Having Your Baby at
St. Paul’s Hospital

Support

Birth

Skin-to-Skin

Breastfeeding

3rd Floor, Providence Building, St. Paul’s Hospital
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604.682.2344  ext. 62432

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Welcome to the Maternity Centre

We are glad you are having your baby at St. Paul’s Hospital Maternity Centre.

About 1,800 women from around the Lower Mainland choose to deliver their babies here each year.

This booklet gives you information about our services both before the baby is born and while you and your baby are in the hospital. Since many women ask us about breastfeeding, we have included information about this as well.

There may be a few words in this booklet that you may not be familiar with. We included some of these words with their definition. If you come across any words or phrases that you do not understand and they are not on the list, please feel free to ask your doctor, midwife, or any of our staff.

About the Maternity Centre

As part of Providence Health Care, we are guided by the principle “How you want to be treated”. We practice a family-centred approach to care. This means we encourage support people to stay with mothers and babies so they can give support during their hospital stay.

We offer services to women during their pregnancy, through the birth experience, and after the baby is born. We also have services to support newborns.

We are able to look after mothers and babies who may have medical problems and need special care. We have specialized care for those women who have heart or kidney problems during pregnancy, as well as a Neonatal Intensive Care Unit (NICU) for any newborns who need to be observed closely and need medical care. For more information on the NICU, see the section on the Neonatal Intensive Care Unit.

During your hospital stay, you are looked after by a care team that specializes in maternity care. We assign one nurse to you when you arrive to give birth. This nurse oversees your care during labour and immediately after you have given birth. Once you have stabilized after the delivery, the same nurse (or a different one) looks after you but may also look after a few other mothers. If you have a doula, your doula can stay with you until you have stabilized after the delivery. Support persons, such as family members or doulas, are welcome and encouraged to be part of your birth experience.
Some women prefer to have a female doctor assist them with the delivery of their baby and have female nurses care for them. We have both male and female doctors and nurses working in our Centre. Please be aware that a female may not always be on duty or be available for your care.

You may notice students in the Maternity Centre. St. Paul’s Hospital is a place of learning for our staff and future professionals. We welcome the opportunity to teach others. We hope you will welcome these learners to be a part of your care.

Religious and cultural needs
Some women and their families have special religious or cultural preferences related to:

- Childbirth.
- Care of the newborn baby.
- Food.
- Staying in the hospital.

If this is true for you, please let our staff know well in advance, to find out if, and how, we can support you with this.

Communicating with us
We need to understand each other. If you do not speak or understand English well enough to have conversations about your health or to make medical decisions, we can book an interpreter to help us communicate. You will not need to pay for this.

For clinic appointments:

- Ask someone in your doctor’s or midwife’s office, or someone you know who speaks English, to call us at least 3 to 5 days before your appointment.

- We need the following information:
  - Your name.
  - Type of appointment.
  - Day and time of appointment.
  - The language you speak and understand the best.

Because we have a limited number of interpreters, you need to let us know as soon as possible if you are going to be late for your appointment or if you need to cancel it.

For a Sign Language interpreter, contact the ‘Western Institute for the Deaf & Hard of Hearing’.

Voice: 604.736.7391
TTY (TDD): 604.736.2527

When you are in the hospital to deliver your baby, we will do our best to get an interpreter either in-person or on the telephone. After your baby is born, we will arrange for an interpreter when we need to speak about your health and the health of your baby.

For daily care, we have various communication tools. Many of our teaching materials are in other languages as well.

The cost of childbirth
There is a cost to health care services only if:

- You do not have valid health care coverage from any province.
- You are a visitor to Canada.
- You are a new resident in Canada.

If any of these apply, you are required to pay for the health services you receive. We charge you for your medical care while in the hospital. Doctors bill you separately for the care they give you.

You may contact our finance department to learn more about the costs involved in giving birth. Ask for a copy of the ‘Fees for Non-Residents and Uninsured Residents’.

Finance Department
604.806.8002

Words to know

Fetus: unborn baby.
Fetal: referring to the unborn baby.
Prenatal: the time before childbirth.
Antepartum: the time before childbirth.
Cervix: the lower, narrow part of the uterus. The cervix is what has to open (or dilate) so the baby can come out.
Uterus: the womb; where the baby grows and develops during pregnancy.
Obstetrician: a doctor who has special education in caring for women before, during, and after childbirth.
Support person: the person who helps and supports a woman before, during, and after childbirth. For example, this person helps the woman through birth contractions, reminding her of her breathing techniques, or helps care for the baby after birth.
Postpartum: the time after birth.
Doula: A person who has trained to give physical and emotional support during childbirth. Depending on a doula’s training and experience, support may be given before, during, and after childbirth.
## Prenatal classes

We encourage every expecting mother to attend prenatal classes. Prenatal classes are held at St. Paul's Hospital in partnership with Douglas College.

To register for Childbirth Preparation Classes, call the Douglas College Continuing Education Registration Office:

- 604.527.5472
- 866.930.5472 (toll free).

A good resource for pregnant women is "Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care".

You can download a copy from www.bestchance.gov.bc.ca.

Go to: Tools and Resources>Further Information>Early Childhood Health and Parenting.

## Antepartum Unit

Some women need to be admitted to the hospital during their pregnancy before the baby’s birth.

In the Antepartum Unit, women are assessed and receive care for various medical problems. Examples of when you might need to be admitted to this unit include:

- Having high blood pressure.
- Needing help controlling your blood sugar.

If you are admitted to this unit, you will share the room and bathroom with another expecting mother.

## Vaginal birth after a caesarean

The old saying "Once a caesarean, always a caesarean" is just not true any more. It is now common for mothers to have a vaginal birth after a caesarean section. This type of birth is often referred to as a 'VBAC’ (sounds like vee-back).

If you have had a caesarean section previously (also called a C-section), talk to your doctor or midwife about whether or not you should choose a vaginal birth for this pregnancy. To learn more about the benefits and risks of attempting a vaginal birth after a caesarean, see the Section on Vaginal Birth After a Caesarean.
Clinics

Your doctor or midwife may send you to one of these clinics for any number of reasons to check the health of both you and your baby.

- Ambulatory Obstetrical Clinic.
- Maternal-Fetal Medicine Clinic.
- Maternal-Fetal Monitoring Unit.

Procedures or tests done in the Clinics

1. Electronic Fetal Monitoring

This can be done any time after your 24th week of pregnancy. Your doctor or midwife may want you to have this done to check on your unborn baby’s health.

The test may only need to be done once, or several times, before you give birth. It depends on how far along you are in your pregnancy, as well as your health and the health of your unborn baby.

Two soft straps are placed around your abdomen and attached to a machine (the fetal monitor). Using this machine, we monitor the baby’s heart beat over a period of time. This test is often referred to as a Non-Stress Test.

2. Induction of Labour

If there is a need to deliver your baby before labour has started on its own, we may need to start labour for you. The most common reason for this procedure is that your baby is at least one week overdue.

To do this, we insert a medicine called Cervidil (or Prostaglandin) into your vagina. This medicine helps prepare your cervix for labour and helps start (or induce) labour. For more information about inducing labour, talk to your doctor or midwife.

3. External Cephalic Version

This procedure may be done if your baby is in a breech position before labour begins.

The normal position for a baby to be in before birth is head down so it comes out head first. Breech position is when a baby is turned with either its bottom or feet coming first. If your baby is in a breech position, your doctor or midwife can refer you to an obstetrician, who may recommend this procedure.

External Cephalic Version is when the obstetrician tries to turn the baby around. By placing hands on the mother’s abdomen, the doctor tries to move the baby up and gently turn the baby so its head is facing down.

We apply Electronic Fetal Monitoring before, during, and after this procedure.

If you are booked for this procedure:
- Do not eat or drink anything from midnight the night before this procedure is done.
- It is usually done at 8:00 am in the morning.
- It can take two or more hours.

Assessment Room

We use the Assessment Room to check women who come in to the Maternity Centre.

Some of the reasons why you may be seen in the Assessment Room:

- You think you are in labour but are not sure.
- You think your water has broken and you are not able to see your doctor or midwife in the office.
- You are concerned about your baby’s health or your own health and you are not able to see your doctor or midwife in the office.
- You feel the baby’s movements have slowed down or stopped.
- You have some unusual bleeding and/or pain.
- You have been involved in an accident and are not sure how this has affected your baby. You may need to stay with us for several hours of observation before you go home.
- Your doctor or midwife would like you and/or your baby to have a more detailed assessment than can be done in the office.

We will assess you and recommend you either stay in the hospital for further observation, or go home to be monitored by your doctor or midwife.
Giving Birth at St. Paul’s Hospital

Things to bring with you

☐ Your CareCard. (Your Medical Services Plan card).

☐ Cameras. Hand-held battery-operated video cameras may be used as long as everyone present agrees to be filmed.

☐ Your favourite music and a music player.

☐ Items you need to feel more comfortable:
  ☐ Slippers.
  ☐ A housecoat.
  ☐ Pillows.
  ☐ Underwear.
  ☐ Shampoo.
  ☐ Toothpaste.
  ☐ Toothbrush.
  ☐ Deodorant.
  ☐ Tissues.
  ☐ Sanitary napkins/maxi pads.

  Note: The hospital can only supply one complimentary package of sanitary napkins for your use.

☐ Disposable diapers, if you want to use them. We supply cloth diapers.

☐ Your copy of “Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care”. This will be the resource book used for baby care and care for you.

  You can download a copy from www.bestchance.gov.bc.ca.

  Go to: Tools and Resources>Further Information>Early Childhood Health and Parenting.

For your support person

Your support person may stay with you during labour, birth, and after you have had your baby. It is helpful to decide who this person will be well before your admission to the hospital in labour.

If your support person is planning to stay with you, we suggest you also bring personal items that will make his or her stay more comfortable.

Bring:

  ☐ Pyjamas.
  ☐ A housecoat.
  ☐ A sleeping bag.
  ☐ Pillows.
  ☐ Food.
  ☐ Bathing suit.
  ☐ Other personal supplies.
Before you come to the hospital
Call the Maternity Centre (or have someone do this for you).
604.682.2344 ext. 62432
Ask to speak to the nurse in charge.
Explain to the nurse that you are coming in and why.
If your doctor or midwife has asked you to call before coming to the hospital, call the doctor or midwife as well. (We always call your doctor or midwife once you have arrived.)

When you arrive at the hospital
Check in at the Maternity Centre on the third floor of the Providence Building.
If you arrive between 8:00 pm and 6:00 am, the only entrance to the hospital that is open is through the Emergency Department on Burrard Street.
Once we have assessed you, one of the nurses calls your doctor or midwife. We let him or her know you have arrived and how you are doing.

We give both you and your support person an identification bracelet. The bracelet has your name on it. Both of you must wear the bracelet the whole time you are in the hospital.

Your room
Every room in the Maternity Centre is a private room. You labour, give birth, and recover in the same room. This type of care is called 'Single Room Maternity Care'. (We also have one room where women share the room and bathroom. This room is for women who need to come into the hospital at certain points during their pregnancy.)
We have special equipment readily available should you need it during your labour, delivery, and/or postpartum recovery.
We have decorated our rooms to feel more like a home setting. Rooms have a shower, Jacuzzi tub, a television, a telephone, and a sleeper chair (for your support person).
There is a bathtub and shower in each room. Many women find that labouring in the water can be helpful, either standing in the shower or soaking in the bathtub. A bathing suit for your support person comes in handy when helping you in the bath or shower.

Children visiting during labour
Your own children are welcome to be present while you are in labour. You must arrange for another person to supervise your children, other than your main support person.
If your children have been recently exposed, or have had an infectious disease such as chicken pox, check with the nurse before allowing them to come in. It can be dangerous for the new mothers and their babies in the Maternity Centre to be exposed to infectious diseases.
Children cannot stay overnight.

If you need a caesarean
A caesarean birth or caesarean section is surgery to deliver a baby. (It is also called a C-section.) The baby is taken out through the woman’s abdomen (tummy).
Some women start in labour but, for various reasons, the doctor or midwife may decide it is better for you and your baby to have a caesarean birth.
Some women are scheduled for a planned (elective) caesarean birth. If this is the case, your surgery date is pre-booked by your doctor.
Caesarean births are done in our Operating Room. You may have one support person with you in the Operating Room during the surgery, as long as your doctor, or midwife, and the anaesthesiologist agree.
Most women having scheduled caesarean birth get an appointment to be seen in our Clinic the day before the surgery. This is to get your bloodwork and any other necessary assessments done before your surgery. On the day of your surgery, you come into the hospital through the Surgical Day Care Unit.
Once you have had your surgery, you are brought back to the Maternity Centre.

Shortly after birth

Baby’s health
We give your baby a quick check to make sure everything is okay.

We weigh and measure your baby.

We give your baby an injection of Vitamin K. We give this to all newborn babies. Vitamin K is important for normal blood clotting. Newborn babies do not always have what they need in their blood for clotting. Vitamin K helps prevent any bleeding problems.
We also put an antibiotic ointment into your baby’s eyes. We do this for every newborn. Certain germs from the birth canal could harm the baby’s eyes. The antibiotic ointment helps prevent any infection.
For more information, see the Resources Section. If you have any questions or concerns about these treatments, talk to your doctor or midwife.
Baby’s identification

We put baby’s identification bands around the baby’s wrist and ankle as well as the mother’s wrist. The bracelet will say either ‘Baby Girl’ or ‘Baby Boy’ followed by the mother’s last name. We use the mother’s last name for the safety and security of your baby. If we used a different last name than the mother’s, it could get very confusing for everyone involved. Please keep these identification bracelets on until you get home.

Skin-to-skin contact

We get you to start ‘skin-to-skin’ contact with your baby as soon as possible. This means holding your naked baby directly in contact with your skin. We start you off by drying off your baby and placing your baby on your bare chest. Skin-to-skin contact after this means your baby is dressed only in a diaper.

Reasons why skin-to-skin contact is best for your baby:
- Babies stay warm.
- Babies cry less.
- Babies have lower levels of stress hormones.
- Babies are more likely to breastfeed sooner.
- Babies are exposed to the normal germs on the mother’s skin. This can help build the baby’s defences to harmful germs.
- Mothers are more likely to produce more breast milk and breastfeed for longer.

After Giving Birth

Visitors

While it is a very exciting time, and family and friends naturally want to meet your new baby, you (and your support person) will be very tired. You are in the hospital for a short time – usually only one to two days. You should spend this time resting, recovering from delivery, learning how to take care of your new baby, and bonding with your new baby.

Your baby may try to breastfeed right away or just be content to lie with you. Let your baby tell you when he or she is ready to feed. You can read more about breastfeeding in the Section on Breastfeeding.

We encourage your support person to also hold your baby skin-to-skin.

The longer and more often you practice skin-to-skin contact, the better it is for your baby!

Clean your hands well

The best way to stop the spread of germs is to clean your hands. When you clean your hands well, you kill many of the germs on your hands.

We ask that everyone clean their hands:
- Before eating.
- Before feeding your baby.
- Before picking your baby up.
- After using the toilet.
- After changing your baby’s diaper.

Also ask your family and friends to clean their hands each time they arrive and leave. We have waterless antiseptic hand cleanser in dispensers at the entrance and in most hallways. People can use these as well.

Sometimes, no matter what is done to prevent infections, people get sick. When an outbreak of infection occurs, we usually limit visitors to the Maternity Centre. We do this to stop the spread of illness.

We suggest you limit the number of visitors and limit how long your visitors stay. There is a special waiting area for families, children, and other visitors to wait to visit you.

Remember, your own children are welcome to visit as long as there is someone to look after them while here.

If one of your visitors, including your children, is not feeling well, ask that they not visit. This also applies to anyone who has been exposed to any illness that could be dangerous for the new mothers and their babies in the Maternity Centre. Check with one of our nurses if you are not sure whether someone can visit or not.

To learn more about preventing infections, see the pamphlet ‘Stop the spread of germs – It takes less than a minute to protect yourself and others’.

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To learn more about preventing infections, see the pamphlet ‘Stop the spread of germs – It takes less than a minute to protect yourself and others’.
Life with your baby (Postpartum)
While in the hospital, mothers and babies stay together at all times unless the baby, the mother, or both, have a medical problem.

We believe having your baby stay with you at all times is valuable to both you and your baby. You have time to get to know your baby, while having nurses close by to offer help and support. We believe the time you spend together in the hospital will help you feel more comfortable and prepared when you take your baby home.

We encourage your support person to help you care for your baby. Only one support person can stay overnight in your room.

Soon after birth, your baby is given a complete check-up by your family doctor, midwife, or pediatrician.

Newborn Screening Program
All babies have a blood sample taken before they go home. We do this by making a small pinprick in the baby’s heel. All blood tests are done in your room so you can be with your baby while the blood sample is taken.

Why does every baby get at least one blood test? We do this as part of our Newborn Screening Program. The blood is screened for certain rare diseases and disorders. If detected, treatment can begin as soon as possible. To learn more about the Newborn Screening Program, check the Resources Section.

Newborn Hearing Screening
Your baby is never too young to have a hearing check. The BC Early Hearing Program provides simple and safe screening tests to check your baby’s hearing soon after birth. Newborn hearing tests are important because much can be done if hearing loss is caught early in a baby’s life. Hearing screening staff provide the hearing screening tests while you are in hospital with your baby. They will arrange any follow-up after you go home, if needed. To learn more about the Early Hearing Program, check the Resources Section.

Your baby’s safety and security
The safety and security of a new baby is always a major concern of parents and the hospital staff.

You are the best security your baby has. Here are some things you can do to keep your baby safe and secure.

- Never leave your baby alone in your room. Never leave your baby alone lying on your bed. Always arrange to have someone watch your baby.
- When you want to have a shower or bath and no one is there to watch your baby:
  - Close your room door.
  - Leave the bathroom door open.
  - Put the baby in the bassinet.
  - Pull the bassinet into the bathroom doorway or right into the bathroom.
- When walking around in the hallways, please push your baby in the bassinet. We don’t want anyone to accidentally drop their baby.
- Do not let anyone take your baby from your room. If at any time we ask to take the baby for a test or procedure, always go with your baby or have your support person go.
- Everyone who works for Providence Health Care is required to wear picture identification (ID) tag. If you cannot see a staff or doctor’s ID tag, ask to see it. If you have any concerns about anyone, talk to your nurse right away.

- Remember to keep the baby identification bracelets on you and your baby until you get home. The same applies to both your bracelet and your support person’s bracelet. We check all the bracelets before you go home to make sure they all match.
- Should the fire bell go off at any time, return to your room, and wait for one of the staff to tell you what to do.

To learn more about safety while in the hospital, see the pamphlet 'Patient Safety – It’s Everyone’s Responsibility'.
Registering your baby’s birth

All births are registered with the provincial government.

Soon after you give birth, we give you the following forms to complete to register your new family member:

- Live Birth Registration.
- Birth Certificate Application.
- Child Tax Benefit.
- Medical Insurance Application.

Special Treasures

We have something called the Special Treasures Program. Our volunteers come around daily and offer to make your baby a special beaded bracelet or take an ink footprint. In return for these special keepsakes, families are welcome to donate money to this program. All the money goes into a special Nursing Education Fund. The Fund supports our Maternity Centre nurses in furthering their education.

Meals, snacks, and extra food

For you:
Your meals come on meal trays. The menus are set by the hospital. Unfortunately, individual menu selection is not available in the Maternity Centre. This is because we have so many women coming in and going home every day. It is difficult for our meal service to keep up. However, if you have special dietary needs, let your nurse know. We will make special arrangements for you. We may call one of our dietitians to help you with your meal plan.

We have what we call a ‘Nutrition Room’ in the Centre. The Nutrition Room is where we keep extra juice, milk, sandwiches, and bread for mothers between meals.

Your visitors are welcome to bring in food for you. The Nutrition Room has both a microwave and refrigerator. Any foods that can spoil may be stored in the fridge. Make sure you label food in the fridge with your name and the date. Remember to take it home when you leave.

For your support person and visitors:
There are food and beverage vending machines near the cafeteria on the 4th floor.

The cafeteria serves meals from:
6:30 am to 7:00 pm
Monday to Friday
7:00 am to 7:00 pm
Saturday and Sunday

Television and telephone

While there is a television in your room, to get cable TV you will need to pay for it. A TV Attendant comes around each day to set it up. You can pay the TV Attendant for this service by cash or credit card.

Many people ask us about using cell phones in the hospital. You are welcome to use your cell phone in your room unless we specifically ask you not to use it.

Do not use cell phones in the hallways. When in other parts of the hospital, please check posted signs as to where cell phones can be used.

Circumcision

We do not provide this service. Talk to your doctor or midwife about this.

We are smoke-free!

Like all government buildings in British Columbia, all Providence Health Care buildings and surrounding property are smoke-free.

A reminder – You should not smoke during your pregnancy. If you are a smoker, let us know when you come in to the hospital. We will talk to you about our Stop Smoking Program.

We are scent-free!

Many people are sensitive or have allergies to fragrances.

Please avoid using any scented products or perfumes. Please ask your family and friends to do the same before they come to visit.
Support Services

Pastoral Care services

Founded by the Sisters of Providence, St. Paul’s Hospital is committed to providing an atmosphere of respect for the dignity and worth of every person. Pastoral Care plays an important role in fulfilling the hospital’s mission statement of providing compassionate concern and understanding.

The chaplain is a valuable member of the health care team. Our chaplain is available 24 hours a day, and can assist you with any spiritual needs you may have. If you wish to have spiritual support from your own community, our chaplain can try and contact your spiritual leader to get you the spiritual support you need and want.

Families have found it helpful to have Pastoral Care services there for support in situations such as these:

- A family is experiencing a difficulty within the family such as a serious illness, death or other challenge.
- A baby has been stillborn or a baby dies shortly after birth.

We encourage you to use this service during your stay as you need it.

Social Work services

Our social worker can help you with various things both during your pregnancy and after the birth of your baby. The social worker can offer support, counseling, information, education, and help with planning for when it is time for you to go home. If you need them, the social worker can arrange for you to see other hospital professionals or get connected with resources in the community.

The social worker talks with you about your concerns and helps you work out the best way to deal with them.

Families have found it helpful to have a social worker involved in situations such as these:

- Personal and family life concerns.
- Concerns about mother’s or baby’s medical situation.
- Alcohol use or drug use.
- Previous pregnancy losses or other recent losses involving family or friends.
- Loss of an unborn child.
- Concerns related to current, past, or possible physical, sexual, or emotional abuse.
- Challenges related to cultural differences, or being new to Canada.
- Financial difficulties.
- Adoption and surrogacy.
Going Home

Your nurse, doctor, or midwife will talk to you about when you can expect to go home. Women who have normal vaginal births usually stay for one to two days. Women who have had a caesarean birth usually stay for two to three days.

Our Community Health Liaison Nurse meets with all mothers before they go home. This nurse talks with you about your care needs at home. You are given information about the Community Health Nursing services in your area and how to contact your local Community Health Unit.

Once you are home, you may get a visit from one of the Community Health Nurses to see how you and your baby are doing.

If you have any questions or concerns, you can call any one of these for help.

- The Newborn Hotline (for those who live in Vancouver, Burnaby, North Shore, and Richmond).
  Call 604.737.3737

- HealthLink BC (BC NurseLine) – available 24 hours a day, every day.
  Call 811 (or 711 for TTY)

Ask your doctor or midwife when you and your baby should make an appointment for a check up in the office.

A good resource for parents is the Baby’s Best Chance web site. See the Resources Section for more information.

What you need to take your baby home:

- Diapers.
- Baby clothes.
- A hat (A hat in cool weather keeps your baby’s head warm. A hat in warm weather protects your baby from the sun).
- Clothes and shoes for you.
- Blankets.
- An approved car seat.

The car seat must meet Canadian Motor Vehicle Safety Standards.*

Protect your child.
Always use a car seat.

* For more information on car seats, see the Resources Section.
Breastfeeding

Feed Early - Feed Often

Breast milk is the best food for your new baby during the first two years of life and beyond. We encourage all mothers to breastfeed their babies.

For the first few days, you and your baby will be learning how to breastfeed. It often takes practice. Skin-to-skin contact will help you to be successful. Our nurses will help you and your baby get off to a good start.

Within the first half hour after your baby is born, your nurse helps you breastfeed your baby (if your baby hasn’t already). Some babies take to the breast right away while others lick and nuzzle instead. Do not panic. There usually isn’t any rush. Your baby will show you signs that he or she is ready to feed.

In the first 24 hours, some babies will feed several times. Give your baby opportunities to suckle whenever your baby wants to. Even if your baby isn’t actually feeding, sucking teaches the baby how to feed, and can help calm an upset baby.

Practice skin-to-skin contact often.

- Dress your baby only in a diaper.
- Place your baby on your bare chest in your arms.
- Cover you and your baby with a blanket.

While skin-to-skin, babies often root around for the breast and feed when they want to.

Your nurse will show you how to ‘hand express’ milk. This is a method that helps stimulate early milk supply. Your nurse will also show you different positions for feeding your baby.

When you first begin breastfeeding, you will produce a small amount of ‘colostrum’ (sounds like ko-loss-trum). This is a form of milk that is rich in nutrients, antibodies, and other properties that help protect your baby’s health. Early breastfeeding also helps stimulate your baby’s first bowel movements. The more frequently your baby breastfeeds, the sooner your milk supply will increase in volume and gradually change to mature milk.

After the first 24 hours, expect your baby to feed between eight to 12 times in a 24 hour period. Be prepared to be up often at night to feed. It is normal for newborns to eat more frequently during the night than in the day time. There is more of the milk-making hormone (Prolactin) at night than during the day.
Breastfeeding basics
Wash your hands.
Find a comfortable position for yourself, sitting or lying down.
Use pillows to support your arms, legs, and back.
If you need pain medicine, take it. Ask for help to get into position until you are comfortable doing it on your own.
Gently but firmly hold your breast in one hand with your fingers well away from the darker brown or pink area around the nipple (This is called the ‘areola’ – sounds like air-ee-oh-la).
Hold your baby with your other hand/arm so that your baby's whole body is facing you. Your baby's nose should be level with your nipple. You may want to use pillows to support your arms. If needed, ask your nurse for help with this.
Now you are ready to help your baby latch on.
Bring your baby close enough to tickle the middle of your baby's lips with your nipple. As soon as the baby's mouth opens wide like a yawn, bring your baby quickly into your breast, chin first.
Your baby will have a large mouthful of breast. His or her lips will be rolled out. The chin will be touching the breast and the head slightly tilted back.
If the nose is pressed right up against the breast, try moving the lower half of the baby's body a little closer into your body. Most babies are able to breathe easily out of the sides of their noses.
You will feel tugging or pulling from the baby's mouth as the baby latches on. It may be a little uncomfortable, but not painful.

When to ask for help:
• When you are feeling unsure.
• When you are having difficulty feeding.
• When you are having pain.
• When you need help getting the right position for feeding.
• When you want someone to check and see if your baby is feeding correctly.

Vaginal Birth After a Caesarean (VBAC)
Many women who have given birth through caesarean section in the past can still safely give birth to a child through a normal vaginal delivery. Attempts at vaginal birth after a caesarean have a high success rate (about 75%).
For those women who attempt a vaginal birth after a caesarean and are not successful, a repeat caesarean section is done.

Why is it better to try a vaginal delivery?
There are several reasons why it is better to have a vaginal birth instead of a repeat caesarean:
✓ Less blood loss.
✓ Less chance of injury and infection.
✓ Less pain after the birth.
✓ No chance of problems that are possible with surgery.
✓ Fewer days in the hospital.
✓ Faster recovery.

What are the risks of having a VBAC?
A caesarean section leaves a scar on the uterus. This is a weak area and can tear during labour. This is called a uterine rupture. The chances of this happening are very small. But when it does, it can be very serious for both you and your baby. We would need to do an emergency caesarean section. The woman could need a blood transfusion or a hysterectomy. The baby could be harmed.

If you have had more than one caesarean section, the risk of complications and uterine rupture is slightly higher.
Sometimes a vaginal birth after a caesarean is not the best choice, depending on a woman's medical history or current health status. We would suggest a repeat caesarean section in this case.
Here are situations where we would not suggest you attempt a vaginal birth after a caesarean.
• You have had a previous caesarean section where the incision on your uterus was made in the shape of a "T". To confirm this, your doctor or midwife will need a copy of your previous hospital records.
• You have had a previous surgery on your uterus.
• You have had a uterine rupture in the past.
• Your baby is in a breech position.
• Your placenta is in a position that does not allow for a safe vaginal delivery.

Ask your health care professional if vaginal birth after a caesarean (VBAC) is right for you.
For more information on vaginal birth after a caesarean and birth options, check the Resources Section.
Neonatal Intensive Care Unit

The Neonatal Intensive Care Unit (NICU) is located near the entrance of the Maternity Centre.

This special nursery is for babies who need to be watched closely and need medical care following their birth.

About 10% of babies need to spend some time in the NICU. Some babies just need a few hours, while others need days or weeks of special care. Mothers are sometimes sent home from the hospital before the baby is well enough to leave the NICU.

The only time we do not want the baby to stay with a mother in her room is when the baby needs this special care. If your baby needs this type of care, the NICU is the safest place for your baby to be.

It can be frightening to see your baby in this brightly lit room surrounded by strange equipment and noises. Our nurses will show you around and explain the equipment to you. They will answer your questions and show how you can care for your baby while in this Unit.

We encourage parents and support people to spend time with their babies in the NICU and take part in the care of their babies.

Skin-to-skin contact in NICU

For the very reasons skin-to-skin contact is important to any newborn baby, you are welcome to practice skin-to-skin contact as much as possible as long your baby's health allows it.

Breastfeeding in NICU

For babies who are able to breastfeed, we encourage mothers to come in and feed their babies.

Some babies are not able to breastfeed right away because of their condition. They still benefit from their mother's milk. We encourage all mothers to provide breast milk for their babies. Babies who are sick or premature especially benefit from the nutrients and antibodies in their mother's milk. Any amount of breastfeeding is helpful.

The nurses will show you how to pump your breasts to get the milk which can be used to bottle feed your baby.

As your baby's health improves, and is able to breastfeed, the nurses will help you, and your baby, learn to breastfeed.

We have a couple of different rooms in the Centre where mothers can go to use the breast pump in privacy.
Visitors in the NICU

Because the Unit is small, we can only have one to two visitors at a time with each baby.

Contact with family and friends

We know contact with family and friends can be a great support to you. You can use cell phones in the Lounge or in your room. Do not use cell phones in the NICU.

Parents’ Room

When a baby has been unwell and has had to spend several days or weeks in the NICU, parents may be nervous about taking their baby home. It can be scary if you have not had the opportunity to be the one to care for your baby or sleep with your baby in the same room.

We have a ‘Parents’ Room’ where the mother or both parents can stay overnight before their baby is due to leave the NICU and go home. We want parents to feel comfortable with their baby at home.

Staying in the Parents Room allows parents to be with their baby but have nurses nearby if needed. The parents and baby can spend one or two nights together in this room. Parents do all the care for their baby. If help is needed, the NICU nurses can be easily called to help. We want parents to feel confident about taking care of their baby at home before going home.

Varshney Family Lounge

The Varshney Family Lounge is a quiet lounge dedicated to mothers who have babies in our Neonatal Intensive Care Unit (NICU).

This lounge is for mothers who have gone home from the hospital before the baby is well enough to go home with them. The lounge is a place for you to rest and sleep while visiting during the day.

Remember, if your baby can breastfeed, we want you to come in and continue to feed your baby during the day. Use the lounge during the day to rest in between feeding. You will need to go home at night.

No parents are allowed to stay overnight in the Varshney Family Lounge.

Resources

- “Baby’s Best Chance: Parents’ Handbook of Pregnancy and Baby Care” (English)
  www.bestchance.gov.bc.ca
  Go to: Tools and Resources (on the right)>Further Information>Early Childhood Health and Parenting
  For information on Vitamin K, Eye Treatment, and Early Disease Screening,
  Go to: You & Your Baby > Caring for Your Baby > Baby Health

- Newborn Screening Program
  “A Simple Blood Test Could Save Your Baby’s Life” Information sheet for Families
  www.bcchildrens.ca
  (English, Traditional Chinese, Vietnamese, Korean, and Punjabi)
  Go to: Services > Specialized Pediatrics > Newborn Care > Newborn Screening Program
  > For Families and download the handout

- BC Early Hearing Program
  www.phsa.ca
  Telephone: 604.659.1100
  Go to: Agencies & Services > Services > BC Early Hearing Program

- HealthLinkBC (BC NurseLine)
  Telephone: 811 (over 130 languages, on request)
  www.healthlinkbc.ca
  (English) TTY: 711

- Power to Push Campaign (focus on informing women about birth options and reducing the number of caesareans in BC)
  www.powertopush.ca
  (English, Chinese-Traditional, Chinese-Simplified, Punjabi, Vietnamese)

- Caring for Kids – Health information for parents (from the Canadian Paediatric Society)
  www.caringforkids.cps.ca
  (English, some Chinese-Traditional and Simplified)

- The Society of Obstetricians and Gynaecologists of Canada (English)
  www.sogc.org
  - Women’s Health Information>Pregnancy

- Canadian Paediatric Society (English)
  www.cps.ca
  Go to:
  Publications & Resources > Position Statements > Fetus and newborn:
  - FN97-01 Routine administration of vitamin K to newborns
  - FN00-02 Assessment of babies for car seat safety before hospital discharge
  Publications & Resources > Position Statements > Infectious Diseases and Immunization:
  - ID02-03 Recommendations for the prevention of neonatal ophthalmia
    (antibiotic ointment in newborns’ eyes)