

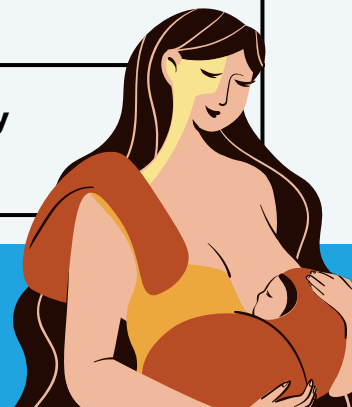
Postpartum Handbook

What to expect in your first week after having a baby



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WARNING SIGNS



SEEK MEDICAL ATTENTION IF YOU ARE EXPERIENCING :

- **Fever** greater than or equal to 38.0° celcius
- **Heavy bleeding** - soaking a pad in less than an hour, passing large (fist-sized) clots, or having foul smelling vaginal discharge
- **Foul smelling discharge** from an episiotomy/tear
- **Abnormally healing c-section incision** - Redness, warmth, pain or drainage from your incision or your incision is not healing, opens or hardens
- New **frontal headache/vision changes**
- **Red, warm, shiny/blotchy breasts** or there is an unusual discharge from the nipples
- **Unexplained severe abdominal or perineal pain**
- Inability to empty your bladder
- **Pain/tenderness, and/or redness** in the back of your **calves** or **groin**
- Thoughts of **harming yourself or your baby**
- Prolonged and noticeable **mood changes**

NORMAL PHYSICAL CHANGES

BLEEDING

Bleeding after delivery is normal and is called **lochia**. Most people will have bright red bleeding like a heavy period in the first week, and this will gradually decrease until about four to six weeks postpartum. Tampons and menstrual cups are not advised during this time. **If you are having heavy bleeding that is soaking pads in 30-60 minutes, passing clots that are equaling the size of your palm, feeling lightheaded/dizzy, proceed to your nearest emergency room.**

PERINEAL CARE

Your perineum is the space between your vagina and your anus. This is the area where most tears occur after delivery; it is normal to be tender and swollen. **If you have stitches, these should dissolve on their own by around four weeks postpartum. Try to keep the area clean with sitz baths.** Witch hazel is soothing for this area. Some people will make “pad-sicles” to cool the area and help with the swelling. If there is a foul smell coming from stitches or an area that is opening and worsening, please contact your health care provider.

UTERINE CRAMPS

Uterine cramps or **“after pains”** are common after delivery and often worsen with every subsequent delivery. It is normal to feel these while breast/chest-feeding as the hormone that ejects milk also contracts the uterus to control bleeding. **Emptying your bladder prior to a feed can help decrease pain and discomfort.** Otherwise, taking over-the-counter pain medication (acetaminophen, ibuprofen) can help with the pain. Usually the first 3-4 days are the worst and it will improve after this.



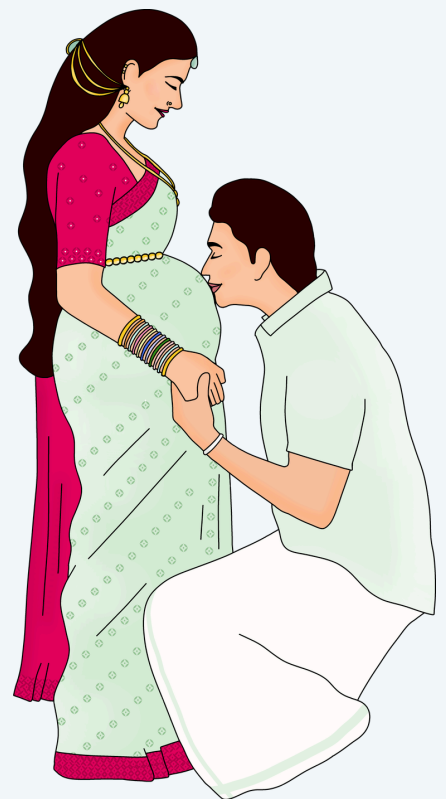
BREAST/CHESTFEEDING

LATCHING

If you are breast/chestfeeding, **your baby will need to eat every 2-3 hours after they are born.** It is best to achieve a deep latch that is not painful in order to avoid damaging the nipples. The first 10 seconds of a latch can bring discomfort initially, but if this discomfort continues throughout the feed, try to break the latch and correct it to be deeper. Attempt to latch both breasts per feed; if the baby is full they may not accept the second breast, but if not, they will be happy to drink more from the second side. **Try for 15 minutes per side for a feed.** Feeds may be longer prior to milk coming in but will shorten as the baby receives milk supply faster after your milk is established.

MILK SUPPLY

You will only have colostrum in your breasts for the first few days until your full milk supply comes in. Colostrum is low-volume, but high nutrients and is all your baby needs. **The baby will likely “cluster feed” (i.e. eat more often than every 2-3 hours) on day 2-3 postpartum in order to tell your body to make the full supply.** Once your supply is in, it should adjust to the needs of your baby and make the correct amount that your baby needs. If you have an “over supply” when your milk comes in, your body will figure out how much your baby needs and adjust accordingly - the body is smart! If your baby was premature or has other medical conditions speak to your care provider for personalized advice.



Quick Tip:
Some people experience nipple tenderness in the early days of breastfeeding. A little nipple tenderness is not cause for alarm.



BREAST/CHESTFEEDING

ENGORGEMENT

When your milk comes in (usually between day 3-5 postpartum), you may experience engorgement. Breasts feel warm, large, uncomfortable, and often very firm because of how much milk is inside. The best way to deal with engorgement is to have the baby drink and release the pressure from the milk. Sometimes babies are unable to latch with severe engorgement. You may have to hand express or pump for a couple of minutes to soften the breast and nipple to allow the baby to latch. You can use warm compresses before a feed, and cool compresses after a feed to help with discomfort, as well as using ibuprofen and acetaminophen to help with swelling and pain.

If you are unable to get the milk out, and you develop red, hot, blotchy breasts and/or develop a fever, you need to contact your health care provider as you may be developing mastitis (an infection of the breast).

NON-BREASTFEEDING MOTHERS/BIRTHERS

Even if you are not putting the baby to the breast, your milk supply may still come in on day 3-5 postpartum. Some people will wear a tighter bra to avoid too much milk coming in, and drink sage tea to help decrease supply. Babies will still need to feed about every 2-3 hours by bottle. It can be normal for formula fed babies to go up to 4 hours between feeds, depending on the volume they are receiving.

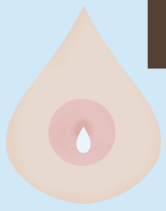
PUMPING

Whether you are choosing to exclusively pump by choice or it is clinically indicated, try to stay on a schedule of pumping every 2-3 hours x 15 min. per side. If you are experiencing discomfort, your flange size may need to be adjusted. For online resources, check out [Exclusive Pumping Institute](#), speak to your midwife or contact the Well Baby Clinic to book a consult and speak with a lactation consultant.



A NOTE ABOUT TONGUE TIES...

A tongue-tie is when the tissue under a baby's tongue limits movement. Many babies have a visible frenulum (the tissue under the tongue), and most feed well without any issues. Intervention is only considered when there are clear, ongoing feeding problems despite good support.



BREASTFEEDING IN THE FIRST 24HRS

The first 24hrs after birth are a special and important time for you and your baby. Feeding early and often helps to build your milk supply, supports your baby's health, and strengthens your bond together.

GETTING STARTED

- Hold your baby skin to skin as much as possible
- Watch for feeding cues like rooting, licking lips and hand-to-mouth movements



HAND EXPRESSION

- Hand express colostrum into a medicine cup or syringe and use this to feed baby if latching is difficult

GETTING A GOOD LATCH

Tummy to Tummy
Nipple to Nose
Chin to Skin
Support neck & shoulders but don't put anything on their head
Bring the baby to the nipple, not the nipple to the baby



HELPFUL TIPS

- Ensure a deep, comfortable latch
- Let your baby nurse as long as they want before switching sides
- Avoid formula/artificial nipples unless medically indicated

COMMON CONCERNS

“My baby is sleepy”: This is normal! Try skin to skin and hand expression

“My milk isn't in yet”: This is normal! Colostrum is all your baby needs right now. Milk will come in around day 3

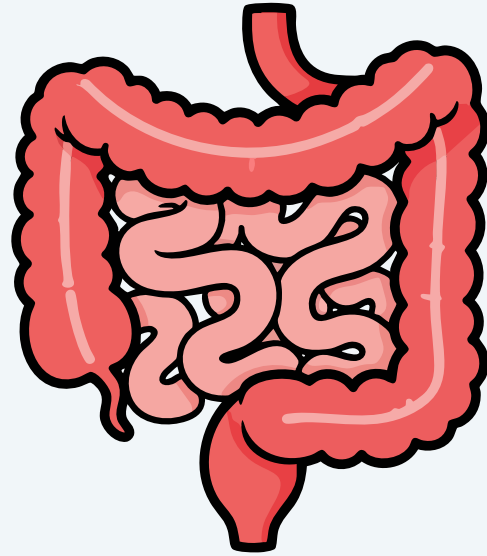
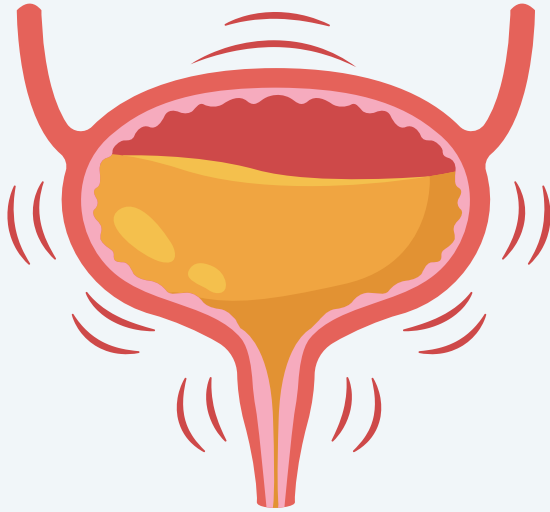
“Are they getting enough?”: Expect 1 wet and 1 dirty diaper in the first 24hrs. It will increase over time.



There are supports and resources available for all your breastfeeding questions. Ask your nurse or midwife if you are struggling.



BLADDER & BOWELS



1 Managing Your Bowels

It is normal to go 1-2 days before having a bowel movement (BM) after delivery. The goal is soft, regular BMs that you do not have to strain for. This will ease abdominal discomfort and help hemorrhoids.

Strategies for regular BMs:

- Hydration: 2+ litres of water per day
- Fibre-filled foods

Stool softeners and gentle laxatives are helpful when needed.

- Breastfeeding safe options: Metamucil, Restoralax, Lactulose, Milk of Magnesia, Colace, Senokot

3 Urinary Incontinence

After a delivery, especially if you had your baby vaginally, it can be normal to have urinary changes early postpartum. This may include:

- Inability to feel when you need to pee
- Inability to completely control your bladder when it is full
- Leaking when sneezing, coughing, laughing

It is ideal to try to pee prior to feeding your baby.

If you are still experiencing symptoms beyond 3-4 weeks postpartum, you may need pelvic floor therapy to improve symptoms.

2 Hemorrhoids

If you do experience hemorrhoids, it is very important to maintain soft bowels in order to avoid straining.

Strategies to prevent and help hemorrhoids:

- Elevating your feet on a stool during BMs
- Do not hold your breath during BMs, if you need to increase pressure, blow your breath into a closed fist
- Consider topical treatments such as witch hazel, Tucks pads, hemorrhoid cream
- Over-the-counter hemorrhoid suppositories + cream can ease discomfort after a BM
- If you need a stronger prescription of suppository or cream, talk to your health care provider

4 What Can help

- Stay well hydrated
- Eat a high fiber diet

COLLINGWOOD POSTPARTUM PELVIC FLOOR PROGRAM

PSA: Peeing your pants or having pelvic pain or pressure for the rest of your life is not normal just because you had a baby!

We are here to help!

A Postpartum Pelvic Floor Program for You!

Who? Anyone who has delivered in our community, up to 12 months postpartum; brought to you by physiotherapists and midwives.

What? Postpartum education, prevention and treatment for pelvic pain, symptoms of prolapse, urinary incontinence, and more!

When? At four weeks postpartum, a midwife will call you to see if you are having any pelvic floor concerns. If you require an assessment and do not have private benefits for physiotherapy, you will receive a referral to our program for in-person assessment and treatment.

Expectations and the First Three Weeks

After delivery, your belly will feel soft and squishy. You may also feel pain or heaviness if you exercise too soon, walk excessively, or stand for too long. Give your muscles at least six weeks for symptom improvement, but full recovery often takes longer than six weeks - that's ok!

Vaginal Deliveries:

- Your pelvic floor muscles had to lengthen and stretch to allow baby to come out. Feelings of heaviness and inability to feel when you need to pee, or be able to fully control your pee, gas, or sometimes bowels, can be normal in the first few weeks. If these persist past three weeks you will likely need pelvic physiotherapy.

C-Section Deliveries

- Your c-section scar and layers of tissue will be healing. Your mobility may be reduced for the first two weeks, but you may not have as many vaginal symptoms. Pelvic physiotherapy can help you with your mobility after delivery, and any new or ongoing symptoms after six weeks.

Managing Bowels

HELPFUL TIPS

Use a stool to elevate your feet while having a BM. It will make it easier!

GOAL Soft, regular bowel movements (BM) that you do not have to strain for.

It is normal to go 1-2 days before having a BM after delivery.

Remember strategies for regular BMs:

- Hydration: 2+ litres of water per day
- Fibre-filled foods

Stool softeners and gentle laxatives are helpful when needed.

- Breastfeeding safe options: Metamucil, Restoralax, Lactulose, Milk of Magnesia, Colace, Senokot



Managing Pressure

GOAL Exhale on exertion (when lifting, changing position, having a bowel movement). **Do your best to not hold your breath.**

If you hold your breath on exertion, it will put unneeded pressure on your abdominal and pelvic floor muscles. Excessive pressure can lead to more symptoms of prolapse/heaviness, pain, and issues with controlling your bladder and bowels.



Pelvic Floor Exercises: To kegel or not to kegel?

Answer: It depends!

The best way to be able to answer this question is to have an individualized pelvic floor assessment.

If you had a vaginal delivery and now are experiencing feelings of heaviness, or are leaking urine, you will likely benefit from pelvic floor muscle strengthening (kegels).

Did you have a c-section? You may not need to perform kegels right after delivery. See our c-section handout for more.

Caution! Avoid activities that are making symptoms worse - this is likely too much, too soon. Symptoms could include: heaviness, pain, pinching (in vagina/rectum), leaking, or any activity that is making your abdomen "cone".

Helpful Links for General Exercises, Strategies & More!

Need some visuals? Scan the QR code to check out our online platform for helpful videos and photos of exercises and strategies you can do at home.



C-Section REHAB

IMMEDIATELY AFTER SURGERY

Bed Mobility



- These simple exercises help prevent blood clots after surgery and can be done easily in bed:
 - Ankle pumps, leg slides and bum squeezes

Practice Lying Flat



- Lying flat after your surgery can help decrease swelling around your incision.
- Make sure to alternate from semi-reclined to flat positions often.

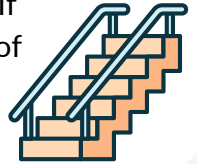
Up and Walking



It's important to get up and moving soon after surgery to help prevent blood clots and improve circulation. Go slow and ask for assistance. If you feel light headed, dizzy or weak notify staff.

Navigating Stairs

Try your best to limit the use of stairs for the first few days after your surgery. If possible set yourself up on one level of your home.



Signs of Blood Clots

Sudden cough, shortness of breath, chest pain, or pain in your thigh, groin, or calf along with redness, swelling, and hot-to-touch area. Seek medical attention immediately.

Scar Management:



Signs of Infection

- Incision: Redness and swelling over incision and surrounding skin, pus, foul odour.
- Uterus: Foul smelling vaginal discharge, increase in bleeding, abdominal pain, fever.

Splinting

- Pressing a pillow across your abdomen or gently but firmly pressing your hands above and below your incision can help alleviate discomfort during activities such as laughing, sneezing, coughing, and toileting.

Scar Mobility

- It is common for your scar to feel numb, tingly, and sensitive weeks to months after birth. Once your incision is fully healed (>6 weeks postpartum) and is cleared by your healthcare provider you may attempt the following for scar management: scar massage, silicone scar sheets/gels. A pelvic floor physiotherapist can help.

C-Section

REHAB

MOBILITY AND DAILY ACTIVITIES

Getting Out of Bed:



- Bend knees and place feet flat on bed.
- Exhale as you lift hips and shift them to the side.
- Log roll (shoulders and knees at the same time) to your side.
- Push up with your elbow and hand as you swing your feet over the side of the bed.



Getting Into Bed:



- Sitting on the side of the bed, lower your shoulders and lift your feet up onto the bed at the same time.
- Log roll (shoulders and knees at the same time) to your side.
- With knees bent, lift hips and reposition yourself until comfortable.



Getting Out of a Chair:



- Lean to the side as you shift one hip forward. Repeat on the other side until seated at edge of chair.
- Exhale as you brace your hands on your abdomen (or push into arms of chair) and stand up.



Lifting Mechanics:



- Keep baby (or object) as close to your body as possible when lifting and carrying.
- Lift from waist-height when possible (rather than from the floor).
- Hinge at the hip and bend knees to reduce strain on your back.
- Exhale as you lift.



C-Section REHAB

MOBILITY AND DAILY ACTIVITIES

“Splinting” Your Incision:



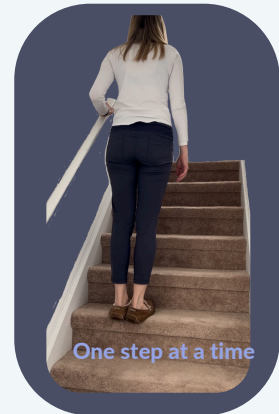
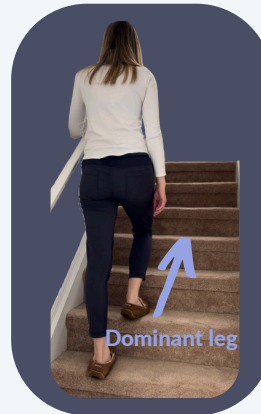
- Place one hand above and one hand below your incision. Gently press inward for support. This can help alleviate discomfort and pressure when coughing, laughing, sneezing, or toileting.
- Alternatively, this can be done with a pillow.



Stairs - Going Up:



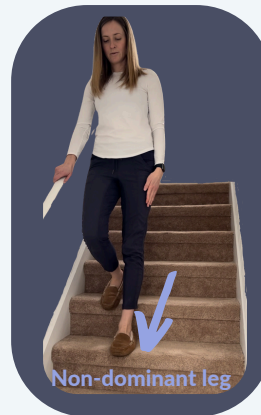
- Using a handrail for support, start by placing your dominant leg on the step.
- Push off with your dominant leg and bring your non-dominant foot to the same step.
- Repeat this process until you reach the top.
- Alternatively, you can use this same technique, but go up sideways.



Stairs - Going Down:



- Start by lowering the foot of the non-dominant leg onto the step.
- Then bring the foot from the dominant leg to meet it on the same stair.
- Continue one step at a time until you reach the bottom.
- Alternatively, you can use this same technique, but go down sideways.



Toileting:

- Use a stool under your feet when having a bowel movement. This position will help decrease pressure on your pelvic floor and abdominal wall during bowel movements.
- Exhale as you bear-down (push) to alleviate pressure. Do your best to avoid holding your breath.



Stool or Squatty Potty



NORMAL NEWBORN BEHAVIOUR

Newborns look and act differently than older babies and children - they are still adjusting to life outside the womb! This handout can help you figure out what is normal and when to seek help.

DID YOU KNOW?

Crying is an important way that your baby communicates to you - figuring out what their crying means can be difficult!

Why do babies cry?



Hunger	Feed baby often. Baby may be hungrier on some days. Feed a minimum of 8-10 times in 24 hours (average every 2-3hours).
Want to be touched, picked up, comforted, rocked, held	Hold, rock, massage, snuggle. Skin-to-skin offers a lot of benefits to both parent and baby.
Pain or discomfort	Pick up baby, provide comfort, change diaper, try burping or rub baby's back. Changing positions often helps!
Too hot/too cold	Babies should be dressed as warmly as you are, plus one additional layer. Normal temperature is between 36.5 - 37.5°C.
Tired or overstimulated	Swaddle baby with a light blanket, turn off the lights, keep surroundings quiet.
Unknown	Hold, rock, talk, sing, swaddle, massage, feed. Try to comfort baby giving them time to respond to each thing you try.
Illness	If your baby's cry sounds different to you, or your baby cannot be soothed after trying everything, consider calling Telehealth 1-866-797-0000 .

NORMAL OUTPUT - Signs that Feeding is Going Well

Keeping track of how much baby is eating and how many wet and dirty diapers they have is important in the first few days.

You can track on your phone, or use the **sample tracking sheet on page 23.**



Your Baby's Age	1 WEEK							2 WEEKS	3 WEEKS
	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS		
How Often Should You Breastfeed? Per day, on average over 24 hours	<p>At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.</p>								
Your Baby's Tummy Size	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg		
Wet Diapers: How Many, How Wet Per day, on average over 24 hours	 At least 1 WET	 At least 2 WET	 At least 3 WET	 At least 4 WET	 At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE				
Soiled Diapers: Number and Colour of Stools Per day, on average over 24 hours	 At least 1 to 2 BLACK OR DARK GREEN		 At least 3 BROWN, GREEN, OR YELLOW			 At least 3 large, soft and seedy YELLOW			
Your Baby's Weight	Most babies lose a bit of weight in the first 3 days after birth.				From day 4 onward, most babies gain weight regularly.				
Other Signs	Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.								

best start
meilleur départ

by/par health nexUS santé

Breast milk is all the food a baby needs for the first six months.

You can get advice, help and support from:

– Your health care provider.

– Telehealth Ontario's specialized breastfeeding services support line at 1-866-797-0000 or TTY at 1-866-797-0007.

– Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.

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NEWBORN SCREENS & JAUNDICE

There are three routine newborn screening tests that are recommended to be done after 24 hours of age. The first two are organized through [Newborn Screen Ontario](#).



1

Critical Congenital Heard Disease (CCHD) Screen

An oxygen monitor will be placed on your baby's hand and foot to ensure proper oxygenation throughout the body.

2

Blood Spot Screen

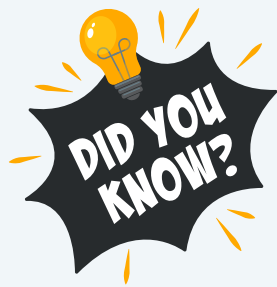
A small amount of blood will be collected from your baby's heel. This tests for 30+ diseases. These tests are very important because early detection can be life-saving.

3

Jaundice Screen

A specialized light placed on your baby's chest detects the level of bilirubin (yellow in your baby's skin). Infants at high risk or those whose light-test come back high should have a repeat test. This is done by taking blood from the baby's heel to confirm.

Jaundice

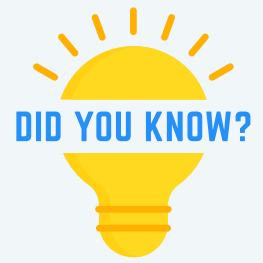


Jaundice in newborn babies usually lasts one to two weeks.

It usually comes head-to-toe, and goes away toe-to-head. This means the whites of the eyes will be the last thing to lose the yellow appearance.

Jaundice is a common condition that affects 60% to 80% of newborn babies in their first weeks of life. **Jaundice is a normal adaptation to life outside of the womb.** This happens when fetal red blood cells (RBCs) break down and transition to newborn RBCs. The waste product of this process is called bilirubin. When bilirubin builds up, it can cause a yellow appearance in babies' skin, whites of the eyes, and mucous membranes. The medical term for jaundice is **hyperbilirubinemia**.

In 0.4-2.7% of babies, hyperbilirubinemia can cause brain damage. This is why your health care provider will screen your baby for jaundice and offer treatment if needed. Jaundice can be serious - that's why it's followed closely. Remember - most babies get jaundice and do not require treatment. Feeding well helps your baby clear the bilirubin through their poop!



What is RSV?

Respiratory Syncytial Virus (RSV) causes an illness that affects the airway and lungs, especially in babies and young children. Babies and young children often have mild illness from RSV and recover quickly. However, 2-3% of babies 0-6 months old will develop a severe infection that leads to hospitalization and can be life-threatening.

What is Beyfortus?

Beyfortus is a medication that is recommended to prevent RSV. It is not a vaccine. Beyfortus works by giving your baby a protective protein (antibody) to fight off an RSV infection if they are exposed to the virus.

How is Beyfortus administered?

Beyfortus is a one-time injection, often given in the thigh muscle. The treatment provides immunity against RSV as soon as it is received. **It works best within the first five months after it is given.**

When can my baby get Beyfortus?

Beyfortus can be administered in hospital prior to discharge if your baby is born during RSV season (November - March). Your midwives can also give this at clinic or at home if you deliver outside of hospital.

Delivering outside of RSV season (April - October)?

It is recommended that your baby receives Beyfortus shortly before the next RSV season. Contact your primary care provider or public health unit.



Beyfortus is associated with:

- 83% lower odds of RSV-related hospitalization**
- 81% lower odds of intensive care unit (ICU) admission**
- 75% lower odds of lower respiratory tract infection**

POSTPARTUM MENTAL HEALTH

Life with a new baby is not always easy and the adjustment to parenthood can be challenging for new parents & their families. Anxiety, depression and other mood disorders during pregnancy and after the arrival of a baby are a reality for many expectant and new parents.



**IT IS NOT YOUR FAULT,
and it IS treatable.**

Risk Factors

- Depression/anxiety during pregnancy
- Past history of any mental illness
- Family history of mental illness
- Lack of help/support
- Relationship/family conflict
- Stressful life events
- Financial stress
- Unwanted/unplanned pregnancy
- Baby with special needs
- Fussy/colicky baby
- Traumatic birth/NICU stay
- Fetal/infant death

Warning Signs

- Not feeling like yourself
- Sad/tearful
- Feeling exhausted but unable to sleep
- Feeling overwhelmed/unable to concentrate
- No interest or pleasure in activities you used to enjoy
- Feeling hopeless/frustrated
- Feeling restless, irritable or angry
- Feeling extremely high/full of energy
- Feeling anxious, guilty or ashamed
- Not bonding with your baby

BABY BLUES vs. PERINATAL MOOD & ANXIETY DISORDERS (PMADs)



✓ Postpartum Blues

- Affects 80% of new Moms/birthers
- Occurs within the first 3-5 days after birth
- Goes away within 1-2 weeks

✓ Postpartum Anxiety Disorders

- Panic disorder, generalized anxiety disorder, obsessive compulsive disorder or post-traumatic stress disorder
- Characterized by feelings of dread, excessive worrying, jittery/irritable, difficulty focusing, intrusive thoughts, repetitive behaviours, feeling numb, avoiding people/places

✓ Postpartum Depression

- Affects 15-20% of new parents and can occur anytime in the first year after birth
- Characterized by sadness/low mood, loss of enjoyment in regular activities, feeling inadequate/guilty/worthless, feeling angry, irritable/resentful, low energy/feeling agitated

✓ Postpartum Psychosis

- Rare, occurs in 1-2 per 1000 births
- Rapid onset (within hours) with symptoms occurring within 3 days to 4 weeks postpartum
- Characterized by hallucinations, thought of self-harm/harming others, paranoid thoughts, not able to sleep/eat, unusual behaviour

What can you do?



✓ GET HELP!

- Speak with your health care provider about how you're feeling
- Talk to your family/supports about your feelings
- Visit www.postpartum.net for more resources and support
- Find support groups and information at www.lifewithababy.com

✓ ASK FOR SUPPORT & TAKE CARE OF YOURSELF

- It is okay to have help taking care of your baby and yourself. Talk to somebody who is patient and caring.
- Sleep when baby sleeps, eat well, get some light exercise. Take breaks! Take time for yourself without guilt.
- Be sure to eat well and stay hydrated.

✓ COUNSELLING/GROUPS

Collingwood Well Baby Clinic (Free)

- Reach out to us for individualized supportive care counselling and behavioural activation therapy. We also offer virtual and in-person support groups.
- Phone: 705-445-4243 or www.collingwoodwellbabyclinic.com

Collingwood General and Marine Hospital (CGMH) – Mental Health Services (Free)

- A range of mental health support services are available for new parents including individualized care & group support.
- Phone: 705-445-2550 x 4402 or www.cgmh.on.ca/programs-services/mental-health-services

Open Eaves - Dr. Robyn Stark (Free)

- OHIP-covered psychotherapy for birth/reproductive trauma and perinatal anxiety/depression
- Referral required from health care provider (self-referral is acceptable if you do not have a primary care provider)
- Phone: 705-445-2550 x 6253 or www.openeaves.ca

Turning Point Counselling – Jane Flindall (Private Pay)

- Specializes in perinatal mood disorders
- Phone: 705-443-8535 or <https://turningpt.ca>

Verity Counselling - Riley Strom (Private Pay)

- Trauma-based therapy. Specializing in birth and reproductive trauma
- <https://www.veritycounselling.com/>

TO DO LIST FOR BABY

Birth Registration



You will need to register your baby's birth. The Ontario Government's 5-in-1 Newborn Bundle allows you to register the birth, apply for a birth certificate, get a social insurance number, sign up for Canada Child Benefit, and get more information about Registered Education Savings Plans (RESPs).

Visit: www.serviceontario.ca/Newborn

Infant Stool Colour



Check your baby's stool (poop) colour every day for the first month after birth to screen for biliary atresia (a rare, but serious liver disease).

Find out more about biliary atresia and what to do if you see pale or chalk-like stools here:

<https://www.newbornscreening.on.ca/en/screening/types-of-screening/biliary-atresia/>

Infant Hearing Program



The Universal Newborn Hearing Program and Risk Factor Screen will reach out to you to schedule a hearing screen at a clinic location close to you. If you have not heard from them after 3 weeks, please call: 705-739-5696.

More information here: <https://www.ontario.ca/page/infant-hearing-program>



To Do List...

Car Seat Safety



In Canada, babies and children in vehicles must be properly secured with the right kind of seat or restraint. Car seats, booster seats, and seat belts can prevent injuries and/or death.

More information can be found here:

https://caringforkids.cps.ca/handouts/safety-and-injury-prevention/car_seat_safety

Safe Sleep



Good sleep habits are important for your baby's physical health and emotional well-being. Safe sleep includes: where your baby sleeps, their sleeping position, the type of crib or bed, the type of mattress, and the home environment.

Creating a safe sleep environment for your baby will lower the risk of injury and sudden infant death syndrome (SIDS). SIDS is when a baby (less than 1 year old) that seems healthy dies suddenly in their sleep, and the cause of death cannot be explained. We do not know what causes SIDS, so it cannot be prevented, but there are things you can do to help lower the risk.

Read more here:

https://caringforkids.cps.ca/handouts/safety-and-injury-prevention/safe_sleep_for_babies





COMMUNITY RESOURCES

Description

Phone

Website

My Friends House

705 444 2511

<https://myfriendshouse.ca>

My Friend's House is a non-profit agency offering support for abused women and children living in the Georgian Triangle. Since opening in 1991, a 24 hour support line, and other crisis supports.

Simcoe Muskoka District Health Unit

1-877-721-7520

www.simcoemuskokahealth.org

The **Healthy Babies Healthy Children (HBHC)** program provides free home visiting services to help young children get a healthy start in life.

Barrie Native Friendship Centre

705-619-4311

www.barrienfc.ca

The **Indigenous Healthy Babies, Healthy Children** program offers culturally specific services to children from ages 0-6.

Women and Children's Health Network

<https://www.wchn.ca>

LGBTQ+ RESOURCES

Sherbourne Health

[2SLGBTQ+ Family Resources](#)

Offers consultation to 2SLGBTQ+ families at every part of their journey. Virtual and in-person consultations and workshops available.

Queerspaw Resource Project

<https://queerspawresource.org>

Resources for those with one or more LGBTQ+ parent or guardian.

COLAGE

<http://colage.org/resources>

Sample Feeding Diary

You can keep track of feeds & output on your phone, on an app, or on a piece of paper. Keeping track in the first few days when you're most tired is a helpful tool to have when figuring out how feeding is going.

DATE	TIME STARTED/ENDED	COMMENTS/ QUESTIONS	WET/DIRTY DIAPER	TOP-UP?



