



# Postnatal Health

## Package

Welcome to the next chapter of your life. Filled with growth, learning, and love.



- Including "Your Guide to Postpartum Health"
- MHC Approved Online Resources



**For More Information**

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



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
www.mapletonhealthcentre.ca

# TABLE OF CONTENTS

- **A Message From Your Providers**
- **Your Postpartum Checkup**
- **Perinatal Mood & Anxiety Disorders**
- **Newborn Jaundice**
- **Circumcision of Baby Boys**
- **Colic & Crying**
- **Mastitis**
- **Vitamin D**
- **Formula Feeding**
- **Developmental Milestones**
- **Your Guide to Postpartum Health**  
(pamphlet)
- **10 Valuable Tips for Successful Breastfeeding** (pamphlet)
- **Safe Sleep for Your Baby** (pamphlet)
- **Postnatal Resources**



*Philip Deacon, BMBS., FRACGP., C.C.F.P.  
Tanya Norman, M.D., C.C.F.P.  
Christine Peterkin, M.D., C.C.F.P.  
Hao Sun, M.D., C.C.F.P.  
Samantha Cohen, MN PHCNP  
Jodi Colwill, BScN, PHCNP  
Cailin Hill, MHS, CCPA  
Patrice Shantz, MN, PHCNP*

11 Andrews Dr. W  
Drayton, ON N0G 1P0  
P: (519)638-3088  
F: (519)638-3982  
E: [admin@mapletonhc.ca](mailto:admin@mapletonhc.ca)  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

### ***Congratulations!***

Welcome to this exciting new chapter in your life. The weeks ahead will bring moments of joy, discovery, and sometimes challenges – all of which are a normal part of the journey into parenthood.

The healthcare providers at Mapleton Health Centre have prepared this package to offer you reliable information and helpful resources for caring for yourself and your baby in the days, weeks, and months ahead. Our goal is to support you in feeling confident, informed, and cared for as you navigate this special time.

As you read through the materials, we encourage you to bring any questions or concerns to your regular follow-up appointments, whether about your own health or your baby's. No question is too small, and we're here to help.

With warm wishes,

*The Mapleton Health Centre Healthcare Providers*



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
www.mapletonhealthcentre.ca

# Your Postpartum Checkup



Your provider will want to see you 6 to 8 weeks after you give birth to check on your physical and emotional recovery from pregnancy and delivery. You may need to see your provider before this visit as well. If you had a c-section, for example, your incision will be checked a week or two after delivery to make sure it is healing properly.

You may still be dealing with some pregnancy (or childbirth) related aches and pains. You may have some questions about how your body has changed. You may have questions about your labour and delivery and about postpartum issues like breastfeeding, birth control, exercise, sex and work. It helps to jot the questions down you want to ask and any other issues you'd like to discuss.

Don't feel constrained by the appointment date though. Sometimes physical or emotional concerns come up that need immediate attention and should prompt a call to your caregiver before your scheduled visit.

## What topics will my provider discuss with me?

- Any complications you have during pregnancy and delivery and what impact, if any, they'll have on future pregnancies and your overall health.
- What physical symptoms you're having, such as whether you're still bleeding, having any abdominal discomfort, vaginal or perineal pain, urinary or stool incontinence, or breast pain. Don't hesitate to bring up something that your provider hasn't asked about.
- How you're doing emotionally. Your provider will want to know how you're adjusting to the demands of motherhood and about any emotional problems you may be having/ Don't be shy. It's important to let them know if you're feeling overwhelmed, anxious, or depressed.
- Whether or not you're breastfeeding and if so, how it's going
- Your options for birth control and what you need to know about the methods you're considering.
- Whether it's okay to start having sex again. You'll likely get the go-ahead, but don't worry if you don't feel up to it yet. Many women don't feel like having sex for several months after giving birth. Wait until you feel ready.
- Diet and exercise, including Kegal exercises to help strengthen your pelvic floor muscles.





## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Your Postpartum Checkup

## What will happen during my physical exam?

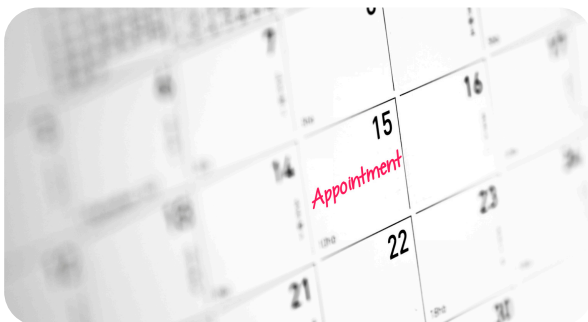
- You will have your weight and blood pressure checked
- Your practitioner may feel your belly to make sure that there's no tenderness, and check your incision if you had a c-section
- Your practitioner may examine your breasts for lumps, tenderness, redness and cracked nipples or abnormal discharge
- Your practitioner may inspect your external genitalia, including your perineum or possibly do an internal pelvic exam to check your uterus, ovaries, cervix and vaginal muscles if you have concerns
- If you're due for a cervical cancer screening (pap) your provider will complete one during a speculum exam where they will also examine your vagina and cervix.



## What else will my provider do?

- Before you go your provider may order lab tests or bloodwork, if necessary.
- Your provider will order any immunizations you may need.
- Take care of necessary paperwork.
- Let you know when you should return for routine care and give you any necessary referrals.

Before you go take a look at your note and make sure that your provider has addressed all of your concerns.





# 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

## What can I do to help my baby get rid of bilirubin?

Right after your baby is born and beyond:

- Feed your baby often (at least 8 times every 24 hours)
- Keep track of your baby's urine (wet) and stool (dirty) diapers

**NOTE: Giving your baby plain water or sugar water will not get rid of jaundice and can be dangerous.**

## When should I be concerned about my baby?

Contact your health care provider right away if:

- You have concerns about your baby's feeding
- Your baby's urine (wet) and stool (dirty) diapers are fewer than expected  
(Please visit this website for more information [www.caringforkids.cps.ca/handouts/how\\_many\\_diapers\\_will\\_my\\_baby\\_go\\_through](http://www.caringforkids.cps.ca/handouts/how_many_diapers_will_my_baby_go_through))
- Your baby is sleepy all the time even during feeds
- Your baby's skin or the whites of their eyes is becoming more yellow (jaundiced).

**If you are unable to reach your health care provider, take your baby to the nearest hospital.**

**If you have a follow-up appointment scheduled and have questions, please call:**

## Resources

- **Handout about newborn jaundice:**  
[www.caringforkids.cps.ca/handouts/jaundice\\_in\\_newborns](http://www.caringforkids.cps.ca/handouts/jaundice_in_newborns)
- **Mother and baby health care services offered in your area:**  
1-866-532-3161 or  
[www.health.gov.on.ca/en/common/system/services/phu/locations.aspx#](http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx#)

The information in this brochure is based on guidelines from the Canadian Paediatric Society  
Produced in collaboration with the Eastern Ontario Health Unit, 2017.  
Publication date: June 2017

# NEWBORN JAUNDICE

## and Your Baby



## What is newborn jaundice?

- Jaundice is common and is a normal part of your baby's adjustment to life after birth.
- After babies are born, some cells in the blood break down and produce a substance called **bilirubin**. Bilirubin can cause babies' skin and whites of their eyes to look yellow. This is called **jaundice**.
- Jaundice can cause baby to be extra sleepy and not feed well. Jaundice often happens 2 to 3 days after the baby is born, and slowly goes away over the next few weeks.

## Why do we screen (or test) for jaundice?

- Although rare, if bilirubin reaches very high levels, it can collect in your baby's brain and may cause lasting harm such as brain damage (kernicterus), hearing loss, and mental disability.
- We check bilirubin levels in all babies to find out which babies should be monitored more closely and which ones require immediate treatment. By treating babies before their bilirubin level becomes too high, we can prevent complications.



## When do we screen for jaundice?

Your baby will be screened within 24 to 72 hours after birth with a heel prick blood test or an external reading from the skin using a bilimeter. Some babies may need more than one bilirubin test.

**NOTE: If your health care provider orders a bilirubin test after your baby goes home from the hospital, please do not cancel or reschedule this test (even if you think your baby looks fine). The timing of this test is very important.**

## How is jaundice treated?

- Most babies will not require treatment and jaundice will go away on its own.
- The most common treatment for jaundice is phototherapy. Phototherapy is a special type of light that breaks down bilirubin so that your baby can get rid of it in their urine (wet) and stool (dirty). Your health care provider will explain if additional treatments are needed.

**Note: Putting your baby in direct sunlight or in front of a window will not treat jaundice.**

**It is very important to take your baby for all bilirubin tests and appointments with your health care provider.**



## Which babies are more likely to need treatment for jaundice?

### Babies who:

- Are born early (before 38 weeks of pregnancy)
- Have bruising after birth
- Have a brother or sister who was treated for jaundice
- Have a family history of a genetic condition called G6PD deficiency
- Have an ethnic risk factor
- Are having difficulty feeding







## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Circumcision of Baby Boys: Information for Parents

Circumcision of baby boys is an optional surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis. It is most often done during the first few days after birth.

**The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy.**

Parents who decide to circumcise their newborn boys often do so for religious, social, or cultural reasons. If you are trying to make a decision about circumcision, talk to your healthcare provider. As for up-to-date information about the potential medical benefits and risks of circumcision.

## Potential benefits of circumcision

A few studies suggest that boys who have been circumcised may be:

- Less likely to develop cancer of the penis later in life - although this form of cancer is extremely rare.
- Less likely to get HIV and HPV infections.
- Less likely to get a urinary tract infection during childhood.

Female partners of men who have been circumcised are less likely to get cervical cancer.

## Potential risks of circumcision

Circumcision is a painful procedure.

Problems resulting from the surgery are usually minor. Although serious complications are very rare, they occur.

These can include:

- Too much bleeding in the area.
- Too much skin removed.
- Side effects from the method or medicine used for pain relief.

The risk of complications is lower in young babies than in older children. To minimize the risks, the procedure should be done by a trained and experienced practitioner using sterile technique. Someone should follow up with you in the days after the procedure to make sure that the bleeding has not increased.

## Caring for an uncircumcised penis

The foreskin covers the head (glans) of a boy's penis. During the early years of a boy's life, the foreskin starts to separate from the glans, but may not be fully retractable (meaning it can be pulled back) until a boy is 3 to 5 years old, or even until after puberty. This is a natural process that occurs over time. You do not need to do anything to make it happen.

An uncircumcised penis is easy to keep clean and requires no special care:

- Keep your baby's penis clean by gently washing the area during his bath. Do not try to pull back the foreskin. Never force it.
- When your son is old enough, teach him to keep his penis clean as you're teaching him how to keep the rest of his body clean.



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Circumcision of Baby Boys: Information for Parents

- When the foreskin separates, skin cells will be shed, and new ones will develop to replace them. These dead skin cells will work their way down the penis through the tip of the foreskin and may look like white, cheesy lumps. These are called smegma. If you see them under the skin, you don't need to force them out. Just wipe them away once they come out.
- When the foreskin is fully retractable, teach your son to wash underneath it each day.

## If you decide to have your baby boy circumcised

In Canada, most circumcisions are done by medical practitioners or skilled traditional providers.

Talk to your baby's health care provider about the issues involved in circumcision:

- **Cost:** Circumcisions for non-medical reasons are not covered by OHIP.
- **Possible complication**, such as the ones described previously.
- **Pain relief:**
  - Newborn babies feel pain. The practitioner performing the circumcision should use some type of local anesthetic, given by a nodule in the area where the circumcision is being done.
  - Additional methods of relieving pain include sucking on a pacifier dipped in a sugar solution, topical anesthetic cream or acetaminophen.
- **Contraindications** (a condition that makes a particular treatment or procedure not recommended): Sometimes, babies have health problems which increase the risk of complications after circumcision.

## Caring for a circumcised penis

- After circumcision you can comfort your baby by holding him and nursing him often.
- The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's healthcare provider about what to expect.
- Follow the instructions given by the practitioner who did the circumcision about caring for the dressing, using petroleum jelly, keeping the area clean, and bathing.
- Call your healthcare provider if:
  - You see persistent bleeding at any time during the healing process.
  - The redness and swelling around the circumcision do not start to go down in 48 hours
  - Your baby develops a fever
  - Your baby seems to be unwell
  - Your baby does not pass urine within 12 hours of the procedure.
  - There is a greenish or foul-smelling discharge from the penis.



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Colic & Crying



*Note: When we say “parent”, we mean anyone who cares for a baby regularly and consistently. This may be mom, dad, grandpa, auntie, foster parent or another important person in the baby’s life.*

Healthy babies cry, coo and make other noises to express their needs and communicate with the people around them. Most of the time, you can figure out what they need: a cuddle, food, sleep, diaper change, or making sure they aren’t too hot or cold.

But there are times when even the most caring parent or caregiver can’t soothe a crying baby. You might feel frustrated or overwhelmed, but it’s not your fault. It will get better.

Being patient and gentle are key to getting through these tough times. Also, know when you need a break. Although you are focused on meeting your baby’s needs, it is very important to take care of yourself.

### **Why do some babies cry more than others?**

All babies cry, some more than others. Sometimes it sounds to you like something is wrong.

If you think your baby is not OK, you need to make sure they are healthy and developing well. Bring them for a checkup with their family provider. If there are no health or developmental concerns, then your baby might be considered “colicky”. This simply means that they tend to cry a lot.

All babies have periods when they cry more. This is part of normal development, and each baby is different. During this “peak” period (usually around 3 to 12 weeks of age) some babies cry much more than others. They may have more trouble self-soothing and settling. The crying may seem stronger, and it may be harder (sometimes impossible) to help them soothe.

The good news is it won’t last forever. This crying is normal and there is no lasting effect on your baby. This period of strong, intense (and unexplained) crying may lessen over time. Or it can end as quickly as it started. Usually, it is over by the time your baby is 3 to 4 months of age.

### **What can I do to help soothe my crying baby?**

Your baby is unique, and what helps soothe one baby may not work for yours. You will find what works for you and your baby. In your baby but they are still trying, take a moment to check your own feelings.



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Colic & Crying

Below are some ideas. Doing these things may also help **prevent** crying and may help you relax too, so try them at any time:

- See if your baby needs a diaper change, is hungry, too cold or hot, seems to be in pain, or has a fever.
- Hold your baby. You cannot “spoil” a baby by picking them up.
- Wrap or safely swaddle your baby.
- Dim the lights and keep surroundings quiet. Too much stimulation can often trigger crying or make it worse.
- Soft music, white noise, a shaker, or a gentle “shushing” noise can soothe some babies.
- Many babies are soothed by motion. Try walking with your baby held close to your body or in a stroller. Rock or sway in a gentle, rhythmic motion. Try going for a car ride.
- Sucking sometimes helps babies calm and relax. If you are breastfeeding, encourage your baby to breastfeed, or offer a pacifier.
- Give your baby a warm bath.

Whatever you do, be gentle and soothing. If you are trying hard to calm your baby but they are still trying, take a moment to check your own feelings. If you are feeling frustrated, take a deep breath, put your baby in a safe place (like the crib) and take a moment to calm yourself.

Ask a trusted family member or friend for help. It is OK to ask for help. Taking a break can help.

**Never shake, smother, hit or throw your baby.** These actions can cause serious effects including lifelong injury or even death. If you are afraid that you or someone else might hurt your baby, talk to your provider or get help right away.

Babies with special needs or babies exposed to drugs or alcohol during pregnancy may cry more than other babies. They may need to be comforted in different ways. Your healthcare provider may have suggestions.

## Is my baby crying because of something they ate? Or something I ate?

Colic happens in both breastfed and formula-fed babies. Changing how you feed your baby won't usually help your baby's crying (for example switching from breastfeeding to formula feeding or kinds of formula).

If you think that your baby may have a digestion problem, speak with your healthcare provider about your options. For most babies, what they eat does not affect how much they cry. Crying is more likely related to their current phase of development.

Talk to your healthcare provider before using over-the-counter “natural” products for colic. There is very little scientific evidence to show that these products help.





## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Colic & Crying

## When should I make an appointment with my healthcare provider?

Make an appointment with your healthcare provider if you are concerned about any aspect of your child's health or development, or if your baby:

- Isn't behaving as usual (for example, sleep more or less than usual)
- Isn't eating or growing normally
- Is vomiting or has diarrhea
- Could be hurt from a fall or injury, or
- Cries excessively over a period of more than 3 months

## Seek care right away if your baby:

- has a fever and is less than 3 months
- Has bloody stools

## How can I look after myself?

The early days of taking care of a new baby are hard. You are probably not sleeping much, and you are trying to meet your baby's needs around the clock. A baby's near-constant crying can be stressful. Remember: it is not your fault. It is normal to feel upset or frustrated about the crying sometimes. **It will get better.**

In the meantime, here are ideas for taking care of yourself:

- Tell people you trust that your baby cries a lot. Ask if you can call them for help on days that are especially hard.
- Make a plan for what you will do when you are feeling overwhelmed or too tired to deal with the crying. Write it down or tell someone about it.

- If you have a co-parent or another adult in the home, talk about what each of you can do to take care of the baby and each other
- If possible, arrange for regular childcare so you can get some rest. Find a friend, family member or someone else you trust who has experience with babies. If trusted people offer help, accept it.
- Take slow and deep breaths when the crying feels like too much.
- Eating and sleeping well can make a big difference in how well you can cope. Try to nap when you can and have snacks if you are not able to prepare a full meal.
- Put your baby down in a safe place (in their crib or safe sleeping space) and walk away for a few minutes or take a shower.
- Cry if you need to. Caring for a baby can feel overwhelming.
- Take breaks. If you can, exercise or read or spend time with a friend, even for just a few minutes.
- If you feel sad, anxious, resentful or angry, talk to someone you trust and get help. There are many community resources that support parents, particularly new mothers. If you are not sure where to go, talk to your healthcare provider, a nurse or do an online search for support in your area.

# Mastitis in Breastfeeding

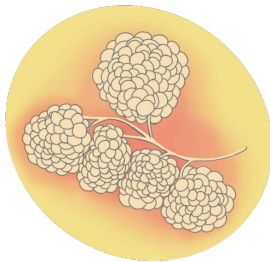
## General Information:

- Mastitis is inflammation of the breast. You may have redness, pain, and swelling.
- Most cases of mastitis resolve by treating inflammation (see below). Antibiotics are not needed in most cases.
- Milk is made and stored in groups of milk sacs called "lobules." Milk is not stored in ducts.
- Painful lumps are caused by full milk sacs. Ducts become narrow from swelling around them. Milk may flow slowly but there is no "plug." Squeezing will not help.
- Engorgement refers to breasts with very full milk sacs. It is not mastitis.
- Skipping feeding or pumping may cause redness and discomfort. This is not infection. This is inflammation.

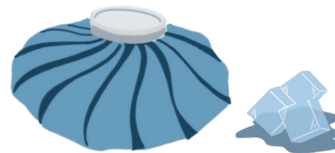
## Treatment:

- Use ice or cold compresses. Cold reduces pain and inflammation. Cold helps like it helps a sprained ankle.
- Use anti-inflammatory and pain-relieving medications: ibuprofen and acetaminophen (paracetamol).
- Wear a supportive bra to help swelling.
- Deep massage and squeezing will cause injury and make the inflammation worse.
- Do not feed more or express more milk on the side with the problem.
- Stop feeding or pumping if no milk is flowing. The swelling must improve first.
- Contact your healthcare provider if you do not feel better in 24 hours.
- Breastfeeding and breast milk are safe with mastitis, abscesses, and taking antibiotics.

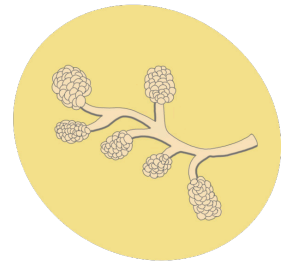
With inflammation, milk sacs are large and lumpy. Cold compresses decrease swelling.



*Inflamed*



*Ice*



*Healthy*

## Abscesses and Milk Cysts:

- An abscess is a collection of pus (infected fluid).
- A milk cyst (galactocele) is a collection of milk.
- Abscesses and milk cysts often occur with too much milk production (hyperlactation).
- An abscess will need to be drained. A milk cyst will not need drainage if it is small. You can still breastfeed from the breast with the abscess or cyst, even before drainage.

## Prevention:

- Avoid pumping if possible when you have mastitis or related symptoms. Pumping can injure breasts and nipples.
- Feed at the breast or hand express when possible.
- Do not pump large amounts of milk to store.
- Avoid nipple shields.
- If you have too much milk (hyperlactation), get help to reduce milk production.

## Breast Infection (Mastitis)

Mastitis begins as inflammation in the breast tissue. If it is not treated quickly it can develop into an infection. It starts suddenly and usually occurs in one breast only.

Signs may include:

- Pain, redness, swelling and heat on your breast.
- Red streaking on your breast.
- Fever and flu-like symptoms.
- Feeling achy and run down.
- Feeling nauseated.

Call your health care provider or *Telehealth Ontario 24/7 Breastfeeding Supports* at 1-866-797-0000 if you have signs and symptoms of mastitis.

The *Bilingual Online Ontario Breastfeeding Services* directory at [www.ontariobreastfeeds.ca](http://www.ontariobreastfeeds.ca) can help you connect and get help and support from peers, professionals and experts.

### Causes of Mastitis

Mastitis can have a number of causes:

- You have damaged or cracked nipples and germs can enter into the breast tissue.
- Your baby is not latching or sucking well. They may not remove enough milk from your breast.
- Your baby suddenly feeds much less than usual. This can lead to a backup of milk in one or both of your breasts.
- Your baby takes only one breast for a few feeds after usually taking both.
- You are wearing a bra or baby carrier that is too tight.
- You are putting pressure from a purse, tight bra or something else across an area of your breast.
- You are feeling tired, stressed or run-down.
- If you have a blocked duct that you can't clear in a day or two and you have some of the signs and symptoms mentioned above, call your health care provider right away.



For more information on blocked ducts see the fact sheet *Block Ducts* that complements the *Breastfeeding Matters* booklet at [http://en.beststart.org/for\\_parents/do-you-have-baby-0-12-months](http://en.beststart.org/for_parents/do-you-have-baby-0-12-months).

### Breastfeeding During Mastitis

Continue to breastfeed whenever your baby shows feeding cues. It is safe to feed your baby from the breast with mastitis. The antibodies in your milk will protect your baby from infection.



## What you can do:

- Breastfeed frequently to keep your milk moving. If your breast is too painful, hand express and/or pump your breast milk as often as your baby feeds or whenever your breast feels uncomfortable or full.
- Before breastfeeding or expressing, apply a warm compress to the affected area. You can also take a warm bath or shower. Gently massage the breast while doing this to help the milk flow more easily.
- Offer the sore breast to your baby first whenever possible. If it is too painful begin on the other breast and then switch to the breast with mastitis as your baby's suck becomes more gentle.
- Try different breastfeeding positions to have your baby remove as much milk as possible from the sore breast.
- Position your baby at the breast with their nose pointing to the red area on your breast. This will help drain your breast in the affected area.
- After the feeding, express your milk by hand or a pump to help drain your affected breast.
- You can apply a cold pack to your breast to decrease pain and swelling.
- Drink whenever you feel thirsty and eat healthy snacks and meals according to *Canada's Food Guide*.
- Get plenty of rest.
- If possible, ask friends or family members to help with errands and household tasks.

## Medication

- Your health care provider may prescribe a pain reliever and an antibiotic.
- It is important to follow your pharmacist and health care provider's instructions and to take all your medication even if you start to feel better.
- Many medications are safe for your baby while you are breastfeeding. Always check with your health care provider to be sure.





# Nutrition Facts

## Vitamin D for Breastfed Babies

Babies need vitamin D for healthy growth and development. Vitamin D helps the body absorb calcium. Calcium and vitamin D work together to help babies build strong, healthy bones and teeth. Breastmilk is naturally low in vitamin D.

### Vitamin D Deficiency

Babies who don't get enough vitamin D can develop a deficiency. If the levels are low enough, they are at risk of getting rickets, a disease that affects the way bones grow and develop. Infants and children with rickets may have muscle spasms or a much slower development in sitting up and crawling. Rickets causes bones to be soft and these children can develop bowed legs, an enlarged skull or an abnormal curve in the spine.

Babies are most at risk of vitamin D deficiency if:

- They have darker skin.
- They live in northern communities.
- Their mothers don't have enough vitamin D.
- They receive breastmilk.



### Vitamin D Supplements for Baby

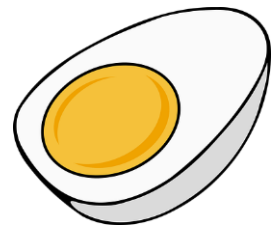
All babies who receive breastmilk, regardless of how often, should get a vitamin D supplement every day. 400 IU (international units) or (10 micrograms) of vitamin D is recommended from birth until 2 years of age. Liquid vitamin D supplements are available in pharmacies and grocery stores. The amount to give baby varies between one drop and 1 ml, depending on the amount in the supplement. Choose a supplement that is meant for babies. Read the instructions carefully to be sure you give your baby the right amount. If you are unsure, talk to a pharmacist.

## Vitamin D Supplements for Moms

It is important for the breastfeeding mother to have foods rich in vitamin D and to consider taking a vitamin D supplement for the health of her teeth and bones. Very high doses of vitamin D supplements may increase vitamin D in breastmilk, but more research is needed to ensure safety. It is still recommended that vitamin D supplements be given directly to babies.

### Sources of vitamin D in the diet (for the older baby and breastfeeding moms):

- Cow's milk (may introduce 9-12 months)
- Fortified soy beverages (after 24 months)
- Fatty fish, such as salmon & mackerel (about 6 months)
- Margarine (after 6 months)
- Eggs (about 6 months)
- Fortified yogurts (about 6 months)



### Vitamin D and Sunlight

Vitamin D is often referred to as the 'sunshine vitamin' because it forms when skin is exposed to sunlight (UVB rays). Age, skin colour, latitude, season, and time of day affect how much vitamin D is made in the skin. Babies under one year of age should be kept out of direct sunlight. Exposure to UV (ultraviolet) rays can lead to skin cancer, skin damage, sunburns and eye damage. Enjoy the sun safely by keeping baby out of direct sunlight, covering baby up with UV protective clothing plus unbreakable UV 400 sunglasses and applying SPF 30 sunscreen to baby once they are 6 months of age; avoiding the mouth and eye areas.

### References:

Canadian Pediatric Society (2013) Retrieved from: [https://www.caringforkids.cps.ca/handouts/vitamin\\_d](https://www.caringforkids.cps.ca/handouts/vitamin_d)  
Ontario Sun Safety Working Group (2019)

Slevin, T. (2014). *Sun, Skin and Health*. Collingwood VIC, Australia: CSIRO Publishing.

Revised July 2019

## Feeding your baby formula: Before you start

Human milk (breast milk) is the only food a baby needs for the first 6 months of their life. It's recommended that babies continue to be offered human milk until 2 years of age or older.

Parents may give their baby formula for a number of reasons. If offering infant formula to your baby:

- Choose store-bought infant formula made from cow milk
- Choose soy-based store-bought infant formula if your baby has a medical condition called galactosemia (g-lak-toh-see-me-ah) or does not drink dairy for religious or cultural reasons
- Start to offer solid foods when your baby is around 6 months of age
- Continue offering formula until your baby is 9 to 12 months of age
- Introduce pasteurized, homogenized (3.25% M.F.) cow milk at 9 to 12 months of age, if your baby is eating a variety of iron-rich foods

Do not feed homemade infant formula, evaporated milk, lower fat cow milk, other animal milk or plant-based milks to your baby. They do not provide the complete nutrition your baby needs to grow and develop and are not safe alternatives to human milk or infant formula.

If you have questions about what to feed your baby, contact your health care provider, a public health nurse or a lactation consultant. You can also call HealthLinkBC at **8-1-1** to speak with a registered nurse or registered dietitian.

### What are the different types of formula?

There are 3 types of store-bought formula: ready-to-feed liquid, liquid concentrate and powdered. Ready-to-feed and liquid concentrate are sterile (free from germs) until they are opened. Powdered formula is not sterile.

You can buy infant formula at most grocery stores and pharmacies. When using formula, remember to:

- Follow the instructions on the label
- Never dilute the formula with extra water
- Never use formula from a container with dents, bulges or other damage
- Use the formula before the expiration date

### What type of formula can I offer my baby?

Healthy babies born at full term, which is 37 weeks or more of pregnancy, can be fed any type of store-bought formula: ready-to-feed, liquid concentrate or powdered. If you use powdered formula, prepare it carefully.

Some babies have a higher risk of getting sick from powdered infant formula. This includes babies who:

- Were born premature, before 37 weeks of pregnancy, and are under 2 months of age (corrected age)
- Weighed less than 2500 grams at birth and are under 2 months of age
- Have a weakened immune system, meaning they are more likely to get sick if exposed to germs

The safest option for these babies is ready-to-feed or liquid concentrate formulas because they are sterile. If not available, use carefully prepared powdered infant formula instead.

If you're not sure what type of formula to feed your baby, discuss with your health care provider.

### What do I need to make formula?

You will need the following items to make formula:

- Bottles, rings, nipples, discs, caps
- Tongs, mixing utensils, can opener (if needed)
- Food thermometer (for powdered formula)
- Large pot or kettle
- Safe drinking water (for liquid concentrate and powdered formula)

If you do not have a safe source of drinking water, use ready-to-feed formula. You can also make liquid concentrate or powdered formula using bottled water with an unopened seal. If you're not sure if your water is safe, check with your health authority contact.

### **How do I prepare the bottles and equipment to make formula?**

Wash your hands with soap and warm water. Wash bottles and equipment thoroughly with soap and water, then disinfect with boiling water. Disinfecting kills germs that could make your baby sick.

Artificial nipples wear down over time. Throw away nipples that are cracked, sticky, torn, discoloured or if the hole gets larger and the formula drips out quickly. New disposable bottle liners are sterile and ready to use. Use a new liner for every feed.

### **How do I bottle-feed my baby?**

- Cuddle or hold your baby close. Make feeding a special time. Smile, talk, sing to your baby
- Your baby's head should be higher than their body. Support your baby's head to make it easier for them to swallow
- Let your baby decide how much to drink. Do not rush them or force them to finish the bottle
- Hold the bottle so most of the nipple is in your baby's mouth
- Tilt the bottle just a little, keeping it almost flat. It's easier for your baby to manage the flow of formula. Some air in the nipple will not cause a problem for your baby
- Gently burp your baby after feeding. Burping half-way through feeding may help with gas
- Do not prop the bottle or put your baby to bed with a bottle. This can cause your baby to drink too much or too little and can also cause choking, ear infections and tooth decay (cavities)

### **How often should I feed my baby?**

By their second day, most babies feed at least 8 times in 24 hours (one day). This does not mean they feed every 3 hours. Timing between feeds may vary. Over time, the number of feeds will decrease and

there will be more time in between feeds. Your baby may want to feed during the night. This is normal.

Feed your baby when you notice early signs of hunger. For example, your baby may:

- Bring their hands to their mouth
- Open their mouth, yawn or make lip-smacking sounds
- Turn their head toward the person holding them, often with their mouth open (called rooting)
- Make fists over their chest or belly

Once you start feeding, use the bottle within 2 hours. Throw out any leftover formula. Do not refrigerate a partly used bottle.

### **How much should I feed my baby?**

Let your baby decide how much to drink at each feed. Every baby is different. In the first few days, your baby's stomach is small and they may only need small amounts of formula. As they grow, they may drink more at each feed. The amount your baby drinks can change each day.

Stop feeding when your baby shows you they are full. For example, your baby may:

- Close their mouth
- Slow down or stop sucking. Your baby may still have small sucking movements after a feed. This is normal behaviour
- Turn their head away from the bottle or the person feeding them
- Show a lack of interest in feeding
- Fall asleep

Your baby is getting enough formula if they're growing well and have 6 or more wet diapers a day by the time they're one week of age. If you're concerned that your baby is not feeding enough, contact your health care provider.

### **For more information**

- [HealthLinkBC File #69b Feeding your baby formula: Safely making and storing formula](#)
- [Infant formula: What you need to know](#)



# Feeding your baby formula

## Safely making and storing formula

Human milk (breast milk) is the only food a baby needs for the first 6 months of life. It's recommended that babies continue to be offered human milk until 2 years of age or older.

Parents may give their baby formula for a number of reasons. If offering infant formula, it's important to prepare and store it safely.

### What are the different types of infant formula?

There are 3 types of store-bought formula: ready-to-feed, liquid concentrate and powdered. Ready-to-feed and liquid concentrate are sterile (free from germs) until they are opened. Powdered formula is not sterile.

### How do I wash and disinfect the bottles and equipment to make formula?

Every time you make formula, wash, then disinfect the bottles and equipment. Disinfect means to kill any germs that could make your baby sick. Disinfect bottles and equipment for babies of any age.

#### First Wash:

1. Gather the feeding equipment such as bottles, tongs, spoons and a liquid measuring cup
2. Wash your hands, sink and work area with soap and warm water. Dry with a clean towel
3. Wash all equipment in hot, soapy water. Scrub the inside of the bottles and nipples using a bottle brush that is only used for your baby's feeding equipment
4. Rinse everything in hot water

#### Then Disinfect:

1. Place the clean supplies in a large pot
2. Fill the pot with water until everything is covered with water. Do not cover the pot
3. Bring the water to a boil and boil for 2 minutes
4. Use disinfected tongs to remove all items from the pot onto a clean towel. Shake off any excess water and let air dry

5. If not using right away, cover and store in a clean place. Do not touch the inside of any equipment that can be in contact with the formula

If you use a home sterilizer system to disinfect, follow the manufacturer's instructions. Dishwashers do not disinfect.

### How do I make and store ready-to-feed formula?

1. Shake the container well
2. Pour the amount you think your baby will drink into a clean, disinfected bottle. Do not add water
3. Attach a clean, disinfected nipple and feed right away. Once you start feeding, use the bottle within 2 hours. Throw out any leftover formula

Store unopened ready-to-feed formula in a cool, dry place. Recap opened containers and store in the fridge. Throw containers out after 48 hours or follow label instructions.

### How do I make and store liquid concentrate formula?

1. Add cold tap water to a kettle or pot and bring to a boil. Keep at a boil for 2 minutes
2. Let the water cool to between room and body temperature
3. Wash the top of the liquid concentrate container with hot water and soap
4. Shake the container well and open with a disinfected can opener if needed
5. Measure and mix the water and formula together, following the instructions on the label. Use right away. Once you start feeding, use the bottle within 2 hours. Throw out any leftover formula

If you make more than one bottle, store extra in the fridge and use within 24 hours or follow label instructions.

Store unopened containers in a cool, dry place. Cover or close opened containers and store in the fridge. Throw out after 48 hours or follow label instructions.

To safely store infant formula, your fridge must be 4°C (39°F) or cooler. If you're not sure, use a fridge thermometer. Never freeze formula as this can change nutrient levels.

### How do I make and store powdered formula?

The safest way to make powdered formula is to follow these steps:

1. Add cold tap water to a kettle or pot and bring to a boil. Keep at a boil for 2 minutes
2. Let the water cool, but do not let the temperature go below 70°C (158°F). The water needs to be hot enough to kill harmful germs that may be in the powder. Check with a food thermometer
3. Measure and mix the water and formula together, following the instructions on the label. Check each powdered formula label as some newer brands have different mixing instructions
4. Cool the formula to between room and body temperature and use right away. Once you start feeding, use the bottle within 2 hours. Throw out any leftover formula

For healthy full-term infants, powdered infant formula can be prepared one bottle at a time with water that was previously boiled and cooled to room temperature. Use right away.

If you make more than one bottle, quickly cool any bottles you want to use later. Put bottles under cold running water or in a bowl filled with cold water and ice. Store in the fridge and use within 24 hours.

Infant formula machines are not recommended for powdered formula because they may not keep water at a safe temperature.

Store powdered formula containers in a cool, dry place. If the container has been opened, make sure the lid is tightly closed. Do not store open containers in the fridge. After a container is open, use the formula within one month and before the expiration date. To help you remember, write the date on the lid when you first open the container.

### How do I get formula to the right temperature to feed my baby?

Formula is safe to feed your baby if it feels cool or slightly warm, but not hot. To test the temperature, shake the bottle 1 to 2 times, then pour a few drops on the inside of your wrist.

**If the formula is too hot**, cool it by putting the bottle under cold running water or in a bowl filled with water and ice. Do not get tap water on the nipple or ring of the bottle.

Formula stored in the fridge can be fed to your baby right out of the fridge or warmed.

**To warm formula**, put the bottle in a bottle warmer or in a bowl of hot water for no more than 15 minutes. Shake the bottle a few times during warming. Do not get tap water on the nipple or ring.

Do not warm formula in a microwave. Microwaves heat unevenly and create hot spots. Hot spots in the formula could burn your baby's mouth.

Do not reheat formula during a feed. Do not refrigerate a partly used bottle.

### How can I feed my baby away from home?

If you plan to be away for 2 hours or less, put prepared formula in an insulated bag or cooler with an ice pack. Use the formula within 2 hours.

If you plan to be away from home for longer than 2 hours, the safest option is to bring unopened ready-to-feed formula with you.

### For more information

- [HealthLinkBC File #69a Feeding your baby formula: Before you start](#)
- [Infant formula: What you need to know](#)

If you have questions about feeding your baby, contact your health care provider, a public health nurse or a lactation consultant. You can also call HealthLinkBC at **8-1-1** to speak with a registered nurse or registered dietitian.



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Developmental Milestones



Each day brings something new but amidst all the excitement, it's easy to worry if your baby is developing normally. While every baby is different and they all progress at their own pace, there are some developmental milestones they should be reaching in their first year. The following are a list of skills your baby should be working towards each month.

### One month of age

- Lifts head/holds at 45-degree angle
- Responds to sounds
- Stares at faces
- Follows objects
- Oohs and Ahhs
- Can see black and white patterns

### Two months of age

- Gurgling and cooing
- Holds head up for short periods progressing to longer periods
- Smiles/laughs
- Movements become smoother
- Bears weight on legs
- May lift head/shoulder in a mini push-up style

### Three months of age

- Laughs, squeals, gurgles and coos
- Holds head steady
- Recognizes your face, scent & voice
- Does mini push ups

- Turns towards sound
- Can bring hands together and may bat at toys
- Starts to roll over

### Four months of age

- Can weight bear on legs
- Coos when you talk to them
- Can grasp a toy
- Reaches for objects
- Is rolling over
- Starts speech sounds - baba, dada
- May cut first tooth

### Five months of age

- Can distinguish between colours that are bold
- Plays with hands and feet
- Recognizes his/her own name
- May sit momentarily without support
- Mouths objects
- May start stranger anxiety

### Six months of age

- Turns towards sounds and voices
- Imitates sounds, blows bubbles
- Rolls in both directions
- Reaches for objects and brings to mouth
- Sits without support
- Is ready for solid foods
- May start to lunge forward to start crawling
- May jabber or combine syllables
- May pull objects towards themselves



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Developmental Milestones

## Seven months of age

- Reaches for things with a sweeping motion
- Begins to babble
- Combines syllables into word-like sounds
- Begins to crawl or lunges forward
- Stands while holding onto something
- Bangs objects together

## Eight months of age

- Says dada and mama to both parents (isn't specific)
- Crawling
- Passes object from hand to hand
- Standing improves and starts to pull self up
- Points at objects
- May start cruising around furniture while holding on
- Picks things up with thumb and finger – pincer grasp
- Indicates wants with gestures

## Nine months of age

- Speech and sounds improve
- Cruising more often, stands while holding onto something
- Uses pincer grasp to pick up smaller objects
- Bangs objects together
- Plays patty cake
- Says mama and dada to the right parent

## Ten months of age

- Waves goodbye
- Responds to name and understands “No”
- Drinks from a cup
- Stands alone for short periods

## Eleven months of age

- Imitates others' activities
- Puts objects into a container
- Begins to say one word sentences besides mama and dada

## Twelve months of age

- Jabbers word like sounds
- Indicates wants by pointing
- May take a few steps
- understands simple instructions
- Puts two words together
- May scribble with crayon



The Nipissing District Developmental Screen (NDSS) is an online screening tool that gives a checklist of some of the most important information about child development and activities that parents can do to enhance their child's development. Remember that a screening tool is not a formal assessment. If you have any concerns about your child's development, please speak with your healthcare provider.





## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# Developmental Milestones

## Seven months of age

- Reaches for things with a sweeping motion
- Begins to babble
- Combines syllables into word-like sounds
- Begins to crawl or lunges forward
- Stands while holding onto something
- Bangs objects together

## Eight months of age

- Says dada and mama to both parents (isn't specific)
- Crawling
- Passes object from hand to hand
- Standing improves and starts to pull self up
- Points at objects
- May start cruising around furniture while holding on
- Picks things up with thumb and finger – pincer grasp
- Indicates wants with gestures

## Nine months of age

- Speech and sounds improve
- Cruising more often, stands while holding onto something
- Uses pincer grasp to pick up smaller objects
- Bangs objects together
- Plays patty cake
- Says mama and dada to the right parent

## Ten months of age

- Waves goodbye
- Responds to name and understands “No”
- Drinks from a cup
- Stands alone for short periods

## Eleven months of age

- Imitates others' activities
- Puts objects into a container
- Begins to say one word sentences besides mama and dada

## Twelve months of age

- Jabbers word like sounds
- Indicates wants by pointing
- May take a few steps
- understands simple instructions
- Puts two words together
- May scribble with crayon



The Nipissing District Developmental Screen (NDSS) is an online screening tool that gives a checklist of some of the most important information about child development and activities that parents can do to enhance their child's development. Remember that a screening tool is not a formal assessment. If you have any concerns about your child's development, please speak with your healthcare provider.

# Physiologic Infant Care:

## Supporting breastfeeding, sleep, and well-being

Welcoming a new baby can be challenging. Breastfeeding at night stimulates milk production. Night breastfeeding helps your baby grow.

### At night-time:



#### **Sleep near your baby.**

You and your baby will fall asleep more easily. Consider using a co-sleeper attached to your bed (also called a sidecar). Breastfeed while lying on your side.

**Avoid getting up at night.** Sitting up and getting out of bed will disrupt your sleep. Skip most diaper changes at night. Protect your baby's bottom with a barrier cream. Breastfed babies don't usually require burping.

#### **Keep the lights off at night.**

Turning on lights disrupts your family's sleep. Avoid night-time activities that require lighting or use a dim red light. Close electronic devices.

**Breastfeed at night rather than pump or use bottles, if you can.** Your night-time milk contains melatonin. Melatonin helps your baby sleep. Pumping and bottle feeding disrupt sleep.

**Avoid feeding solids or formula to improve sleep.** Parents of formula fed babies may experience more sleep disruption than parents of breastfed babies. Giving solids or formula before 6 months may decrease milk production.

**Do not sleep train in the first 6 months. It is not recommended in the first year.** Instead, a cued care program for infant sleep can help parents cope.

#### **Bedsharing safety is very important.**

Bedsharing is often unplanned. Everyone should make their bed safe for baby. See ABM's Bedsharing and Breastfeeding handout.



Feeding from the bottom breast. Breast can be supported on your bent elbow if desired.

### In the daytime:



#### **Wear your baby in a baby-wrap or baby-carrier.**

Wearing your baby keeps baby calm. Your hands will be free to get things done. Make sure your baby's back is supported and your baby is held firmly to your body. Your baby's face should be free.

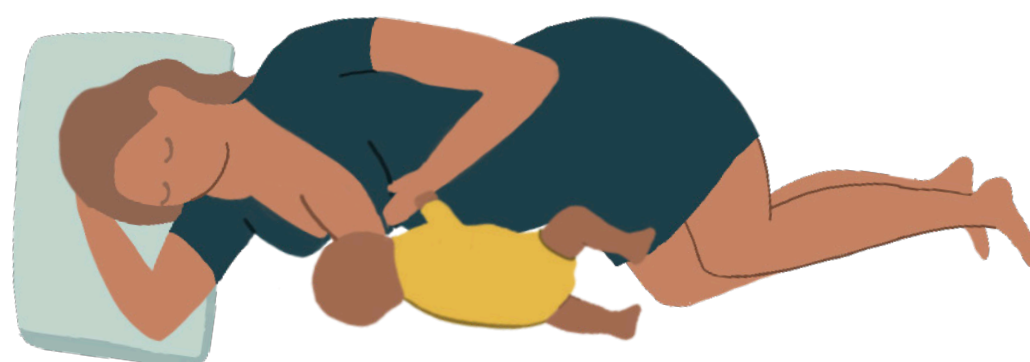
**Daytime activity may help your baby sleep better at night.** Expose your baby to normal daytime light and noises. Include some supervised tummy-time.

#### **Nap when your baby naps, if you can.**

#### **Focus on your baby's behavior cues.**

Tracking apps are not needed.

**Ask for help.** Other caregivers can change, bathe, and dress your baby. They can help with cooking, cleaning, and older children.



Feeding from the top breast means you do not have to roll over to feed from both sides.

This information is a general guide to discuss with your health care professional. It may not apply to your family or situation.

The ABM Parent Handouts are supported by a grant from the W.K. Kellogg Foundation. ©ABM 2023



## MAPLETON HEALTH CENTRE

11 Andrews Dr W., Drayton, ON N0G 1P0  
P: (519)638-3088 F: (519)638-3982  
[www.mapletonhealthcentre.ca](http://www.mapletonhealthcentre.ca)

# POSTNATAL RESOURCES

*Mapleton Health Centre Approved!*

*This package contains some great information about what you might encounter during your postpartum 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
- **International Breastfeeding Centre (Jack Newman)**
  - [www.ibconline.ca](http://www.ibconline.ca)
- **La Leche League Canada**
  - [www.lllc.ca](http://www.lllc.ca)