

# Diversity Midwives

## 3rd Trimester of Pregnancy-Resource Guide



**Our new online reference guide will help you navigate important information relating to your pregnancy, labour, birth and postpartum period.**

# Diversity Midwives

## Birth Supplies

All clients should prepare birth supplies by 36 weeks of pregnancy

### HOME BIRTH

### HOSPITAL and TORONTO BIRTH CENTRE (TBC)

Digital (oral and underarm) thermometer  
Gravol (Dimenhydrinate) 50 mg  
Tylenol (Acetaminophen) 250 mg - 500 mg

- Prenatal records
- OHIP card
- Home birth kit provided by midwife
- Face cloths (to be used with the hot water on perineum)
- 4-5 Old Towels
- 8+ receiving blankets
- Clothes for baby (including two cotton hats)
- Diapers
- 2 old fitted sheets
- 1 large plastic sheet to cover mattress
- Protective covering for carpets (vinyl table clothes with non-slip backing work well)
- Bright portable light or flashlight
- Easy access to outlets (extension cord if necessary)
- Portable heater (for winter months)
- 2 cookie sheets or flat trays (for midwives' equipment)
- 2 large bowls (for the placenta and hot water)
- Small bottle of unopened olive oil
- Food and drink for the mother
- **PREPARE ALL ITEMS FOR HOSPITAL BIRTH IN CASE OF TRANSFER TO HOSPITAL**

- Prenatal records
- OHIP card
- Menstrual pads
- Overnight bag for mother (toiletries, nightgown, extra socks, slippers)
- Clothes to wear home from hospital
- Clothes, hats, blankets and diapers for baby
- **Infant car seat** (installed properly and adjusted for newborn)
- **FOOD AND DRINK (Hospital cafeteria is closed after hours)** A full meal and snacks like: Popsicles, fruits juices, granola bars, crackers, cheese, coconut water or Gatorade, ginger ale, Jello and honey (MICROWAVE AND FRIDGE AVAILABLE)
- Music for labour
- Reusable water bottle

### FOR AFTER THE BIRTH

FOR BABY: Vitamin D supplement (e.g. "D drops"). The pediatric dose is 400 I.U.

FOR MOTHER: Tylenol (acetaminophen) 250mg-500mg, Advil (Ibuprofen) 200mg-400mg)

**It is very important to drink and snack during labour for energy and to keep well-hydrated**



# Diversity Midwives

## Emergency Contact Sheet for Midwifery Clients

Rarely does a pregnant person or baby need to be transported in an emergency. However, if that is needed we want to ensure it's done quickly. **Please fill out the following form and print clearly in block letters.**

Name:

---

Due Date:

---

Address:

---

Apt # & Entry Code:

---

Main Intersection:

---

Phone Number:

---

Emergency Contact Name:

---

Emergency Contact Phone Number

---

Relationship to Pregnant Person:

---

### Important Numbers

**Diversity Midwives Pager Number:**

**416-609-0010**

**Hospital Requested:  
The Scarborough Health Network**

General Site (416) 438-2911 x 3230

Centenary Site (416) 281-7349 x 4047

Your Nearest Hospital:

---

Phone Number and Birthing Unit Extension:

---

### Possible reasons to call 911:

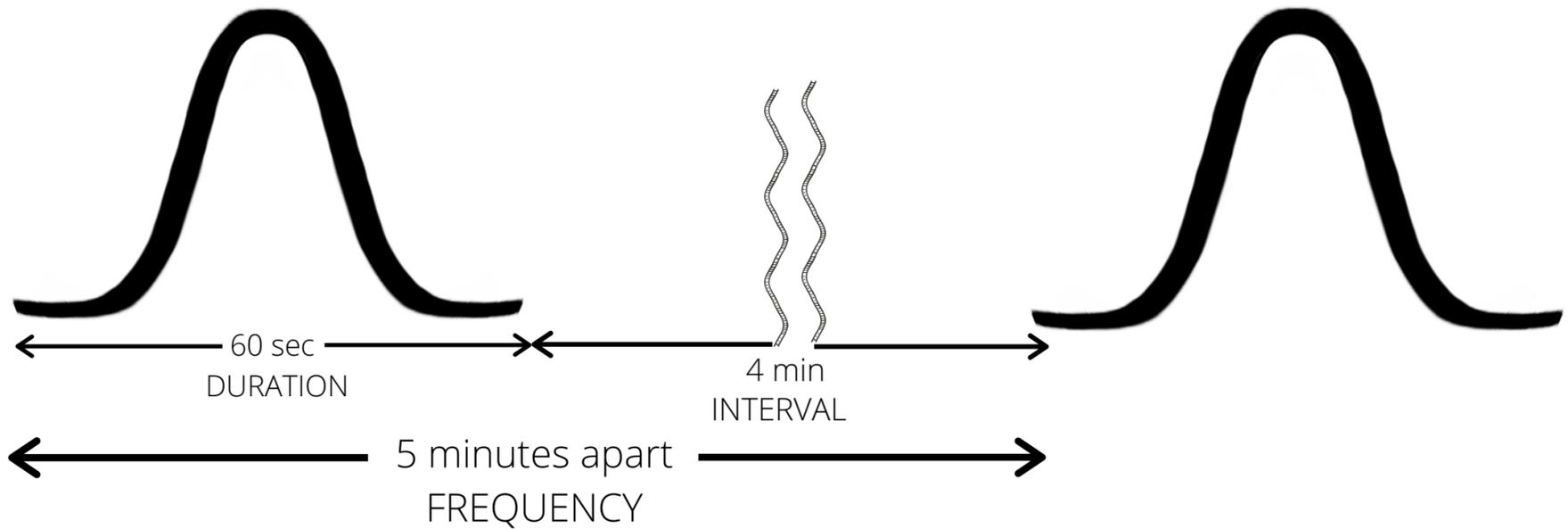
- Birth happening and midwife not present
- Heavy bleeding, unconsciousness, not breathing, seizures
- Umbilical cord felt, or seen, before birth. Prior to emergency services arriving you should lie with chest on the floor and buttocks in the air.



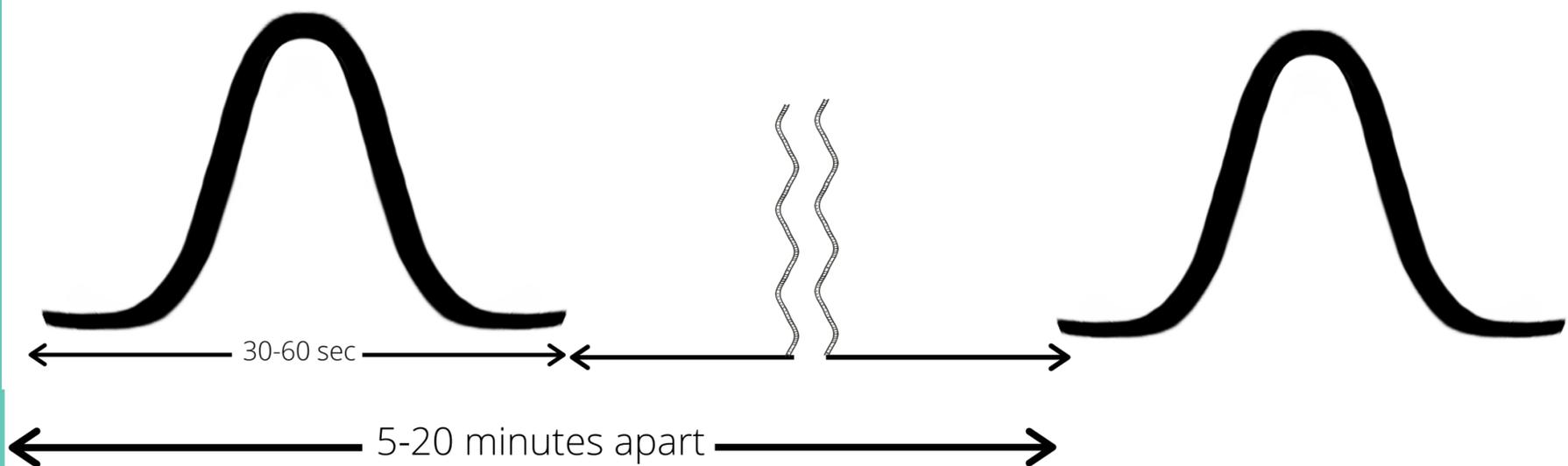
# Diversity Midwives

## Signs of Labour (pg. 1)

### HOW TO TIME CONTRACTIONS



### EARLY LABOR



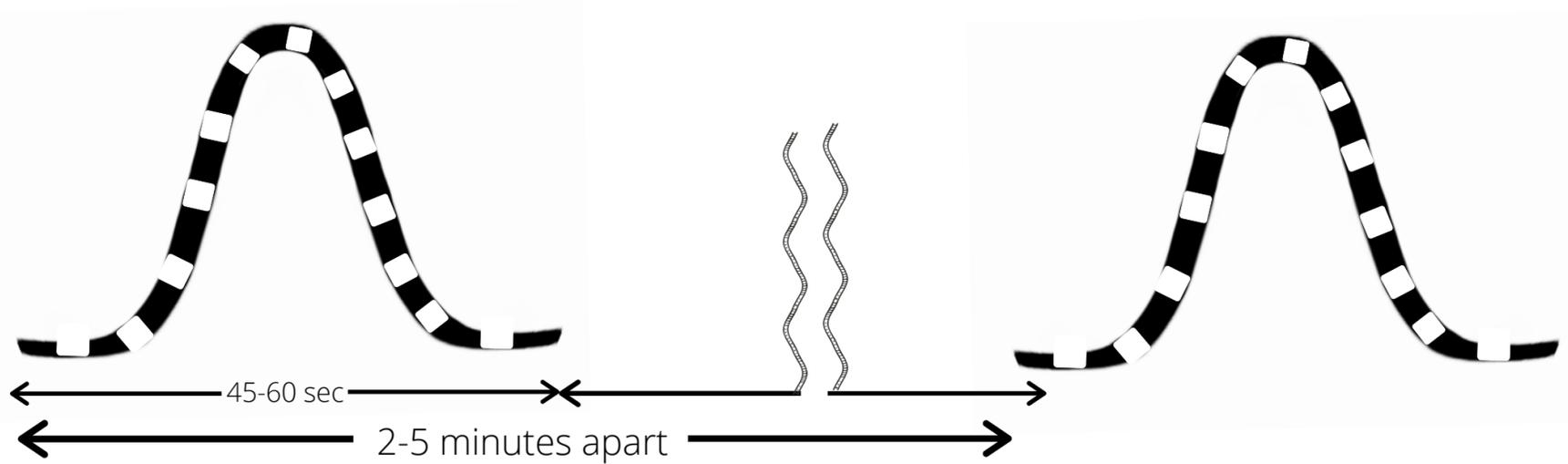
### HAPPY TO BE IN LABOUR:



# Diversity Midwives

## Signs of Labour (pg. 2)

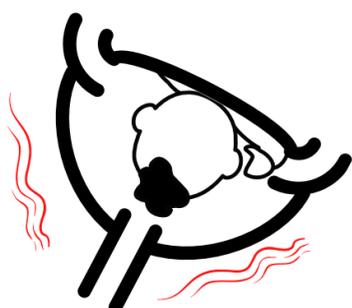
### ACTIVE LABOR



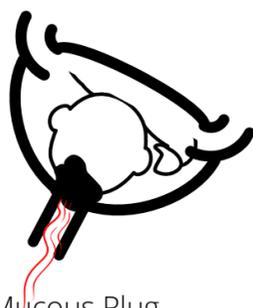
### SERIOUS ABOUT CONTRACTIONS:



### CHANGES IN THE CERVIX AND MEMBRANES



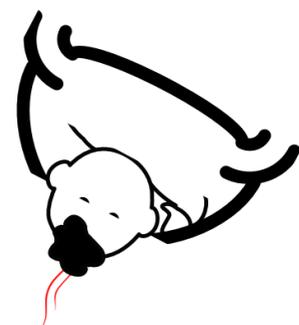
Ripening



Mucous Plug  
and Bloody Show



Effacement and Dilation



Membrane Rupture

# Diversity Midwives

## ACTIVE LABOUR

VS.

## PRACTICE LABOUR

### CONTRACTIONS

May be irregular at first  
Usually become regular, longer, closer together, and stronger

Walking makes them stronger

Lying down does not make them go away

Usually felt in lower back and radiate to the front

VS.

Usually irregular and short  
Do not get closer together  
Do not get stronger

VS.

Walking does not make them stronger

VS.

Lying down may make them go away

VS.

Usually felt in the top of uterus and groin

### CHANGES IN THE CERVIX

Cervix thins and opens

VS.

Cervix does not thin or open

### FETUS

Begins descent into pelvis

VS.

No significant change in position

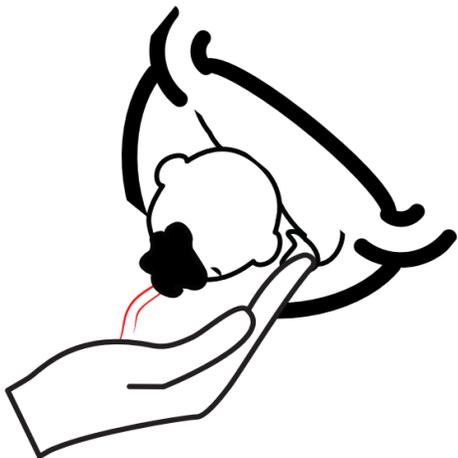
#### INTERNAL EXAM REVEALS

Cervix will thin out (**effacement**)

Cervix will open up (**dilation**)

Baby's head and body position in relation to your pelvis (**position and presentation**)

If your water has broken (**status of membranes**)



#### HEALTHCARE PROFESSIONAL INSTRUCTIONS:

# Diversity Midwives

## General Newborn Care

### Feeding:

- Feed your baby only breastmilk (no formula or water is needed; can interfere with normal development.)
- Feed your baby 8-12 times per day or every 2-3 hours
- Feed your baby for 15-60 minutes
- Feed your baby from both breasts
- Most importantly ensure wide mouth/latch on the breast for the most effective feed

### Urination and Bowel Movements:

- In the first 24 hours your baby should have at least 1 pee and 1 poo
- On Day 2, 2 pees and 2 poos
- On Day 3, 3 pees and 3 poos
- Each day you should see more pee and more poo
- The poo is black and sticky for the first few days. It will change to brown and runny, then yellow and seedy by day 5.



### Temperature:

- Normal temp is 36.4 to 37.4 degrees Celsius
- Dress your baby in one layer more than you wear, plus a hat
- Hands and feet will feel cool to the touch and may appear bluish for the first few days
- If your baby is cold, place the baby skin to skin to warm them. If your baby is hot, take off one layer and the hat. Recheck the temp after 15 minutes, if abnormal, page your midwife.

### Breathing:

- Your baby will breathe fast and slow; approximately 40-60 breaths per minute.
- Page your midwife if your baby is constantly flaring their nostrils, in-drawing at the rib cage or grunting with each breath.

### Colour:

- A newborn's chest and face should always appear pink
- Hands and feet may be blue or grey for the first few days
- If your baby's face or chest becomes blue or grey for the first few days, call 911 and page your midwife. Pick up your baby and rub its back.

### Sneezing, Coughing and Mucous/Spit up:

- It is normal for your baby to bring up mucous, blow bubbles, cough, snort, and sneeze in the first 24 hours.
- It is normal for the mucous to be clear, brownish, yellow or pink
- Hold your baby up right or turn their head side to side if they are spitting up
- It is normal for your baby to spit up large amounts of breastmilk
- Page your midwife if your baby is projectile vomiting after every feed.

### Cord Care:

- There are no nerves in the cord - the baby does not feel pain in the umbilical stump.
- It will fall off between day 5 and 14
- Keep clean and dry
- Keep it outside of the diaper by folding the front of the diaper down
- Small amounts of blood or discharge on the diaper or baby's clothing is normal
- Page your midwife if the skin around the cord is inflamed, red, or hot to the touch, or if there is fresh bleeding or excessive yellow discharge from the area.



# Diversity Midwives

## Postpartum Care for Birth Parent

### Bleeding:

- Day 1: The blood will be similar to a heavy period and bright red in colour.
- It is normal to pass small blood clots (grape or plum size) and even 1 large clot (orange size)
- Bleeding stops between 2-6 weeks after your baby is born
- Page your midwife if your discharge smells foul (like rotting meat or pus). It should smell like a normal period, but stronger.

### Uterus:

- It is normal to feel cramps or even labour pains after your baby is born, especially when you are breastfeeding. Your uterus is shrinking, it takes 2-6 weeks for it to return to its pre-pregnancy size.
- It is safe to take Acetaminophen (Tylenol) and Ibuprofen (Advil) if you are in pain.
- Page your midwife if you have persistent uterine tenderness or a fever greater than 38 Celsius.

### Vulva, Vagina, Perineum:

- Clean your vulva daily with soap and water in a bath or shower
- It is fine to have a sitz bath, sea salt, or Epsom salts bath
- Spray water when toileting to clean and minimize a burning sensation
- Your stitches will dissolve, they do not need to be removed.
- Do Kegels (pelvic floor exercises) to improve the muscle tone and accelerate healing by increasing circulation and blood flow to the vaginal area. Kegels also help with urinary incontinence, which is common after pregnancy and childbirth. Do not exercise until your bleeding has stopped.

### Urination and Bowel Movements:

- Empty your bladder frequently, every 2-3 hours, especially before breastfeeding.
- Most birth parents will have a bowel movement within 2-3 days postpartum. To keep stool soft drink lots of water, and eat fiber-rich foods (fruit, bran and flax).

### Breast/Chest Care:

- Feed your baby every 2-3 hours to avoid breast engorgement.
- On day 2-4 the breasts will become very full of milk and swollen. To decrease discomfort: feed your baby, use cold compresses, use cold cabbage leaves placed inside your bra (ask your midwife) and/or take ibuprofen.
- To reduce nipple pain: latch your baby with a very wide mouth, and ensure they are on the breast not just the nipple. You may use lanolin cream after every feed.

SOURCE: RAINBOW HEALTH ONTARIO



# Diversity Midwives

## Baby's Second Night

"You've made it through your first 24 hours as a new mom. Maybe you have other children, but you are a new mom all over again...and now it's your baby's second night.

All of a sudden, your little one discovers that he's no longer back in the warm and comfortable - albeit a bit crowded - womb where he has spent the last 8 1/2 or 9 months - and it is SCARY out here! He isn't hearing your familiar heartbeat, the swooshing of the placental arteries, the soothing sound of your lungs, or the comforting gurgling of your intestines. Instead, he's in a crib, swaddled in a diaper, a t-shirt, a hat, and a blanket. All sorts of people have been handling him, and he's not yet become accustomed to the new noises, lights, sounds and smells. He has found one thing though, and that's his voice...and you find that each time you take him off the breast where he comfortably drifted off to sleep, and put him in the bassinet - he protests, loudly!

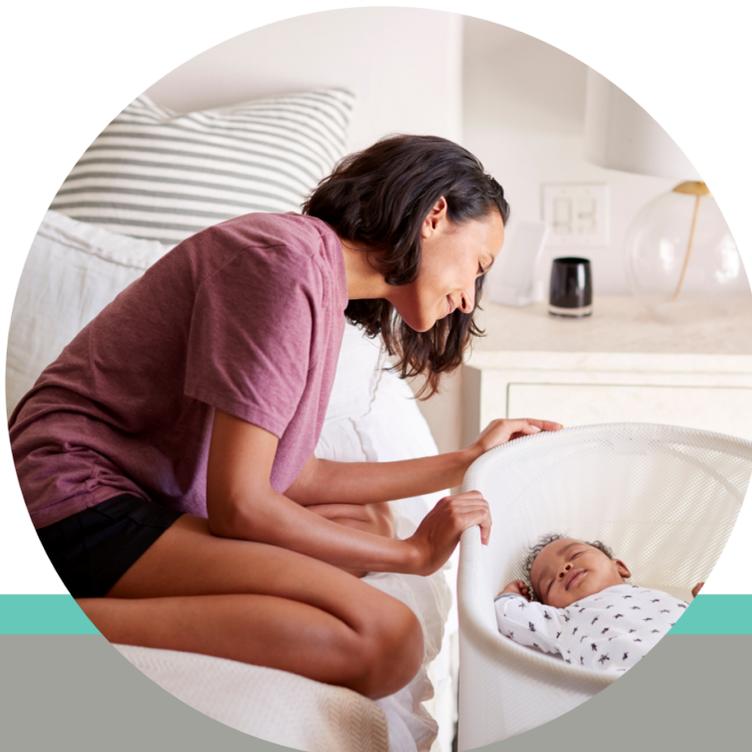
In fact, each time you put him back on the breast he nurses for a little bit and then goes to sleep. As you take him off and put him back to bed - he cries again... and starts rooting around, looking for you. This goes on - seemingly for hours. A lot of moms are convinced it is because their milk isn't "in" yet, and the baby is starving. However, it isn't that, but the baby's sudden awakening to the fact that the most comforting and comfortable place for him to be is at the breast. It's the closest to "home" he can get. It seems that this is pretty universal among babies - lactation consultants all over the world have noticed the same thing.

So, what do you do? When he drifts off to sleep at the breast after a good feed, break the suction and slide your nipple gently out of his mouth. Don't move him except to pillow his head more comfortably on your breast. Don't try and burp him - just snuggle with him until he falls into a deep sleep where he won't be disturbed by being moved. Babies go into a light sleep state (REM) first, and then cycle in and out of REM and deep sleep about every 1/2 hour or so. If he starts to root and act as though he wants to go back to breast, that's fine...this is his way of settling and comforting.

Another helpful hint...his hands were his best friends in utero...he could suck on his thumb or his fingers any time he was the slightest bit disturbed or uncomfortable. And all of a sudden he's had them taken away from him and someone has put mittens on him! He has no ways of soothing himself with those mittens on. Babies need to touch - to feel - and even his touch on your breast will increase your oxytocin levels which help boost your milk supply! So take the mittens off and loosen his blanket so he can get to his hands. He might scratch himself, but it will heal very rapidly - after all, he had fingernails when he was inside you, and no one put mittens on him then!

By the way - this might happen every one in a while at home too. Don't let it through you - sometimes babies just need some extra snuggling at the breast."

**(Source: 2003/Jan Berger, RN, MA/IBCLC/Lactation Education Consultants)**



# Diversity Midwives

Please visit our website and social media pages for more information and resources:

**Instagram:** @diversitymidwives 

**Facebook:** Diversity Midwives 

**Twitter:** @DiversityMWs 

**Website resource page:** <http://www.diversitymidwives.com/resources> 

Please don't forget to use the "Live Chat" application on our website for any non-urgent concerns, questions or requests.

*Stay healthy and safe*

FROM: YOUR MIDWIVES