

Baby's Best Chance



Parents' Handbook of
Pregnancy and Baby Care



My Team Contact Information

Partner: _____

Cell phone: _____

Health Care Support Team

Name/Title

Contact Information

Personal Support Team

Name/Title

Contact Information

Baby's Best Chance

Parents' Handbook of Pregnancy and Baby Care

7th edition

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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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Introduction

Welcome to the 7th edition of *Baby's Best Chance: Parents' Handbook of Pregnancy and Baby Care*, published by the Government of British Columbia.

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 is unique, and as parents 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 7th edition of *Baby's Best Chance* continues to align with criteria for the Baby-Friendly Initiative. The Baby-Friendly Initiative (BFI) is a global program of the World Health Organization (WHO) and UNICEF to increase hospital and community support for promoting, supporting and protecting breastfeeding. Established criteria for designation of Baby-Friendly hospitals, maternity facilities and communities outlines evidence-based maternal child care and supports all families.

This book is updated every 2 years. If you have suggestions for the next edition, please email us at healthlinkbc@gov.bc.ca.

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The Ministry of Health gratefully acknowledges the many people who have contributed to previous editions of *Baby's Best Chance*. Their work has made this edition possible.

How to Use This Handbook

User-friendly. That's the goal we had in mind in creating *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 his brain and language skills to his physical, social and emotional growth.

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

You might notice throughout the book that we sometimes refer to your baby as *she*, other times as *he*. In almost every case, the same information applies to all babies, regardless of sex.

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 1-2, or the **Index** on page 128.

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

See the **Resources** section on page 114.

Not sure what a word or concept means?

Check the **What is...?** boxes that appear throughout the book, and the labeled illustrations on the next page.

Interested in information on healthy eating?

See the recently revised **Canada's food guide** on page 111.

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), or a registered dietitian or 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 – 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.

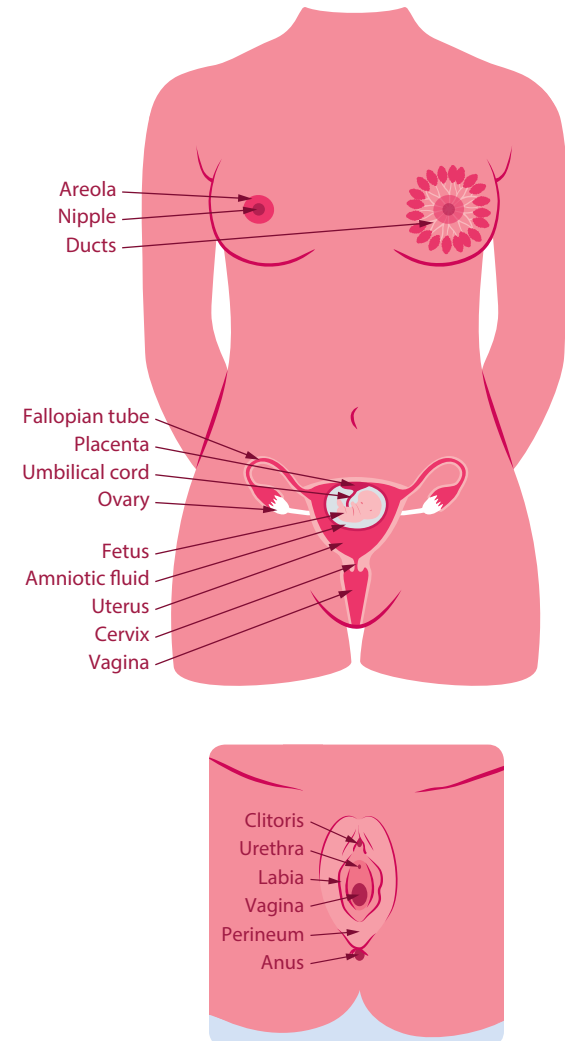
Our **Danger** boxes alert you to hazards that can pose a serious risk to your child.

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 Support Team

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
- family members
- friends, neighbours or co-workers
- members of your cultural, religious or community groups
- members of your prenatal group
- a social worker
- a doula (trained labour companion)



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.

Your Health Care Support Team

Your health care team may include:

- a family doctor
- an obstetrician
- a registered midwife
- hospital or public health nurses
- HealthLink BC (nurses, pharmacists, dietitians and other health care providers)
- your dentist or dental hygienist
- a prenatal educator
- a lactation consultant
- a naturopathic doctor
- a doula



PARTNERS

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.

Doctor or midwife?

In B.C., you can choose a registered midwife, a family physician or an obstetrician 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 who will take care of you during your pregnancy and postpartum period.

Midwives work in private 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.



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.

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 wishes 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 support?



DID YOU KNOW

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



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 exercise (see [Taking Care of Yourself](#))
- ✓ finding health care providers you trust and going to prenatal care appointments (see [Health Care During Pregnancy](#))
- ✓ brushing, flossing and seeing a dental professional
- ✓ quitting or reducing smoking
- ✓ building a support team of family, friends and community members (see [Your Support Team](#))



DID YOU KNOW

Good dental care is especially important during pregnancy. Brush and floss regularly. See a dentist, 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, saunas and hot tubs

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



TRY THIS

If sweat lodges are an important part of your culture, find other ways to take part while you're pregnant. Instead of doing a sweat, try being a firekeeper or taking care of the feast afterwards.

Caffeine

Caffeine is fine in small amounts, but too much is not good for you or your baby. By making you pee a lot, it can cause you to lose important minerals, like calcium. And it can keep both you and your baby awake.

Lower the risk:

- Limit coffee to 2 cups (500 ml) and tea to 4 cups (1,000 ml) a day.
- Remember that caffeine is found in things other than tea and coffee, like chocolate, pop and energy drinks.
- Try decaffeinated tea and coffee.



PARTNERS

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, keep reading to learn how it can affect your baby and what you can do to stop or cut down.

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. Your health care provider will choose 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.

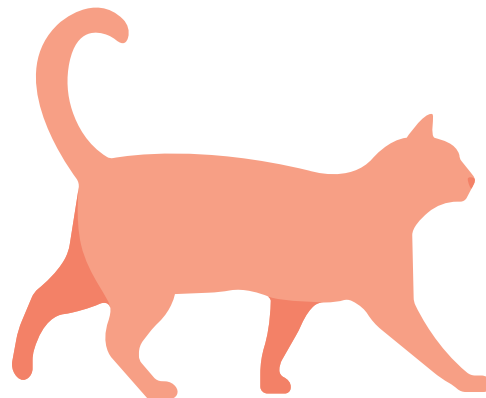


Violence in the home

Violence in the home puts both you and your baby at risk. If your partner abuses you physically, sexually, emotionally or verbally, your baby could also be injured. Your baby may be affected by the stress that comes along with violence in the home, too. Even if a child doesn't actually see the abuse, he will feel the tension and fear in the home. This can harm his 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 110 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. 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:

- Get advice from your health care provider or pharmacist. Tell them 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 doctor right away, call HealthLink BC 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 naturopathic doctor about any teas, tinctures or other natural remedies you may be considering using while pregnant.
- Speak with an herbalist or traditional Elder for information on the use of traditional medicines during pregnancy.

Street drugs

Street drugs can put you and your baby at very serious risk. Using drugs like cocaine and crystal meth (methamphetamine) during pregnancy raises the risk of Sudden Infant Death Syndrome (SIDS) and can cause the placenta to tear away from the wall of the uterus. Inhalants – such as glue, gasoline, paint thinner, cleaning fluids, hairspray and spray paint – increase the risk of miscarriage, birth defects, and long-lasting problems similar to those of Fetal Alcohol Spectrum Disorder (FASD).

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, street 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) for free, confidential information: 1-604-660-9382 (lower mainland) or 1-800-663-1441 (anywhere in B.C.).

Smoking, vaping and exposure to second-hand smoke

Smoking, vaping and exposure to second-hand smoke during pregnancy can increase the risk of miscarriage, stillbirth, preterm birth, low birth weight and Sudden Infant Death Syndrome (SIDS). Exposure to smoke after birth can reduce your milk supply and puts your baby at much higher risk of SIDS, ear infections, asthma and bronchitis. It can also increase the chance that your child will become a smoker.

Lower the risk:

- Try to quit. Contact Quit Now at quitnow.ca or 1-877-455-2233 (toll-free).
- If you don't feel able to quit all at once, smoke less and less.
- Keep your car and home smoke-free.
- Ask others to smoke outside, then wash their hands. If possible, have them change clothes, too.
- Ask 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.



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.
- See bcapop.ca for an outreach program near you.
- Call HealthLink BC at 8-1-1 anytime to talk with a registered nurse.
- Get 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. Get support from your health care provider or the resources listed here.

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 his intellectual development – including memory, focus and decision-making. It may also cause problems with sleep and hyperactivity and increase his own risk for substance abuse in the future.

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. Find safer ways to cope (see [Stages of Pregnancy](#)) or talk with your health care provider.
- Choose lower-potency products that have higher levels of CBD and lower levels of THC. 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 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 safe and healthy as possible.

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
<p>Bacterial Vaginosis Diagnosed by testing a swab of fluids from the vagina.</p> <p>Bacterial vaginosis is not considered to be a sexually transmitted infection, but your risk of getting it might go up if you have a new partner or more than one partner.</p>		<p>Parent: Vaginal discharge, itching or burning, or no symptoms.</p>	<p>Parent: Antibiotics.</p> <p>Baby: Care for preterm birth.</p>	<p>Parent: Preterm labour, premature breaking of water (rupture of membranes), infection during labour or after birth, miscarriage.</p>	<p>Treat parent during pregnancy to reduce the risks.</p>
<p>Chlamydia Diagnosed by urine test or testing a swab of fluids from the vagina.</p>	During birth.	<p>Parent: Usually no symptoms. May have pain when peeing, vaginal discharge or stomach pain.</p>	<p>Parent and baby: Antibiotics.</p>	<p>Parent: Preterm labour, premature breaking of water.</p> <p>Baby: Pneumonia, eye infections, blindness.</p>	<p>Treat parent before birth to prevent infecting baby. Antibiotic eye ointment for baby at birth.</p>
<p>Gonorrhea Diagnosed by urine test or testing a swab of fluids from the vagina.</p>	During pregnancy or birth.	<p>Parent: Low stomach pain, vaginal discharge, pain when peeing, or no symptoms.</p>	<p>Parent and baby: Antibiotics.</p>	<p>Parent: Preterm labour, infertility or future pregnancy losses, pelvic inflammatory disease, reactive arthritis.</p> <p>Baby: Eye infections and blindness.</p>	<p>Treat parent before birth to prevent infecting baby. Antibiotic eye ointment for baby at birth.</p>

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
<p>Hepatitis B Diagnosed by blood test.</p>	<p>During birth or by contact with blood.</p>	<p>Parent: Loss of appetite, fever, tiredness, muscle and joint pain, stomachache, nausea, diarrhea, vomiting, dark urine, yellow skin and eyes.</p> <p>Baby: Usually no signs. May have fever, fatigue, vomiting, loss of appetite, yellow skin.</p>	<p>Parent: Ongoing antiviral drugs if necessary.</p> <p>Baby: Hep B immunization and hepatitis immunoglobulin.</p>	<p>Liver disease and liver cancer, especially for baby.</p>	<p>Parent: Hep B vaccine; antivirals if high virus levels during pregnancy.</p> <p>Baby: Hep B vaccine at birth; may also get Hep B immunoglobulin.</p>
<p>Herpes Diagnosed by a swab or blood test after a sore develops.</p>	<p>Usually during birth; sometimes before or after birth; during breastfeeding if there is a sore on or near the nipple.</p>	<p>Parent: Blisters/sores in genital area that appear once or return. May be no signs.</p> <p>Baby: Low energy, fever, low weight gain.</p>	<p>Parent and baby: Ongoing antiviral drugs.</p>	<p>Baby: Skin, eye, mouth or blood infections, seizures. May be fatal.</p>	<p>Avoid sex if you have a sore. Avoid oral sex if your partner has a cold sore. Condoms help, but don't guarantee protection. Caesarean birth recommended if you have an active infection.</p> <p>Avoid breastfeeding if you have open sores on your breast; pump or hand-express 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.</p>

Infection	Way Transferred to Baby	Symptoms	Treatment	Risks if Untreated	Prevention
HIV (Human Immunodeficiency Virus) Diagnosed by blood test.	During pregnancy, birth or breastfeeding.	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 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.
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 and baby: Antibiotics (during pregnancy or to newborn).	Parent: Nervous system, eye and heart problems; preterm labour. Baby: Stillbirth or physical and mental problems.	Early treatment of parent usually prevents infection in baby. Avoid breastfeeding if you have open sores on your breast; pump or hand-express 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.
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 if partner has travelled to areas with Zika. Avoid sex 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 – and for the rest of your life. See [Canada's food guide](#) on page 111.

Eating well during pregnancy will give your baby what he needs to develop and reach a healthy weight. 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
- ✓ making your food from scratch at home
- ✓ drinking plenty of water

Highly processed and prepared foods and drinks that are high in saturated fat, sugar and sodium – like chips, cakes and soda – don't have the nutrients your growing baby needs. Make sure they don't replace healthier choices.



KEY TAKEAWAY

If you're not used to it, a healthy diet may seem like a challenge. You don't need to be perfect; just do the best you can. You and your baby are worth it.



Key Nutrients During Pregnancy

	Why You Need It	Foods That Provide It		
		Vegetables and Fruits	Whole Grain Foods	Protein 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 she's born.	Dark leafy greens like beet, spinach and swiss chard, green peas, baked potato with skin.	Fortified whole grain cereals and bread, enriched cereals and bread, wheat germ.	Cooked mussels, clams, oysters, 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 and other vegetables including asparagus, beets, broccoli, brussels sprouts. Fruits including avocado, bananas, oranges, 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 (black, kidney, soy, etc.) and peas (chickpeas, garbanzos, split peas, etc.). All nuts and seeds.



TRY THIS

Write down everything you ate and drank yesterday and compare it to Canada's food guide. Make a plan to eat more of the foods you're missing.

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.



PARTNERS

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 of caffeine is usually safe, but too much may affect an unborn baby, make a breastfed baby restless, rob you of much-needed sleep and make you pee more (see [Lifestyle](#)).

Cheese:

Unpasteurized soft and semi-soft cheeses (feta, Brie, Camembert, blue-veined) can contain bacteria which are especially dangerous during pregnancy. Either cook them to at least 74°C (until they're steaming hot) or wait to enjoy them until after your baby is born.

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.

Fish:

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

- no more than 2 servings (150 grams or 5 ounces) per month of fresh or frozen tuna, shark, marlin, escolar, orange roughy and swordfish
- no more than 4 servings (300 grams or 10 ounces) per week of non-Canadian canned albacore tuna. Fresh, frozen or canned albacore tuna that's a product of Canada can be eaten in unlimited amounts.

Be careful with raw fish, like sashimi and sushi. These can be a problem if not prepared carefully. It's safest to avoid them during pregnancy.

Herbal teas:

2 to 3 cups (500-750 ml) of tea made from ginger, bitter orange or orange peel, echinacea, peppermint, red raspberry leaf, rosehip or rosemary are considered safe each day. Only drink tea that has an ingredient list.

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, and don't take fish liver oil supplements, which are not safe during pregnancy.

Soy:

Tofu, unsweetened fortified soy beverages and foods containing soy products are fine, but soy supplements are not safe during pregnancy.

Sprouts:

Stay away from raw alfalfa and mung bean sprouts as they can carry dangerous 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 if your home was built before 1989, you may have lead in your pipes. Flush your taps for a few minutes until they run cold each morning. Use cold water for drinking and cooking, as hot water can carry more lead.

Unpasteurized foods:

Avoid unpasteurized milk, yogurt, cheese, honey 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.
- ✓ Wash raw vegetables and fruits under clean, running water. Use a brush to remove dirt.
- ✓ Fully cook meat (68°C), fish, eggs (74°C) and poultry (74°C for parts and ground poultry; 85°C for whole poultry). Use a food thermometer to check temperatures.
- ✓ After prepping raw meat, put cutting boards, plates and knives into the dishwasher or sanitize them with a mixture of 1 teaspoon of bleach in 1 litre of water.
- ✓ Keep cooking tools and surfaces clean and change dishcloths and towels every day.
- ✓ 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.
- ✓ 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.

Are you vegetarian or vegan?

Ensure you're getting enough protein, iron, calcium, zinc, vitamin D, vitamin B12 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 for easy access to healthy choices.
- 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.



TRY THIS

If your supplements are making you nauseous or making your nausea worse, try taking them with food. Don't stop taking them before talking to your health care provider.

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, 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.

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 fish oil, calcium or vitamin D supplements.

If you're taking separate calcium and iron supplements, take them about 2 hours apart.

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



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

What is BMI (Body Mass Index)?

A measure of your weight in relation to your height. A healthy pre-pregnancy BMI is 18.5 to 24.9. Check yours at healthlinkbc.ca.

How Much is Healthy?

A healthy total weight gain during pregnancy ranges from 5 to 18 kg (11 to 40 lb). For twins, it's 11 to 25 kg (25 to 54 lb).

What's right for you depends on your pre-pregnancy weight:

- If your BMI is less than 18.5, you'll need to gain 13 to 18 kg (28 to 40 lb).
- If your BMI is 18.5 to 24.9, you'll need to gain 11 to 16 kg (25 to 35 lb).
- If your BMI is 25 to 29.9, you'll need to gain 7 to 11 kg (15 to 25 lb).
- If your BMI is 30 or over, you'll need to gain 5 to 9 kg (11 to 20 lb).

Don't try to lose weight while pregnant.

In your first trimester, a small gain is best – 500 grams to 2 kg (1 to 4½ lb) in total. If you lose or gain more than 10% of your pre-pregnancy weight, talk with your health care provider.

In your second and third trimesters, aim to gain at a steady rate of about 200 to 500 grams (½ to 1 lb) per week.

Talk with your health care provider for more information, or call 8-1-1 to speak to Dietitian Services at HealthLink BC.



KEY TAKEAWAY

Being active and eating well can help promote healthy weight gain. Eat twice as healthy – not twice as much.



DID YOU KNOW

Gaining too much weight during pregnancy isn't healthy for you or your baby. It can increase your risk for gestational diabetes and high blood pressure, and lead to a more difficult delivery. It also makes it more likely that your child will become overweight.

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

Extra stores for pregnancy and breastfeeding:

2½ to 3½ kg (5 to 8 lb)

Blood: 2 kg (4 lb)

Retained fluid: varies

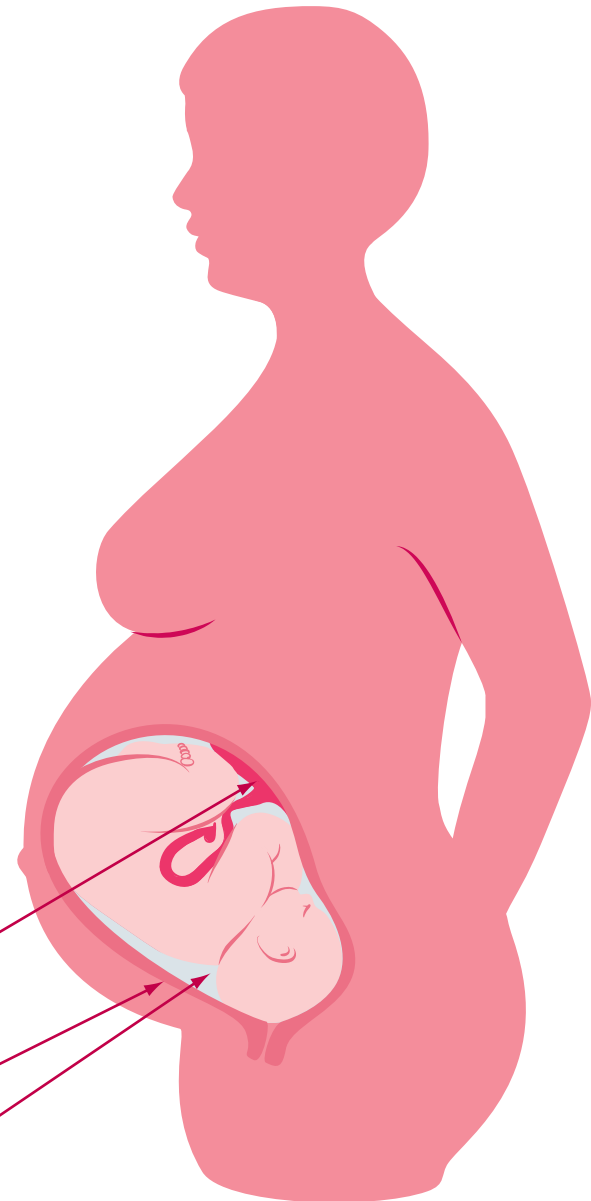
Breasts: 1½ kg (3 lb)

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 delivery
- maintain a healthy weight
- 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 and that are safe during pregnancy. Aim for 2½ hours of moderate-intensity activity each week. 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 – squash and racquetball, for example – which can cause ligament injuries more easily when you're pregnant
- ✗ contact sports – like karate – and anything that you're likely to fall while doing – like skiing – 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.



PARTNERS

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 low weights and high repetitions (12 to 15) for strength training. Reduce the weights as your pregnancy progresses.
- ✓ Drink water before, during and after activity.
- ✓ Stretch comfortably and do gentle warm-ups and cool-downs before and after exercise.



SEEK CARE

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

- extreme shortness of breath
- chest pain
- more than 6 to 8 painful contractions per hour
- bleeding or a gush of liquid from your vagina

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



TRY THIS

If you were active before pregnancy, continue your 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 will help you tone up, boost your energy, manage your weight 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, start getting active again as soon as you're comfortable. Whatever activity you do, start slowly.

Physical activity and breastfeeding

In rare cases, intense exercise can change the taste of your breast milk. If your baby doesn't feed as well after you exercise, feed her 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
- ✓ 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. Help is available. See [Your Emotional Health](#).



PARTNERS

What You Can Do

Take prenatal classes together. Discuss your birth wishes, 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. 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 back flat, and your head and neck in line with your spine.
3. Arch your lower back while tightening your tummy muscles and bum.
4. Slowly relax and return your back to the flat position.



Your pelvic floor

Running from your pubic bone to your tailbone, your pelvic floor muscles act 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, groin 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 (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.

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 weeks before you leave, talk with your health care provider about immunizations and other precautions you should take, like drinking bottled water.



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



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.

Sex

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 doctor tells you to avoid vaginal intercourse, you can still kiss, cuddle and have oral sex. But don't let your partner blow air into your vagina (which can cause an air bubble in your blood), and don't have oral sex if your partner 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 doctor 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 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.

Be sure to use birth control (see [Family Planning](#)). You can become pregnant again right away, even when you're breastfeeding.



PARTNERS 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, by releasing hormones that can start contractions.

Not interested in sex?

Intimacy can strengthen your bond with your partner, 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 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, try new positions and use pillows to make it more comfortable. Wear a padded nursing bra if your breasts leak. 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.

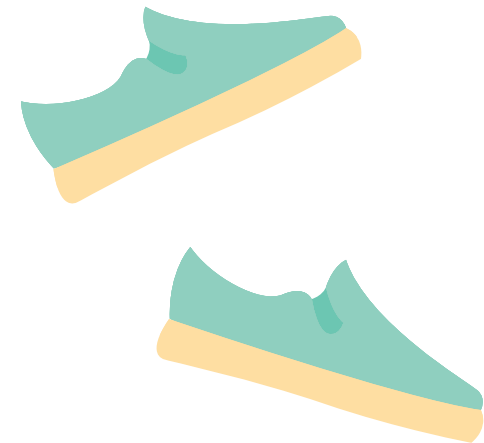
Whatever your job, eat healthy snacks, drink plenty of water, and find ways to be comfortable.

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:

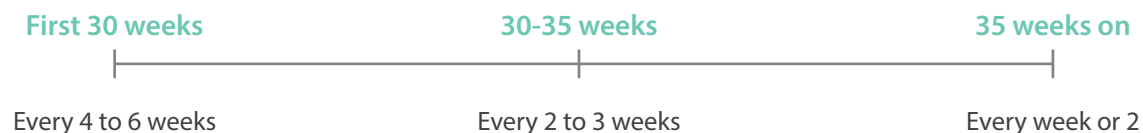
- change your position often
- use a footrest
- get up and walk



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 Doctor or Midwife?



You'll need to visit more often if you:

- are underweight or overweight
- had problems with a previous pregnancy
- have diabetes or high blood pressure
- are over 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 doctor on your own or you can bring someone along. Do what makes you most comfortable.



PARTNERS

What You Can Do

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



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.

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 check-up, 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 a Pap test or vaginal swab
- height and weight measurements
- blood tests to screen for STIs (sexually transmitted infections), confirm your blood type and check your iron levels
- genetic screening tests
- a urine test

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 (20 weeks) to check the location of your placenta and the development of your baby
- glucose screening (24 to 26 weeks) to check for gestational diabetes
- a swab (35 to 37 weeks) to screen for Group B Streptococcus
- 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 24 to 28 weeks.



TRY THIS

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

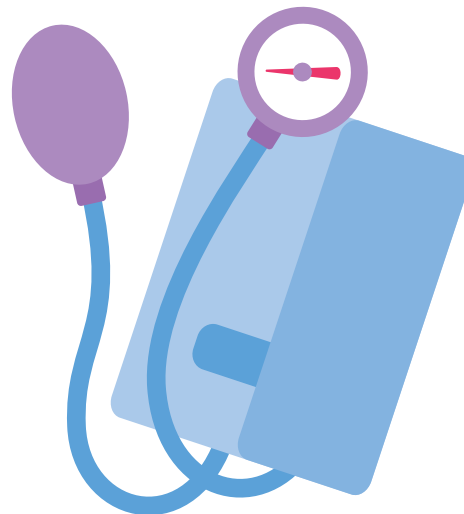
- the dates of your last period and Pap test
- your blood type and the father's
- medications (including herbal ones) you take
- illnesses you've had and any that run in your family
- past pregnancies
- plans and questions about feeding your baby
- any other questions

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 Aboriginal Pregnancy Passport?

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



Vaccines You'll Need

Flu shot

Influenza (flu) is more serious when you're pregnant. Get a flu shot – it's safe, free, and can be given at any time in your pregnancy. And if you have flu symptoms (fever, cough, headache, achiness and fatigue), contact your doctor or HealthLink BC at 8-1-1 or healthlinkbc.ca.



DID YOU KNOW

By getting the flu shot yourself – and by encouraging family and friends you see regularly to do the same – you'll be helping to protect your baby until she's old enough to be vaccinated herself.

Pertussis vaccine

Pertussis is a serious infection of the airways that can cause pneumonia, seizures, brain damage and even death. It's especially dangerous to babies, but babies can't be vaccinated against it until they're 2 months old. By getting vaccinated while you're pregnant, you'll help protect your newborn. The pertussis vaccine is not currently provided for free to pregnant people in B.C. Talk with your health care provider.

Visit immunizebc.ca/pregnancy for more information, and talk with a public health nurse about other vaccines you may be eligible for.

Pregnancy Risk Factors

Pregnancy Over Age 35



DID YOU KNOW

Age is less important than many other factors in having 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

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

There are a number of 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 in which 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 doctor 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.

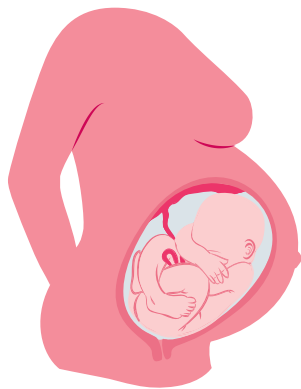
Premature rupture of membranes is a tear in the bag of water (the amniotic sac) before you're in labour. Contact your health care provider if your water breaks early. Note the colour and amount of liquid. Don't take a bath, have sex or use a tampon until you've seen your doctor.

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 his head – are facing down.

As your due date approaches, your doctor may be able to use her hands on the outside of your belly to turn him.

If not, you'll meet with a specialist to discuss the issues of breech delivery and decide whether to have 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 or tenderness in your belly, especially in the upper right section of your belly, 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
- more vaginal discharge than normal, or discharge that's coloured, frothy or causes itchiness or irritation
- a gush or trickle of water from your vagina that continues after going to the bathroom
- a drop in your baby's movement at a time when he's normally active
- 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](#))

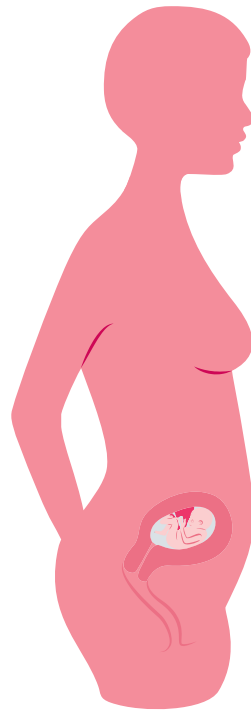
Stages of Pregnancy

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

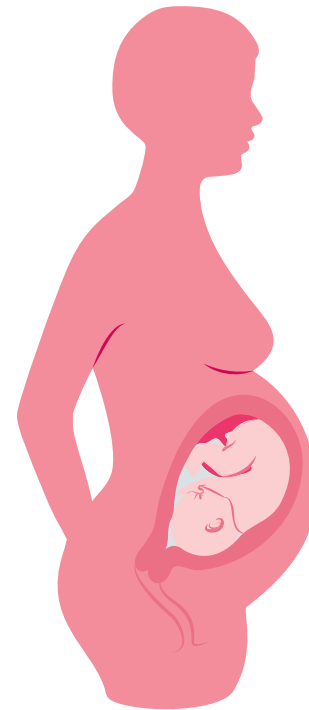


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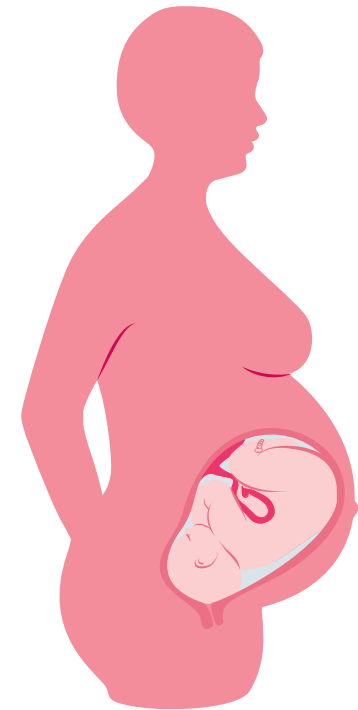
Whatever changes you're experiencing, you'll feel better throughout your pregnancy if you stay active, rest when you're tired, drink plenty of water and eat well.



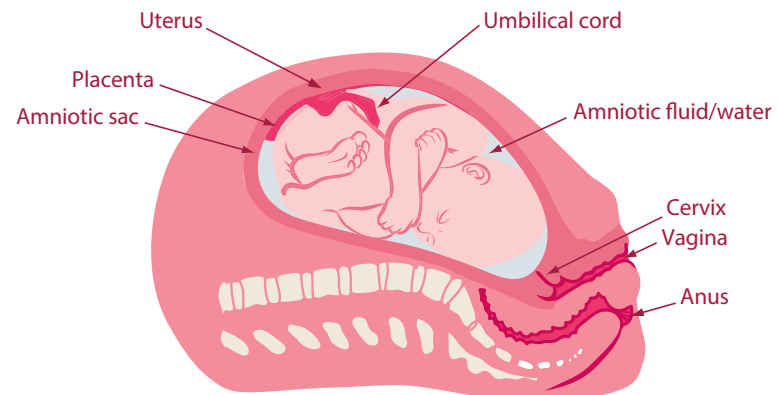
1st Trimester



2nd Trimester



3rd Trimester



Common Changes and What You Can Do

First Trimester: 0 to 14 weeks



PARTNERS

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, painful, larger breasts; darkening around the nipple; small lumps	Wear a comfortable, supportive bra, even at night. If you notice a new lump or have any 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.
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	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



PARTNERS

What You Can Do

Show support by giving gentle massage and by exercising and eating well with your partner.



DID YOU KNOW

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



TRY THIS

Talk to your baby, 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.
Leaky breasts	Use breast 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 ¼ teaspoon salt in 1 cup warm water. Don't take antihistamines unless recommended by your doctor.
Feeling baby move ("quickening")	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 doctor.
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 doctor.
Line running from belly button to pubic area; darkening of face	Line may remain after birth.

Third Trimester: 28 to 40 weeks



PARTNERS 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. Note when this happens and tell your doctor 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, breasts, thighs	Will usually fade after birth.
Dry, itchy skin	Try glycerin soap or calamine lotion. Moisturize. Avoid long, hot baths.
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). Talk with trusted friends and family members. Tell 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 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 groin 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).

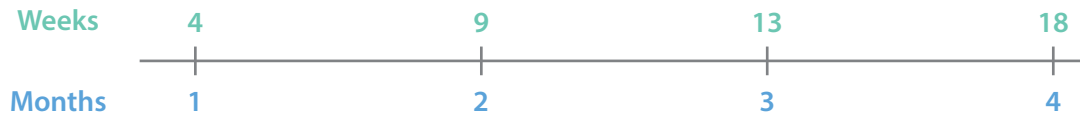
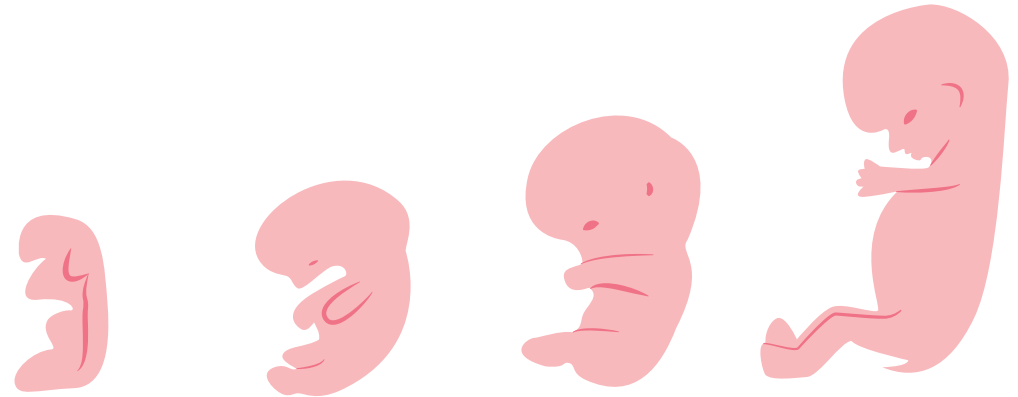
Your Developing Baby

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 she's in her twenties. By the end of the second trimester, your baby will be the size of a sweet potato!

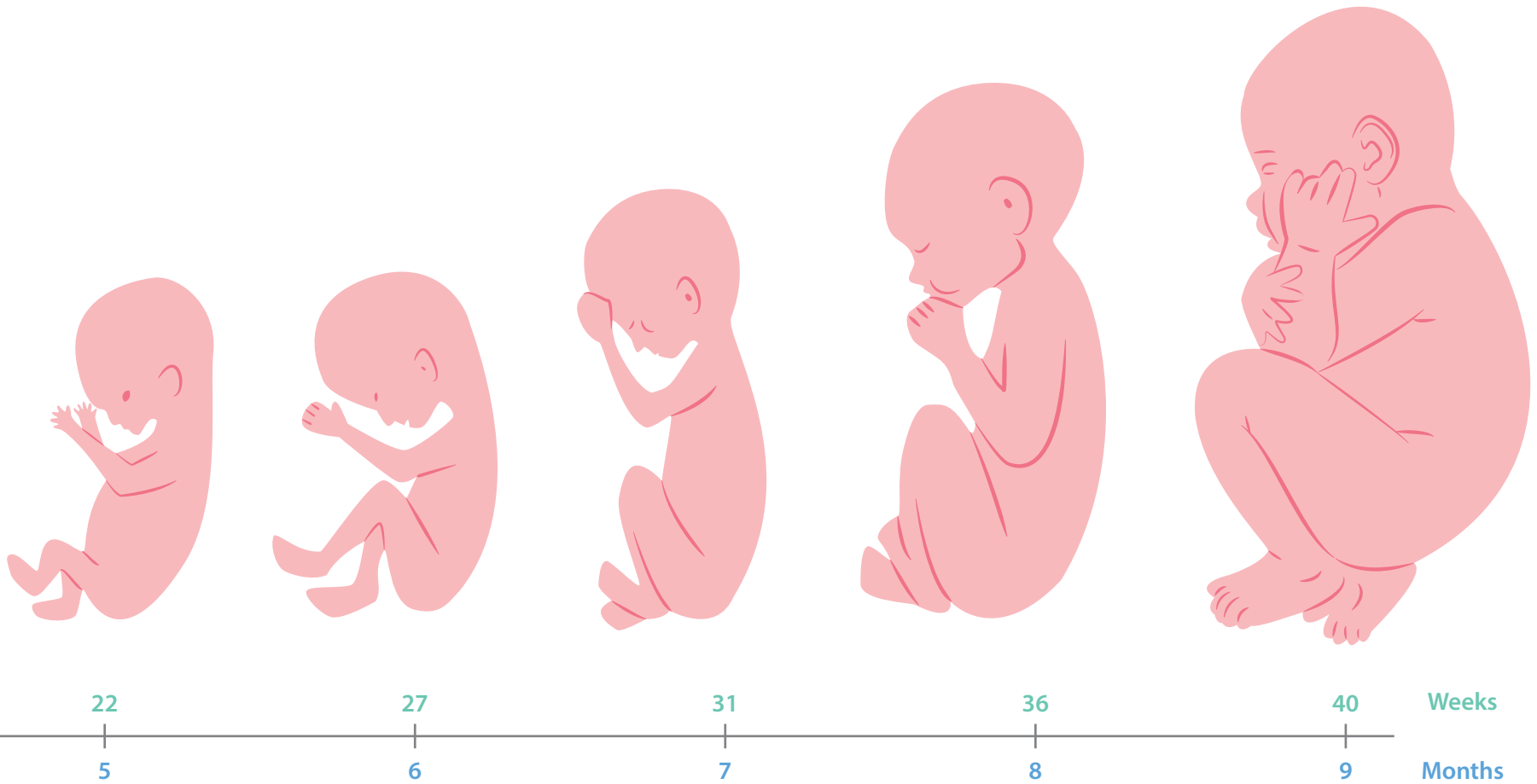
In the **third trimester** (28 weeks to birth), your baby is preparing to be born. Most can safely arrive after 36 weeks. At that point, your baby will be the size of a honeydew melon!

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
- 7-10 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 doctor



Second Trimester: 15 to 27 weeks

- 16 weeks** – baby can hear your voice; you may feel her 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** – boys’ testicles are in scrotum; girls’ external genitals are formed
- 40-42 weeks/late term** – soft spots (“fontanels”) 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, you may have to travel to give birth in a hospital.

Your Health Care Support Team

During the birth

If you give birth in a hospital, a nurse will be with you during your labour and delivery. Your health care provider – your doctor or midwife – will be with you during the birth. 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 had a doctor, they'll give you instructions about follow up once you leave the hospital. You'll also be contacted by a public health nurse.

If you had 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 need medical advice after hours, call a HealthLink BC registered nurse at 8-1-1.

Your Personal Support Team



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.

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

- your partner
- 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.

What is a doula?

A professional who gives emotional and physical support. Doulas don't offer medical care and aren't covered by the Medical Services Plan.



MONEY SENSE

The **Doulas for Aboriginal Families Grant Program** covers up to \$1,000 of doula costs for Aboriginal mothers. Visit bcaafc.com for more information.

Your Birth Wishes

Write down your hopes for labour and birth and discuss them with your medical and personal support teams in advance. This will help you all work better together.

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 is an emotional experience. And if you've gone through trauma in your life, being in labour may trigger especially negative memories and feelings. You can help build your sense of control and your ability to cope by making a clear birth plan and sharing it with your support team and health care providers.



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

Sometimes not all of your birth wishes can be met. But your support teams can ensure that you're involved in all decisions along the way.



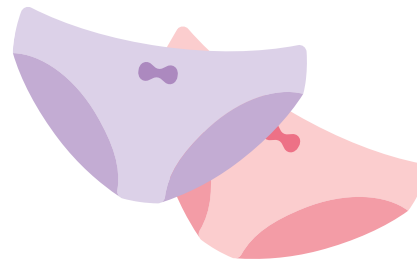
DID YOU KNOW

The B.C. Women's Hospital & Health Centre offers a simple template to record your birth wishes. Visit bcwomens.ca and search for "Labour and Birth Guide for Families and Care Providers."



FAMILY STORY

Our birth wishes were really useful. Our nurses changed at shift time, but they would read our birth wishes and come into the room knowing who I was and what we hoped for.



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 breastfeeding), 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

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.



PARTNERS

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.

Preparing for Labour

How Will You Know if You're in Labour?

It's easy to confuse pre-labour – the period before labour begins – with true labour. In both, your contractions may be uncomfortable. But there are clear differences:

Pre-Labour	True Labour
<p>Contractions:</p> <ul style="list-style-type: none"> • not at regular intervals • vary in length • stay the same or become weaker • felt in the lower belly • most uncomfortable when you're moving 	<p>Contractions:</p> <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
Cervix remains closed	Cervix thins and shortens ("effaces") and opens ("dilates")
No pinkish discharge ("show")	May be "show" or leaking from the amniotic sac as your water breaks



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, we went to the hospital exhausted, and our son was born late that night.



TRY THIS

Take a shower. If it's pre-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 likely pre-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. Don't take a bath until you're in active labour, since it may slow your contractions earlier on. And remember to drink lots of water.

Massage – Use light, even strokes on the belly, press on the lower back, or squeeze and release tense areas. Have your partner massage 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.



PARTNERS

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.

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 a painful area. Your partner can press with their hand 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 stay upright, moving and relaxed. Change positions often.

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 the 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.

Kneeling

Good for:

- taking the pressure off hemorrhoids
- relieving backache

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.

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

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

Squatting

Good for:

- moving the baby down in your pelvis

Try leaning on a partner or having them wrap their arms around you to give your legs a rest. Change positions between contractions.

Giving Birth

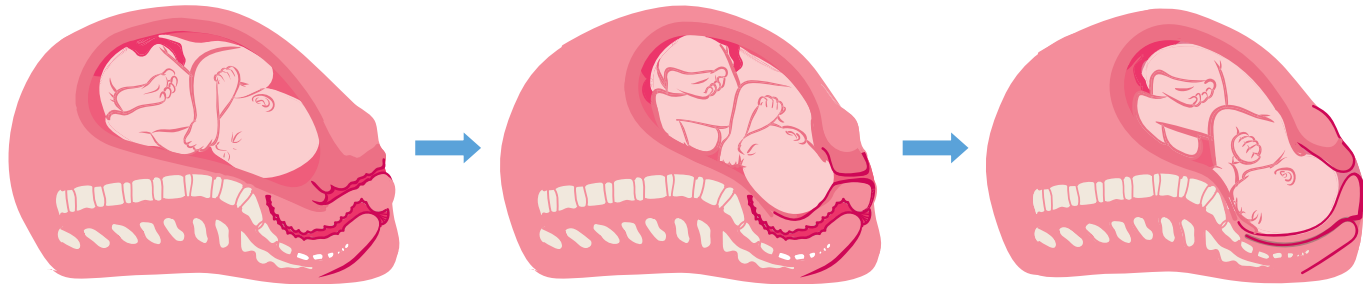
How Long Does Labour Last?

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:

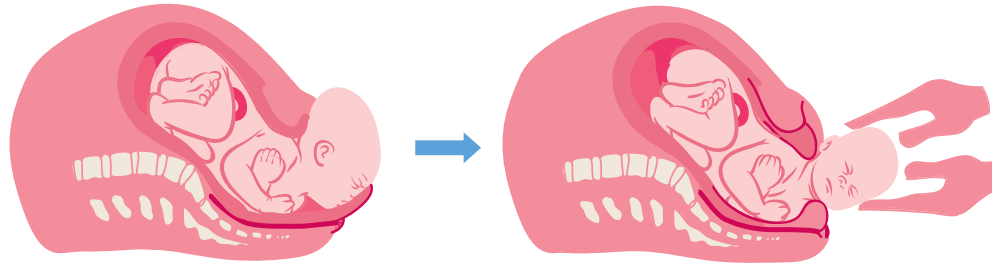
1st stage

Your cervix softens and thins ("effacement"), and opens ("dilation"). Your baby's head moves down in your pelvis.



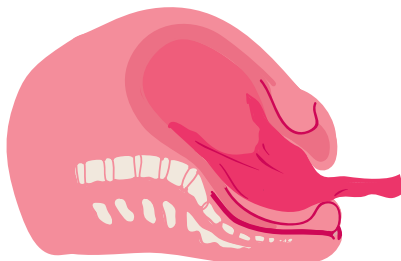
2nd stage

You push and your baby is born.



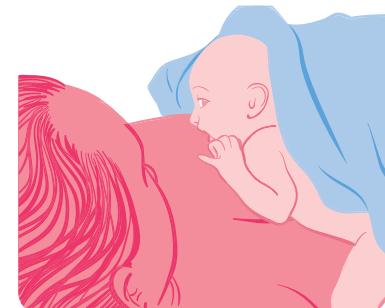
3rd stage

The placenta is delivered, and you can hold your baby skin-to-skin. He may breastfeed or nuzzle your breast.



4th stage

In these first few hours after birth, you can continue to hold your baby skin-to-skin – until the end of your first feeding or for as long as you like.



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 3 to 4 cm
- baby's head comes down in your pelvis
- may have diarrhea
- mucus plug falls out of the cervix; 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, last 20 to 45 seconds, and come every 10 to 20 minutes
- a trickle or gush of fluid

What you can do:

- 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 (not a bath, which can slow your contractions during early labour)
- use a sanitary pad and call your doctor if your water breaks

Active first stage of labour

What happens:

- cervix opens to 8 to 9 cm
- baby's head continues to move down in your pelvis
- "show" may become heavy, dark 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 last 45 to 60 seconds
- doubt as to whether you can cope with contractions
- quiet focus on yourself and your labour

What you can do:

- 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 fully to 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 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

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 stethoscope. 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 30 to 60 seconds and come every 5 minutes or less
- your water breaks
- you have vaginal bleeding or pinkish discharge ("show")
- you're unsure and worried
- your health care provider has advised you to call early



SEEK CARE

If your water breaks and the fluid is green or brown, your baby has pooped. This may mean that she's 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 a few minutes to 2 or 3 hours.

What happens:

- health care provider breaks your bag of waters if necessary
- health care provider listens to baby's heartbeat every 5 minutes
- baby's head pushes down against your groin; may tear a bit, or doctor may make a small cut ("episiotomy") to allow more room
- vagina stretches
- you may poop as you push
- as head emerges, mucus in baby's nose and mouth may be suctioned out

What you might feel:

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

What you can do:

- 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



PARTNERS

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 stage takes 5 to 30 minutes or longer.

What happens:

- umbilical cord is cut and clamped
- health care provider checks baby over
- placenta separates from the uterus wall and is pushed out the vagina
- uterus rises in the belly; becomes 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
- bring baby to your breast to see if she's ready to suck



DID YOU KNOW

Waiting 12 or more hours after birth before bathing your baby will help keep her temperature steady and can help get breastfeeding off to a good start.



BE AWARE

If you're sleepy, have a support person with you when you're cuddling skin-to-skin with your baby.

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 nuzzle your breast

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 she finishes her 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

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, vaginal gel or insert, 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.

What is an episiotomy?

A cut made at the opening of the vagina just before the baby's head is delivered to make more space for the baby to pass through.

What are forceps?

Instruments used to help pull the baby out if you're having trouble pushing or if there are concerns for your baby's well-being.

What is a vacuum?

A suction cup placed on your baby's scalp to help ease his head out if you're having trouble pushing or if there are concerns for his 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 having 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 or support person can be in the operating room. You'll 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 will not be in the operating room.

Your recovery

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

Healing may take 6 weeks or longer. You'll 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 (see [Breastfeeding 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 mother and baby. 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.



PARTNERS

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 wishes (see [Preparing to Give Birth](#)). Make it clear if you'd like your baby to be brought to you or your partner 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:

- a supportive partner
- breathing and relaxation techniques
- warm baths or showers
- comfortable positions
- ice packs
- acupuncture and acupressure
- hypnosis
- massage
- walking



Pain medication

Medication	Pros	Cons
<p>Nitrous oxide and oxygen “Laughing gas” breathed in through a mask.</p>	<ul style="list-style-type: none"> • Can be used right up until birth. • Doesn’t affect the baby. • You breathe in only the amount you need. 	<ul style="list-style-type: none"> • Can be used for 2 to 3 hours maximum. • Dulls the pain, but doesn’t erase it. • May cause dizziness, and tingling or numbness in your face and hands.
<p>Sterile water injection Sterile water injected into the lower back.</p>	<ul style="list-style-type: none"> • Relieves back pain. 	<ul style="list-style-type: none"> • May hurt going in.
<p>Narcotics Morphine or fentanyl injected by a health care provider.</p>	<ul style="list-style-type: none"> • Relaxes you. 	<ul style="list-style-type: none"> • May make you drowsy, dizzy or nauseated. • Dulls the pain, but doesn’t erase it. • If given too close to the birth, can slow baby’s breathing and affect baby’s ability to breastfeed at first.
<p>Pudendal block Local anaesthetic injected into a nerve in the vagina.</p>	<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.
<p>Epidural / spinal Local anaesthetic injected into a space near your spinal cord.</p>	<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 right after birth. Additional support to establish breastfeeding may be needed.
<p>General anaesthetic Complete sedation used to put you fully to sleep.</p>	<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 right after birth. Additional support to establish breastfeeding may be needed. • May cause dry, sore throat. • May cause nausea and vomiting.

Special Birth Issues

Preterm Labour

A baby is “preterm” if she’s born before 37 complete 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’re abused (see [Lifestyle](#))
- limiting your workday to 8 hours and finding time to rest
- exploring ways to reduce your stress
- wearing your seat belt with the lap belt below your baby and the shoulder belt against your chest



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 that doesn’t stop after going to the bathroom
- 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 weighing less than 2½ kg (5½ lb) at birth.

The earlier your baby is born, the less she’ll weigh and the more health problems she 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 to expect

- Your baby may need to go to the hospital’s special care nursery after she’s born. As soon as you can, hold her for skin-to-skin contact (“kangaroo 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 establish your milk supply (see [Expressing Your Milk](#)).
- Your baby may need a car seat made for babies under 2½ kg (5½ lbs). In a regular infant seat, her chin may drop down, blocking her breathing.

What is kangaroo care?

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



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 early and often and trying different positions will help you produce enough milk (see [Breastfeeding 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.



PARTNERS

What You Can Do

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

Losing a Baby

What is a miscarriage?

The loss of a pregnancy during the first 20 weeks.

What is a stillbirth?

The loss of a baby after 20 weeks of pregnancy but before the baby is born. Stillbirth can happen during pregnancy or during labour.

When a baby is lost through miscarriage, ectopic (tubal) pregnancy, stillbirth or other misfortune, it can bring many difficult emotions. You may have problems being around pregnant people and families with babies. Whatever your feelings, they're normal.

If your baby is stillborn, you'll be able to see and hold her. You may choose to take pictures of her or to bring home a memento, such as a blanket. Take your time to talk with her and say goodbye. Don't let her go until you feel ready.



KEY TAKEAWAY

Most miscarriages happen in the first trimester because the fertilized egg doesn't develop normally. They're not anyone's fault.

Helping You Cope

In addition to the emotional stress caused by losing the baby, you'll also be dealing with the physical effects of labour and delivery, like swollen breasts and soreness between your legs.

Your health care provider can give you information, help you make difficult decisions and set up counselling and referrals. Help is also available from the hospital social worker, chaplain and nurses. After you leave the hospital, you can find support through the public health nurse, local crisis centres, Elders, spiritual or religious leaders, grief counsellors, B.C. Women's Hospital & Health Centre (bcwomens.ca), HealthLink BC at 8-1-1 and others who have been in similar situations. For some, medication may help.



FAMILY & FRIENDS

What You Can Do

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



DID YOU KNOW

Indigenous hospital liaisons can help guide Indigenous families to say goodbye after the loss of a baby.

Having a Baby After a Pregnancy Loss

A loss will likely affect how you and your partner cope with a new pregnancy. It's normal to feel anxious and to need reassurance that your baby is doing well.

Talk with your health care provider about what you can do to have the healthiest pregnancy possible. Consider ways to reduce your stress, such as doing relaxing activities, and visualize yourself having a healthy baby.



PARTNERS

What You Can Do

You and your partner may react differently to losing a baby. Time helps. Be patient. Reach out for help if you need it.



Bringing 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 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.



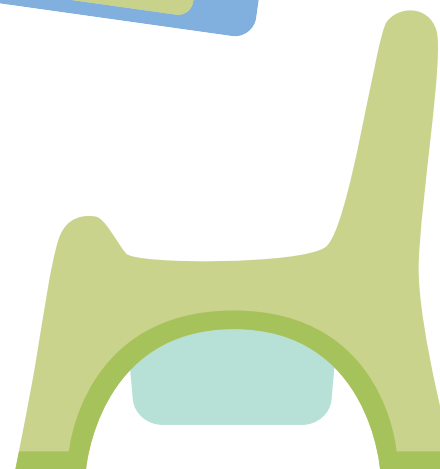
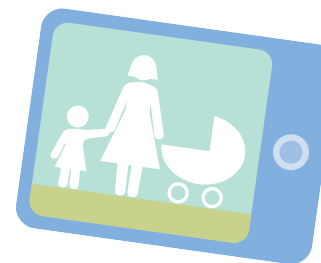
PARTNERS

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. 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 and 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'll have "flow" for 2 to 6 weeks. For a few days, it will be dark red with clots about the size of a loonie. It 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

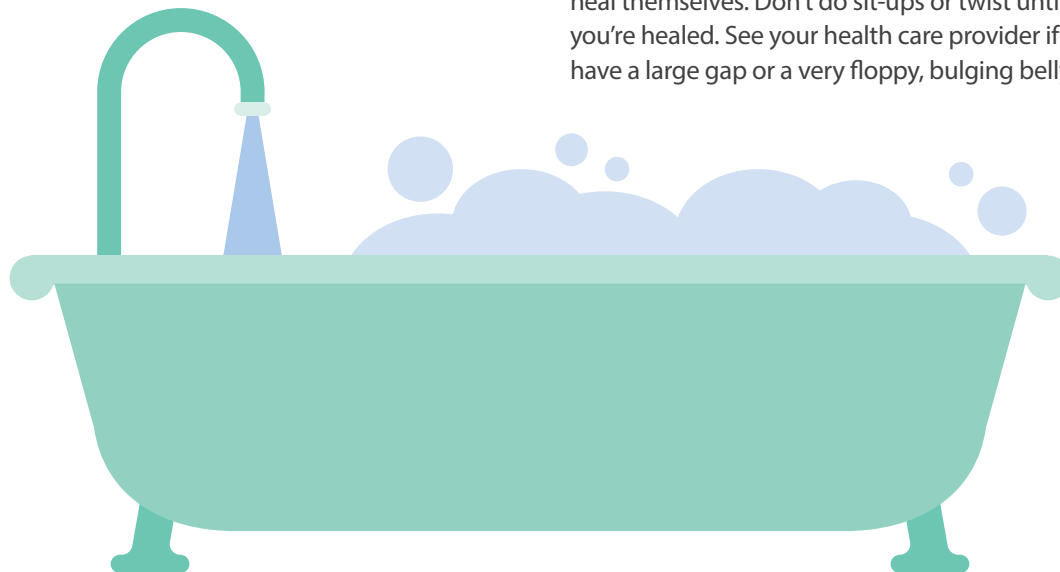
You may be bruised, swollen, or sore from stitches. Pour warm water over your perineum (the area between your legs) or sit in a warm bath to keep clean. For pain relief, try ice in a towel, sit on a cushion or talk with your doctor about pain medication. Do Kegel exercises (see [Taking Care of Yourself](#)). 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 “flow” 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 flu-ish 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 that doesn’t go away after regular breastfeeding
- 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



DID YOU KNOW

Over time, you’ll be able to return to your pre-pregnancy weight. Rather than dieting, focus on eating well and being active. Breastfeeding will help, too, especially once your baby is 6 months and older.

Menstrual period

Your period may not start while you’re breastfeeding your baby. If you don’t breastfeed, 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. Otherwise, you can start as soon as a day after the birth, depending on how fit you were before and if you have any complications. 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. Start swimming once vaginal bleeding and discharge have stopped. And look into yoga and fitness classes for new mothers. 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

About 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 2 weeks after giving birth, affecting up to 80% of new mothers.

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.



TRY THIS

Take good care of yourself. Sleep while your child naps, remember to eat, and take a daily walk with your baby.



PARTNERS

What You Can Do

- Encourage your partner to talk about their feelings. Listen and take them seriously.
- Let them know they're loved and valued.
- Don't pressure them for sex.
- Take on household chores and child care.
- Offer to go with them to see the doctor.
- Take care of yourself, too. Remember that you can also be affected emotionally.



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 panic attacks or severe mood swings?
- feel unable to enjoy your child or your usual activities?
- have trouble sleeping or extreme fatigue?

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 women or men, and can occur during pregnancy or at any time in the year after giving birth, adopting, miscarrying or having a stillbirth.

Perinatal Anxiety

What is perinatal anxiety?

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

Some parents 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?

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

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.

Getting Help

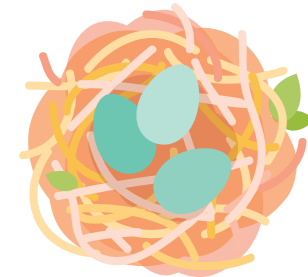
Perinatal depression and anxiety are common and treatable. You're not alone, and there are many ways to find support. Getting help early can mean feeling better sooner.

Health care providers

Talk with your doctor or 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.



The "NESTS" approach to self-care

- Eat **Nutritious** food.
- Get some **Exercise** each day.
- Try to get enough **Sleep**.
- Find a bit of **Time** for yourself. Hire a babysitter or ask family to help with child care.
- Seek out **Support**. Tell your partner, 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.

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 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. 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 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
- talking to your partner, family and friends about what you need
- accepting help when it's offered
- sharing your feelings with other parents



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 about depression and anxiety, 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 purplecrying.info to learn more.

Cultural Differences in Parenting

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

Talk with your partner about what cultural values are most important to them. Tell your partner 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.



Unique Parenting Circumstances

Being a Single Parent

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**
- 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 through breastfeeding groups, religious groups or online parenting groups, like those on Facebook. Or meet them at playgrounds, community centres or movie times for parents 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 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 a support group for parents of multiples
- getting help with breastfeeding 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 take the parental leave right after their maternity leave is over. Fathers 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'll have to give your baby a first name ("given name") and a last name ("surname"). You can also choose to give her one or more middle names. The baby's surname can be the mother's, the father's, a combination of both (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 her 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.



MONEY SENSE

Medical coverage

If you have a modest income, you may qualify for Regular Premium Assistance to help cover the cost of MSP. Contact Health Insurance BC at 1-800-663-7100. Once on Premium Assistance, 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.

If you are First Nations, the First Nations Health Authority Health Benefits program may pay for medical and dental costs not covered by other insurance. Email healthbenefits@fnha.ca or call 1-855-550-5454 toll-free to learn more.

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 her at www2.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 www2.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 his back for sleeping.
 - ✓ Check the baby often while he's 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
- doctor
- 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 (ccrr.bc.ca)
- 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 some help with child care costs. Look into the Affordable Child Care Benefit (ACCB), which 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.

Family Planning

Birth Control

You can get pregnant again as soon as you start having sex after giving birth – even if your period hasn’t started yet.

When you’re deciding on a method of birth control, think about:

- how well it works
- whether it affects breastfeeding
- how easy it is to use
- its cost
- whether it protects against sexually transmitted infections (STIs)



DID YOU KNOW

Breastfeeding may be up to 98% effective as birth control when **all** of the following are true:

- your baby is under 6 months old
- you’re breastfeeding your baby at every feeding
- your period hasn’t returned

Remember, though, that breastfeeding on its own shouldn’t be relied on to prevent pregnancy.



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.

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 • can be left in for 5-7 years • makes periods lighter and less crampy, without changing natural hormonal cycles • no estrogen, so no estrogen-related side effects • safe while breastfeeding 	<ul style="list-style-type: none"> • first 3-4 periods may be extra heavy and crampy • may stop periods • no protection from STIs • can be expensive to purchase (but has no monthly cost)
IUD (copper intrauterine device) Small t-shaped device inserted and left in the uterus	Less than 2 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> • can be left in for up to 10 years • fertility returns as soon as it’s removed • safe while breastfeeding • no estrogen, so no estrogen-related side effects • less expensive than an IUS but almost as effective 	<ul style="list-style-type: none"> • 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 	<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® 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 • no estrogen, so no estrogen-related side effects • doesn't interfere with sex 	<ul style="list-style-type: none"> • may cause irregular periods, depression, weight gain • no protection from STIs • may weaken bones • may take 1-2 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	<ul style="list-style-type: none"> • easy to use • may make periods more regular • may lower the risk of some cancers • doesn't interfere with sex 	<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 Daily hormone prescription pill	If you are exclusively breastfeeding: about 2 in 100 users will get pregnant within a year If you are not exclusively breastfeeding: higher rate of failure	<ul style="list-style-type: none"> • easy to use • no estrogen, so no estrogen-related side effects • no decrease to milk supply • doesn't interfere with sex 	<ul style="list-style-type: none"> • higher chance of getting pregnant again if you are not exclusively breastfeeding • 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	<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	About 7 in 100 users will get pregnant within a year	<ul style="list-style-type: none"> • effective for users of all weights • 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	Up to 13 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 	<ul style="list-style-type: none"> • can slip off or break • can cause allergic reaction
Diaphragm / 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 up to 6 hours before sex • safe while breastfeeding 	<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
Female condom Sheath 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 	<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 	<ul style="list-style-type: none"> • menstrual cycle must be regular • may not work while breastfeeding • must carefully monitor cycle • at times, must avoid sex or use another method • no protection from STIs
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 	<ul style="list-style-type: none"> • can cause allergic reaction • must be inserted 15-20 minutes before sex • only works for an hour • may increase chance of STIs

EMERGENCY Birth Control Methods

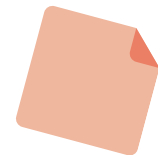
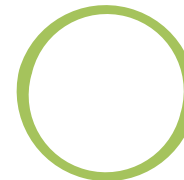
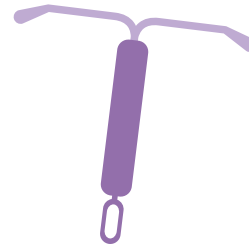
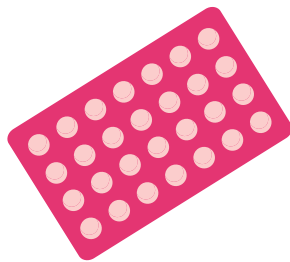
Type	Failure Rate	Pros	Cons
Emergency contraceptive pills	<p>Ulipristal acetate (Ella One®) – Up to 3 in 100 users will get pregnant if taken within 5 days</p> <p>Plan B® – Up to 5 in 100 users will get pregnant if taken within 72 hours</p> <p>Yuzpe (Ovral®) – Up to 6 in 100 users will get pregnant if 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 	<ul style="list-style-type: none"> • may cause nausea and vomiting • may disrupt your period • no protection from STIs
Copper IUD	Less than 1 in 100 users will get pregnant if inserted within 7 days	<ul style="list-style-type: none"> • can be placed up to 7 days after unprotected sex to prevent pregnancy • very effective for up to 10 years • safe while breastfeeding 	<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 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 him as you would dress yourself. Then see if you notice any signs that he's uncomfortable.

If he's too hot, he may be sleepy, sweaty or get a rash. If he's too cold, he'll probably fuss.

Remember that babies lose a lot of heat through their heads. In cool weather, give him a hat. In warm weather, use one with a wide brim that keeps the sun off him. 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 his upper arms and thighs instead. If you're wondering if he's too warm, check if the back of his neck is sweaty.



Sleep



DID YOU KNOW

For the first month, your baby may sleep 18 of every 24 hours, but usually not for more than 3 or 4 hours at a time. Over time, she'll sleep for longer stretches at night.

Building Good Sleep Habits

You can help your baby sleep well by:

- setting aside enough nap time during the day so she's not overtired at night
- creating a night-time routine, such as a warm bath, rocking, singing and quiet time
- breastfeeding to lull her back to sleep at night

Falling Back to Sleep On Her Own

At about 6 months, your baby's sleep patterns will change. She'll start each night with a few hours of very deep sleep, followed by several hours of lighter sleep. During light sleep, she may partly wake many times. And she'll likely want you to breastfeed, rock or cuddle her back to sleep. But being able to soothe herself and fall asleep on her own is an important skill that will help both of you have more restful nights.



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

Teach your 6-month-old to put herself back to sleep

- Breastfeed at the start of the bedtime routine, about 15 minutes before settling your baby.
- Sing to her before you put her into her bed.
- Make the room quiet and dark.
- Stroke her or hold her hand while she lies in her crib. Do this less and less as she learns to fall asleep on her own.
- Be consistent. Follow the same routine for naps and at night.



TRY THIS

Look to these for more information on creating a safer sleep environment for your baby:

Safer Sleep for my Baby – a resource available through HealthLink BC, or ask your health care provider.

Honouring our Babies – a resource that incorporates cultural beliefs, practices and issues specific to First Nations and Aboriginal communities. Visit fnha.ca for more information.

Safer Sleeping



DID YOU KNOW

The safest place for your baby to sleep is on her back, in her 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. Lessen the risks by:

- putting your baby down to sleep on her back on a firm surface in her own safe sleep space
- making your home smoke-free
- keeping your baby warm, but not hot
- breastfeeding
- keeping pillows, toys, heavy blankets and pets out of your baby's bed
- carefully considering the risks of bedsharing



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. She could suffocate if her body gets into the wrong position. If your baby falls asleep in the car, check on her regularly. Once you get to your destination, move her to a safe sleep space.



KEY TAKEAWAY

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



You can reduce the risk of overheating, suffocation and other dangers by keeping your baby's sleep area safe:

	What's Safest?	What's Risky?
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, too. Even a cardboard box, a drawer or a laundry basket can work 	<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 ✗ 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 (1 1/8 inches, or about 2 finger widths) between mattress and crib frame
Bedding	<ul style="list-style-type: none"> ✓ Light blanket, blanket-weight 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, quilts, duvets ✗ Pillows ✗ Bumper pads ✗ Sheepskins ✗ Plastic sheets ✗ Top sheet ✗ Toys
Clothing	<ul style="list-style-type: none"> ✓ Sleeper and light blanket, or blanket-weight 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 or an older child

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.

Bedsharing

What is bedsharing?

Sleeping in the same bed with your baby.

Is it recommended?

Bedsharing can be risky, especially for some babies.

Why not?

Sharing a bed with your baby – or even sleeping with her on a sofa or in a chair – puts her at risk of suffocation. She could get wedged against the mattress or between cushions, or you or your partner could roll on her and smother her. This risk increases if you're very tired or have been drinking alcohol or using drugs. Even co-sleeper cribs that attach to the side of your bed are dangerous, as your baby can get trapped between your mattress and the crib.



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.



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:
 - 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.

The safest place for your baby to sleep for the first 6 months is in her own safe sleep space in your room. But some families prefer to bedshare for cultural or personal reasons. And some find that they end up bedsharing, even if they hadn't planned to.

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 her back.
- She 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 baby's neck.
- No older children or pets are in the bed.

Swaddling

Is it recommended?

No. Most babies don't need to be swaddled to settle down, and it can be risky.

Why not?

Tight swaddling can make it hard for your baby to breathe and can lead to pneumonia. Or it can overheat her and increase the risk of SIDS. She can be smothered by the blanket or get stuck on her stomach and be unable to move into a safer position. Tightly wrapping your baby can also cause hip problems.

To keep your baby cosy, try using a sleep sack instead of swaddling with a blanket. But if you do choose to swaddle, reduce the risk by:

- putting your baby to sleep on her back
- only swaddling from the shoulders down – not over her face or head
- swaddling loose enough that you can fit 2 fingers between the blanket and baby's chest
- using a light cotton blanket
- checking that she's not hot or sweaty
- keeping the swaddle loose around her hips and making sure she can bend and move her legs
- no longer swaddling once she can make strong movements on her own (usually around 2 to 3 months)

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 she is safe and loved. As she grows, it helps her develop good emotional and mental health, build strong relationships, and have the confidence to explore the world around her.

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 her each time she cries, you're showing her that she can depend on you for comfort.

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 her, and can even make breastfeeding easier.



HOW TO Build a healthy attachment with your baby

- Listen, watch and try to understand how she communicates her needs.
- Respond to her needs in a **loving** way.
- Respond to her needs as **quickly** as you can.
- Respond to her 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 she'll have a weaker bond with you.

Pooping, Peeing and Diapering

Bowel Movements (Pooping)

What's normal?

Day 1: 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 3-4: Next poops (“transitional stool”)

How it looks – looser; brown, green or yellow

How it smells – no smell or mild odor

How often – at least 2 or 3 times per day

Day 5 to week 3 and beyond

If your baby is breastfed:

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

How it smells – no smell or mild odor

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. After the first month, every day or 2.

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 given to you when you gave birth, and, if you're concerned, email psbc@phsa.ca or call toll-free 1-877-583-7842.

Urinating (Peeing)

What's normal?

Days 1-3:

How it looks – pale yellow; may be a pink or rusty-orange stain

How often –

Day 1: 1 wet diaper

Day 2: 2 wet diapers

Day 3: 3 wet diapers

Days 4-6:

How it looks – pale yellow

How often –

Day 4: 4 wet diapers

Days 5-7: 5 wet diapers per day

After day 7: 6 or more wet diapers per day



SEEK CARE

If there's a pink or rusty-orange stain in your baby's diaper after the fourth day, feed her 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 her diaper is heavy, blot it with a tissue, or cut it open to feel if it's wet inside.

Diapering



BRAIN BUILDER

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



DID YOU KNOW

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

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

Flushable / compostable

Pros:

- ✓ no washing
- ✓ better for the environment

Cons:

- ✗ cost more than cloth



DID YOU KNOW

In the first few days, it's normal for girls' genitals to be enlarged with a bit of bleeding or white discharge, and for boys' scrotums to be red. Both boys and girls may also have swollen breasts 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 him at all times.
4. Keep creams and pins out of reach. Give him a toy to keep him busy.
5. Wipe your baby **from front to back** with a warm, wet washcloth or unscented baby wipe.
6. Pat him dry or let him 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, wipe your baby's face, neck, hands 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 she's in the bath.
- ✓ If you can, set your hot water tank below 49°C (120°F).
- ✗ Never leave your baby alone when she's in or near the bath – not even for a moment.
- ✗ Don't use:
 - ✗ bath oils, which will make her 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 her – 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 her hair, and rinse well.
8. Place her on the towel and pat her dry. Move quickly, since babies cool down fast. Be sure to dry in her skin folds.



PARTNERS What You Can Do

Sit in the tub and have your partner pass your baby in to you. When the bath is finished, pass her 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 girls' labia. Don't pull on boys' foreskin.

Teeth and gums

Wipe gums daily with a damp, clean cloth. Once her first teeth appear, use a soft baby toothbrush and a grain of rice-sized dab of fluoride toothpaste 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 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 herself. Trim them when she's asleep or sleepy, so her hands are open and still, or after a bath when her nails are softer. Use blunt scissors or a nail file. On toes, cut or file straight across so she doesn'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 almost non-stop for about 2 years.

What You Can Do

Some babies aren't bothered by teething while others are uncomfortable and fussy.

If your baby is in pain, you can help ease her sore gums by:

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

Don't use:

- ✗ teething gels or ointments, which can numb your baby's throat and make it hard for her to swallow
- ✗ teething necklaces, which can strangle or choke her
- ✗ food like teething biscuits or frozen fruit, which can stick to your baby's teeth and cause decay



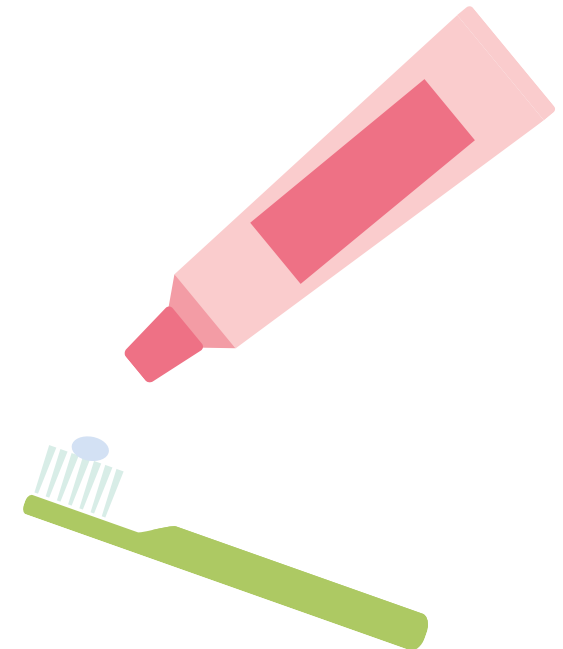
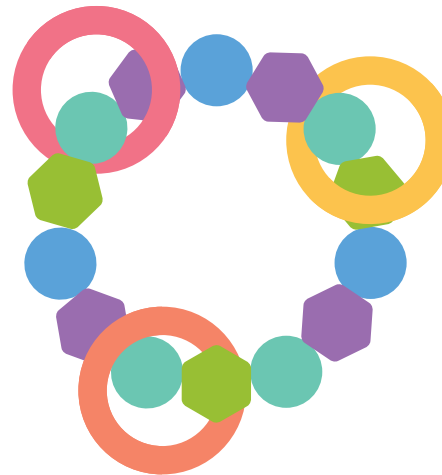
DID YOU KNOW

Although teething may be uncomfortable for your baby, it doesn't cause fever. If she has 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 he’s 3 to 4 months. Learn more at purplecrying.info.

Your baby may cry when he’s hungry, uncomfortable, sick, hurt or wants to be held. Crying doesn’t mean he’s being bad, that he’s 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 his diaper
- feeding and burping him
- checking that he’s warm but not hot
- snuggling him 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 soother, teething ring, favourite blanket or soft toy
- rocking him, walking with him or putting him in a baby swing
- taking him 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.

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 him.



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 his crying.



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.

Finding Help

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

- talking to your partner about how you can help each other
- finding someone you can call anytime if you’re losing control
- asking other parents how they coped
- speaking with your health care provider, calling HealthLink BC at 8-1-1 or visiting purplecrying.info



SEEK CARE

If your baby’s crying is constant, louder than usual, or if he has a fever or is 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 his first year
- never leaving him alone in a car
- offering a drink every hour
- using a large-brimmed hat with a neck cover and no ties
- dressing him in loose, light clothing and sunglasses
- once he's 6 months old, using water-resistant sunscreen with SPF 30 or higher on any areas not protected by clothing



Tummy Time

Giving your baby supervised time on his tummy a few times each day helps avoid flat areas on his head, helps him learn to roll and crawl, and strengthens the muscles in his neck, back and arms.



BRAIN BUILDER

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



DANGER

Don't leave your baby alone during tummy time, and only use tummy time when he's wide awake.



HOW TO Teach your baby to enjoy tummy time

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

Baby Medical Care

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. If you don't want your baby to receive an injection, vitamin K can be given by mouth.

Eye treatment

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



DID YOU KNOW

You have the right to say no to any treatment you don't feel comfortable with. But get all the information first. Talk with your health care provider if you have questions or concerns.

Screenings

Newborn screening

A blood sample taken from a prick in your baby's heel to see if he requires further testing for rare but serious 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 he may need testing to find out for sure. Screening is done before you and your baby leave the hospital, or at home by your care provider if you had a home birth.



TRY THIS

While your baby's blood is being taken, comfort him and help reduce his pain with skin-to-skin cuddling or breastfeeding.

Early hearing screening

Testing done in hospital, at public health offices and community hearing clinics. Because hearing can change, it's important to have your child re-checked if you have future concerns about his hearing, speech or language development.



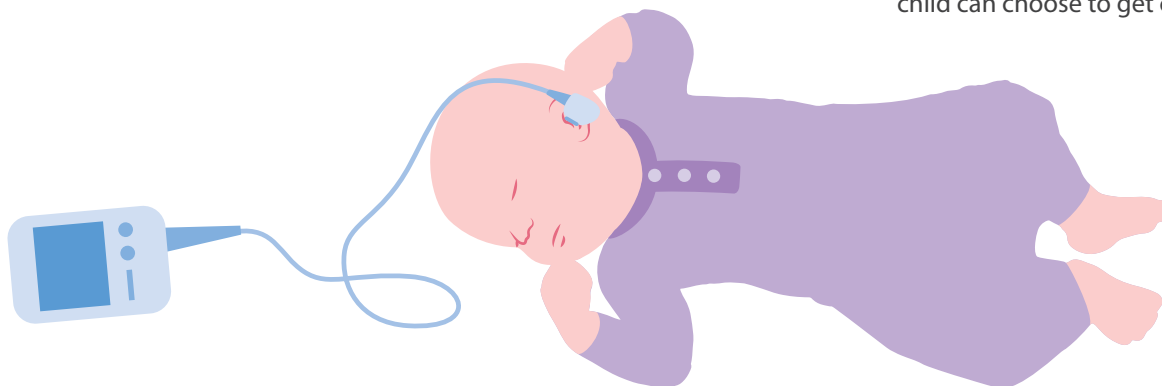
DID YOU KNOW

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

Optional interventions

Circumcision

Surgery to remove the foreskin covering the head of the penis. Although not recommended by the Canadian Pediatric 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 (“inoculation” / “vaccination”)?

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

How it works

Immunizations help keep us healthy by causing the immune system to make proteins (“antibodies”) that fight germs. When you immunize your baby against a certain disease, she develops protection against it.

Why immunize

Immunization is the best way to prevent your child from getting serious diseases including:

- measles and German measles (“rubella”)
- mumps
- hepatitis B
- diphtheria
- tetanus
- whooping cough (“pertussis”)
- polio
- meningitis
- chicken pox (“varicella”)
- HPV-related cancers
- flu (“influenza”)
- rotavirus

Some of these diseases are now rare in Canada, thanks to immunization. But the germs that cause them still exist and can make any child who isn’t immunized very sick.



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 her immunizations on time. Some are given once or twice; others are given in a series.

Children in British Columbia are usually immunized at 2, 4, 6, 12 and 18 months and at 4 to 6 years, 11 years (Grade 6), and 14 years (Grade 9). Immunization schedules can change, though. Talk with your doctor or public health nurse, visit immunizebc.ca or call HealthLink BC at 8-1-1 if you have questions.



TRY THIS

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

The flu shot

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

Use the Child Health Passport (available through your public health nurse) or the immunizebc.ca app to keep track of your child’s immunizations.

Is it safe?

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



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, she may:

- be fussy
- have pain
- put her hand or fist to her ear
- have a fever
- have fluid leaking from her 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 her 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 happens when a yeast normally found on the body (“candida”) grows out of control.

How will you know?

If your baby has thrush, she may:

- have white patches in her mouth or a red rash in her diaper area
- refuse to breastfeed
- have slow weight gain
- be gassy and cranky

What can you do?

Thrush can be treated by putting antifungal cream on the infected area. Since breastfeeding mothers and babies can pass the infection back and forth, both need treatment. Thrush is usually not serious, but you should see your health care provider.



TRY THIS

If your baby has thrush, regularly replace her soothers, bottle nipples and any other items she puts in her mouth, or boil them for 5 to 10 minutes each day.



BE AWARE

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

High temperature / fever



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) – she may have a fever. Watch your baby for other signs and symptoms.

How will you know?

If your baby has a fever, she may:

- be flushed, pale, sweaty or hot on the back of her neck
- feed poorly
- be uninterested in things she usually enjoys
- be extra sleepy



HOW TO

Check your baby’s temperature

1. Put the tip of a digital thermometer in the middle of her armpit.
2. Tuck her arm snugly against her body.
3. Comfort and distract her.
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, but 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 her 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 her breastfeed more (or give her more to drink), and take off any extra clothing she's 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 her brain and liver. If your baby is less than 6 months old, talk with your health care provider before giving her 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. She 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 she might be allergic to and talk with your health care provider.



TRY THIS

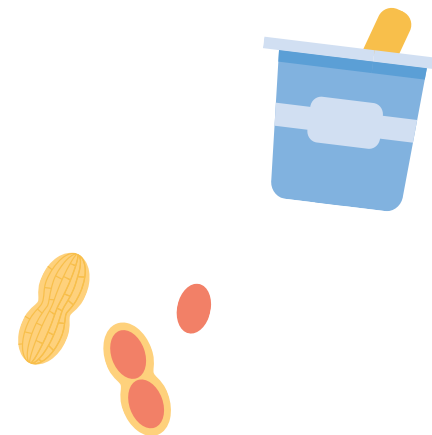
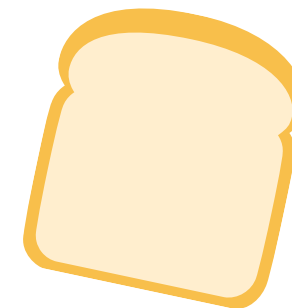
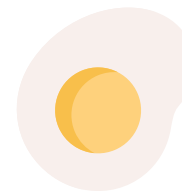
Help prevent allergies by breastfeeding. See [Understanding Food Allergies](#) to learn more about how to introduce common food allergens into your baby's diet.



MEDICAL EMERGENCY

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

- swelling of her 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. 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

In rare cases, jaundice is severe and, if untreated, can lead to long-lasting problems. Call your health care provider right away if your baby seems sleepy and refuses to drink and if his skin or the whites of his 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
- 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 his face ("baby acne"). In the first few months, he may get blotchy red pinpoint spots on his 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 him warm but not hot
- giving him short baths in lukewarm water every second or third day only
- dressing him in cotton
- moisturizing him 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 his nose and lungs, but this doesn't mean he has a cold. Don't give him 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 he poops, even when he's 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 he poops less than twice a day
- his poop is dry and hard or he has trouble passing it for more than a week
- there's fresh blood in his poop

Laxatives, suppositories and enemas should only be used if prescribed by your doctor.



DID YOU KNOW

A baby who's only breastfed 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, he 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.



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?

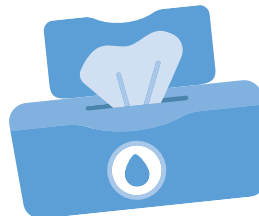
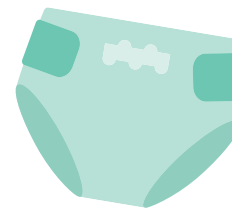
If your baby's poop is watery and bad-smelling, he may have diarrhea. Usually, you can treat him at home by giving him plenty of human milk, or formula if he's being formula fed.



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 his head
- has a faster heartbeat
- has sunken eyes
- has greyish skin



Flat areas on the head

Because your baby's skull is soft, he can get a flat area if he always rests on the same part of his 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 him with his head at one end of the crib one day and at the other end the next day (always on his 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 his 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 15 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 1 litre 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 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 he's tired, or when you're not prepared for his 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 canada.ca/en/health-canada/services/consumer-product-safety.

Safer toys

Look for:

- soft
- non-toxic
- washable
- no small parts
- 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. Try an activity centre instead.

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
- good brakes
- secure wheels
- no sharp edges or loose folding parts

Keep it safe by:

- not putting your purse or heavy packages on the handle



BE AWARE

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

Safer baby carriers

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)

Back carriers

Look for:

- wide, solid base

Keep it safe by:

- using it only once your baby can sit up by himself
- 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

Slings and wraps

Look for:

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

Keep it safe by:

- keeping your baby's face uncovered ("visible and kissable")
- checking him often
- making sure his chin isn't pressed into his chest
- being careful when putting him in and taking him out
- holding onto him when bending over
- not zipping your coat up over him
- being extra careful if he's 4 months or younger, and talking with your health care provider before using if he 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 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
- replacing or boiling it for 5 to 10 minutes each day if your baby has thrush



DANGER

Don't let your baby chew on a soother for teething. It can break and cause him 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/child-car-seat-safety for more information.



Choose the proper seat:

Infant vs. child seat:

Use an infant seat from birth until your baby reaches the seat's weight limit. Then switch to a convertible child seat.

Rear-facing vs. front-facing:

A rear-facing seat is the safest for your baby, and must be used until he's at least 1 year old **and** weighs at least 10 kg (22 lb). Continue to keep your child facing the back of the car for as long as possible – even if he has to fold his legs a bit. Once he reaches the rear-facing weight limit of the seat or his head is within 2½ cm (1 inch) of the top of the seat, it's time to either find another model that he can use rear-facing, or switch his current seat to face the front of the car.

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 one, inspect it carefully and check for any recalls.



DANGER

Never leave your baby in his car seat on a table, counter or anywhere else he 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.



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 his shoulders or slightly below. Raise the harness straps when his 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 him in clothes that have sleeves and legs and aren't too heavy.
6. If he needs a blanket, put it on after he's 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 His Brain

A child's earliest experiences are key to building the physical structure of the brain. 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 him 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 his brain. Experts call these brain-building moments between a child and 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 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.

Serve and return interactions help build a solid foundation for your baby's brain – and support all future development. Serve and return interactions also build attachment (see [Developing Attachment](#)) between you and your baby.

On their own, these moments may feel short and unimportant. But a lot of serve and return interactions throughout the early years help build new connections in your child's brain and encourage him to learn.

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



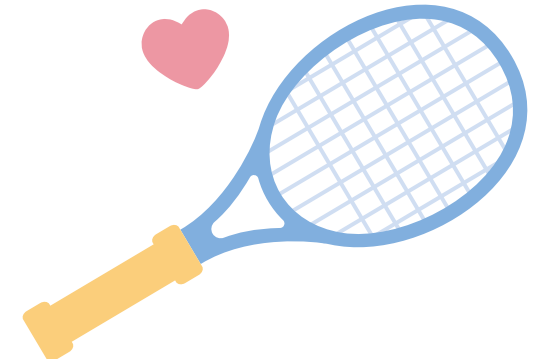
TRY THIS

Put aside your cell phone when you're around your baby so that you can focus on him.



DID YOU KNOW

You can't spoil your baby by giving him too much attention. Your baby isn't being bad when he cries or gets upset. He's just telling you that he needs 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 his cues.
- Take note of what interests him, whether it's a bright color, a fluffy dog or a spinning wheel.
- Talk to him regularly. Chat about what you're doing, what he sees and what gets his attention.
- Cuddle and comfort him when he cries or is upset.
- Smile back when he smiles.
- Coo back when he coos.
- Make lots of eye contact.
- Sing songs.
- Play simple games like peek-a-boo.
- Read to your baby, and respond to what interests him on the page.
- Say the name of an object when your baby looks at it.
- Hold him, touch him and cuddle him 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 his first few months, your baby will sleep about 15 hours each day. His eyesight and hearing will sharpen, and his brain will continue to develop.

1st month

- loses weight after birth, then begins gaining 120 to 240 grams (¼ to ½ lb) per week
- needs head supported
- recognizes your voice and is startled by noise

2nd month

- 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

3rd month

- 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

4th month

- stands with help
- rolls over from front to side
- sits with arms propped
- lifts head almost fully

5th month

- rolls over from front to back
- grabs toes and feet
- wiggles forward on floor
- reaches with good aim
- passes objects from hand to hand

6th month

- 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.



DANGER

Your baby will put anything in his mouth, so only give him things too big to be swallowed.



BRAIN BUILDER

- Hold up bright objects that make noise when he hits them.
- Let him feel things with different textures.
- Play in front of a mirror.



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](#)).

Social and Emotional Development

As soon as your baby is born, you can start teaching her to trust, love and connect with others by building a close bond with her (see [Developing Attachment](#) and [Brain Development](#)).

1st month

- makes eye contact and smiles
- begins to trust caregiver
- cries if under or over stimulated
- may begin persistent crying (see [Crying](#))

2nd month

- studies faces
- shows personality
- smiles back at you
- cries to have needs met
- crying may be its most persistent

3rd month

- may laugh out loud
- knows the difference between parents and strangers
- stops crying when you come in the room
- persistent crying usually stops

4th month

- laughs hard when tickled
- greets caregiver
- moves arms to signal “pick me up”
- enjoys social interaction

5th month

- turns head toward speaker
- pushes away things she doesn't like

6th month

- copies facial expressions
- makes noises and movements to show moods
- may be shy or afraid of strangers
- responds to her name
- likes her reflection



BRAIN BUILDER

- Cuddle and comfort your baby when she cries or is upset.
- Smile back when she smiles and make lots of eye contact.
- Hold her, touch her and cuddle her skin-to-skin.
- Read to her.



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 his crying.



DID YOU KNOW

It's not possible to spoil a new baby. Research shows that well-loved babies do better in every way. Support your child by giving her plenty of hugs and smiles and comforting her when she cries.

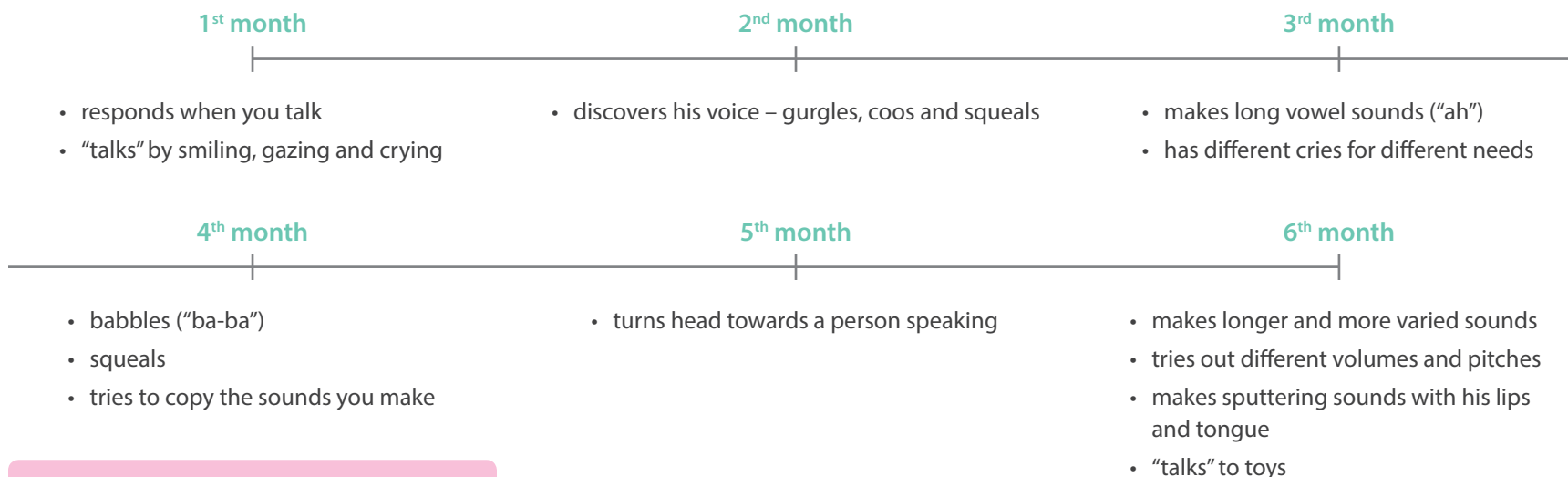


FAMILY STORY

My mother-in-law said I was spoiling our baby by carrying her a lot and picking her up when she fussed. But I knew this wasn't true. Paying attention to her helped her develop into a trusting and calm little girl.

Language Development

Your baby first “talks” to you by crying. He then learns to make sounds and smile. Eventually he’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 his hands in tight fists
- doesn’t follow activities with his 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 he communicates 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 him, chat with him about what you’re doing.
- Try to let him see your face when you’re talking.
- Repeat and respond to his coos and babbles.

Breastfeeding Your Baby

Why Breastfeed?

Breastfeeding 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

And babies who are breastfed may have lower rates of:

- Sudden Infant Death Syndrome (SIDS) (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 is good for you.

Breastfeeding 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. It burns calories, helping you reach and stay at a healthy weight. And by breastfeeding, you may lower your risk of diseases like breast and ovarian cancers.

Breastfeeding is convenient.

Once you get the hang of it, breastfeeding is usually easy. Your own milk is always ready, at the right temperature, and free.

Breastfeeding is a skill you can learn. And help is available.

Breastfeeding is possible. Talk with your health care provider if you have questions or concerns. And see the [Resources](#) section for a list of supports that will respect your feeding decisions and help you reach your feeding goals.



DID YOU KNOW

The words *breastfeeding* and *breastfed* are used throughout this section to describe a baby being fed human milk produced by a parent at the parent's breast. You may prefer different words, like *nursing* or *chestfeeding*. Use whichever terms you're most comfortable with, and ask that your friends, family and health care providers use them, too.

Preparing to Breastfeed

The early days are a learning time – both for you and your baby.

While you're pregnant, learn all you can about why breastfeeding is important and how to get off to the best start. You might consider:

- talking to your health care provider, midwife or public health nurse
- practising positions and learning how to get a good latch
- watching videos
- talking to family and friends who have breastfed
- taking part in breastfeeding cafés or groups, such as La Leche League (lllc.ca)
- finding a lactation coach through the British Columbia Lactation Consultants Association (bclca.ca)
- learning about all the supports that are available to breastfeeding parents (see the [Resources](#) section)

Right after your baby is born, keep her skin-to-skin until she finishes her first feeding and then for as long as you wish. This uninterrupted skin-to-skin contact – ideally within the first hour after birth – is an important first step in breastfeeding. Your baby will likely look for your breast to feed. If she doesn't, try hand expressing a few drops of colostrum and try again (see [Expressing Your Milk](#)). The small amount of rich milk your breasts produce the first few days after birth is all she needs. If, for

some reason, your baby can't be with you right after birth, you can hand express to help your body start producing the milk you'll need to feed her (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 her and reduce crying
- keep her warm
- keep her heart rate, breathing and blood sugar steady after birth
- help you know when she's hungry
- help with her 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 she's upset or getting a vaccination

Who can have skin-to-skin contact with your baby?

- you
- your partner
- other trusted caregivers

Remember – only have skin-to-skin contact when you're wide awake, and always follow safer sleep practices (see [Sleep](#)).

What is colostrum?

Your first milk, rich in antibodies and nutrition. Colostrum coats your baby's digestive tract, helps protect her from infection and helps her pass her first poop ("meconium").

Finding Support

Breastfeeding is much easier with the right support. This may include your partner, family and friends.

You can also get professional and community support through:

- your health care provider
- your midwife
- a public health nurse
- your doula
- British Columbia Lactation Consultants Association (bclca.ca)
- HealthLink BC (call 8-1-1)
- hospital breastfeeding clinics
- parent-to-parent support groups, like breastfeeding cafés organized by La Leche League (lllc.ca)

Vitamin D

Health Canada recommends that all breastfed, 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, 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](#))
- **continuing to take a daily multivitamin and mineral prenatal supplement**
- **getting support** from your partner, family and friends
- **talking about any concerns** with your health care provider



DID YOU KNOW

If you get a cold or the flu, don't stop breastfeeding. Breastfeeding may help protect your baby from getting sick.



PARTNERS What You Can Do

- Understand the importance of breastfeeding.
- 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.
- 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

Which breast?

Begin with the breast you didn't use at the last feeding, or the one you didn't start with.

How often?

By his second day, your baby will be more awake and will likely feed a lot – 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 hunger cues?

Signs that your baby is hungry. When he wants to feed, your baby may:

- bring his hands to his mouth
- “root” (move his head as if he’s looking for your nipple)
- open his mouth, lick his lips or suck
- clench his fists over his chest and tummy, bend his arms and legs, or act fussy

Crying is a late sign of hunger. Calming your baby before you try to feed him might help him latch.

What is cluster feeding?

Breastfeeding several times close together. Your baby may cluster feed in his first few days and when he’s going through a growth spurt.

For how long?

Watch your baby, not the clock, to look for signs that it’s time to breastfeed. Bring your baby to your breast if he shows hunger cues, even if he just finished feeding.

Your baby will probably feed actively for a few minutes before letting go of your breast. Don't rush, though – he may just be resting. Try burping or changing his position to see if he'll wake to take the other breast. If he's still hungry, he'll drink more.

Your Milk Supply

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 he wants. If your baby isn't nursing well, express your milk (see [Expressing Your Milk](#)) to help keep up your milk supply.

You can help build your milk supply by:

- responding to your baby's feeding cues
- breastfeeding often, at least 8 times in 24 hours
- expressing after breastfeeding, then safely storing your extra milk to give to your baby later (see [Expressing Your Milk](#)).
- offering both breasts at each feeding, switching breasts when your baby gets sleepy
- breastfeeding skin-to-skin
- making sure your baby has a deep latch
- knowing when your baby is feeding actively and swallowing milk
- taking time for self-care
- not supplementing with formula (see [Supplementing](#))

Breastfeeding on both sides will help you build your milk supply when you first start breastfeeding. Once your baby is feeding well and gaining weight, though, you don't need to switch breasts from feeding to feeding.

Is my baby getting enough milk?

When healthy babies are fed in response to their hunger cues, they will take what they need. 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 he's sucking well and making swallowing sounds. You can also tell by how much weight he gains and by how much he pees and poops (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 120-240 grams (¼-½ lb) each week until, by about 4 to 6 months, he'll be twice as heavy as when he was born. If your baby loses more than 10% of his weight in the first few days, talk with your health care provider or call HealthLink BC at 8-1-1.

Breastfeeding 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 with your free hand)
- having a glass of water within reach
- asking your partner 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



Reclining

Latching On

What is latch?

The connection your baby's mouth makes with your breast while feeding. An effective latch lets your baby suck well and is comfortable for you.

One of the best ways to ensure that your baby gets enough milk is to have an effective latch between his mouth and your breast.



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 his whole body to face you so that you're tummy to tummy. His hips should be against your ribs.
- If you're using your hand to support your breast, keep your fingers well back from your areola (the coloured area around your nipple).
- Touch your baby's chin to your breast and point his nose to your nipple, then wait until he opens his mouth wide, like a yawn.
- Hug his shoulders closer and roll your areola onto his tongue, to bring your nipple deep into his mouth.
- Make sure he's taking a big mouthful of breast, and that his lower jaw covers more of your areola than his upper jaw.



Step 1



Step 2

An effective latch:

- ✓ comfortable for you
- ✓ chin touches breast; nose is slightly away
- ✓ lower lip flares out (though you may not be able to see it)
- ✓ cheeks are full and rounded
- ✓ bursts of sucking with brief pauses in between
- ✓ baby doesn't easily slide off breast
- ✓ 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 feels softer after feeding, especially in the first weeks

An ineffective latch:

- ✗ dimples in baby's cheeks
- ✗ nipple is flattened or misshapen when baby comes off
- ✗ nipple becomes cracked, blistered, bleeding, painful
- ✗ may hear a clicking or smacking sound
- ✗ baby has trouble staying attached to breast



TRY THIS

If you need to stop a feeding or if you feel pain when your baby latches, remove him by putting your clean finger in the corner of his mouth. Gently pull down on his chin to break the suction. Calm your baby if he's crying, then start again. And remember – while it's not uncommon to feel some pain when you're learning to breastfeed, 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.

Letting Down

What is let-down?

The release of milk into your milk ducts. You may not feel it, or you may notice a tingling or some discomfort. Let-down happens when your baby sucks. 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 pads or pressing your hand over your nipples to hold back the milk.

If your let-down is slow, try to relax before breastfeeding 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
- thinking about your baby or looking at her picture

Burping

Why burp your baby?

If your baby has fallen asleep after one breast, burping can wake her up to finish feeding. It can also help bring up air bubbles and prevent spitting up.

Do you have to burp your baby?

Although burping may be helpful for some babies, it's not always needed. Often, burping just happens on its own when your baby changes positions. And if your baby seems content, it may not be necessary at all.



HOW TO Burp your baby

1. Wait until she finishes breastfeeding from one breast.
2. Find a comfortable position:
 - lay her on your lap on her tummy, or
 - hold her up with her head peeking over your shoulder while supporting her head and back with your hand, or
 - sit her sideways on your lap and cup your thumb and first finger under her chin to support her head. Use the rest of your hand to support her chest. Support her back with your other hand.
3. Gently rub or pat her back. (Patting her too hard can make her spit up all the milk that she just drank.)

If nothing happens after a minute or two and your baby seems content, she probably doesn't need to burp.



Expressing Your Milk

What is expressed milk?

Human milk that has been hand expressed or pumped from the breast so that it can be given to your baby by spoon, cup or bottle.

You may want to express your milk if:

- your baby can't feed at your breast because he's sick or in the special care nursery, or for another reason
- you need a few drops of milk to rub on your nipples to keep them healthy
- you need to soften your very full breasts 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
- your partner will be feeding the baby
- you're going back to work



DID YOU KNOW

If your baby was born prematurely, you can help him get the best start on breastfeeding 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 as soon as your baby is stable (see [Special Birth Issues](#))

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 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.
- Try putting a warm, wet cloth on your breast or taking a warm shower to help your milk begin to flow.

Expressing, like breastfeeding, 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.
2. Hold your baby skin-to-skin.
3. Gently massage your breasts to help start the flow of milk.
4. Hold your breast 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 to catch the milk.
6. Press back toward your chest wall. Don't squeeze the base of your nipple, as 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. Switch your hands and breasts as often as you like.

Using a pump

You can use a hand pump or an electric pump. An electric pump may let you express both breasts 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.

Thinking of renting, borrowing or buying a used breast 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, he may start to refuse your breast. If you're going to offer your expressed milk, it's best to wait until you and your baby have settled into a breastfeeding 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.

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 20°C (68°F)	up to 6 hours	up to 4 hours
Refrigerator 0 to 4°C (32 to 39°F)	up to 5 days	up to 24 hours
Freezer (separate door freezer on fridge) -18°C (-0.4°F)	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 or has a health condition, safe storage times are much shorter. Talk with your health care provider or call HealthLink BC at 8-1-1.



TRY THIS

If you leak milk from one breast as your baby feeds from the other, tuck a small, clean, BPA-free container under the nipple of your second breast while your baby is nursing. Safely store the milk to use later.

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 Sterilizing 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 Challenges You May Face

It may take some time for you to adjust to breastfeeding. But with patience, practice 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.



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.

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 is probably not latching well. Get help early. Talk with your health care provider and try:

- improving your baby's latch (see [Latching On](#))
- soothing your nipples by dabbing on expressed milk, and letting them dry before dressing
- starting to feed your baby before he cries
- breastfeeding on the less-sore side first
- expressing your milk (see [Expressing Your Milk](#)) until you're less sore

Heavy, painful breasts ("engorgement")

It's normal for your breasts to get larger or to feel heavy, warm and uncomfortable when your milk supply increases or if you miss a feeding. 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 early and often – at least 8 times every 24 hours, including at night
- gently massaging your breasts and expressing milk to soften your areolas before feeding
- applying "reverse pressure" by lying back and – using the straight fingers of both hands with knuckles touching your nipple – firmly but

gently pressing your areola toward your chest wall for a count of 50, just before latching

- placing ice packs on your breasts (but not directly on your skin)
- taking a shower or placing warm, wet washcloths on your breasts before feeding
- breastfeeding on the engorged breast first

Red, sore spot on breast ("plugged duct")

If a milk duct (the channel your milk flows through) gets plugged, you may get a lump or firm area on your breast. Plugged ducts usually clear up in a day or two, but they can get infected. To help prevent plugged ducts, try:

- breastfeeding often – at least 8 times every 24 hours, including at night
- positioning your baby with her nose or chin pointed to the sore spot
- using different breastfeeding positions (see [Breastfeeding Positions](#)) to drain all areas of your breasts
- taking a shower, massaging your breasts or placing warm, wet washcloths on them before feeding
- massaging your breast – from behind the lumpy area towards the nipple – while feeding
- draining one breast well before switching sides
- expressing your milk (see [Expressing Your Milk](#)) if your breast is still lumpy after feeding
- calling your health care provider or HealthLink BC at 8-1-1 if the lump doesn't go away in a couple of days

Painful breast and flu-like symptoms (“mastitis”)

If you feel like you’re getting the flu and your breast 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, expressing or pumping milk often – at least 8 times every 24 hours, including at night
- breastfeeding on the sore side first or, if it’s too sore, switching to the sore side as soon as your milk lets down
- positioning your baby with her nose or chin pointed to the sore area
- ensuring your baby has a good latch and is feeding well (see [Latching On](#))
- practising the recommendations as listed for “Red, sore spot on breast”



TRY THIS

If you have mastitis you can help yourself feel better by getting more rest, drinking more fluids, and using warm or cold packs on your painful breast.

Itchy or burning nipples or rash on areolas (“thrush”)

If your nipples burn or itch or if you have a rash on your areola (the coloured area around your nipple), you may have a yeast infection (“thrush”). If your baby is affected, she may have white patches in her mouth or a red rash in her diaper area. She may refuse to breastfeed, have slow weight gain and be gassy and cranky. Both you and your baby will need to be treated with antifungal cream. See your health care provider right away. Your partner may also need to be treated. In addition, ensure you’re:

- washing your bras daily
- keeping your nipples dry
- washing and disinfecting your breast pump every day
- asking your health care provider about probiotics
- avoiding soothers or boiling them for 5 to 10 minutes each day and replacing them often
- only using breast pads without a plastic lining, and changing the pads often. If you use reusable breast pads, change and clean them after each feeding.



DANGER

Don’t take codeine or medicine that contains codeine (like Tylenol 3) while breastfeeding. 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.



HOW TO

Keep your breasts healthy

- Wash your hands with soap and water before touching your breasts.
- Keep your milk flowing by regularly breastfeeding, 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.
- Get as much rest as possible and drink plenty of fluids.



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.



PARTNERS

What You Can Do

Help your partner by learning all you can, listening, and providing encouragement and hands-on support.

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 breast pump on the low setting to draw your nipple out just before you try latching. If your baby still isn't feeding well, give her expressed milk until she can get a good latch.

Breast or chest surgery

If you've had breast or chest surgery, you'll likely be able to breastfeed. If you have implants, you'll probably produce enough milk. But if you've had breast 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 his mouth is too short, it may limit how he can move his tongue and may make feeding difficult. Try different breastfeeding positions (see [Breastfeeding 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 may trigger an emotional reaction that may be overwhelming. For others, breastfeeding 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 in 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 for one more week. Breastfeed as much as you feel you can. And remind yourself that **some amount of breastfeeding 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.



DID YOU KNOW

There's more information on breastfeeding and returning to work in *Toddler's First Steps*, available from your public health unit and online at healthlinkbc.ca/toddlers-first-steps.

Breastfeeding in Public

In British Columbia, there are laws that protect your right to breastfeed anywhere, at any time. Breastfeeding 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 with very little breast 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 in public, place a light cover over your baby while he latches on. You can leave it on while he feeds or take it off once he's latched.



Healthy Eating During Breastfeeding

When you're breastfeeding, your body needs extra calories and nutrients. Try:

- ✓ eating a variety of foods every day (see [Canada's food guide](#))
- ✓ eating more if you're hungrier than usual
- ✓ drinking plenty of healthy fluids like water, lower-fat milk and unsweetened fortified soy beverage
- ✓ 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, herbal teas and sushi, for example, are all fine while breastfeeding.

Some foods and beverages, though, are still best avoided while breastfeeding. These include:

- ✗ fish high in mercury
- ✗ foods and drinks high in caffeine
- ✗ alcohol



Caffeine, Smoking, Alcohol, Drugs and Breastfeeding

Can I Breastfeed 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 – can 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.

Can I Breastfeed if I Have Caffeine?

Many people have some caffeine when they're breastfeeding. 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 1½ mugs of coffee or 4 small cups 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 if I Smoke Tobacco?

It's best for you and your baby if you stop smoking. But breastfeeding is still important for your baby's health, and many mothers who smoke breastfeed successfully. Breastfeeding may even help protect your baby from some of the negative effects of being exposed to tobacco smoke.

Smoking can:

- 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 Sudden Infant Death Syndrome (SIDS) (see [Sleep](#))



DID YOU KNOW

Vaping exposes your baby to harmful chemicals like nicotine and solvents. You can still breastfeed, but can lower the risk to your baby by talking with your health care provider or calling HealthLink BC at 8-1-1.

If you smoke

Reduce your baby's exposure to smoking's harmful chemicals by:

- smoking only *right after* breastfeeding
- smoking less or using a nicotine patch
- keeping your home and car smoke-free
- if you've smoked, washing your hands and changing your clothes before you hold your baby
- smoking outside only, while wearing a jacket you keep outside and only wear when you're smoking
- not bedsharing with your baby (see [Sleep](#))

For information on how to quit or reduce the amount you smoke, visit quitnow.ca, talk with your health care provider or call HealthLink BC at 8-1-1.



Can I Breastfeed if I Drink Alcohol?

The safest choice is not to drink alcohol while breastfeeding. But moderate drinking is usually okay. For most breastfeeding parents, this means limiting alcohol to **no more than 1 alcoholic drink per day**.

Alcohol can:

- harm your baby's brain development, growth and sleep
- decrease the amount of milk you make
- decrease the amount of milk your baby will drink
- reduce the length of time you can breastfeed
- increase your baby's risk of low blood sugar
- affect your judgment and your ability to care for your baby

If you drink alcohol

If you're going to have alcohol, plan ahead as to how you're going to feed your baby. Breastfeed before you have a drink. And if you plan to have more than 1 drink, pump and store your milk to feed your baby before you have any alcohol.

After drinking, wait 2 to 3 hours *per drink* before breastfeeding or expressing milk for your baby.

Talk with your health care provider or call HealthLink BC at 8-1-1 for more information.



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 if I Use Cannabis (Marijuana)?

Cannabis use during breastfeeding isn't advised. The THC in cannabis can stay in your milk for up to 30 days and can be passed on to your baby. And because the THC remains for so long, expressing and destroying your milk ("pumping and dumping") doesn't work to make it safe for baby, either. It's not yet known whether CBD is transferred into your milk, or what effect it might have on your baby.

Cannabis can:

- leave THC in your breastmilk for up to 30 days
- lead to issues with your child's motor development
- decrease your milk supply
- make you drowsy and unable to respond to your baby's cues

If you use cannabis

Lower the risks to you and your baby by:

- not using cannabis if you breastfeed. If you need help to quit, talk with your health care provider.
- using less cannabis, and using it less often
- not using cannabis with tobacco or other substances, or with medications
- choosing lower-potency products that have higher levels of CBD and lower levels of THC. But be aware that even CBD-only products haven't been proven safe while breastfeeding.

Can I Breastfeed if I Use Street Drugs?

Street drugs can pass through your milk and affect your baby.

If you use street drugs

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 alcoholic drink per day, smoke, use cannabis or take street drugs, 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 and offer information on ways to keep up your milk production.



DANGER

Ensure all alcohol, cannabis, tobacco, medications and street drugs are kept out of baby's reach (see [Baby Safety](#)).

Supplementing

Some families may need to supplement their breastfed baby for medical reasons, while others may choose to supplement for personal reasons.

What is supplementing?

Giving your baby your own expressed milk, donated human milk or baby formula, in addition to breastfeeding.

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.

If your baby is less than 2 months old and was born at 37 weeks or earlier, or if she weighed less than 2,500 grams at birth,

use liquid formula – either ready-to-feed or concentrate. Powdered formula isn't sterile and can make your baby sick. Specialized formulas should only be used if recommended by your health care provider.

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 her safely.

Supplementing with other milk or formula when it's not needed can decrease your milk supply, cause engorgement (see [Breastfeeding Challenges You May Face](#)) and make breastfeeding 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 she's 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 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.

Donating your extra milk to the BC Women's Provincial Milk Bank

If you have extra milk you would like to donate, talk with your doctor or midwife, visit bcwomensmilkbank.ca or call 604-875-3743.

What About Sharing Milk Informally With Other Parents?

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 who want to give their baby human milk but aren't able to produce 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.



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.

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 or drink alcohol or if they take prescription or over-the-counter medications, herbal supplements or street drugs, harmful substances can pass into the milk and hurt your baby (see [Caffeine, Smoking, Alcohol, Drugs and Breastfeeding](#)).
- If the milk isn't collected and stored 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.

Lowering the risks

If you're considering informal milk sharing, lower the risk by:

- not buying milk online
- finding out all you can about your donor's health and lifestyle
- only using the milk of a close family member or friend
- limiting the number of donors you use
- having ongoing, face-to-face contact with your donor
- asking your health care provider what kinds of tests your donor should have, and asking your donor to share their test results with your health care provider
- ensuring that the milk is handled, stored and sent to you as safely as possible
- learning how to safely store and reheat human milk (see [Expressing Your Milk](#))



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.

For more information on informal milk sharing, see perinatalservicesbc.ca/Documents/Guidelines-Standards/HealthPromotion/InformalMilkSharing_FamilyInfo.pdf.

Formula Feeding

Deciding how to feed your baby isn't always easy. Breastfeeding is best for your child's growth and development. But sometimes, for medical or personal reasons, store-bought infant formula is used instead of, or in addition to, human milk.

Make an Informed Choice

Make sure you have all the information you need to make an informed choice. Contact your health care provider or the 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.



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 until your child is 2 years or older.

If You Use Formula

Breastfeed, too, if you can

Give your baby human milk whenever possible. If you feed your baby formula, try to give it *in addition* to your own milk (see [Supplementing](#)).

If you're not currently breastfeeding but hope to breastfeed your baby in the future, talk with your health care provider about how to keep up your milk supply. Or find a lactation coach through the British Columbia Lactation Consultants Association (bclca.ca).

Use formula safely

Talk with your health care provider or the public health nurse or call HealthLink BC at 8-1-1 to learn how to prepare and store formula safely.

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 and sign up for safety alerts, visit the Government of Canada's Health Risks and Safety webpage at healthycanadians.gc.ca.



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
- ✗ cow's milk or goat's milk (okay after 9 to 12 months only)
- ✗ nut "milks," like almond, cashew and coconut drinks
- ✗ other "milks," like rice, potato, soy and hemp drinks



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.



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, talk 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.

In areas where the level of manganese in drinking water is too high, use another source of water to make infant formula. Don't drink or use discoloured water to prepare food or infant formula until your water's safety is confirmed.



DID YOU KNOW

If you have concerns about your drinking water, contact your health authority. Visit [gov.bc.ca/gov/content/environment/air-land-water/water/water-quality/drinking-water-quality/health-authority-contacts](https://www.gov.bc.ca/gov/content/environment/air-land-water/water/water-quality/drinking-water-quality/health-authority-contacts).



Cleaning and Sterilizing Feeding Equipment

Keeping Everything Clean

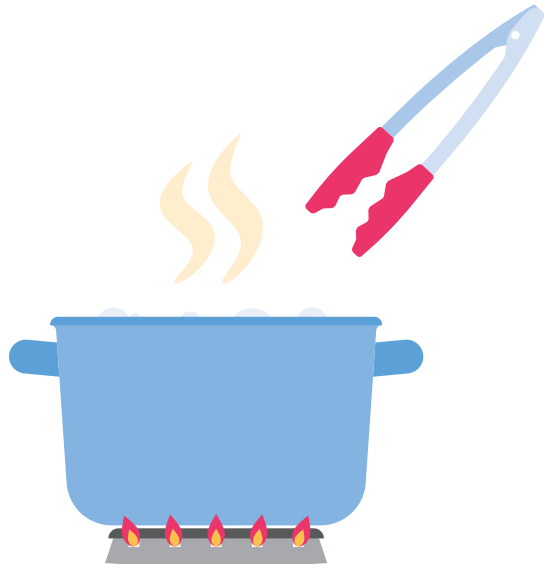
All that equipment you use to feed your baby needs to be kept clean.

Breast pumps should be cleaned according to the manufacturer's instructions. Everything else – including 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. Sanitize the counter by mixing 1 teaspoon (5 ml) of bleach with 3 cups (750 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.
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 his diet. Keep breastfeeding, too, until he's 2 years old – or even longer, if you both wish.

Your baby may be ready for solid foods if he can:

- ✓ sit and hold his head up
- ✓ watch a spoon, open his mouth and close his lips around it
- ✓ keep most of his food in his mouth



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.
- Sit him up in his feeding chair, facing you.
- Eat with your baby so he can learn by watching you.
- Serve him the same foods as the rest of the family, without added sugar or salt.



DID YOU KNOW

Gagging is a normal reflex babies have to prevent choking. If your baby gags, stay calm and reassure him. If you panic, you may make him afraid to try new foods.



BE AWARE

It's not safe for your baby to have honey in his first year, even if it's pasteurized. It can cause botulism, a serious illness.

First Foods

Iron-rich foods are the best first foods for your baby. Offer them at least twice a day. Foods high in iron include well-cooked meats, cod and halibut, mashed well-cooked egg, lentils, beans, cooked tofu and iron-fortified infant cereal.

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
- shredding it, or serving it ground up
- using dark meat rather than white-meat chicken
- being sure to take out any bones and shells from fish

Cook whole birds to 82°C (180°F), and all other meat (including game meat, fish and shellfish) until well done – 74°C (165°F). The juices should be clear, with no trace of pink.

Homemade Baby Food

Your baby can eat the same foods your family normally eats. Puréeing isn't necessary, even before he has teeth. Soft foods may be mashed,

ground, minced or pureed. 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.



HOW TO

Keep homemade baby food safe

- Wash counters and utensils with soap and water. After preparing raw meat, clean up with 1 teaspoon (5 ml) bleach mixed with 3 cups (750 ml) water.
- Throw out worn cutting boards, which can hide germs.
- Put leftovers in the fridge and use within 2 or 3 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 with your own spoon to ensure it's not too hot before giving it to your baby.
- Don't use the microwave to heat bottles; warm them in hot water instead.
- Glass or ceramic bowls are best. Only use plastic containers or plastic wrap labelled "microwave safe."
- Don't use damaged, stained or smelly containers.

Understanding Food Allergies

What is a food allergy?

The body mistaking a food as harmful. Once a person has a food allergy, an allergic reaction occurs every time they eat that food.

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



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 baby is at risk.

Introducing Common Food Allergens

To reduce the risk of a food allergy developing, introduce the common food allergens when your baby has shown that she's ready for solid foods – usually around 6 months.

After your child is eating a few other solid foods (see [Introducing Solid Foods](#)), start offering her the common food 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.



TRY THIS

See [Reducing Risk of Food Allergy in Your Baby](#) at healthlinkbc.ca to learn more.

Signs of Food Allergy

Allergic reactions usually appear within a few minutes of being exposed to a food, but 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



MEDICAL EMERGENCY

Some allergic reactions – to food, insect stings, medications and other allergens – can be life threatening. Call 9-1-1 immediately if your child has any of the following:

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

Eat well. Live well.

Eat a variety of healthy foods each day

Have plenty
of vegetables
and fruits

Eat protein
foods

Make water
your drink
of choice

Choose
whole grain
foods

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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 foods high in sodium,
sugars or saturated fat**



Be aware of food marketing

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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Resources

Key Resources for Parents

9-1-1 Emergency

BC Poison Control Centre

Phone toll-free: 1-800-567-8911

Website: dpic.org

Toddler's First Steps: A Best Chance Guide to Parenting Your 6- to 36-Month-Old (3rd 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.

Website: healthlinkbc.ca/toddlers-first-steps

To purchase a copy, go to: crownpub.bc.ca and search for *Toddler's First Steps*.

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/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 clinics, nutrition information and consultation, parent and infant drop-in, child health clinics and family and infant follow-up. Contact your local health authority for more information.

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 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 Drug Use

To learn about programs for people with alcohol or other drug problems, talk with your health care provider or contact any of the following resources:

HealthLink BC offers 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

The Alcohol and Drug Information and Referral Line offers confidential, free information.

Phone toll-free: 1-800-663-1441

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

Sheway operates in Vancouver and provides comprehensive health and social services to women who are either pregnant or parenting children less than 18 months old and who are experiencing current or previous issues with substance use. The program consists of prenatal, postnatal and infant health care; education and counselling for nutrition, child development, addictions, HIV and Hepatitis C, housing and parenting. Sheway also assists in fulfilling basic needs, such as providing daily nutritious lunches, food coupons, food bags, nutritional supplements, formula and clothing.

Website: vnhs.net/programs/sheway

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@viha.ca

Website: islandhealth.ca/learn-about-health/pregnancy-birth-babies/herway-home

Heartwood Centre for Women is a 30-bed residential facility located in Vancouver that provides integrated treatment for women (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/heartwood-treatment-centre

National Native Alcohol and Drug Abuse Program (NNADAP)

currently funds 10 residential treatment centres. Services are offered to adults, youth and families.

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

Smoke-Free Housing BC

Website: smokefreehousingbc.ca

Birth and Postpartum Support

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 is offered by the BC Association of Aboriginal Friendship Centres and First Nations Health Authority. The goal of the program is to increase healthy birth outcomes for Indigenous families by removing the cost barrier to accessing doula services. The grant program provides Indigenous families living in BC up to \$1,000 of coverage for doula services with each pregnancy.

Phone: 1-800-990-2432 toll-free or 250-388-5522

Email: doulasupport@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

Birth Support Information, HealthLink BC

Website: healthlinkbc.ca/health-topics/tn9822

Nurse-Family Partnership is a free public health program for parents who are having their first baby that ensures that the birthing parent and baby receive support during pregnancy, after the child is born and until the child is 2 years of age.

Website: healthyfamiliesbc.ca/nurse-family-partnership

Breastfeeding

La Leche League Canada encourages, promotes and provides mother-to-mother breastfeeding support and information.

Website: lllc.ca

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.

Website: bclca.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/dietitian-services

Public Health Offices and Hospitals may offer additional breastfeeding services such as lactation consultants, support groups and phone consultation. Contact your local health authority for more information.

Child Care

Your local Ministry of Children and Family Development office or 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.

Website: healthlinkbc.ca/health-topics/aa43308

The 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/services/child-family-benefits/canada-child-benefit-overview

Child Care Service Centres provide information in more than 350 languages on all B.C. Ministry of Children and Family Development child care programs, 8:30 to 4:30, Monday to Friday.

Phone toll-free: 1-888-338-6622

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/child-care-funding/child-care-benefit

Child Care Licensing Regulations describe what's required of child care operators in British Columbia.

Website: health.gov.bc.ca/ccf/child_care

Find Child Care programs and services across the province that meet your family's needs.

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/search-for-child-care

BC's Ministry of Children and Family Development has information for parents on how to select child care and local child care options.

Website: gov.bc.ca/gov/content/family-social-supports/caring-for-young-children

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_june_2016.pdf

Child Development

The 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.

Website: icdabc.ca/programs/infant-development-program

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.

Website: decoda.ca/resources

Ready, Set, Learn is a British Columbia government initiative that helps families connect with the school system and community agencies.

Website: gov.bc.ca/gov/content/education-training/early-learning/support/programs/ready-set-learn

Strong Start is a registered Canadian charity that helps children learn to read.

Website: strongstart.ca

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: fmep.gov.bc.ca/about-the-program

Dental Care

British Columbia Dental Association

Phone toll-free: 1-888-396-9888

Lower Mainland: 604-736-7202

Website: bcdental.org

BC Dental Hygienists' Association

Phone: 604-415-4559

Website: bcdha.bc.ca

BC Healthy Kids Program helps low-income families with the costs of basic dental care for their children. 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/healthy-women-children/child-teen-health/dental-eyeglasses

Kidsmiles.ca is a program created by the BC Dental Association and the British Columbia government to help parents, guardians and other caregivers learn more about caring for the oral health of young children.

Website: kidsmiles.ca/index.htm



Family Planning/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: actioncanadashr.org/about/who-we-are

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 Association of Family Resource Programs is a not-for-profit provincial organization dedicated to raising awareness of the importance of community-based family resource programs.

Website: frpbc.ca

BC Council for Families is a province-wide community service that works on behalf of families and people who serve families.

Phone: 604-678-8884

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

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.”

VictimLinkBC can provide immediate support 24 hours a day, 7 days a week.

Phone toll-free: 1-800-563-0808

BC Women’s Hospital Woman Abuse Response Program

Phone: 604-875-3717

Website: bcwomens.ca/our-services/support-services

Ending Violence Association of British Columbia

Website: endingviolence.org

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.

Website: bcsth.ca

Gender-Based Violence Knowledge Centre is an information and resource hub on gender-based violence.

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

Stop Family Violence is a one-stop source for information on family violence.

Website: phac-aspc.gc.ca/sfv-avf/index-eng.php

National Clearinghouse on Family Violence is a resource centre for information on violence within relationships of kinship, intimacy, dependency or trust.

Website: cleoconnect.ca/organization/national-clearinghouse-on-family-violence

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 110 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

BC Council for Families provides educational resources on parenting, childhood development, parent-teen relationships, work-life balance, suicide awareness and more. Information about involved fathering and parenting in general is available on the website. Print resources on fathering are also available for purchase.

Website: dadcentral.ca

Health Authorities

Northern Health

Phone: 250-565-2649

Website: northernhealth.ca

Interior Health

Phone: 250-469-7070

Website: interiorhealth.ca

Island Health

Phone: 250-370-8699

Website: islandhealth.ca

Vancouver Coastal Health

Phone toll-free: 1-866-884-0888

Lower Mainland: 604-736-2033

Website: vch.ca

Fraser Health

Phone: 1-877-935-5669 toll-free or 604-587-4600

Website: fraserhealth.ca

Provincial Health Services Authority of BC

Phone: 604-675-7400

Website: phsa.ca

Hearing

British Columbia Early Hearing Program is the first province-wide screening program to check hearing in babies born in British Columbia.

Website: phsa.ca/our-services/programs-services/bc-early-hearing-program

Immunizations

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

BC Pediatric Society helps advocate for improved health for infants, children, youth and their families.

Website: bcpeds.ca/families/immunization

Vaccination and Your Child is an online resource of the Canadian Pediatric Society that answers many common questions about having your child vaccinated.

Website: caringforkids.cps.ca/handouts/vaccination_and_your_child

Indigenous Services

Doulas for Aboriginal Families Grant Program is offered by the BC Association of Aboriginal Friendship Centres and First Nations Health Authority. The goal of the program is to increase healthy birth outcomes for Indigenous families by removing the cost barrier to accessing doula services. The grant program provides Indigenous families living in B.C. up to \$1,000 of coverage for doula services with each pregnancy.

Phone: 1-800-990-2432 toll-free or 250-388-5522

Email: doulasupport@bcaafc.com

Website: bcaafc.com/dafgp

Aboriginal Head Start Association of BC includes 12 urban Aboriginal Head Start preschool sites that provide early childhood education and services to Aboriginal children and their families.

Website: ahsabc.net

BC Aboriginal Child Care Society is a non-profit provincial organization offering Aboriginal early childhood programs throughout British Columbia.

Website: acc-society.bc.ca

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 your public health nurse or visit the website.

Website: ascdp.bc.ca

BC Association of Aboriginal Friendship Centres aims to improve the quality of life of Canada's Aboriginal people and to protect and preserve Aboriginal 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/healthy-pregnancy-and-early-infancy

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/documents-resources/children-families

KUU-US Crisis Line is a culturally safe crisis line available 24/7, regardless of where individuals reside in BC. KUU-US services are for First Nations, by First Nations, and all crisis response personnel are certified and trained in Indigenous cultural safety.

Phone toll-free: 1-800-588-8717

Youth Line: 250-723-2040

Adult Line: 250-723-4050

LGBTQ2S

Trans Care BC connects transgender, Two-Spirit and gender-diverse parents to supportive, gender-affirming care providers.

Phone toll-free: 1-866-999-1514

Email: transcareteam@phsa.ca

Website: phsa.ca/transcarebc

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 LGBTQ2S 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

Email: reception@qmunity.ca

Website: qmunity.ca

Medical Resources

BC College of Family Physicians

Phone: 604-736-1877

Website: bccfp.bc.ca

BC College of Nursing Professionals maintains an online directory of nurses and nurse practitioners (NPs). NPs can provide primary care to individuals and families in need of a primary care provider.

Website: registry.bccnp.ca/ElasticSearch/Search

Canadian Pediatric Society promotes quality health care for Canadian children and establishes guidelines for pediatric care. The organization offers educational materials on a variety of topics, including pregnancy, immunizations, safety issues and teen health.

Phone: 613-526-9397

Website: cps.ca

Caring for Kids is a website that provides parents with information about their child's health and well-being. Developed by the Canadian Paediatric Society.

Website: caringforkids.cps.ca

College of Midwives of British Columbia sets standards of professional practice for registered midwives in British Columbia. Midwives offer primary care to healthy pregnant women and their normal newborn babies from early pregnancy through labour and birth, and up to 6 weeks after birth.

Phone: 604-742-2230

Website: cmbc.bc.ca

Oak Tree Clinic at B.C. Women's Hospital & Health Centre provide specialized, interprofessional HIV care for women across the lifespan. This includes care 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/hiv-care-for-women-families or bcwomens.ca

Society of Obstetricians and Gynaecologists of Canada (SOGC)

is a leading authority on reproductive health care. The SOGC provides public education on important women's 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 Reproductive Mental Health Program offers resources on maternal mental health, including tools that you can use yourself. Through referral from your health care provider, the program offers counselling for depression in pregnancy and after birth.

Website: reproductivementalhealth.ca

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

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

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 is a culturally safe crisis line available 24/7, regardless of where individuals reside in BC. KUU-US services are for First Nations, by First Nations, and all crisis response personnel are certified and trained in Indigenous cultural safety.

Phone toll-free: 1-800-588-8717

Youth Line: 250-723-2040

Adult Line: 250-723-4050

Mental Health and Substance Use Service Map is a searchable listing of mental health and substance use resources and services, organized by community.

Website: gov.bc.ca/gov/content/mental-health-support-in-bc/map

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

New Immigrants and Refugees

New Beginnings Maternity Clinic provides comprehensive maternity care for women 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

The 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 (PT) health insurance.

Website: canada.ca/en/immigration-refugees-citizenship/services/refugees/help-within-canada/health-care/interim-federal-health-program/coverage-summary

Nutrition

Canada's food guide is available through the Health Canada website.

Website: food-guide.canada.ca/en

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)

Email: healthlinkbc.ca/healthy-eating/email-healthlinkbc-dietitian

Website: healthlinkbc.ca/dietitian-services

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/support-circles

Physical Activity

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/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

HealthLink BC

Website: healthlinkbc.ca

Pregnancy

BC Association of Pregnancy Outreach Programs

Website: bcapop.ca

BC Women's Hospital and Health Centre

Website: bcwomens.ca/health-info/pregnancy-parenting

HealthLink BC

Website: healthlinkbc.ca

Pregnancy Weight Gain Calculator

Website: hc-sc.gc.ca/fn-an/nutrition/prenatal/bmi/index-eng.php

Prescription Drugs

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 Injury Research and Prevention Unit provides useful fact sheets by email.

Website: injuryresearch.bc.ca

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

Environmental Working Group is a non-profit organization that provides information to support consumer choice and civic action. They publish consumer guides in order to help individuals and families reduce their exposure to pesticides and toxins, and promote healthy households and environments.

Website: ewg.org

Health Canada: Consumer Product Safety

Phone toll-free: 1-866-662-0666

Website: hc-sc.gc.ca/cps-spc/index-eng.php

National Highway Traffic Safety Administration is a U.S. website that provides information on child car seat recalls.

Website: nhtsa.gov

Poison Control Centre provides 24-hour poison information services.

Phone toll-free: 1-800-567-8911

Website: dpic.org

Emergency Management BC offers help with emergency planning and creating emergency kits.

Website: gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery

Public Health Agency of Canada offers online information on many child safety topics.

Website: phac.gc.ca

Parachute provides information on keeping children safe and preventing injuries.

Phone toll-free: 1-888-537-7777

Website: parachutecanada.org

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: bcchildrens.ca/health-info/healthy-living/child-safety

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

Prevent Shaken Baby Syndrome British Columbia

Phone: 1-888-300-3088

Website: dontshake.ca

The 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

Special 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.

Website: gov.bc.ca/gov/content/health/managing-your-health/child-behaviour-development/assessing-child-development-38610

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

Speech Therapy

British Columbia Association of Speech/Language Pathologists and Audiologists

Phone toll-free: 1-877-BCASLPA (222-7572)

Website: speechandhearingbc.ca/public

Vision

BC Healthy Kids Program helps low-income families with the costs of prescription eyewear for their children. For more information, call, visit the website, or contact your public health unit.

Phone toll-free: 1-866-866-0800

Website: gov.bc.ca/gov/content/health/managing-your-health/healthy-women-children/child-teen-health/dental-eyeglasses

BC Doctors of Optometry offers a tool to find a Doctor of Optometry.

Website: bc.doctorsofoptometry.ca/find-a-doctor

BC Doctors of Optometry Eye Health Library

Website: bc.doctorsofoptometry.ca/eye-health-library

We are always looking for new and helpful resources for families. If you have any suggestions, please contact us at healthlinkbc@gov.bc.ca.



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Baby's Best Chance

Parents' Handbook of Pregnancy and Baby Care

You'll 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.

For deaf and hearing-impaired assistance (TTY), call 7-1-1.

Translation services are available in over 130 languages on request.

