to children, families and child care centres so that children with extra support needs can participate in fully inclusive child care settings. To find a Supported Child Development Program in your area, ask your public health nurse or health care provider, or contact your local Ministry of Children and Family Development office.

Website: icdabc.ca/programs/supported-child-development

Dental Care

BC Dental Hygienists' Association is committed to ensuring that all British Columbians have access to high-quality oral health services.

Phone: 604-415-4559
Website: bcdha.bc.ca

BC Healthy Kids Program helps families with lower incomes with the costs of basic dental care for their children. They also provide coverage for optical care and hearing assistance. For more information, visit the website or talk with your public health unit.

Phone toll-free: 1-866-866-0800

Website: gov.bc.ca/gov/content/health/managing-your-health/family/child-teen-health/dental-eyeglasses

Website: gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/healthy-kids

British Columbia Dental Association is a comprehensive resource for dental professionals and the public. It provides information on a wide range of topics related to health, an online tool to help find a dentist, and patient resource.

Phone toll-free: 1-888-396-9888
Lower Mainland: 604-736-7202
Email: info@bcdental.org
Website: bcdental.org

Canadian Dental Care Plan (CDCP) will help ease financial barriers to accessing oral health care for eligible Canadian residents.

Website: canada.ca/en/services/benefits/dental/dental-care-plan.html

Dental Benefits provide some financial support to help eligible families access dental care.

Provincial Dental Benefit

Website: gov.bc.ca/gov/content/family-social-supports/income-assistance/on-assistance/supplements/dental

Health Authority Dental Care Program supports families to access dental treatment.

Island Health: islandhealth.ca/our-services/children-youth-services/dental-program

Fraser Health: fraserhealth.ca/Service-Directory/Services/Public-Health-Services/dental-care

Vancouver Coastal Health: vch.ca/en/service/dental-public-health-childrens-program

Northern Health: northernhealth.ca/services/programs/dental-health-program

Interior Health: interiorhealth.ca/services/early-childhood-dental-development-0-6-years

First Nations Health Authority: fnha.ca/benefits/dental

Smiles 4 Canada is a program run by the Canadian Foundation for the Advancement of Orthodontics (CFAO) in conjunction with the Canadian Association of Orthodontists (CAO). The program provides orthodontic treatment to young Canadians who would otherwise not be able to afford treatment.

Website: smiles4canada.ca

Emergency Preparedness

HealthLink BC provides resources on heat and heat-related illness in infants and young children.

Website: healthlinkbc.ca/healthlinkbc-files/heat-related-illness-infants-and-young-children

Website: healthlinkbc.ca/healthlinkbc-files/safety-infants-and-young-children-during-extreme-heat

Website: healthlinkbc.ca/healthlinkbc-files/safety-perinatal-population-during-extreme-heat

La Leche League Canada provides guidance on breastfeeding and chestfeeding emergencies and information.

Website: llc.ca/breastfeeding-emergencies

Safely Fed Canada is a national not-for-profit dedicated to improving emergency preparedness and response and improving food security for babies, young children and their families.

Website: safelyfed.ca/

Family Planning and Birth Control

Action Canada for Sexual Health & Rights is a progressive, human rights-based charitable organization committed to advancing and upholding sexual and reproductive health and rights in Canada and globally.

Website: <https://www.actioncanadashr.org/>

Options for Sexual Health offers a confidential phone line staffed by registered nurses and trained volunteers.

Phone toll-free: 1-800-739-7367

Lower Mainland: 604-731-7803

Website: optionsforsexualhealth.org

Family Resources

BC Council for Families provides educational resources on parenting, childhood development, parent or caregiver-teen relationships, work-life balance, suicide awareness and more. Information about involved parenting as well as customized programs and training are available on the website.

Website: bccf.ca

British Columbia Representative for Children and Youth

supports children, youth and families who need help in dealing with the child-serving system and pushes for changes to the system itself.

The Representative is responsible for advocating for children and youth and for protecting the rights of those who are most vulnerable, including those who are:

- in care and live in foster or group homes
- in the home of a relative under a government program
- in youth custody

The Representative for Children and Youth is an independent officer of the legislature and does not report through a provincial ministry.

Phone toll-free: 1-800-476-3933

Website: rcybc.ca

Family Resource Programs of BC is a not-for-profit provincial organization dedicated to raising awareness of the importance of community-based family resource programs (FRPs). FRP provide services in communities across the province and act as community hubs that enhance and support development of healthy families with children prenatal to 6 years old.

Phone: 250-590-5706

Email: admin@frpbc.ca

Website: frpbc.ca

Vanier Institute of the Family is a national charitable organization dedicated to promoting the well-being of Canadian families. Its website offers resources on many family-related issues.

Website: vanierinstitute.ca

Family Violence

When violence happens, there is help.

In case of emergency, call 9-1-1 and ask for the police. If your community does not have 9-1-1 service, look for the local police emergency phone number on the first page of your phone book under "Emergency."

BC Government – Gender-Based violence, sexual assault, and domestic violence resource offers support and assistance for those affected by domestic violence, including information on recognizing the signs of abuse, finding help and support services and understanding legal options and rights.

Website: gov.bc.ca/gov/content/safety/public-safety/domestic-violence

BC Society of Transition Houses is a member-based provincial umbrella organization that provides leadership, support and collaboration to enhance B.C.'s range of services focused on responding to, preventing and ending violence against women, children and youth.

Phone: 604-669-6943 or toll-free 1-800-661-1040

Website: bcsth.ca

Ending Violence Association of British Columbia support, train and advocate for anti-violence workers across B.C. to ensure the best outcomes for survivors.

Website: endingviolence.org

Gender-Based Violence Knowledge Centre provides resources, training and support to address gender-based violence and their services are aimed at supporting survivors and promoting safer communities.

Website: cfc-swc.gc.ca/violence/knowledge-connaissance/index-en.html

Kids Help Phone is Canada's only toll-free, 24-hour, bilingual and anonymous phone counselling, information and referral for young people.

Phone toll-free: 1-800-668-6868

Text HOME to: 686868

Website: kidshelpphone.ca

National Clearinghouse on Family Violence is a resource centre for information on violence within relationships of kinship, intimacy, dependency or trust.

Phone toll-free: 1-800-267-1291

Email: sfv-avf@phac-aspc.gc.ca

Stop Family Violence is a one-stop source for information on family violence.

Website: phac-aspc.gc.ca/sfv-avf/index-eng.php

VictimLinkBC is a province-wide telephone help-line for victims of family and sexual violence and all other crimes. VictimLinkBC operates 24 hours a day, 7 days a week, and provides service in 240 languages. A victim service worker will help you find information on the victim services closest to you.

Phone toll-free: 1-800-563-0808

For deaf and hearing-impaired assistance (TTY): 604-875-0885

Text: 604-836-6381

Email: VictimLinkBC@bc211.ca

Website: victimlinkbc.ca

Fathering

Dad Central connects, inspires and trains dads and communities to build healthy children together by providing an extensive library of resources and guidance for the dad journey.

Website: dadcentral.ca

FNHA Fatherhood is Forever is a resource booklet about fathering for First Nations and Métis parents in B.C.

Website: fnha.ca/WellnessSite/WellnessDocuments/fatherhood-is-forever.pdf

Trans Rights BC: Know your rights: Parenting offers information on the rights of trans individuals regarding genetic material preservation, access to assisted reproductive technology, legal parenthood, fostering, adoption and parenting rights.

Website: transrightsbc.ca/know-your-rights/parenting/

Health Authorities

First Nations Health Authority (FNHA)

Phone toll-free: 1-866-913-0033

Website: fnha.ca

Fraser Health

Phone: 1-877-935-5669 toll-free or 604-587-4600

Website: fraserhealth.ca

Website: fraserhealth.ca/Service-Directory/Services/Public-Health-Services/public-health-unit (list of health units)

Prenatal Registration List: fraserhealth.ca/health-topics-a-to-z/pregnancy-and-baby

Interior Health

Phone: 250-469-7070

Website: interiorhealth.ca

Prenatal Registration List: interiorhealth.ca/health-and-wellness/pregnancy-and-childbirth/prenatal-connections/healthy-from-the-start-eform

Island Health

Phone: 250-370-8699

Phone toll-free 1-877-370-8699

Toll-free: 1-877-370-8699

Switchboard: 250-370-8699

Website: islandhealth.ca

Prenatal Registration List: islandhealth.ca/our-services/pregnancy-birth-services/right-start

Northern Health

Phone: 250-565-2649

Website: northernhealth.ca

Website: northernhealth.ca/health-information/pregnancy-and-baby/prenatal-care

Northern Health no longer has a prenatal registry program through Public Health. Rather, prenatal services are delivered in an integrated, team-based way through Primary and Community Care (PCC): northernhealth.ca/health-information/primary-and-community-care. If you have any questions, email us at HealthyStart@northernhealth.ca.

Vancouver Coastal Health

Lower Mainland: 604-736-2033

Pregnancy support line: 1-855-550-2229

Website: vch.ca

Prenatal Registration List: vch.ca/sites/default/files/import/documents/Public-Health-Prenatal-Program-Contact-Form.pdf

Hearing

BC Early Hearing Program (BCEHP) is the province-wide screening program to check hearing for babies born in B.C. The program provides integrated services from hearing screening to hearing testing, as well as early language support following identification of hearing loss.

Phone toll-free: 1-866-612-2347

Website: phsa.ca/our-services/programs-services/bc-early-hearing-program

BC Family Hearing Resource Society is a non-profit organization that provides intervention, support, education, sign language instruction and peer-to-peer mentoring to families throughout B.C.

Website: bcfamilyhearing.com

BC Healthy Kids Program helps families with lower incomes with the costs of basic dental care for their children. They also provide coverage for optical care and hearing assistance. For more information, visit the website or talk with your public health unit.

Phone toll-free: 1-866-866-0800

Website: gov.bc.ca/gov/content/health/managing-your-health/family/child-teen-health/dental-eyeglasses

Website: gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/healthy-kids

Children's Hearing and Speech Centre of BC is a family-focused clinical and educational centre that teaches children with hearing loss to listen and talk, giving them the skills and confidence they need to achieve their fullest potential.

Website: childrenshearing.ca

Deaf Children Society of BC is a not-for-profit agency that provides resources, programs, support and information to families with deaf and hard-of-hearing children from birth to age 5.

Website: deafchildren.bc.ca

Provincial Deaf and Hard of Hearing Services provide deaf, hard-of-hearing and deaf-blind children and their families with a safe place to explore and achieve personal goals in an American Sign Language (ASL) and English environment.

Website: gov.bc.ca/gov/content/family-social-supports/youth-and-family-services/deaf-hard-of-hearing

Housing

BC Housing develops, manages and administers a wide range of subsidized housing options, community shelters, women's shelters and Rental Assistance Program across the province.

Website: <https://www.bchousing.org/housing-assistance>

Co-op Housing offers a tool to assist individuals in finding cooperative housing in British Columbia. Cooperative housing provides affordable, community-oriented housing options, and this tool helps people locate cooperative housing that meets their needs.

Website: chf.bc.ca/find-co-op/

Immunizations

BC Centre for Disease Control provides information on Immunization Programs and Vaccine Preventable Diseases.

Website: bccdc.ca/our-services/service-areas/immunization-programs-and-vaccine-preventable-diseases

BC Pediatric Society helps advocate for improved health for infants, children, youth and their families.

Website: bcpeds.ca/families/immunization

HealthLink BC Files contain information on many vaccination-related topics.

Website: healthlinkbc.ca

ImmunizeBC has information about immunizations in British Columbia, including common questions.
Website: immunizebc.ca

Vaccination and Your Child is an online resource of the Canadian Paediatric Society that answers many common questions about having your child vaccinated.
Website: caringforkids.cps.ca/handouts/vaccination_and_your_child

Indigenous Services

Aboriginal Head Start Association of BC (AHSABC) is a leader in Aboriginal early childhood education. AHSABC provides support to AHS sites throughout the province to promote excellence in programming. AHSABC is dedicated to the development of Indigenous children and their families, and works in collaboration with other organizations and government to ensure consistent standards of quality.

Website: ahsabc.net

Aboriginal Infant Development Program offers culturally relevant home-based prevention and early intervention services for Indigenous infants. It is a parallel organization to the BC Infant Development Program. For information on local programs, contact the Office of the Provincial Advisor for Aboriginal Infant Development Programs or your public health unit.

Phone toll-free: 1-866-388-4881
Website: aidp.bc.ca

Aboriginal Supported Child Development is a community-based program that offers a range of consulting and support services in a culturally relevant and meaningful way to children, families and child care centres to allow children with extra support needs to participate in fully inclusive child care settings. To find a program in your area, talk with a public health nurse or visit the website.

Website: ascdp.bc.ca

BC Aboriginal Child Care Society is a non-profit provincial organization offering Aboriginal early childhood programs throughout British Columbia.

Website: acc-society.bc.ca

BC Association of Aboriginal Friendship Centres aims to improve the quality of life of Canada's Indigenous people and to protect and preserve Indigenous culture for the benefit of all Canadians.

Phone toll-free: 1-800-990-2432
Website: bcaafc.com

First Nations Health Authority (FNHA) is responsible for planning, managing and delivering services and funding health programs, in partnership with First Nations communities in B.C. Guided by the vision of embedding cultural safety and humility into health service delivery, the FNHA works to reform the way health care is delivered to B.C. First Nations through direct services, provincial partnership collaboration and health systems innovation. When it comes to maternal, child and family health, FNHA's approach is health and wellness now and into the future for the whole family.

Phone toll-free: 1-866-913-0033
Website: fnha.ca/what-we-do/maternal-child-and-family-health
Website: fnha.ca/what-we-do/ehealth/virtual-doctor-of-the-day

KUU-US Crisis Line Society provides a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week, toll-free from anywhere in British Columbia (as per KUU-US Crisis Line Society | HealthLink BC).

Phone toll-free: 1-800-588-8717
Youth Line: 250-723-2040
Adult Line: 250-723-4050
Website: kuu-uscrisisline.com

Métis Nation British Columbia – Children & Families develops and enhances opportunities for Métis chartered communities and Métis people in B.C. by providing culturally relevant social and economic programs and services.

Website: mnbc.ca/work-programs/ministries/children-and-families

Our Sacred Journey: Indigenous Pregnancy Passport is a culturally appropriate health promotion resource empowering women/people and families through their sacred journey of pregnancy. The resource incorporates Indigenous traditional beliefs and values as well as clinical best practices.

Check out the passport at: perinatalservicesbc.ca/Documents/Resources/Aboriginal/IndigenousPregnancyPassport.pdf

2SLGBTQIA+

BC Government provides resources and information to promote gender equity in British Columbia. New services and opportunities are helping to expand access to childcare, health care, education and training, affordable housing, counselling and crisis support services, as well as support for people facing gender-based violence.

Website: gov.bc.ca/gov/content/gender-equity/resources

Kelty Mental Health helps families across the province navigate the mental health system, connect with peer support and access resources and tools to support well-being. Their team assists professionals working to support the mental health and well-being of children, youth and families in B.C. schools.

Website: keltymentalhealth.ca/

Midwives Association of BC offers a variety of tools and information for midwives and their clients and provides support for 2SLGBTQIA+ families.

Website: bcmidwives.com/Resources.html

QMUNITY is a non-profit organization based in Vancouver that works to improve queer, trans and Two-Spirit lives. They provide a safer space for 2SLGBTQIA+ people and their allies to fully self-express while feeling welcome and included. Their building serves as a catalyst for community initiatives and collective strength, and they provide personal support, information and referrals for queer, trans and Two-Spirit people of all ages to live healthier, happier lives. Programs include free and low-cost counselling, an STI clinic, free legal advice through Access Pro-Bono and an employment drop-in clinic.

Phone: 604-684-5307 ext. 100

Phone toll-free: 1-800-566-1170

Email: reception@qmunity.ca

Website: qmunity.ca

Trans Care BC connects transgender, Two-Spirit and gender-diverse parents and caregivers to supportive, gender-affirming care providers.

Phone toll-free: 1-866-999-1514

Email: transcareteam@phsa.ca

Website: transcarebc.ca/

Medical Resources

BC Urgent and Primary Care Services offer essential health care services to families in need. The website provides details about the services offered, locating nearby centres and what to expect during a visit.

Website: healthlinkbc.ca/health-services/urgent-and-primary-care-centres

British Columbia College of Nurses & Midwives regulates the professions of nursing and midwifery and maintains an online directory of nurses, nurse practitioners and midwives. Nurse practitioners can provide primary care to individuals and families in need of a primary care provider. Midwives can provide primary care to pregnant people and their newborn babies, from early pregnancy through labour and birth and up to 6 weeks after birth. Urgent and Primary Care Centres offer essential health care services to families in need.

Phone: 604-742-2230

Phone: 604-742-6200

Toll-free: 1-866-880-7101 (within Canada only)

Email: info@bccnm.ca

Website: registry.bccnp.ca/ElasticSearch/Search

Canadian Paediatric Society promotes quality health care for Canadian children and establishes guidelines for paediatric care. The organization offers educational materials on a variety of topics, including pregnancy, immunizations, safety issues and teen health.

Phone: 613-526-9397

Website: csp.ca

Caring for Kids is a website that provides parents and caregivers with information about their child's health and well-being. Developed by the Canadian Paediatric Society.

Website: caringforkids.cps.ca

College of Physicians and Surgeons of BC services the public by regulating physicians and surgeons and provides information on medical licensing, standards of practice, complaints and disciplinary processes and resources for patients seeking information about health care providers.

Website: cpsbc.ca/

HealthLink BC Health Connect Registry – If you live in British Columbia and need a family doctor or nurse practitioner, register for the Health Connect Registry.

Website: healthlinkbc.ca/health-connect-registry

Medical Care Directory – Pathways Medical Care offers a range of medical services, including primary care, urgent care, specialist consultations and preventative health care services. Their website provides information about their services, health care providers and how to book appointments.

Website: pathwaysmedicalcare.ca/

Oak Tree Clinic at BC Women's Hospital & Health Centre provides specialized interprofessional HIV care across the lifespan, including from birth, throughout childhood, adolescence and adulthood – including reproductive health, pregnancy, menopause and beyond – in a safe environment.

Phone: 1-888-711-3030

Website: bcwomens.ca/our-services/specialized-services/oak-tree-clinic

Society of Obstetricians and Gynaecologists of Canada (SOGC) is a leading authority on reproductive health care. The SOGC provides public education on important sexual and reproductive health issues.

Phone toll-free: 1-800-561-2416

Website: sogc.org

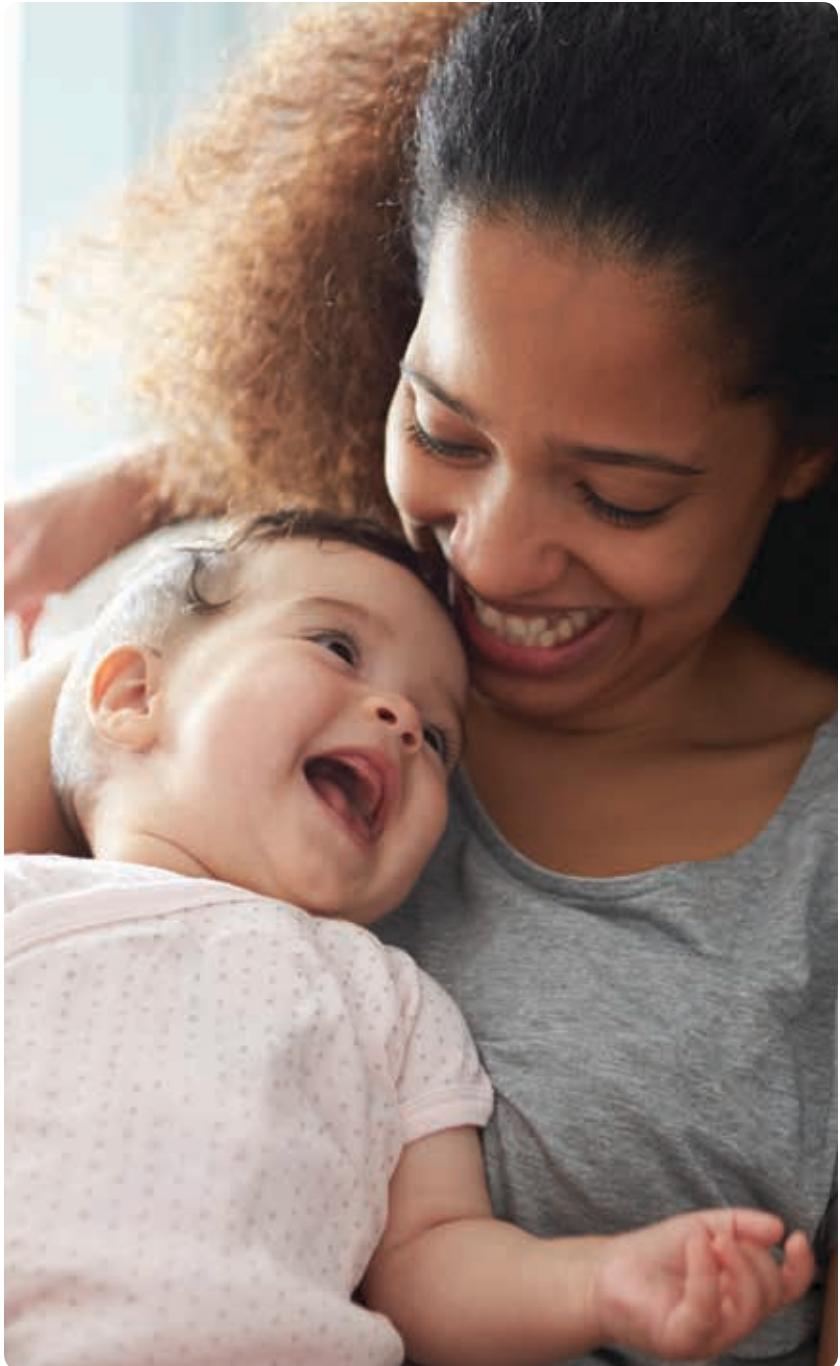
Mental Health

For information about perinatal depression support groups, contact your public health unit.

BC Crisis Line provides emotional support to youth, adults and seniors in distress, 24 hours a day, 7 days a week.

Phone toll-free: 1-800-784-2433

Website: crisiscentre.bc.ca



BC Reproductive Mental Health Program offers resources on parental and caregiver mental health, including tools that you can use yourself. Through referral from your health care provider, the program offers counselling for depression and other mental illnesses in pregnancy and after birth.

Website: bcwomens.ca/our-services/mental-health-substance-use/reproductive-mental-health

British Columbia Association for Living Mindfully (BCALM) is a non-profit society dedicated to facilitating increased mindfulness and reduced stress in homes, schools and workplaces throughout B.C. They offer mindfulness-based stress management programs across the province, some of which are covered through MSP with a referral from a primary care provider.

Email: info@bcalm.ca

Website: bcalm.ca

HealthLink BC provides information on mental health and a variety of other health topics.

Phone: 8-1-1

Website: healthlinkbc.ca/mental-health

KUU-US Crisis Line Society provides a First Nations and Indigenous specific crisis line available 24 hours a day, 7 days a week, toll-free from anywhere in British Columbia (as per KUU-US Crisis Line Society | HealthLink BC).

Phone toll-free: 1-800-588-8717

Youth Line: 250-723-2040

Adult Line: 250-723-4050

Website: kuu-uscrisisline.com

Mental Health and Substance Use Service Map is a searchable listing of mental health and substance use resources and services, organized by community.

Website: helpstartshere.gov.bc.ca/resources?key=Mental%20Illness&from=word_cloud

Pacific Post Partum Support Society is a non-profit society dedicated to supporting the needs of postpartum mothers and their families. Support is available by phone, text and through a guide, *Postpartum Depression and Anxiety: A Self-Help Guide for Mothers*.

Phone toll-free: 1-855-255-7999

Phone: 604-255-7999

Website: postpartum.org

New Immigrants and Refugees

Interim Federal Health Program (IFHP) covers certain pre-departure medical services for refugees coming to Canada for resettlement and provides limited, temporary coverage of health care benefits to some people who aren't eligible for provincial or territorial health insurance.

Website: canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary

New Beginnings Maternity Clinic provides comprehensive maternity care for women/people who do not yet have Provincial Medical Services Plan (MSP) coverage, have significant financial hardship and who meet the eligibility criteria as determined by BC Women's Hospital.

Phone: 604-875-2396

Website: bcwomens.ca/our-services/pregnancy-prenatal-care/maternity-care-for-new-immigrants

Welcome BC provides many services and supports for newcomers to help them settle in the province.

Website: welcomebc.ca/start-your-life-in-b-c/newcomers-guides

Website: welcomebc.ca/Study-in-B-C/Resources-For-International-Students

Nutrition

Canada's food guide is available through the Health Canada website.

Website: food-guide.canada.ca/en

Dietitians of Canada offers a wide range of resources related to nutrition and dietetics.

Website: dietitians.ca

Dietitian Services – HealthLink BC can answer your questions about healthy eating, food and nutrition. Registered dietitians are available by email and phone from 9 am to 5 pm, Monday to Friday. Services are available in more than 130 languages.

Phone toll-free: 8-1-1 (or 7-1-1 for the deaf and hard of hearing)

Website: healthlinkbc.ca/healthy-eating-physical-activity/email-healthlinkbc-dietitian

Website: healthlinkbc.ca/health-services/registered-dietitians

Food Allergy Canada offers information and resources to help Canadians with food allergies live with confidence.

Website: foodallergycanada.ca

UnlockFood.ca offers everyday guidance from the Dietitians of Canada.

Website: unlockfood.ca

Parenting

Support groups, such as Parents without Partners, Mother Goose! and Nobody's Perfect, as well as the family resource program (Family Place), are available in many communities. Contact your local public health unit, mental health agency or family resource centre.

BC211 connects people to the community, government and social services they need. Help is confidential and available in many languages. Call, chat online or text 2-1-1 every day between 8 am and 11 pm.

Phone/Text: 2-1-1
Website: bc211.ca

Parent Support Services Society of BC provides self-help parenting support to parents, grandparents raising grandchildren, kinship care providers and caregivers throughout British Columbia through their Parenting Support Circles program.

Website: parentsupportbc.ca/services/support-groups/

Physical Activity

Canadian 24-Hour Movement Guidelines show that there is an important relationship between overall health and how much sleep, sedentary behaviour and physical activity children get in a 24-hour period.
Website: csepguidelines.ca

Canadian Guideline for Physical Activity throughout Pregnancy provides guidelines on physical activity during pregnancy.

Website: csepguidelines.ca/guidelines/pregnancy/

HealthLink BC offers tools, forms and guidelines for individuals to support healthy lifestyle choices such as physical activity.

Website: healthlinkbc.ca/healthy-eating-physical-activity/being-active

Physical Activity Services – HealthLink BC is staffed by qualified exercise professionals who provide general physical activity information and professional guidance to help British Columbians be more physically active and lead a healthier lifestyle. Translation services are available in 130 languages.

Phone: 8-1-1 (or 7-1-1 for the deaf and hard of hearing)
Website: healthlinkbc.ca/health-services/healthlink-bc-811-services#pas

Postpartum Support

BC Association of Pregnancy Outreach Programs offers free postpartum supports including the Healthy Care Pregnancy Pilot Project which provides support to newly parenting individuals who use or have used substances in the province and the Pregnancy Hub which offers access to referrals to local programs and services, an evidence-based resource library, a monthly newsletter, exciting live and recorded webinars, virtual classes and events.

Website: bcapop.ca

Pacific Post Partum Support Society provides support to mothers and caregivers and their families experiencing postpartum/perinatal distress, depression and anxiety through support groups and phone and text support.

Phone/Texting: 604-255-7999 | Toll-Free: 1-855-255-7999
Website: postpartum.org

Pregnancy

BC Association of Pregnancy Outreach Programs improves the quality of health services for mothers, birthing parents, and infants and infant health services by distributing prenatal vitamins, information on relevant research projects and providing Pregnancy Outreach Programs to the public including the Healthy Care Pregnancy Pilot Project and the Pregnancy Hub.

Website: bcapop.ca

BC Women's Hospital and Health Centre provides health information on pregnancy and parenting. This includes resources on prenatal care, childbirth, postpartum support and parenting tips.

Website: bcwomens.ca/health-info/pregnancy-parenting

HealthLink BC provides resources about pregnancy, parenting and how to raise healthy children.

Website: healthlinkbc.ca/pregnancy-parenting

Perinatal Services BC Pregnancy Passports offers support through the journey of pregnancy, birth and baby's first few weeks.

Our Special Journey Pregnancy Passport

perinatalservicesbc.ca/Documents/Resources/HealthPromotion/PregnancyPassport/PregnancyPassport.pdf

Our Sacred Journey Indigenous Pregnancy Passport

perinatalservicesbc.ca/Documents/Resources/Aboriginal/IndigenousPregnancyPassport.pdf

Pregnancy Weight Gain Calculator will help you determine the recommended weight gain that will promote a healthy pregnancy.

Website: hc-sc.gc.ca/fn-an/nutrition/prenatal/bmi/index-eng.php

PSBC Prenatal Genetic Screening offers information about prenatal genetic screening programs to help expectant parents and caregivers make informed decisions about their pregnancy.

Website: perinatalservicesbc.ca/our-services/screening-programs/prenatal-genetic-screening

Pregnancy Loss

BC Women's Hospital and Health Centre provides information and supports for those who have had a miscarriage.

Website: bcwomens.ca/health-info/pregnancy-parenting/miscarriage

Website: bcwomens.ca/health-info/pregnancy-parenting/stillbirth-newborn-loss

HealthLink BC provides information on miscarriage and health tools.

Website: healthlinkbc.ca/pregnancy-parenting/pregnancy/risks-and-complications-during-pregnancy/miscarriage

Website: healthlinkbc.ca/health-topics/grief-and-grieving

Pregnancy and Infant Loss Support Centre supports and connects individuals who have experienced the trauma around miscarriage, stillbirth, Termination For Medical Reasons (TFMR), abortion, neonatal loss, Sudden Infant Death Syndrome (SIDS) or infertility.

Website: pilsc.org

Prescription Drugs

First Exposure offers information about medications and substance safety for pregnancy and lactation health.

Website: firstexposure.ca/

MotherToBaby offers information about the safety of medications while breastfeeding or chestfeeding.

Website: mothertobaby.org

PharmaCare subsidizes eligible prescription drugs and medical supplies.

Phone toll-free: 1-800-663-7100

Lower Mainland: 604-683-7151

Website: gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents

Safety

BCAA Child Passenger Safety Program provides information and resources to keep children safe while travelling on B.C. roads.

Phone toll-free: 1-877-247-5551

Website: bcaa.com/community/child-car-seat-safety

BC Centre for Disease Control – SmartSex explores a wide range of downloadable guides and handouts on various sexual health topics, available in multiple languages.

Website: smartsexresource.com/for-health-providers/patient-resources/

BC Drug and Poison Information Centre (DPIC) provides poison control and drug information services to both the public and health care professionals.

Phone toll-free: 1-800-567-8911

Website: dpic.org

BC Injury Research and Prevention Unit shares useful information to help people of all ages avoid injury.

Website: injuryresearch.bc.ca

Canada Safety alerts and notices for child car seats informs parents and caregivers about child car seat and booster seat safety.

Website: tc.canada.ca/en/road-transportation/defects-recalls-vehicles-tires-child-car-seats/safety-alerts-notices-child-car-seats

Canada Safety Council is a national, non-government charitable organization that provides safety information, education and awareness covering traffic, home, work and leisure.

Phone: 613-739-1535

Website: canadasafetycouncil.org

Canadian Red Cross teaches emergency child care, first aid, CPR and basic skills for dealing with emergencies.

Phone toll-free: 1-877-356-3226

Website: redcross.ca

Get Checked Online is a free and confidential online sexually transmitted infection (STI) testing service offered by the BC Centre for Disease Control (BCCDC).

Website: getcheckedonline.com/Pages/HowGetCheckWorks.aspx

Health Canada: Consumer Product Safety offers information specific to safer baby equipment:

Phone toll-free: 1-866-662-0666

Website: hc-sc.gc.ca/cps-spc/index-eng.php

Website: canada.ca/en/health-canada/services/nursery-products.html

Parachute provides information on keeping children safe and preventing injuries.

Phone toll-free: 1-888-537-7777

Website: parachute.ca/en

PreparedBC offers help with emergency planning and creating emergency kits.

Website: gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc

Public Health Agency of Canada offers online information on many child safety topics.

Website: phac.gc.ca

Safe Start is an injury-prevention program of BC Children's Hospital that provides information to parents and caregivers on how to make homes and cars safer.

Website: bccchildrens.ca/health-info/healthy-living/child-safety

Safer Sleep for My Baby promote safe sleeping practices for babies.

Website: healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/baby-safety/safer-sleep-my-baby

The Society of Obstetricians and Gynecologists of Canada

Sex & U resource offers evidence-based information and resources on sexual health, contraception, STIs, pregnancy and relationships.

Website: sexandu.ca/

St. John's Ambulance offers programs in first aid, CPR and child care.

Local branches of St. John Ambulance are listed in the white pages of your telephone directory and in the Yellow Pages under "First Aid Services."

Website: sja.ca

Shaken Baby Syndrome

Crisis Intervention and Suicide Prevention Centre of

British Columbia provides free, confidential, non-judgmental emotional support 24 hours a day, 7 days a week to people experiencing feelings of distress or despair.

Phone toll-free: 1-800-784-2433

Website: crisiscentre.bc.ca

Prevent Shaken Baby Syndrome British Columbia helps reduce the incidence of shaken baby syndrome in British Columbia by providing timely, relevant and scientifically sound information.

Website: dontshake.ca/

Speech-Language Therapy

Speech language services are available through public health and a variety of community service providers.

BC Early Hearing Program (BCEHP) is the province-wide screening program to check hearing for babies born in BC. The program provides integrated services from hearing screening to hearing testing as well as early language support following identification of hearing loss.

Phone toll-free: 1-866-612-2347

Website: phsa.ca/our-services/programs-services/bc-early-hearing-program

Speech Hearing BC is a non-profit association of speech-language pathologists and audiologists in B.C., and offers a tool to find a professional on their website.

Phone toll-free: 1-877-BCASLPA (222-7572)

Website: speechandhearingbc.ca/public

Travel

CATSA offers information about what you can travel with such as human milk and formula.

Website: catsa-acsta.gc.ca/en

Government of Canada provides information and considerations to help you prepare for safe and healthy travels outside Canada while pregnant.

Website: travel.gc.ca/travelling/health-safety/travelling-pregnant

HealthLink BC provides tips for parents and caregivers on how to prepare for and ensure the safety and well-being of children while travelling.

Website: healthlinkbc.ca/pregnancy-parenting/pregnancy/safety-during-pregnancy/travel-during-pregnancy

Immunize BC provides information on the vaccines that are recommended before, during and after pregnancy and why they are important for protecting you and your baby.

Website: immunizebc.ca/adults/pregnancy

Vision

Your regular health care provider should check your child's vision at every visit, starting at birth.

Provincial health coverage can cover all or part of the cost of eye exams for children. Further information is available from your optical provider or the government website: gov.bc.ca/gov/content/health/health-drug-coverage/msp

For information on First Nations Health Benefits for Vision and Dental Care: fnha.ca/Documents/FNHA-Health-Benefits-Guide.pdf

BC Doctors of Optometry offers a tool to find a Doctor of Optometry and the BC Doctors of Optometry Eye Health Library.

Website: bc.doctorsofoptometry.ca/find-a-doctor

Website: bc.doctorsofoptometry.ca/library/

BC Healthy Kids Program provides coverage for eye wear for children up to age 18 from lower income families. For more information, visit the website or talk with your public health unit.

Phone toll-free: 1-866-866-0800

Website: gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/healthy-kids.pdf

Website: gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/healthy-kids

Website: gov.bc.ca/gov/content/health/managing-your-health/family/child-teen-health/dental-eyeglasses

We are always looking for new and helpful resources for families. If you have any suggestions, please contact us at chbacadmin@phsa.ca.



Appendix

[**Canada's food guide**](#)

[**Deciding how to feed your baby**](#)

[**Birth Preference Guide**](#)

[**Postpartum Support Guide**](#)

[**NESTS for Well-Being**](#)

[**Labour and birth hospital packing list**](#)

[**Safe Position for Skin-to-Skin Contact**](#)

[**The Golden Hour**](#)

Eat well. Live well.

Eat a variety of healthy foods each day



* Source: © All rights reserved. Canada's Food Guide: Snapshot. Health Canada, 2019.
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Available at: food-guide.canada.ca/artifacts CFG-snapshot-EN.pdf

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Discover your food guide at

Canada.ca/FoodGuide

Eat well. Live well.

Healthy eating is more than the foods you eat



Be mindful of your eating habits



Cook more often



Enjoy your food



Eat meals with others



Use food labels



Limit highly processed foods



**Marketing can influence
your food choices**

*

Healthy eating recommendations



Healthy eating is more than the foods you eat. It is also about where, when, why and how you eat.

Be mindful of your eating habits

- Take time to eat
- Notice when you are hungry and when you are full

Cook more often

- Plan what you eat
- Involve others in planning and preparing meals

Enjoy your food

- Culture and food traditions can be a part of healthy eating

Eat meals with others

Make it a habit to eat a variety of healthy foods each day.

Eat plenty of vegetables and fruits, whole grain foods and protein foods. Choose protein foods that come from plants more often.

- Choose foods with healthy fats instead of saturated fat

Limit highly processed foods. If you choose these foods, eat them less often and in small amounts.

- Prepare meals and snacks using ingredients that have little to no added sodium, sugars or saturated fat
- Choose healthier menu options when eating out

Make water your drink of choice

- Replace sugary drinks with water

Use food labels

Be aware that food marketing can influence your choices

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Deciding how to feed your baby

Want to know more about feeding your baby?

Thinking about your feeding options is an important part of getting ready for your baby.

Your health care team will support you with up to date information about feeding your baby. It is your choice to decide what is best for you and your baby.

You may find it helpful to write down any questions that you might have. Explore these with your health care team at any time during your pregnancy. It is important to have all the information you need to make an informed decision on how to feed your baby.

QUESTIONS TO CONSIDER:

What do you need to know about different infant feeding options?

Write down any questions about feeding your baby that you would like to discuss with your health care team.

What is important to you about feeding your baby? Discuss this with your health care team so they can understand how to best support you.

How do you feel about breastfeeding or chestfeeding? Only you know your own thoughts and feelings about breastfeeding or chestfeeding. This is an important part of making this decision.

What cultural or personal beliefs would you like to consider when deciding how to feed your baby? Is there anything you would like to share with your health care team so they can understand how to best support you?

If you have had a baby before, what was your feeding experience like?

Is there anything you would like to change this time?

Visit
Baby's Best Chance



Is there anything about home, work, school, or your community that could affect your feeding decision?

Your health care team can help you create a supportive plan for feeding your baby. It may be helpful to look into your place of employment or school if they have an infant feeding policy, and establish how long you will be on leave for. Learn more about [creating a lactation-friendly space in your workplace](#).

Are there any health concerns that may affect your ability to breastfeed or chestfeed?

Discuss with your health care team if you have any health concerns that may affect breastfeeding or chestfeeding.

Cost can be a concern when deciding how to feed your baby.

Your health care team can connect you to resources you may need.

Do you know someone who can support you in your feeding goals and decisions (partner, family, roommate)? It takes time, practice, and support to learn how to breastfeed or chestfeed and to feel confident feeding your baby. Think about people in your life who can help you.

Are you feeling pressured to feed your baby in a certain way? Do what is right for you and your baby. However you decide to feed your baby, your health care team can support you along the way.

How would you like to feed your baby? With information and support that meets their needs, most parents are able to meet their feeding goals. However you decide to feed your baby, your health care team can support you along the way.

How would you like to feed your baby when you are out in public? Breastfeeding and chestfeeding are a human right that is protected by the [BC Human Rights Code](#). Families can feed their babies anytime, anywhere.

For more information about feeding your baby, visit

www.perinatalservicesbc.ca/Documents/Resources/HealthPromotion/PregnancyPassport/PregnancyPassport.pdf

www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/IndigenousPregnancyPassport.pdf

Birth Preference Guide

This guide is for those who would like to share their birth preferences.

Birth preference guides are a supportive communication tool to help support you with labour and birth options. Communicating your labour and birth preferences is an opportunity to share with your care team what is important to you. This also gives you an ability to share any cultural, ceremonial, and traditional practices you may want to include in your labour and birth. Use this guide early and often and discuss with your care team and your partner or supports.

Everyone's labour and birth experiences are unique. Sometimes, what was expected and what happens, are not the same. To help you prepare for the unexpected, here are some things to consider; communication, trusting your instincts, flexibility, circles of support, and learning about emergency procedures. If you choose to write down your birth preferences, we recommend doing so by the third trimester and sharing a copy with your care team.

Name: _____	Pronouns: _____
Partner/support person name(s) if applicable: _____	
Baby's estimated due date: _____	
Care provider (Doctor/Midwife): _____	
Doula or Birth Support Worker: _____	

Getting to know you

 **What would you like us to know about you?** (For example, communication preferences, concerns, fears, triggers, hopes, privacy, etc). Please share as much as you would like so we can support you.

How have you prepared for your labour in a specific way? (For example, prenatal classes, newborn classes, breastfeeding or chestfeeding classes, hypnotherapy, apps, researching on your own, ceremony, other cultural ways of preparing with aunties or Elders, etc). Please share as much as you would like so we can support you.

Birth place

Where would you prefer to give birth?

I am planning to have my baby at the hospital I am planning to have my baby in the community
 My local community hospital Home
 I am relocating to give birth in the hospital Birth house or birth centre location:

Location: _____

Other: _____

Labour and delivery preferences (Baby's Best Chance page 40–48):

Who would you like to have with you during labour and birth?

- Partner: _____ Support person: _____
- Family members: _____ Friends: _____
- Doula or Birth Support Worker: _____ Children: _____
- Elders or Knowledge Keepers: _____ Other: _____

The following person(s) should **NOT** be allowed at my labour and birth:

Do you have any cultural or religious practices you'd like to incorporate?

- For my labour and birth: _____
- For me after birth: _____
- For my baby: _____
- Other: _____

Are you planning to have a water birth? Yes No

Health care learners

It is very important for you to feel safe and respected throughout your birth experience. Those involved and providing care can impact your experience. During your pregnancy, labour and birth, you may be asked permission for a student midwife, student nurse, or medical resident to observe or participate in your care. Training future generations of perinatal and newborn care providers is important and requires your permission. We encourage you to discuss your level of comfort with your care provider should this arise for you.

- I give my permission for any supervised learners to participate in my labour and delivery.
- I do not give my permission for any learners to participate in my labour and delivery.
- I choose to wait until my birth to decide. Please ask me before including learners in my care.

Coping and comfort (Baby's Best Chance page 42–50):

- Natural (or non-medical options) coping and comfort methods (breathing, movement, relaxation).
- I do not want to be offered pain medication. I will request them if I need them.
- My codeword for when I am serious about considering medical pain relief is: _____
- Medication for pain relief:
 - Nitrous oxide
 - Morphine or fentanyl
 - Epidural
 - Other: _____ I don't know yet and will decide with my care team

Comfort measures I would like to try:

Your care team will suggest comfort and coping ideas and will work with you to see what feels best for you at different stages of labour. The choice is very individual but here are some suggested comfort measures to consider:

- Shower/Tub
- Walking
- Hot/cold compress
- Listening to your own music
- Using a birth ball
- Sitting on a chair
- Wearing your own clothes/nightgown
- Pillows
- Gravity encouraging positions
- Message and counter pressure
- Using focal point
- Breathing techniques
- Changing positions
- Relaxation techniques
- Dim lights
- Toning (use of voice to release tension)
- Rhythm and ritual
- Meditation, prayer
- TENS machine
- Hearing traditional language, singing or drumming
- Keeping the room calm and quiet

Are there any of these or others that are really important to you that we can support you with:



Planning for the unplanned (Baby's Best Chance page 49–50):

If I have a Caesarean birth:

- Who I would like in the operating room (doula, partner or support): _____
- Lower drape to view baby's birth (if possible)
- I would like skin-to-skin contact as soon as possible in the operating room
- My partner or support person will do skin-to-skin contact
- I would like to start breastfeeding or chestfeeding as soon as possible
- Who I would like to cut the cord: _____
- I would like to have my support take photos or videos in the operating room (if possible)
- Cultural ceremony: _____



After my baby is born I would like (Baby's Best Chance page 48):

- Bring baby up onto my chest, skin-to-skin, right away
- Have my partner or support involved in skin-to-skin
- Delayed cord clamping. Have _____ cut the umbilical cord (if it is safe to do so)
- Cultural ceremony _____
- Other: _____
- I'm not sure yet, please ask me at the time

Birth of placenta (page 48):

- I would like to see my placenta
- I would like to keep my placenta
- I would not like to have oxytocin to help me birth my placenta (physiological approach to the 3rd stage of labour)
- I would like to have oxytocin to help me birth my placenta (active management of the 3rd stage of labour)

Feeding my baby (page 101–122):

- Breastfeeding or chestfeeding as soon as possible – see **Deciding How to Feed Your Baby** for more information
www.perinatalservicesbc.ca/Documents/Health-info/PSBC_deciding_how_to_feed_your_baby_Fillable.pdf
- A partner/parent is inducing lactation
- Our family is co-lactating
- I do not want my baby to be offered formula without consulting me
- I have expressed colostrum. It is located here: _____
- I am not planning to breastfeed or chestfeed

Baby care (page 86):

For more information on newborn tests and procedures, visit:
www.bcwomens.ca/our-services/labour-birth-post-birth-care/after-the-birth/newborn-tests-and-procedures
www.perinatalservicesbc.ca/our-services/screening-programs/newborn-screening_bc

- Erythromycin eye ointment (antibiotic)
- Vitamin K for blood clotting
- Blood test for newborn screening (metabolic disorders) & bilirubin (jaundice)
- Critical congenital heart disease screening
- Hearing screening

Following discharge from the hospital or once your midwife leaves your home

There are community resources that are available to support me (Public Health, community health nurses, doulas, birth support workers, lactation support, peer and community groups). It may be helpful to write down your local supports. You can use our Pregnancy Passports to keep track of this information. Please also see our Postpartum Support Guide for further planning if you would like.

Pregnancy Passports:

www.perinatalservicesbc.ca/health-info/pregnancy

Postpartum Support Guide:

www.perinatalservicesbc.ca/Documents/Health-info/PSBC_Postpartum_Support_Guide.pdf

You will need a car seat for your baby and have it safely installed in your vehicle or know how to install it in a taxi or support person's vehicle. Discuss with your care team community supports related to care seats and safety.

These are the people I will reach out to when I need support:

More ways we can support you:

Labour and birth can be a very emotional time. If you have experienced trauma and you do not want to discuss this in front of your care team, partner or your support people, please share as much as you would like so we can support you and create a safe space (example, about vaginal exams, breast or chest exams, words to use, etc). Please also let us know if you have a support person who you trust and would like to have present when we provide your care.

Is there anything else that you would like to share with your care team?



Postpartum Support Guide

As you prepare to welcome your baby into the world, it is important to think about what comes after the birth – this is called the postpartum period. This is a time of changes and new beginnings for you and your family. A postpartum guide may help you and your family plan ahead for the weeks and months following birth.

You may find it helpful to create a postpartum guide that matches your values and your individual situations. You can revisit this plan if something is not working for you and change or add to it.

Supports



Your health and well-being throughout the postpartum journey is closely linked to a circle of community care. If you have people you already consider to be part of your circle/community you can list them here. These are ways/places that I can build some connections and support: (e.g. List local mom/parenting groups)

These people can help me with:

Holding my baby: _____

Watching my baby while I nap during the day: _____

Helping me overnight with my baby: _____

Caring for siblings: _____

Meal prep and dishes: _____

Laundry, cleaning, and other household chores: _____

Walking the dog and caring for other pets: _____

Errands: _____

This is my grocery list of common items we may need (e.g. milk, bread, fruit) if friends/family offer to shop for us (can prepare a separate list and have ready to give out):

I have experienced a complicated relationship with food and/or substances in the past, and this is what I do to help myself when feelings resurface and who I can reach out to:

If I have concerns or questions about feeding my baby, this is where I can get help:
(e.g. Local public health office, la leche league, lactation consultant, care provider, etc)

Safety



All babies cry – this is normal and it's how they communicate. However, for the safety and well-being of both the baby and the caregiver, it's okay to place the baby in a safe environment, such as a crib, and take a short break when needed. This allows parents to collect themselves, reduce stress, and ensure they can respond to their baby with patience and care. To learn more visit Prevent Shaken Baby Syndrome BC www.dontshake.ca

This is a safe place I can put my baby if I am feeling overwhelmed:

This is where I plan for me and my baby to sleep:

If our plan above for sleep is not working we will try:
 (Refer to Safer Sleep for my Baby) www.healthlinkbc.ca/sites/default/files/safer-sleep-for-my-baby.pdf

If my baby doesn't want to be put down, a baby carrier (wrap, sling, structured and traditional carriers) may be helpful. This is how I will safely use my carrier:

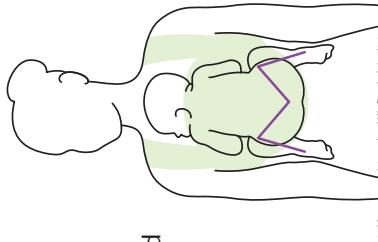
T: Tight and close to my or my partner's/caregiver's body

I: Infant's face should be in view at all times with no fabric on their face or head

C: Close enough to kiss

K: Keep infant's chin off my chest

S: Supported back



Create a safety plan to ensure the well-being of both you and your baby if you or your partner are planning to drink alcohol or use other substances (e.g. arrange a sober caregiver, create a safe sleeping environment, have emergency contacts, etc).



Physical activity and fresh air

Even a small amount of exercise can help boost your mood, increase energy levels, decrease stress and anxiety, and promote sleep. These are some ideas for me to get exercise (ask my partner/support to care for the baby while I do a physical activity I enjoy, walking, yoga or take my baby out on a walk in a stroller/cARRIER, etc):

This is how I am going to get out of the house for fresh air/sun, even for a few minutes everyday:

Pelvic health is having the best possible function of your bladder, bowel and reproductive organs. These are some ways I will remind myself to do my pelvic floor exercise (Be Pelvic Health Aware) www.bepelvichealthaware.ca and if I have concerns I will talk to my health care provider or a pelvic floor physiotherapist in my community:



Mental health and well-being

Many individuals find it difficult to separate postpartum mood disorders from normal changes in becoming a parent. In the past these are signs that I am not coping well and may mean that I need help:

In the past when I have struggled with mental health, transitions etc, this has helped:
(Resources/ people/ activities/ medications etc)

Here are some local community and postpartum peer supports both for myself and my partner/support so that I know where to get help if needed (e.g. my public health centre, community parent groups, library story time, la leche league group, walking group, parent and baby yoga, etc)

These are some ideas for me to think about using the NESTS tool:
(You may also refer to the NESTS for Well-being handout for further supports and resources)
www.perinatalservicesbc.ca/Documents/Health-info/PSBC_NESTS_for_well-being.pdf

N: NUTRITION (e.g. Favourite snacks, water bottle, etc)

E: EXERCISE (e.g. Walking, yoga, etc)

S: SLEEP (e.g. I will try to lie down when my baby is napping)

T: TIME (e.g. Having a bath, reading a book, etc)

S: SUPPORTS (e.g. Friends, family, community, etc)



Relationships and boundaries

Managing visitors: Having a large number of visitors in the early days can feel overwhelming. Here are ways I can comfortably make space for people I love: (e.g. Limit visits to 1hr, no holding baby, pick a chore from a list to help, delay visits until baby is X weeks old, etc)

Unwanted advice: As you navigate your postpartum period and find your parenting style you will receive a lot of advice from family and friends. Sometimes cultural or generational differences will not align with your goals. This is what I will say when I receive unwanted advice:

These are the ways my older children and/or partner like to spend special time with me or with visitors:

These are things that my partner/support can do/say to help, and things that may be less helpful. My partner/support can also list ways I communicate well and not so well:

I am a single parent and I can find support in my circle with these people or I can work on building a support network by::

These are things that I know will make me feel unsafe:



Postpartum care reminders

Discuss your postpartum care with your care team and write down the details here:

Who will you be seeing:

How to contact them:

When can you expect to have a care visit with your team and how frequently after birth?

Are there any medical conditions that you will need to follow up on after birth?

Postpartum contraception:

Contraception is important to consider to ensure you are able to control if and/or when you would like to become pregnant again. For most people it is best to wait at least 1.5 years (18 months) before your next birth as this gap gives your body time to recover and gives a better chance for the next baby to be healthy. Talk to your health care provider to discuss your family planning hopes or plans.

Your health care provider will work with you to support you with choosing the contraception that works best for you, your plans, and in consideration of your health history.

NESTS for Well-Being

To help you remember the basic steps of well-being, think of the term “NESTS”.

Your health and well-being throughout the prenatal and postpartum journey is supported by a circle of community care. Use this tool to write down some ideas that may help reduce stress and provide simple ways to support your well-being.



Nutrition – Try to eat nutritious food, and sip water throughout the day when you can. These are some ideas for me to support my well-being (favourite snack, water bottle, easy to prepare meals and snacks, ask friends and family for frozen meals, etc.):

Exercise – Even a small amount of exercise can help boost your mood, increase energy levels, decrease stress and anxiety, and promote sleep. These are some ideas for me to support my well-being (ask my partner/support to care for the baby while I do a physical activity I enjoy, walking, yoga or take my baby out on a walk in a stroller/carrier, etc.):

Sleep and rest – Give yourself permission to sleep or rest when you can. These are some ideas for me to support my well-being (I will try to lie down when my baby is napping, ask for help so I can rest such as asking my partner/support to do the bedtime routine after I feed the baby or take the morning shift with the baby so I can get 1-2 hours of sleep before they go to work, or ask a family member to come for an hour in the afternoon so I can take a nap, etc.):

Time for yourself – Take time for yourself to do something you enjoy. Even a few minutes a day may help. These are some ideas for me to support my well-being (activities I find enjoyable and relaxing, hobbies, having a bath, reading a book, connection with others, have my partner/support stay with the baby for 1-2 hours during the weekend so I can do an activity that I enjoy, etc.):

Support – Ask for help; all new parents need support from others. Who can I reach out to for support like childcare or preparing meals? Who can give me emotional support? These are parent groups in my community. These are people and places I can reach out to for support:

What is one thing you can try this week for your well-being?

Resources and supports

Pacific Post Partum Support Society

Call for support (604) 255-7999 (Monday – Friday 10 a.m. – 3 p.m. PST)

Text for support (604) 255-7999 (Monday – Friday 10:30 a.m. – 2:30 p.m. PST)

Toll free (855) 255-7999

If you are in crisis, please call the BC Mental Health Line at 310-6789,
go to your local emergency department, or call 911.

<https://postpartum.org>

PHONE SUPPORT

Mental Health Support/Crisis Line at 310-6789 (no area code required)

Suicide Line at 1-800-784-2433

Suicide Crisis Line at 9-8-8 (call or text) — Suicide Crisis Helpline is available to support anyone in need, no matter who you are or where you are in Canada. A safe space to talk, 24 hours a day, every day of the year. <https://988.ca>
HealthLink BC at 8-1-1 (available 24/7)

Canadian Mental Health Association: **Bounce Back** at 1-866-639-0522

24/7 Métis Crisis Line at 1-833-Métis-BC (1-833-638-4722)

Hope for Wellness Help Line at 1-855-242-3310

Indian Residential School Crisis Line at 1-866-925-4419

Kuu-Uus Crisis Line Society/Adults/Elders Line at 250-723-4050; youth line 250-723-2040
or call toll free 1-800-588-8717

Your local Public Health Office or Health Centre

WEBSITES

BC Mental Health and Substance Use Services: www.bcmhsus.ca

Here to Help: www.heretohelp.bc.ca

Anxiety Canada: www.anxietycanada.com/articles/new-moms

BC Ministry of Mental Health and Addictions: **Wellbeing** www.wellbeing.gov.bc.ca

Mood Disorders Association BC: [https://mdabc.net](http://mdabc.net)

FNHA Mental Health and Wellness Supports www.fnhha.ca/what-we-do/mental-wellness-and-substance-use/mental-health-and-wellness-supports

Métis Nation BC Mental Health Resources www.mnbc.ca/work-programs/ministries/mental-health-harm-reduction

ONLINE SELF HELP GUIDES

Coping with Depression and Anxiety during Pregnancy and following the Birth –

BC Reproductive Mental Health Program:

www.bcwomens.ca/our-services/specialized-services/reproductive-mental-health#Resources

Celebrating the Circle of Life Coming Back to Balance and Harmony:

A guide to emotional health in pregnancy & early motherhood for Aboriginal women & their families;

www.perinatalservicesbc.ca/Documents/Resources/Aboriginal/CircleOfLife/CircleOfLife.pdf

Postpartum Depression and Anxiety: A Self-Help Guide for Mothers:

www.perinatalservicesbc.ca

Labour and birth hospital packing list

Preparing for the arrival of your baby is an exciting and important time.

Having your bag packed before you go into labour will help ensure that your experience is as comfortable and stress free as possible. Try to have your bag packed and ready to go around 36 weeks.

Pack a small bag; you may be in hospital for only 24 to 36 hours and personal storage space is limited. Place the things you will need for labour at the top of your bag or in a separate bag. If you are planning a home birth, it is still a good idea to have a hospital bag packed. Your midwife will also give you a list of the supplies you will need to prepare at home.

Here are some ideas of what to take to the hospital:

Labour supplies

- Lip balm
- Hot and cold packs
- Hand-held massager
- Massage oil/lotion
- Music and headphones or speaker
- Flip flops for the shower
- Refillable water bottle
- Snacks and drinks for you
- Sleeping bag or bedding and pillows
- Clothing suitable for sleeping
- Snacks/drinks
- Toothbrush and toiletries
- Change of clothes
- Swimsuit, so they can get in the shower or tub with you
- Comfortable shoes
- Coins/cash for parking (may take credit cards)

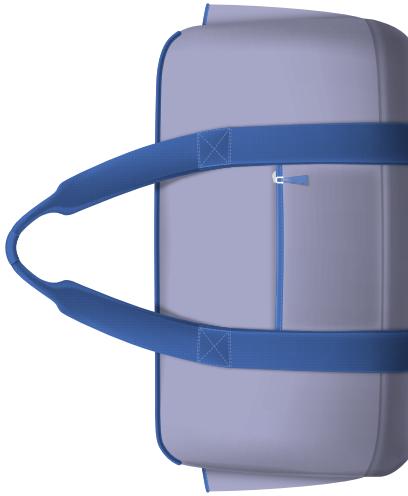
For your partner/support person

Personal items

- Personal identification (driver's license and health care card)
- Pajamas (front-opening for breastfeeding or chestfeeding and skin-to-skin contact)
- Comfortable supportive bra
- Comfortable shoes and slippers
- Own pillow for comfort
- Toothbrush and toiletries
- Hair ties
- Comfortable underwear you can wear with a pad
- Large sanitary pads
- Loose, comfortable clothes to wear home
- Phone, charger, and headphones
- Your birth preference guide

For your baby

- Car Seat – Canada Motor Vehicle Safety Standards (CMVSS) approved (if travelling home by car or taxi)
- Newborn sleeper, onesie
- Diapers (newborn size) and wipes
- Blanket



Safe Position for Skin-to-Skin Contact

*

Skin-to-skin contact is a method of nurturing care, where baby is undressed and held in a safe position, bare chest to bare chest.

How to get started:

- Sit in a semi-reclined position, not flat
- Baby is in an upright chest-to-chest position
- Baby's head is turned to one side, sniffing position
- Baby's face can be seen by parent
- Baby's nose and mouth are uncovered
- Baby's trunk and neck are straight
- Baby's shoulders are flat against parent's chest
- Baby's legs and arms are flexed, in a frog-like position
- Avoid distractions, such as cell phones, while baby is skin-to-skin or while baby is feeding

Uninterrupted skin-to-skin contact

after birth for at least the first hour
(and continuing for as long as possible), provides numerous benefits:

Benefits for baby:

- Cries less and is calmer
- Stays warmer
- Stabilizes blood sugar, heart rate and breathing
- Protects your baby with your good bacteria
- Breast/chest feeds better

Benefits for parents:

- Reduces stress
- Increases bonding and attachment
- Helps parent know when baby is getting hungry
- Helps parents gain confidence in caring for their baby
- Helps with breastfeeding or chestfeeding
- Improves milk supply

It is normal for you to become sleepy or want to rest during skin-to-skin contact.

If you become sleepy while holding baby, someone else should keep watch over both of you to ensure baby remains safe. If no one is present, dress and place baby in their own crib, positioned on their back dressed or with a light blanket over them for warmth.



Safe Skin-to-Skin

- Position yourself in a semi-upright position, not lying flat
- Place baby in an upright chest-to-chest position on you with their shoulders straight and flat against your chest
- Turn baby's face to one side, make sure their head is tilted slightly up and their neck is straight
- Make sure nothing is covering baby's nose and mouth and that you can see their face
- Tuck baby's legs up and bring their hands up near their face
- Cover baby's back with a thin blanket
- Watch your baby's breathing, skin colour and position. If your baby is not breathing easily or their lips are not light red, call for help straight away
- Avoid distractions, such as cell phones, while baby is skin-to-skin or feeding
- If you feel tired or sleepy, have your partner or support person do skin-to-skin, or put your baby safely on their back to sleep in their own bassinet.



If your baby is sick or born too early it may not be possible to do skin-to-skin, or feed your baby during the first hour. Your nurse or midwife will help you to express colostrum for your baby and show you how to give your baby hand hugs until your baby is ready for skin-to-skin contact.

If you have any questions discuss it with your care support circle
(your health care provider, prenatal educator, lactation consultant, public health nurse or doula).



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My Baby's Special Hour

The Golden Hour – The First Hour After Birth





What is the Golden Hour?

The Golden Hour is the first hour after birth and a magical time to bond with your baby



What happens during the Golden Hour?

① Immediate Skin-to-Skin Contact with your baby.

Immediately after birth your naked baby is placed tummy down onto your bare chest. Your baby will feel, smell and hear you and help your baby learn to know you.

Skin-to-Skin Contact helps your baby:

- Feel safe and cry less
- Stay warm
- Steady their breathing, heart rate and blood sugar
- Resist infections. Good bacteria from your skin protects your baby
- Learn how to breast/chest feed

You can do skin-to-skin contact even if you need stitches or had a caesarean section.

If you are not able to hold your baby another person close to you can also do skin-to-skin contact.

When doing skin-to-skin contact it is important to pay close attention to your baby.

② Deferred Cord Clamping

Deferred cord clamping means that the umbilical cord is not immediately clamped and cut. This gives extra time for the blood to flow from your placenta to your baby and helps to steady your baby's breathing, heart rate and blood pressure.

③ Early Breastfeeding

Skin-to-skin contact at birth helps breast/chest feeding get off to the best start. The first milk your body makes is colostrum and helps protect your baby from infections and steady your baby's blood sugar.

④ Delay Routine Care

Your baby will be weighed and examined after the Golden Hour or after they have finished their first feed. Other routine procedures such as eye ointment and vitamin K injection can be done after the Golden Hour while your baby is lying skin-to-skin with you.

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Baby's Best Chance

Parents' and Caregivers' Handbook of Pregnancy and Baby Care

You will experience many physical and emotional changes during pregnancy, childbirth and new parenthood. Knowing what to expect can make these changes more manageable and enjoyable.

In this easy-to-read handbook, you'll find the answers to your questions about pregnancy, birth and taking care of your new baby.

You can access more information at:

HealthLink BC

British Columbians have trusted, free health information just a phone call or click away.

HealthLink BC gives you quick and easy access to non-emergency health information and services. Speak with a nurse about symptoms, talk to a pharmacist about your medication questions, find information about physical activity from a qualified exercise professional, or get healthy eating advice from a dietitian. HealthLink BC will also direct you to other health services and resources available in your community.

Dial 8-1-1 or visit healthlinkbc.ca.

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