



# Prenatal Health

## Package

Experience peace of mind with  
personalized care for you and your  
baby.



- Including "Your Guide to a Healthy Pregnancy"
- MHC Approved Online Resources



**For More Information**

[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)



## MAPLETON HEALTH CENTRE

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# TABLE OF CONTENTS

- **A Message From Your Providers**
- **Prenatal Counselling Patient Handout**
- **Enhanced First Trimester Screening (eFTS)**
- **Gestational Diabetes**
- **Rh Blood Groups**
- **Group B Streptococcus (GBS) Infection**
- **Gestational Hypertension**
- **Perinatal Mood and Anxiety Disorders**
- **Your Guide to a Healthy Pregnancy**
  - Prenatal Nutrition
  - Folic Acid
  - Alcohol, Tobacco, & Cannabis
  - Oral Health
  - Physical Activity
  - Mental Health
  - Sexual Health
  - Immunization
  - Breastfeeding
  - Common Complaints
  - Your Developing Baby
  - Preparing for Birth
  - Postpartum
- **Prenatal Resources**



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### ***Congratulations on your pregnancy!***

We are so glad to be part of this exciting time in your life. This package was created by the team at the Mapleton Health Centre to help you learn about our prenatal care routines and to share tips that can support a healthy and positive pregnancy.

Getting regular prenatal care (the care you receive during pregnancy) is one of the best ways to keep both you and your baby healthy. It can help prevent complications and give you important information about making safe and healthy choices for yourself, your baby, and your family.

At the Mapleton Health Centre, you may see your family doctor or nurse practitioner for your prenatal care, but you can also choose to receive care from a midwife or obstetrician (OB) instead. It's an individual choice and people decide what is right for them.

If you choose to receive the majority of your care here at the Mapleton Health Centre, you'll be referred to an OB during your third trimester (around 30 weeks or later, typically) as our local hospital (Palmerston) is not delivering babies at this time.

#### **A few tips for your appointments:**

- Try to book your visits at least 4 weeks ahead, as our providers' schedules fill quickly.
- It's helpful to write down your question as you think of them and bring them to your appointment.

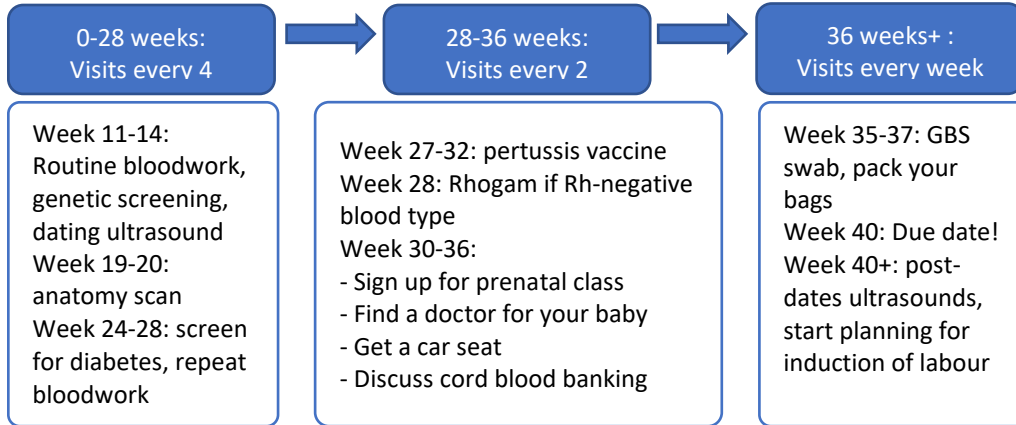
Remember that pregnancy bring many changes to your body and your feelings. It's normal to experience changes in appetite, energy, and even your emotions during this time. Please don't hesitate to ask questions along the way. We are here to support you and work with you to make your pregnancy as safe, healthy, and meaningful as possible.

Wishing you all the best in your journey,

*The Mapleton Health Centre Healthcare Providers*

## Pre-natal Counselling Patient Handout

### Pregnancy Timeline (\*\*this is a general guide and may be altered by your provider)



### What to expect at visits?

- Ask about symptoms
- measure weight
- Take blood pressure
- Listen to fetal heart rate (after 12 weeks)
- Measure size of uterus (after 20 weeks)
- Assess fetal position after 30 weeks

### Choosing a Care Provider

In Ontario, there are three types of maternity care providers (all covered by OHIP): midwives, family physicians, obstetricians

### Folic Acid Supplementation

- Reduces the risk of open neural tube defect
- For low-risk pregnancies, folic acid supplement 0.4 mg/day, starting 2-3 months before conception (if you can)
- Take folic acid throughout pregnancy + breastfeeding
- If you are at higher risk for open neural tube defect, your doctor may recommend a higher dose

### Genetic Screening – offered to patients to screen for certain genetic conditions

#### Enhanced First Trimester Screening (eFTS)

Covered by OHIP  
Completed at 11-14 weeks (detection rate higher than MSS)

#### Maternal Serum Quadruple Screen (MSS)

Covered by OHIP  
Completed if screening in first trimester was missed  
Completed at 15-21 weeks

#### Non-invasive prenatal testing (NIPT)

Only covered by OHIP if certain criteria are met  
Highest detection rate  
Completed after 10 weeks

See handout “Prenatal Screening Information for Genetic Conditions” or visit [www.prenatalscreeningontario.ca](http://www.prenatalscreeningontario.ca)

### Exercise During Pregnancy

- 150 minutes of low-moderate intensity activity per week
- Activities include aerobic exercise, resistance training, yoga or stretching
- \*\*Some patients may have health conditions which contradict them from exercising

### Food to Avoid in Pregnancy:



Uncooked hot dogs  
Non-dried deli meats  
Raw or lightly cooked eggs or products that contain raw eggs  
Raw or undercooked meat  
Raw seafood, oysters, clams, and mussels  
Smoked salmon  
Raw or unpasteurized dairy products  
Unpasteurized and pasteurized soft and semi-soft cheeses, blue-veined cheese  
Raw sprouts  
Unpasteurized fruit juice and cider

**For more information, visit [www.canada.ca](http://www.canada.ca)**

### Healthy Weight Gain in Pregnancy

Pre-Pregnancy BMI	Rate of Weight Gain in 2 <sup>nd</sup> & 3 <sup>rd</sup> Trimester (lb/week)	Recommended Total Weight Gain (lbs)
< 18.5	1.0	28-40
18.5 – 24.9	1.0	25-35
25.0-29.9	0.6	15-25
> 30.0	0.5	11-20



## Reasons to seek Urgent Care

If you experience vaginal bleeding/fluid, decreased fetal movement, abdominal contractions, or severe abdominal pain

Before 20 weeks pregnant



Go to Emergency Room

After 20 weeks pregnant



Go to Emergency Room

## Substance Use in Pregnancy

NO safe amount of substance use (ex. alcohol, cigarette smoking, marijuana) during pregnancy  
Limit caffeine to 300mg/day (approx. two 8-oz cups)  
Herbal teas to avoid in pregnancy – aloe, buckthorn bark, chamomile, coltsfoot, comfrey, duck roots, juniper berries, Labrador tea, lobelia, pennyroyal, sassafras, senna leaves

## Risk of Infection During Pregnancy

Influenza	Transmitted from people, not harmful to the fetus, pregnant women at increased risk of hospitalization and serious complications
Toxoplasmosis	Transmitted by eating raw meat and contact with cat feces. Symptoms are non-specific flu-like symptoms. Don't change cat litter and avoid raw meat
Parvovirus B19 (Fifth Disease, "slapped cheek")	Daycare workers and teachers at high risk. Infection during pregnancy can result in spontaneous abortion, fetal cardiac failure, or fetal death
Cytomegalovirus (CMV)	Most common in daycares, most infections are asymptomatic. Infants may have low birth weight, low hemoglobin and neurological complications
Herpes Simplex Virus (genital herpes)	Many risks associated with having an active flare during pregnancy or time of delivery. Advise OB provider if you have had genital herpes at any point
COVID-19	Compared to non-pregnant women with COVID-19, pregnant women are at increased risk of hospital admission, critical care and invasive ventilation

## Immunizations in Pregnancy

### Flu Vaccine

Indicated anytime during pregnancy. Getting the vaccine during pregnancy offers protection to your baby after birth. Babies < 6 months old cannot get vaccinated against the flu yet)

### Pertussis Vaccine (Tdap)

Received between 27-32 weeks in pregnancy.  
Provides antibodies to baby for first few months of life for whooping cough

### COVID 19 Vaccine

Recommended during pregnancy in any trimester and while breastfeeding by the Society of Obstetricians and Gynecologists of Canada

## Common Symptoms in Pregnancy & Helpful Tips

1<sup>st</sup> Trimester



2<sup>nd</sup> and 3<sup>rd</sup> Trimester

### Nausea & Vomiting

- Separate solids and liquids, eat small frequent meals of bland foods; avoid fatty foods, sweet beverages & strong odours
- Try eating or taking ginger supplements
- Talk to your OB provider about medications that can help with nausea/vomiting

### Pelvic & Lower Back Pain, recommend:

1. Ice/heat application
2. Massage
3. Physiotherapy
4. Brace/girdle that provides pelvic stability

## Resources for More Information

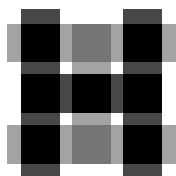
For general pregnancy information:

[www.pregnancyinfo.ca](http://www.pregnancyinfo.ca)  
[www.ontarioprenataleducation.ca](http://www.ontarioprenataleducation.ca)  
*Your Guide to Healthy Pregnancy* at [www.canada.ca](http://www.canada.ca)

Medications during pregnancy:

[www.mothertobaby.org](http://www.mothertobaby.org)

Talk with your OB Provider if you have any questions or concerns.



## **Enhanced FTS Information-FAQs**

### **What is Enhanced FTS?**

Enhanced FTS is a new first trimester screening test that uses 4 serum markers plus the nuchal translucency (NT) measurement, along with maternal age to generate a pregnancy specific risk for Down syndrome. The two new markers that are analyzed include placental growth factor (PIGF) and first trimester alpha fetoprotein (AFP). This is in addition to PAPP-A and beta hCG, which have always been part of the FTS.

### **What does it screen for?**

Enhanced FTS is a screening test for Down syndrome. It can also indicate when there is a high risk for Trisomy 18.

### **What does it not screen for?**

Enhanced FTS does not screen for open neural tube defects or spina bifida. It does not screen for all chromosome problems in pregnancies. At this time, it is not a screening test for adverse obstetrical outcomes or pre-eclampsia, however individual practitioners may use the information from this test to identify high risk patients.

### **What is the recommended screen for spina bifida/ONTD?**

SOGC guidelines regarding screening for fetal neural tube defects (October 2014) endorses the use of ultrasound (18-20 weeks) for screening of ONTD.

### **Is enhanced FTS a good test?**

By including the two new markers, enhanced FTS is an improvement over FTS. It has been shown to have a detection rate that is comparable to integrated prenatal screen (IPS). We estimate a detection rate of 85-90%.

### **Is Ethnicity important?**

Yes! Please report as accurately as you can. If unsure provide details under "other".

### **Why should I order this test for my patient?**

Enhanced FTS will allow your patients to have information about their pregnancy in the first or early second trimester. For those who have a positive screen result, they can access NIPT or diagnostic testing sooner than if they had IPS.

### **How do I order enhanced FTS?**

On the NYGH Prenatal Screening Requisition select enhanced FTS as the test of choice. Arrange your patient's NT scan and blood drawn between 11-13 weeks

Please note that since April 1, 2016, enhanced FTS has replaced the previous two serum marker FTS test at North York General Hospital.

# Glucose testing – screening for gestational Diabetes

## What is gestational diabetes?

Gestational diabetes (GD) is a type of diabetes that occurs during pregnancy. It happens when your body is not able to produce enough insulin to keep the amount of glucose (sugar) in your blood at proper levels. Untreated GD increases the likelihood of having a large baby, and is associated with birth complications as well as health risks for the newborn (e.g., preeclampsia, shoulder dystocia). Untreated GD also increases the risk of stillbirth late in pregnancy (36-40 weeks). Women who develop GD are at higher risk of developing type 2 diabetes in the future. However, there is excellent treatment for GD, and most women diagnosed with GD have normal deliveries and healthy babies.

## Why is it important to screen for gestational diabetes?

All pregnant women should be offered blood glucose screening for GD between 24 and 28 weeks of pregnancy. If you have risk factors for GD, you will be tested earlier in your pregnancy. These risk factors include:

- Being older than 35
- Obesity (defined as a pre-pregnancy BMI greater than 30)
- Aboriginal, African, Asian, Hispanic, or South Asian ethnicity
- Family history of diabetes
- Polycystic ovarian syndrome or acanthosis nigricans
- Corticosteroid use during pregnancy
- Previous pregnancy with GD
- Previous delivery of a baby large than 4000 g

## What does the blood glucose test involve?

All pregnant women are offered this screening test between 24-28 weeks gestation. When other risk factors are present, such as obesity, the test may be offered earlier and then repeated if initially normal. The screening test for GD is called a ‘glucose challenge’, which aims to see how your body is handling sugars. The measurement is taken 1 hour after you consume a glucose drink. This test can be conducted at any time of day as it is not a fasting test. If your blood sugar is normal after the challenge, you will not require any more testing. If it is high, you will have a second test. This test is done in the morning while you are fasting and will require you not to eat prior to the test. You will have your glucose tested before consuming a glucose drink and then tested again 1 and 2 hours later. If your glucose is higher than specific cut-off values, it means you have GD. See the table for more specific information.



Screening for gestational diabetes	
Step 1 – non fasting, 50 g glucose challenge	
1 hour	Less than 7.8 mmol/L = no further testing Between 7.8 and 11.1 mmol/L, go to step 2 Higher than 11.1 mmol/L = GD
Step 2 – fasting, 75 g glucose challenge	
Fasting	Higher than 5.3 mmol/L = GD
1 hour	Higher than 10.6 mmol/L = GD
2 hour	Higher than 9.0 mmol/L = GD

### What if I have gestational diabetes?

GD is increasingly common, with about 7% of women having the condition. If you are found to have GD, you will work closely with your health care provider(s) to keep your blood glucose levels in a healthy range. This involves choosing a healthy diet, gaining the recommended weight during your pregnancy, getting exercise, and if needed, taking insulin or pills to lower your blood sugar. Your baby's wellbeing will be carefully monitored by regular measurements of growth and amniotic fluid volume. If you have GD you will be offered a repeat glucose tolerance test between 6 weeks and 6 months postpartum to detect prediabetes and diabetes. You may also be offered induction between 38-40 weeks of pregnancy. Finally, it is strongly recommended that women with GD breastfeed their infants.



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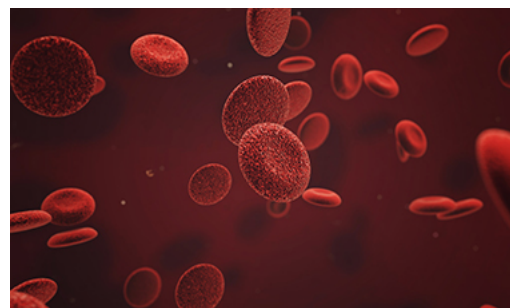
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## Rh blood groups

### What is an Rh blood group?

The Rh factor (also called D-antigen) is a protein that can either be present or absent on the surface of your red blood cells. It is found in all rhesus monkeys, thus the name Rh. Most people have it too, but some do not. Whether a person is Rh factor positive (D-positive) or negative depends on how the genes were passed down from his or her parents. If either parent is Rh positive, the baby may be Rh positive or negative. If both parents are Rh negative, the baby will also be Rh negative. All pregnant women will be tested for Rh status during routine bloodwork taken early in pregnancy. New tests are available to assess the fetus' Rh status by measuring "cell-free DNA" in the mother's blood. This testing is becoming more and more common.



### Why does Rh factor matter in pregnancy?

Problems can arise if the mother is Rh-negative, and the baby is Rh-positive. Because the mother does not have this particular protein in her body, her immune system will perceive it as a foreign and possibly harmful substance. Once she is exposed to Rh-positive blood (as fetal cells move through her system during pregnancy or at the delivery), her body will make antibodies that can 'attack' the Rh protein. She is then said to be 'Rh-sensitized'. In most cases, this sensitization will not happen until delivery, in a first pregnancy. It is the subsequent pregnancies that are of concern.

### How do Rh antibodies affect the fetus?

The antibodies from an Rh-sensitized mother can cross the placenta and enter the fetal blood stream. These antibodies then destroy some of the baby's blood cells and cause fetal anemia, which is called Rh disease. Since the job of red blood cells is to carry oxygen around the body, Rh disease is quite serious.

### Can Rh-sensitization be prevented?

If you have Rh-negative blood and do not already have antibodies for Rh-factor, you will be given an injection of Rh immunoglobulin (also called RhoGAM, WinRho, or anti-D immunoglobulin) at about 28 weeks gestation. This prevents sensitization in 99% of women so that your body will not form antibodies to the baby's Rh factor. An Rh immunoglobulin shot may be given if you have any vaginal bleeding during your pregnancy or if you require amniocentesis (<https://www.pregnancyinfo.ca/your-pregnancy/routine-tests/genetic-screening/>). You will also be given Rh immunoglobulin again within 72 hours after delivery if your baby is found to be Rh positive. Finally, if you are Rh negative, the baby's father can be tested for his Rh status. If he is Rh negative then there is no need for you to receive treatment. Further, if a cell-free DNA test of your blood shows that your baby is also Rh-negative, you will not require treatment.

### What if I am Rh-sensitized?

If you are Rh-sensitized (have formed antibodies), your baby will have regular testing to assess the extent of Rh disease. Some babies do not require any treatments. If the baby is suffering from Rh disease sometimes early delivery of the baby may be recommended. In the most severe cases, if the baby is not old enough to be delivered, the baby can be treated with a blood transfusion while still in the uterus. This is very rare.



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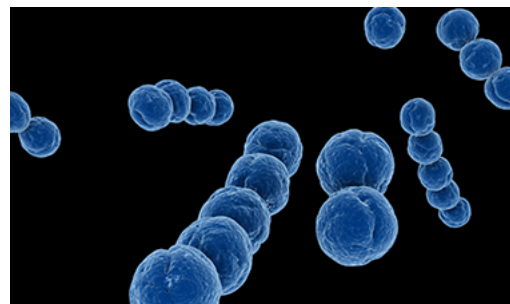
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## Group B Streptococcus screening

Screening for Group B Streptococcus is a common and routine part of pregnancy.

### What is group B streptococcus (GBS)?

GBS is a common bacteria which is often found in the vagina, rectum, or bladder. Women often have GBS without having any symptoms. While the bacteria may not cause any problems for the mother, if it infects the baby it can cause rare but serious complications. Around 15-40% of all pregnant women are GBS positive. About 40-70% of those will pass the bacteria to their babies during the birth process, but only 1 in 2000 babies will develop an infection. It is recommended that all women be screened for the bacteria during pregnancy.



### What does the screening test involve?

You will usually be screened for GBS between 35 and 37 weeks of gestation. The test is easy and painless, and is conducted by swabbing the vagina and rectum with a cotton-tipped swab. You have the option of doing the swabbing yourself. The swab is then cultured to see if GBS is present. Even if you have a planned Caesarean delivery, you will still need to be screened for GBS in case your water breaks or you go into labour before the scheduled delivery.

### What are the risk factors for transmission of GBS to my baby?

Certain factors make it more likely that your baby will become infected with GBS, if you test positive for GBS. These include:

- Starting labour or rupture of membranes before 37 weeks gestation
- Your membranes rupture during labour at full term, and the labour it is likely to last more than 18 hours
- You have an unexplained, mild fever during labour
- You have previously had a baby with a GBS infection
- You have had GBS detected in your urine or have had a bladder infection caused by GBS

### What if I test positive for GBS?

If you test positive for GBS or have any of the above conditions, you will be treated with intravenous antibiotics (<https://www.pregnancyinfo.ca/birth/special-considerations/group-b-streptococcus-treatment/>) when you go into labour, or if your water breaks early. Although it is rare, your baby will still be monitored closely for symptoms of an infection. An infection may show up in the first 7 days, or after that. The early-onset type of infection can be very serious, and this is why GBS-positive women are treated during labour. If your baby shows signs of GBS infection, he or she will be treated with antibiotics.



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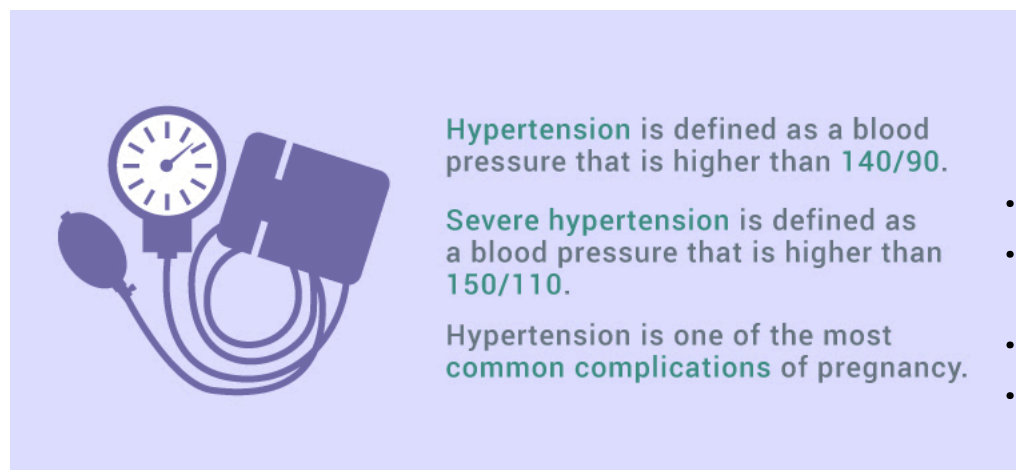
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## Gestational hypertension

### What is gestational hypertension and why does it happen?

Hypertension is defined as a blood pressure that is higher than 140/90. Severe hypertension is defined as a blood pressure that is higher than 150/110. Sometimes women who usually have a normal blood pressure will have hypertension during pregnancy. This is one of the most common complications



of pregnancy. It happens in 5% of all pregnancies and 10% of first pregnancies. Women are at risk for gestational hypertension if they:

- Are first time moms
- Have sisters or mothers who had gestational hypertension
- Are younger than 20 or older than 40
- Had high blood pressure prior to pregnancy.

After week 20, hypertension can lead to pre-eclampsia, a severe condition that features high blood pressure and protein in the urine. To monitor you for gestational hypertension, your health care provider will check your blood pressure and measure the protein content of your urine. The results of these two tests will tell you whether you have gestational hypertension or are at risk for developing pre-eclampsia. If you have hypertension watch out for symptoms that may signal pre-eclampsia including, headaches, blurred vision, dizziness, nausea or vomiting, or shortness of breath. If you have high blood pressure prior to pregnancy, or factors that increase your risk of developing or worsening high blood pressure during pregnancy, you may benefit from taking ASA. You should take two 81 mg tablets at bedtime; to be effective this must be started before 16 weeks of pregnancy.

### What is pre-eclampsia?

Pre-eclampsia is a potentially serious complication of pregnancy that is marked by high blood pressure and the presence of protein in the urine. No one knows exactly why it happens, but it is thought to start with improper development of the vessels in the placenta. The only cure for pre-eclampsia is delivery of the baby, so if you are diagnosed early in your pregnancy this can be a very difficult complication to manage.

### How are gestational hypertension and pre-eclampsia treated?

If you have high blood pressure, you may undergo a number of other tests to see if your organs are still functioning well (e.g., liver and kidney function tests). If you have severe hypertension, you may be admitted to the hospital for care and so your baby can be monitored. Depending on the severity of your hypertension, treatment may include:

- Rest
- Calcium supplements
- Medications
- Delivery of your baby (depending on how many weeks pregnant you are)



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# Pregnancy and life with a new baby are not always what you expect.

**1 in 5 mothers will have depression or anxiety during pregnancy or postpartum.**

Depression and anxiety during pregnancy and postpartum are often referred to as perinatal mood and anxiety disorders (PMAD). In this leaflet we will use the short form PMAD when talking about these conditions.

## If you have PMAD you may:

- ☐ Have little or no interest or enjoyment in things you used to enjoy.
- ☐ Feel sad most of the time.
- ☐ Feel nervous, anxious or on edge.
- ☐ Feel like you can't stop or control worrying.

## You may also feel:

- ☐ Really tired.
- ☐ Irritable and/or angry.
- ☐ Restless.
- ☐ Slowed down.
- ☐ Worthless.
- ☐ Guilty.
- ☐ Ashamed.
- ☐ Numb or empty.
- ☐ Alone.
- ☐ Frustrated.
- ☐ Hopeless.
- ☐ Panicky.

## You may also:

- ☐ Have no energy.
- ☐ Have no appetite.
- ☐ Eat too much.
- ☐ Sleep too much.
- ☐ Not be able to sleep.
- ☐ Not be able to concentrate.
- ☐ Have aches and pains.
- ☐ Have chest pain or shortness of breath.
- ☐ Have a "lump" in your throat.
- ☐ Have numbness or tingling.
- ☐ Not want to spend time with your baby, partner, or family.
- ☐ Cry for no apparent reason.
- ☐ Keep checking things, e.g., baby's breathing.
- ☐ Have negative or disturbing thoughts or images that keep coming back.
- ☐ Think bad things may happen to you or your baby.
- ☐ Think you are not a good mother.
- ☐ Think your family would be better off without you.
- ☐ Think about death or suicide.
- ☐ Think about hurting yourself or your baby.

**If you have had any of these symptoms for more than two weeks,** talk to a health care provider. Together make a plan to help you get better. This could include therapy and/or medication.

**If you feel like hurting yourself or your baby, or are thinking about suicide, get help right away.**

- Call 911.
- Go to the nearest hospital emergency room.
- Contact the mental health crisis line in your area.

## You can get help from:

**Your health care provider** (family physician, midwife, nurse, nurse practitioner, obstetrician, psychiatrist, or psychologist).

**Your public health unit:** Call 1-800-268-1154 or visit [www.serviceontario.ca](http://www.serviceontario.ca) to know the location and services of your local public health unit.

**The Mental Health Helpline:** Call 1-866-531-2600 (24 hours a day 7 days a week) or visit [www.connexontario.ca/en-ca/](http://www.connexontario.ca/en-ca/) for information about mental health services in Ontario.

**Ontario Telehealth:** Call 1-866-797-0000 TTY: 1-866-797-0007 (24 hours a day 7 days a week) to get health information from a Registered Nurse.

**Remember...**  
**This is not your fault.**  
**You are not alone.**  
**There is help**  
**for you and**  
**your family.**

## What you can do:

- ✓ Share your feelings with someone you trust.
- ✓ Ask for help.
- ✓ Take care of yourself.
- ✓ Take time for yourself.
- ✓ Get counselling or join a support group.
- ✓ Talk with your health care provider about taking medications.

## What you can do, if you are a partner, family member, or friend:

- ✓ Listen and support her feelings.
- ✓ Be helpful and don't judge her.
- ✓ Encourage her to seek help.
- ✓ Develop your relationship with the baby.
- ✓ Educate yourself about PMD.
- ✓ Take time for yourself.
- ✓ Find someone you can talk to.

**1 in 10 fathers may also have PMAD. As a new father you may be at risk of PMAD. Get information and support as well.**

**best start**  
**meilleur départ**  
Resource Centre/Centre de ressources  
by/par health **nexus** santé





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# PRENATAL RESOURCES

*Mapleton Health Centre Approved!*

*This package contains some great information about what you might encounter during your pregnancy journey. The internet also has a vast array of information, but it can be overwhelming. When doing your own research, it is important to make sure that you are getting your information from reputable sources. We've included a few suggestions below.*

- **The Society of Gynaecologists and Obstetricians**
  - [www.pregnancyinfo.ca](http://www.pregnancyinfo.ca)
- **Best Start**
  - [www.ontarioprenataleducation.ca](http://www.ontarioprenataleducation.ca)
- **Wellington-Dufferin Guelph Public Health**
  - [www.wdgppublichealth.ca/your-kids/pregnancy](http://www.wdgppublichealth.ca/your-kids/pregnancy)
  - Let's Talk Parenting Line (Mon - Fri 9am-4pm)
    - 1-800-265-7293 ext. 3616
- **BORN Ontario**
  - [www.omama.com](http://www.omama.com)
- **Mothers' Health, Education, Research, & Screening**
  - [www.themothersprogram.ca](http://www.themothersprogram.ca)
- **SickKids**
  - [www.aboutkidshealth.ca](http://www.aboutkidshealth.ca)
- **Canadian Pediatric Society**
  - [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
- **Breastfeeding Hotline**
  - Telehealth Ontario's 24/7 Breastfeeding advice and support service
    - Phone: 1-866-797-0000