



# Newborn and Postpartum Booklet



Quinte Health



HASTINGS PRINCE EDWARD  
**Public Health**

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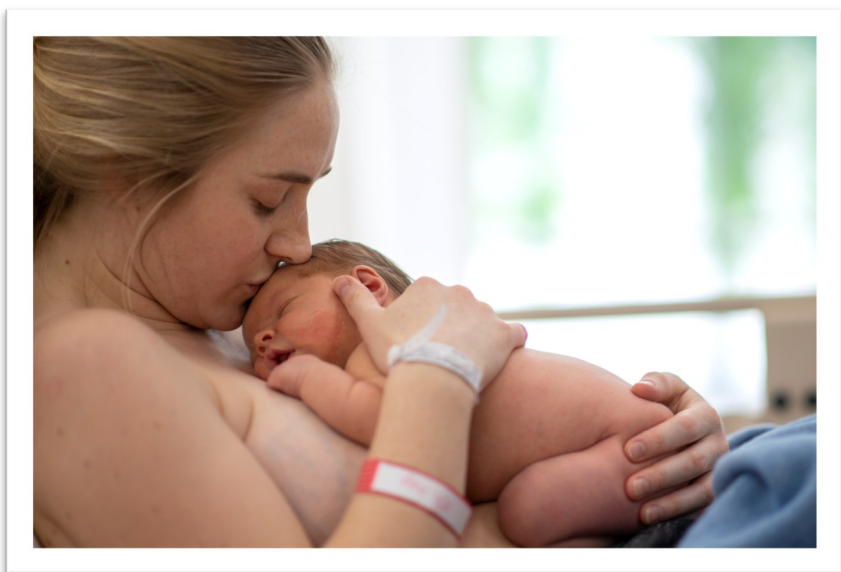
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# Postpartum Care



# Postpartum Changes

After you give birth, your body undergoes a number of normal changes. It will take time for your body to return to its normal state. It is important to be patient and have realistic expectations of what your body will look like and what it will do after the birth.

**Plan to see your health care provider within six weeks after the birth to make sure that your body has healed well.**

If you have any concerns about your health before your six-week visit, you can contact your health care provider earlier. If you have not talked about resuming sex and your options for birth control, you may want to have this discussion during your six-week visit.

**In the postpartum period, you may experience some discomfort or concerns including:**

- Breast tenderness as your milk comes in.
- Abdominal cramps as your uterus returns to its normal shape and size.
- Lochia. This vaginal discharge will lighten in colour and decrease in amount over the next six weeks.
- Swollen, bruised, or tender perineum especially if you had a tear or an episiotomy (a cut or incision between the vagina and anus at the time of the birth).
- Pain at the incision site if you had a caesarean birth.
- Trouble urinating or having a bowel movement.
- Feeling tired and having a difficult time getting enough rest.
- Changing emotions because of fatigue and changing hormone levels. Postpartum blues (i.e., baby blues) are experienced by four out of five women.

## Contact your health care provider if:

- You pass **blood clots** larger than a plum, soak a pad an hour, or you think you are **bleeding** more than what is normal.
- The **caesarean incision** or the **stitches** in your perineum start to open.
- You have **yellow or greenish discharge** from your stitches or vagina.
- You have **foul-smelling** vaginal discharge.
- You don't think the tissues are **healing properly**.
- You have a **fever** greater than 38° Celsius or 100.4° Fahrenheit.
- You have **flu-like symptoms**.
- You have **pain** that is not relieved by your pain medication.
- You have a **severe headache** that is not better after taking pain medication.
- You have **spots or stars** before your eyes, dizziness, and/or sharp upper abdominal pain.
- One or both of your legs becomes very **painful and swollen**.
- You **cannot urinate** or are having burning or pain when you urinate.
- You cannot have a **bowel movement**.
- You have a **red, hot, or swollen breast**, or a sore, hard, red or painful area on the breast.
- The **postpartum blues** last longer than two weeks.

If you are not able to speak with your health care provider, call [Health811](#) to speak to a Registered Nurse. **Call 911 if you have trouble breathing, shortness of breath, chest pain, or a racing or irregular heart rate.**

# Caesarean Birth

If your incision is healing well, it will usually be left uncovered when you go home. It is okay to get your incision wet in the shower. Always make sure that the incision is dry after you shower, as bacteria can accumulate and cause infection if the area is left wet.

If your incision was closed with stitches, the stitches will dissolve on their own. If your incision was closed with staples, they will be removed by your health care provider within a few days.

**To prevent your incision from re-opening at home, avoid the following activities until your health care provider says they are okay:**

- Lifting anything heavier than your baby.
- Carrying your baby in a car seat.
- Climbing stairs a lot.
- Running, jogging, jumping, or any other high-energy activities.
- Sit-ups or other activities that may strain your abdominal muscles.
- Sexual intercourse.
- Driving. If you need to brake quickly this could cause your incision to re-open.

**If you notice any signs of infection, see your health care provider as soon as possible. Signs of infection include:**

- Redness, pain, foul-smelling discharge, or heat at the site of your incision
- Fever
- Vaginal discharge or an increase in the amount of vaginal bleeding
- Nausea and/or vomiting
- Generally feeling unwell

# Postpartum Exercise

You should speak with your health care provider before resuming physical activity.



Doing Kegel exercises after the birth will help to strengthen your pelvic floor muscles, which are often weak after a vaginal delivery. Kegel exercises will help prevent you from leaking urine when coughing, laughing or doing physical activity.

## To do Kegel exercises:

- A. While sitting: Think of pulling up and away from the chair. Hold for a few seconds, then relax. This may be more effective if done while pushing down with your hands on the arms of the chair.
- B. While lying with your legs straight and crossed at the ankles, squeeze your buttocks together and try to pull your pelvic floor up inside (as though preventing yourself from going to the bathroom). Hold for a few seconds, then relax. Repeat 10 times with each leg on top.
- C. While standing: Use the same technique as in B above. The exercise may be done with or without your legs crossed

Do Kegel exercises several times a day to strengthen your pelvic floor muscles.

Source: QH Physiotherapy and Occupational Therapy Department

# Postpartum Mental Health

Baby blues are common in the first two weeks after giving birth. Baby blues can include feeling sad, tired, irritable, and/or overwhelmed. These feelings are normal in the first week or two after giving birth. They are typically caused by hormonal changes, fatigue, and a lack of sleep. Close friends and family members can help you get through this period. These feelings should not last longer than two weeks and should go away on their own.

Feeling anxious or depressed after having a baby can occur, and it is important to note this is not your fault. Getting prompt treatment will help you feel better and improve the health of your baby.

**There are signs when it is important to reach out for help. Fathers or partners may experience symptoms too. You may:**

- Not feel yourself.
- Be sad and tearful.
- Feel exhausted but unable to sleep.
- Have changes in eating or sleeping patterns.
- Feel overwhelmed and unable to concentrate.
- Have no interest or pleasure in activities you used to enjoy.
- Feel hopeless or frustrated.
- Feel restless, irritable, or angry.
- Feel extremely high and full of energy.
- Feel anxious.
- Feel guilty and ashamed – thinking you are not a good mother/father.
- Not be bonding with your baby or be afraid to be alone with your baby.
- Have repeated scary thoughts about your baby.



Contact your primary health care provider if you have concerns about your mental health. Effective and safe treatments can include therapy and medication. Most medications suggested are safe for your baby when you are breastfeeding.

For more information on **local mental health, substance use and addictions support**, visit [www.accessMHA.ca](http://www.accessMHA.ca) or call toll-free 1-833-527-8207.

If you are experiencing thoughts of suicide **or are in emotional distress**, **text or call 988**. Visit <https://www.camh.ca/en/driving-change/988> for more information on this service.

**If you have a very dark mood, are unable to sleep between your baby's feeds, feel confused, have suicidal thoughts or thoughts of harming your baby, seek professional help immediately. Call the Crisis Line at 613-969-7400 ext. 2753, call 911 or go to the nearest emergency department.**



## UNDERSTANDING AND COPING WITH **YOUR** **BABY'S CRYING**

Parents understand that their baby will cry sometimes. We know that babies cry to tell us they are hungry, tired, have gas pains, need to burp or need a cuddle. So it's a bit of a shock when our baby keeps on crying, even when we've tried everything possible to comfort her. And sometimes it goes on and on for hours. Some have called this 'inconsolable crying'.

This kind of crying isn't easy to understand. It can come and go for no reason, last for 30-40 minutes or longer (sometimes adding up to hours each day!) and look like the baby is in pain.

This happens often, though, and is quite normal. Crying in young babies follows a pretty standard pattern. In all healthy babies, crying begins to increase at about 2 weeks of age. Each week, babies cry more and more, reaching a peak at about 6-8 weeks. After this, crying gradually improves. By the time a baby is 4-5 months old, this 'difficult to comfort' crying is much better.

**Things will get better! But in the meantime, there are a number of things parents can do to get through this trying period. While these things may help, nothing works all of the time.**



### **Check with your doctor, nurse practitioner or midwife.**

If you've been having trouble soothing your baby's crying, the first thing to do is to check with your doctor or midwife to make sure your baby is healthy.

**Check with your baby.** When your baby cries, check if they are:



- Hungry or wet
- Too warm or too cold
- Gassy or need burping
- Lying in an uncomfortable position
- Bored and need a change of position, activity, or place
- Overwhelmed (things are too loud, too bright, or there is too much going on)



**Comfort your baby.** If your baby is still crying, you can try other ways to comfort them, like:

- Gently rocking, walking, or bouncing your baby
- Cuddling your baby 'skin to skin'
- Giving your baby a bath
- Going for a walk with your baby in a carrier or stroller
- Massaging your baby's back, arms, or legs
- Smiling, singing, humming or talking quietly
- Creating white noise (with a fan or vacuum)
- Taking your baby for a ride in the car
- Giving a pacifier once breastfeeding is established

### **Did you know?**

Babies don't cry 'on purpose'! Babies who spend a lot of time being carried close to a parent's body cry less.

Most of the time, crying is not caused by feeding issues. Don't stop breastfeeding because you think it will help the crying. Speak with your doctor, nurse or midwife first.

'Colic' isn't a disease. It just describes babies who cry a lot. Healthy babies can cry a lot, and there isn't anything wrong with them. Or with you.

You won't spoil your baby by picking her up and comforting her when she's crying. You can't spoil a baby with love and comfort!

Just because your baby cries a lot now, doesn't mean he'll cry a lot or be difficult when he's older.

This reference is for educational purposes only.  
If you have any questions, ask your health care provider.

### Handling frustration and anger

A crying baby can be very frustrating, especially for sleep-deprived parents. There is nothing wrong with you. If you feel really frustrated when your baby has been crying, put her down in a safe place (a crib is a good choice) for a few minutes. Never shake or hurt a baby. Take a break and come back when you're a little calmer. It's a good idea to make a plan for what to do when things are difficult.

### A plan could look something like this:

1. Put baby in his crib and walk away for a few minutes.
2. Check on baby every few minutes.
3. Do something to make myself feel better (listen to music, have a snack, stretch).
4. Call for back-up (partner, friend, neighbour, family).
5. Pick baby up only when I'm calmer.

It's also important that anyone caring for your baby has a plan to handle their frustration when your baby cries. **Make sure that anyone who cares for your baby:**

- Is comfortable caring for babies
- Has some experience with babies
- Knows how to comfort a crying baby
- Can handle the frustration that goes along with looking after babies
- Understands that crying is normal, and that the baby is not crying 'on purpose'
- Knows what to do when they are feeling frustrated

### Parents need soothing too! Some ways to calm yourself:

- Take some long, slow, deep breaths
- Listen to music with earphones (if you have to, you can even do this while holding your baby)
- Talk with supportive friends and family members
- Remind yourself that there is a light at the end of the tunnel, this period of intense crying will not last forever.

### While your baby is sleeping, or if someone is looking after your baby for you:

- Take a warm bath
- Watch a favourite TV show-especially something that make you laugh!
- Break a sweat. Do some push-ups, sit-ups, or exercise along with a video. Get a yoga book and try a few poses. Or, try a yoga class.
- Grab a nap. Even 20 or 30 minutes can make a big difference.
- Spend some time on a hobby or activity that you really enjoy.

Parents can also have other stresses in their lives, aside from looking after a new baby. Parents might be struggling with financial problems, conflict with a spouse, mental health problems or an addiction. Reach out for the support you need. Speak with your family doctor, pediatrician, or start with some of the **Helpful Resources** listed above.

Contact your primary health care provider if you have concerns about your mental health. Effective and safe treatments can include therapy and medication. Most medications are safe for your baby when you are breastfeeding. For more information on local mental health supports call [Access MHA](#).

**! If you have a very dark mood, are unable to sleep between your baby's feeds, feel confused, have suicidal thoughts or thoughts of harming your baby, seek professional help immediately. Call the CRISIS LINE, dial 911, or go to the nearest emergency department.**

This reference is for educational purposes only.  
If you have any questions, ask your health care provider.

### Helpful Resources

#### Hastings Prince Edward Public Health CARELine

Monday to Friday 8:30 a.m. - 4:00 p.m.  
613-966-5500 ext. 223  
Toll Free: 1-800-267-2803 ext. 223  
Email: [careline@hpeph.ca](mailto:careline@hpeph.ca)  
[www.hpePublicHealth.ca](http://www.hpePublicHealth.ca)

#### The Period of Purple Crying <http://www.purplecrying.info/>

#### OMama

[www.omama.com/en/newborn/Crying-and-Colic.asp](http://www.omama.com/en/newborn/Crying-and-Colic.asp)

#### Caring for Kids

[www.caringforkids.cps.ca/handouts/pregnancy-and-babies/colic\\_and\\_crying](http://www.caringforkids.cps.ca/handouts/pregnancy-and-babies/colic_and_crying)

#### Access MHA

Mental Health, Substance Use and Addictions Support  
1-833-527-8207

#### CRISIS LINE

#### Crisis Intervention Centre

Phone: 613-969-7400 ext. 2753 or  
613-969-5511 ext. 2753  
Toll-free: 1-888-757-7766

# Parenting & Community Supports



# Early ON Play Groups



**EarlyON centres** are open to all families in Ontario. They are welcoming places that offer a range of services.

- join fun activities – reading, storytelling, sing-alongs, games and more
- get advice from professionals trained in early childhood development
- find out about other family services in your community
- connect with other families with young children

**Follow us on Facebook to check out your local play group!**

Find us on 

**[Family Space Quinte](#)**

**[Military Family Resource Centre—MFRC](#)**

**[North Hastings Children's Services](#)**

**[The HUB Child & Family Centre](#)**



# Safe Sleep For Your Baby

## HEALTH CANADA SAFE SLEEP GUIDELINES

For the safest sleep for your baby, it is important to reduce risks of SIDS, suffocation and fall-related injuries. **Health Canada recommends:**

- Baby sleeps in parents' room (room-sharing) for the first 6 months in a cradle, crib or bassinet which meets current Canadian safety regulations.
- Baby sleeps on a firm and flat surface - not in a bed with parents, a recliner or sofa - with no pillows, blankets, bumper pads, positional devices or stuffed toys.
- Baby is put to sleep on their back.
- Watch for overheating – if the room temperature is comfortable for you, then it is comfortable for baby.
- If you choose to swaddle your baby, use a lightweight blanket and keep it away from the baby's nose and mouth. Stop swaddling before your baby can roll. Swaddling is not safe for babies when they are on their tummy. Sleep sacks are acceptable if they fit baby well and cannot cover the face.
- Breastfeeding to lower your baby's risk of SIDS. Breastfeeding for 2 months is needed to lower your baby's risk, but the longer you breastfeed, the more protection your baby has.
- A smoke-free environment for baby. Second-hand smoke exposes your baby to harmful chemicals which puts them at an increased risk of SIDS.



Bed-sharing is when your baby sleeps in the same bed as you. **Health Canada does not recommend bed-sharing** due to risk of SIDS, suffocation and falls-related injuries for baby. However, if you choose to bring your baby into bed with you, bed-sharing is safer when you follow the guidelines below.

- **Breastfeed your baby:** A breastfed baby will sleep at the level of the breast (away from the pillow) and will wake frequently to nurse. This works to protect your baby.
- **No smoking:** Second-hand smoke exposes your baby to harmful chemicals which puts them at an increased risk of SIDS.
- **No drug or alcohol use:** Being under the influence of alcohol or drugs (legal or illegal) changes the way you sleep, and how you react. Sharing your bed with your baby when you are under the influence of drugs or alcohol puts your baby at risk.
- **Not for preemies or babies with health issues:** Babies that are born before 37 weeks and babies with serious health problems may be at an increased risk for SIDS or suffocation.
- **Place your baby on their back to sleep.**
- **No swaddling or overdressing your baby:** Dress your baby in a light sleeper or onesie, or in the same number of layers that you are wearing. Overheating may put your baby at risk.
- **Choose a safe sleep surface:** Bed-sharing should only be done in a bed and never on sofas or in recliners. The bed should have a firm mattress. Heavy comforters and blankets should be removed. Ensure there are no spaces where your baby could become stuck or fall out of bed.

**If you are unable to follow all of these safety practices, it is safest for your baby to sleep on a separate sleep surface in your bedroom (room-sharing).**

# Car Seat Safety

Use a **rear-facing** car seat to travel with your baby in any car. It is safest to use a rear-facing car seat as long as possible. Read the manufacturer's instructions and follow all age, height, and weight specifications.

## Keep in mind the following guidelines:



- Only use a car seat with the **National Safety Mark** label on it. Check the packaging or the back of the car seat for this symbol.
- Check the car seat's **expiry date**. Car seats manufactured before December 2012 may not meet safety regulations.
- Follow the **directions** that come with the car seat for installation and use.
- Install the car seat in the **back seat** at all times.
- Thread **harness straps** at or just below your baby's shoulders. The **chest clip** should be at armpit level, and the harness should fit snugly.
- Dress your baby in regular **indoor clothing**. You can use a blanket on top and a hat for warmth if needed. Snowsuits or bunting bags will interfere with buckling up your baby securely.
- Only use a car seat that is **undamaged**. Any signs of damage can make a car seat unsafe. It is not safe to use a car seat that has been in a car crash, even a minor one.
- Ensure your baby is **never left unattended** in a car, even for a short time.
- Be aware of the risk of your baby **overheating** in a car that is too hot.



- **Place car seats on the floor** (safest place) and not on the counter, table, or other high places. Car seats are unsteady and can easily fall from high places.
- Use a **combination stroller/car seat** for public transportation. It is the safest option.
- Use a car seat **only for travel**. Remove your baby from the car seat once you have reached your destination.



## For more information on car seat safety visit:

- ⇒ **Transport Canada/Motor Vehicle Safety**  
[www.tc.gc.ca](http://www.tc.gc.ca) (search “car seats”)
- ⇒ **Ontario Ministry of Transportation**  
[www.ontario.ca/carseats](http://www.ontario.ca/carseats)

## Car Seat Check:

To find a local Child Passenger Safety Association of Canada (CPSAC) technician visit:

[www.cpsac.org/find-a-tech](http://www.cpsac.org/find-a-tech)

# Jaundice in Newborns

Jaundice is a condition where a newborn baby's skin turns yellow because a high amount of bilirubin is produced or because the liver can't get rid of it quickly enough. Bilirubin is a brownish-yellow substance that is produced after red blood cells break down.

Babies who are born before 37 weeks, weigh less than 2500 grams, have bruising at birth, a sibling that was jaundiced or whose blood group is incompatible with their mothers' blood group are at higher risk of developing jaundice.

If the blood test shows that your baby is at risk for reaching a level of bilirubin that needs treatment, your doctor will arrange a follow-up visit and will do another test.

## What are the symptoms of jaundice?

Jaundice is very common in newborn babies. Most of the time it goes away on its own. Jaundice makes a baby's skin and the whites of the eyes turn a yellow colour. You may notice it between 1 and 4 days after your baby is born. It will first appear on your baby's face and chest.

Babies who have higher levels of bilirubin (severe jaundice) may seem very tired and cranky, and feed poorly because they are too hard to wake up.

## How can I prevent jaundice?

Feeding your baby frequently in the first hours and days after birth helps reduce the risk of jaundice. The body gets rid of bilirubin through the stool (poo) and urine (pee). Your baby's stool should turn from dark green to yellow if your baby is feeding well.

It might be necessary to offer your baby supplementary feeds of expressed breast milk or formula to avoid dehydration and to keep the jaundice from getting worse. If you are having trouble breastfeeding, it is important to get help. See page 34 for breastfeeding support.

### Will jaundice hurt my baby?

Most jaundice is not harmful to your baby and disappears when your baby's body learns to deal with bilirubin. But in some babies, there is so much bilirubin that it can be harmful. If the level of bilirubin becomes very high, it can affect some of your baby's brain cells.

Call your doctor if your baby shows any of the following symptoms:

- refuses breastfeeding or bottle feeding
- is very sleepy all the time
- is not having enough wet and dirty diapers
- has lost a lot of weight (more than 10% of their weight at birth)
- is extremely jaundiced (arms and legs are a yellow or orange colour)
- jaundice that seems to be getting worse

### How is jaundice treated?

Sometimes babies will need help to get their bilirubin levels down. One way to do this is with phototherapy in the hospital, where your baby's skin is exposed to a special blue light. The skin absorbs the light and changes the bilirubin so that his body can more easily get rid of it in stool and urine. Exposing your baby to sunlight (directly or indirectly) can be harmful and is not recommended to treat jaundice. Reference: [Canadian Paediatric Society](#)

# Family Doctor Tips on Caring for Children with Respiratory Symptoms

Most respiratory illness in children, including colds, influenza, RSV (respiratory syncytial virus) and COVID-19 can be managed at home without the need for prescription medications. However, in some cases, it is important to seek medical care.

Below, family doctors share tips on how to decide when to seek care for a respiratory illness and how to support your child at home.

## Call your family doctor if your child:

- Has a fever lasting 72 hours or longer.
- Has a fever that went away for a day or longer (without fever medication) and then came back.
- Is unusually irritable and won't stop fussing, even after treating their fever.
- Has an earache lasting more than 48 hours.
- Is not eating or drinking. Note that it's normal to eat and drink less when sick. Liquids are more important than food.
- Has special needs that make caring for them more difficult.

As a parent or guardian, you know your child best. If you feel your child needs to be seen by a family doctor, please reach out for help.



Not sure what to do? Health Connect Ontario has a **symptom checker** and the option to **chat live with a nurse**. You can also **call 811** to speak with a nurse, available 24 hours a day.

## Call 911 or go to the emergency department when:

- You are worried that your child is seriously ill.
- Your infant, younger than three months old, has a fever.
- Your child is struggling to breathe or is breathing faster than normal.
- You are concerned that your child is at risk of dehydration or is dehydrated.

*These are only some examples of when to seek emergency care.* Children's Hospital of Eastern Ontario (CHEO) has more information to **help decide if your child needs emergency care**.

For more information specific to COVID-19 and children, including rare complications, see **My Child Has COVID. What Should I Know?** in the **Confused About COVID** series.

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## Helping your child at home

- **Fever:** Treat fever or pain with over-the-counter medicines such as acetaminophen or ibuprofen if your child can take it — and if it is available.



Call your family doctor or pharmacist for advice if you are having difficulty accessing over-the-counter medicines. Information from the Canadian Pediatric Society outlines **how to take a child's temperature** and what to do if they have a fever. Here is a video on **managing fever in a child** from the U.K.'s National Health Service.

- **Red eyes and discharge:** These symptoms almost always go away on their own, without antibiotic drops or other medication. Warm compresses and artificial tears can help reduce discomfort.
- **Stuffy and runny nose:** Try saline rinsing sprays, a humidifier or a nasal aspirator.
- **Earache:** If you notice your child tugging on their ear, they may have an earache. Get assessed if your child's earache lasts more than 48-72 hours, if there is discharge from the ear or they have had more than 2-3 ear infections in the last year.
- **Cough:** Treat a cough with a humidifier or the steam from a shower. If the cough sounds like a bark, cool outside air may help. If your child is at least one year old, you can give them 1-2 teaspoons of honey in the evening.
- **Fluids:** Make sure your child gets enough fluids, including water, soups, sports drinks or even popsicles. Breastmilk/formula is enough for young babies who do not drink other fluids.

## Tips to stay healthy and prevent illness

- Wear a mask (and have your child wear a mask) when in crowded, public indoor spaces.
- Wash your hands often and well; use hand sanitizer when washing is not possible.
- Cough and sneeze into your elbow instead of your hands.
- Stay home and keep your child home when they are sick, especially in the first couple of days when most infectious.
- Get the flu shot and keep COVID-19 doses up to date.



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The OCFP thanks Dr. Kate Miller and Norfolk Family Medical for the **blog post** which inspired this information.

To access this resource online and further information on respiratory illness, click [here](#).

# When to see a Health Care Provider

## **Babies can get sick quickly. Take your baby to see a health care provider right away if your baby:**

- Is less than 6 months of age and has a fever - axillary temperature 37.5° C to 38° C or greater (Quinte Health guidelines)
- Appears jaundiced or yellow in colour
- Umbilical cord stump becomes red or swollen, smells bad, or has puss coming from it.
- Has a rash, especially in and around the diaper area, that does not go away.
- Feeds poorly or will not feed.
- Has a dry mouth, lips, or tongue.
- Normally has regular bowel movements but suddenly stops.
- Is passing less urine or has dark yellow urine.
- Projectile vomits more than twice in one day.
- Has diarrhea.
- Has black or bloody stool that is not meconium.
- Has grey or chalk-coloured stool.

**Important to remember!** Always call your baby’s health care provider whenever you have any concerns about your baby’s health and well-being.

For babies younger than 3 months of age, call your baby’s health care provider when your baby starts to become unwell, especially if there is fever and coughing. Always remember to inform any health care professional if your baby was born prematurely.

**Use F-A-C-T-S to remember important signs and symptoms to watch for. Never hesitate to call 911 if you have urgent concerns about your baby.**

F-A-C-T-S	Call Doctor	Call 911
Fussy	Crying more than usual, hard to comfort	Struggling to breathe, limp, unresponsive, difficult to wake, lips or skin turning blue
Appetite	Feeding less, refusing several feedings in a row, dry diapers, dry mouth or lips	Difficult to wake, limp, unresponsive
Cough	Raspy (noisy) breathing, barking or wheezing cough, or one that doesn’t go away	Struggling to breathe, rapid shallow breathing, lips or skin turning blue, limp, unresponsive
Temperature	Sudden or continuing fever (temperature of 38° C or more)	Fever over 39 C, difficult to wake, limp, unresponsive, unconscious
Sleep	Sleepier than usual, not waking up for feedings	Will not wake, limp, unresponsive, unconscious

**This information is not intended to replace the advice of a medical professional.**

F-A-C-T-S adapted with permission from the [Canadian Premature Babies Foundation](#) (CPBF)

# Health811

Health811 offers free confidential health advice, breastfeeding support or general information from a registered nurse 24 hours a day, 7 days a week.

If you are concerned your child is unwell and unsure if they should see a health care provider for an assessment, **call Health811 toll-free by dialing 811 or TTY 1-866-797-0007.**

Online chat is also available [here](#).

## Non-Urgent Medical Care

The services listed below offer online, telephone or virtual medical care for non-urgent concerns for a fee. Please visit the following websites for more information about their fees and services.

[telemedmd.ca](http://telemedmd.ca)

[tiahealth.com](http://tiahealth.com)

[rocketdoctor.ca](http://rocketdoctor.ca)

[mdconnected.ca](http://mdconnected.ca)

[tuliphealth.ca](http://tuliphealth.ca)

[pocketpills.com](http://pocketpills.com)

**If you are having a medical emergency, call 911 or visit your closest emergency department.**



# Registering for a Health Care Provider

All healthy newborns should have an appointment with their primary health care provider 24-72 hours after discharge from the hospital.

**Call your primary care provider to book an appointment for your baby.**

If you **do not have a primary health care provider for your baby**, register with **Health Care Connect (Health811)** online at <https://hcc3.hcc.moh.gov.on.ca/> or dial **811** toll-free 24/7. Select your language of preference and press 2 to find a doctor or nurse accepting new patients in your area.

**Note:** If you have an out-of-area health care provider and wish to register for a local provider, contact Service Ontario at 1-888-218-9929 to de-roster from your current health care provider before contacting Health811.

# Public Health Immunization Services

Vaccines cause the body to produce antibodies that protect your baby from disease. The vaccines used in Canada are safe and effective. You can breastfeed your baby while the injection is given to minimize pain.



**Public Health offers routine vaccination clinics for children that do not have a health care provider.**

To **book an appointment online** for one of our clinics, please visit <https://www.hpepublichealth.ca/clinic/immunization-clinic/>

If you are unable to book online, call 613-966-5500 or toll-free 1-800-267-2803, ext. 221. For **North Hastings**, please call 613-966-5500 or toll-free 1-800-267-2803, ext. 423.

## Publicly Funded Immunization Schedule Birth to School Age

\* Additional doses may be needed for high risk individuals, or for Catch-Up Schedules. Refer to *Publicly Funded Immunization Schedules for Ontario* (2022 or as current) at <https://www.health.gov.on.ca/en/pro/programs/immunization/docs/>

Vaccine \ Age	2 Months	4 Months	6 Months	1 Year	15 Months	18 Months	4 Years
<b>DTaP-IPV-Hib</b> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b	✓	✓	✓			✓	
<b>Pneu-C-13</b> Pneumococcal Conjugate 13	✓	✓		✓			
<b>Rot-1</b> Rotavirus	✓	✓					
<b>Men-C-C</b> Meningococcal Conjugate C				✓			
<b>MMR</b> Measles, Mumps, Rubella				✓			
<b>Var</b> Varicella					✓		
<b>MMRV</b> Measles, Mumps, Rubella, Varicella							✓
<b>Tdap-IPV</b> Tetanus, diphtheria, pertussis, Polio							✓

# Questions About Your Baby?

## Child Health CARELine

(Monday - Friday 8:30 am - 4:00 pm)

A public health nurse is available to answer questions about mom and baby's health and provide infant feeding support by telephone.

If you are having difficulties with **breastfeeding**, a public health nurse can book you for an in-person breastfeeding consultation to help you with any latch problems, sore nipples, and concerns about milk production.

**Please call to schedule an appointment.**

**T: 613-966-5500 ext. 223      Toll-free: 1-800-267-2803 ext. 223**

**TTY: Dial 711 or 1-800-267-6511      Email: [careline@hpeph.ca](mailto:careline@hpeph.ca)**



**HPEPH  
Belleville office  
179 North Park St.**

**HPEPH  
Quinte West office  
499 Dundas St. W**

Click [HERE](#) for more information on public health programs or to make a **self-referral**.



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**Resources from additional agencies are included  
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