

Having Your Baby



Your Hospital Stay

fraserhealth.ca/pregnancy

Pregnancy is a special time.

We hope this booklet helps you prepare for the birth of your child.



Whether you are reading the booklet online or in print format, we offer options for getting to added resources:





- Live links you can click on 
- QR codes you can scan with your smart device 

Table of Contents

Your Birth Experience (Introduction)	1
Before Your Baby Comes	2
Tour your delivery hospital	4
Getting Ready for Your Baby	5
Plan for safe sleep for your baby.....	6
Find a car seat.....	7
Pack for the hospital	8
Am I in Labour	9
Early signs of labour	9
Comforts in early labour (pre-labour)	11
It's Time to Have Your Baby	12
Arriving at the hospital	13
Your healthcare team	14
Labour support	15
Labour comfort	16
The Birth	17
Caesarean section.....	17
Vaginal birth after caesarean	18
First Moments With Your Baby	19
Safe skin-to-skin	20
Feeding your baby.....	21
Pasteurized donor human milk	23
Your Hospital Stay	24
Your room	24
Preferred accommodation	24
We are family-centred	24
Photos and videos	25
Meals	25
Smoke-free and scent-free	25
Length of hospital stay.....	26
Sharing news	26
Visitors	27

Table of Contents

Your Baby's Health	28
For all babies	28
Recommended for some babies	29
Your Baby's Second Night (After 24 hours)	30
Safety and Security for You and Your Baby	31
Supports and Services	32
Supports	32
Services	32
The Unexpected	34
Transfer to another hospital	34
Neonatal Intensive Care Unit	35
Mental health, pregnancy, and birth	36
Substance use, pregnancy, and breastfeeding / chestfeeding	37
Pregnancy loss and grief	38
Going Home.....	39
Caring for Yourself at Home	40
Support at home	41
Websites and Resources	42
Fraser Health pregnancy and baby resources	42
Added resources	42
Fraser Health Public Health Units	43
Fraser Health Delivery Hospitals	44

Your Birth Experience

Having a baby is life changing. Our goal is to help you and your family welcome this baby in an environment that is safe, respectful, and caring, without judging in any way.

Let us know your wishes.




- We strive to provide care in a way that recognizes your unique history and culture. Please let us know how we can include any of your cultural practices into your birth experience.
- We believe in choice and in working together. We want you to feel good about your experience. We want you to feel safe at all times. Your physical, mental, and emotional health are our priority. Please let us know if there is anything we can do (or stop doing) to help you feel more comfortable.

Please share any wishes you might have with everyone on your healthcare team.

Read this booklet carefully and share it with your support people. It is meant to help you plan your stay and know what to expect when you come to the hospital to have your baby.



Before Your Baby Comes

- ☐ See our *Pregnancy and baby health guide* on our website (fraserhealth.ca/pregnancy) for everything you need to prepare for your journey. 
- ☐ Eat healthy foods and stay physically active (including exercise). To learn more about healthy eating when pregnant, check *Healthy eating during pregnancy* on our website (fraserhealth.ca/pregnancy). You can also speak to a dietitian at HealthLinkBC by calling 8-1-1. 
- ☐ See your pregnancy doctor or midwife regularly. Tell them about any concerns you have.
- ☐ Get all of your blood tests and other tests done.
- ☐ Make sure your vaccines are all up to date. Many vaccines can be given during pregnancy.
- ☐ Talk to your doctor or midwife about getting support if you smoke, drink alcohol, or use other substances or other medicines not prescribed by your doctor.
- ☐ See your dentist for regular dental checks and teeth cleaning.
- ☐ Register to have your baby, even when it isn't your first.
 - Early in your pregnancy, register for our **Best Beginnings Program** so you can get connected with supports and services. You can find the **Prenatal Registration online form** on fraserhealth.ca/pregnancy. 
 - Ask your doctor or midwife if you also need to register at your delivery hospital.

- ☐ Go to prenatal classes. Ask at your doctor or midwife for information about classes in your area.
- ☐ Watch our [online series](#) supporting your breastfeeding / chestfeeding journey.
(tinyurl.com/Breast-ChestFeedModules)
- ☐ Ask your healthcare provider for the results of your Group B Strep test. Write down the result here.



I am Group B Strep

☐ Negative

☐ Positive

- ☐ Read [Baby's Best Chance](#) (see page 5 for more details).
- ☐ Be sure you have a safe crib and safe car seat for your baby (see pages 6 and 7).



Find Safety - If you are in an unsafe relationship, reach out for help. Physical, sexual, or emotional violence can increase while pregnant or after the baby is born. It's not your fault.

For medical help

- Go to the Emergency at either Surrey Memorial Hospital or Abbotsford Hospital. Ask to see the 'Forensic' nurse (*say four-en-sik*).
- Call, text, or email the Embrace Clinic 604-807-5406
embraceclinic@fraserhealth.ca
- In an emergency, call 9-1-1

For counselling and other support, call, or email:

- [VictimLinkBC](#) (tinyurl.com/VictimLinkBC)
1-800-563-0808
VictimLinkBC@bc211.ca
- Fraser Health Crisis Line 1-877-820-7444



Tour your delivery hospital

Take a virtual tour of your delivery hospital and maternity floor at fraserhealth.ca/pregnancy.



- Click on *Maternity hospitals*.

Pregnancy and baby health guide

Information for your pregnancy and parenting journey.

COVID-19 questions - Prenatal and Postnatal Care

Frequently asked questions for prenatal and postnatal care during COVID-19.

Mobile text messaging program

Having a baby? Sign up for evidence-based text messaging programs that support you during pregnancy and your child's first year of life.

Prenatal registration form

Register early for our Best Beginnings public health program to be connected with our services in your community.

Planning a pregnancy

Things to consider before you conceive.

Pregnancy

Health information for your pregnancy journey.

Labour, birth and early postpartum

Gaining a good understanding of how delivery happens will help you prepare for the event.

Maternity hospitals

Find parking, rooms, tours and visiting hours at your maternity hospital.

Breastfeeding/chestfeeding

Getting started and common breastfeeding/chestfeeding challenges.

Life with your baby (0-6 months)

Find health information for you and your baby from birth to six months of age.

Life with your toddler (6-24 months)

Find health information for your growing toddler 6-24 months.

Depression and anxiety during and after pregnancy

Depression can begin in pregnancy, right after birth or anytime within the entire first year after birth.

Pregnancy loss and grief

Coping with a pregnancy loss.

- Find your delivery hospital on the list and learn what you can expect at that hospital.
- Virtual tours are offered in a number of languages.

Getting Ready for Your Baby

Baby's Best Chance is a great resource. It is full of information for getting ready for your baby and about baby's first 6 months of life. It is free and updated regularly.



To access the book online, go to healthlinkbc.ca/babys-best-chance.



If you do not have access to the internet, you can pick up a copy at your Public Health Unit.

Here are some topics you might want to read a little more about in **Baby's Best Chance**:

- pregnancy
- labour and delivery
- becoming a parent
- breastfeeding your baby
- baby care
- your feelings during this time of transition
- preparing older children for a new sibling

Did you know?

- If you search for '**Baby's Best Chance**' from your smart phone or tablet, you can open up the online book and save it for quick access.
- **This book is available in many languages.**

Plan for safe sleep for your baby

Here are some ways to make sure your baby's sleep is as safe as possible.

When getting a crib, bassinet, or cradle:

- ☐ Choose one that is approved by Health Canada when possible.
- ☐ Make sure it was made after 1986.
Cribbs built before 1986 do not meet government regulations and are not safe.
- ☐ Check that the space between the vertical bars on a crib is less than 6 cm (2 inches) wide.
- ☐ Choose a flat and firm sleep surface with no bumper pads, pillows, heavy blankets, comforter, quilts, or toys.
- ☐ Make sure the mattress fits tightly in the frame. It is best if the mattress is designed for the crib or bassinet.

When using the crib and mattress:

- ☐ Follow the instructions carefully when putting the crib together.
- ☐ Make sure you secure the side rails correctly.
- ☐ Use tight fitting sheets.
- ☐ Check the mattress regularly. Replace it if it gets damaged.

Remember: Always place your baby on their back to sleep.

For more information on *Safe Sleep*, go to fraserhealth.ca/pregnancy.



Find a car seat

Car seats are very effective at saving lives and reducing injury when used correctly. It is the law to use a car seat on every ride. As a parent, it is your responsibility to make sure your child is in their car seat – even in a taxi. While taxi drivers are exempt from making sure children are properly secured, parents are not exempt.

Answer these questions about the car seat you plan to use:

- ☐ Does your car seat meet Canadian Motor Vehicle Safety Standards?

(The underside of the car seat must have the 'Canada Transport' National Safety Mark. It is illegal to import and use a car seat that does not meet Canadian standards.)



- ☐ Is the car seat rear-facing?
- ☐ Does your baby's weight and height meet the manufacturer's limits for your car seat?
- ☐ Do you know how to position your baby safely in the car seat?

We recommend that you not buy a used car seat. If you choose to buy a used car seat, answer these questions:

- ☐ Is it expired?
- ☐ Do you know its history?
- ☐ Has it been in an accident?
- ☐ Is there a recall on it?
- ☐ Do you have your car seat user manual?

Make sure you install the car seat correctly.

BCAA offers videos on how to install 2 types of car seats and how to secure a child into the car seat (bcaa.com).

Infant-Only Seats



Rear-Facing Child Car Seats



Pack for the hospital

For you

- ☐ Pyjamas
- ☐ Comfortable indoor footwear (slippers, flip flops)
- ☐ A few pairs of underwear
- ☐ Nursing Bra
- ☐ Personal care items such as soap, toothbrush, toothpaste, shampoo
- ☐ Sanitary pads
- ☐ Breast pads
- ☐ Music
- ☐ Snacks and Specialty Food Items**
- ☐ Water Bottle
- ☐ Pens and paper to make notes
- ☐ Clothing to wear home
- ☐ This 'Having your Baby' book
- ☐ _____
- ☐ _____

Please keep jewellery and other valuables safely at home.

If you need help with supplies or getting ready for the baby, please ask your doctor or midwife to connect you with our "Seamless Perinatal" services.

For your partner

- ☐ A bathing suit for the shower
- ☐ A pillow and blanket or sleeping bag
- ☐ Snacks **
- ☐ A camera or phone and charger
- ☐ Personal care items
- ☐ _____
- ☐ _____

For your baby

- ☐ Diapers
- ☐ Diaper wipes
- ☐ Car seat
- ☐ A few outfits and blankets for the trip home
- ☐ _____
- ☐ _____



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** Bring a small cooler to keep items cool if a fridge is not available in the room.

Am I in labour?

As you approach delivery, there are a few early signs of labour and that delivery is happening soon.

Early signs of labour

- Sometime in the last few weeks before delivery, your baby will “drop”. This means the baby’s head will move down into your pelvis. You might notice that your belly looks lower and your breathing is a bit easier, but you need to urinate (go pee) more often. For some, this does not happen until just before labour.
- Sometime in the last few days before delivery, you might notice your vaginal discharge change as the mucus plug sealing your cervix releases. The mucus plug can be clear, pink, brown, or slightly bloody.
- You might have diarrhea.
- You might have contractions once in a while but they are not regular. Once your contractions are happening every 5 minutes or less, this usually means your labour is beginning. A good guide is to wait until you have had at least 10 contractions within one hour.
- Your water might break either with a gush or with a slow leaking of fluid from your vagina. Most of the time this happens during labour. If your water breaks, contact your doctor or midwife. If you cannot contact them, go to the hospital to be checked.

It can be hard to know when you are in pre-labour and when you are in true labour. This chart helps you tell the difference.

	Pre-Labour	True Labour
Contractions	Not happening regularly Vary in how long they last Stay the same or become weaker Felt in the lower belly	Happen regularly Become longer Become stronger Felt in the belly, low back, and pelvis
Vaginal discharge	No changes from the last few months Not pink, brown, or bloody	Pink coloured, called "show" Can change to brown or bloody Trickle or gush of fluid as your water breaks (breaking of the amniotic sac)
Cervix	Remains closed <i>Only your doctor, midwife, or the maternity unit nurse at the hospital can check your cervix.</i>	Thins and shortens (effaces) Starts to open (dilates)

Remember: The mucus plug can appear at any time in the last few days of your pregnancy. If your mucus plug releases, use the chart above to determine what stage of labour you are in.

To learn more about the *Stages of Labour*, refer to [Baby's Best Chance](#).



Comforts in early labour (pre-labour)

The best place to be in **pre-labour** is at **home**.

We encourage you to relax as much as possible and try to enjoy this special time preparing for your baby's birth.

Rest and Activity: Continue doing light activities as long as you are comfortable. Walking often relieves discomfort, while at the same time, it promotes labour. Balance activity with rest. Try to sleep or nap if possible. Otherwise rest and relax.

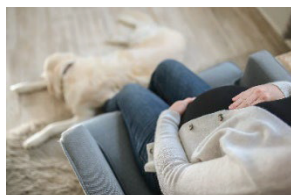


Image by Cindy Parks from Pxabay.com

Food and Drink: Eat light, easily digested meals. You might find it easier on your stomach to eat smaller meals more often. Drink plenty of fluids. Try to drink at least one glass of fluid water every hour. Water is a good choice.

Pain Relief: As your contractions get stronger, begin to use your breathing and relaxation exercises.

Try different positions. Find what works for you. Positions are helpful at different times, such as sitting, standing, walking, lying on your side, and hands and knees.

A "hands and knees" position works well to ease pain or pressure in your lower back. You can also try massage, warm baths, warm showers, and hot or cold packs.

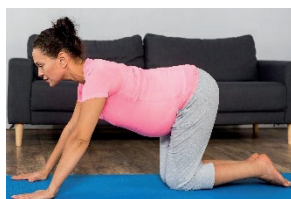


Image by Freepik.com

Do not take any medicines unless your doctor or midwife has directed you to take them. Do not use alcohol, cannabis, or other substance to manage your pain.

To learn more about *Comfort in Labour*, see to [**Baby's Best Chance**](#).



It's Time to Have Your Baby!

Knowing when to come in to the hospital is not always easy. We understand that you might have questions about when to come to the hospital.

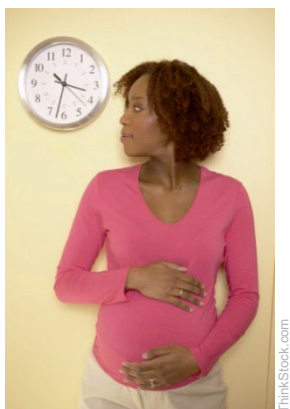
Questions to ask during your doctor or midwife office visits:

- *How do I know when to come to the hospital to be assessed?*
- *Do you want me to call you if I think I am in labour?*
- *Can I call you if I have questions?*
- *When should I call you?*

If you think you might be in labour, you are always welcome to come in to the hospital to be checked.

Before you come in to the hospital to be checked:

- Call the Maternity Unit at your delivery hospital first (the phone number is on the back of this booklet).
- Let them know you are on your way in.



Arriving at the hospital

Each hospital has a slightly different process for being admitted to the hospital to have a baby. Some hospitals ask you to go directly to the Maternity Unit (Labour and Delivery). Other hospitals ask you to stop at the Admitting Department first to check in. After hours, you might be asked to go through Emergency Admitting to check in.

See the back page of this booklet for the admitting process for your delivery hospital.

Do not wait to be seen by a doctor in the Emergency Department when you are in labour or for any other pregnancy concerns. Let Emergency staff know you need to be seen in the Maternity Unit.

Once in the Labour and Delivery area, a nurse will do the following:

- Check your baby's heartbeat.
- Check you to see how your labour is progressing.
- Call your doctor or midwife.

Together with your doctor or midwife, you decide on a plan to either go home for a little while or stay in the hospital.



Your healthcare team

As well as your doctor or midwife, a nurse is assigned to you during your labour. Our goal is for you to have the same nurse with you as much as possible.

Fraser Health is a place of learning. We believe in sharing our knowledge and experience with current and future professionals. Often, we have students from various health professions work with us. They help us care for you and your family.

You might meet:

- nursing students
- medical students
- medical residents
- paramedic students
- other healthcare students

Experience in caring for people in labour is essential to their education. That said, please know that your physical, mental, and emotional safety is our priority. You decide whether or not you want to have a student involved in your care.

We hope you will welcome these learners to be a part of your birthing experience.



Labour support

We want you to have a positive, peaceful place to labour and deliver. Having the right people give you support during labour is very important. In fact, it can increase the chances of delivering naturally (a vaginal birth), it can reduce your need for pain medicine, and it can reduce how long you are in labour.

If you need help finding someone to be your labour support person, talk to your doctor, midwife, nurse with Seamless Perinatal services, or social worker about doula services.

As well as your healthcare team, you are welcome to have others there to support you during your delivery. We call these people your essential care partners. Your partner, spouse, family member, friend, or other supports such as your doula can be essential care partners. They are as involved in your care as you wish them to be. You can have as many essential care partners with you as you want. We do not limit the number of essential care partners as long as we can continue to safely care for you and your baby. We consider them a valued member of your care team.



Labour comfort

While good labour support is one of the **most** effective comfort measures, you might need extra support to help ease the pain during labour.

Examples of extra support:

- using birthing balls
- taking warm showers
- sitting in warm baths (in some hospitals)
- taking pain relieving medications

Pain medications could include:

- breathing in laughing gas (called Entonox)
- having a narcotic injected into a muscle or intravenous drip
- having numbing medication injected through a needle into the space around your spinal cord (called an epidural)

For more information on epidurals, ask for our factsheet called *Epidural Analgesia During Labour*.

Ask your doctor or midwife for more information about these options or see [Baby's Best Chance](#).

For more information on *Labour, birth, and early postpartum*, go to fraserhealth.ca/pregnancy.



The Birth

All delivery rooms are private rooms.

Whether you are having a vaginal birth or a caesarean section birth, every person in labour is assigned a nurse. That nurse is there to give you care and support through your delivery.

We ask that your essential care partners remember that safety is the priority. We might ask them to step aside for a moment while we care for you.

Caesarean section (C-Section)

There are times when the best and safest option for you and your baby is C-Section. For more information, refer to [Baby's Best Chance](#).

Whether a C-Section was your plan at the start of your pregnancy or it is unexpected, we are here to help you.

It is common and normal to feel disappointed or relieved when you have an unplanned C-Section. Please let us know if you have questions or would like to talk about how you are feeling.

We make every effort to keep you and your baby together skin-to-skin as long as it is safe to do so. If it is not possible for safety reasons to keep your baby with you, your baby can be safely skin-to-skin with your essential care partner until you are reunited. (For more about skin-to-skin, see page 20.)

Vaginal birth after caesarean (VBAC)

Have you had a caesarean (C-Section) in the past?

Most people can safely try for a vaginal birth after a caesarean (VBAC, say *vee-bak*). Most of those who try a vaginal birth are successful and babies are just as healthy!

Your doctor or midwife can:

- Answer your questions.
- Help you explore what is most important to you.
- Support you in what you decide for your next birth.

If you are thinking about your options for your next birth after a caesarean, check the online tool [My Next Birth](#) from Perinatal Services BC. It gives information about repeat C-Sections and what the different options might mean for you, your family, and your health.



For more information on *Vaginal Birth After Caesarean*, go to [HealthLinkBC.ca](https://www.healthlinkbc.ca) and search “VBAC”.



First Moments With Your Baby

When your baby is born, we place your baby on your chest or abdomen with no blankets between you. We call this 'safe skin-to-skin' cuddling. We often wait for a minute or so to clamp the umbilical cord. This lets your baby get more of the valuable blood from the umbilical cord.

Safe skin-to-skin helps in these ways:

- calms and relaxes you both
- keeps your baby warm
- helps your baby learn to breastfeed / chestfeed
- triggers hormones in your body to start your milk flowing
- keeps your baby's heart and breathing rates steady and even
- keeps your baby's blood sugar at normal levels
- exposes your baby to healthy germs from you

If it is not possible for you to be skin-to-skin with your baby, we can place your baby on your essential care partner instead.

We believe it is best to keep your baby **skin-to-skin until after feeding for the first time**. We usually wait to weigh your baby until after this feeding.

Safely hold your baby skin-to-skin as much as possible for the first 48 hours and beyond, starting right after your baby is born.



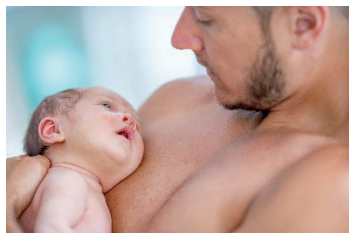
Safe skin-to-skin

Position yourself so that you are a little upright, not lying flat.

Look at your baby.

Hold your baby this way:

- Baby's face can be seen, especially their nose and mouth.
- Baby's head is turned to one side.
- Baby's head is slightly tilted up and away from their chest.
- Baby's neck is straight, not bent too far forward or backward.
- Baby's nose and mouth are not covered.
- Baby's chest and shoulders are flat against you.
- Baby's legs are flexed.
- Baby's back is covered with a blanket.



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Did you know?

Healthy babies are more likely to suffocate when we are distracted.

Using your cell phone can distract you. It can keep you from spotting when your baby might have trouble breathing.

When you are skin-to-skin, focus on your baby. Hold your baby in a safe way.

If you are going to use your cell phone, check your baby often.



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Feeding your baby

Human milk is best for babies. It is especially good for babies born too early or babies with special medical needs.

Like any new skill, learning to breastfeed / chestfeed takes time. You might need help with positioning, getting baby to latch on, knowing when baby is hungry, or knowing they have enough milk. We are here to help you feel confident feeding and caring for your baby.

Babies feed often, sometimes every hour. This is normal. Your body needs baby to feed this often. It is what brings in your milk. It does not mean you don't have enough milk. Each feed makes more milk for the next time. Feeding your baby when they show signs of being hungry will make sure they are getting what they need.

For medical or personal reasons, you might choose to feed your baby formula along with, or instead of, breastfeeding / chestfeeding. We will teach you how to feed your baby in a safe and responsive way, following your baby's signs of being hungry and full. We know feeding decisions can change. No matter what you choose, we are here to support you.

After you go home, a Public Health Nurse from your local health unit will call you within 72 hours to see if you need any added support. If you miss this call, and would like to talk to them, be sure to call them back at the number they leave on your voicemail. You can ask us for an interpreter if needed.



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Benefits of feeding babies human milk:

- ✓ Free
- ✓ Protects baby from infection and disease
- ✓ Easy for baby to digest
- ✓ Always the right temperature
- ✓ Easy to provide
- ✓ Readily available
- ✓ Adds healthy germs to baby's gut
- ✓ Helps baby's jaw grow for future teeth
- ✓ Changes as baby grows
- ✓ Supply changes to what baby needs at any given time
- ✓ Contains healthy hormones and other nutrients that help baby grow

Breastfeeding / chestfeeding can help protect both of you from some health conditions.

Protects baby from	Protects you from
diarrhea and vomiting colds, the flu, ear infections, chest infections diabetes bowel problems obesity Sudden Infant Death Syndrome (SIDS) certain cancers allergies asthma skin conditions such as eczema	Type 2 diabetes breast cancer before menopause other reproductive cancers such as ovarian cancer high blood pressure post-natal depression

Did you know?

Many medicines, and even some substances, are safe in breastfeeding / chestfeeding. If you have any questions about what is safe, ask your doctor or midwife. You can find more information at [MotherToBaby.org](https://www.MotherToBaby.org).



Pasteurized donor human milk

Your own milk is always best for your baby. When your plan is to breastfeed / chestfeed and your baby needs more milk than you have available right now, pasteurized donor human milk might be the next best choice.

All of our donor milk comes from a regulated milk bank. Donor milk is processed using heat to kill any harmful germs. To make sure the donor milk is safe, it is tested after it is pasteurized to make sure it is free of harmful germs.

Donor milk is similar to your own milk and preserves many of the benefits of human milk.

BC Women's Milk Bank provides pasteurized donor milk to children in need. Most babies who get this milk are sick and their mothers / birthing parents are not able to breastfeed or produce enough breast milk to feed their babies. The Milk Bank supplies many hospitals in B.C. with pasteurized donor breast milk.

If you have more breast milk than your baby can drink, you might want to think about becoming a 'human milk' donor.

To learn more: bcwomensmilkbank.ca



Your Hospital Stay

Your room

In our hospitals, we have 2 different types of Maternity Units: Single Room Maternity units and Labour and Delivery (or Post-Partum) units.

Preferred accommodation

Some of our maternity units have a mix of private and shared rooms for recovery after birth. If you would like a private room or you only want to share a room with one other new parent and baby (called semi-private), you can ask for this only after you are admitted to the unit. This is called 'Preferred Accommodation'. There is a charge for this service. Extended Health Benefit plans cover all or part of the cost of Preferred Accommodation. We can honour your request *only if* a private or semi-private room is available at the time of delivery.

We are family-centred

Family-centred care is health care where the people we serve, their essential care partners, their support people and family, and their healthcare providers work together as partners in care. We aim to respect your values, beliefs, and preferences. We commit to keeping you informed, involving you in deciding about your care and the care of your baby, and welcoming you to take part in all aspects of care.

We want to make sure you have the support of your family so we encourage your partner or another support person (adult) to stay overnight with you and baby if you are in a private room. Whenever possible, we are happy to provide cots or comfortable chairs to sleep in. Please remember to bring bedding for your support person.



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Photos and videos

You are welcome to take pictures and videos of your family during your stay.

Please make sure you do not include others in the background such as other new parents, babies, families, visitors, or staff. To protect the privacy of others, no one is allowed to take pictures or record videos of anyone else in the hospital without their consent.

If you wish to photograph or video hospital staff, please ask permission first. If any staff decline, please respect their wishes and stop if asked. We might ask you not to use a recording device during certain procedures.

Meals

As the patient, your meals are delivered to your room 3 times a day. If you have any allergies or special diet needs, let us know when you first arrive at the hospital.

If you are bringing food in from home, ask staff the best place to keep it.

Each hospital has a cafeteria or coffee shop where essential care partners, family and others can purchase food. Check the opening hours of the cafeteria.

Smoke-free and scent-free

Smoking is not allowed anywhere in the hospital or on hospital property. This includes the use of electronic cigarettes, vapes, and cannabis. If needed, you can get nicotine patches or gum while in the hospital. Let your nurse know.

Many people are sensitive or have allergies to fragrances. Use only unscented soaps and shampoos. Do not wear perfumes or colognes.

Length of hospital stay

How long you stay in the hospital depends on your health and the health of your baby. It also depends on how you deliver your baby.

If you have a vaginal birth, you usually stay in the hospital for 24 hours after the baby is born.

If you have a C-Section, you usually stay in the hospital for at least 48 hours after the C-Section.

Some people stay longer if there is a medical reason.

Sharing news

Friends and family often want to call the hospital to find out how you and your baby are doing. When this happens, we will ask them to contact you or your essential care partner directly. If you do not wish to anyone to know about you and your baby, let us know. We will mark it in your health record as “Do not acknowledge”, and we will not tell anyone you are here.



Image by SeppH from Pixabay.com

Visitors

You might want to share this time with family and friends as soon as possible or want to wait until after you leave the hospital. We suggest you limit the number of visitors you have so you can rest and get to know your baby.

Here are some things to keep in mind so that you and your baby get the best start:

- Babies and their parents need lots of time to learn and practice feeding (breast or chest).
- The mother / birthing parent needs a lot of safe skin-to-skin time to help bring in their milk and learn their baby's early hunger cues.
- When others hold your baby:
 - It interrupts your skin-to-skin time for longer periods.
 - You could miss your baby's subtle early hunger cues.
 - Your baby's opportunities to feed are fewer.

We encourage *you* to hold your baby safely skin-to-skin while you welcome visitors.

If you are having trouble asking your visitors to let you rest, please ask us to help you with this.

We like to keep the Maternity Unit a peaceful place. Please ask your visitors to be quiet and respectful. The best place to visit is in your room or the waiting room – not the hallways.

To protect you, your baby, and others, we ask visitors to:

- **Clean their hands** before and after visiting.
- **Clean their hands** before and after touching you or your baby.
- **Stay home** and **do not visit** if they feel unwell or have been exposed to any infectious or communicable disease.

Your Baby's Health

While in the hospital, we will ask you if we can do some tests on your baby and give your baby some medicine. These tests and medicines are routine in British Columbia. They help guide your baby's care.

Parents are always welcome to be present and involved when babies are having tests done.

Did you know?

You can help reduce pain during painful procedures such as a heel prick or needle by breastfeeding / chestfeeding or holding your baby skin-to-skin.

For all babies

Health check – Your doctor or midwife does a thorough check of your baby's health after they are born. One of the things they check is the hip joints. Some babies are born with loose hip joints. The medical term for this is Developmental Dysplasia of the Hip or hip dysplasia (say *dis-play-sha*). This condition affects about one baby in every 100 babies.

Vitamin K injection - Babies are known to have low levels of Vitamin K when they are born. Vitamin K plays an important role in making our blood clot. Without Vitamin K, small cuts can go on bleeding for a long time, and small injuries can cause big bruises. Just one injection of Vitamin K in the leg after birth can help prevent this.

Newborn Screening - We do this blood test by pricking the baby's heel and collecting blood on a card before the baby goes home. We send the card to the provincial laboratory at BC Children's Hospital. The laboratory tests the baby's blood for more than 20 rare but treatable conditions.

This test is usually done one time when the baby is 24 hours old. If a baby goes home before they are 24 hours old, we do the test before you leave. The test must be done again within 2 weeks. Speak to your doctor or midwife about getting this second test done.

Erythromycin Eye Ointment - This is an antibiotic ointment placed in your baby's eyes. This medicine helps prevent eye infection from any bacteria the baby might have been exposed to during birth. Speak with your healthcare provider about what is best for your baby.

Hearing Screening - This is a test to check the baby's hearing for any problems. The BC Early Hearing Program is a province-wide program for checking the hearing of all babies. To do this test, we bring a small machine into your hospital room. The test does not hurt the baby.

Critical Congenital Heart Defect (CCHD) Screening - This is a pain-free test done using a small device called a pulse oximeter placed your baby's hand or foot. It detects any low oxygen levels in the baby's blood stream. It could help tell us if the baby might have a heart defect before the baby shows any signs of this problem.

Recommended for some babies

Bilirubin Level - If a baby's skin or eyes are looking slightly yellow, we might check the baby's bilirubin level (say *bil-ee-ru-bin*). If a baby's skin and whites of the eyes turn very yellow, this is called jaundice (say *jaw-n-dis*). Either we use a small device called a 'bili-meter' (uses light to check bilirubin) or we do a blood test.

Glucometer Check - We check the baby's blood sugar if a baby is jittery or shaky, or there is a chance the baby could have a low blood sugar (called hypoglycemia, say *hi-po-gl-eye-see-me-ah*). We prick the baby's heel and test a drop of blood. Babies who are more likely to have a low blood sugar are babies of mothers / birthing parents with diabetes, or who are born early or born with certain medical conditions.

Your Baby's Second Night (After 24 hours)

During the first night, new babies will often sleep to recover from their big journey. After 24 hours, babies have a strong need to be skin-to-skin. You might find your baby awake and wanting to feed quite often, especially at night. Some new parents think this means they do not have enough milk. This is not true. This is nature's way of getting the milk supply flowing. Your baby's feedings trigger your body to make more milk. This helps your body build up the milk supply for the days ahead. The more often your baby feeds, the more milk your body makes. Also, your baby's tummy starts out very small and can only take a little milk at a time.

Did you know?

Giving babies supplements when they don't need them can impact milk supply and breastfeeding / chestfeeding success.

The first 48 hours can be a very tiring time. You have been through a big journey yourself. You might be feeling some pain. You might have many visitors (whether in the hospital or at home). A wide-awake baby can be exhausting. You might need added help.

Ways to help you through the first few days and nights:

- Get some sleep during the day, whenever you can.
- Treat any pain with pain medicine.
- Ask someone to stay the night and stay awake to help you during the night, especially between 11:00 p.m. and 3:00 a.m. This is when baby is going to want to feed most.
- Be gentle with yourself. Remind yourself that this stage will not last forever.
- Surround yourself with people who support you and support breastfeeding / chestfeeding. This helps you have a more positive experience.

For more information, ask your nurse for the pamphlet ["Breastfeeding Your Newborn"](#).



Safety and Security for You and Your Baby

All babies have **baby bracelets** that match their mother's / birthing parent's bracelet at the time of delivery. Always leave these bracelets on until you go home.

Never leave your baby alone.

Always check identification of any healthcare provider caring for your baby. Everyone who works in Fraser Health is required to wear picture identification.

If your baby needs to be moved to another location for a test or procedure, you are always welcome to go with your baby.

Help us prevent the spread of germs:

- Clean your hands often. Ask your visitors to clean their hands as well.
- If you can get up, wash your hands at a sink using soap and water. Always use soap and water when your hands are visibly soiled.
- If you cannot get up, ask about cleaning your hands with alcohol-based hand rub.

Clean your hands:

- Before meals, snacks, and taking medications
- Before feeding your baby
- After using the bathroom
- Before entering and leaving your room

It is okay to ask us if we have cleaned our hands before caring for you and your baby.

Even though we have security on site 24 hours a day, you are responsible for your own belongings.

You might hear fire alarm bells. We practice regular Fire Safety drills so we are ready in case of an emergency. If you hear the fire alarm, return to your room.

Supports and Services

Supports

There are many people and departments available to help with your care while you are in hospital.

Some of them are:

- dietitians
- indigenous health liaisons
- language interpreters
- pastoral or spiritual care workers
- physiotherapists
- social workers

Services

Small Kitchens – Each Maternity Unit has small kitchens for patients to use. They are stocked with ice, milk, juice, coffee, and tea.

Cafeteria –Both patients and visitors are welcome to use the hospital cafeteria. It has a variety of foods and drinks. Please check the open and closing times because they can be different day to day.

Cellular phones–You are welcome to bring in and use your cellular phone. This is a good way for your family to contact you directly. There are places in the hospital where you cannot use a cellular phone. Please ask us if you are not sure.

Wireless Internet- Wireless internet is available in many of our hospitals. Ask your nurse if it is available on your unit.

Gift shops –There is a gift shop in the lobby. You can find cards, gifts, newspapers, and supplies.

Parking – There are many places to park but most locations are pay parking. A private company manages our parking lots. You will find instructions and payment machines at the hospital entrances.



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The Unexpected

Transfer to another hospital

There are 3 reasons we might move you to another hospital when you arrive to deliver your baby. If you need to be moved to another hospital, you might go by ambulance or be driven in your own car, depending on the reason for the move.

1. **For the mother / birthing parent** – You might have a medical condition that needs a specialized doctor who is only available at a large hospital. You might know early in your pregnancy that you will need specialized care. Some medical conditions do not appear until later in pregnancy. Either way, it is safest for you to be in the right hospital for your medical needs.
2. **For baby** - We want to make sure your baby is born in the safest place possible. If you start having signs of labour too early (premature labour) or your baby has special medical needs, we could move you to a hospital that has a Neonatal Intensive Care Unit (NICU).
3. **Diversion** – Sometimes, we have so many babies born at the same time, the Maternity Unit becomes full. If this happens, for safety reasons we might move someone in labour to a hospital that has space available. We call this ‘diversion’. Even though this does not happen often, you should know it is a possibility. All of the Fraser Health Authority maternity units follow the same guidelines and strive to offer the same services.

These are our priorities:

- ✓ To give you and your baby the attention you deserve.
- ✓ To give safe care to all of the people we serve.

Neonatal Intensive Care Unit (NICU)

If your baby needs some extra care and monitoring after birth, we have specialists here to help them. When babies need added medical care, they might need to be moved to the Neonatal Intensive Care Unit.

If your hospital does not have a Neonatal Intensive Care Unit, we will arrange to move your baby to a hospital with one of these special units. We do our best to move you to that hospital with your baby.

NICU staff encourage parents to take part in the baby's care. One of the ways to help is to breastfeed / chestfeed or express breast milk for us to feed to the baby. Another way to take part is to hold the baby skin-to-skin as much as possible as baby's health allows.

If your baby needs extra care in a NICU, ask how you can be part of your baby's care.



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More information about *Neonatal Intensive Care Unit*, go to fraserhealth.ca/NICU.



Mental health, pregnancy, and birth

Pregnancy and birth can bring on a mix of feelings. Sometimes there is happiness and excitement, and sometimes there is sadness and worry.

The feelings of sadness or worry can be normal. But if you feel sad or worried all the time, it could be a sign of depression or anxiety.

Depression and anxiety in pregnancy and after birth are common. In fact, one in 5 people experience it. It can happen either during your pregnancy or at any point up to a year after the birth. You are not “weak” for having these feelings.

Right after baby is born and up to 2 weeks after the birth, some people experience the “baby blues”. They can have mood swings, crying for no reason, anxiety, and trouble sleeping. If these feelings last longer than 2 weeks, it could be a sign of depression or anxiety.

If you think you are experiencing depression or anxiety, talk to your doctor or midwife.

It is really important for both your health and your baby’s health to get help for depression, anxiety, and other mental health conditions.

Substance use, pregnancy, and breastfeeding / chestfeeding

There are lots of reasons why people use substances. Some use them to feel good, to do things better, or to treat pain (whether emotional or physical pain).

Examples of substances

- caffeine
- alcohol
- nicotine
- cannabis
- drugs such as heroin, cocaine, crystal methamphetamine, fentanyl, MDMA

Different substances have different effects on you and your baby while pregnant or breastfeeding / chestfeeding. Some substances are safe with limited or modest use, such as caffeine. Some substances are harmful, even in small amounts, such as alcohol and cocaine.

When a baby is exposed to certain substances during pregnancy, they can show signs of withdrawing from the substance after birth. The best way to treat these babies is for their mother / birthing parent to be with them, to help them eat and sleep, and to console them when they are upset. We are there to help keep baby comfortable.

Some people use substances once in a while and are able to easily stop. Other people find it really hard to stop, even if it is causing problems in their life with such things as money, housing, and relationships. Finding it hard to stop does not mean you are weak.

Please tell your doctor or midwife if you are using any substances. We want to make sure you and your baby get the care needed.

Some people are afraid to say they use a substance. They are afraid we will judge them or take their baby away. Using substances does not mean you are a bad person or bad parent. It is not a reason to take someone's baby away.

If you are worried about this, ask your doctor or midwife to refer you to a social worker. The social worker can help you think through your plan. They can help you bring your baby home in a safe way.

If you or your partner would like help cutting back on how much substance you use, talk to your doctor or midwife about your options.

Pregnancy loss and grief

If you are experiencing or have experienced a pregnancy loss, we are very sorry for the loss.

The loss of a pregnancy or baby at any stage of the journey can be devastating. It is not your fault.

Pregnancy loss can be a deeply personal and isolating event in a person's life. Sometimes, it can be difficult to know where to find support.

You're not alone.

We have information on resources and community supports available on fraserhealth.ca/pregnancy.

Check our *Pregnancy Loss and Grief* page.

(or use this direct link tinyurl.com/FHPregnancyLoss).



Going Home

Now is a good time to think about preparing to go home.

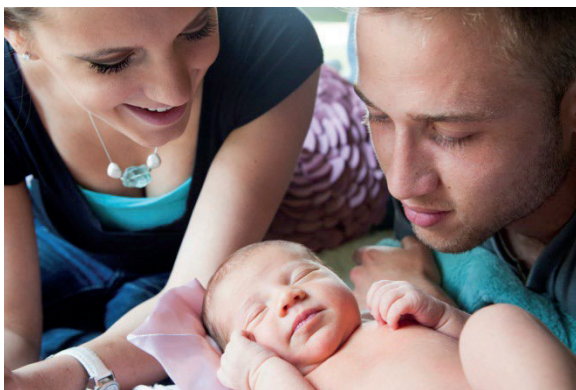
- ☐ Make sure you have a safe crib for your baby and it is ready to use.
- ☐ Make sure you have a safe car seat and it is ready to use.
- ☐ Complete the [Car Seat Safety Checklist](#) on choosing and using the right car seat either before you come to the hospital or while in the hospital (see page 7 for more information).



tinyurl.com/FHCarSeatSafety

Your nurse reviews the checklist with you before you go home.

- ☐ Write down any questions you have.
- ☐ Learn as much as you can from your nurse.
- ☐ Take any classes offered in the hospital that prepare you for going home.



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Caring for Yourself at Home

Whether this is your first or fourth baby, getting into this new role can be difficult for any parent.

To be sure you are taking care of yourself, here are some questions to ask yourself.

- *Have I eaten at least three meals today? Am I eating healthy snacks if I'm still hungry?*
- *Have I enjoyed some physical activity, such as walking with my baby in the stroller?*
- *Have I taken a short break? Have I done something nice for myself?*

When your baby is asleep or when your partner can care for your baby, take a nap, read a book, have a bath, or just sit outside.

- *Have I talked with my partner, friends, or family about my feelings, worries, or concerns?*
- *Have I met with supportive people who understand my feelings?*

Your public health nurse can tell you about postpartum support groups.

- *Have I shared the care of our baby with my partner?*

(Adapted from 'Your Body after Pregnancy', HealthLinkBC, March 14, 2023)

Support at home

A Public Health Nurse from your community calls you within 72 hours after your hospital stay.

This nurse asks you about you and your baby's health and how feeding is going. You are welcome to ask this nurse any questions or talk about any concerns you have now that you are at home. Feel free to ask this nurse for help with breastfeeding and baby care. This nurse can also give you information about support services in your community.

Arrange to see your doctor or midwife within 3 to 7 days after you leave the hospital.



Websites and Resources

Fraser Health pregnancy and baby resources

fraserhealth.ca/pregnancy



Easy online access to health information
and resources

Topics:

Prenatal registration	Breastfeeding / chestfeeding
Planning a pregnancy	Life with your baby (0 to 6 months)
Pregnancy	Life with your toddler (6 to 24 months)
Labour, birth, and early postpartum	Text messaging parent support program
Maternity hospitals	Depression and anxiety during and after pregnancy
	Pregnancy loss and grief

Added resources

Fraser Health Virtual Care By phone 1-800-314-0999
By web chat fraserhealth.ca/virtualcare
10 a.m. to 10 p.m.

HealthLinkBC 8-1-1
Available 24 hours a day. Interpreters available.

BC Automobile Association (BCAA) bcaa.com

HealthLinkBC healthlinkbc.ca

La Leche League lllc.ca

Pregnancy Info pregnancyinfo.ca

The Period of PURPLE Crying purplecrying.info

Fraser Health Public Health Units

Abbotsford

104 - 34194 Marshall Road
604-864-3400

Agassiz

Box 104 - 7243 Pioneer Avenue
604-793-7160

Burnaby

300 - 4946 Canada Way
604-918-7605

Chilliwack

45470 Menholm Road
604-702-4900

Delta – North

11245 84 Avenue
604-507-5400

Delta – South

1826 - 4949 Canoe Pass Way
604-952-3550

Hope

Box 175 - 444 Park Street
604-860-7630

Langley

20389 Fraser Highway
604-539-2900

Maple Ridge

400 - 22470 Dewdney Trunk Road
604-476-7000

Mission

1st floor, 7298 Hurd Street
604-814-5500

New Westminster

218 - 610 Sixth Street
604-777-6740

Surrey – Cloverdale

205 - 17700 56 Avenue
604-575-5100

Surrey – Guildford

100 - 10233 153 Street
604-587-4750

Surrey – Newton

200 - 7337 137 Street
604-592-2000

Surrey – North

220 - 10362 King George Boulevard
604-587-7900

Tri-Cities – Coquitlam, Port Moody, Port Coquitlam

200 - 205 Newport Drive
Port Moody
604-949-7200

White Rock/South Surrey

15476 Vine Avenue
604-542-4000

Fraser Health Delivery Hospitals

Abbotsford Regional Hospital

32900 Marshall Road
Abbotsford, BC
604-851-4817

Go directly to Maternity. After hours, use the Emergency entrance.

Burnaby Hospital

3935 Kincaid Street
Burnaby, BC
604-412-6293

Go to Admitting-Registration on the 1st floor Monday to Friday, 6:00 a.m. to 4:00 p.m.
Go to Emergency on the 3rd floor after hours, on weekends and holidays.

Chilliwack General Hospital

45600 Menholm Road
Chilliwack, BC
604-795-4107

Go directly to Maternity. After hours, use the Emergency entrance.

Langley Memorial Hospital

22051 Fraser Highway
Langley, BC
604-514-6034

Go to Patient Registration Monday to Friday, 7:00 a.m. to 3:00 p.m.
Go to Emergency after hours, on weekends and holidays.

Peace Arch Hospital

15521 Russell Avenue
White Rock, BC
604-535-4500 Ext.757273

Go to Registration Monday to Friday, 6:00 a.m. 5:00 p.m. Go to Emergency after hours, on weekends and holidays.

Ridge Meadows Hospital

11666 Laity Street
Maple Ridge, BC
604-463-1818

Go to Admitting Monday to Friday, 6:15 a.m. to 3:45 p.m. Go to Emergency after hours, on weekends and holidays.

Royal Columbian Hospital

330 East Columbia Street
New Westminster, BC
604-520-4587

Go to Patient Registration Monday to Friday, 6:00 a.m. to 3:30 p.m. Go to Emergency Registration after hours, on weekends and holidays.

Surrey Memorial Hospital

13750 96 Avenue
Surrey, BC
604-585-5572

Go directly to Maternity Family Birthing Unit in the South Building, Level 2..

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

Stores #448419 (May 2023) For online copy, go to: patienteduc.fraserhealth.ca