

A close-up photograph of a woman with long, wavy brown hair, smiling warmly as she holds a newborn baby. The woman is wearing a light-colored, possibly white, top. The baby is wrapped in a white cloth and is looking towards the woman. The background is softly blurred, suggesting an indoor setting with natural light.

Childbirth Essentials

— WORKBOOK —

This workbook was created based on over 27 years of experience in birth and postpartum support, including the work of certified childbirth educators and doulas at Calgary Birth Essentials. It reflects evidence-informed practices, compassionate guidance, and professional insight into pregnancy, birth, and postpartum well-being.

However, the information contained in this workbook is intended for educational and informational purposes only and is not a substitute for medical advice, diagnosis, or treatment. You should always seek the advice of your physician, midwife, or other qualified health provider with any questions you may have regarding your health, pregnancy, birth, or postpartum care.

The content of this workbook is not a medical alternative, but rather a supplemental guide. Individualized care from your healthcare provider remains essential, as every pregnancy and postpartum journey is different

This workbook is designed to support — not replace — the personalized care you receive from your healthcare providers. We encourage you to use this resource in partnership with your medical team and trust that you'll take from it what best suits your individual needs and circumstances.

If you are experiencing a medical emergency or concerning symptoms, please contact your healthcare provider or emergency services immediately.

What Do I Want to Learn?

When to go to the hospital

How to support my partner best

How long to stay at home

How birthing works

Safety for baby

Ways to manage pain

Your thoughts



01.

02.

What Do I Want to Learn?

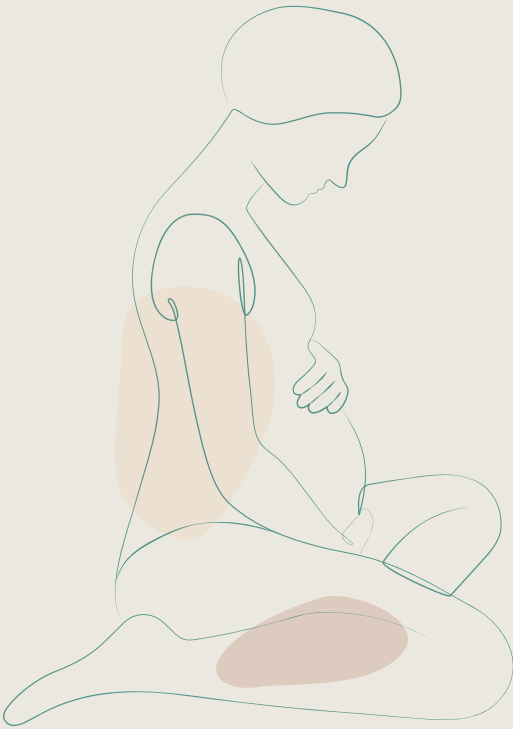
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04.

05.

06.

Warning Signs in Pregnancy



Seek Medical Attention if you Notice These Symptoms:

1. Sudden weight gain
2. Swelling in the hands, feet or face
3. Dizziness and/or visual disturbances such as blurred vision or seeing spots
4. Persistent or severe Headaches
5. Sudden and severe vomiting
6. Bright red bleeding

Signs of Preterm Labour:

Some women just know something is not right but specific signs include:

1. **Contractions**
(may be painful or painless)
that continue (more than 4 in a hour)
and do not stop when you change positions
2. **Bleeding from the vagina**
3. **Cramps**
(may feel like menstrual
cramps or gas pains)
4. **Changes in lower back pain**
5. **Fluid gush or leak of
fluid from vagina**
6. **Full or heavy feeling
in the vagina**
7. **Change or increase
in vaginal discharge**

Important

It is important to know the signs of preterm labour - often labour can be stopped or delayed. It is considered preterm if you are less than 37 weeks pregnant. Trust your instincts. If you are concerned that something is wrong do not hesitate to call your caregiver or go to the hospital. It can make a big difference to your baby's health.

Pre-labour vs Labour Contractions

how to tell the difference

Pre-labour Contractions

- Irregular, don't become stronger, longer, or more frequent.
- May not be uncomfortable or may be mildly uncomfortable in the lower front and groin. Uterus "balls up" and feels very hard to touch.
- No change or they go away by walking.
- Stop somewhat when you're lying down or changing positions. Decrease or disappear while you are taking a hot bath or shower.
- Some effacement and slight dilatation may occur before labor begins but there is no significant change from one exam to the other.
- Usually no show or there is a brownish mucus.

Labour Contractions

- Follow a pattern, become progressively stronger, longer and more regular and frequent
- May feel like strong menstrual cramps with a low back ache with discomfort radiating from the lower front. Deep internal pressure feelings increase and may spread to thighs
- Intensified by walking
- Do not stop when you are lying down and/or changing activity
- Internal exam by birth attendant reveals cervix is softening, thinning, or effacing and dilating progressively.
- Usually has "show" – pinkish mucus. As the cervix changes and begins to open or dilate the small capillaries begin to break and can cause a small amount of blood to tinge the mucus. Not all women experience this.

If you are in doubt about whether you are experiencing labor or prelabor, time your contractions for an hour. As a general guide, if you have had six or more contractions during the hour and they are lasting at least thirty seconds and are increasing in intensity, chances are good you are in labor. Many women will, however, have a number of episodes (usually in the evening) when they will have two to four hours of regular contractions (5 - 10 minutes apart) that eventually slow down and stop. If you are concerned about your progress, or are anxious about yourself or your baby, contact your birth attendant or hospital.

****We prefer the terms "labor" and "pre-labor" instead of "true" and "false" labor. There is no such thing as a "false" labor contraction. Pre-labor contractions may go on for weeks and they do save work, toning the uterus, adjusting baby's position, effacing the cervix, helping to get the delivery system in order for the time when labor begins.**



Early Labour



Labour Dictionary

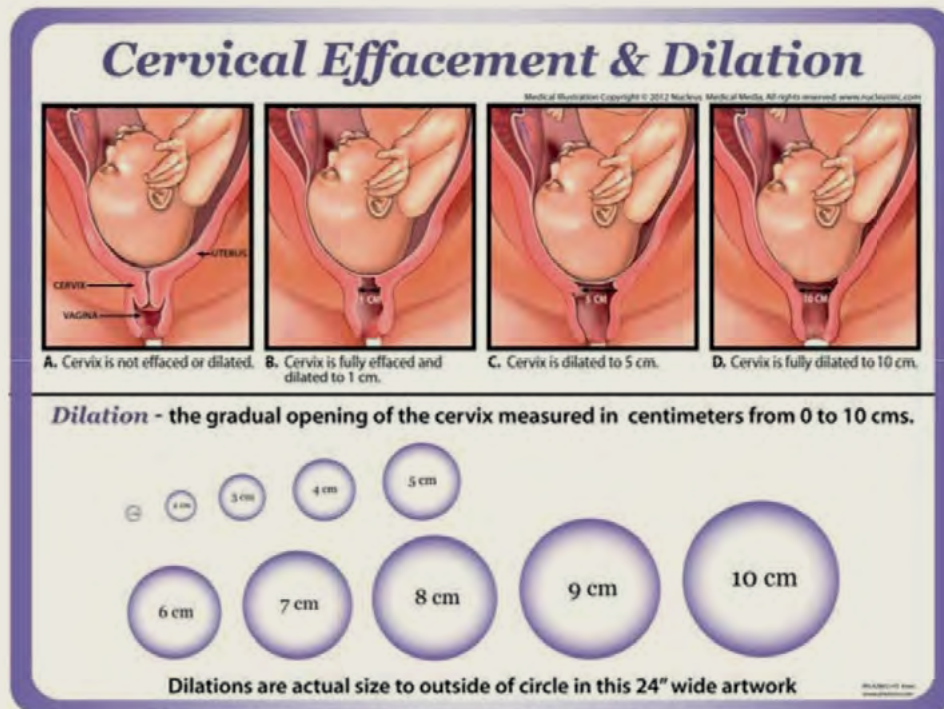
(commonly used terms to help you understand the process)

Posterior to an Anterior Cervix:

The cervix normally tilts back towards your tailbone. As you approach your due date the cervix will begin to tilt forward, better aligning for birth.

Cervix will Ripen or Soften:

Normally the cervix has a bit of hardness to the tissue, like the tip of your nose. As you approach your due date your cervix will soften to be more like the feel of your ear lobe.



Cervix will Efface or Thin out:

Normally the cervix is long and thick but throughout the labour process will gradually thin out to what is called paper thin or 100% effaced (remember the turtle neck)

Cervix will Dilate or Open:

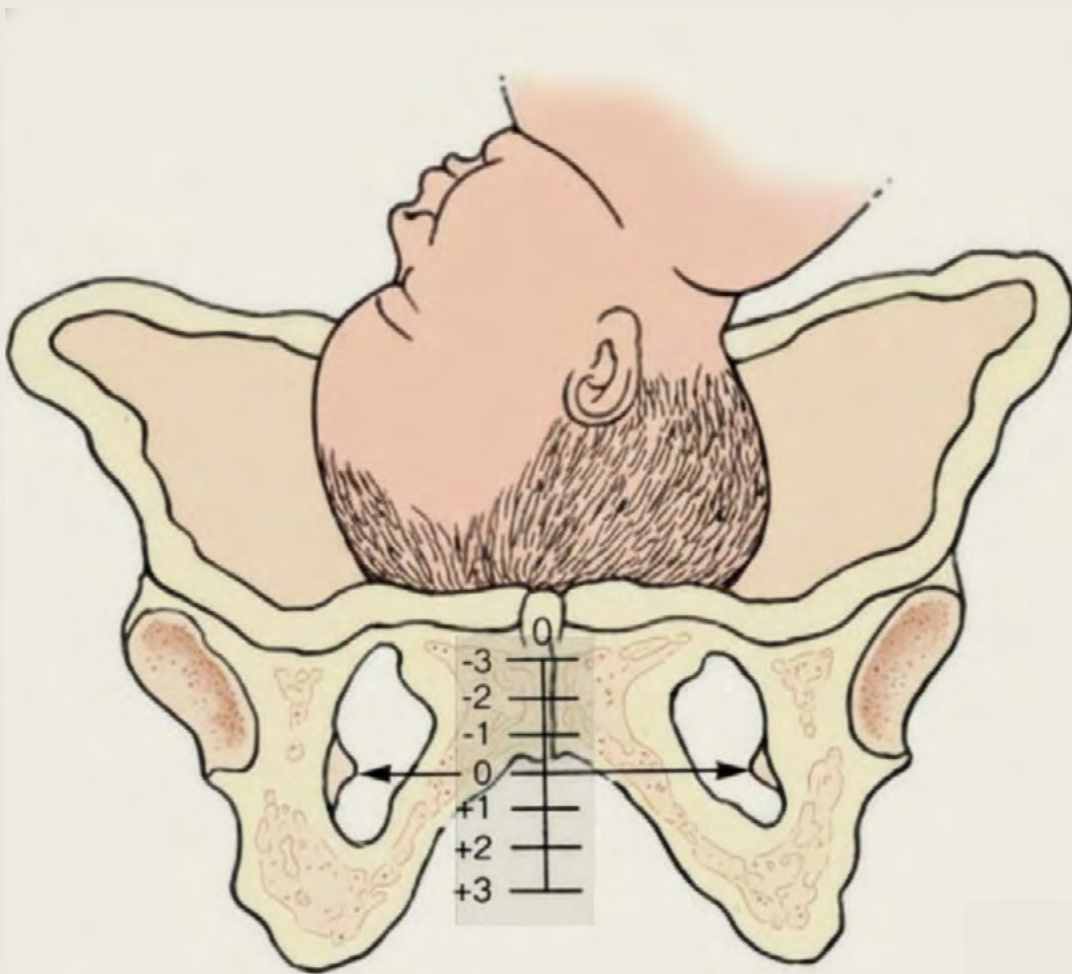
Normally the cervix is closed, but throughout the labour process it will open. You are fully dilated when you reach 10 centimeters. (more of the turtle neck)

Anterior Position

This is the ideal position, with baby's back along moms belly or slightly to the side.

Posterior Position

This is not an ideal position; it is when baby's back is along moms back.
This usually makes labour longer and more uncomfortable.



Station

This refers to the position of the baby in relation to the pelvis. Floating is your negative numbers (-2,-1). 0 is when the baby engages into the pelvis and any numbers with a + indicate closer to crowning or being born. (Crowning often occurs at +4 station)

When your water breaks

Bag of Water (ruptured membranes) are clear:

When your water breaks you want the water to be clear. Remember T.A.C.O (time, amount, colour, odour). If it is greenish brown and has foul odour, this indicates that there is meconium (baby's poop) in the water.

01.

Time



What time did you notice your water breaking? Ideally caregivers want to see the birth happen within 10-36 hours after water breaks to reduce the risk of infection

02.

Amount



Did your fluid gush or it just leak? This can help determine the position of the baby within the pelvis

03.

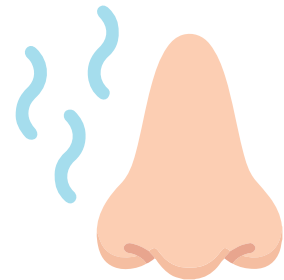
Colour



The fluid should be clear. If there is a green or brown colouring to the fluid this indicates baby has passed meconium. Labour will be watched closely for distress in this case.

04.

Odour



Fluid should be odourless or have a slight ammonia smell. If there is a foul smell that is another indicator of meconium and is cause for more monitoring in labour.

! when meconium present notify your midwife or head to the hospital to verify and assess baby. !

Managing Early Labour At Home

Before Labour Begins These Signs May Occur Days Before The Start Of Labour



What is happening:

You may notice one or more of the following signs:

- Braxton Hicks contractions (mild pre-labor tightenings) may increase but tend to stay at about the same length, strength and frequency.
- Increased vaginal discharge.
- Your baby's movements should not change. Continue with your fetal movement count sheet if your caregiver has requested you to keep one.
- Increasing backache and restlessness.
- Several soft bowel movements and possible flu like symptoms as your body cleans itself out to prepare for the labor process. These signs may occur days before the start of labor.

Go to the hospital or call your caregiver if you experience any of the following:

1. Your contractions are getting stronger, longer and closer together and you can no longer walk or talk during a contraction.
2. There is a decrease in your baby's movements
3. Bright red bleeding occurs
4. You feel rectal pressure
5. Your membranes (bag of waters) breaks

Start Of Labour



What is happening:

As your labor becomes more active you may notice on or more of the following signs:

- Contractions which are becoming longer, stronger and closer together.
- “Show” (vaginal discharge of thick mucous with pink or red tinge)
- Rupture of membranes may occur at any time.
- Loose bowel movements may continue.
- You may feel excited and relieved that labor has begun and yet a bit nervous.

Helping yourself in Labor

- Try to keep your mind active and do not become preoccupied with labor. Continue to notice your baby’s movements.
- Count the number of contractions in 15 minutes once every hour.
- Continue your usual activity as long as possible.
- Eat easily digested foods, mostly carbohydrates (toast, cereals, pasta). Avoid fatty foods. Drink generous amounts of fluid.
- Go for a walk, listen to music, use your relaxation skills.
- Have a warm bath if your membranes (bag of water) have not broken. You may have a shower if your membranes have broken

How your partner can help

- Time the contractions. If there is no difference in how long the contractions are, how strong they are and how close together they are, stop timing the contractions and start again when you notice a difference.
- Encourage her to rest. It is important for you to stay rested as well.
- Encourage her to use her relaxation skills, and stay relaxed yourself. Join her in a walk if that is how she chooses to relax.
- Encourage her to eat a light diet, and don’t forget to eat yourself.
- Remind her to go to the bathroom every hour.

As Labour Progresses



What is happening:

- Cervix is stretching and beginning to dilate (open).
- Contractions may become strong enough that you feel you cannot walk or talk through them.
- Contractions become closer together.

Helping yourself

- As a contraction begins, take a deep cleansing breath and relax.
- Continue slow deep breathing through the contraction.
- Between contractions rest, watch tv, listen to music, play games, etc.
- Upright positions, walking, swaying, squatting and changing your position often will help the baby move down.
- For backache, try a hands and knees position and rocking your pelvis through the contractions. Back massages and counter pressure work well too.
- Try other relaxation techniques such as focusing on something, visualization or some repetitive motion, sound or action. Drink generous amounts of fluids

How your partner can help

- Encourage her to use her relaxation techniques.
- Remind her to breathe with the contractions.
- Encourage her to change positions frequently, and offer suggestions. Provide relaxing strokes or massage. Be sure that you are in a safe and comfortable position to lessen your own fatigue.
- Make eye contact with her.
- Remind her to empty her bladder every 1-2 hours
- Encourage drinking clear fluids. Keep your own energy up with fluids and snacks.

When To Go To The Hospital Or Call Your Midwife

Consistency in your labour pattern is key!

Remember 411

- Contractions are 4 minutes apart
- Contractions are 1 minute long
- This pattern lasts 1 hour



All 3 of these elements are important; you must have all 3 no cheating! This is of course on average, if your contractions last 55 seconds that's okay. Generally you want to see 411 in your labour before you head out the door or call your midwife. When you see this pattern and you can no longer walk or talk during contractions you are more likely to be in the active labour stage of labour. This is the time when hospitals will admit you in and not send you back home. This is also the time when midwives will know there is more likely to be consistent progress in your labour.

You also want to take note of the following symptoms, if they occur it is also a good idea to head to the hospital or call your caregiver.

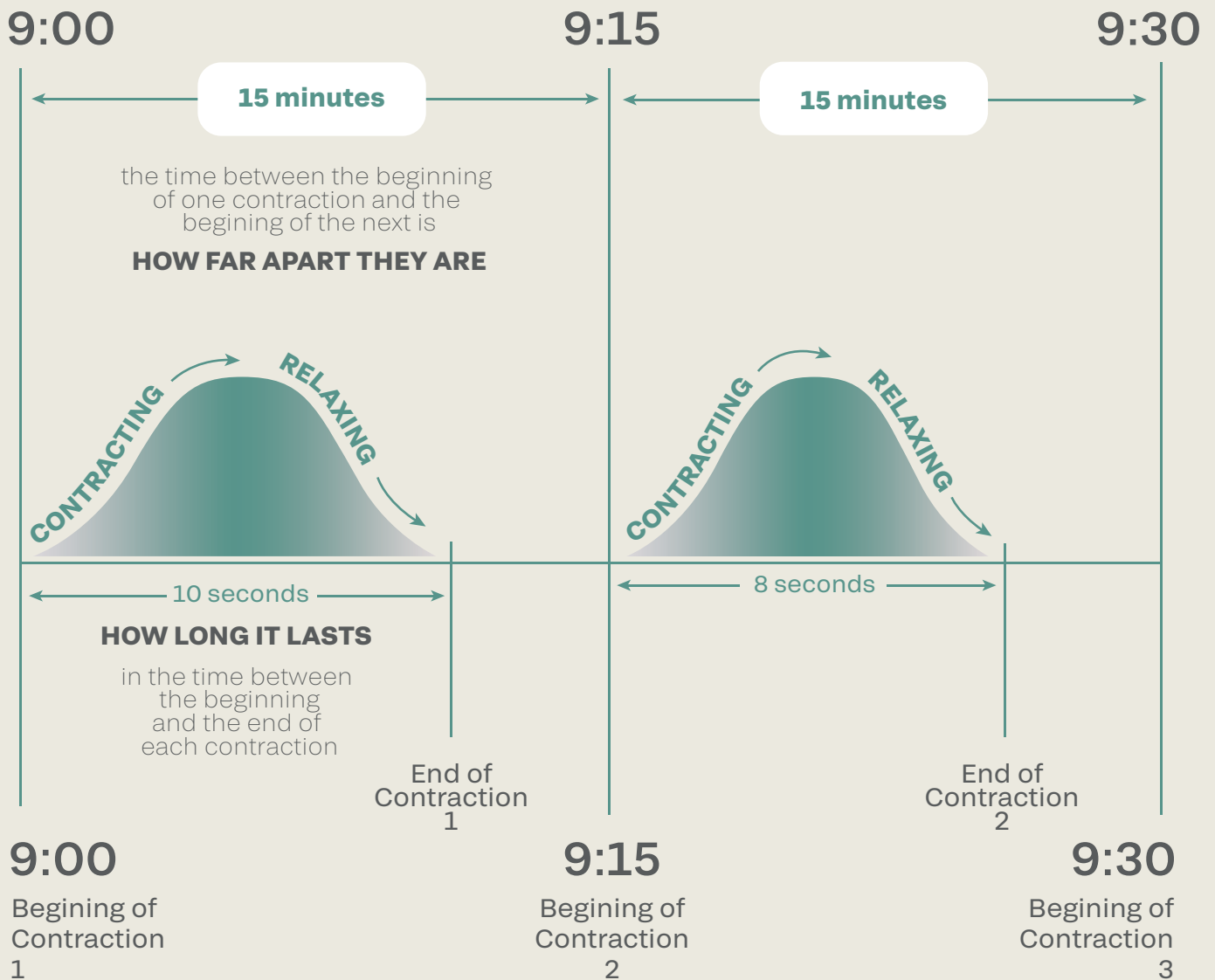
You haven't felt your baby move or there has been a significant decrease in movement

You are experiencing significant amounts of bleeding (with or without pain)

You feel something is just not right

Your water has broken

Timing Your Contractions



The beginning of one contraction to the beginning of the next contraction tells you how far apart your contractions are

The beginning of a contraction to the end of the contractions tells you how long your contractions last

What to Pack to be Prepared for Labour



Comfortable clothes



If you can hospital style mesh panties



Socks



Hot water bottle or heating pad!



Snacks, mostly for partner (muffins, trail mix, Gatorade, fruit, power bars, etc.)



Popsicles



Massage tools and massage oil



Music and wifi speaker



Noise cancelling headphones



Phone chargers



Slip on shoes



Extra pillow



Toiletry bag (toothbrush, deodorant, brush, hair elastics)



Lip chap or vaseline



Swim wear for partner



Visualization or meditation tools



Money



Scarf (double hip squeeze or shake the apples)



Eye mask

Our Packing List

01.

02.

03.

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08.

09.

10.

What will help me follow
my birth plan?



Active Labour



Managing Active Labour

What Is Happening

- Cervix is continuing to dilate from 3 centimeters to 7 centimeters
- Contractions are lasting at least 60 seconds long
- Contractions are strong enough in intensity that you must use your relaxation techniques, breathing patterns, massage, or visualization to get through a contraction. You can no longer walk or talk during a contraction.
- Contractions are 3 – 5 minutes apart.
- This is the ideal time to make your way to your hospital or contact your midwife.

Helping yourself

- Continue to take a deep cleansing breath at the beginning and end of each contraction.
- Find an effective technique to help you cope with each contraction. Breathing pattern, position, massage, visualization, music, shower, rocking, etc.
- Try to relax and rest in between contractions to gain focus and energy for the next contraction.
- Use positions of comfort. Keeping in mind pelvic movement to aid in the descent of baby (birth ball, hands and knees, squatting, dangle, slow dancing, side lying).
- Sink into your contractions, don't fight against them causing tension in your pelvic floor muscles.
- Remember the Gate Control Theory (severity of pain is determined by the balance of painful and non painful stimuli that reach your mind – find more non painful stimuli and feel less pain).
- Continue to drink, suck on ice chips, have a popsicle.
- Empty your bladder.
- Trust your body.

How your partner can help

- Remain calm.
- Help her relax and use breathing patterns.
- Be totally present during a contraction.
- Use touch, massage, counter pressure, col or hot packs.
- Be her advocate when working with the medical staff.
- Remind her of her birth plan if she seems unsure.
- Be there to discuss options when and if the arise.
- Use verbal encouragement.
Be proud of her
- Offer her liquids, or ice chips.
- Help her move in and out of different positions.
- Remind her to use the bathroom.





Non-Medicated Pain relief Options

The Hormones of Labour

Your Body's Natural Birth Team

BIRTH ISN'T JUST PHYSICAL — IT'S PROFOUNDLY HORMONAL.

Every sensation, every rhythm of breath and contraction, is guided by a perfect cocktail of hormones designed to help you give birth with strength, calm, and love. When you understand them, you can trust the process even more deeply — because your body already knows the way.

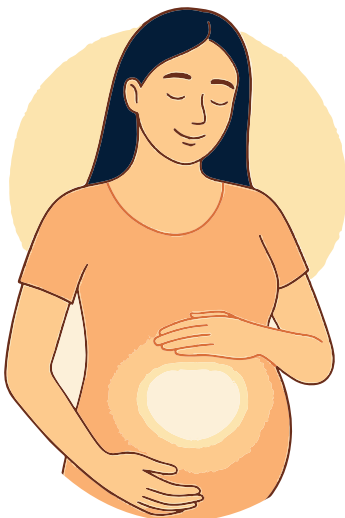
HORMONES THAT HELP YOU

Endorphins

THE CALM WITHIN THE INTENSITY

Endorphins are your body's own pain-relief medicine — stronger than morphine, yet made with love. They surge as labour deepens, flooding you with waves of peace, focus, and even euphoria. These hormones help you move inward — to that quiet, instinctive place where you can ride each contraction with grace.

They flow when you feel safe, supported, and undisturbed. Soft voices. Warm hands. Dim lights. Trust. The more relaxed you are, the higher your endorphins — and the more your body helps itself.



Oxytocin

THE LOVE HORMONE

Oxytocin is the heartbeat of birth — it makes your uterus contract, your milk flow, and your heart open. It's released when you feel love, connection, and tenderness. It's what helps your contractions become powerful yet gentle, efficient yet kind.

OXYTOCIN LOVES INTIMACY:

Eye contact. Hugs. Kisses. Warm water. Familiar faces.

The same hormone that made you fall in love now helps you bring your baby into the world. After birth, oxytocin continues its work — it's what makes you gaze at your baby in awe, fall in love again, and feel that indescribable "i did it" moment.



HORMONES THAT HELP YOU

Adrenaline

THE FIGHT-OR-FLIGHT HORMONE

Adrenaline is your body's emergency hormone — designed to protect you in moments of danger. During labour, though, it can work against the hormones that help you birth your baby.

When adrenaline levels rise, the body moves into fight-or-flight mode:

YOUR HEART RATE INCREASES, BLOOD FLOW MOVES AWAY FROM YOUR UTERUS, AND OXYTOCIN AND ENDORPHIN LEVELS DROP.

This can slow or even stall labour, make contractions feel stronger and more painful, and leave you feeling anxious or panicked.

Adrenaline isn't "bad" — it's your body trying to keep you safe.

But in labour, we want to keep it low so that oxytocin and endorphins can do their beautiful work — helping your body open, relax, and bring your baby down gently.



The Power of Hormonal Harmony

BIRTH UNFOLDS BEAUTIFULLY WHEN YOUR BODY FEELS SAFE.

When oxytocin flows freely, your uterus works with strength and rhythm. When endorphins rise, they ease the sensations and bring calm and focus. Together, they create the deep, instinctive state your body needs to birth your baby.

But when adrenaline takes over — from fear, bright lights, or feeling watched — it interrupts that harmony. Your body shifts into protection mode instead of birth mode.

That's why a calm, private, and loving environment isn't a luxury — it's biology.

**Trust your body.
Protect your peace.**

The more safe and supported you feel, the more your natural birth hormones can flow, guiding you gently through each wave toward meeting your baby.

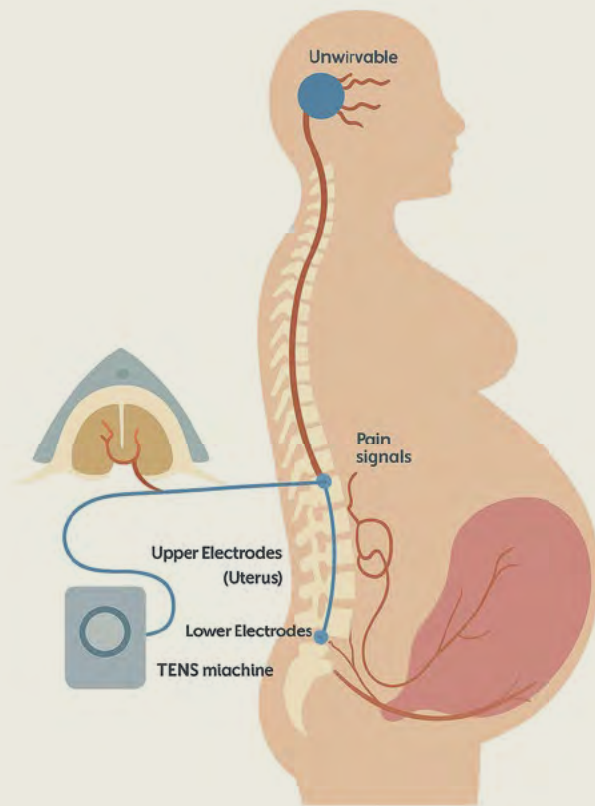
Non-Medicated Pain relief Options

TENS (external)

Stands for Transcutaneous Electronic Nerve Stimulation Given through electrodes taped to your skin (a mild electric current tricks your nerves so that you feel less pain)

Other information:

TENS works best if you begin using it in early labour so you would need to have the unit rented and in your home before you go into labour TENS machines can be rented from a medical supply store. You usually need to put down a deposit along with the rental fees. Some will come with instructions on how to use the unit you rent or you can get advice from a physio therapist

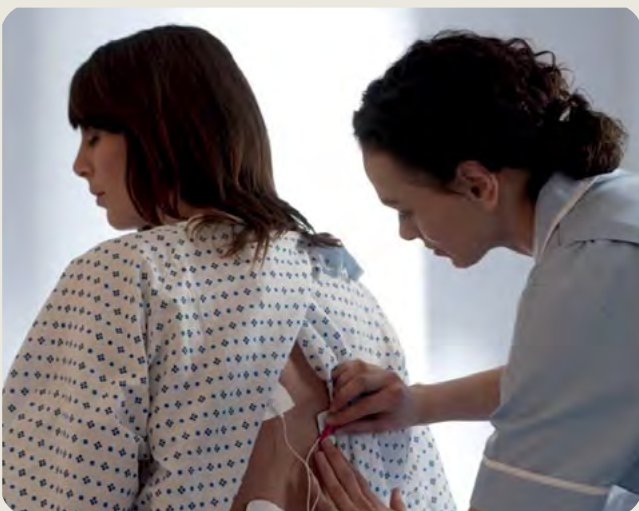


Benefits

- Can provide good pain relief in early labour
- You control the strength
- Takes your mind off the pain
- Mom is able to move around
- No effect on labour or on baby

Disadvantages/Risks

- Not as effective in active labour
- Not as effective if you don't know how to use it before labour begins
- Can't be used in the bath or shower



Ideas For Non Medicated Pain Relief

Preparation

01.

Environment

02.

Affirmations

03.

Visualization

04.

Shower/Bath

05.

Stay at home longer

06.

Doula Support

07.

A prepared partner

08.

Positions

09.

Breathing

10.

Massage

11.

T.E.N.S machine

12.

**What will keep you calm, relaxed,
confident, safe and supported?**



What will I Use to Fill My Brain?

01.



02.

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The more positive and pleasurable
things I add to my brains awareness
the less pain I will feel



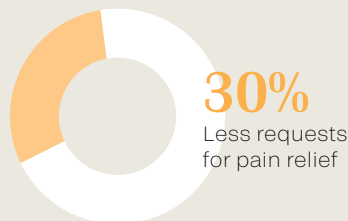
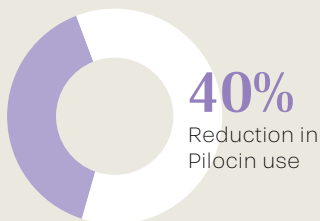
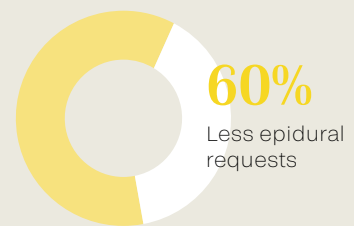
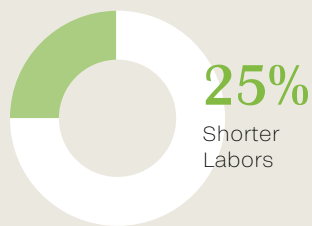
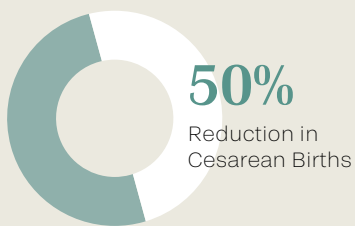
Benefits of a Doula

What is a Birth Doula?

A birth doula also known as a labour coach or labour support, and originating from the Ancient Greek word meaning female servant is a nonmedical person who assists a woman before, during or after childbirth, as well as her partner and/or family by providing information, physical assistance and emotional support. The provision of continuous support during labour by birth doulas is associated with improved maternal and fetal health and a variety of other benefits.

The Benefits of Birth Doula Care

Those that choose to use the expertise of a birth doula or labour coach can expect to have so many benefits, such as, a shorter labour, less requests for pain medication, significant reduction in forceps or vacuum delivery, and greater maternal satisfaction.



The Partner and the Doula

Think of the doula as your cheat sheet from prenatal classes. Most soon-to-be partners have little to no experience when it comes to pregnancy and birth, they are not familiar with all the expectations, sensations and experiences of labour and birth, so all the information coming at them, and most especially the event itself, can be overwhelming and daunting. The doula helps provide a calming environment for both mom and partner, and everyone else involved in the big day. It is good for the partner to feel they are not alone. She has her «tools» to help with every contraction, so partners can remain focused on loving and supporting the mom and being present for her.



Top 10 For The Birth Partner

How to be the most helpful
And supportive during your partners birth

1. Be there - be emotionally connected and supportive

This creates a space of calm and relaxation which is key in creating endorphins nature's powerful pain killer, making birth faster and easier.

2. Encouraging/empowering words

Endorphines baby! And who doesn't like hearing nice things.

Labor positions



5. Helping with positions

Position are vital for speed and ease of labour. So get researching and get up and moving.

3. Massage/touch – hands and feet

Now this one needs to be approached with caution. Some women do not want to be touched, so respect that. For those who don't mind a nice massage can help release stress and excite endorphins



4. Creating a calm environment

Make her space a sanctuary. Your at the hospital, so what, dim those lights, play some music, bring her own pillow and her favorite fuzzy socks.

Make it as peaceful as possible and you will notice a difference in how relaxed she feels.

6. Breathing - guiding and/or reminding

Can your mind think stress and anxiety while you are yoga breathing? NO! Your brain will not interpret stress while actively doing deep relaxation breathing. So practice those breathing techniques, they really do make all the difference. Help her practice, help her remember and do it with her (it's good for your stress too).



7. Reminder To Pee Every 2 Hours & Hydrate!

Full bladder = slow progress. So get her on the toilet (and if you did your research you would know this is also a very effective pelvis puzzle solving position to assume). Dehydration also creates slow progress and low energy. Make her DRINK WATER



8. Being an advocate!!

She needs you on her side. This is the only time she will birth this baby. So make her needs and wishes and questions heard. She is busy birthing this baby, so her voice is now your voice. This also means you need to have the discussion before labour to know what it is she wants and wishes.

9. Remain calm and positive

Fake it till you make it is especially true here. If you are freaking out so will she. So you are her rock. Create an all star support team for you and her before labour so if things get stressful you have a team to fall back on and ask the questions and get your inspiration, second wind and calm back. GO TEAM!

10. Protecting the space after the baby is born

This is a sacred time. Protect it and enjoy it, take it in and be in that moment.



Physiologic Positions For Labour And Birth

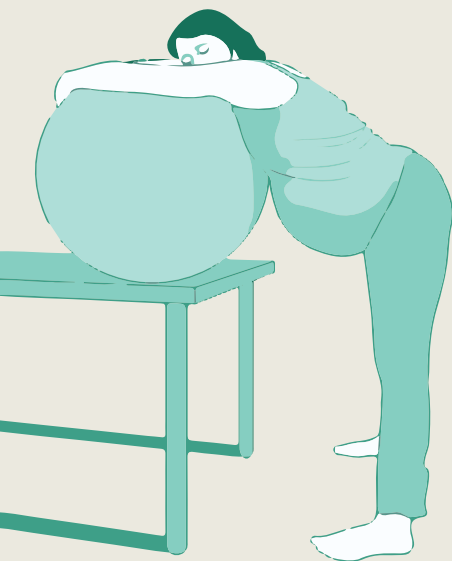
Standing

- Takes advantage of gravity during and between contractions
- Contractions less painful and more productive
- Fetus well aligned with angle of pelvis
- May speed labour
- May increase urge to push in second stage



Standing and Leaning forward

- Takes advantage of gravity during and between contractions
- Contractions often less painful and more productive
- Fetus well aligned with angle of pelvis
- May speed labour
- Relieves backache
- May be more restful than standing



Sitting upright

- Good resting position
- Some gravity advantage
- Can be used with electronic fetal monitor



Walking

- Takes advantage of gravity during and between contractions
- Contractions often less painful and more productive
- Fetus well aligned with angle of pelvis
- May speed labour
- Relieves backache
- Encourages descent through pelvic mobility



Semi-sitting



- Good resting position
- Some gravity advantage
- Can be used with electronic fetal monitor
- Vaginal exams possible
- Easy position to get into on bed or delivery table

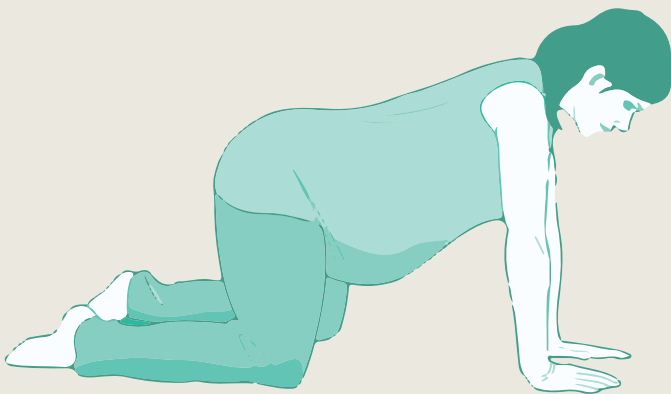
Sitting, leaning Forward with Support

- Good resting position
- Some gravity advantage
- Can be used with electronic fetal monitor
- Relieves backache
- Good position for back rub



Hands and knees

- Helps relieve backache
- Assists rotation of baby in OP position
- Allows for pelvic rocking and body movements
- Vaginal exam possible
- Takes pressure off hemorrhoids



Kneeling, leaning Forward with support

- Helps relieve backache
- Assists rotation of baby in OP position
- Allows for pelvic rocking and body movements
- Less strain on hands and wrists than the hands and knees



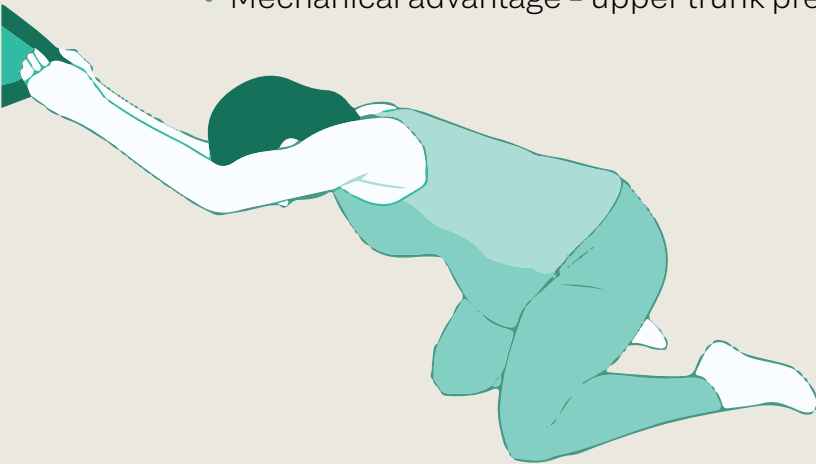


Side-lying

- Very good resting position
- Convenient for many interventions
- Helps lower elevated blood pressure
- Safe if pain medications have been used
- May promote progress of labour when alternated with walking Gravity-neutral
- Takes pressure off hemorrhoids
- Easier to relax between pushing efforts
- Allows posterior sacral movement in second stage

Squatting

- May be comfortable and relieves backache
- Takes advantage of gravity
- Widens pelvic outlet to its maximum
- Requires less bearing down effort
- May enhance rotation and descent in a difficult birth
- Helpful if mother does not feel an urge to push
- Allows freedom to shift weight for comfort
- Mechanical advantage – upper trunk presses on fundus



Sitting on toilet

- May help relax perineum for effective bearing down
- Gravity advantage

Supported squat

(mother leaning with back against support person who holds her under the arms and takes all her weight)

- Allows the baby to spread the bones of the pelvis during descent, by eliminating external pressures (bed, toilet, chair, etc.) and permitting relaxation while avoiding stretching of the muscles connected to the pelvis.
- Gravity advantage



My Preferences for Labour Positions

The Pelvis Puzzle

Your baby makes many small, intelligent movements throughout labour to find the perfect fit through your pelvis. The inlet and outlet of the pelvis each have a different shape and size — and your baby's head changes shape too, depending on how it's flexed or tucked.

Every position you choose helps guide your baby through one part of this “puzzle,” creating more space and making birth smoother and easier.

Try to move, sway, rock, or change positions often — each motion is a clue your baby uses to navigate their journey through your body.

01. _____

02. _____

03. _____

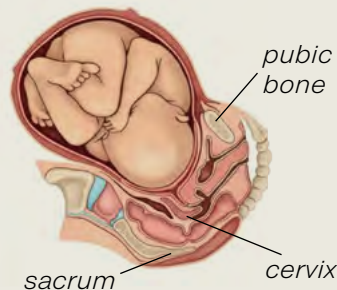
04. _____

05. _____

06. _____

07. _____

Onset of labour



Flexion



Internal rotation of head



Extension



Remember the Pelvis Puzzle!
***what will help move my baby through?**

Breathing Techniques For Labour

What Is The Difference Between Breathing And Over-breathing?

When you are tense and frightened, your breathing becomes shallow and rapid. Your shoulders are pulled up towards your ears and your neck and shoulder muscles feel tight and rigid. If you move into a state of panic, you start over-breathing, sucking the air into your lungs and breathing out in short, sharp gasps. You feel light-headed and out of control. Pins and needles start in your fingers and your mouth feels numb.

All these are common reactions to very stressful or frightening situations. They're normal, but the body can't continue in this state for long with becoming exhausted. In labour, your aim is to conserve your energy as much as possible. You also want to give your baby plenty of oxygen to help him cope with the stress of being born. Panic breathing cuts down on the amount of oxygen you take in for yourself and for your baby. This also makes it impossible for your body to produce endorphins.

Slow concentrated breathing help create a sense of calm and relaxation in mind and body allowing those endorphins to be produced and giving you a sense of powerful pain relief. Remember endorphins are 10x stronger than morphine.

Notice Your Breathing



Close your eyes for a moment now and focus on your breathing. Notice how rhythmical it is. You breathe in, then there's a slight pause before you breathe out. Your out-breath matches your inbreath in length and depth. You pause slightly before your lungs draw the next breath in. In labour, you want to keep your breathing rhythmical. Don't let the in-breath become longer than the out-breath.

If anything, your outbreath should be longer than your in-breath. It's inevitable that when you are having very strong contractions, your breathing will become shallower. This is a completely normal reaction to a stronger intensity of pain. However you should always be attempting to return to a slower pace of breathing and a calm rhythm, this will signal to the brain that you are in control and once again allow the endorphins to surge. Concentrate on the outward breath, which focuses on release.

Simple Breathing Techniques

1

- Think of the word 'RELAX'. It has two syllables, 'RE' and 'LAX'. Now try this exercise. As you breathe in, think 'RE' to yourself, and as you breathe out, think 'LAX'. Don't let your mind wander away from repeating the word 'RELAX' in tune with your breathing. When you breathe out, try to let go of any tensions in your body. Focus on the muscles you know always become tense when you're stressed. Remember, every time you breathe out: '...LAAAAAX'. The out breath is the one to focus on -- the in-breath takes care of itself!

2

- Or you can try counted breathing. As you breathe in, count slowly up to three or four (or whatever number seems comfortable for you) and as you breathe out, count to three or four again. You might find that it's more comfortable to breathe in to a count of three and out to a count of four.

3

- Try breathing in through your nose and out through your mouth. Keep your mouth very soft as you sigh the breath out. In through your nose, and out through your mouth. Many women also find it helpful to make a sound on the out-breath, such as 'Ooooooh' or 'Aaaaaah'. In between contractions, have sips of water to prevent your mouth from becoming dry.

Support With Breathing

It can be very hard to keep your breathing rhythmical and to relax every time you breathe out when you're having painful contractions, you're tired and labour seems to be endless. This is where the support of your birth companion is essential. He can help you keep your breathing steady by breathing with you. You need to be in eye contact with him, and he should hold your hands or place his hands on your shoulders, leaning gently on them. Then you can follow his pattern of breathing as he breathes in through his nose and blows out softly into your face. Practice this during pregnancy. It feels strange to begin with and both of you may be rather self-conscious.



However, co-breathing is wonderful when you're in labour and you think you just can't go on any more. Utilizing a specific pattern of breathing for times in labour when you are especially anxious and having a hard time maintaining control is also helpful. Any pattern works as long as it is simple and repetitive. Such as 1 - 2 - 3 - 4 - Blow (with a long slow outward exhale on the "blow").

Ideas for Breathing Techniques

01.

02.

03.

04.

05.

**Breath control is the foundation
of telling your brain you
are calm and relaxed!**

Massage Techniques For Labour

How does a massage help relieve pain?

Massage stimulates the body to release endorphins which are natural pain-killing and mood-lifting hormones. In labour, massage is important because it brings you close to the person who is caring for you, be this your midwife or your birth companion. The touch of someone who loves you and wants to help you is very empowering when you're coping with contractions and are perhaps tired and frightened.

These massage techniques used during the first stage of labour are specifically designed to support the woman with her breathing during contractions.

Circular Hip Massage

This massage is good for women experiencing back pain during their labour. Women may be more able to regulate their breathing by focusing on the upward and downward strokes of the massage. This can help with relaxation. Either the woman kneels on the floor (or bed) leaning over a chair or against the head of the bed (or wall) and is supported by cushions or pillows. She can also be on all fours. Two hands are placed on either side of the spine in the sacral region with the hands pointing in an upward direction. This massage should never be done directly over the spine (Fig 1&2)



Figure 1



Figure 2

When the contraction starts the woman breathes in audibly and the masseur's hands go up to waist level as she leans forward.

On the out breath, fingers on both hands turn inwards and elbows turn outwards to massage outwards across the back to the hips (Fig. 3).

The hands then move smoothly down the sides of the hips until they arrive at the starting position. (Fig. 4). These movements continue throughout the contraction.

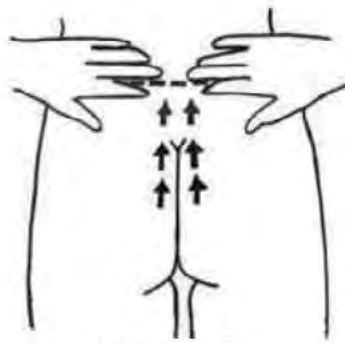


Figure 3

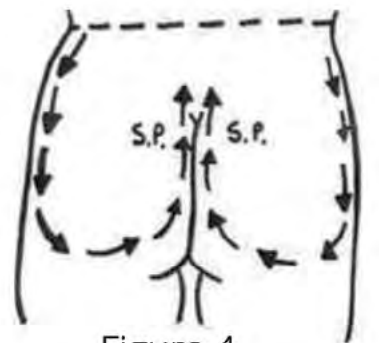


Figure 4

Be Aware That...

The massage techniques described here encourage women and their partners to play a more active part in the birthing experience. Some women find massage so helpful that they want their partners to keep rubbing their backs for hours on end! However, some women simply cannot bear to be touched when they are having contractions. The contractions are so strong that even the slightest extra stimulus is more than they can cope with. Birth companions need to be aware of these different reactions and respond accordingly.



Figure 5

Whole Back Massage

At the end of the contraction the masseur continues up the back (on either side of the spine) to the upper back, around the shoulders and down each side of the body to the starting point (Fig. 5). This stroke is performed more slowly and gently, as it is not following any breathing pattern but rather aiding deeper relaxation.

Upper Back/Shoulder

This massage can be performed to facilitate breathing and relaxation. The same technique is used as for the circular hip massage, but using the upper back (Fig. 6).

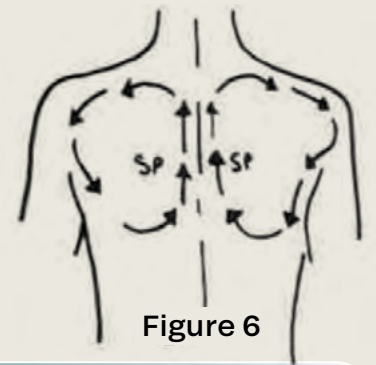


Figure 6

Foot Massage

Many people who say that they can't tolerate having their feet touched nonetheless enjoy firm, rhythmical foot massage. The massage does need to be firm, however, or it will be unbearably ticklish. If you find yourself sitting down or in bed for long periods of your labour, foot massage is ideal. Your partner can simply stroke your feet firmly from ankle to toes, or make circles with his thumbs all over the soles of your feet. You may find that your feet become very cold in labour, and a foot massage will help to warm them up.

You can also use the 3 point foot massage.

Point 1:

Hold her foot in your hands, fingers running along the bottom center of her foot, thumbs on top of her foot. Apply firm pressure on the bottom of her foot with your fingers, then using your thumbs firmly stroke outward from center of the top of her foot to the outer edges. The position should be at the top of her foot toward her ankle. Do this stroke 10 times.

Point 2:

Take her heel in the palm of your hand and squeeze it like a tennis ball. Do this 10 times.

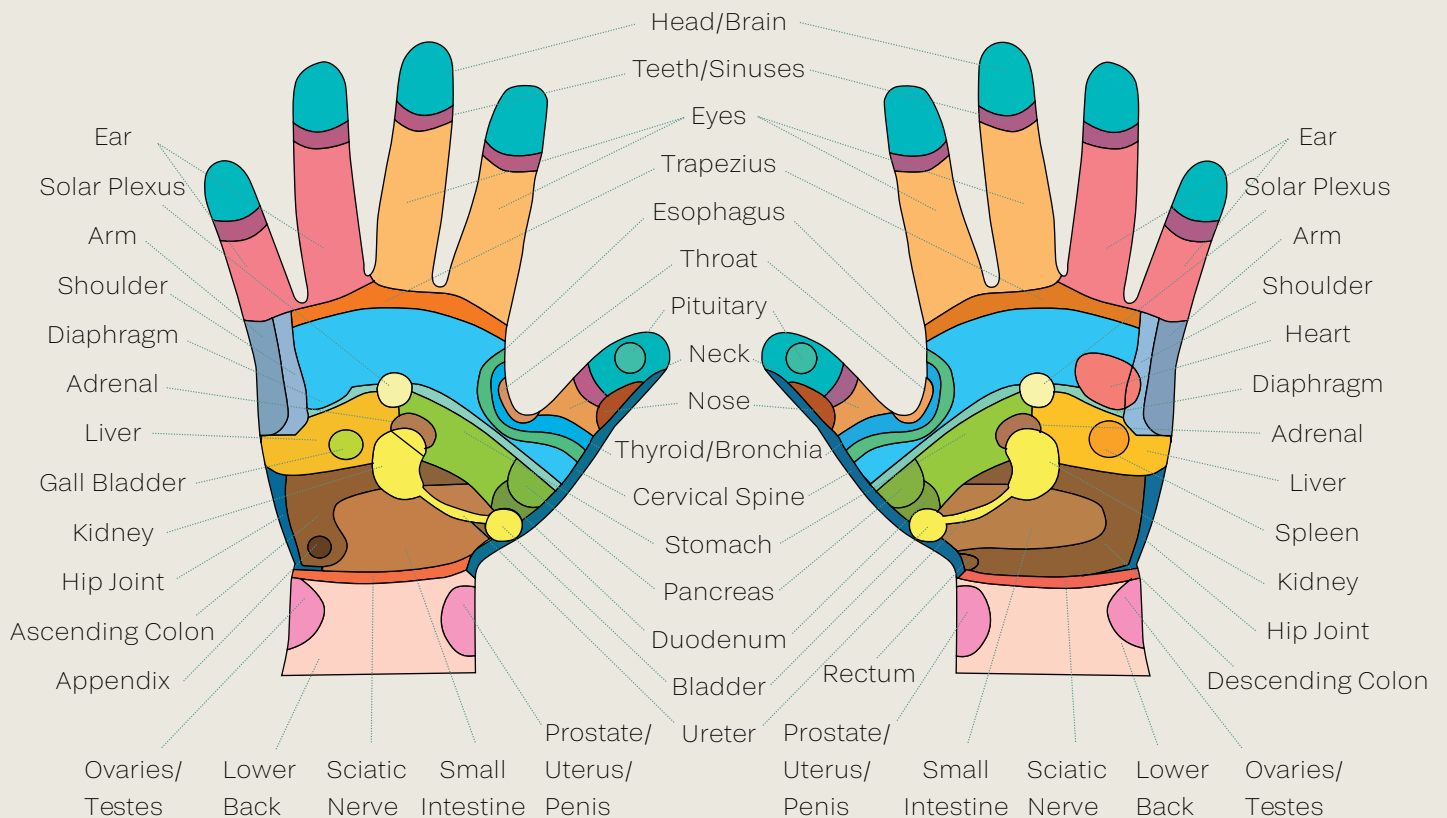
Point 3:

Find the inside ankle bone, right below this bone towards the big toe is a small indentation, apply firm pressure and do a circular massage on that one spot. Circle 10 times.

Hand Reflexology Chart

Right Palm

Left Palm



Hand Massage



If you have had an epidural and are lying in bed, shoulder or back massage is almost impossible. And if you can't feel your feet, there's no point in your partner offering you a foot massage. In these circumstances, hand massage is very soothing. Your birth companion can simply stroke each hand in turn, first on the back, then on the palm, sweeping firmly down from your wrist to your fingertips. He can make small circles all over your palm, and gently pull each finger in turn to release the tension. This is a lovely way of being close to each other and making your labour special.

What would make me feel supported?

Mama Edition

01.

02.

03.

04.

05.

What Would Make Her Feel Supported?

Partner Edition

01.

02.

03.

04.

05.

Notes:





Medications & Interventions

Interventions & Medications in Birth

Possible Interventions

01. Induction

02. Iv

03. Fetal Monitoring

04. Augmentation

05. Episiotomy

06. Vacuum

07. Forceps

08. Cesarean Section

Notes:



Induction Readiness Bishop Score

Used To Asses The Likelihood
Of Successful Labour Induction

Cervical Position	Cervical Consistency	Effacement	Dilation	Fetal Station
Posterior (0)	Firm (0)	0-30% (0)	0cm (0)	-3 (0)
Mid (1)	Medium (1)	40-50% (1)	-2 cm- (1)	2 (1)
Anterior (2)	Soft (2)	60-70% (2)	3-4 cm (2)	-3 (1)
		80% or higher (3)	5cm or more (3)	

Add Up The Totals From Each Column

9-13 correlates with
HIGH SUCCESS

5 or less correlates with
LOW SUCCESS

Induction or Augmentation

Your labour may be induced if

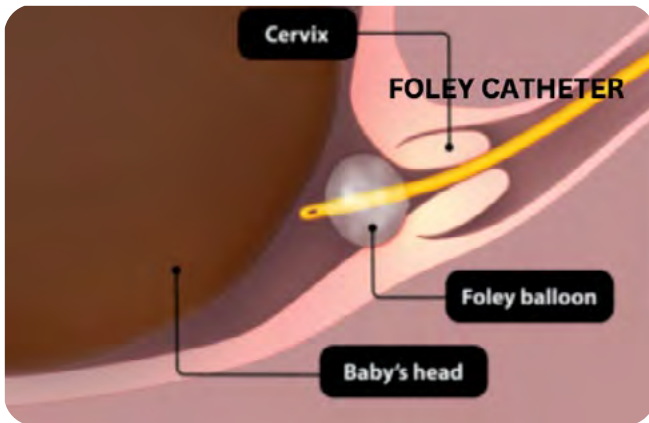
- Your pregnancy has gone 1 to 2 weeks past the estimated due date.
- You have a condition (such as high blood pressure, abruptio placentae, infection, lung disease, pre-eclampsia, or diabetes) that may threaten your health or the health of your baby if the pregnancy continues.
- Your water (amniotic sac) has broken but active labour contractions have not started.
- Your baby has a condition that needs treatment, and the risks of vaginal delivery are low.

When labour does not happen as expected or as needed, inducing labour is preferred over delivering by caesarean section. If labour induction isn't successful, another attempt may be possible. If induction or vaginal delivery may result in harm for the baby or mother, a caesarean delivery may be best, depending on their conditions.

Ways to induce labour

- Medicine may be used to soften the cervix and help it thin (efface).
- Medicine may be used to cause the uterus to contract.
- A **balloon catheter** (such as a Foley catheter) may be used to help the cervix open. A narrow tube with a small balloon on the end is inserted into the cervix by your doctor. As the balloon is inflated, it will help the cervix dilate. The catheter is left in place until the cervix has opened enough for the balloon to fall out on its own (about 3 cm).
- If your cervix is soft and slightly open, **sweeping the membranes** is a simple first step used to start or increase contractions. After the cervix is dilated a little, a doctor or midwife can reach a gloved finger through the cervix and «sweeps» the inside edge of the opening, separating the amniotic membrane from the uterus enough so that the uterus starts making prostaglandins. This chemical helps trigger contractions and labour, which allows induction to occur without needing to use oxytocin or artificially rupture the membranes. Sweeping the membranes works for 1 in 8 women and is low-risk. It does not raise risk of infection. However you may feel uncomfortable afterward, and may experience irregular contractions and some bleeding.
- To help start or speed up labour, your doctor may **artificially rupture your amniotic sac (amniotomy)**. This method should only be attempted after your cervix has started to dilate and the baby's head is firmly descended (engaged) in your pelvis. If started too early, there is risk of the umbilical cord slipping down around or below the baby's head (cord prolapse). If the cord gets squeezed between the baby's head and the pelvic bones, the blood supply to the baby may be reduced or stopped.

To rupture your amniotic sac (amniotomy), your doctor inserts a sterile plastic device into your vagina. This device may look like a long crochet hook or may be a smaller hook attached to the finger of a sterile glove. The hook is used to pull gently on the amniotic sac until the sac breaks. This procedure is usually not painful, although a large gush of fluid usually follows. The uterus continues to produce amniotic fluid until the baby's birth, so you may continue to feel some leaking, especially right after a hard contraction.



Augmentation

If active labour has started on its own but contractions have slowed down or completely stopped, steps need to be taken to help labour progress. Augmentation will be done when:

Active labour has started, but your contractions are weak or irregular or have stopped entirely.

You have gone into active labour, but the amniotic sac has not ruptured on its own. In this case, your doctor or nurse midwife may rupture the amniotic sac (amniotomy) to augment labour. If labour still does not progress, oxytocin may be given to make the uterus contract.

Active labour has started and the amniotic sac has ruptured on its own, but labour still is not progressing. Oxytocin may be given to make the uterus contract.

If labour fails to progress in spite of membrane sweeping, an amniotomy, oxytocin, or a combination of these measures, delivery by caesarean section may be considered.

Success of induction is dependent on many factors. If you take a look at the Bishop Score, this takes in to consideration the cervical position, cervical consistency, effacement, dilation and fetal position as factors that determine the likelihood of an induction being successful with a vaginal birth. The lower the score the less likely induction would be successful and a c-section is more likely to result.

Medical Options For Pain Relief

Entonox (inhaled)

«Laughing Gas» (a mixture of 50% nitrous oxide and 50% oxygen)

Self administered during a contraction, through a mask you hold to your face.

Often used late in labour



Other information:

Breathing the Entonox will make her mouth dry so be sure to offer ice chips, sips of water and lip balm between contractions.

Remind her to take slow deep breaths into the mask from the start of contractions to ensure she is getting enough medication, then to breath room air after the peak and between contractions to exhale the gas from her lungs

Continue to use comfort techniques such as massage and touch

Benefits

- Can provide good pain relief in late labour without long-lasting effects
- You control the amount you receive
- Can be used with other methods of pain control
- Helps you focus on breathing
- Little effect on baby

Disadvantages/Risks

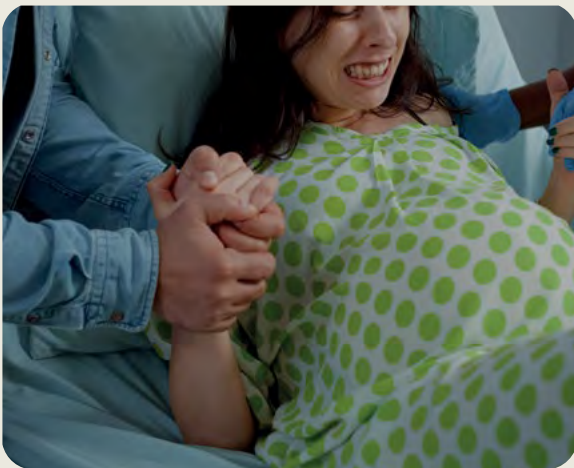
- Should only be used for 2 to 3 hours
- May cause dizziness, numbness or tingling, or nausea
- Doesn't eliminate pain



Medical Options For Pain Relief

Narcotics

- Intravenous or Intramuscular
- Pain medication such as Demerol ®, Morphine ®, Fentanyl ®
- Usually given by injection



Other information:

- The medication may make her dizzy and feel uncoordinated so she will need your help to change positions in bed
- Continue to use comfort measures such as massage and touch. Wipe her face and offer her sips of water between contractions
- After the birth, keep baby skin to skin with mom (or dad if mom is unable) as much as possible to help with breastfeeding

Benefits

- Injected into the vein works in 1-2 minutes and lasts 10-20 minutes.
- Multiple doses are often required.
- May decrease the perception of pain during labour.
- Can help you relax so that you can use self-help techniques more effectively.

Disadvantages/Risks

- May cause dizziness, nausea, drowsiness
May make your baby drowsy and may affect breathing and breastfeeding (a drug can be given to temporarily reverse these effects, until the narcotic is no longer active) May slow labour if given too early Does not eliminate all the pain

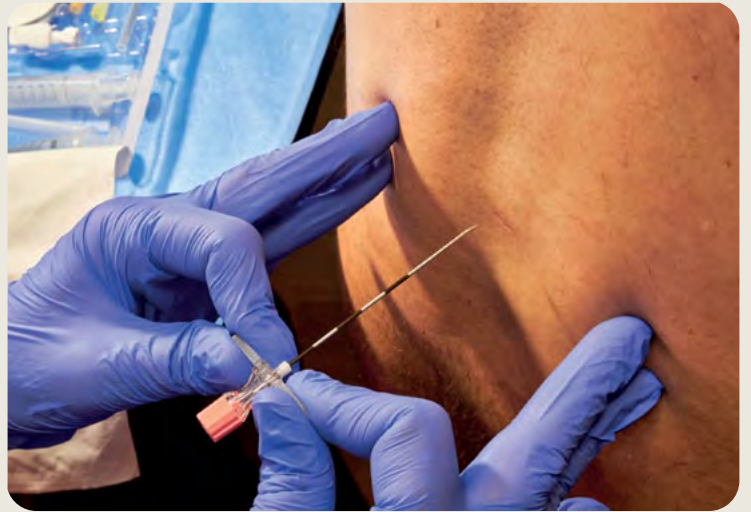
More Information:

- A woman using narcotics in labor may be very sleepy and thus unaware that a contraction has started until it is at its peak. This makes it difficult to use coping and comfort techniques effectively. You can let her know a contraction is starting if you keep one hand on her abdomen to feel for the uterus beginning to tighten. The nurse can help to show you how to do this

Medical Options For Pain Relief

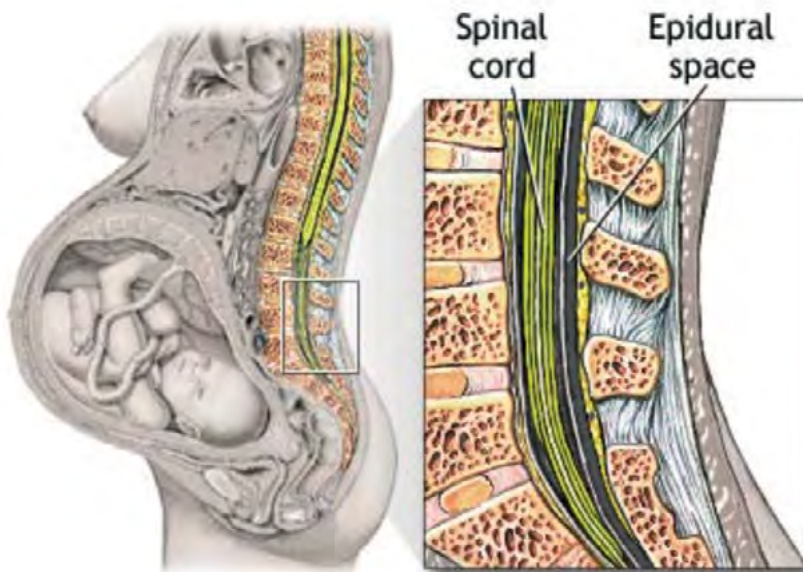
Epidural

- Uses an anesthetic, which numbs nerves, or a combination of anesthetic and narcotic medication is given through a small catheter tube inserted into the epidural space of your spine (the tube stays in place until after your baby is born)
- The tube may be hooked to a pump which regulates the amount



Other information:

- When epidural medications are given, you will be attached to an electronic fetal heart rate monitor. The monitor will be placed around your abdomen for routine continuous monitoring.
- You will require an IV with lactated ringers to manage your blood pressure.



- You will have your temperature and blood pressure checked regularly.
- You will remain semi-reclined and on a slight angle to achieve even coverage from rib cage to mid thigh.
- You may need a catheter to empty your bladder, this can increase your risk of a bladder infection after birth.

Medical Options For Pain Relief

Benefits

- Can be used throughout labour
- Can provide the most effective pain relief
- A low-dose block can sometimes give effective pain relief and still let you walk around with help (this is not always possible and you may have to stay in bed)
- A full block completely blocks feeling
- Top-ups (more medication) are easily given, and often this can be controlled by the labouring woman herself.
- Pain relief can be achieved in 2 to 3 contractions
- You can be awake if a cesarean birth is needed

Disadvantages/Risks

You may develop a fever in labour and the need for more bloodwork and monitoring for you and your baby

May slow or stop labour if given before active labour is established. If contractions slow down, oxytocin may be needed to stimulate labour

An epidural may lower your blood pressure. For this reason, you must have an IV started before the epidural

A decrease in your blood pressure could slow the baby's heart rate for a short time

Sometimes the dose needed to give pain relief causes weakness of the legs and you may have to stay in bed

Pain relief may be «patchy», (which means you may still feel pain in some areas) This can usually be fixed

You may lose bladder tone temporarily and you may need to have a catheter (a tube in your bladder) during labour to drain the urine

You may lose the urge to push with contractions.

Your nurse can direct you to push with contractions, sometimes forceps or vacuum extraction is needed for the birth of your baby.

You may experience shivering and/or itchiness

You may have a severe headache after delivery

Minor back pain (bruised feeling) at the site of the epidural is common and usually goes away within a week

Very rarely, breathing problems, infection, nerve damage or paralysis may occur



Epidural Continued

Supporting a woman who has epidural anesthesia:

- Help her to spend about 20 - 30 minutes in each of these positions to help the baby move through the pelvis: Sidelying (left), semie prone (left), hands and knees or kneel over a birth ball, semi prone (right), sidelying (right), semi sitting.
- Encourage her to change position every 20 -30 minutes, as much as she is able. This will decrease the chances that the baby will remain in an unfavorable position. Depending on the type and level of anesthesia a woman may be able to stand and walk to the bathroom with support or may only be able to turn over in bed with a lot of assistance
- Be aware of her position in bed. Does she look like she would be comfortable staying in that position for an hour? A woman with epidural anesthesia may not be aware of her body and may remain in a position that she would normally change because she was uncomfortable. If she remains in a poor position for a long period it could cause back, shoulder or hip pain in the post partum period
- Continue with comfort measures such as offering sips of fluid, wiping her neck and face with a cool cloth or massaging her hands, shoulders, scalp or face
- Ask to delay pushing until the baby has progressed down in the pelvis and the mother feels an urge to push. Have a towel or sheet wrapped around the squatting bar while she pulls herself up from flat to push
- In the postpartum period keep baby skin to skin with mom (or dad if she is unable) as much as possible to help baby with breastfeeding

**Most women who want an epidural can have one.
Women with the following problems
may not be able to have an epidural:**

Bleeding problems

Very severe infections

Infection over the skin of the lower back

Some rare medical conditions

Previous surgery or a tattoo at the site where epidurals are placed

Medication Options Assessment

01. Laughing Gas

02. Narcotics

03. Epidural

Birth Plan Exercise

Birth has so many variations and now two labours are alike. Here is a list of the many possibilities that can occur during a woman's labour:

- Slow progressing early labour
- No early labour (skip to active labour)
- Even and steady progress throughout labour
- Getting stuck at certain times during labour with little to no progress
- Stay at home as long as possible
- Have to go to the hospital right away in labour
- Managing the discomfort successfully
- Not managing well
- Feeling out of control and anxious
- Feeling supported, confident and relaxed
- Successfully using many methods of non medical pain relief options such as massage, shower, bath, breathing techniques, visualization, meditation
- Not able to use the bath or shower
- Feeling mobile and using movement to help baby descend into the pelvis
- Not being able to be mobile and impeding the descent of baby
- Having a great team to support and encourage you
- Using nitrous oxide for pain relief
- Feeling isolated and alone and unsupported
- Having labour without any medications or interventions
- Using Morphine for pain relief
- Using Fentanyl for pain relief
- Using an Epidural for pain relief
- Making your environment calm and relaxing
- Having a sterile environment and busy and bright
- Using music for relaxation
- Having to incorporate induction into the plan
- Labour successfully starts on its own
- Being able to harness my own natural endorphins to find comfort and relief
- Staying hydrated and nourished throughout labour
- Partner feels confident and helpful and excited and proud
- Partner is unable to feel comfortable and withdraws

Birth Plan Exercise

- Able to find effective distractions throughout labour Not feeling any nausea
- Feeling bouts of nausea
- Experiencing back labour, baby not in optimal position No back labour, baby in optimal position
- Needing to use techniques to move baby such as Miles Circuit
- Miles Circuit successful
- Miles Circuit not successful, continued back labour and/or slow progress Experience premature urge to push
- Finding a rhythm through noises or movement that are effective
- Needing a C-section
- Tearing
- Keeping an intact perineum
- Being able to utilize warm compresses during pushing
- Being able to utilize lubricating oil on the perineum during crowning Finding effective positions for pushing
- Feeling progress during pushing
- Having a good urge to push
- Having a long pushing phase
- Not having an urge to push
- Feeling exhausted and out of energy
- Not getting enough sleep prior to or during labour
- Not able to reenergize
- Being able to find ways to maintain strength and energy throughout labour

Using this list discuss with your birth partner what your thoughts, feelings and preferences are in preparation for being able to navigate your birth experience with your caregivers and to be able to advocate for yourself and your wishes.



Birth Plan Questions to Ask

01. Do I know what my options are for birth?

02. Are there things I hope to try?

03. Are there things I am trying to avoid?

04. Do I know my options for pain management and how do I feel about each one?

05. Do I have a plan for each stage of labour?

06. What will I do when I get tired?

Birth Plan Questions to Ask

07. What will I do when I want to go off plan?

08. Do I have a plan for refocusing myself?

09. Do I have a list for my birth support team?

10. What are the things that are most important to me?

11. Do I have any other specific request for my birth?

12. Do I have a list of postions I want to use?

Birth Plan

Notes

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This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Cesarean Section

How Safe is Cesarean Birth?

Although recent advances in anaesthesia and other technology used to monitor both baby and mother have greatly reduced the risks to mother and baby, it must still be considered a major surgery.

What must I do at home before the surgery?

Have a late night snack the night before surgery. After midnight you must not eat or drink anything until after your surgery unless told otherwise by your anaesthetist.
In the morning prior to coming to the hospital have a shower.

What preparations are necessary?

The doctor will book your caesarean birth with the hospital. You will go to the hospital the same day your surgery is booked. The nurses will get you ready for surgery by:

- ensuring that blood tests are done
- taking your blood pressure, pulse, temperature, and fetal heart
- a catheter (a thin, rubber tube) may be inserted into your bladder to ensure that your bladder is always empty
- an intravenous (I.V) will be started

In the operating room:

- Monitoring equipment will be used to check your blood pressure and heart rate
- You will lie down on the operating room table which will tilt a bit to the left (there are supports on the side to keep you from slipping)
- Your abdomen and thighs will be washed and covered with sterilized cloths, leaving only a small area on your abdomen exposed. The arm with the I.V., or possible both arms, will rest on an arm board away from your body.
- The order of these events will differ depending on whether you have a general or epidural anaesthetic.
- When you are completely anaesthetized, the delivery will begin. Your baby is ready to be born.
- A doctor will be there to look after your baby. Right after the birth, your baby will be assessed, identification bands placed, and be warmly bundled. Then your baby will be given to you or to your support person to hold.

What preparations are necessary?

There are two types of anaesthesia available and the doctor giving you the anaesthetic (anaesthetist) will discuss these with you. They are:

- **Regional Anesthetic** (epidural or spinal) – involved numbing you from the abdomen down by putting medication through a needle inserted in your back. This anesthetic does not go to the baby, so the baby is more alert and wakeful. Both anesthetics have some risks involved. You should discuss these with your doctor and anesthetist to assist you in making a decision.
- **General Anesthetic** – where you breathe in gasses and IV medications are given. You will be asleep through the delivery, unaware of anything that is going on until you wake up in the recovery room. The general anaesthetic also goes to your baby who may be sleepy. General anaesthetics are often used in an emergency.

If I am awake, will I see or hear or feel anything the doctor does?

If you choose regional anaesthetic, you will be awake and alert. Drapes will be raised to form a screen. You will only see the anaesthetist and your support person. The operation will not start until the numbness is at a good level. Although you are numb, there will be a feeling of pressure and pulling especially as the baby is being delivered. The doctors must push on your upper abdomen to assist the delivery of your baby.

What type of incision will the doctor make?

The abdominal incision may be across your abdomen (bikini) or up and down (vertical). The uterine incision is determined by your history, the baby's position inside the uterus (womb) and other factors.

Can my support person be with me?

We encourage the support person to be present when you are awake.

Will I have pain after the surgery?

A caesarean birth is a major operation so you should expect to feel pain. However, pain medication will be ordered to make you more comfortable. A pain medication "epimorph" may be given at the time of caesarean birth if an epidural is used. This may make it unnecessary for you to receive any additional pain medication for the first 24 hours after surgery.

What can I expect during the recovery period?

01. Activity

Before you get up for the first time, it is very important to have some exercise. Wiggle your toes, bend your knees, turn from side to side. Within 4 hours following delivery you will be encouraged to sit up on the edge of the bed, stand and take a few steps. The sooner you do this, the more quickly your body will recover. Please don't try to get up on your own the first time. Every hour or so, take a few deep breaths. Deep breathing will help to re-expand your lungs that may not be fully expanded due to the anaesthetic and the discomfort you are feeling.

02. Nourishment

After surgery, your bowel activity will slow down temporarily and food will not move through your system very quickly. For the first 24 hours, you will receive clear fluids. Your diet will be slowly increased. By the third or fourth day, you will be back on a regular diet.

03. Afterpains

These are similar to menstrual cramps, ranging from mild to quite strong. They tend to be stronger if you are breastfeeding. Pain medications are available if necessary. Relaxation techniques may also help.

04. Bowels and Bladder

The catheter (tube) in your bladder is usually removed 12 to 18 hours after delivery. After any type of abdominal surgery, including a caesarean birth, you may develop gas pains. This usually occurs on or about the second or third day after delivery. Physical activity stimulated the bowels to function so even though it may be uncomfortable, try to walk as much as you can. Remember not to overdo it.

05. Vaginal Discharge

The flow will be bright red for the first 3 to 4 days, then it will gradually become darker and less heavy. Once you are home from the hospital, contact your doctor if:

- your flow increases significantly or becomes bright red
- you have an increase in pain
- you have large clots (larger than the size of a quarter)
- you have a fever (temperature over 38 degrees C or 100.4 degrees F)
- you have foul smelling discharge

06. Showers and Baths

You will probably be able to have a shower on the second day after birth. Your nurse will show you how to care for your incision.

07. Removing the Stitches or Staples

If your stitches aren't the absorbable kind, they will be removed on the fifth to seventh day after the birth. If you have staples, they will be removed on the fourth or fifth day. If you are discharged prior to this, arrangements will be made to remove these.

Following a caesarean birth you will be recovering from surgery as well as the birth of your baby. You will need to ask for help from family and friends so you can get the extra rest you need.

Can I still breastfeed?

Yes — you can absolutely breastfeed after a cesarean birth. In most cases, breastfeeding can begin within the first hour or as soon as you are alert and stable, often with assistance from a nurse or partner. Your incision may make some positions uncomfortable, so side-lying or the football hold are commonly recommended to protect your abdomen. Pain medication given after surgery is typically safe for breastfeeding, but always confirm with your care team. With support and patience, many parents successfully breastfeed after a cesarean.

Will I have to have a caesarean section for future births?

It is very common for mothers to have a vaginal birth after a cesarean birth. Plan to discuss this with your doctor.



When can I expect to go home following a caesarean birth?

You will probably go home on 48 hours after the birth of your baby.

When can I resume sexual relations?

The usual recommendations made are to wait six weeks after delivery, when you feel comfortable or as advised by your doctor. Remember: pregnancy can occur during this period because ovulation occurs before your next menstrual period.

Back Labour

What Is Back Labour?

Back labour refers to labour where the woman experiences most of her discomfort in her back. Often this is a result of the baby presenting into the pelvis in a posterior position. When the back of the head and spine are against the mother's spine. If the baby is presenting in a posterior position it often takes longer for birth to occur as it is harder for baby's head to fit through the pelvis. Baby's can be born in a posterior position but most often at some point during labour the baby rotates to an anterior position for easier passage through the pelvis.



Fetus in posterior presentation

What Can Mom Do To Help Baby Rotate?

If early in labour assume the elbows and knees position with bum high in the air. (this encourages baby to “back up” out of pelvis and try again in a more favorable position)

Change positions frequently to encourage pelvic movement and opening

Side lunges to open pelvis to encourage rotation (during 3 contractions on 1 side and then repeat on the other side for 3 contractions)

Take the stairs two by two (supported of course)

“Hang” on a door frame to elongate torso and allow space for baby to turn

Pelvic rocking by swaying side to side, circling hips on the birth ball, or rocking her pelvis forward and back while on her hands and knees.

Abdominal stroking - If you know where the baby's back is begin a firm stroke there and stroke towards the middle of mom's abdomen (this is where you want baby to go).

Standing and walking - Baby's alignment into the pelvis is much more favorable when in an upright position.

What can supporters do to help with comfort?

01. Counter pressure:

Press your fist, the heel of your hand, or a firm object (a tennis ball, a rolling pin, a cold can of pop, or an ice pack) against her low back during contractions. Hold on to the front of her hip as you press.

Try pressing in different spots, bottom of her tailbone, off to one side; she will let you know where feels best.



02. Kitchen Chair method:

Have mom sit on a well supported chair, one that has a straight back and she can put her feet comfortably on the ground. With her in sitting position, press straight back on her knees. This shifts the pelvis position in such a way to give some good relief.

03. 2-person double hip squeeze:

Each person finds the same place at the flair of mom's hips, one on one side and the other on the other side. Both push in together. This is much easier for both parties but still gives mom the relief she is looking for.

04. Double hip squeeze:

(with mom on her hands and knees find where her hips flair the widest, using your hands in an upside down "v" position push in and up applying constant pressure during a contraction. This is very strenuous, but very effective. Again mom will guide you as to position of your hands and the amount of pressure she likes.

05. Massage:

Break the Popsicle along the lower part of her spine may be helpful.

06. Shower:

Pointing the showerhead at the lower part of her spine. Pressure and heat combined makes this a very effective comfort measure.

7. Heat and cold.

Miles Circuit

The Miles Circuit is a series of positions developed by approved birth doula Sharon Muza. They can be used to relieve pressure on the lower back and can help speed up or regulate labour. The circuit can be used during early labour to help ensure your baby is in a good position for birth, and can possibly help turn a malpositioned baby if the pregnant person is having back labour.

Before Beginning

Clear 90 minutes of your schedule and ensure your bladder is empty. Gather plenty of pillows and a nice drink you can sip through a straw. If you intend to use the Miles Circuit to help you with your birth process, you should begin around 37 weeks. It is suggested you start with 10 minutes per position at first, adding a few minutes each day until you reach the full 90 minutes.



Step One: Open-Knee Chest



«Start in cat/cow, then drop your chest as low as you can to the bed or the floor and your bottom as high as you can. Knees should be fairly wide apart, and the angle between the torso/thighs should be wider than 90 degrees. Wiggle around, prop with lots of pillows and use this time to get totally relaxed.

This position allows the baby to scoot out of the pelvis a bit and gives them room to rotate, shift their head position, etc. If the pregnant person finds it helpful, careful positioning with a rebozo under their belly, with gentle tension from a support person behind can help them maintain this position for the full 30 minutes.»

Step Two: Exaggerated Side Lying Position

«Roll to your left side, bringing your top leg as high as possible and your bottom leg straight. Roll forward as much as possible, again using a lot of pillows. Sink into the bed and relax some more. If you fall asleep, great, but if not, stay here for at least another half an hour. Try and get your top right leg up towards your head and get as rolled over onto your belly as much as possible. If you repeat this circuit later in the same day, try lying on the right side the next time!»

Step Three: Get Up and Moving

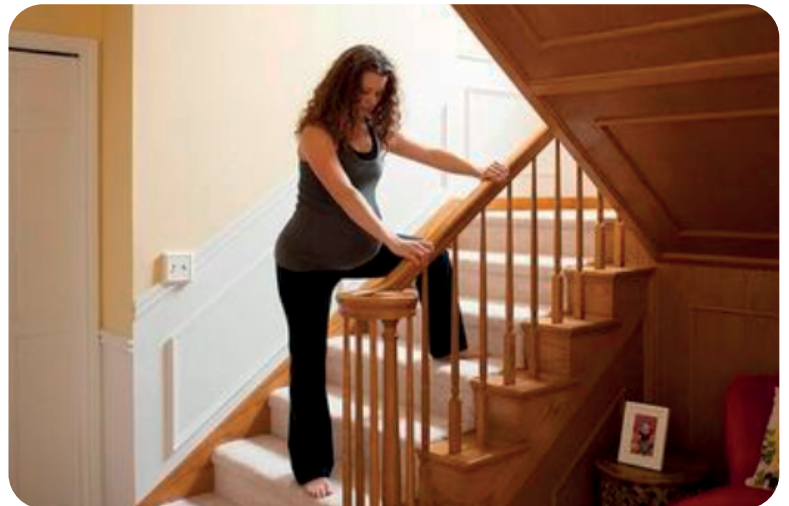


«Lunge, walk stairs facing sideways, 2 at a time, (have a spotter downstairs of you!), take a walk outside with one foot on the curb and the other on the street, sit on a birth ball and hula-anything that's upright and putting your pelvis in open, asymmetrical positions.

Spend at least 30 minutes doing this one as well to give your baby a chance to move down.

If you are lunging or stair or curb walking, you should lunge/walk/go up stairs in the direction that feels better to you.

The key with the lunge is that the toes of the higher leg and mom's belly button should be at right angles. Do not lunge over your knee, that closes the pelvis.»



For alternate positions and more information, visit
milescircuit.com

****If you are using this technique to help turn a posterior baby, if it is successful you will notice that your contraction pattern will regulate, your contraction awareness will be in the front of your belly. If you do not notice a difference and are continuing to have irregular contraction patterns and the contraction awareness remains in your lower back, try and repeat the Miles Circuit.****

Managing Transition

What Is Happening:

- 01.** | Your cervix is continuing to open (dilate) from 7 centimeters to 10 centimeters (fully dilated).
- 02.** | Contractions are very intense
- 03.** | Contractions are continuing to get longer, stronger and closer together.
- 04.** | Nausea, vomiting.
- 05.** | Contractions are 1 minute to 3 minutes apart and can last from 60 – 90 seconds long.
- 06.** | Uncontrollable shaking.
- 07.** | You can experience a double peak contraction, where one contraction does not quite finish before another one begins. Pressure on vagina and rectum.
- 08.** | Possible urge to push and the pressure increases.

Helping yourself

- Take contractions one at a time.
- Try to remember that transition is the most intense but the shortest part of labor.
- Try to focus during contractions using breathing patterns, moaning or rhythmic rocking or swaying motion to distract away from pain. (refer to take charge routine)
- Use visualization if possible.
- Use massage or counter pressure if possible.
- Change position as needed. Comfort is most important to help with relaxation.
- “Blowing out the candle” breathing if an urge to push begins.

How your partner can help

- Know the signs of transition.
- Encourage and reassure her.
- Give clear instructions, although in the end it is better if you mimic what you want her to do. Breathe with her, rock with her, sway with her.
- Remind her that transition is short. Praise her.
- Stay with her.
- Maintain eye contact if she begins to fight the contractions. Get her to focus.
- Comfort her as best as you can. Massage, counter pressure, hot compresses, cold cloth on her forehead if she is flushed, on the back of her neck if she is nauseated.
- Hold her tight.

Stepping In With Strength

Supporting Your Partner in Labour

Labour can be an emotional rollercoaster. At some point, your partner may feel overwhelmed, say she can't go on, or start crying or panicking. This is a normal part of the process — and a moment when your support can make a powerful difference.

This is your cue to step in with calm, confidence, and love. This guide offers you a way to help her through the hardest contractions, when she hits an emotional wall.

Use what feels right from the steps below — your connection and presence are what matter most.

1. Stay Grounded and Calm

Speak slowly, calmly, and with reassurance. Your touch should feel steady and secure. Even if she is panicking, you stay anchored.

2. Get Close

Physically move close to her — beside her or facing her — so she can feel you there. Be within her line of sight.

3. Make Contact

Place your hands gently and firmly on her shoulders, her face, or hold her in your arms.
Be a strong, comforting presence she can lean into.

4. Meet Her Eyes

Ask her to look at you. Gently, but clearly. Make eye contact and stay connected with her gaze.

5. Switch It Up

If she seems stuck, change something. Help her move to a new position, shift her breathing rhythm, or offer a new focus point. Join her in the rhythm — guide with your voice or hand.



6. Breathe With Her

Guide her through each breath with encouragement:

"Breathe with me... You've got this... That's it... In and out... Good... Stay with me... You're doing it."

Repeat this in a calm, steady tone — louder if needed, but never harsh. Your words anchor her.

7. Connect During Breaks

Between contractions, check in:

“Is this helping?”

“Let’s try something different next time — I’ll help you breathe right from the start, okay?”

Reassure her that she’s doing well and you’re in this together.

8. Repeat, Repeat, Repeat

In the intensity of labour, she may only hear a few words at a time. Keep saying the same encouraging things over and over. Repetition creates rhythm, and rhythm brings calm.

9. Stay With Her — Don’t Back Off

Even if she says she can’t keep going — you keep going. Your belief in her matters. Acknowledge that this is hard — but remind both of you that she can do it.

10. Bring the Baby Into Focus

Sometimes she’s so deep in the experience that she forgets what it’s all for. Gently remind her:
“You’re doing this for your baby — you’re getting so close to meeting them.”

11. Get Extra Support

If you’re unsure what to do next, call in a nurse, midwife, doula, or birth partner. They can check her progress, offer coaching ideas, or just reassure you both that this is normal.

12. Considering Pain Relief?

If she starts asking about pain medication, think about:

What were her original preferences?
How far along is she now?
Is she coping better with your support, or still in distress?
Is she clearly requesting relief or just unsure?

Labour can change the plan. If she decides to shift from a medication-free birth and asks for help — honor that. What matters most is her choice, in the moment.

You Can Be Her Anchor

Many women say afterward, “I couldn’t have done it without my partner.” When you step in and stay steady, even during the hardest moments, you give her strength she didn’t know she had. You won’t take the pain away, but you’ll make it bearable — one breath, one word, one touch at a time.

My Transition Game Plan

(when things get intense)

01. Highly Focused Techniques

02. Pain Relief Tools

03. Ideas for Distraction Techniques

04. Additional Ideas

Managing Pushing

What Is Happening:

- | | | | |
|------------|--|------------|---|
| 01. | Possible lull in contractions for a brief period of time. | 05. | Pressure of baby stretches vagina |
| 02. | Urge to push becomes stronger as the baby descends lower, and passes by the rectum. | 06. | Slow crowning of the baby's head allows stretching of the perineum. |
| 03. | Contractions will become 3 – 5 minutes apart once again and will last 60 seconds long. | 07. | Birth of baby's head then shoulders then the rest of the body. |
| 04. | Pushing during contraction (directed or spontaneous pushing). | | |

Helping yourself

- Relax perineum, buttocks and legs.
- Bear down with the urge to push during a contraction.
- Change positions. Use positions that aid in descent of baby and open up the pelvis such as squatting bar, deep hands and knees, side lying with top leg raised etc.
- Pant or blow as necessary during crowning, listening to your caregivers requests.
- Push like you are having a bowel movement, down low. Don't push in your throat or let all of your air out from your mouth as you push. You need to push pretty hard to be effective.
- Perineal oils can aid in stretching the tissue as your baby's head descends.
- Hot compresses help soften the tissue as well.
- If desired touch the baby's head to help encourage your efforts.

How your partner can help

- Help her change positions.
- Support her in her chosen positions. Often partner will help hold her legs up during contractions for optimal pelvic opening.
- Remind her of the baby and that she is close.
- Encourage her.
- Stay by her side.
- Help her relax in between pushing contractions.
- Remind her to try and relax her perineum, buttocks and legs.
- Help with pushing if directed pushing is needed.
- Help with blowing if needed during crowning.
- Get the camera ready.

Possible Positions For Birth



Tips For Pushing

01.

- Follow Your Body's Urge to Push

03.

- Deep Breath at the beginning and end of each push effort

05.

- Push when you have a contraction and rest in between contractions

07.

- Utilize positions to maximize gravity and decent

02.

- Remember knees in ankles out for best opening of the pelvis

04.

- Use warm compresses to help soften the perineal tissue

06.

- Consider perineal oil to lubricate baby's head when visible

08.

- Listen to your caregiver at crowning stage to help control pushing to help you not tear

Pushing Game Plan

01. What positions do I want to try?

02. How do I want to push?

03. What questions do I need to ask my caregiver about pushing?

04. Do I need any supplies for pushing?

Notes



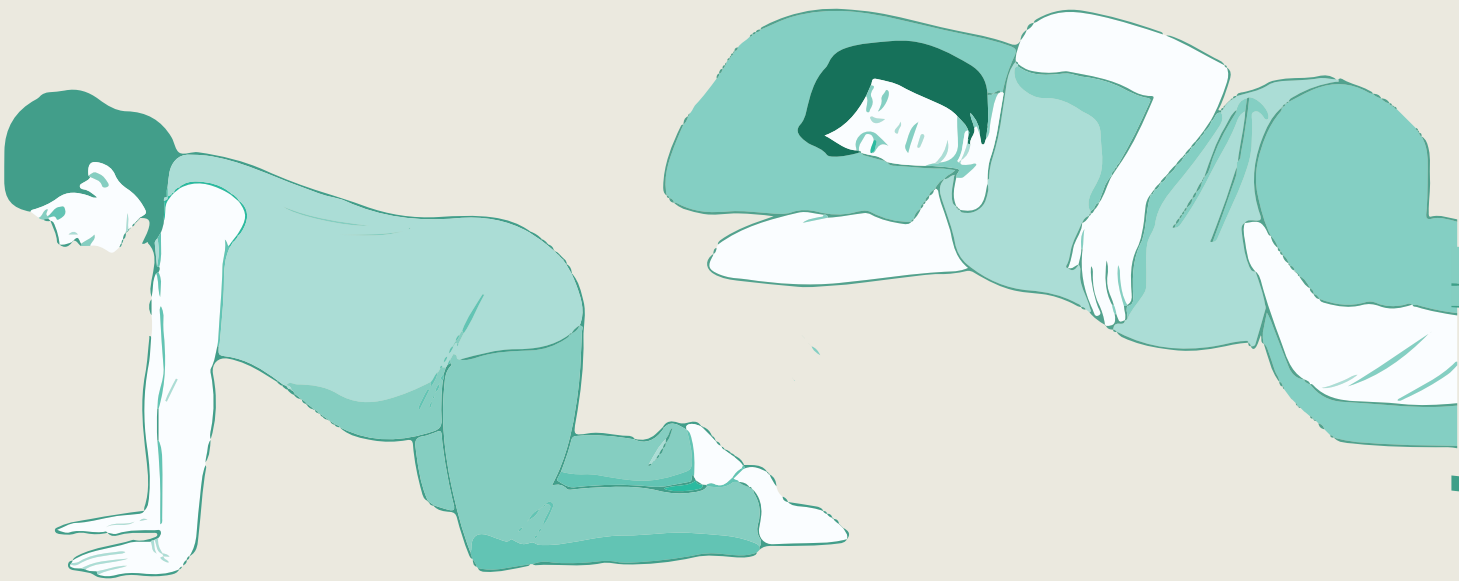
Practice
labour suggestions

Side Lying & Hands and Knees

Have two contractions

01. Laying on your side using a yoga mat , utilize pillows at your head and in between your legs to make it the most comfortable you can.

02. Using the same yoga mat try a contraction on your hands and knees. Play around with pillow placement and different positions for your legs and arms.



Partner

01. Hands and knees position is a good one to try the double hip squeeze, counterpressure or back massage.

02. Help her focus on her breathing, try a breathing pattern.

The Birth Ball

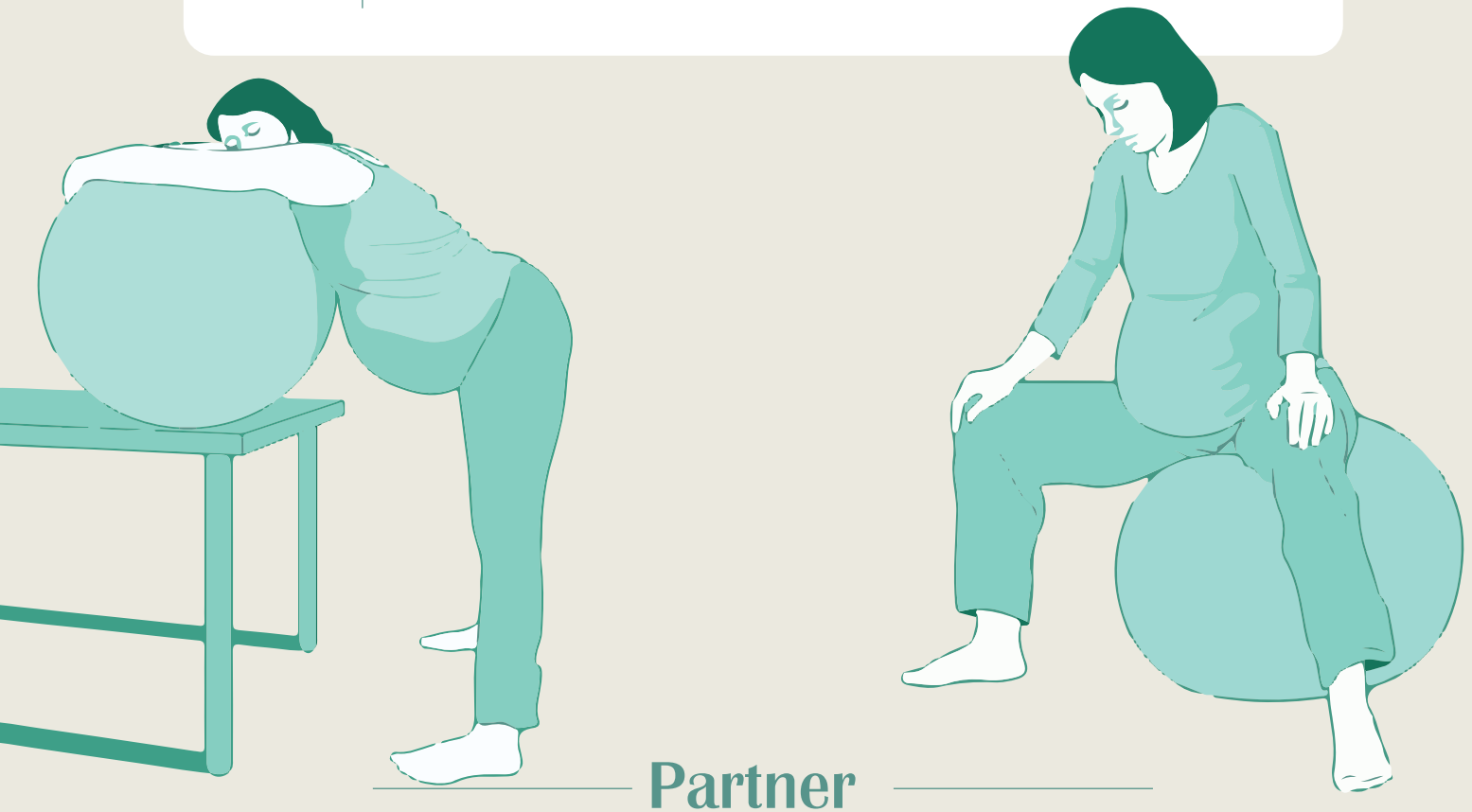
Have two contractions

01.

For the first contraction try sitting on the ball. Try different movement while on the ball such as side to side or circular movement.

02.

Now try bracing the ball either in a standing or kneeling position. If you can add a swaying motion do so.



01.

What support techniques can you use in these positions?

02.

Discuss ideas for comfort measures she would like for labour.

Slow Dancing

Have two contractions

01. Face each other and embrace as if you are dancing. Both of you sway gently.

02. Try swaying back and forth with mom leaning back into partner, embracing her from behind.

Partner

01. Create an environment where she can relax in your arms. Add music, turn down the lights.

02. For the reverse dancing, try effleurage (circular, rhythmic stroking movements with the palm of your hand to lightly massage her abdomen.)



Squatting

Have two contractions

01. With partner sitting in a chair, position yourself in a squat leaning back into partner, supporting yourself on their legs.

02. Try a forward facing squat either using a chair or supported by partner again.



Partner

01. You might find these positions harder to do any hands on techniques. So this would be a good opportunity to help with breathing, or positive words of encouragement.

Forward Leaning/Rebozo

Have two contractions

01.

Try positioning yourself in a chair straddled forward.

This position is best on the toilet (when actually in labour).

02.

Play with the rebozo scarf. Partner can support using the scarf to get into the above position.

Or try “shaking the apples” or sifting.
(<https://youtu.be/FwkEcsnXijY>)



Lunging/Stairs/Walking

Have two contractions

01. Using a stool or chair, and supported by partner, place foot on top, turned 45 degrees, make small lunging motions .

02. Supported by partner, try using the stairs. Experiment with wide steps, or two steps or lunging in place using the stairs. Alternatively try walking.

Partner

01. These positions need you to be physically supportive to her so she is safe. Hold her hand, or put your arm around her.





Postpartum

Immediate Postpartum Period

What to Expect Right After Birth

The immediate postpartum period — the first 24 hours after delivery — is a time of profound physical and emotional changes. While meeting your baby for the first time is a joyful and unforgettable experience, it is also important to be prepared for what your body and mind will go through during this critical stage of recovery. Here's what you can expect:

Physical Changes

01. Uterine Contractions ("Afterpains")

Your uterus will begin contracting to shrink back to its pre-pregnancy size. You may feel cramping sensations, especially during breastfeeding, as oxytocin triggers stronger contractions. These "afterpains" are usually more noticeable in women who have had previous births.

02. Vaginal Bleeding (Lochia)

You will experience vaginal bleeding as your body sheds the remaining blood and tissue from the uterus. This discharge, called lochia, starts off heavy and bright red and may contain small clots. Over the next days and weeks, the flow will gradually lessen and change color.

03. Perineal Discomfort

If you had a vaginal delivery, you may feel soreness or swelling in the perineal area (between the vagina and anus), especially if you had stitches or a tear. Applying cold packs, using a peri-bottle for gentle cleansing, and taking pain relievers if recommended by your provider can help ease discomfort.

04. Cesarean Section Recovery

If you had a C-section, you'll experience incision pain and tenderness. You'll be monitored closely for bleeding, infection, and proper healing. Moving around gently is encouraged to improve circulation and prevent blood clots.

05. Breast Changes

Your breasts will start producing colostrum, a nutrient-rich first milk, shortly after birth. Your milk will typically "come in" within 2-4 days, causing your breasts to feel fuller, heavier, and sometimes tender.

06. Sweating and Temperature Fluctuations

Hormonal shifts can cause night sweats and temperature changes. This is normal but can feel uncomfortable — stay hydrated and wear lightweight clothing.

Emotional Changes

01. Emotional Highs and Lows

The joy of meeting your baby is often mixed with exhaustion and mood swings. It's common to feel tearful, anxious, or overwhelmed during the first few days. These feelings, sometimes called the "baby blues," are typically temporary.

02. Bonding with Your Baby

Skin-to-skin contact is highly encouraged in the immediate postpartum period. It helps stabilize your baby's body temperature, heart rate, and breathing while fostering emotional connection and supporting breastfeeding.

03. Support and Rest

Accept help from your partner, family, or healthcare team. Rest as much as you can — recovery takes time, and your body needs to heal.

Monitoring in the Hospital

During your hospital stay
(usually 24–48 hours after vaginal birth or up to 72 hours after C-section),
your healthcare team will:

- ☐ Check your blood pressure, pulse, and temperature regularly.
- ☐ Support breastfeeding and provide newborn care guidance.
- ☐ Monitor vaginal bleeding.
- ☐ Encourage mobility to prevent blood clots.
- ☐ Assess uterine contractions and firmness.
- ☐ Monitor your incision if you had a C-section.

When to Call for Help

After returning home, contact your healthcare provider if you experience:

- 01.** Heavy vaginal bleeding (soaking a pad in under an hour or passing large clots)
- 02.** Severe abdominal pain
- 03.** Fever or chills
- 04.** Foul-smelling vaginal discharge
- 05.** Signs of breast infection (redness, swelling, fever)
- 06.** Difficulty breathing or chest pain
- 07.** Severe mood swings, anxiety, or thoughts of self-harm

Immediately After Birth Plan

01.

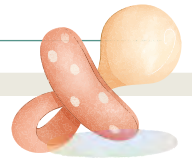
Am I advocating for immediate Skin to Skin?

02.

Am I delaying Cord Clamping?

03.

Is partner cutting the cord?



04.

How long do I want to keep baby skin to skin?

05.

Do I want to delay weighing and measuring baby?



Immediately After Birth Plan



06.

Am I going to breastfeed?

07.

Am I wanting to facilitate the breast crawl?

08.

What do I want to eat after birth?

09.

Do I want to be given time to freshen up ?

Notes

[illegible]

The Postpartum Period

THE FIRST COUPLE OF HOURS AFTER YOUR BABY'S BIRTH IS SOMETIMES CALLED THE FOURTH STAGE OF LABOUR.

Your body is adjusting to its new, nonpregnant state. After the placenta has separated from the wall of the uterus, the uterus must contract firmly to prevent excessive bleeding (it will feel like a firm, grapefruit-sized mass at about the level of your navel). The nurse will massage your fundus) do slow paced breathing to decrease the discomfort), check the amount of vaginal flow (lochia), and monitor your pulse and blood pressure frequently until you have completed the recovery period (usually one to two hours). If you have had an episiotomy, an ice pack may be applied to reduce swelling.

Studies have shown that bonding is facilitated by early interaction between the new baby and his parents. You will be given an opportunity to touch and to hold your baby soon after birth. This is also a good time to initiate breastfeeding, since the baby will often suck or nuzzle during this alert period.

Possible Physical Discomforts and Suggestions

PAIN FROM REPAIR OF EPISIOTOMY

- Apply ice pack first 12 to 24 hours
- Take warm sitz baths or tub baths.
- Kegel to promote circulation.
- Apply topical anesthetics (sprays or foams).
- Use "Tucks" (witch hazel compresses).
- Request analgesics (remind your doctor you are breastfeeding).

INABILITY TO URINATE

- Drink lots of liquids.
- Run water in sink while you are trying to urinate.
- Pour warm water over perineum as your are trying to urinate.
- Do Kegel exercise.

FEAR OF HAVING FIRST BOWEL MOVEMENT

- Talk with doctor or midwife about stool softener.
- Drink lots of fluids.
- Eat foods high in bulk - whole grains, bran, raw vegetables, fresh and dried fruits.
- If no bowel movement, request suppository, laxative, or enema before leaving the hospital.

HEMORRHOIDS

- Keep bowel movements as soft as possible.
- Apply topical anesthetics.
- Use "Tucks" (witch hazel compresses).
- Kegel to promote circulation.
- Discuss other medications with caregiver.

AFTERBIRTH CONTRACTIONS

Normal to feel while breastfeeding more intense for multigravid mothers

- Do slow paced breathing.
- Use relaxation techniques - release all muscle groups.
- Request analgesics.

Postpartum Game Plan

Our Helpers



Who Does What?

What needs to get done?

Supply List

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. On the left edge, there is a small portion of a brown object, possibly a pencil or a piece of tape, which is partially visible. The rest of the page is empty and ready for writing.



Postpartum Planner

This planner is designed to gently guide you as you prepare for the early weeks after birth — a time of change, learning, and deep connection. It offers space to think through how you want to care for yourself, your baby, and your growing family.

While every journey is different, having a plan can help you feel more supported and less overwhelmed. It's not about rigid rules, but about creating a soft landing as you begin this new stage. Stay open — things may shift, and that's okay.

**Remember, these first weeks are part of your family's story.
Try to approach them with presence and care.
Everything else can wait — right now, it's about finding your rhythm together.**

Postpartum Planning Guide

A thoughtful space to explore your needs, your baby's care, and your family's well-being during the early weeks together. Fill it out to reflect your values, preferences, and priorities.

Building a Circle of Support

01. Who will help care for the baby?

02. Who will care for older children, if any?

03. Who can we count on for emotional support?

04. What kind of help do I need most in the first 2–3 weeks?
(meals, cleaning, rest, emotional support, etc.)

05. How do I ask for help when I need it?

06. What does real support look like to me?

Strengthening Our Relationships

01. What helps us feel close and connected as partners?

02. What boundaries do we need to feel respected during this time?

03. What do I need from my partner emotionally and practically after the birth?

04. How do we want to communicate during moments of stress or exhaustion?

Everyday Baby & Home Care



We'll hire a postpartum doula



We'll get help from family or friends



We'll do it all ourselves, with a simple routine

01. Who will prepare meals most days? _____

02. Who will clean the house and do laundry? _____

03. Where will we set up a feeding zone? _____

04. Where will diapering/changing supplies be? _____

05. Where will the baby sleep during the day? And at night? _____

06. Where will the baby sleep during the day? And at night? _____

Rest & Physical Recovery

01. How many hours of sleep do I usually need to feel rested? _____

☐ We plan to co-sleep

☐ Baby will sleep beside us in a bassinet/crib

☐ Baby will sleep in their own room

02. What kind of physical recovery support do I need (rest, gentle movement, body care)? _____

03. How will I know I'm pushing myself too hard? _____

04. What does rest *really* look like for me? _____

Feeding — Baby and You

01. How do I plan to feed my baby (breast/chestfeeding, bottle, combo, donor milk)? _____

☐ We will feed on demand

☐ We will follow a schedule

02. How do I feel about feeding emotionally and practically? _____

03. Do I want professional lactation or feeding support? _____

04. How will we track feeding and diaper output (if at all)? _____

Nourishment & Mealtime Support

☐ We'll freeze meals ahead of time

☐ We'll cook with help

☐ We'll cook day to day

☐ We'll order in ___ times a week

01. How do I want to be nourished during postpartum (types of food, schedule, snacks)? _____

02. What helps me feel cared for when I eat? _____

Organizing the Home

- 01.** Who will do laundry? _____

- 02.** Where will we feed the baby? _____

- 03.** Where will we change diapers? _____

- 04.** Where will the baby rest or nap? _____

- 05.** What kind of storage or setup will help us stay organized with minimal effort?

Longer-Term Support Systems

- | | |
|---|---|
| ☐ Join new moms' or parenting groups | ☐ Explore baby massage or yoga classes |
| ☐ Connect with lactation or feeding groups | ☐ Look into part-time help (babysitter, cleaner, etc.) |

- 01.** What kind of support will help me most over the next 6-12 months?

- 02.** What does a sustainable rhythm look like for our family?

Staying Connected to the World

- 01.** How connected do I want to be with friends/family in the first few weeks?

- 02.** What are my boundaries with visitors or phone calls?
- | | |
|--|--|
| ☐ I'll put an away message on my phone or email | ☐ I'll call/text back when I feel ready |
|--|--|
- 03.** What helps me feel human and not isolated?

A minimalist line drawing in a light teal color on a light beige background. It depicts a woman with long hair, seen from the side, holding a baby against her chest. The woman's hand is visible, supporting the baby. The word "Breastfeeding" is written in a dark, cursive script across the center of the image, partially overlapping the woman and the baby.

Breastfeeding

Breastfeeding Positions

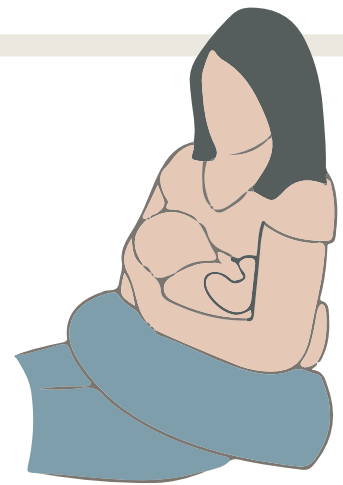


01. Cross cradle

- Reach across to hold baby at the base of their head and shoulders
- Place your fingers around to their cheeks for stability
- Make sure baby's head, shoulder and hip are all in a line
- Be sure to tuck their bum in tight with your elbow

01. Football hold

- Place a pillow beside you on the same side you are to feed baby on
- Place baby beside you, looking up, hold baby at the base of their head and across their shoulders
- Pull them close to you with your elbow

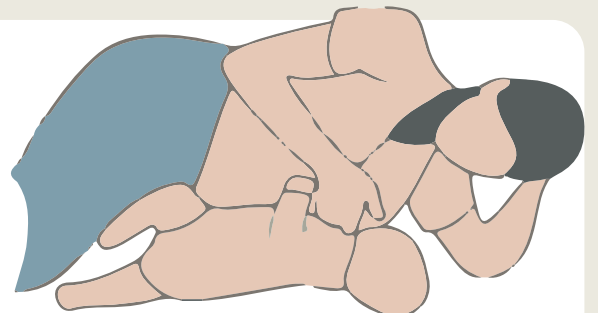


01. Cradle

- Hold baby's head in your elbow on the same side you are feeding baby on
- Make sure baby's head, shoulder and hip are all in a line
- Tuck baby's bum into your close with your elbow

01. Side lying

- Be sure to position your baby in a straight line as you lay beside your baby
- Tuck baby in close to your body with your hand



Feeding Cues

Knowing typical hunger/feeding cues can help you assess when your baby is hungry before they start crying. That way you can try and get them started while they are still calm and more likely to latch on the breast or take a bottle more easily.

EARLY CUES

"I'm hungry"



Stirring



Mouth opening



Turning head
Seeking/rooting

MID CUES

"I'm really hungry"



Stretching



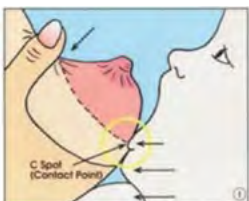
Increasing physical
movement



Hand to mouth

** Remember often baby will mimic hunger cues when they are over tired. So be sure to assess whether they should be hungry or if they just need help falling asleep **

Attachment - The Key to Successful Breastfeeding



Quickly "hug" between Baby's shoulders, bringing baby onto the breast

The breast COMPLETELY FILLS baby's mouth

This triggers baby's sucking reflexes



The breast COMPLETELY FILLS baby's mouth



This triggers baby's sucking reflexes

You Know Breastfeeding is Going Well When ...

01. You recognize your baby's Early feeding cues:

Rooting, hand to mouth movements, sucking on hand, small sounds, and small body movements. Crying is a late feeding cue.

02. Baby latches on well:

Takes all of nipple and about one-half to one inch of the areola in his mouth. Lips are flared out and chin and nose are touching the breast.

03. Baby is properly positioned when nursing:

Baby's head and shoulders are supported and in a straight line with his body.

The baby's head is level with the breast and the baby is turned toward mom so that he can see mom with his top eye.

04. Baby is satisfied:

Your baby is relaxed at the end of the feeding. He may release the breast spontaneously or he may drift off to sleep after several minutes of active suckling.

05. You know you are making milk:

In the first week, you may experience uterine cramping each time you nurse; you may get a sleepy feeling; you may notice tingling, pressure, or fullness in the breasts.

07. Baby has 1 or 2 bowel movements the first day and gradually increases to 4 or more per day as the mature milk comes in.

The colour changes from sticky green- black to a loose, yellow curd-like stool by the end of the week.



06. Baby nurses at least 8 to 12 times each 24 hours (about every 1 1/2 to 3 hours).

You Know Breastfeeding is Going Well When ...

08. You can nurse comfortably in various positions:

Lying down or sitting with baby in “cradle” or “football” hold.

10. Baby is getting milk:

After a few short fast sucks, you notice a change in pattern to a slow, rhythmic suck-swallow. You can hear the swallow, which sounds like a sigh. When you stop nursing, you can see milk in his mouth and he may spit up some milk when he burps.



09. You feel comfortable Assisting baby to latch on:

When your nipple lightly touches baby's lips, you wait until the baby opens his mouth wide. You support your breast with one hand (fingers below on ribcage and thumb on top) while using opposite arm to quickly draw baby in when baby's mouth is wide open.

11. Mother is comfortable After nursing:

After the mature milk comes in, your breasts feel soft and comfortable when your baby finishes nursing. You have no lumps or engorgement.

12. Baby has 1 or 2 wet diapers for the first day and Gradually increases to at least 6 to 8 heavy wet Diapers by the end of week one.

Note:

The amount of urine and stool increases and the frequency decreases as the baby matures. By about 4 weeks, bowel movements may continue as frequently as every feeding or may decrease to large amounts every couple of days.

Breastfeeding Guide

Timeline

The pregnancy hormones in your body are preparing your body for breastfeeding.

- Your breasts gradually become larger, firmer, and more tender.
- The brown part around your nipple (areola) becomes larger, darker, and develops small bumps called Montgomery glands. These glands are thought to secrete an antiseptic lubricant that decreases dryness.
- Colostrum, a thick yellowish liquid, may or may not leak from the breasts.
- Take a breastfeeding class.
- Avoid using soap on the nipples, which may wash away natural lubrication.
- Determine if your nipples are everted, flat, or inverted. If flat or inverted, discuss strategies with your breastfeeding instructor or lactation consultant to aid early nursing.
- It is not recommended that you try to hand-express colostrum.

The delivery of the placenta causes a drop in estrogen and progesterone, which stimulates initial milk production.

- The baby may be eager to nurse on one or both breasts immediately after birth, or he may not be interested at all. Even if he does not appear interested in nursing immediately, hold him skin-to-skin against your chest. Research indicates that spending time with your baby skin-to-skin helps them learn to breastfeed sooner.
- Nurse as soon as possible after birth to further stimulate milk production (early, frequent feeding may also help to prevent jaundice and engorgement).
- Nurse at night even if not rooming-in.
- Nurse on each side every 1 1/2 to 3 hours as the baby desires. Wake the baby to feed during the day.
- Learn different nursing positions.
- In order to avoid “nipple confusion,” avoid bottle nipples and pacifiers.

Breastfeeding Guide

Timeline

Your milk will come in.

- Your breasts may feel very full and heavy.
- They may become engorged - firm and uncomfortable. This early engorgement will disappear spontaneously.
- Nipples feel the most tender at this time.
- If you are still in the hospital, continue rooming-in and frequent feedings.
- If you are at home, continue to get plenty of rest. Continue short, frequent nursings. Wake the sleepy baby to feed 8 to 12 times every 24 hours.
- If you are engorged, nurse frequently.
- Take warm showers and hand-express to remove some of the milk.
- Use cold compresses for comfort.

If you had engorgement, it usually has subsided. Normal swelling of your lymph glands has also decreased so that your breasts may actually feel smaller.

- Babies tend to be very fussy at about 10 days which may coincide with the disappearance of your engorgement; you may feel that you are not producing enough milk. This is usually not the case, just a coincidence.
- Nipple soreness should be gone by 10-14 days.
- Lie down to nurse to increase rest.
- Continue to take naps during the day when baby sleeps. You still need extra rest!
- Continue frequent nursings. Most newborns need at least 8 to 12 feedings every 24 hours.
- Contact a lactation consultant if nipples are still sore at 10 to 14 days..

Breastfeeding Guide

Timeline

You are often resuming many activities you pursued before the pregnancy.

- The baby experience a growth spurt, needing to nurse even more frequently for 14-48 hours in order to build up your milk supply. At this age babies still tend to be fussy for many reasons other than hunger.
- You still need extra rest during the day.
- Share your feelings (both positive and negative) with your partner and your friends. Do something special for you and your partner or yourself.
- Be assured that if your baby is only on breastmilk, 6 to 8 wet diapers per day indicated that he is getting plenty to eat!

Hooray! Usually you are "feeling yourself" again and have recovered physically from the birth.

- The baby, too, seems much happier. He is starting to coo and smile often. He seems to maintain some kind of pattern of feeding (although this pattern may change frequently).
- Keep up the good work!
- Try to rest when you're tired.
- Continue frequent nursings and expect some periodic growth spurts when the baby needs to nurse "all the time" in order to build up your supply of breastmilk.
- Enjoy this very special time in your family's life.

Breastfeeding

Challenges and Solutions

Breast Infection *Mastitis*

- Remove milk by continuing to nurse at frequent intervals, by hand expressing, or by using a breast pump.
- Get baby's chin as close as possible to affected site.
- Go to bed and rest.
- Take antibiotics prescribed by your health care provider.
- Apply warm compresses to affected breast.

Baby sleeping "too much"

- Newborns do need to nurse at least 8 to 12 times per 24 hour period. If your baby is not nursing at least this number of times, you will need to wake her every 2 to 3 hours during the day to nurse. Try the following to help wake up your baby: unwrap and undress her, change her diaper, talk to her, gently move her up and down and sideways, put her hand to her mouth, express a small amount of breast-milk so that she can smell it. It is usually not necessary to wake a baby at night to nurse unless she is not gaining weight adequately.

"Not enough milk"

- Although this is a common perception of new mothers, the truth is that most mothers make plenty of milk for their babies. Use the checklist on page 100 to determine whether or not breastfeeding is going well for you and your baby.
- After evaluating the checklist (on page 100), if you still feel that you may not be producing enough milk for your baby, contact either a nurse where your baby was born or a lactation consultant.

"Colicky" baby

- Respond to early feeding cues before baby cries.
- Continue to breastfeed frequently; changing to formula often makes symptoms worse.
- The warmth and comfort of holding baby skin-to-skin while rocking, nursing, or sleeping may calm both of you.
- A warm bath or warm compresses to the stomach may help.
- Mother may try a change in her diet by eliminating one of the following, for one week at a time, to see if it helps:
 - dairy products - eggs - nuts - wheat

Breastfeeding Challenges and Solutions

Inverted or flat nipples

- During pregnancy, have your health care provider check to see if either of your nipple is inverted. (An inverted nipple, in response to cold, will retract rather than protrude.)
- If your nipples are flat or inverted, discuss strategies with your breastfeeding instructor or lactation consultant to aid with early nursing. Frequent practice sessions with the baby before the milk comes in will help. Some lactation consultants may recommend breast shells, hard plastic cups with multiple ventilation holes which are worn inside the bra during the first weeks after the baby is born.

Engorgement

- Room-in and nurse frequently (every 1 1/2-3 hours).
- Wear a supportive bra for comfort.
- Take a warm shower or apply warm compresses and hand express milk to soften areola before nursing.
- Apply cold compresses between feedings.

Sore Nipples

- Alternate nursing positions: sitting, lying down, or “football hold”
- Make sure your positioning is correct. Baby should be tummy-to-tummy with mother. Both the baby’s nose and the baby’s chin should be touching the mother’s breast. Support the breast during the feeding (see page 100).
- Begin nursing on the least sore side first.
- Massage breast to stimulate let-down reflex before putting baby to breast.
- Make sure some of the lower portion of the areola is in the baby’s mouth as well as the upper portion of the areola.
- Use relaxation techniques and slow paced breathing when baby first begins sucking and for as long as necessary.
- End feeding when baby is finished; do not allow the baby to sleep at the breast when nipples are sore.
- Be sure to break suction before removing the baby from breast.
- Air dry nipples after nursing.
- Apply one of the following to the nipple and areola: warm, moist compresses; expressed breastmilk; or pure hospital-grade lanolin.
- If using a breast pump, use the lowest setting that is effective. Never use “bicycle-horn” type pumps or plastic bra liners.

Plugged Ducts

- Apply warm compresses, or soak in warm tub before nursing.
- Begin feeding on affected side.
- Get baby’s chin as close as possible to affected area.
- Do breast massage while nursing.
- Nurse twice on affected side during each feeding.
- Try to eliminate causes such as too-tight bra.

Signs of a Proper Latch

01. Baby's body is facing mother
02. Baby comes to the breast with a wide-open mouth and take a large mouthful of breast
03. Baby is pulled in close so that his chin and the tip of his nose are touching the breast
04. Baby's lips are pressed/curled back
05. At the beginning of each feeding, your baby may have short, quick sucks, then start to suck strongly, deeply and rhythmically, followed by pauses and more sucking
06. You can hear and see swallowing
07. At the end a feeding some babies come off the breast on their own. Others become very sleepy

Latch

What's the problem?	What caused it?	What fixes it?
SORE NIPPLES Nipple pink, tender, blistered, bleeding, changed shape after feeding (flat/ridged).	Improper latch or position	LATCH Check position of baby Get help early: • Public health nurse • Early Start Drop-in • Lactation consultant Feed on the least sore nipple first: Apply light layer of modified lanolin (such as Purelan and Lansinoh) after breastfeeding.
BLOCKED DUCT Hard, tender area in breast caused by milk that has tyickened and is harder to drain.	Improper latch. Tight clothing or bra	LATCH Heat - shower, warm washcoths Massage, stroke breast Feed baby first on affected breast Try a different position to feed baby
MASTITIS Inflammation or infection of the breast; painful areas in breast that can become red, swollen, warm. Mother develops sudden flu-like symptoms such as fever, chills.	Blocked dust. Cracked nipples. Fatigue.	LATCH • Continue to breastfeed frequently to keep your milk flowing. • Rest • Fluids • Treat as for blocked dust (above) • See doctor for antibiotics to treat the infection.

Storage Of Milk

How Long Is Safe For Your Milk Storage



Freshly Expressed Breast Milk Storage Guidelines

Room
Temperature

4-6 Hours

Cooler/On Ice

24 Hours

Refrigerator

3-8 Hours

Freezer

6-12 Hours

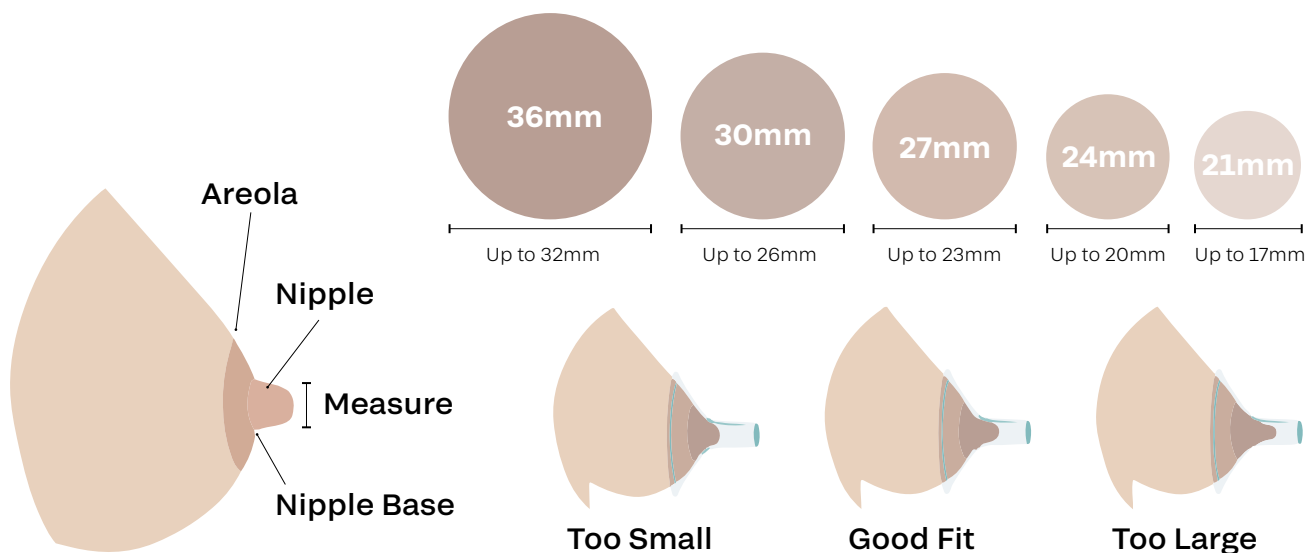
Feeding Your Baby

Breast, Pumped Milk, or Bottle

Every family's feeding journey is unique. The most important thing is that your baby is fed, loved, and thriving — no matter how you choose to feed.

Flange Size and Pumping Tips

When using a breast pump, finding the correct flange size is essential for comfort and effective milk expression. A flange that's too small or too large can cause pain or reduced milk output. Most brands offer size guides — measure carefully and adjust if you feel pinching, rubbing, or poor suction.



Pumping suggestions:

1. Milk supply is usually highest in the morning, making it an ideal time to pump shortly after a feeding.
2. Baby's needs always come first — never replace a feeding just to pump.
3. Pumping adds demand to your body's milk-making system. Over-pumping may lead to oversupply and discomfort.
4. For gentle milk collection, consider using a Ladybug or Haakaa-type silicone collector during feeds to catch let-down milk without active pumping.



Bottle and Nipple Choices

1. If you're combining or exclusively bottle-feeding, take time to choose bottles and nipples that suit your baby's feeding style.
2. Look for nipples with different flow rates — newborns often do best with slow-flow, but not all "slow-flow" bottles are truly slow; observe your baby's comfort and adjust as needed.

3. Paced bottle feeding helps mimic breastfeeding rhythm, allowing your baby to control intake and reduce gas or spit-up.



4. Try different bottle shapes if your baby has trouble latching or swallowing too quickly.



Respecting All Feeding Journeys

Whether you breastfeed, pump, use formula, or combine methods, you're doing an amazing job caring for your baby. Feeding is not just about nutrition — it's about connection, comfort, and love. Trust yourself, stay flexible, and seek support whenever you need it.



Guidelines for Supplementation

In some circumstances you may have to feed your baby with express breast milk or supplement. Below is a quick guideline to how much and how often.

Expressed Breast Milk (EBM)

First 24 hours

2-10 MLS of ebm or formula per feed - average 30 mls/24hrs

48-72 hours

15-30 MLS of ebm or formula per feed - average 240 mls/24 hrs

24-48 hours

5-15 MLS of ebm or formula per feed - average 120 mls/24 hrs

72-96 hours

30-60 MLS of ebm or formula per feed - average 400 mls/24 hrs



Days 5-7

30-60 MLS of ebm or formula per feed - average 400 mls/24 hrs

Days 8-21

60-90 MLS of ebm or formula per feed - Average 500-700 mls/24 hrs

>22 days

60-120 MLS of ebm or formula per feed - Average 500-700 mls/24 hrs

Pace Bottle Feeding



1. _____

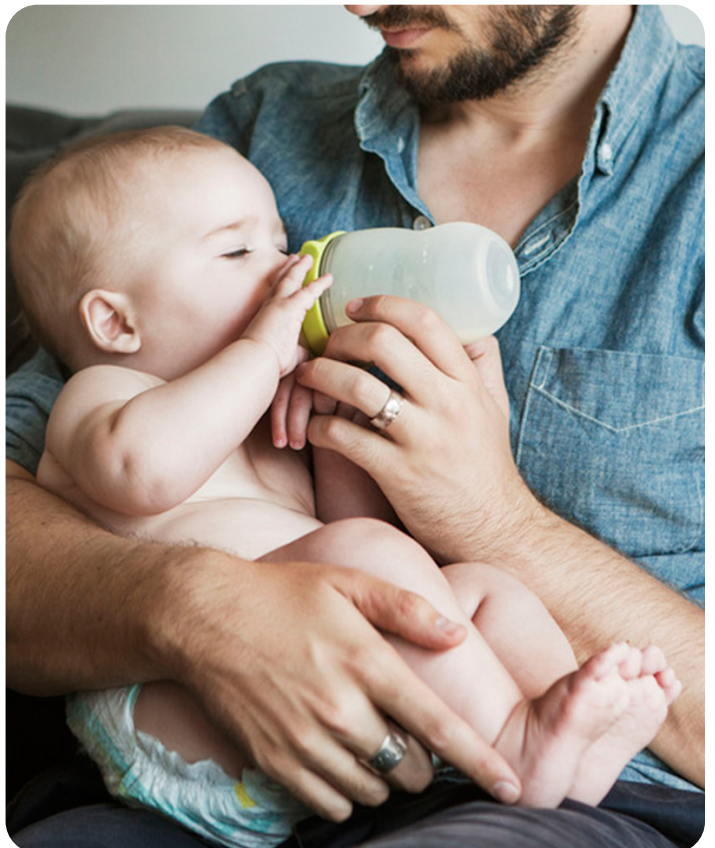
When you feed your baby with a bottle in a traditional way, with baby laying back in your arms and the bottle tipped up, the flow of milk is continuous.

This doesn't allow them to be able to pace their feed properly with appropriate pauses. This often leads to your baby feeding too quickly, taking in too much air and over feeding as this constant pace does not allow the full response to trigger.

2. _____

When you position your baby in a side lying or upright position and you hold the bottle perpendicular to their mouth, you create positioning that allows them to pause and pace their feed.

Be sure the milk is in the nipple of the bottle but not draining out, so that baby has to suck to get the milk but isn't getting any air.



Breastfeeding Game Plan

Thing to Remember



Supply List



Pees/Poops/Feeds

[illegible]

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a small, stylized illustration of flowers and leaves in shades of green and yellow. A single red dot is visible near the bottom center of the page.

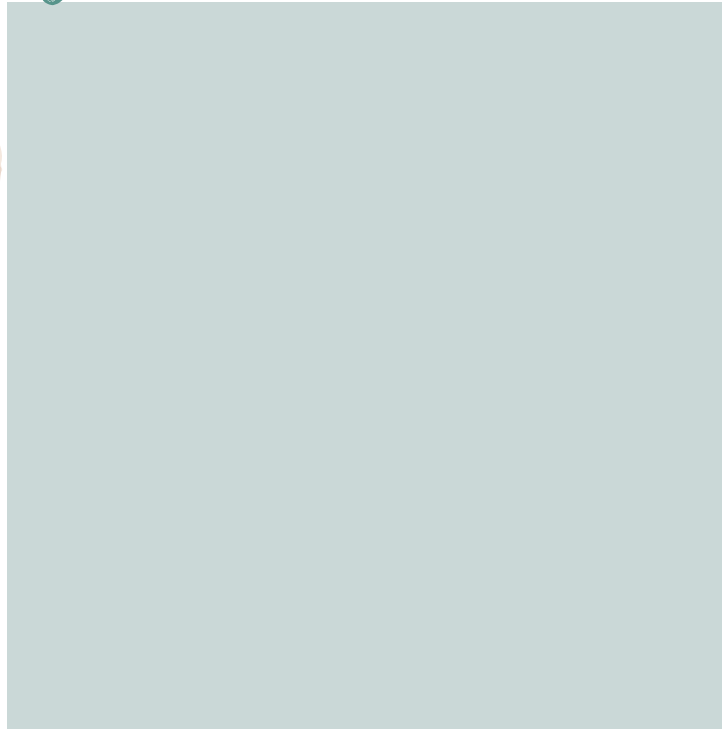




Newborn Care

Newborn Care

My Beautiful Baby



Name: _____

Birth Date: _____

Birth Time: _____

Weight: _____

Length: _____

Understanding Your Newborn

What's Normal in the First Few Days

In the first days after birth, your baby is adjusting to life outside the womb. Their behaviours may seem unusual compared to older babies — and that's completely normal. This guide will help you recognize what's expected, and when it might be time to reach out for support.

Breathing

In the beginning, newborns often breathe in patterns that can seem unpredictable. You might notice:

Newborn breathing can seem irregular at first. Brief pauses, faster or slower breathing, and small noises are often normal as your baby adjusts to life outside the womb.

See the detailed guide on the following pages for signs that need attention.

Feeding Patterns

- After the first 24 hours, your baby should feed roughly every 2 to 4 hours, around 8 to 12 times a day.
- Most babies feed for at least 20 minutes, though longer is common.
- It's normal for babies to “cluster feed” — feeding often in a short time, then taking a longer break.

Skin Colour

In the first day or so, your baby's skin may go through a few changes:



- Your baby's skin may change colour during the first days of life. Blue hands and feet, redness, blotchiness, or mild yellowing can all be normal as circulation adjusts.
- See the detailed section later for when colour changes may need medical attention.



Body Temperature

- A normal temperature for your baby (taken under the armpit) ranges between 36.5°C to 37.5°C (or 97.7°F to 99.5°F).
- Anything outside of this range may need attention.

Diaper Output

Tracking wet and dirty diapers helps ensure your baby is feeding well:

DAY 1:

at least 1 wet diaper



DAY 2:

at least 2 wet diapers



DAY 3:

at least 3 wet diapers



Stool changes

1. In the beginning, your baby's poop will be dark green-black (meconium).
2. As your milk transitions from colostrum to mature milk (usually around day 3-5), bowel movements will become yellow, green, or brown, and may look watery or seedy — that's normal.
3. Expect around 6-8 wet diapers daily once your milk is in.

WHEN TO BE ALERT

While most early behaviours are completely normal, it's important to watch for signs that something may be wrong — especially in the first hours and days.

In rare cases, newborns can develop infections like Group B Strep (GBS), which may cause serious illness. Symptoms often show within the first 24 hours but can appear later.

**If something feels off, trust your instincts.
Call your midwife or seek medical attention immediately.**

Your Baby's Early Behaviour and Breathing

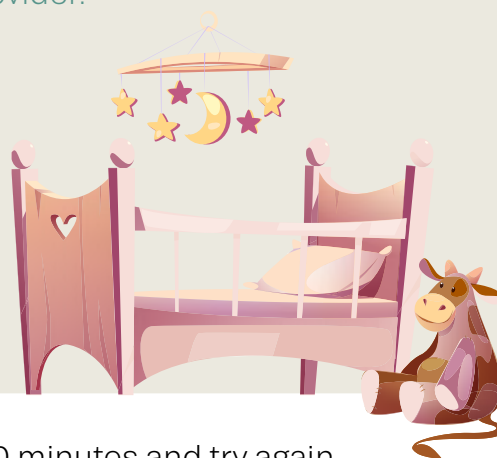


Behaviour & Sleep Patterns

In the first days and weeks, your baby will move through different states: from deep or light sleep to quiet alertness, activity, or crying. Their sleep may not follow any clear pattern yet — and that's completely okay.

Newborns usually sleep 15–19 hours a day, waking frequently for feeding, comfort, or closeness. Most sleep cycles last 2–4 hours — this is completely normal and helps ensure they feed often enough. Long stretches of sleep (6+ hours) are uncommon in the early weeks and may need to be discussed with your care provider.

1. Always place your baby on their back to sleep — this is the safest position.
2. Expect your baby to wake and feed at least every 2 to 4 hours, even at night.
3. If your baby sleeps longer than that, gently wake them and try offering a feed.



Some babies can be tricky to wake. If your baby doesn't respond right away:



1. Wait 20–30 minutes and try again
2. Undress them, change their diaper, or softly talk to them
3. Try skin-to-skin contact or wipe their face with a cool cloth
4. Be patient during feeding — learning to latch takes time, and each baby adjusts at their own pace.

Signs of Jaundice

1. Skin or eyes look yellowish, especially in natural light
2. Feeding less often or for shorter periods
3. Baby is unusually sleepy or difficult to wake
4. Fewer wet or dirty diapers than usual

- ! If you notice these signs, contact your healthcare provider.
- Early attention helps prevent complications and supports healthy feeding.

Breathing Patterns in Newborns

Newborns breathe differently from adults, and their breathing may seem unusual at first. You might notice:

1. Periods of fast or shallow breaths followed by slower, deeper ones
2. Occasional pauses of up to 10 seconds can be normal.
3. Noisy breathing or gurgling as they clear their throats or manage mucus

IT'S ALSO COMMON FOR BABIES TO:

1.

Make snorting or grunting noises

2.

Blow small bubbles at their lips

3.

Sound like they're clearing their throat or coughing lightly

These behaviours are usually normal.

But there are times when you should contact your midwife or seek help immediately.

Seek urgent medical attention if your baby shows any of the following signs of breathing difficulty:

Nasal flaring — their nostrils widen while breathing for more than a few minutes

Grunting with every breath that continues for more than a few minutes

The skin around the ribs or base of the neck pulls inward sharply with each breath

Your baby's breathing stops for longer than 10 seconds

Understanding Your Baby's Colour and Temperature

Skin Colour

YOUR BABY'S SKIN TONE CAN TELL YOU A LOT ABOUT HOW THEY'RE ADJUSTING TO LIFE OUTSIDE THE WOMB.

1. A warm pink tone on your baby's chest and face is a healthy sign — it means they're getting enough oxygen.
2. In the first few days, it's completely normal if your baby's hands and feet appear blue, purple, or grey and feel cool to the touch.
3. Their skin may also look blotchy or red after crying or when exposed to cold air — this is also common and usually harmless.

However, if you notice your baby's chest or face turning blue or grey, it could indicate difficulty breathing or poor oxygen levels.

Seek urgent medical attention and contact your midwife immediately.

Feeding



If you are breastfeeding, offering your baby the nipple frequently provides important, nutrient-rich colostrum—the thick, sticky, yellowish first milk.

This helps build your milk supply and allows both you and your baby to learn how breastfeeding works. Your baby will usually need to feed every 2 to 4 hours (sometimes more often), with each feeding lasting at least 20 minutes. It can take some time for you and your baby to get the hang of nursing. Spending skin-to-skin time together encourages your baby to latch and feed. It's common for babies to spit up small amounts of milk after feeding, which may drip down their chin.

Diapers

Your midwife may ask you to keep track of how many wet and dirty diapers your baby has. A disposable diaper feels heavier when wet. Many diaper brands include a wetness indicator that changes color (usually to blue) when there's enough urine. Not all diapers have this feature, and early urine output may be too little to trigger the indicator. If you're unsure whether the diaper is wet, you can place a tissue inside the diaper to check.



In the first few days, you might notice pink or orange spots in the diaper, often called “brick dust.” These are urate crystals and are normal. Baby girls might also have a small amount of vaginal discharge with blood — this is a normal response to maternal hormones.

Muscle Tone

Newborns should be supported when held but shouldn't feel completely limp. They typically show strong, well-bent movements of their arms and legs.

Umbilical Cord

As your baby's umbilical cord starts to fall off (usually within the first two weeks), it may appear moist and sticky, and you might notice some small amounts of blood or discharge on the diaper or clothing. It's normal for the cord area to have a strong smell.

However, if the skin around the base of the cord (on your baby's belly) becomes red or looks infected, contact your midwife.



WHEN TO CONTACT YOUR MIDWIFE OR DOCTOR

1. If your baby is not feeding, seems very sleepy, and you can't wake them to feed. It's okay if your baby has one long sleep of 4-6 hours within 24 hours.
2. If your baby's armpit temperature is above 37.5°C (99.5°F) or below 36.5°C (97.7°F) and they are dressed appropriately.
3. If your baby is breathing faster than 60 breaths per minute for more than 10 minutes while calm (not crying or overdressed).
4. If your baby shows signs of difficulty breathing, such as nostrils flaring or grunting lasting more than a few minutes, or the skin pulling in sharply around the ribs or neck with each breath.
5. If your baby is very irritable or crying almost constantly with a high-pitched cry.
6. If your baby is limp and not responsive when awake.
7. If your baby is vomiting forcefully and repeatedly (more than just spitting up).
8. If the "brick dust" color appears in diapers beyond the third day.
9. If your baby hasn't had a wet diaper in 24 hours.
10. If you are worried about your baby for any other reason.

Call 911 and your midwife immediately if:

- ! Your baby's skin color changes to blue, grey, or very pale (blue hands or feet can be normal during the first few days).
- ! Your baby stops breathing for more than 10 seconds.

Comforting Your Crying Newborn

Why do babies cry?

All babies cry. Crying is their only way of communicating what they need. As parents, one of your more challenging jobs will be to figure out what your baby needs when they are crying. Sometimes that need is easy to identify; other times it is more difficult. It's normal for new parents to feel worried, anxious, or frustrated if you are having trouble understanding why your baby is crying. This is a new job, and you will soon learn what each cry means. Remember that a baby cannot be spoiled by carrying, holding and rocking in the first few months of life. In fact, studies show that babies who are carried more, cry less.

Helping the baby calm themselves

Most new parents do not realize that babies have some ability to calm and console themselves. One of the most common ways in which they do this is by bringing their hand up to their mouth to suck on it. Babies will also attempt to calm themselves by focusing their attention on a plain surface or concentrating on a specific sound (usually a plain, droning sound like the clothes dryer or a fan).



To assist your baby to self-calm you can:

- Allow baby 15 to 20 seconds of crying for an opportunity to self-calm.
- Watch your baby to try to learn how he or she consoles themselves. Even as a baby, your child is a unique person with its own likes and dislikes.
- Ensuring arms are free to bring hands up to the mouth (unbundled)
- Having a plain surface in the crib for baby to look at
- Determining what sounds baby finds soothing
- Reducing environmental stimulation

Remember that you are new at being parents too. Your expertise in responding to your baby's needs will grow with time and practice.

What Baby Might Be Telling You When They Cry

What is baby saying?

Tips for Parents

“I’m Hungry!”

Feed Baby. Only milk will stop a hunger cry. Check the time of the last feeding and if bottle feeding, check the amount. Breastfed babies will not usually eat on a schedule. Every two to three hours in normal in the first weeks with cluster feeding during the evening

“I need to suck!”

Keep your baby’s hand free so they can suck on them when needed. Offer a breast or a pacifier. Babies are comforted by sucking. They often continue to suck after a feeding or at other times to reduce tension and soothe themselves. A baby may suck on fingers, the breast or a pacifier.

“I’m not comfortable!”

- Change your baby’s diaper.
- Check clothing for loose threads wrapped around fingers or toes.
- Burp your baby.
- Change baby’s position.
- Give a gentle back rub.
- Make sure diaper pins are closed.
- Bundle or wrap baby.
- Check baby’s clothes- not too hot or too cold, check temperature of the room

What Baby Might Be Telling You When They Cry

What is baby saying?

Tips for Parents

“Leave me alone!”

- Move baby to a quieter place; dim lights.
- Cuddle and gently rock baby.
- Bundle or wrap baby; try a warm bath together
- Create a soothing background noise - rhythmical, repetitive sounds like a tape recording of the heart-beat sounds heard in the womb, a fan, vacuum cleaner, dryer, dishwasher. The sound must continue until the baby is asleep.
- A plain surface to look at in the crib
- Helping baby suck on fingers
- Too much stimulation like bright lights, sudden movements, too much hugging, bouncing or laughing can be stressful for your baby. Sometimes babies cry because they need to sleep or rest.

“I need you!”

Pick baby up and hold; try rocking, walking, talking, singing. Use a front carrier or baby sling; bring baby into your bed. Your baby may feel insecure during the first months outside the uterus. Being held against your body provides a sense of trust and security for the baby. Only after trust has been established will a child develop independence. You can not spoil a baby by picking them up for soothing. You are giving them what they need, physically and emotionally.

“I’m bored!”

Talk, read, or sing to baby; Change toys, music or mobiles Take baby for a walk. Babies see objects clearly when placed about 8 to 12 inches from their face. They enjoy looking at their parent’s faces, sharp contrasting (black/white) or bright colors, curved patterns, mirrors and mobiles.

Fever And Your Newborn

Your Newborn's Body Temperature

It will be a couple of months before your newborn's body is able to regulate her temperature and keep it stable. Before that, their body is not able to cool down when they get hot or warm up if they get cold.

Normal Body Temperature

The average normal body temperature is about **37°C (98.6°F)**.

It usually rises during the day from a low of **36.5°C (97.7°F)** in the morning to a high of **37.5°C (99.5°F)** in the late afternoon.



Each child has a normal temperature range that may be different from another child's. Mild increases to 38°C (100.4°F) can be caused by exercising, wearing too many clothes, taking a hot bath, or being outside in hot weather.

If your new baby seems well (is feeding well, has a normal amount of wet and dirty diapers, is not more sleepy or fussy than usual) but feels cool or warm, you will need to help her body warm up or cool down.



Fever And Your Newborn

IF YOUR BABY IS UNDER 2 MONTHS AND SEEMS WELL BUT FEELS COOL TO THE TOUCH:

- Make sure that she is dressed warmly enough
- If she stays cool to the touch, give her skin-to-skin cuddling, using a blanket to cover her back - you can also put little hat on her while you warm her up
- If her temperature is still 36.3 °C or lower after 30 minutes, take her to the nearest Emergency or to your health care provider right away



IF YOUR BABY IS UNDER 2 MONTHS OLD AND SEEMS WELL BUT FEELS WARM TO THE TOUCH:

- Remove some layers of clothes or blankets—she may be over-bundled
- If she stays warm to the touch, give skin-to-skin cuddling, using a blanket to cover her back
- If her temperature is still 37.3 °C or higher after 30 minutes, take her to the nearest Emergency or to your health care provider right away

Feeding issues and symptoms of concern:

SEE YOUR HEALTH CARE PROVIDER IF YOUR BABY IS UNDER 2 MONTHS OLD AND:

- Is quieter or more irritable than usual
- Suddenly throws up a large amount of milk (more than just spitting up)
- Spits up a lot of milk after every feeding
- Refuses to eat or eats poorly at 2 or more feedings
- Coughs so much that they throw up
- Isn't gaining weight as recommended
- Is constipated

How to Diaper Your Baby

Diaper time is ideal for play, massage, singing, and talking with your baby. As your baby grows older, diaper changes can become challenging. You may need toys and extra hands to help.

NEVER LEAVE YOUR BABY UNATTENDED ON A CHANGE TABLE.

01.

Gather supplies.

Tip: Use a basket to hold all supplies and keep it near your feeding station or other area where you spend a lot of time with baby.

02.

Have baby on a washable surface such as a counter with a wet towel.

Tip: The floor is a great place to change a squirmy baby.

03.

Undress as little of baby as you can, but as much as you need to!

On raised surfaces:

Keep one hand on the baby all the time!

A newborn baby will often cry when exposed.

Hold your hand gently over your baby's chest to reduce crying.

04.

Remove the soiled diaper and use the diaper to wipe baby as you can.

Always wipe front to back.



For Boys:

Clean under the scrotum. Do not push the foreskin back. It will gradually release over the first three years of a baby boy's life.



For Girls:

Gently wash between labia.

05.

Clean the skin

with a warm wet washcloth or commercial disposable wipe (wiping front to back).

ALWAYS dry baby's skin with a dry washcloth - remember "wet skin breaks down."

How to Diaper Your Baby

Put the clean diaper under the baby and check the buttocks.

06.

- Skin looks fine - just a diaper!
- Skin looks red - air it or use a thin layer of vaseline.
- Skin has a rash - use a zinc based product for days 1-3. Day 4 - see the doctor, as it may be a yeast infection requiring treatment.
- Do NOT use baby powder - ever! This is bad for a new baby's lungs.

Do up the diaper.

07.

- Most cloth diapers have velcro fasteners! You will need waterproof covers as well. Make sure all the fabric is INSIDE the cover to avoid wicking.
- If using a disposable diaper. make it snug but not tight. Make sure all the ruffles around the legs are pulled so that there is a proper seal around the legs - cuts down on messes!



Dress your baby.

08.

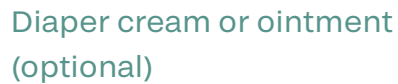
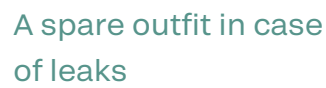
- Remember to pull the clothes, not the baby.

Wash your hands and dispose of soiled diaper.

09.

Tip: When changing diapers on the go, use a baby wipe to clean your hands and then sanitizer. Keep an extra plastic bag or two in your diaper bag to dispose of soiled diapers in public places or a large ziploc for cloth diapers.

Supplies for Diapering



Diapering Notes

Swaddling

Why, How, and When?

Swaddling is a time-tested practice that helps newborns feel safe, calm, and secure in their first weeks of life. When done correctly, it can offer many benefits for both baby and parents.

Why Do We Swaddle?

CREATES A COZY, WOMB-LIKE ENVIRONMENT

A snug swaddle mimics the feeling of being in the womb, which can be comforting for newborns.

REDUCES THE STARTLE REFLEX

Babies are often disturbed by sudden arm movements caused by the Moro (startle) reflex. Swaddling helps prevent unnecessary wake-ups.

ACTIVATES THE CALMING REFLEX

A snug wrap can help soothe fussy babies and promote better sleep.



Types of Swaddles and Alternatives

THERE ARE SEVERAL STYLES OF SWADDLES AVAILABLE — CHOOSE THE ONE THAT WORKS BEST FOR YOUR BABY AND YOUR COMFORT LEVEL:

01. Traditional swaddle blankets:

Usually soft, breathable muslin or cotton. These require a bit of technique to wrap properly.

02. Velcro swaddles:

Come with built-in fasteners that make swaddling quick and easy — great for middle-of-the-night changes.

03. Zippered swaddle sacks:

These are wearable swaddles that zip up and often include winged flaps or arm pockets. They offer secure swaddling without the need for complex folding.

04. Sleep sacks / wearable blankets:

Ideal for post-swaddling, these provide warmth and comfort while allowing full movement of the arms.

How Long Should You Swaddle?

Swaddling is recommended for the first few weeks or months of life — until your baby starts to show signs of rolling over, which typically happens between 3 and 4 months of age.

At that point, it's time to transition to a sleep sack or another safe sleep solution.

Tips for Successful Swaddling

1. _____

Practice a few times with a doll or stuffed animal before your baby arrives.

2. _____

Watch a step-by-step video tutorial or ask your birth educator for a demo.

3. _____

Use lightweight, breathable fabrics to prevent overheating.

4. _____

Try swaddling for naps as well as nighttime sleep to create a consistent soothing routine.

Safe Swaddling

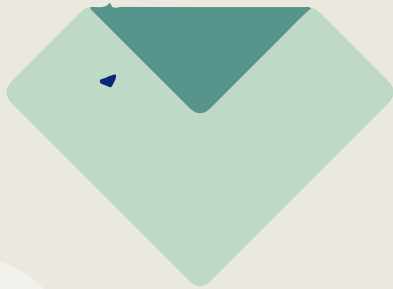
- ! Never use loose blankets in your baby's sleep space — they can pose a suffocation or choking hazard.
- ! Always ensure your baby is not overheating
- ! Leave room for the legs to move freely to support healthy hip development
- ! If you're unsure about your swaddling technique, consult a healthcare provider or use a certified swaddle product

Swaddling can be an incredibly effective tool for promoting restful sleep, calming a fussy baby, and easing the transition into life outside the womb.

But like any baby care technique, it should always be used mindfully and safely. Knowing when to swaddle, how to do it properly, and when to stop will help keep your baby safe, comfortable, and secure.

Swaddle Instructions for New Parents

How to Swaddle a Baby



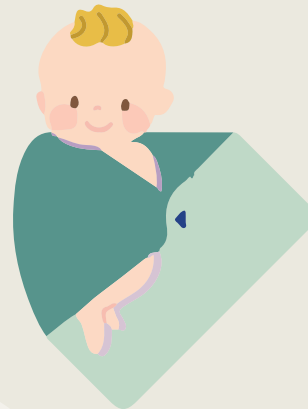
01. Spread a blanket out flat and fold the top corner over



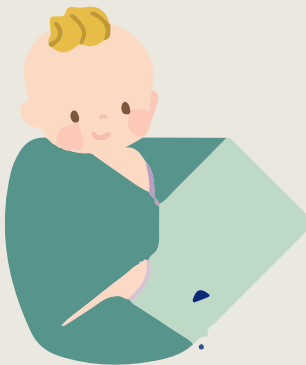
02. Lay your baby face-up with her head over the folded corner



03. Wrap the right corner over her and tuck it under her



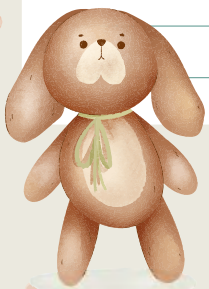
04. Bring the bottom corner up over her feet



05. Wrap the left corner over her body and tuck it under her



Swaddling Note



CHILD BIRTH
— ESSENTIALS

How to Bathe Your Baby

Bathing your baby can be challenging and lots of fun too! Take turns with the people in your group to complete the instructions below in order.

01. Get the sink or tub clean and ready for the baby.

- How will you check the water temperature is right?
Thermometer or Wrist?
- What can you use for cleaning your baby?
Mild soap / Mild shampoo
- Is there anything else you need?



02. Babies are slippery when wet and can slide around a lot.

- It may help to put a small towel in the bottom of the sink or tub
- Have a large towel open and ready to receive the baby.
- How often do babies need to be washed head to toe?
Every day, every three days, or every week?

03. Get the baby ready for the tub!

Remember to:

- Support the baby's head and neck.
- Pull the clothing, not the baby.
- Leave the baby's diaper ON for now.



safe bath water
temperature for
babies is
37.5-38 C°.

04. Swaddle the baby in a small sheet or receiving blanket.

Parent Tip:

Doing the first part of the bath while your baby is gently swaddled in your arms helps them stay warm longer and feel more secure. It also shortens the time they spend in the bath water, keeping the experience calm and cozy.

05. Start with the baby's face and ears. Do not use soap.

- Use the "football hold" to support the baby over the bath for steps 5 and 6.
- Wash the eyes from the inner eye to the outer eye.
Use a fresh corner of the washcloth for each eye.
- Wash the face.
- Wash inside the baby's mouth to get baby used to this for later (i.e. dental care).
- Wash inside the baby's ears.
Use only the washcloth - no deeper than the tip of your finger can reach.
- Wash the neck - in the creases too!

How to Bathe Your Baby

06. Continue with baby's hair - you are moving head to toe!

- Wet baby's hair.
- Use a small amount of shampoo or all-over wash. Massage baby's scalp gently.
- Normal hair washing is safe for baby's "soft spots" but you should avoid direct pressure in these areas.
- Rinse baby's hair with fresh water - a small plastic cup may help. Avoid pouring water in baby's face!
- Dry baby's hair.

07. Unwrap the baby.

- Lay baby on a flat surface and open the swaddle.
- Remove the baby's diaper and clean bottom as if you were diapering.
- Sit the baby in the water on the small towel.
- Wash the baby's arms and underarms.
- Wash the tummy, the back, legs and feet.
- Always wash from clean to dirty, from front to back.
- Wash the baby's genital area.
- Turn the baby over to wash to wash the buttocks and creases.

08. Wrap and dry the baby.

- Wrap baby in towel made ready before bath.
- Gently stroke baby all over to do most of the drying.
- Open up towel.
- Dry from top to bottom.
- Dry in the creases.
- Dry the bottom last!
- Sing a song, tell a story, give a hug.
- Make bath time special for both of you!



09. Diaper the baby.

- Put baby on the open diaper and check the buttocks.
- Skin looks fine - just a diaper!
- Skin looks red - air it or use a thin layer of vaseline.
- Skin has a rash - use a zinc based product for days 1-3.
- Day 4 - see a doctor; may be a yeast infection.
- NEVER use baby powder! It's very hard on developing lungs.

10. Dress the baby.

- Start dressing the baby.
- It helps to lay clothes out flat and place baby on top.
- Pull the clothes, not the baby!

Bathing Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A cartoon illustration of a blue elephant and a yellow duck in a bathtub. The elephant is on the right, looking towards the duck. The duck is on the left, facing the elephant. They are surrounded by white bubbles. The background is white with horizontal blue lines.



Newborn Care

- | | |
|---|--|
| ☐ Diapers (newborn size) | ☐ Bibs |
| ☐ Wipes (unscented) | ☐ Gentle baby detergent |
| ☐ Diaper cream / ointment | ☐ Laundry hamper (for baby clothes) |
| ☐ Changing pad / changing mat | ☐ Infant bathtub |
| ☐ Diaper pail / trash bags | ☐ Soft hooded towels |
| ☐ Burp cloths | ☐ Washcloths (soft, gentle) |
| ☐ Swaddle blankets | ☐ Baby shampoo / wash (mild, tear-free) |
| ☐ Receiving blankets | ☐ Soft hairbrush or comb |
| ☐ Sleep sacks / wearable blankets | ☐ Car seat (infant safety-approved) |
| ☐ Baby nail clippers or file | ☐ Stroller / travel system |
| ☐ Baby thermometer | ☐ Baby carrier / wrap / sling |
| ☐ Infant medicine dropper / syringe | ☐ Crib / bassinet |
| ☐ Pacifiers (optional) | ☐ Firm mattress with fitted sheets |
| ☐ Bottles & nipples (various flow) | ☐ Waterproof mattress cover |
| ☐ Bottle brush | ☐ White noise machine (optional) |
| ☐ Formula (if needed) | ☐ Humidifier (optional) |
| ☐ Nursing pillow | ☐ Night light for nursery |
| ☐ Nursing pads (disposable or washable) | ☐ Baby monitor |
| ☐ Breast pump (if needed) | ☐ Closet organizers / storage bins |
| ☐ Milk storage bags or containers | ☐ Health & grooming kit (nasal aspirator, brush, file) |

Other Important Supplies for Baby

- | | |
|--------------------------------|--------------------------------|
| ☐ _____ | ☐ _____ |
| ☐ _____ | ☐ _____ |
| ☐ _____ | ☐ _____ |
| ☐ _____ | ☐ _____ |
| ☐ _____ | ☐ _____ |
| ☐ _____ | ☐ _____ |



[illegible]

A close-up photograph of a newborn baby lying between a mother and a father. The mother is on the left, and the father is on the right. The baby is in the center, wearing a white onesie with small black polka dots. The parents' hands are gently holding the baby. The text "Early Parenting" is overlaid in a white, elegant script font.

Early Parenting

Early Parenting

Early parenting is an incredible journey filled with joy, challenges, and constant learning. During the first months, your baby depends on you completely for safety, nutrition, comfort, and emotional connection. By understanding your baby's needs and responding with care, you lay the foundation for healthy development and a strong bond.

01. Respond to your baby's cues

Watch for signs of hunger, tiredness, or discomfort. Try to respond calmly and consistently.

02. Practice safe sleep

Always place your baby on their back to sleep, on a firm surface, with no loose bedding or toys.

03. Establish routines

Gentle, predictable routines can help your baby feel secure and make daily care easier.

04. Prioritize bonding

Hold, cuddle, and talk to your baby often. Eye contact, gentle touch, and soothing words help build trust and attachment.

05. Take care of yourself

Parenting can be demanding. Rest when you can, accept help, and talk about how you're feeling. Your well-being supports your baby's well-being.

Parenting works best as a team effort. Support each other by sharing responsibilities, listening with empathy, and communicating openly about your needs and feelings.

By working together, you can reduce stress and strengthen your partnership while caring for your baby.

Parenting Together

Early Parenting

Ages & Stages Notes Newborn Stage

1-3.

Months
Stage

3-6.

Months
Stage

6-12.

Months
Stage

Developmental Stages From Newborn To 1 Year Old

Newborn

- Rooting Reflex
- Grasp Reflex
- Vision ability 4-12 inches
- Mimicking (disappears and returns again between 3-6 months)
- Neck control is limited, muscles weak

1- 3 Months

- Turn toward sound
- Track and follow objects
Improved neck strength and control
- Opening fists
- Cooing
- Smiles

3 - 6 Months

- Searching for objects
- Rolls tummy to back and back to tummy
- Holds head steadily Laughter
- Cutting teeth (possible but more likely between 6-12 months)
- Learning to sit up with support
- Pushes up and lifts head when on tummy Puts hands together
- Self-soothing behaviour
- Mimicking
- Oral exploration
- Stranger anxiety
- Doubles birth weight by 4-5 months old



Developmental Stages From Newborn To 1 Year Old

Birth to 3 Months

- Smile
- Cuddle
- Talk to
- Show them different objects
- Gentle touch

3 - 6 Months

- Talk to
- Get down on the floor with them
- Copy their actions
- Sing to them
- Read to them

Always remember there are ranges to a child's development. These are averages as to when you can expect to see these developmental stages in your child. It is so important to offer positive "serve and return" interactions with your child to build brain cell connections and allow skills to be learned in all areas of development. Here are a few ways to offer these interactions

6 - 12 Months

- Rolls and crawls
- Pick up items
- Starts to feed themselves (introduce solids) Cutting teeth
- Organized sleep patterns
- Pulls up to stand
- Triples birth weight by 1 year
- Babbles – some attempts at words Recognize words
- Responds to own name
- Points
- Plays purposefully with toys
- Enjoys games and rhymes and song activities
- Understands simple instructions

Early Parenting

Sleep Strategies

Highlights:

- ☐ TO BED AWAKE
- ☐ HAVE A ROUTINE
- ☐ USE WHITE NOISE
- ☐ KEEP ROOM DARK
- ☐ SAFE SWADDLING
- ☐ SOME PROPS TO START
- ☐ WAKE WINDOWS
- ☐ SLEEP EXPECTATIONS
- ☐ SLEEP CUES

Notes:

Must Haves:

Sleep Expectations

24/H

Age	Naps	Total Sleep
0-3 Months	3-6	14-19 Hours
3-4 Months	3-5	14-19 Hours
4-5 Months	3-4	14-19 Hours
5-6 Months	3	12-15 Hours
6-7 Months	2-3	12-15 Hours
7-8 Months	2-3	12-15 Hours



Daytime Awake Windows



Age	Awake
0-6 WEEKS	30-45 MINUTES
6-12 WEEKS	45-75 MINUTES
3-6 MONTHS	1.5-2.25 HOURS
6-8 MONTHS	2.5-3 HOURS

Sleep Success Basics

01. | Put your baby to bed drowsy not asleep (self soothing skill building)
02. | Keep them awake when feeding so they don't depend on eating to fall asleep (this can include in the middle of the night feeds as well)
03. | Keep their bed free of any items (especially ones they associate with play)
04. | Keep the room very dark
05. | Follow a consistent daily routine with regular wake times, play, feeds, and naps to help your baby build healthy sleep habits and feel more tired at night.



06. | Be watching for sleep cues such as lose of interest in activity, fusses, yawns or rubs eyes, or becomes quiet
07. | Create other routines around sleep such as bath, massage, pj's, books etc.
08. | Choose what sleep sack or swaddler helps your baby stay the most settle
09. | As they mature you will find that their bed time becomes earlier and they will usually stay asleep longer for the first portion of the night (by 6 months they should have 5-6 hours at each cycle and 2-3 naps).

Tummy Time

Tummy time helps your baby build strength in their neck, shoulders, and back — preparing them for rolling, sitting, and crawling. It's also a great way for your baby to explore and connect with you!

START EARLY

- 01.** Begin with just a few minutes a day, right from the first week.
- 02.** Place your baby on your chest, skin-to-skin, or on a firm surface when awake and supervised.
- 03.** Gradually increase the time as they get stronger and more comfortable.

TIPS FOR SUCCESS:

Do tummy time after diaper changes or naps, when baby is alert.
Get down to their level — talk, sing, or make eye contact.
Stop when baby gets tired or fussy and try again later.

**Even short, frequent sessions
make a big difference!**



Calgary Birth Essentials

Baby Routine Guide

Recommended Daily Flow for Babies from 4 Weeks to 1 Year

4 weeks and up

Goal: Establish gentle structure with plenty of flexibility. Newborns need short wake windows and frequent naps. You'll rotate through Eat, Activity, and Sleep every 2.5–3 hours.

Feeding	7:00 AM	Feeding
Awake activities	7:45	Limited Activity
Sleep and Self Care	8:15	Nap
Your Time		
Feeding	10:00	Feeding
Awake activities	10:45	Awake activities
Sleep and Self Care	11:15	Nap
Your Time		
Feeding	1:00	Feeding
Awake activities	1:45	Awake activities
Sleep and Self Care	2:15	Nap
Your Time		
Feeding	4:00	Feeding
Awake activities	4:45	Limited Activity
Sleep and Self Care	5:15	Catnap (40-50 mins)
Your Time		
Feeding	6:00	1st Cluster Feed
Awake activities	7:00	Bath
Sleep and Self Care	7:30	Catnap
Feeding	8:00	2nd Cluster Feed
Sleep and Self Care	Right back to bed	
Feeding	btwn 10-11:00**	Dream Feed**

Dream feeding can be offered until around 7 months if needed, but should be done by 11 p.m. at the latest.

6 Weeks – 4 Months

3-Hour Flow

Wake windows lengthen slightly. Keep naps frequent and offer cluster feeds during growth spurts.

Feeding	7:00 AM	Wake & Feed
Awake activities	7:45	Awake activities
Sleep and Self Care	8:30	Nap
Recharge Time		
Feeding	10:00	Feeding
Awake activities	10:45	Awake activities
Sleep and Self Care	11:30	Nap
Recharge Time		
Feeding	1:00	Feeding
Awake activities	1:45	Awake activities
Sleep and Self Care	2:30	Nap
Recharge Time		
Feeding	4:00	Feeding
Sleep and Self Care	btwn 5-6:00	Catnap (~ 40 mins)
	7:00*	Feeding
Awake activities	7:30	Bath
Sleep and Self Care	btwn 7:30-8	Bedtime
Recharge Time		
Feeding	btwn 10-11:00**	Dream Feed**

During growth spurts, you can offer extra feeds around 7 and 9 p.m., but it's best to stop cluster feeding after 8 weeks. Dream feeds are optional and can be used up to 7 months, ideally before 11 p.m.

4-6 Months

4-Hour Flow

Babies begin consolidating naps and stretching feeds.
Some drop the third nap.

Feeding	7:00 AM	Wake & Feed
Awake activities	7:30	Awake activities
Sleep and Self Care	9:00	Nap
Recharge Time		
Feeding	11:00	Feeding
Awake activities	11:30	Awake activities
Sleep and Self Care	1:00	Nap
Recharge Time		
Feeding	3:00	Feeding
Awake activities	3:30	Awake activities
Sleep and Self Care	btwn 5-6:00	Nap
Recharge Time		
Feeding	7:00*	Feeding
Awake activities	7:30	Bath
Sleep and Self Care	btwn 7:30-8	Bedtime
Recharge Time		
Feeding	11:00**	Dream Feed**

Extra evening feeds around 7 and 9 p.m. can be helpful during growth spurts. Dream feeds are optional until about 7 months and should be offered no later than 11 p.m.

9 Months and Beyond

By now, your baby likely has two solid naps
and longer wake windows.
You might drop the third nap completely.

7:00 AM	Wake & Feed
7:30	Awake activities
btwn 9-9:30	Nap
11:15	Breast/Bottle (snack)
11:30	Awake activities
1:00	Lunch (solids)
1:30	Awake activities
btwn 2-2:30	Nap
4:00	Breast/Bottle (snack)
4:15	Awake activities
btwn 5:30-6:00	Dinner (solids)
7:00	Bath/Bedtime ritual
btwn 7:30-8	Bedtime

- Most toddlers drop to one long afternoon nap.
- Continue with three meals and two snacks daily.
 - Aim for consistent sleep and wake times.

Early Parenting



Introducing Solids

Typically we introduce solids to our little one around 6 months of age, when they have good neck and core strength, their tongue ejection reflex is gone and they are beginning to develop small motor skills with their fingers (ability to pick up food)

What to Buy Before Starting Solids

- ☐ **High chair**
sturdy, easy to clean, with safety straps
- ☐ **Baby spoons**
soft-tipped and small for gentle feeding
- ☐ **Small bowls**
shallow, non-breakable bowls or plates
- ☐ **Bibs**
waterproof or easy-to-wipe
- ☐ **Sippy cup / training cup**
for offering small amounts of water
- ☐ **Food storage containers**
for storing homemade purees
- ☐ **Baby food maker / blender (optional)**
to prepare smooth textures
- ☐ **Freezer trays**
for batch-freezing portions of baby food
- ☐ **Wipes or washcloths**
for quick clean-up after meals
- ☐ **Silicone placemat or tray liner**
to keep surfaces clean
- ☐ **First foods**
such as baby cereal, pureed vegetables or fruits
- ☐ **Allergy-friendly ingredients**
single-ingredient, no added salt/sugar
- ☐ **Feeding bib with pocket (optional)**
to catch spills and mess



Early Parenting

Introducing Solids

Notes

How you prepare the food and how you present the food indicates the safety of the food

Soft food and small portions

Starter Food Suggestions

- | | |
|-------------------------------------|---------------------------------|
| 01. Mashed Potatoes or Yams | 07. Scrambled Eggs |
| 02. Mashed Bananas | 08. Buttered Toast Strips |
| 03. Mashed Avacado | 09. Apple Sauce |
| 04. Soft Fruit cut small | 10. Yoghurt |
| 05. Mixed Frozen Veggies (cooked) | 11. Shredded Ribs |
| 06. Small Pieces of Pasta | 12. Crumbled Turkey Meatballs |



[illegible]



Dear Parents

Thank you for letting us be part of your journey. Whether you're just beginning to prepare, are weeks away from meeting your baby, or holding your newborn as you read this — we created this workbook with your heart in mind.

Pregnancy and birth aren't just medical events. They are powerful, transformational moments. We hope this guide helped you feel more confident, more supported, and more connected to your path.

From our hearts to yours — congratulations.
You are already the parent your baby needs.



with love
Sharon Loose

Looking for more personalized support as you prepare for birth and beyond?



01

Online Prenatal Course

Learn at your own pace, anytime, from anywhere.

02

Private 1-on-1 Prenatal Session with Sharon

Tailored to your unique needs.

03

Virtual CPR Training

Gain life-saving skills from the comfort of home.

04

Mental Health Support

Compassionate care for your emotional well-being.

05

Helpful Resources

Guides, checklists, planners and more to keep you informed and prepared.



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Instagram:



[@calgarybirthessentials](https://www.instagram.com/calgarybirthessentials)