



## **GREY BRUCE HEALTH NETWORK**

### **EVIDENCE-BASED CARE PROGRAM**

# **Having Your Baby in a Grey Bruce Health Network Hospital**

## **Accompanying Education Materials:**

- **Let's Grow...with your child**
- **Breastfeeding Your Baby**
- **Community Resources for Parents**
- **Hearing screening for your new baby**
- **Back To Sleep**



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Additional material included with this booklet:

Pacifiers

Respiratory Syncytial Virus (RSV)

## **General Information**

Thank you for choosing to have your baby at one of the hospitals in the Grey Bruce Health Network. We hope that this information will help you prepare for the exciting times ahead of you. Remember to ask lots of questions and seek help from your healthcare providers.

### **Contact Information for Hospitals in the Grey Bruce Health Network**

Grey Bruce Health Services - Owen Sound	376-2121
Hanover and District Hospital	364-2340
South Bruce Grey Health Centre – Walkerton Family Birthing Centre	881-1220 x 2239

#### **Prenatal Tours:**

Tours of the hospital unit can be arranged by calling the hospital. Sibling tours can also be arranged.

#### **Prenatal Classes:**

We recommend prenatal classes for all mothers. The classes help prepare you for the birth of your baby. You will also learn how to care for yourself and your baby after birth. For more information, please call Public Health at 1-800-263-3456 or 376-9420.

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#### **Support Services Available:**

*Telehealth Ontario* – Free Access to a Registered Nurse — 24 hours a day, 7 days a week. 1-866-797-0000

## **Before Having your Baby**

### **Planning Your Hospital Stay**

Many women and their support persons plan their birth experiences and wish to be actively involved in planning for their hospital stay.

A birth plan describes the way you and your support person want things to happen during labour and after your baby's birth. Just as every baby is special and unique, so is every labour and birth. Discuss your wishes with your doctor/midwife and/or nurse.

Parents wishing to have their children to be present during labour and birth must:

- a) have one support person per child,
- b) provide toys and refreshments for the children,
- c) encourage quiet play as other women may be labouring, and
- d) be prepared to have children leave if needed.

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### **Your Support Person**

You and your support person should plan together for your labour and birth. Before you arrive at the hospital, your support person should have a clear idea of how you wish them to be involved in your labour. You can discuss your plans with your doctor or midwife and with staff during your pre-admit visit. If your support person is feeling uncertain of what is expected, your nurse will help your support person provide the care you need during labour and birth. If your support person must leave the hospital at anytime, you could designate another person. After your baby is born, your support person may stay with you to participate with the care of your baby.

### **When do I Come to the Hospital?**

Sometimes it is difficult to recognize true labour and know when to come to the hospital. Talk with your doctor about when you should come to hospital. If you are 37 weeks or less and signs and symptoms of labour are present – please call the hospital.

**Always page your midwife, if under midwifery care.**

If you think you are in labour, time your contractions carefully. If this is your first pregnancy, phone the hospital:

- when your contractions last 40-60 seconds,
- are painful,
- about five minutes apart for more than one hour, and
- if you have any questions or concerns.

If you have already had a baby, your labour may be shorter, so phone the hospital when the contractions are 8-10 minutes apart or are regular and becoming stronger. The nurse will advise you when to come in.

If your membranes rupture (water has broken) or are leaking, call the hospital immediately. Sometimes it is difficult to tell if your membranes are leaking. Talk with your doctor/midwife or nurse about how to tell the difference between normal vaginal discharge and leaking membranes.

You may notice a mucousy, blood-streaked discharge several days before your baby is ready to be born. If the discharge is clear and watery, your membranes may be leaking.

**If you have bright red vaginal bleeding or greenish discharge, come to the hospital immediately.**

**Please call before coming to the hospital.**

### **Which Entrance Do I Use?**

Please call the hospital, you will be directed which entrance to use.

### **In the Labour and Birth Unit**

When you arrive at the hospital, a nurse will assess you in the Obstetrical area to see if you are ready to be admitted to the Labour & Birth Unit. The nurse will:

- take your temperature, pulse and blood pressure;
- ask you questions about your pregnancy;
- assess your labour;
- listen to your baby's heart beat; and
- monitor your contractions.

If you are not in active labour, you may be sent home; asked to walk about; or go out for a couple of hours and return for reassessment. You may be admitted for observation. If you are in active labour, we will work with you and your support person in your birth experience.

## Items to Bring With You

- *Personal Health Information:* Health Card and information regarding Extended Health Insurance coverage.
- *Personal Care Items:* soap, shampoo, deodorant, toothbrush, toothpaste, sanitary and nursing pads.
- *Clothing for Mom:* t-shirt or nightgown for labour (hospital gowns are available), comfortable street clothes for after delivery (stretchy slacks or shorts, track suits, etc), slippers, underwear and nursing bra.
- *Clothing for Baby:* sleepers, receiving blankets and diapers.
- *Car Seat:* you must bring a Canadian approved infant car seat. Look for the CMVSS label and expiry date on the car seat.
- *Relaxation Music:* cassette tapes or CD's. There are CD/cassette players at the hospital and also a selection of relaxation music. A favourite item, such as a picture to focus on while in labour, may be helpful.
- *Pillow:* from your own bed at home may help you to relax and sleep better.
- *Snacks/Drinks:* for dads or support persons. There is a microwave, kettle, toaster and refrigerator available. Vending machines are located near the cafeteria.
- *Telephone Calls:* there may be a charge to use the telephone in your room. For long distance telephone calls, you must use a calling card or place a "collect call". Cell phones interfere with hospital equipment and can only be used in permitted areas. Confirm with hospital before activating.
- *Valuables:* or large amounts of money, please leave at home.

## **Your Care After Your Baby's Birth**

### **Getting to Know the Staff**

The nurses are skilled in caring for families with new babies. A nurse is assigned to care for you and your baby for each shift. Students may also work with the nurses to help care for you and your baby.

A doctor or your midwife will come to see you in your hospital room. Your doctor or midwife will care for and examine your baby before you both go home.

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### **Security**

Starting from birth, one of your roles as a parent is to protect your child. You can help to keep your baby safe by:

- Getting to know staff that takes care of you and your baby. The only people who should be caring for or taking your baby away from your room are hospital employees with a proper identification badge showing their name and photograph. If you are feeling unsure, ask them to wait while you ring your bell for a nurse.
- Ask questions when your baby is taken from your room. You should be given details of the test or procedure, including its location, who ordered it and how long your baby will be gone. If you are feeling unsure, ask the person to wait while you call for your nurse.
  - Never leave your baby unsupervised. If you plan to leave the room or take a shower, please arrange for your support person to stay with the baby.
- Question any unrecognized person who enters your room and asks about your baby. If you feel uneasy, alert the nurses' station.
- You and your baby will have matching armbands for identification purposes. In Owen Sound, your support person will also be given a matching armband.
- Do not take your baby off the Unit until baby has been discharged from hospital.

## Safety

- You will need an approved car seat to take your baby home. Your nurse will assist you in putting your baby into the car seat when it is time to go home.
  - You will need to know how to use the car seat. We suggest you review the instruction manual and practice using your car seat.
  - Contact the Public Health Unit and/or OPP for upcoming car seat clinics in your area.
  - Do not place your baby's cot near the door of your room. When the fire alarm sounds, the door closes automatically and could hit the cot.
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## Visiting

Visiting hours for family and friends: (2 persons at your bedside at a time)

### **Grey Bruce Health Services - Owen Sound**

2:00-8:00 p.m. daily

### **Hanover and District Hospital**

2:00-8:00 p.m. daily

### **South Bruce Grey Health Centre, Walkerton site**

2:00-4:00 p.m. and 7:00-8:00 p.m. daily

When you do not wish to be disturbed, place a "Do Not Disturb" sign on your door and unplug your phone. Telephone calls are not put through to the patient after 10:00 p.m.

All visitors who have cold/flu-like symptoms must not visit.

**Please note:** Your support person may stay with you day and night. A cot may be available for your support person, please discuss your wishes with your nurse.

*\* Please note: Cots may not always be available.*

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## How Long Will I Be In Hospital?

How long you and your baby stay in hospital will depend on how both of you are progressing. Generally, you and your baby will leave the hospital the second day after a vaginal birth, and after a Caesarean Section the third day after delivery.

Some mothers and their babies may wish to leave earlier than the second day after delivery. If you and your baby are well and you have good support at home, we encourage you to talk with your doctor or midwife about your plans to go home.

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### **Confidentiality**

The nurses will only give **you** information about your baby. Calls from family and friends will be directed to your room.

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### **Rooming In**

Your baby will be in your room during the day and night. This is a special time for you to get to know one another.

A nurse will be assigned to care for you and your baby.

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### **Paperwork for All New Babies**

While in hospital, you will be asked to complete a number of forms. You will register your baby's birth so you can receive an official birth certificate. You will also complete an application for your baby's Health Card. When you take your baby to the doctor before the permanent plastic Health Card arrives, use the temporary paper one you receive in hospital.

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### **Smoking**

In the interest of your health, the hospitals have a NO smoking policy. You must sign yourself off the Unit to go outdoors to smoke. **Please arrange for a support person to care for your baby if you plan to be going outside to smoke. Never leave your baby alone.**

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### **Meals and Snacks**

Patients receive three meals a day and snacks are available. If you have any special dietary requests, ask to speak to the Dietitian/Dietary Department.

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### **Television**

Television rental is available through volunteer services (not available in Walkerton). A volunteer will visit you within the first day to ask you if you are interested.

## **Circumcision**

The Canadian Paediatric Society does not recommend routine circumcision of the newborn. Having your baby boy circumcised is a personal decision. If you decide to have your son circumcised, you will need to arrange it with your physician.

Circumcision is no longer covered by OHIP. You will be required to pay a fee to both the physician and hospital for this procedure. Your nurse will show you how to care for your son's penis after the circumcision.

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## **Baby Pictures**

Baby picture may be available at your hospital. Ask for details.

## **Going Home**

You and your baby will be ready to go home once you have met the discharge criteria on the Patient Pathway (last page). A nurse will check the mother and baby I.D. bands before you leave the hospital.

## **Support for You at Home**

Your physician or midwife will instruct you of follow up care.

If you are concerned about yourself or your baby, you can call your doctor's office/midwife or the Breastfeeding Support Clinic. Breastfeeding follow up appointments can be booked before going home. Referrals to the Public Health nurse for an early home visit and Healthy Babies Healthy Children follow-up will be discussed prior to discharge.

## **When to Call Your Doctor or Midwife**

**For Mother** - if you have any of the following problems after you go home:

- Continued heavy, bright red vaginal bleeding
- Fever
- Increased redness, tenderness, swelling or opening of incision and/or foul smelling discharge
- Hot, painful area on your breasts
- Burning or pain when passing urine
- Redness or pain in your legs
- An unhappy, depressed or anxious feeling that does not go away in a few days. You cry a lot. You feel unable to cope or care for your baby.

**For Baby** - if you notice:

- Baby has less than 3-6 wet diapers per day and his/her mouth is dry
- Baby shows no interest in feeding
- Baby becomes very yellow and sleepy
- Bowel movements become unusually frequent, loose, green or an unusual colour, or are mixed with blood
- The umbilical cord has an odour or yellow discharge. (For more information on cord care, see your Let's Grow – A Healthy Baby Booklet.)

### **Feelings After Birth - Postpartum Adjustment**

Women experience many emotions after the birth of a baby, from joy and relief to sadness. Many new mothers feel sad, tired and overwhelmed in the first few days after birth. These feelings are normal and usually disappear after a few days.



In 20% of new mothers, these feelings do not go away. This is called postpartum depression. It can happen any time within the first year after the birth of the baby. Women who have had previous problems with depression are more likely to develop postpartum depression, but it can happen to anyone.

**Feeling like you want to harm yourself, your baby or someone else is an EMERGENCY.** Call your local hospital emergency room or the Crisis Team at Grey-Bruce Health Services (24-hours a day) at 519-376-2121 or 1-888-525-0552

#### **Feelings and Symptoms**

- Not knowing what is wrong
- Frequent crying
- Continual sadness
- Excessive worry
- Feelings of inadequacy, numbness, helplessness, guilt, anger
- Difficulty sleeping
- Changes in appetite
- Over concern or no feelings for baby
- Difficulty caring for baby
- Nervousness
- Difficulty concentrating or making decisions
- Panic attacks
- Feelings of isolation
- Social withdrawal
- Marital difficulties
- Thoughts of suicide

If you have any of these feelings or symptoms, you may have postpartum depression. There is help available for you and your family. Please call and arrange to see your doctor.

### **Helpful Tips**

- Be kind to yourself
- Take time out for yourself
- Rest during the day
- Eat nourishing food
- Exercise
- Don't set goals that are unreasonable
- Do something daily for yourself
- Take one day at a time
- Learn more about Postpartum Depression
- Find out about Parenting Programs
- Talk to and surround yourself with supportive persons.

**For community resources, please see the  
"Community Resources For Parents" Pamphlet.**

### **How Was Your Stay?**

We would like to thank you once again for choosing the Grey Bruce Health Network. We hope we have been helpful to you during your pregnancy and birth experience, and wish you all the best as your new family grow together.

If you have any questions, concerns or comments, please do not hesitate to contact your hospital.

Grey Bruce Health Services - Owen Sound	376-2121
Hanover and District Hospital	364-2340
South Bruce Grey Health Centre – Walkerton Family Birthing Centre	881-1220 x 223



# Pacifiers

Babies are born with a natural need to suck which provides comfort to the child. Some babies even suck their finger/thumb in the womb before they are born. A pacifier or soother can be used to satisfy the baby's needs if used correctly. It should never replace a feeding or the comfort of a parent.

## Advantages

- \* Sucking on a pacifier is better than a thumb/finger as it causes fewer problems with future tooth development.
- \* A parent can control the use of a pacifier (you can't throw away a thumb!)
- \* The latest medical research suggests that using a pacifier may decrease the risk of SIDS.

## Do's

- ✓ **Do** use a pacifier that says "orthodontic" on the package. These are shaped to help the muscles and bones of the face to grow properly.
- ✓ **Do** use the age appropriate size of pacifier for the child. If it is too small the baby could swallow the pacifier.
- ✓ **Do** sterilize baby's pacifier in boiling water for at least 5 min before the first use and periodically afterward to prevent the spread of bacteria.
- ✓ **Do** avoid giving a breastfed baby a pacifier until breastfeeding is established. Giving a pacifier too early can cause confusion between the breast and the pacifier.
- ✓ **Do** check the pacifier often for cracks or tears. Replace the pacifier if you see any signs of damage.

## Disadvantages

- \* Incorrect use of a pacifier can lead to problems with breastfeeding, tooth development and possibly ear infections.
- \* Homemade pacifiers, sweetened pacifiers or pacifiers tied around baby's neck are not safe and could lead to injury or death. Use a pacifier wisely and safely.

## Don'ts

- × **Don't** dip a pacifier in honey, corn syrup, sugar or anything sweet. This can lead to preventable tooth decay and honey can cause botulism.
- × **Don't** tie the pacifier with a string longer than 6-8 inches. This could strangle the baby.
- × **Don't** put baby's pacifier in your mouth to "clean" it. This can spread decay-causing bacteria from parent to child.
- × **Don't** use a pacifier instead of feeding.
- × **Don't** let an older child crawl or walk with a pacifier all day long. This could interfere with speech development and cause problems with the developing teeth.



For more information visit our website at [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca) or contact us by mail:

920 First Avenue West - Third Floor Dental Department

Owen Sound, ON

N4K 4K5 (519) 376-9420 or 1-800-263-3456

30 Park Street Box 248 - Dental Department

Walkerton, ON

N0G 2V0 (519) 881-1920 or 1-800-821-7714



### WILL THIS AFFECT MY BABY LATER IN LIFE?

Although RSV does not produce long term problems, 1/3 of patients may wheeze later in childhood when they belong to families that smoke in the home, or who have allergies.

### WILL MY BABY GET RSV AGAIN?

RSV is present in the nose for 24 hours prior to the onset of symptoms, and can last 4 - 21 days. You can get RSV more than once.

### COULD THIS HAVE BEEN PREVENTED?

No. Your baby's illness is not a result of something you did or did not do. It is best to keep your baby away from crowded places in winter (example - malls). Do not allow friends or brothers and sisters with colds, to handle your baby.

#### References:

1. "Respiratory Syncytial Virus" **Nelson Textbook of Pediatrics**, 1992, 14<sup>th</sup> Edition, pp . 814-816, N.B. Saunders Com pany.
2. "Respiratory Syncytial Viral Infections in Young Infant", John C. Christenson, M.D., **Neonatal Pharmacology Quarterly**, Vol 1, No. 1, 1992. pp 39-43
3. "What every laboratorian should know about RSV", Peggy Prinz Luebbert, M.S., MT., CIC **Medical Laboratory Observer**, 1991
4. "RSV & the High-Risk Infant", Ellen M. Chiocca, MSN, **PEDIATRIC Nursing**, Nov-Dec 1994 Vol. 20/No. 6, pp 565-568



Author - M Forgrave, R.N.

Edited by - L. Sinclair Nurse Clinician

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# RSV

(Respiratory Syncytial Virus)



## **WHAT IS RSV?**

Respiratory Syncytial Virus or RSV is a common cause of chest infections in infants and children. It is a virus that occurs every year **during the winter months**.

## **WHAT CAUSES RSV?**

RSV is caused by a virus that spreads within the smaller tubes or airways of the lungs. The lining of the small airways is damaged by the virus and the dead tissue clogs the airways, causing mucous to block them.

## **HOW DO I KNOW MY BABY HAS RSV?**

In smaller children, under a year, the symptoms are more severe because their airways are smaller. RSV can range from the discomfort of a cold to pneumonia. Fever, runny nose, cough, feeding problems and tiredness may be present. Later on, your baby may wheeze, have a fast heart beat and breathe quickly.

## **HOW DID MY BABY GET RSV?**

RSV is present all over the world. Midwinter outbreaks occur each year and may begin as early as November and last as late as May.

## **HOW LONG WILL THIS LAST?**

Anywhere from 3 - 7 days

## **HOW WILL THE DOCTOR TREAT MY BABY'S ILLNESS?**

RSV symptoms are most severe during the first 48 - 72 hours. At this time, the doctor could order:

- a) a swab of the nostrils to examine mucous for RSV
- b) drugs to reduce your baby's fever
- c) drugs, to help open your baby's airways, given by mask
- d) oxygen as it is needed, to reduce the work of breathing
- e) a single room for your child, or a shared room with another RSV child, to help stop the spread of the disease. This is called "isolation".

## **WHAT CAN I DO TO HELP?**

It is very easy to get RSV. **Handwashing** needs to be done after any contact with the baby and before leaving the room. Parents may visit. Brothers and sisters should not visit.

Once the virus is in the hospital, it can spread quickly from one child to another child. In half of the patients with RSV, the virus may still spread to other people after 10 days to several weeks.

## **DOES THE VIRUS LIVE OUTSIDE THE BODY?**

Yes. The virus can live on paper and tissue for up to 30 minutes. The virus can live on non-porous surfaces, such as a table, for up to six (6) hours. At home, wash table tops and toys with a weak bleach solution to remove the virus. This helps prevent the spread of infection.