Your Pregnancy, Labour & Delivery, and Postpartum Journey

A Patient Information Handbook

Sunnybrook
DAN WOMEN & BABIES PROGRAM

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Welcome

This guide tells you about our program and general routine care during pregnancy. It will help you through the process of having a baby at Sunnybrook Health Sciences Centre and help you get ready for when and after your baby is born. Please read this guide and share it with your family.

In this handbook, we use the term “woman/women” and the pronouns “she and her”, acknowledging that much of the information applies to people who are transgender and non-binary. We are committed to providing inclusive care, striving to meet the needs of all individuals and families embarking on their pregnancy journey.

The material in this guide is not meant to be a substitute for professional medical advice, diagnosis or treatment. Always speak to your health care professional regarding your medical condition or if you have any questions.

Family-Centered Care

We believe in family-centered care. We encourage you and your family to take part in the decisions that affect you and the care of your baby. Our caregivers respect your personal needs and choices and are here to work together with you.

The race, gender and religious backgrounds of the team members will vary. Sunnybrook does not support discrimination, nor can this system accommodate special requests based on these characteristics.

Obstetrical Physician On-Call System

The obstetrical team at Sunnybrook take turns being on-call. This means that there is always a staff obstetrician, obstetrical resident and nursing staff trained to care for you and your baby. The obstetrician who takes care of you at your appointments may not be the obstetrician who delivers you.

Family Physicians – Obstetricians

The Family Health Team also provides pregnancy care for patients at Sunnybrook DAN Women and Babies Unit. Our family physicians care for patients across Toronto and the GTA. They work closely with the obstetricians at Sunnybrook and under various clinical circumstances, they may consult with the obstetrical care professional-on-call and provide shared care or transfer of care.

Some family physicians are on-call for their patients while other family physicians take turns being on-call. Please speak with your family physicians to determine who will likely be delivering your baby. More information about the family physicians team, go to their website: https://sunnybrook.ca/Familyobstetrics

Midwifery Care

Midwifery care at Sunnybrook is provided by Seventh Generation Midwives Toronto. They work closely with the obstetricians at Sunnybrook. Under various clinical circumstances, they may consult with the obstetrician-on-call and provide shared care or transfer of care. If you are a patient of midwifery practice, please reach out to them regarding any questions about your pregnancy care. Their website is https://www.sgmt.ca/

Sunnybrook as a Teaching Hospital

Sunnybrook is a teaching hospital. This means that medical trainees, residents, nursing students, midwifery students and other healthcare learners will be involved in your care. They are all supervised by senior staff.

Routine Pregnancy (Antenatal) Appointments

For most uncomplicated pregnancies, you will have about 10-15 appointments. Your appointments are a chance for you to let your obstetrical care professional know how you feel and if you have any concerns.

The following is a brief guide on when you are likely to have an appointment and what happens at those appointments. If there are any concerns during your pregnancy, your obstetrical care professional might add extra appointments. Your care might also be different if you are referred later in pregnancy or need a scheduled Caesarean section. Please talk to your obstetrical care professional about your care plan. Your appointments might look like this:

Appointment	What should happen
8-12 weeks	This is usually your first appointment. Your doctor should: • Measure your height, weight and blood pressure. • Plan the care you will get during pregnancy • See if you are at risk for gestational diabetes or pre-eclampsia • Offer screening tests, including the nuchal translucency (NT) ultrasound, genetic tests and confirming your estimated due date • Give you information about folic acid, vitamin D It is important to let your doctor know if: • There were any complications or infections in a previous pregnancy or delivery, such as pre-eclampsia or premature birth • You have any health conditions like diabetes or high blood pressure • There is any family history of children with a genetic or birth abnormality (ex: spina bifida) • There is a family history of inherited disease (ex: sickle cell or cystic fibrosis) • You have a history of anxiety or depression • You have any safety concerns at home

16 weeks

Your doctor should:

- Measure your weight and blood pressure
- Go over the results of your screening tests
- Offer you an ultrasound at 18-20 weeks to check on the physical development of your baby (the “anatomy scan”)

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20 weeks

Your doctor should:

- Measure your weight and blood pressure
- Check the size of your uterus
- Go over the results of the anatomy ultrasound
- Give you a requisition for diabetes screening test to be done at 24-28 weeks. Your blood count (hemoglobin) and iron levels will also be checked at this time. You may also have a urine test to check for bladder infections

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24 weeks

Your doctor should:

- Measure your weight and blood pressure
- Check the size of your uterus using a measuring tape
- Go over the results of your tests

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28 weeks

Your doctor should:

- Measure your weight and blood pressure
- Check the size of your uterus using a measuring tape
- Go over the results of your tests
- Offer you Anti-D treatment (RhoGam or WinRho) if your blood type is Rh negative
- Recommend Tdap vaccination to provide protection for you and your baby from Whooping Cough

Your doctor might:

- Offer you an ultrasound to assess the growth of the baby between 28-34 weeks
- If you have an ultrasound, your doctor might not check the size of your uterus with a measuring tape

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30 weeks	Your doctor should: • Measure your weight and blood pressure • Check the size of your uterus using a measuring tape
32 weeks	Your doctor should: • Measure your weight and blood pressure • Check the size of your uterus using a measuring tape
34 weeks	Your doctor should: • Measure your weight and blood pressure • Check the size of your uterus using a measuring tape
36 weeks	Your doctor should: • Measure your weight and blood pressure • Check the size of your uterus using a measuring tape • Perform vaginal and anal swab for GBS bacteria • Review the signs and symptoms of labour and when to go to the hospital • Go over the process and risks of Caesarean section and arrange for blood work if you need a planned Caesarean section
37 weeks	Your doctor should: • Measure your weight and blood pressure • Check your baby's position Your doctor may: • Offer a vaginal examination to check if your cervix is starting to change • Offer and talk about a cervical sweep if you need it

38 weeks	Your doctor should: • Measure your weight and blood pressure • Check your baby's position Your doctor may: • Offer a vaginal examination to check if your cervix is starting to change • Offer and talk about a cervical sweep if you need it
39 weeks	Your doctor should: • Measure your weight and blood pressure • Check your baby's position Your doctor may: • Offer a vaginal examination to check if your cervix is starting to change • Offer and talk about a cervical sweep if you need it
40 weeks (your estimated due date)	Your doctor should: • Measure your weight and blood pressure • Check your baby's position • Offer a vaginal examination to check if your cervix is starting to change • Give you information about what happens if your pregnancy lasts longer than 41 weeks • Offer an ultrasound to assess growth and baby's wellness
41 weeks	Your doctor should: • Measure your weight and blood pressure • Check your baby's position • Offer a vaginal examination to check if your cervix is starting to change • Recommend an ultrasound to assess baby's wellness • Talk about the options and choices for induction of labour

After Hours Urgent/Emergent Care

During the weekdays, for non-urgent concerns, please contact your primary obstetrical care professional's office. If you cannot reach them and it is an urgent or emergent concern then you can do the following:

If you are **less than 16 weeks**, go to the Sunnybrook Emergency Department.

If you are **more than 16 weeks**, go to the Sunnybrook Obstetrical Triage located in the M-Wing, 5th Floor, 416-480-5600

If you are a **patient of the Family Practice Obstetrical Team AND more than 16 weeks**, you can also call the Family Practice Obstetrical Resident on call through hospital locating to get phone advice. Call 416-480-6100, press "0" and ask for the "family practice resident on-call for obstetrics".

If you have contractions

- Any amount regularly before 37 weeks: go to the hospital.
- After 37 weeks
  - » First baby: every 5 minutes, they are painful, last about 45 seconds to 1 minute, for at least 1 hour.
  - » If you have had at least 1 baby: every 10 minutes for at least 1 hour or you feel regular pressure.
  - » If your baby is breech or you plan on having a Caesarean Section: go to the hospital with any contractions.

If you have bleeding

- Any amount prior to 37 weeks: go to the hospital.
- After 37 weeks
  - » If you have bleeding like a period: go to the hospital.
  - » A little bit of blood or bloody, mucousy discharge is very common during labour or before labour starts. This is called "bloody show." You do not need to go to the hospital if this occurs and your baby is moving well.

If your water has broken

- Before 37 weeks: go to the hospital.
- After 37 weeks
  - » If you are **GBS POSITIVE**, go to triage. Try to be in the hospital within 1 hour.
  - » If you are **GBS NEGATIVE**, you can go to triage to confirm you have broken your water. If everything is stable and you are not in labour, you may have the option to be sent home to see if labour will start within 12 hours of when you broke your waters. If labour still has not started at 12 hours, then you need to return to the hospital to be reassessed and you may need to be induced with IV medications.
  - » The water should be clear. If it is green or brown, go to the hospital immediately.

If you do not feel your baby move or have noticed less movement

- Go to the hospital.
- You should start to feel baby movements between 18 – 24 weeks but it will not be regular at first.

If you have a severe headache, changes to your vision, feel unwell, or YOU ARE WORRIED,

- Go to the hospital.

Genetic Screening Tests

Prenatal screening can tell you the chance of having a baby with certain chromosomal differences. In Ontario, you can screen for Trisomy 21 (Down Syndrome) and Trisomy 18 (Edwards syndrome). You can also screen for other chromosomal differences depending on the type of testing you choose.

A good website to get additional information on Prenatal Screening in Ontario is www.prenatalscreeningontario.ca

You can choose not to have any testing. If you do choose testing, this is a brief summary of your options:

Less than 14 weeks pregnant	14 to 21 weeks pregnant	More than 21 weeks pregnant
Enhanced First Trimester Screen (eFTS) This is an OHIP-funded screen. There is no risk to the pregnancy because it is done through an ultrasound (also called the nuchal translucency or NT scan) and bloodwork. It can detect Trisomy 21 and Trisomy 18. This is done between 11 and 14 week.	**Second Trimester Screening (STS)** This is an OHIP-funded screen. There is no risk to the pregnancy because it is done through bloodwork. It can detect Trisomy 21 and Trisomy 18. This can be done if you are not able to get eFTS, but is less accurate than eFTS.	**Non-Invasive Prenatal Testing (NIPT)** This may be OHIP-funded or private pay depending on your situation. There is no risk to the pregnancy because it is bloodwork. It is more accurate for Trisomy 21 and can detect more chromosomal differences. This can be done as early at 10 weeks.

Less than 14 weeks pregnant	14 to 21 weeks pregnant	More than 21 weeks pregnant
Non-Invasive Prenatal Testing (NIPT) This may be OHIP-funded or private pay depending on your situation. You can talk to your doctor about OHIP-funded requirements. There is no risk to the pregnancy because it is bloodwork. It is more accurate for Trisomy 21 and can detect more chromosomal differences. This can be done as early at 10 weeks.	**Non-Invasive Prenatal Testing (NIPT)** This may be OHIP-funded or private pay depending on your situation. There is no risk to the pregnancy because it is bloodwork. It is more accurate for Trisomy 21 and can detect more chromosomal differences. This can be done as early at 10 weeks.	**Anatomy Ultrasound** The anatomy scan can be used to assess the physical development of the baby. The ideal time is between 18-22 weeks but can be done any time after this.
Nuchal Translucency (NT) Ultrasound The NT scan can be done as part of eFTS or on its own between 11 and 14 weeks.	**Anatomy Ultrasound** The anatomy scan can be used to assess the physical development of the baby between 18-22 weeks.	

If there are concerns found during these tests, you may be referred to the Sunnybrook High Risk Maternal Fetal Medicine Clinic for further assessment and discussion about next steps, or invasive diagnostic testing if you are interested.

Nausea & Vomiting In Pregnancy

Modified from Mother-to-Baby website

Nausea and vomiting of pregnancy is a common condition. It can happen any time during the day, even though it's often called "morning sickness." Nausea and vomiting of pregnancy usually doesn't harm the baby, but it can affect your life, including your ability to work or go about your normal everyday activities. There are safe treatments that can make you feel better and keep your symptoms from getting worse.

When does nausea and vomiting of pregnancy start?

Nausea and vomiting of pregnancy usually starts before 9 weeks of pregnancy. For most pregnant people, it goes away by 14 weeks of pregnancy. For some people, it lasts for many weeks or months. Up to 15% of pregnant people will have symptoms up to 20 weeks of pregnancy or until delivery.

What happens when you have nausea and vomiting of pregnancy?

Some people feel nauseous (upset tummy) for a short time each day and might vomit once or twice. In more severe cases, nausea lasts several hours each day and you may vomit more often.

Is there a term for severe nausea and vomiting of pregnancy?

Hyperemesis gravidarum is the term for the most severe form of nausea and vomiting of pregnancy. Hyperemesis gravidarum can happen in up to 3 percent of pregnancies.

You should call your obstetrical care professional or go to the hospital if you have the following signs and symptoms of dehydration:

- You have a small amount of urine that is dark in color.
- You are unable to urinate (pee).
- You cannot keep down liquids.
- You are dizzy or faint when standing up.
- You have a racing or pounding heartbeat.

If you need to go to the hospital, you will have blood tests to check how your liver is working and your electrolytes to check for dehydration. You will likely get fluids and vitamins through an intravenous (IV) line. If your vomiting cannot be controlled, you might need medication. If you continue to lose weight, a feeding tube may be recommended to ensure that you and your fetus are get enough nutrients.

Can nausea and vomiting during pregnancy be signs of something else?

Yes, some medical conditions can cause nausea and vomiting during pregnancy. These conditions include:

- ulcer
- food-related illness
- thyroid or gallbladder disease

How might nausea and vomiting of pregnancy affect my health and my baby's health?

This condition usually does not harm your health or your fetus's health. It also does not mean that your fetus is sick. Nausea and vomiting can become more of a problem if you cannot keep down food or fluids and begin to lose weight. When this happens, it sometimes can affect the fetus's weight at birth.

How can I manage nausea and vomiting of pregnancy?

Changes to your diet and lifestyle might help you feel better. These changes can include:

- changing meal times
- changing the types of foods you eat

What can I do to help with nausea?

- Eat dry toast or crackers in the morning before you get out of bed to avoid moving around on an empty stomach.
- Eat five or six "mini meals" a day to ensure that your stomach is never empty and never too full.
- Eat frequent bites of foods like nuts, fruits, or crackers.
- Keep solids and liquids separate by drinking 20 to 30 min before or after meals or snacks

What kinds of foods might help?

Try bland foods. The BRATT diet (bananas, rice, applesauce, toast, and tea) is low in fat and easy to digest. If these foods don't appeal to you, try others. The goal is to find foods that you can eat and that stay down. Try adding protein to each meal. Good nonmeat sources of protein include:

- dairy foods, such as milk, ice cream, and yogurt
- nuts and seeds, including butters like almond butter and peanut butter

Are any supplements worth trying?

Ginger can help settle your stomach. You can try ginger capsules, ginger candies, flat ginger ale made with real ginger, and ginger tea made from fresh-grated ginger. You can also try Vitamin B6 (pyridoxine) up to 200mg per day. Acupuncture or acupressure have been shown to have mixed results for treatment of nausea.

What medications may be used to treat nausea and vomiting of pregnancy?

If diet and lifestyle changes don't help, or if you have severe nausea and vomiting of pregnancy, you might need medical treatment. Some medical treatments include:

- Diclectin is a prescription drug that combines doxylamine and vitamin B6.
- Dimenhydrinate (Gravol) can also be used to help with nausea.
- Other medications, called antiemetic drugs, can also prescribed to help with nausea and vomiting. Many antiemetic drugs have been shown to be safe to use during pregnancy. But others have conflicting or limited safety information. You should clarify with your obstetrical care professional which medications are safe.

Exercise in Pregnancy

Modified from CSEP PARmed-X for Pregnancy

Healthy individuals with uncomplicated pregnancies can do physical activity without any major risk to themselves or their unborn child. Exercise can improve aerobic and muscular fitness, promote healthy weight gain, and help with labour. Regular exercise may also help to prevent gestational diabetes and pregnancy-induced hypertension.

If you have one of the following conditions, please talk to your obstetrical care professional BEFORE you start an exercise program:

- Ruptured membranes, premature labour
- Persistent second or third trimester bleeding or placenta previa
- Pregnancy-induced hypertension or pre-eclampsia
- Incompetent cervix
- Evidence of intrauterine growth restriction
- Uncontrolled Type I diabetes, hypertension, thyroid disease, other serious cardiovascular, respiratory or systemic disorder
- High-order pregnancies (ex: triplets)
- History of miscarriage or premature labour in previous pregnancies
- Mild or moderate cardiovascular or respiratory disease (ex: chronic hypertension, asthma)
- Anemia or iron deficiency
- Malnutrition or eating disorder
- Twin pregnancy after 28 weeks
- Other significant medical conditions

The best time to start exercising is during the second trimester. This is when the risks and discomforts of pregnancy are the lowest. Aim for a minimum of 15 minutes per session, 3 times per week. You should do a warm up and a cool down after each activity.

Safety Considerations

- Avoid exercise in warm/humid environments, especially during the 1st trimester
- Avoid isometric exercise or straining while you hold your breath
- Get enough nutrition and hydration – drink liquids before and after exercise
- Avoid exercise where you lay on your back past the 4th month of pregnancy
- Avoid activities which involve physical contact or danger of falling
- Know your limits – pregnancy is not a good time to train for athletic competition
- Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

STOP EXERCISING IF YOU HAVE:

- Excessive shortness of breath
- Chest pain
- Painful uterine contractions
- Vaginal bleeding
- Any “gush” of fluid from the vagina
- Dizziness or faintness

Call your obstetrical care professional’s office or go to obstetrical triage for an assessment.

For more information about exercise in pregnancy, please go to the Canadian Society for Exercise Physiology website at https://csep.ca/

Iron Deficiency in Pregnancy

What is iron deficiency?

Iron deficiency means the body does not have enough iron. Iron is an essential mineral that helps blood carry oxygen through the body. Iron deficiency can be diagnosed with a blood test called ferritin. Normal iron level in pregnancy is a ferritin over 50 µg/L.

What is anemia?

The protein in the blood that carries oxygen from the lungs to the rest of the body is called hemoglobin. Iron is an essential part of hemoglobin. When your blood hemoglobin levels are low (less than 110g/L), this is called anemia.

How common is iron deficiency in pregnancy?

- 1 in 4 pregnant individuals have iron deficiency.
- Some people are at higher risk of developing iron deficiency, including those:
  - with heavy periods
  - who eat vegetarian or vegan diets
  - who donate blood regularly
  - who have been pregnant many times
  - who have a gluten sensitivity

Will iron deficiency affect me and/or my baby's health?

For pregnant individuals, iron deficiency can cause low energy levels and can lead to the need for blood transfusions. In babies, it may cause low birth weight and affect brain or nerve function.

What are the symptoms of iron deficiency?

Iron deficiency makes it harder to exercise, concentrate, and causes tiredness.

How much iron do I need to eat from food during pregnancy?

Pregnant individuals should aim to get 27 mg of iron from food each day. Only 4 mg of this is absorbed by the digestive system. Most pregnant individuals get less than 15 mg a day from food. To meet the target of 27 mg per day would require major changes to the average diet of individuals (see the table below for iron rich foods). Iron supplements are recommended for pregnant individuals, as well as an iron rich diet.

What foods have more iron in them?

There are 2 types of iron found in food:

1. Animal foods have heme iron which is more easily absorbed by your body; 15-35% of the iron in these foods is absorbed.
2. Plant foods have non-heme iron. Only 2-4% of this iron is absorbed. You can improve the absorption of non-heme iron by eating these foods with sources of vitamin C (an orange, kiwi, strawberries, red pepper, lemon juice, or vitamin C tablet).

Is it possible to avoid taking iron supplements during my pregnancy?

9 of 10 pregnant individuals who do not take iron supplements will use up all of their iron stores during pregnancy and 1 in 5 will develop iron deficiency anemia. So, almost all pregnant people need iron supplements for the rest of their pregnancy starting at 12-16 weeks.

If my hemoglobin (blood) level is okay, does that mean my iron level is okay?

No. Hemoglobin level is a poor measure of iron levels and will miss 90% of people with iron deficiency.

Foods with Heme Iron

Food	mg of iron per 75 gram serving
Liver (Avoid in Pregnancy – high in Vitamin A)	4.5 – 13
Mussels	5
Oysters	7 – 9
Beef and lamb	1 – 3
Shrimp and sardines	2
Chicken	0.5 – 1
Pork	0.8
Salmon	0.3

Foods with Non-Heme Iron

Food	mg of iron per serving
Pumpkin seeds, kernels (60mL)	8.5
Tofu, medium or firm (150g)	2 – 7
Legumes (175mL)	2 – 6.5
Hot cereal with iron enrichment (175mL)	3 – 6
Cold cereal with iron enrich-ment (30g)	4
Vegetables (pumpkin, peas, spinach, potatoes)	1 – 2
Nuts (60mL)	0.5 – 2
Bread with iron enrichment (1 slice)	1
Egg (one egg)	0.9

How much iron do I need to get from supplements?

Low dose iron supplements, like prenatal multivitamins, are not enough for most people. 3 of 4 people on prenatal multivitamins will have iron deficiency when they deliver their baby. At your first appointment, your blood level (hemoglobin) and iron level (ferritin) will be checked. Based on these results, your obstetrical care profession will tell you if you need to take iron. Some iron supplements need to be taken on an empty stomach at bedtime with a source of vitamin C to improve absorption.

What are the common types of iron supplements?

Tablet Name	Daily or alternate day dosing	Iron content (mg/tab)	Elemental iron (mg/tab)*	Daily estimated cost ($)
Ferrous gluconate*	1 to 2 tabs	300	35	0.10
Ferrous sulfate*	1 tab	300	60	0.20
Ferrous fumarate	1 tab	300	100	0.25
Ferrous bisglycinate	1 tab	25	25	0.30
Polysaccharide iron complex	1 tab	150	150	0.75
Heme iron polypeptide	2 to 3 tabs	11	11	2.40

Table from the University of Toronto Policy on Iron Deficiency Treatment in Pregnancy.
*Should be taken with juice or vitamin C 500mg.

What is elemental iron?

The iron in the food or supplement that can be is called elemental iron. Only a small amount of elemental iron is actually absorbed by the body.

Why is it important for me to take iron supplements?

- Iron supplements lower the chance of needing a blood transfusion at delivery.
- Iron supplements lower the chance of having a very small baby.
- Iron supplements improve the baby's iron level.
- Babies of pregnant people with untreated iron deficiency anemia are more likely to develop anemia in the first year of life.
- Infants and children with iron deficiency have poorer neurologic function

What are the side effects of iron supplements?

Iron supplements may cause darker bowel movements (poops). This is normal and is nothing to worry about. Iron supplements can cause mild nausea, constipation or diarrhea. These symptoms usually go away if you stay on iron for a few weeks.

Should I take iron supplements after my baby is born?

- Only take iron supplements if you had a large amount of blood loss at delivery, eat a diet that is low in iron-rich foods, or if you had iron deficiency at any point during pregnancy (ferritin below 30).
- You should take your prenatal vitamin after your baby is born for at least 6 months, and longer if you continue to breast feed.

What should I do if I cannot take the iron supplements due to side effects?

Talk to your obstetrical care professional. Here are options that may be tried: (1) Changing to a different iron tablet, (2) Taking the iron tablets with at bedtime. Taking with food may help but absorption drops by half, (3) Using intravenous iron (for severe iron deficiency or severe anemia).

Diabetes Screening Tests

All pregnant people are at risk for diabetes and are offered screening between 24-28 weeks. Depending on your situation, you might be offered to do the test earlier.

You can do this test at an outside lab or at the Sunnybrook lab located on MG-202.

Instructions for GCT

Go to a lab. You will get a drink from the lab. 1 hour after you have your drink you will have a blood test to check what your sugar levels are.

Do **NOT** have anything sweet to eat before the test.

- No fruit, juice, pop, sugary cereal, jams, jelly, honey, hot chocolate, sugar in your tea or coffee
- You may have green/herbal tea with no sugar, water, toast with butter, cereal with no sugar
- Try not to eat within 90 minutes of doing the test.

Your blood sugar will either be:

- Normal - your blood sugar is appropriately low. You do not have gestational diabetes.
- High - you have gestational diabetes. You will be referred to the Diabetes in Pregnancy program and will be seen by an endocrinologist and dietician to help treat the diabetes.
- In-between - your blood sugar is not low enough to confirm you do not have diabetes but also not high enough confirm you do have diabetes. In this case, you need to do a second test called Glucose Tolerance Test. This is a 2 hour test and requires fasting. Your doctor's office will notify you with more information if you need to do this test.

Anti-D Treatment or Rh Immunoglobulin

What is the Rh factor?

The ***Rh factor*** is a protein that can be found on the surface of red blood cells. If your blood cells have this protein, you are Rh positive. If your blood cells do not have this protein, you are Rh negative. It is a blood type, similar to blood group A, B and O. 15% of people are Rh negative. Being Rh negative does not affect your general health.

How does a person get the Rh factor?

The Rh factor is passed from parent to child through genes. The baby inherits one set of genes from each parent.

Can the Rh factor cause problems during pregnancy?

Yes. During pregnancy, problems can occur if you are Rh negative and your baby is Rh positive. This is called **Rh incompatibility**.

What happens if there is Rh incompatibility during pregnancy?

If you are Rh-negative and the blood of an Rh-positive baby gets into your bloodstream, your body will see it as not your blood and will fight it by making anti-Rh **antibodies.** These antibodies are not likely to affect your first pregnancy with an Rh-positive baby. They will affect your next pregnancy with an Rh-positive baby. These antibodies can cross the placenta and try to destroy that baby's red blood cells. This causes anemia where the red blood cells are destroyed faster than the body can replace them. Red blood cells carry **oxygen** to all parts of the body. Without enough red blood cells, the fetus will not get enough oxygen. This can lead to serious health problems and even death for the baby or newborn.

How can my fetus's blood get into my bloodstream?

During pregnancy, you and your baby usually do not share blood. Sometimes a small amount of blood from the baby can mix with your blood. This can happen during labor and birth. It also can occur with any of the following:

- Amniocentesis or chorionic villus sampling (CVS)
- Bleeding during pregnancy
- Attempts before labour to manually turn a fetus from a breech presentation to head down
- Trauma to the abdomen during pregnancy

Can I still develop antibodies if my pregnancy is not carried to term?

If you are under 12 weeks, an Rh-negative person is unlikely to can make antibodies after a **miscarriage**, **ectopic pregnancy**, or **induced abortion**. You may not need RhIG if you know that you are less than 12 weeks. Talk to your healthcare professional if you do or do not need RhIG.

How can I find out if I am Rh negative?

A simple blood test can find out your blood type and Rh status. This sample usually is taken in the first trimester. Another blood test, called an antibody screen, can show if an Rh-negative patient has made antibodies to Rh-positive blood.

Can Rh problems be prevented?

Yes. The goal of preventive treatment is to stop an Rh-negative patient from making Rh antibodies in the first place. This is done by finding out if you are Rh negative early in pregnancy (or before pregnancy) and, if necessary, giving you a medication to prevent antibodies from forming.

What medication prevents Rh problems?

Fortunately, 99.9% of cases can be prevented. When an Rh-negative patient has not already made antibodies, a blood product called **Rh immunoglobulin (RhIg)** can be given as an injection. It is called RhoGam or WinRho. RhIg stops the body from making antibodies, which can prevent severe fetal anemia in a future pregnancy.

What are the risks of blood products?

It is a human blood product, which has the following safety steps: the donors are tested for viruses (including HIV, hepatitis B and hepatitis C). The product is chemically treated to kill viruses and then undergoes filtration to remove viruses. Hepatitis C infection due to Rh immunoglobulin has been reported in Europe but not in North America.

When is RhIg given?

RhIg is given to Rh-negative pregnant individuals in the following situations:

- At around week 28 of pregnancy
- Within 72 hours after the birth of an Rh-positive baby

A dose of RhIg also may be needed

- after an ectopic pregnancy or a first-trimester miscarriage or abortion, if you are more than 12 weeks
- after invasive procedures, such as amniocentesis, CVS, fetal blood sampling, or fetal surgery

Additionally, you may get RhIg if you have had

- bleeding during pregnancy
- trauma to the abdomen during pregnancy
- attempts to manually turn a fetus from a breech presentation

What if I have already made antibodies and my baby is Rh positive?

In this case, the well-being of the baby will be checked during the pregnancy. If tests show that the baby has severe anemia, early delivery (before 37 weeks of pregnancy) may be necessary. Another option may be to give a blood transfusion through the umbilical cord while the fetus is still in the woman's uterus. If the anemia is mild, the baby may be delivered at the normal time. After delivery, the baby may need a blood transfusion to replace blood cells.

What would happen if I do not take this blood product?

12% of pregnant individuals would develop antibodies to the Rh factor with the risk increasing with each additional pregnancy.

Is there another non-blood product way to prevent hemolytic disease of the newborn?

Unfortunately, at this time, there is no alternative treatment.

Vaccines

Vaccination during pregnancy protects both the pregnant person and the fetus from infections that can be severe. It even protects infants after birth, while they are too young to be vaccinated!

Most vaccines can be given during pregnancy. Please ask your doctor before receiving vaccines in pregnancy.

Whooping Cough Vaccine (Tdap Vaccine)

Pertussis (Whooping Cough) is caused by a bacteria called Bordetella pertussis. It is an uncontrollable, violent cough that can make it hard to breathe. It is a very serious infection that can cause pneumonia, seizures, brain damage and even death. Babies younger than 1 year old might be hospitalized. Infants less than 2 months old make up the largest proportion admitted to special care units in hospitals. The best way to prevent Whooping Cough is by getting a vaccine. The vaccine that protects children and adults from Whooping Cough also protects them from Tetanus and Diphtheria. For adults, including pregnant individuals, the vaccine is called Tdap or Adacel.

The Whooping Cough vaccine is recommended DURING EACH pregnancy. The best time to get the vaccine is between weeks 27 and 32 of your pregnancy.

When Tdap is given in pregnancy, the pregnant person produces antibodies that are transferred to the fetus and protect the newborn during the first months of life. Tdap vaccination in pregnancy is estimated to protect 90% of infants less than 3 months of age against pertussis.

Flu Vaccine (Influenza Vaccine)

All pregnant individuals should receive the inactivated influenza vaccine during each pregnancy. Pregnant people are at higher risk of developing complications such as pneumonia if they get the flu. Flu during pregnancy also increases the risk of preterm delivery, low birth weight and rarely, stillbirth.

The flu vaccine can be given at any time during pregnancy. This vaccine is seasonal.

COVID-19 Vaccine

Pregnant individuals have a higher risk of severe illness from COVID-19. Pregnant people are at higher risk of hospitalization and admission to an intensive care unit (ICU) if they acquire COVID-19 in pregnancy. The pregnancy is associated higher risk of preterm birth, low birth weight and admission to the neonatal intensive care unit (NICU). The COVID-19 vaccine has been shown to be safe in pregnancy and breast feeding.

The COVID-19 Vaccine is recommended as a seasonal fall booster at any stage of pregnancy, regardless of the number of booster doses previously received. It may be offered at an interval of 6 months since the previous COVID-19 vaccine dose or 3-6 months after COVID-19 infection.

The COVID-19 vaccines may be given at the same time as any of the other vaccines recommended during pregnancy or while breastfeeding.

Rubella Vaccine (MMR)

The best time to receive the measles, mumps and rubella (MMR) vaccine is before pregnancy. Rubella virus infection in pregnancy can result in miscarriage, stillbirth or a series of fetal birth defects referred to as “congenital rubella syndrome”.

Pregnant individuals without evidence of previous rubella vaccination should be tested for rubella antibodies. Those who are not immune should receive the MMR vaccine AFTER delivery and prior to hospital discharge. This vaccine should NOT be given during pregnancy. If you have already received 2 doses of the MMR vaccine and still have tested to be non-immune, you do not need another dose. In rare situations, the vaccine does not work in some people.

RSV: RSV Vaccine (Abrysvo) and RSV Monoclonal Antibody (Beyfortus/ Nirsevimab)

Respiratory syncytial virus (RSV) infection is a major cause of lower respiratory illness, particularly among infants, young children and older adults. In children younger than 3, the illness may move into the lungs and cause coughing and wheezing. In some children, the infection turns in a severe respiratory disease. Ontario provides 2 options for RSV prevention in infants: a vaccine for the pregnant person (Abrysvo) or a monoclonal antibody (Beyfortus/Nirsevimab) given to the baby after delivery. Families can choose to have the vaccine OR the monoclonal antibody. There is no research that supports a benefit to the baby for having both. OHIP covers both of these options.

The National Advisory Committee on Immunization recommends Beyfortus as the preferred product to protect babies based on how well it works, how long it provides protection and how safe it is.

RSV Vaccine

RSV Vaccine (called Abrysvo) is recommended for pregnant individuals from 32 to 36 weeks of pregnancy to prevent lower respiratory tract disease in infants from birth to 6 months. This vaccine is seasonal and timing can vary from year to year.

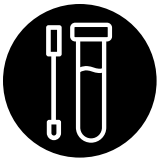
When Abrysvo is given in pregnancy, the pregnant person makes antibodies that are transferred to the fetus and protect the newborn during the 6 months of life.

RSV Monoclonal Antibody Medication

RSV monoclonal antibody (called Beyfortus or Nirsevimab) is not a vaccine. It is a preventative antibody that helps to protect babies again serious RSV-related lunch infections. While the body naturally makes antibodies to fight viruses, a baby's immune system might not be strong enough to generate antibodies to fight RSV. This preventative medication can provide extra protection. Beyfortus can provide at least 5 months of protection for the baby.

Starting Fall 2024, all babies born at Sunnybrook during the RSV season will be recommended the RSV monoclonal antibody (Beyfortus/Nirsevimab). This medication is seasonal and timing may vary from year to year.

If you deliver outside the RSV season, please speak to your child's healthcare provider to see if they qualify for the RSV monoclonal antibody.



Group B Streptococcus (GBS) Test

"GBS" refers to Group B Streptococcus, a type of bacteria. It can be found in the vagina or rectum in 1 in 4 healthy pregnant people. It is not harmful to healthy people and it is not sexually transmitted. Most people with GBS have no symptoms. It can come and go over time. A healthy person might have GBS at some times and not at others.

GBS can cause infection and very severe illness in a newborn. The most common way for a baby to get GBS is from the birthing person after the water has broken and during labour or birth.

To find out if you have GBS, you will need to swab the vaginal and the anus. Your doctor will explain to you how to do the test at your 35-37 week appointment.

If you have a urine test that is positive for GBS at any time in the pregnancy, you will be considered GBS positive and treated accordingly.

People that test positive for GBS will be offered intravenous (IV) antibiotics during labour. The antibiotics will not get rid of GBS in the pregnant person but will help decrease the risk of a serious infection in the baby.

- Without antibiotics, the baby's risk of becoming sick in 1 in 200
- With antibiotics, the baby's risk of becoming sick is 1 in 4000

To be of most benefit to your baby, the antibiotics should be given to you at least 4 hours before baby is born.

If you are GBS POSITIVE, you should go to triage (M-Wing, 5th Floor) as soon as possible after you break your waters. Try to be in the triage within 1 hour. DO NOT stay home and wait for contractions. If you are not sure if your water is broken or if you are having some leaking, please go to triage for an assessment.

If you are GBS POSITIVE and are having regular and painful contractions but your water has not yet broken, you should go to triage (M-Wing, 5th Floor) to be assessed to determine if you are in labour.

Prenatal Classes

If you are a first-time parent, or even if you have had children a prenatal class can help you get information around labour, delivery, postpartum recovery and taking care of a newborn. Sunnybrook offers a wide number of classes and workshops to help you and your family get ready for the birth of your baby. The different classes are listed below and you can get more information and sign up on the Sunnybrook Women and Babies Website. The City of Toronto Public Health Website also has information on prenatal care programs, free online prenatal/parenting classes and preparing for labour and parenthood.

Sunnybrook Classes

Preparation for Childbirth

Classes cover:

- Labour and delivery: an overview of the stages
- Comfort measures and coping skills for labour, birth and the postpartum period
- Medications and interventions
- Caesarean Section
- Breastfeeding
- Hospital Tour
- Resources

The Weekly Evening Series consists of four 2-hour classes, 6:30PM to 9:00PM, and the Weekend Workshops consists of two full-day classes, 10:00AM to 4:00PM.

Baby Care Workshop

Learn how to care for your newborn in this 3.5-hour workshop. Topics include bathing, diapering, soothing, baby equipment, when to call the doctor, and parenting styles.

Infant Emergency Workshop

A 3-hour basic first aid course with an overview of CPR for parents and caregivers of infants.

Big Kids Class

Let us help you prepare your children for the new baby. This 2-hour Saturday morning class includes a brief tour.

Twins and More: Childbirth Classes

This course prepares parents of twins or triplets for their birth and postpartum experience. Classes cover:

- Differences in multiple pregnancy and birth
- Preterm labour, bedrest and the premature baby
- Labour and delivery: an overview of the stages
- Comfort measures and coping skills for labour, birth and the postpartum period
- Medications and interventions
- Caesarean Section
- Breastfeeding multiples
- Hospital Tour
- Caring for yourselves and your babies
- Resources

This class is held as a one-day workshop from 10:00AM to 4:00PM.

Twins and More: Baby Care

A 3.5 hour class similar to our Baby Care Workshop but geared to parents of multiples.

Refresher Class

Refresh your memory about labour and birth. Includes coping techniques, hospital tour and learning how to prepare for your growing family.

Other Classes

Breastfeeding Information Session

This session covers breastfeeding basics, FAQ's, benefits and recommendations. Please note: If you are taking Sunnybrook Preparation for Childbirth Classes, you do not need to take this info session as well. The material in this session will be covered in prenatal class.

Trial of Labour After Caesarean Section (TOLAC)/ Vaginal Birth After Caesarean Sectiono (VBAC) Information Session

This class will give you information about attempting a trial of labour after you have had a previous cesarean birth. We will discuss the risks and benefits of choosing a trial of labour or a repeat cesarean birth and answer your questions. There is no charge for this information session.

Communications Night

Members of our obstetrical team answer your questions about having a baby at our hospital. There will also be a tour of the Birthing Unit. The sessions are held from 7:00PM to 8:30PM. Take the elevators in the M-Wing and go to the 5th Floor. Seating will be set up in the foyer outside the elevators. Registration is required.

Hospital Tour

A one-hour tour of our Birthing and Maternal/Newborn Unit for expectant parents who are not enrolled in our prenatal classes.

Baby Care Workshop for Grandparents

This workshop covers all the new recommendations for childcare and is suitable for anyone who will be helping to care for the new addition to the family.

Planned Caesarean Preparation Class

This course will help prepare parents who are planning on delivery their baby or babies by Caesarean Section. It also includes a tour of the Birthing Unit.

Cord Blood Banking

What is cord blood and cord blood banking?

During pregnancy, blood circulates between the pregnant person and the baby through the placenta and the umbilical cord. The blood in the umbilical cord contains stem cells. Stem cells are usually found in the bone marrow and are responsible for the production of blood cells.

You have the option of donating your baby's cord blood for research or storing your baby's cord blood in case it is needed in the future.

What can cord blood be used for?

Sunnybrook researchers have been collecting and studying stem cells from umbilical cord blood to gain knowledge about the development of the human immune system with the hope that results may one day lead to treatments using stem cells.

Umbilical cord blood stem cells have also been used to treat diseases requiring bone marrow transplants such as leukemia, Hodgkin's disease and aplastic anemia. Cord blood can be used for your child but may also match their siblings or other family members.

Compared to bone marrow transplants, the advantage of using cord blood stem cells to treat disease are:

- Stem cells from cord blood can be given to more people than those from bone marrow. More matches are possible. In addition, the stem cells in cord blood are less likely to cause rejection than those in bone marrow.
- It is harder to collect bone marrow than it is to collect cord blood. Collecting bone marrow poses some risks and can be painful for the donor.
- Cord blood can be frozen and stored. Bone marrow must be used soon after it is collected.
- Stem cells in cord blood can be used to strengthen the immune system during cancer treatments. Bone marrow stem cells do not have this capability.

The disadvantage of using cord blood is that it does not contain many stem cells. Units from several donors can be combined to increase the number of stem cells if a transplant is needed for an adult.

How is it collected?

Immediately after the birth of your baby, cord blood is collected from the umbilical cord and placenta. It is collected by the delivering obstetrical care professional. There is no risk or pain to your baby. The blood is then sent to a laboratory and the stem cells are separated; they are then frozen for future use.

Public Cord Blood Donation

There is no fee, but cord blood is given to whoever needs it and not saved for your child specifically. For more information on public donations, you can read about the Victoria Angel and Canadian Blood Services programs. **Please note that Sunnybrook does not participate in the Canadian Blood Services program.**

Cord Blood Donation for Sunnybrook Research

There is no fee and the cord blood can only be collected during weekday daytime hours. Please speak to your physician if you are interested in donating your cord blood for research.

Private Cord Blood Banking

You pay a fee to save and bank cord blood specifically for your child and their siblings. There is usually blood work for the delivering parent and this must be arranged separately with the private bank as the Birthing Unit nurses will not draw this bloodwork. There are several different companies that offer private banking. You can learn more from their websites. The companies in Toronto include Insception Lifebank, Create and Progenics.

If you would like more information about the Insception Lifebank, you can visit the kiosk across from the M-wing 7th floor elevators. You can also call 1-866-606-2790 to speak to a cord blood consultant. Please note that Insception is an independent vendor at the hospital and a portion of the revenues generated from the Sunnybrook location is paid to physicians and the hospital and directed towards supporting research, education, medical equipment and other investments in patient care.

Sunnybrook Birthing Unit/ Labour & Delivery

Where is the Birthing Unit?

- The Birthing Unit for the DAN Women and Babies Program is located in the **M-Wing on the 5th Floor**. Triage is there. This is where you go for any of the reasons above, for a scheduled induction or for a Caesarean Section.

Who will deliver my baby?

If you are under the care of an obstetrician:

- There are about 18 obstetricians that deliver at Sunnybrook and we take turns covering each other at night and during the day. If your obstetrical care professional is on-call that day or night, when you come in, you will see them. Otherwise, you will see another doctor at delivery.
- Sunnybrook is a teaching hospital, so you will also have medical students and residents involved in your care.

If you are under the care of the family practice obstetrics team:

- Some family physicians are on-call for their patients and other family physicians take turns covering each other during the day and night. Please speak with your family physician to determine who is likely to deliver your baby.
- Sunnybrook family health team is a teaching hospital, so you will also have medical students and residents involved in your care.

How long will I stay in the hospital?

- After you deliver, the usual stay is 24-48 hours
- The delivering individual and the baby will be sent home when they meet discharge criteria.

Who can I bring with me?

- When you are in labour, the hospital asks that you only have TWO support people with you.
- Your support person is welcome to stay overnight to learn how to care for and support you and your baby.

Who will provide health care for my baby after I leave the hospital?

- When you are in the hospital, a pediatrician will check your baby after the birth.
- After you are discharged from the hospital, the baby should be checked again in 2–5 days.
- You will need to find a pediatrician or a family doctor who looks after your baby **BEFORE** the end of your pregnancy.
- You will be given information on birth registration and family benefits before you leave
- **DO NOT LEAVE BEFORE YOU FILL OUT THE FORMS FOR YOUR BABY'S TEMPORARY HEALTH CARD**

Can I have visitors?

- An identified support person is welcome anytime and can stay overnight.
- Visiting hours are between 10am – 8pm.
- During visiting hours, there is a limit of 2 visitors, including the support person, at the bedside. If more people want to visit, they can take turns. Visitors cannot stay overnight.
- Siblings of the newborn may visit with the support person.
- If people are sick or have been exposed to a communicable illness, they are not allowed to visit.
- Latex rubber balloons are NOT allowed in the hospital due to latex-sensitivities for patients and employees.
- Please refer to the Sunnybrook Website for the most updated visitor policy.

What security measures are in place for me and my baby?

- Never leave your baby alone. If someone you don't know comes into your room and asks to take your baby, ask for ID, or to go with them. Any healthcare provider who is allowed to be in the room to care for you or your baby will be wearing a YELLOW GIRAFFE PIN on their lanyard.
- If at any point, your baby has to leave Birthing Unit or Maternal Newborn Unit, a parent will always go with the baby.
- In the Birthing Unit, your support person will be issued a blue security ID band and baby ID band. These are to be worn until discharge. On the postpartum floor, a second security band can be issued to a person of your choice if the support person has to leave.
- Before you leave the hospital, a nurse will take your baby's identification bands off and give them to you.

What is the contact information for Sunnybrook Birthing Unit?

- For urgent inquiries, the Sunnybrook Birthing Unit can be contacted at 416-480-6995.

What to Bring to the Hospital

It is helpful to have your suitcases packed and baby's clothes ready ahead of time. You may want to pack a smaller bag for your labour and a larger one for your hospital stay. Here are some things you can bring to the hospital. While the hospital does have a small supply of diapers, pads and wipes for baby, this does not usually last for your whole stay.

Labour Bag for Pregnant Individual

- ☐ Extra pillow(/s) with coloured pillow slip
- ☐ Lip balm or petroleum jelly (for dry lips)
- ☐ Help for back aches (ice pack, hot water bottle, tennis balls in a sock)
- ☐ Large size socks, sweater
- ☐ Music for relaxation (bring headset)
- ☐ Identification and Health Card
- ☐ Prescription medications in original containers
- ☐ Vaccine record (electronic or paper)
- ☐ Personal items (photos, elastic for long hair, glasses if you wear contacts)
- ☐ Several pairs of underwear

Hospital Bag for Pregnant Individual

- ☐ Nightgowns/pajamas - ones that button down the front for breastfeeding
- ☐ Comfortable clothing, including large underwear that may be needed
- ☐ Slippers, housecoat
- ☐ Nursing bra
- ☐ Clothes for going home
- ☐ Personal toiletry items—kleenex, toothbrush, toothpaste, soap, deodorant, shampoo, pads (large and small)
- ☐ Books, magazines, pen, paper
- ☐ Camera, music player (battery operated)
- ☐ Re-usable drinking cup or water bottle

Hospital Stay for Baby

- ☐ Diapers
- ☐ Baby wipes
- ☐ 1-2 sleeper/nightgown outfits
- ☐ 1-2 receiving blankets
- ☐ Soap for first bath if you have a specific soap you want to use.
- ☐ Car seat, properly installed
- ☐ Weather appropriate clothing to leave the hospital

Labour Bag for SUPPORT PERSON

- ☐ Change for vending machines
- ☐ Food or drinks (each room has a fridge)
- ☐ Your Cord Blood kit if you are participating
- ☐ Slippers, shoes, housecoat, pajamas, comfortable daytime clothing,
- ☐ Extra pillow and blanket
- ☐ Toothbrush and toothpaste, deodorant
- ☐ Camera

Please note that a Hospital Supply Bag is available for purchase ($35) which includes 3 large peri pads, 1 package (18) small peri pads, plastic drinking cup, pen, mesh underwear, 1 package (20) of diapers, baby hat, baby wipes and First 24hrs Information Package.

Preferred Accommodations

During labour, all patients are provided with a private room. Room preferences and charges only begin once you have delivered your baby.

If you stay as an inpatient at Sunnybrook, you can request your preferred patient rooms for your postpartum recovery.

You have one of three choices:

- Ward (three or more beds in the room) – free of charge for OHIP patients
- Semi-private (two beds in the room) - $325 per day*
- Private (one bed in the room) - $475 per day*

Each “bed” includes a bed for the delivering person, a bassinet for the baby and a chair for the support person.

All OHIP-insured patients are provided with a ward room free of charge. Private and semi-private room accommodations are optional for patients who wish to have more privacy during their stay.

Your preferred room is not guaranteed. Sunnybrook will do their best to give you the room you have requested. Rooms are assigned on a first-delivered, first-served basis. Sometimes the room you requested is not available due to medical conditions or infection control needs.

For more information, please go to https://sunnybrook.ca/Obaccommodationfaq.

To sign up for your preferred accommodation, please complete the online form. You should sign up for your preferred accommodation before you come to the hospital to deliver your baby.

You can access the form at:

https://sunnybrook.ca/Obaccommodationform

*Please note that the price is subject to change. Go to the Sunnybrook preferred accommodations website or talk to your obstetrical care professional to find out the most up to date pricing.

Induction of Labour

What is an induction?

An induction is a way to start labour. There are many different ways for this to be done and the method is influenced by your specific situation. Examples of these are:

- Breaking your water
- Intravenous oxytocin
- Prostaglandin gel or oral pills
- Cervidil insert
- Foley catheter induction

Why are inductions needed?

There are many reasons why your doctor might suggest an induction. Here is a list of some of those reasons:

- Maternal concerns: you might be experiencing a complication in your pregnancy (like high blood pressure)
- Fetal/baby concerns:
  - » You might have broken your water for more than 12 hours and you are not in labour.
  - » You might have broken your water and you are Group B Streptococcus (GBS) positive.
  - » You are passed your due date
  - » There are concerns about baby's growth (either too big or too small).
  - » There might be other concerns about baby.

What are the risks of induction?

Some of these risks include:

- Contracting too frequently
- Increase chance of Caesarean section
- Limiting movement or walking
- Increase use of pain medications (like epidural)

My doctor told me I am booked for a certain date. When should I come in?

- Each day, all the patients booked for induction are prioritized based on medical need.
- Patients who are booked as Priority 1, would expect to be admitted within 1 to 2 days.
- Patients who are booked as Priority 2 to 4, would expect to be admitted within 1 to 10 days.
- The Charge Nurse will call you when it is time for you to come in.
- If you have any urgent concerns while waiting for your induction, please go to obstetrical triage.

What happens on the day of induction?

On your induction day, you will be called with a time to come to the hospital. If the Birthing Unit is busy, your induction might be later than the time you are given. The charge nurse will keep in touch with you. The order in which patients are seen is based on the well-being of all patients being cared for that day as well as the medical reason for the induction. Once you arrive, you will be seen by a nurse in Obstetrical Triage. Your nurse will:

Ask you some questions about your health and pregnancy

- Take routine bloodwork
- Check your blood pressure, heart rate and your baby's heart rate
- Call the Obstetrics Resident-On-Call and let them know that you are ready to get started.

The Resident will then review your history, ask you some questions, and perform an exam to check your cervix. After the clinical assessment, your options for induction will be reviewed and a decision will be made on how to proceed with your induction.

Where do I go?

When you are called to come into the hospital, go to the M-Wing, 5th floor, Obstetrical Triage.

Methods of Induction of Labour

Here is a list of the different methods that can be used to induce labour. Some might be more appropriate for you.

Artificial Rupture of Membranes ("Breaking Your Water")	This method of induction is done if your cervix is dilated or open. You will be admitted into a labour room where your nurse will: • Talk about your labour and delivery plan • Check your baby's heart rate • Call the Obstetrics Resident-On-Call or the Obstetrical care professional-On-Call to let them know that you are ready to have your water broken. Once your water is broken, your nurse will listen to your baby's heart rate and you will be able to walk around the unit. You and your baby will be monitored in 15-30 minute intervals or more often if needed to ensure you both are doing well. If you have not gone into labour on your own, an intravenous with oxytocin may be started.
Intravenous Oxytocin	Oxytocin is a hormone that brings on and regulates contractions. Once you are admitted to the Birthing Unit, intravenous (IV) oxytocin will be started contractions.
Foley Catheter Induction	This method is used when your cervix is not dilated or open. A foley catheter is inserted into your cervix through the vagina. At the tip of the catheter is a balloon. The balloon is inflated with saline (salt water) once it's in the right place. The balloon then applies gentle and constant pressure on the cervix to help dilate the cervix. The catheter tube will hang out of your vagina and be taped to your inner thigh. You might be able to go home after the insertion of the catheter and return for assessment every 12 hours.
Prostaglandin Vaginal Insert (Cervidil)	This method is used when your cervix is not dilated or open. Prostaglandins are hormone-like substances that can soften your cervix and change it from firm to soft. It can also help to dilate your cervix. This medication has a small thin tablet attached to a string. It can be left in for 24 hours and repeated once. You might be able to go home after the insertion of the medication and return for an assessment every 12 hours. After the Cervidil is inserted, you and your baby will be monitored for 1 hour.

Prostaglandin Oral Tablets (Misoprostol)	This method is used when your cervix is not dilated or open or if you have difficulty with vaginal examinations. It can also be used when you have broken your water but are not in labour. Prostaglandins are hormone-like substances that can soften your cervix and change it from firm to soft. It can also help to dilate your cervix. You will be in hospital during the entire induction and delivery process. You and your baby are monitored before and after each dose. Each oral dose is between 2 to 4 hours.

When should I come back to the hospital?

You should come back to Obstetrical Triage and be assessed if:

- You have bright red or any abnormal bleeding
- You feel your abdomen or stomach get very tight and painful and remains that way.
- Your water breaks
- You feel the baby moving less or not at all.
- You are in labour. Here are some guidelines:
  - » Your contractions are painful and increasing in frequency
  - » Your contractions do not stop when lying down
  - » You require pain relief
- Any time you are worried or concerned.

IF YOU REQUIRE MORE INFORMATION ABOUT YOUR SPECIFIC INDUCTION, PLEASE CONTACT:

Your obstetrical care professional's office

Sunnybrook Birthing Unit: 416-480-6995

Sunnybrook Obstetrical Triage: 416-480-5601

Planned Caesarean Section

Your Planned Caesarean Section

Your obstetrical care professional will book a date and time for your Caesarean Section. Every effort will be made to stay on schedule but planned Caesarean Section may be delayed if there are emergencies or if the Birthing Unit is very busy. Your obstetrical care professional will have reviewed the risks of Caesarean Section with you. General risks including infection, bleeding, pain, injury to surrounding organs (bowel, bladder, ureters, blood vessels and nerves), and clots in the leg and lungs. Having a Caesarean Section can also potentially impact subsequent pregnancies and method of delivery.

Before your caesarean section

Within 30 days of your planned Caesarean Section, you will need to get blood work. This is to check your blood count and sometimes your blood type. Your obstetrical care professional will give you a requisition for your blood work and let you know when you should go. The Sunnybrook Outpatient Lab is located in the M-Wing, Ground Floor, Room 202 (MG202). Hours of operation are Monday to Friday 8:00AM to 2:00PM. The times may change so please confirm with your obstetrical care professional's office when the lab is open.

You will also need to buy a special soap to use before your surgery. The Chlorhexidine wash helps to reduce your risk of infection. This can be purchased at the Sunnybrook Outpatient Pharmacy, located at the main entrance. **Do NOT shave or wax during your third trimester – this might make your risk of infection higher.**

Day of your planned caesarean section

Please use the Chlorhexidine wash when you have your shower in the morning on the day of your surgery.

Make sure you clean your abdomen (tummy area) very well. We advise that you do NOT wear make-up or nail polish so that we can better assess you during the Caesarean section. Do NOT wear contact lenses or jewelry including body piercings. Please inform the nurses if you are unable to remove your piercings.

Where do I go?

On the day of your surgery, go to M-Wing, 5th floor, Obstetrical Triage.

What can I eat and drink before my surgery?

The evening before your surgery, you may eat and drink normally. You must stop eating 8 hours before your planned Caesarean Section. You can drink clear fluids up to 4 hours before the procedure. If you are on medication and are instructed to take it on the day of your surgery, you may take it with a sip of water only. Clear fluids include water, apple juice, clear soda (like ginger ale), clear tea (with or without sugar). Do NOT drink orange juice or any juice with pulp, milk, cream, and whitener. Do NOT chew gum or eat candy.

What will happen when I arrive in Triage?

You will be checked in by a nurse. Your nurse will take a medical history, listen to your baby's heart rate and check your blood pressure, heart rate and temperature. Depending on the reason for your Caesarean Section, you might need additional bloodwork and your nurse will draw your blood. An intravenous (IV) will be started and you will receive antibiotics to reduce your risk of infection. An anesthetist, the doctor who will help you with pain during the surgery, will speak to you about your medical history and your options for pain relief. This might include a spinal, epidural or general anesthesia. They will also review postoperative pain relief. Once you and the Birthing Unit team is ready to proceed with the surgery, your nurse will take you to the operating room and help you prepare for the anesthetic.

After Your Planned Caesarean Section

You can expect to stay in the hospital for 1 to 2 nights. Your intravenous (IV) will stay for at least 18 hours after your surgery. We encourage you to take your pain medication as directed. Pain relief will help in your recovery by allowing you to get up and move around more easily. Get out of bed and move around to help you feel better. We recommend that you sit at the side of your bed and dangle your legs within the first 12 hours after your surgery. Please call your nurse to help you get out of bed the first time. Supporting your incision with a pillow during activity might help to help with your pain.

Your abdominal dressing should come off on the second day after your surgery. When the dressing is off, you can have a shower. If you go home after the first day of surgery, you will get instructions on how to take the dressing off at home. The stitches used to close your incision are dissolvable and do not need to be removed. Some people will have a special dressing that will need to taken off by a healthcare professional. Talk to your surgeon to find out if you have this dressing.

Gas in the bowel can cause discomfort. Try these methods to reduce the pain:

- Walk in the hallways or your room
- When lying, change your position from side to side
- Drink black coffee and lots of fluids, avoid carbonated drinks
- Chew gum

You will be given a prescription for pain relief and stool softeners to take at home.

Labour Before Your Planned Caesarean Section

If you go into labour, break your water, have heavy bleeding or have less baby movements before your planned Caesarean Section date, go to Obstetrical Triage in the Birthing Unit, M-Wing, 5th Floor. PLEASE DO NOT EAT OR DRINK UNTIL YOU ARE ASSESSED. If it is determined that you will need to be delivered, you will have a Caesarean Section as soon as possible.

IF YOU NEED MORE INFORMATION ABOUT CAESAREAN SECTIONS, PLEASE CONTACT:

Your obstetrical care professional's office

Sunnybrook Birthing Unit: 416-480-6995

Sunnybrook Obstetrical Triage: 416-480-5601

Trial of Labour after Caesarean Section

You might have heard of the “VBAC” (Vaginal Birth After Caesarean Section) before but the actual correct term for a patient who wants to try to labour after a previous C-Section is “TOLAC” (Trial of Labour After Caesarean Section).

If you have had a Caesarean section, you might want to try to have a vaginal birth. In the right patient, a vaginal birth, compared to a Caesarean section, can mean a faster recovery time, lower risks of future pregnancy complications and reduced neonatal complications.

Overall, up to 75% of patients who try to labour after a previous Caesarean section will have a vaginal birth. The likelihood of a vaginal delivery will depend on several factors including why you had a Caesarean section the first time and if there are any issues in your current pregnancy. There is an online calculator (https://mfmunetwork.bsc.gwu.edu) to determine what the likelihood is for you to have a vaginal delivery. Your doctor can review the online calculator with you.

What are the risks of TOLAC?

The most common risk is that the delivery ends up as a Caesarean section. There could be many reasons why that is but most commonly, it is because the cervix doesn’t fully dilate or there are concerns about baby’s heart rate. If a Caesarean section is done during labour, then there are higher risks of bleeding requiring a transfusion and infection.

The most serious risk is a uterine rupture. This is when the scar on your uterus, from your previous Caesarean section, opens. This is not a common complication - it will happen to 1 in 200 patients who are doing a TOLAC. What does this mean for the labouring patient and baby? For the patient, it might mean higher risk of bleeding requiring transfusion and in rare cases a hysterectomy if the bleeding cannot be stopped with conservative methods. For the baby, in very rare circumstances, it can mean a brain injury or death (2 to 3 in 10 000 cases of uterine rupture).

What can be done to lower these risks?

One of the first signs of a uterine rupture is a change in baby’s heart rate pattern. We always recommend continuous fetal monitoring during active labour. We also recommend an epidural and insertion of an IV during labour. This way, we can act quickly if we need to do an urgent Caesarean section.

Is there another option and what are the risks?

Instead of TOLAC, you could choose to have a repeat elective Caesarean section. The benefit is that you have an idea of what to expect based on your previous delivery experience. You might also be able to choose the date of your baby's birth. You would also avoid the risks of TOLAC. The risk of repeat Caesarean sections include the typical surgical risks of infection, bleeding requiring transfusion, injury to the surrounding organs (bowel, bladder, blood vessels, nerves, ureters), clots of the legs and lungs and pain. A rare but unique risk of having multiple Caesarean sections is that in future pregnancies, the placenta could grow in to the old uterine scar.

This is called a placenta accreta. This occurs in 1 in 300 pregnancies. If you have a placenta accreta, you might have a preterm delivery, and significant blood loss during your delivery which might lead to transfusions and a hysterectomy.

Postpartum Recovery

Your body goes through a number of changes right after you deliver - regardless of whether you had a vaginal delivery or a Caesarean section. It can take up to 3-6 months to return to your “pre-pregnancy” state. Here are some normal things that happen after your deliver.

Vaginal Discomfort or Soreness

This can last up to 6 weeks. If you had a large tear or an episiotomy, you might have more pain. After delivery, it can be helpful to use ice packs (never apply ice directly to skin!), acetaminophen and ibuprofen to help with pain. Sitz baths and squeeze bottles filled with room temperature water are helpful to soothe and keep the area clean. Donut-shaped pillows might be more comfortable to sit on. If you have severe pain, discharge, heavy bleeding or fever, you need to see your obstetrical provider as soon as possible to make sure it’s not infected.

Vaginal Bleeding and Discharge

It is normal to bleed after you deliver. It can last up to 4 - 6 weeks. At first, it might be like a normal period flow and it should lessen over time. It might also change colour over time. If you are soaking through pads (about 1 full pad per hour for 2 hours), you should for urgent assessment in your emergency department to make sure there are no clots or placenta pieces in your uterus.

Abdominal Pain and/or Contractions

It is normal to have contraction-type pain when you breastfeed.

It is also normal to have some abdominal pain after a Caesarean section, especially when changing positions or turning.

If you have severe abdominal pain, regardless of the type of delivery, you should see your obstetrical provider as soon as possible or go to the emergency department. They will want to make sure you don’t have an infection in your uterus or in your abdomen.

Mood Changes & Depression

It is very normal to feel sad or anxious after your delivery. Sometimes this lasts for a few days and other times it lasts several weeks. If you or your family are worried about your mood, the Edinburgh Postnatal Depression Scale (EPDS) online calculator can be used to determine if you should get help. If you get a score above 10, you should call your family doctor or your obstetrical care professional. If you have thoughts of hurting yourself or your baby, you should call for help (either family member, a friend, or 911) and go to the emergency department to be assessed. Here are some other resources that might be helpful:

- Sunnybrook Women's Mood and Anxiety Clinic: Reproductive Transitions
- BC Children's Hospital - Reproductive Mental Health
- City of Toronto: Postpartum Depression and Anxiety

Incontinence: Leaking of urine, gas or stool

Right after delivery, especially a vaginal delivery, it is very common not to be able to control voiding, passing gas or sometimes stool. Pelvic floor physiotherapy can be very helpful to retrain and strengthen your pelvic floor muscles. If you have incontinence for more than 3 to 6 months after you deliver, see your family doctor or your obstetrical care provider to follow up.

Contraception

You may or not may not have thought about your next pregnancy already. Breastfeeding can stop periods for some people but It is not the best form of contraception! There are many options including calendar method (only once your periods return), barrier methods (ie: male and female condoms, diaphragms), combined hormonal contraception (ie: birth control pills, injections, patches or vaginal rings) and intrauterine devices (IUDs).

There are also permanent forms including tubal ligation or vasectomy. To choose the best option for you, ask yourself what would happen if you accidentally got pregnant. If it's ok, then you could use a less effective form. If you would not be able to cope with a new pregnancy, then you should choose a more effective form. The Society of Obstetrical care professionals and Gynecologists of Canada has a great site that goes over all the different forms of contraception (https://www.sexandu.ca/contraception/).

IF YOU HAVE AN EMERGENCY
(ex: heavy vaginal bleeding, fever, wound issues, chest pain, 1 leg more swollen than the other, difficulty breathing, severe headache, or any concerns):

Within the first 14 days of delivery, you can go to Sunnybrook Obstetrical Triage: 416-480-5601.

After 14 days, you can go to the Sunnybrook Emergency Department.

Newborn Feeding

Breastfeeding / Chestfeeding

Your breast milk or human milk changes to meet your baby's growing needs. There are health benefits to both the baby and the lactating person. Breastfeeding/chestfeeding can be difficult for both the birthing parent and the baby. All families who deliver at Sunnybrook have access to our outpatient breastfeeding/chestfeeding clinic. They give counselling, education and care plans. While in hospital, you have access to daily inpatient breastfeeding/ chestfeeding classes taught by nurses and International Board Certified Lactation Consultants. There is also a telephone helpline, a 7-day-a-week appointment schedule and a hospital grade pump rental service for when you and your baby are discharged.

The breastfeeding/chestfeeding clinic is located on the M-Wing, 5th floor, room M5-203.

The phone number is 416-480-5900.

The Sunnybrook breastfeeding/chestfeeding clinic have a number of resources that can help. You can watch their videos at https://sunnybrook.ca/Breastfeedingresource

Toronto Public Health also offers breastfeeding/chestfeeding support by telephone, video calls, and/or in-person breastfeeding clinic appointments. This is a free service.

Infant Formula

It is possible that you are not able to breast/chest feed, that you do not make enough milk for your baby or your baby has trouble breastfeeding. You may also choose not to breastfeed or chestfeed for personal or medical reasons. While breast/human milk carries the best nutrients for baby, it is most important that your baby is fed and healthy. This might mean that you need to supplement with formula or have baby fed entirely with formula.

Please speak to your child's healthcare professional if you have any questions or concerns regarding feeding or caring for your baby.

Healthy Babies Healthy Children Program

Healthy Babies Healthy Children (HBHC) is a home visiting program provided by Public Health Nurses and Family Home Visitors. HBHC Public Health Nurses are registered nurses who specialize in child health and development. Family Home Visitors (FHVs) are experienced in child growth and development and have extra training in supporting families with young children.

This program is free, voluntary and offered provincial wide. You do NOT need an OHIP card to get this service. The FHVs come from many different cultural groups and may provide services in your preferred language. They also have interpretation services.

Before getting discharged from Sunnybrook, your nurse will offer you the option to opt in or opt out of this program.

HBHC provides many different services after you deliver and will help until your child is 3 years old. This can include home visits, breastfeeding or infant feeding support, health promotion, parenting education, and referrals to community services such as mental health support.

If you choose not to enroll in the program before you leave the hospital, you can still register for the program at any time until your child's third birthday. Please talk to your child's healthcare provider to obtain a referral to the program.

For more information and for more supports for new parents, you can go to the following websites:

Canadian Pediatric Society: www.caringforkids.cps.ca

Ontario Ministry of Children, Community and Social Services: www.ontario.ca/earlychildhood

Ontario Public Health: www.ontario.ca/publichealth

Newborn Medical Care

General Medical Care

In uncomplicated pregnancies and deliveries, babies are assessed within 24 hours of birth by a physician to ensure there are no concerns for the baby before they leave the hospital. If you are under the care of an obstetrician, your baby will be assessed by a Sunnybrook paediatrician. If you are under the care of a family physician for obstetrical care, your baby will be assessed by a member of the family medicine team. If the doctor has any concerns about the baby, they may refer to other paediatric specialists or to the neonatal intensive care team.

Once the baby leaves the hospital, they need to have a check up with a doctor within 2 to 3 days. If your pregnancy care was with an obstetrician, you will need to may arrangements for the baby to have this check-up. You can call your own family physician to see if they are taking newborns are patients. Alternatively, you can contact a paediatrician to arrange for a well baby check-up. If your pregnancy care was with a family physician, they will help to arrange the check up for your baby.

Here is a list of some paediatric offices that may be taking newborns as patients. Please contact the individual offices to see if they are accepting new patients. Each doctor's availability may change throughout the year. You can also find other pediatric clinics by visiting the College of Physicians and Surgeons of Ontario website (www.cpso.on.ca) and search for "pediatrics".

Kindercare – Forest Hill (Toronto)
491 Eglinton Ave West , Suite 301
416-848-7665

Kidcrew – Midtown (Toronto)
1440 Bathurst Street
416-654-KIDS (5437)

Midtown Pediatrics (Toronto)
201-491 Lawrence Ave W
416-489-3273

Dr. Nate Green (Toronto)
90 Warren Ave #103
Toronto 416-924-7171

Dr. Michelle Porepa (Toronto)
235 Danforth Ave , suite 407
416-465-7421

Dr. Shauna Wong (Richmond Hill)
250 Harding Blvd W, Suite 404
905-737-9898

Dr. Noha Yussef Ali-Ahmed (Brampton)
75 Montpelier St
289-401-4678

Kindercare – Leaside (Toronto)
25 Industrial Street,
416-848-7665

Kidcrew – North York (Toronto)
240 Duncan Mill Road, #101
416-654-KIDS (5437)

Clairhurst Pediatrics (Toronto)
1466 Bathurst St, Suite 201
416-531-3331

Dr. Natasha Alexander (Toronto)
421 Eglinton Ave. West, Suite 301
416-848-7665

Yamashiro Pediatric Clinic (Toronto)
2409 Yonge St. #302
647-352-7337

Thrive Kids Clinic (Toronto)
2686 Danforth Ave
416-849-2260

Pediatrics Urgent Care (Mississauga, Toronto & Oakville)

2540 Postmaster Dr. Oakville
905-847-5437

222 Dixon Rd. Toronto, 416-850-8947

50 Absolute Ave. Mississauga,
905-366-4441

After Hours Care & Walk-In Clinics

For non-emergent issues, telehealth Ontario is available 24 hours a day for medical advice. They can be reached at 1-866-797-0000.

These are some walk-in clinics that provide after hours care (weekends, evenings and holidays). Please check with each clinic for their hours.

Children's After Hours Clinic (North York)
1100 Sheppard Ave. East
416-250-5000

Just for Kids Clinic (Toronto)
30 The Queensway
416-530- 6611

Children's After Hours Clinic (Danforth)
235 Danforth Ave, Suite 100
416-461-3000

Kindercare After-Hours Urgent Care (Toronto)
25 Industrial Street, Suite 201
416-860-6696

Emergency Care

If your child has medical emergency, call 911 or go directly to the nearest emergency department. **Please be aware that the Sunnybrook emergency department only provides some urgent pediatric care. There is no pediatric unit at Sunnybrook.** If your child needs a pediatrician, hospital admission or outpatient follow up or tests, your child will be transferred to another hospital.

The following hospitals provide emergency care to newborns and children:

North York General Hospital
4001 Leslie St.
https://www.nygh.on.ca/

Humber River Health
1235 Wilson Aveh
https://www.hrh.ca/

Hospital for Sick Children
555 University Ave
https://www.sickkids.ca/

Michael Garron Hospital
825 Coxwell Ave
https://www.tehn.ca/

Circumcision

What is circumcision?

The penis is shaped like a tube with a rounded end called the glans. The skin that covers the glans is called the foreskin. During circumcision, the foreskin is removed from the penis. The SickKids AboutKidsHealth Website has more information and diagrams.

Are there benefits to circumcision?

The Canadian Paediatric Society does not recommend routine circumcision for all newborn boys. Parents should decide what is best for their baby. Parents who decide to circumcise their newborn boys often do so for religious, social or cultural reasons. Some possible health benefits are:

- To prevent the need for circumcision later in life. 10 out of 1000 uncircumcised boys will need a circumcision later in life due to a condition that can scar and narrow the foreskin.
- Fewer urinary tract infections. Studies have shown that 1 in 3 uncircumcised males are likely to experience urinary tract infections (UTI) over their lifetime as compared to 1 in 12 circumcised males.
- To lower the risk of sexually transmitted infections (STI).
- To lower the risk of cancer of the penis. Circumcision can slightly lower the risk of getting this type of cancer, which occurs much later in life and is very rare. Female support persons of circumcised men have less chance of getting cervical cancer.

Are there risks to circumcision?

All surgeries have some risk. 1.5% of newborn and infant circumcision can result in complications. The risk is lower in younger babies than in older children. The risks of circumcision are:

- Narrowing of the opening at the end of the penis. This is the most common risk.
- Bleeding. Mild bleeding which can be stopped by applying pressure to the area. Severe bleeding that will require stitches. If the bleeding is extreme, a blood transfusion may be needed. This is very rare.
- Infection is very rare and usually stays within the circumcision site. An infection with a fever is rare but if this happens, your baby might need antibiotics.
- Pain. Pain relief is used for this procedure. Please ask the healthcare provider about the type of pain medication your baby will get.

If you decide to have your baby boy circumcised:

In Canada, most circumcisions are done by medical providers or skilled traditional practitioners. Talk to your baby's care provider about:

- Cost. This procedure is not covered by provincial or federal health insurance plans.
- Possible complications (like those listed above).
- Pain relief.
- Reasons why circumcision would not be safe in your baby. Sometimes babies have health problems that might put them at higher risk of a complication from a circumcision.

Where can I get my baby circumcised?

Sunnybrook does not offer on-site circumcision. Please contact the facilities below to book a circumcision or talk to your obstetrical care provider or your child's healthcare provider for other available providers.

SickKids Circumcision Clinic
555 University Ave, the Atrium,
5th Floor, Unit D
Toronto, ON
Tel: 416-813-8286

Women's College Hospital Family Practice Health Centre
77 Grenville St. 3rd Floor
Toronto, ON
Tel: 416-323-6060

Online Resources

The internet is full of good (and not-so-good) information about pregnancy. Here are some resources and sites that you might find helpful during pregnancy.

Health Canada produces an excellent summary called **"The Sensible Guide to a Healthy Pregnancy."**

The **Society of Obstetrical care professionals and Gynecologists of Canada** also has a useful website. You can access their site at https://www.pregnancyinfo.ca/.

The **Sunnybrook** website also has information regarding your care at Sunnybrook. You can access their site at https://sunnybrook.ca/Womenbabies

The Canadian Paediatric Society also has a useful website for pregnancy and newborn care. You can access their site at https://caringforkids.cps.ca/

OMama is an app that you can download. It is developed by the Better Outcomes Registry and Network (BORN) Ontario, a program of the Children's Hospital of Eastern Ontario (CHEO) with support from eHealth Ontario and the Government of Ontario. https://www.omama.com/en

First Exposure (www.firstexposure.ca) and **Mother to Baby** (www.mothertobaby.org) are both useful sites for medication and substance use in pregnancy.

American College of Obstetrician and Gynecologists
https://www.acog.org/womens-health/pregnancy

National Advisory Committee on Immunization and **Public Health Agency of Canada** both provide useful information on vaccinations in pregnancy

Government of Canada: Travel & Tourism provides guidance on travel in pregnancy.

Frequently Asked Questions

Is it safe to exercise while pregnant?

Yes. It is very safe to exercise during pregnancy, in fact, staying fit and healthy is extremely important. During exercise, pregnant individuals should keep their pulse at a rate less than 150 beats per minute. A good rule of thumb is if you can talk through the exercise without feeling short of breath, then your heart rate is usually at a good level. Pregnant individuals should avoid high impact activities such as high impact aerobics. It is safe to jog, but you should remember to keep your pulse rate less than 150 bpm.

Is it safe to dye my hair while pregnant?

Yes.

Is it safe to get my nails polished while pregnant?

Yes.

Should I shave or wax my perineum or pubic hair while pregnant?

You should not wax or shave after 32 weeks because this increases the risk of infection after delivery.

Is it safe to have intercourse while pregnant?

Yes. It is perfectly safe to have intercourse while pregnant provided you do not have a history of placental problems or risk factors for preterm birth. Pregnant individuals may feel pain in their stomach after intercourse; this is the uterus tightening and is not dangerous to the baby or the pregnant person.

Can I eat fish during pregnancy?

Health Canada recommends you eat fatty fish, like salmon, once a week. Fatty fish contain essential fatty acids that are important for both mom and baby. The research shows that there might be more benefit to eating fatty fish than omega 3 supplement or fish oil supplement.

Is it okay to drink coffee?

Yes. It is safe for pregnant people to drink coffee, but no more than 2 cups per day.

What kind of milk should I drink while pregnant?

Any kind of milk (skim, 1%, 2%) is fine to drink during pregnancy. Pregnant people require an increased amount of calcium and milk is an excellent source.

Can I take cough medicine or decongestant?

Yes. You can use Otrivin, Flonase, Salinex, or Benylin Dry Cough Syrup.

How should I sleep at night?

On your side. Pregnant individuals should not sleep on their backs because the baby can push on the pregnant person's inferior vena cava (a large vein which runs along the right side of the body) and decrease the blood supply. It is safe to sleep on either all the way on the right or left side. You do not have to sleep completely on one side; it is also safe to slightly elevate one side by propping your side up with a pillow. It is not a major problem if you happen to wake up and you are lying on your back, but you should switch positions.

Is it safe to fly during pregnancy?

Yes. It is generally safe to fly up to 36 weeks of gestation, however there may be limitations based on the location of travel. Pregnant individuals may be required by the airline to get a doctor's note prior to travel, which states that you are fit to fly. Please check details with the specific airline you are taking directly. You should also check with your insurance provider to see if you and your baby would be medically covered outside of Canada. It is important to stay well hydrated and move around frequently when travelling.

Are airbags safe for pregnant individuals?

The literature is still unclear about the hazards/benefits of airbags during pregnancy. Car companies do not advise pregnant individuals against using an airbag. Sources suggest positioning the passenger's seat as far back as it will go and slightly tilting it back. This will help lessen the impact of an inflating airbag.

Is it safe to swim while pregnant?

Yes, unless you have broken your water or your obstetrical care provider has told you not to swim.

Is it safe to go in a hot tub while pregnant?

No. Hot tubs are not safe for pregnant individuals. The water can raise the core body temperature and this can be dangerous for the baby.

Is it safe to take a bath while pregnant?

Yes. However, not a long hot bath as it can be harmful for the same reasons as the hot tub.

Is it safe to paint my house while pregnant?

Yes. Painting is safe for pregnant individuals as long as you take the same precautions as other people. Wear a mask, use proper ventilation in the room, and take breaks. Avoid sleeping in a freshly painted room, but it is safe to sleep elsewhere in the house.

Is it normal to have joint pain during pregnancy?

Yes. During pregnancy, the additional hormones in the blood can cause joints and ligaments to separate or relax. This may cause pain or discomfort especially in the pelvis.

Is it normal for my hands and feet to swell?

Yes. Many pregnant individuals develop swollen hands and feet during pregnancy. A common complaint is that their rings no longer fit. The swelling is due to a number of factors including an increase in blood volume as well as a relaxation of the blood vessels. If you begin to notice swelling it is important to monitor your blood pressure and urine protein because this can be a sign of a condition called Pre-Eclampsia.

How should an itchy vagina be treated in pregnancy?

Most itching during pregnancy is because of yeast. To clear the yeast infection, use Monistat or Canesten cream which can be purchased over the counter at any pharmacy. Please notify your healthcare professional at your next appointment if this develops. Do not take oral fluconazole to treat yeast infections.

I feel as if I've had a cold throughout my entire pregnancy, what is it and how can I treat it?

Many individuals experience runny nose and congestion during pregnancy. The lengths of time these symptoms persist make the diagnosis of a cold unlikely. More often, it is due to allergies or increased blood flow through the mucous membranes causing engorgement. If these symptoms cause discomfort or distress it is safe to take Sudafed, Claritin or Otrivin nasal spray.

I have had a lot of headaches since my pregnancy began, is it normal?

It is very normal in early pregnancy to experience headaches. It is safe to take the recommended dosage of Tylenol. If headaches persist into the 2nd and 3rd trimesters it is important to tell your doctor because these can be associated with high blood pressure and a syndrome called Pre-Eclampsia.

What can I use to treat constipation in pregnancy?

Drink more water and exercise. You can also use Metamucil and Restoralax.

What can I use to treat heartburn?

Avoid lying down for 1 hour after you eat and avoid foods that can trigger heartburn. You can use Maalox, Tums, Rolaids or Gaviscon to help with your symptoms. If heartburn is still bothering you, you can also try famotidine or ranitidine which are available over-the-counter. If you still have persistent symptoms, ask your doctor for a prescription for a longer acting acid suppressing medication like pantoprazole or omeprazole.

When should I start to feel my baby move?

By 20-22 weeks' gestation, most pregnant individuals will have felt fetal movements. Some people do not feel movements until 24 weeks.

When will the pregnancy start to show?

There is no one date when all pregnant individuals begin to show. Most variables can contribute including body size, weight, baby's size, etc. The average date is around 20-24 weeks.

How much should I feel my baby move?

Every baby has its own pattern of movements and most pregnant people are familiar with their babies'. If the movements seem to have changed, you should measure the movements. To measure the baby's movements, eat a meal or drink something and then lie down on your side. Count how many times the baby moves over 2 hours. You should be able to count 6 or more movements in two hours. If you do not feel 6 movements, come to triage.

Does a big baby come out earlier?

No. There is no correlation between the size of the baby and the delivery date.

Contact Information

Sunnybrook Health Sciences Centre
2075 Bayview Avenue
Toronto, Ontario
M4N 3M5

Sunnybrook Birthing Unit	M-Wing 5th Floor	416-480-6995
Sunnybrook Obstetrical Triage	M-Wing, 5th Floor, Room 420	416-480-5600
Sunnybrook Breastfeeding Clinic	M-Wing, 5th Floor, Room 203	416-480-5900
Sunnybrook High Risk Obstetrics Clinic	M-Wing, 4th Floor	416-480-5367
Sunnybrook Blood Lab	M-Wing, Ground Floor, Room 202	416-480-4007
Sunnybrook General Information Phone Line		416-480-6100

2075 Bayview Avenue
Toronto, ON M4N 3M5

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PATIENT & FAMILY INPUT

Sunnybrook
HEALTH SCIENCES CENTRE

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