
A Baby's Coming:

Information to help you prepare
for the birth of your baby



SOUTHLAKE
REGIONAL HEALTH CENTRE

1.0 Welcome to the Birthing Unit

Expecting a baby is a very exciting and anxious time for any new parent. At Southlake Regional Health Centre (Southlake), we want the birthing experience to be exactly what the mother has imagined it be. Our team is passionate about helping you build a strong and growing family, and offer specialized care that promotes informed choices, teamwork, and a healthcare plan that best suits the needs of your family. Our goal is to provide a safe childbirth experience, while paying special attention to the specific needs of the individual. Your special wishes, including those relating to cultural and religious beliefs, will be respected.

At Southlake, we provide combined care for mother and baby, meaning that the same nurse will care for both you and your baby. This nurse will assist you and answer any questions/concerns that you may have, as well as provide information on all aspects of baby care including breast feeding.

This booklet has been developed to provide you with detailed information before, during, and following your Hospital stay, as well as provide you with information and tips on how to care for your new baby.

Additional information can be found by visiting our website at www.southlakeregional.org

2.0 Preparing for the Birth of Your Baby

Southlake Regional Health Centre promotes prenatal education as the most effective way for women to prepare for their childbirth experience and to gain information on how best to care for themselves and their babies following birth.

2.1 Prenatal Education

Prenatal Education classes at Southlake are taught by a highly experienced team specializing in pregnancy, birth and newborn care. Each class is designed to assist expectant parents to make informed choices both during and after pregnancy.

Option A – Weekly Classes

- Set of three weekly classes for three consecutive weeks*
- 7:00 p.m. to 9:30 p.m.

Option B – Weekend Classes

- Held once a month
- Friday – 7:00 p.m. to 9:30 p.m.
- Saturday – 9:00 a.m. to 4:00 p.m.

Both Options A and B offer the following classes:

- *Class 1 – Process of labour and birth & Comfort Measures:*
Signs of labour, when to go to the hospital, breathing, exercise and relaxation techniques and pain management options
- *Class 2 – When things don't go as planned:*
Information on inductions, caesareans, forceps, vacuum, breech, episiotomy and laceration. This class also includes a tour of the Birthing Unit in the Hospital.
- *Class 3 – Immediate care of baby following birth:*
Includes feeding & newborn care

* FOR DATES please contact the Southlake Prenatal Clinic @ 905-895-4521 x 2724

Cost

\$169.50 (HST included)

Registration

It is recommended that you register early for these classes (preferably by 20 weeks of pregnancy). Women expecting more than one baby are advised to register earlier.

To register, please call 905-895-4521, ext. 2724.

You may also download a Registration Form from the Hospital's website at www.southlakeregional.org. Click on "Patient Services", then Maternal Child Program, Prenatal Services & Education, Prenatal Education then Registration form. The form can then be printed and completed and faxed directly to the program secretary at 905-830-5804, mailed or delivered by hand to the clinic.

Payment:

There are a variety of available payment methods. Please choose a method that is most convenient for you:

Phone:

Payment can be made by calling 905-895-4521, ext. 2724.

Fax:

Fax completed form to 905-830-5804.

Mail:

A Baby's Coming Prenatal Education Box 39
Southlake Regional Health Centre 596 Davis Drive
Newmarket, ON L3Y 2P9

In-Person:

Cash payment is accepted at the Cashiers Office, located on Level 1 of the East Building, during regular business hours.

2.2 Prenatal Tours

Our prenatal Tours offer excellent education and orientation before you arrive to deliver your baby. These (approx) 90 minute tours, conducted by our nursing staff, will walk you through the process of being admitted and give you a general overview of the department layout so you are familiar with the area prior to admission. It includes a tour of the Birthing Unit and provides basic education on the care you can expect to receive at Southlake.

Dates & Booking a Tour

For dates please contact the Southlake Prenatal Clinic at 905-895-4521 x 2724

To book a tour please contact the Patient Scheduling Department at 905-895-4521 x 2665

Cost of Tours

\$10.00 per person or \$15.00 per couple. Payment must be received in advance of the tour to secure your registration.

Phone:

Payment can be made by credit card by calling 905-895-4521, ext. 2724.

In-Person:

Cash/credit card/debit/cheque payments are accepted at the Cashiers Office, located on Level 1 of the East Building, during regular business hours.

3.0 Preparing for your Hospital stay

Southlake's Birthing Unit is located on Level Four of the Central Building. Patients and partners who arrive after hours (after 11:00 p.m.) are required to press the intercom buzzer at the East Main Entrance to gain access inside the Hospital. For information about registering upon your arrival at the hospital, please see Registration section below.

All patients who come to the Birthing Unit are assessed by an experienced Labour and Delivery nurse. Following assessment, the patient, nurse and physician develop a plan of care based on the condition of the mother and baby. Women in active labour are admitted to the Birthing Unit. Patients in premature labour may be stabilized and admitted to the maternity unit. Following testing to ensure the wellness of both mother and baby, some patients not in active labour will be discharged.

3.1 General & Registration Information

Registration

In anticipation of your due date, all expected mothers are encouraged to pre-register for their delivery. The intent of pre-registration is to ensure the Hospital has all required information from you ahead of time so that the check-in/registration process goes smoothly when you arrive at the Hospital. You are encouraged to complete your pre-registration as soon as possible or anytime after 32 weeks. This can be done by calling the Welcome Centre at 905-895-4521 ext. 2868. Inform the clerk you wish to pre-register for your delivery and they will be happy to take your information and enter it into our system. If you have extended health benefits please have your plan information ready when pre-registering.

Any time you come to the hospital whether for a booked appointment or if you think you are in labor you must check in at the Welcome Centre prior to going to the Birthing Unit or Clinic. The Welcome Centre is located on the right just inside the main East Entrance doors.

Labour and Delivery Hotline

Southlake offers a Labour and Delivery hotline for expectant couples who require labour and pregnancy support. This hotline, available 24 hours a day, 7 days a week, provides couples with direct communication with a registered nurse in the Birthing Unit who will discuss your concerns and provide you with information.

Birthing Room

Upon admittance to the Hospital, you will be given a private room to labour and deliver your baby. Each room is spacious and includes a three-piece washroom, pull-out chair for the mother's partner to spend the night, and enough space for family and friends to visit during regular visiting hours. During delivery, you are permitted to have up to three support persons with you in your room. For women who undergo a c-section, one support person is permitted. Mothers also have access to a whirlpool tub that assists with pain control during labour. At Southlake, we support family centered care but request that children do not attend the delivery unless they have been properly prepared on what to expect. .

Following delivery, you may stay in your delivery room or be transferred to a private, semi-private, or ward room on the Post-Partum Unit depending on your insurance coverage. Your baby will stay with you at all times while you are in the Hospital. Please note that to respect the privacy of other mothers, if you are not in a private room your partner will not be able to stay with you.

Meals

Meals are delivered to your room three times daily. The Birthing Unit and Post-Partum Unit are also equipped with an ice machine, toaster, fridge, microwave, and complimentary coffee and tea for patients. Please bring snacks with you for between meals. You are welcome to place labelled food into the refrigerator in the patient pantry.

Admission

What should you bring?

- Pen to keep track of baby's feeds
- Toothbrush and toothpaste
- Soap
- Shampoo and conditioner
- Kleenex
- Hairbrush or comb
- Sanitary pads (approx. two dozen). *Not panty liners, thongs or tampons.*
- Nightgowns
- Underwear
- Housecoat (*this is particularly useful if you are having a booked c-section as the operating room can be cold and a housecoat will assist in keeping you warm as we prepare you for your surgery*)
- Slippers
- Lip balm
- Powder, oil or lotion for massage
- CDs/tapes and a player
- Warm socks
- Personal focal point
- Favourite juice
- Snacks for support person
- Personal pillow – *bring a coloured pillow case to distinguish from hospital*
- Gum/hard Candy
- Camera and film
- Phone list
- Change for vending machine
- Paper and pencil
- Payment for telephone and television services (if requested)

If breastfeeding:

- Nursing bra
- Breast pads (approximately two dozen) *Non disposable pads are available for purchase on the unit.*

If not breastfeeding:

- Firm-fitting bra

What should you bring for the baby?

- 24-36 diapers
- **Baby wipes**
- **Vaseline or other diaper cream of your choice**
- **Kleenex**
- Baby's own sleepers (if you wish)
- A "going-home" outfit including:
 - Undershirt and sleeper
 - Sweater and bonnet (if the weather is cold)
 - Blanket
 - 2 pairs of socks (for hands and feet)
 - Safety-regulated car seat

For your convenience, Mother and Baby packs are available for purchase on the unit containing the above **bolded** items should you require them.

Visiting Hours

We encourage all moms to use your brief Hospital stay to rest and get to know your baby. However, we understand that your family and friends will be anxious to see you and meet your new baby.

Visiting hours at Southlake are 2:00 p.m. to 8:30 p.m. Partners and the baby's siblings may visit outside of visiting hours, however all other family and friends are welcome during regular scheduled visiting hours. Children under the age of 12, except for siblings, are not permitted to visit, although certain exceptions may be made in collaboration with your care provider. All visitors must clean their hands with the alcohol hand rub before entering and exiting the hospital, and entering and exiting a patient's room.

Family and friends who are ill, or who have recently been ill or in contact with an infectious disease, are asked not to visit.

Smoking

Southlake is a smoke-free facility. Family and friends wishing to smoke must leave Hospital property to do so. New moms who wish to smoke must sign out at Nursing station and ensure there is someone taking care of the baby while they are off the Unit. Babies cannot be removed from the Unit until officially discharged.

Telephone and Television

Telephone and television services are available at your bedside for a daily fee. To activate these services, please pick-up and complete a request form at the Nursing Station.

3.2 Patient and Infant Safety

At Southlake, we are committed to the safety of our patients. Following the birth of your baby, an identification band will be placed on the baby's ankle, which will match your ID band to identify the baby as yours. Once the baby has been admitted into the Hospital data system, he or she will receive his or her own ID band to be placed on the wrist. These bands are checked periodically by staff. Your partner will also receive a band identical to yours to ensure that if he/she is out in the hallway with the baby, the staff can verify that the ID bands match.

Your nurse on the Post-Partum unit will introduce herself each shift and write her name on the whiteboard in your room as a helpful reminder of who to call should you require assistance. She will check on you every hour or so throughout the day and night to ensure you have everything you and your baby need, including notifying you of any timed check-ups or upcoming tests that your doctor/midwife may have ordered. If your nurse is not in the room during a time when you need assistance, please use the call bell system.

We need your help and the help of your family to ensure that you and your baby are safe at all times. Please keep in mind that the nursing staff do not always have time to watch your baby for extended periods of time as they are responsible for providing care for multiple sets of moms and babies.

Never leave your baby unattended while you are in the Hospital. If you decide to go for a walk, please put your baby in the crib and push the baby in it. We recommend that you push your baby instead of carrying him or her to avoid the risk of slipping or falling. The baby needs to remain on the Unit at all times, and you are not permitted to leave the Unit unless you notify your nurse.

Unless they are wearing a Hospital ID badge, do not allow anyone to take your baby out of the room. It is also recommended that you check with your nurse to verify that the removal of the baby is authorized. There are very few tests that require a healthy newborn to be removed from the Unit, so if ever in doubt, call your nurse before allowing the baby to be taken by Hospital personnel.

3.3 Video/Audio tapes and Photographs

Childbirth is a special occasion for families and many want to have a record for the family album. We do ask that you carefully consider whether you wish to photograph and videotape the event, as childbirth is a very private and intimate process. Please inform your nurse, doctor, or midwife of your intentions to video/audio tape or photograph the birth of your baby as early as possible.

You are free to photograph or videotape family members, but permission must be obtained prior to filming or photographing staff and physicians, as many feel uncomfortable being taped doing their jobs and find it distracting. Southlake Staff and Physicians are under no obligation to be photographed as part of their job.

You will be asked to comply with the following:

- Pregnant women must agree to being video/audio taped or photographed.
- You must ask the permission of any doctor, midwife, or hospital employee before you video/audio tape or photograph.
- Procedures such as epidural insertions, forcep or vacuum deliveries and caesarean sections may not be video/audio taped or photographed.
- If requested, you must turn off the camera.
- You may be asked to submit the unedited video footage so that it may be copied before you leave the hospital. The original will be returned to you.
- Tripods are not permitted in the Birthing Unit.
- Videotaping and photographing of the birth should be taken from the head of the bed only.
- You may bring a camera into the Operating Room, but are asked to only photograph the baby after safe delivery. Photography of the procedure is not permitted.

4.0 Labour and Delivery

4.1 Induction of Labour

For most women, labour starts by itself. Starting labour artificially is called an induction. Labour is induced if there is a determined risk to the baby or the mother's health.

Reasons for induction include but are not limited to:

- Poor growth of the baby
- Diabetes in pregnancy
- Pre-eclampsia (high blood pressure caused by pregnancy)
- Early rupture of the membranes without labour
- Chorioamnionitis (infection of the amniotic sac)
- Rh incompatibility between the mother and the baby
- Overdue pregnancy

The method of induction is decided following an assessment by your doctor. During this assessment, the doctor will check your cervix to see if it is thinning or dilating (done by internal examination) and examine the baby's position in the uterus. The doctor will then discuss your best method of induction for your specific situation.

The induction may be done by:

- Placing a medicated gel or Cervidil™ into the vagina to soften the cervix in preparation for labour. Occasionally, a balloon will be placed into the cervix to soften the cervix to allow breaking of the water.
- Rupturing the membranes (breaking the water)
- Oral ingestion of Prostin™ tablets
- Use of Oxytocin™ intravenously (IV), a medicine similar to the hormone in your body that produces the contractions of labour

• **What is involved in the induction process?**

Since induction is always planned in advance, you will be able to talk to your doctor about what is involved in your specific situation.

Your specific treatment will depend on the method of induction.

• **What is a balloon induction?**

A catheter with a balloon is inserted into the cervix. Water in a balloon stretches the cervix so that later the membranes may be ruptured.

• **What is Cervidil™?**

Cervidil™ is a vaginal insert that resembles a small tampon and contains prostaglandin. Cervidil™ is placed into the vagina and left in place for 12 to 24 hours prior to induction to "ripen" (soften and dilate slightly) the cervix.

• **What is Oxytocin™ (Pitocin™, Syntocinon™)?**

Oxytocin™ is a natural hormone produced by your body that makes the uterus contract, so to induce labour a synthetic Oxytocin™ is used. The nurse will start an IV line so Oxytocin™ can be given intravenously to administer small increasing amounts until your contractions become strong and regular. This will continue until the baby is born. If you start contracting well enough on your own and are in established labour, the medication may be decreased or stopped.

The risks of induction by this method can almost always be prevented by closely monitoring the baby's heart rate, your contractions, and monitoring the gradual increase of Oxytocin™. You and your baby will be continuously monitored and you will have an IV attached to a control pump.

• **Rupture of Membranes**

This method is similar to that of a normal vaginal examination. The doctor uses an amnihook, a sterile plastic instrument, to make a hole in the membrane that holds back your "bag of waters". Once the fluid starts flowing out, the contractions will usually start. For this procedure, your cervix must be slightly dilated and the baby's head well placed in the pelvis.

Following this procedure, you will need to wear a sanitary pad to absorb continual leaks from your vagina. Your baby will be assessed on the fetal monitor to make sure that he or she has tolerated this procedure, and if so, you will then be encouraged to walk about the unit. Your nurse will perform check-ups at regular intervals to determine your progress.

- **What is a Prostaglandin Tablet (Prostin™)?**

This medication is similar to the hormone produced by your body to start labour, and is used most often in mothers who have had a previous baby. You will be given Prostin™ tablets in increasing amounts at regular intervals until labour is well established. During this time, you will be encouraged to actively walking around to help stimulate labour. This method is often used along with the procedure described under *Rupture of Membranes*. You and your baby will be checked regularly to determine your progress.

- **The Date of Your Induction**

It is common for three patients to be booked for induction daily. If all of these spots are filled and your doctor has requested that you be brought into Hospital for induction, you will be placed on a stand-by list. A stand-by list is designed so that the nurse can contact you should an appointment become available and will inform your doctor as well.

- **Stand-By Guidelines for Patients**

- o You may be called on short notice and asked to come in.
- o Make arrangements ahead of time for any other children to be taken care of.
- o Make arrangements ahead of time for transportation to the Hospital.
- o Discuss the doctor on-call schedule with your doctor as he or she may not be available.
- o Priority will be given to the mother who most necessitates induction..
- o Please be sure to eat breakfast before you come to the hospital.
- o If the department is busy, your induction may be delayed.
- o Actively labouring patients take priority over inductions, therefore, if the department is busy, your induction may be delayed.

4.2 Pain Management

In preparing for childbirth, you should be aware that women vary in their tolerance of discomfort and pain associated with labour and delivery. There are choices for you to consider to minimize the pain experienced during childbirth. The following information describes some of the different procedures and medications that may be helpful for pain management during childbirth. There are regular information sessions “Medications for Pain management in Labour” offered by one of our anesthesiologists.

For details call 905-895-4521 x 2724

- **Labour and Delivery without Medication**

The nurses at Southlake are here to help you and your partner deal with childbirth without medication, if that is your wish. You may find that a back massage, a shower, a change in your position, walking, or someone to help you relax will help you cope with the pain.

One in every five mothers will deliver without the need for anything further.

- **Sedatives**

Labour pains can often feel worse when you are nervous or tired. If you are in the early stages of labour and are in the Hospital throughout the evening, it will be beneficial for you to rest as you will need a lot of energy to give birth to your baby. We understand that it is difficult to try to relax and sleep in the Hospital when you are anxious and about to have a baby. You may wish to consider a sedative to help you rest. Your baby’s wellbeing is always considered before medication is given to you.

- **Nitrous Oxide/Oxygen Gas**

Many mothers are better able to cope with labour by using nitrous oxide/oxygen gas during labour. This requires that you breathe in through a special mask, which the nurse will assist you with and show you how to properly use. When effective, nitrous oxide helps you relax and eases the discomfort of your contractions. The gas may make you feel dizzy, but there is no known side effect on the baby.

- **Narcotics (Pain Killers)**

Narcotics are strong pain relievers that are administered by injection from a needle and are often the first choice when your labour pain is hard to cope with. Narcotics dull the pain and have a long record of safe use during labour and delivery. With this in mind, any medication that is in your body can be passed to your baby and some babies will be slower to breathe and more prone to sleeping because of the narcotics in your body. For this reason, we try to avoid using narcotics late in your labour.

- **Epidurals**

Epidurals are successful in controlling the pain of labour and delivery. A needle is placed in your back and a very thin plastic tube inside the needle remains close to the nerves that send pain messages to your brain. The needle is removed with the plastic tube remaining in your back, which will be taped there until your baby is born.

The medicine is administered through the plastic tube and is similar to the freezing used at the dentist, which blocks the pain and allows you to be comfortable and awake at the same time. Southlake uses a small pump that will automatically keep the medicine going into your body to ensure that the “freezing” does not have time to wear off. With the epidural inserted you will not be able to walk around because the freezing medicine temporarily affects the nerves in your leg muscles.

Serious complications after using an epidural are very rare and happen in less than 1 in 10,000 people. Southlake allows only medical doctors who are specialists in anesthesia to administer an epidural, and there is an Anesthesiologist on call 24-hours a day to provide this service to you. At Southlake, about half of all women in labour choose an epidural to help ease the pain of labour and delivery.

4.3 Preparing for a Caesarean Birth

About 25 babies born out of every 100 are born by c-section. You will need an anesthetic for this operation so both the Anesthesiologist and the Obstetrician delivering your baby will be with you for the whole surgery. The two kinds of anesthetic used are general (being “put out” or “asleep”) and regional (freezing medicine to only the lower part of your body, but you are awake). Both are equally safe for you and your baby and the majority of women who require c-sections are awake throughout the procedure.

When you are awake, you will be able to see your baby right after birth. Often, your partner will be able to be with you in the operating room to share this special time. While in the operating room, your partner is asked to remain seated and at the head of your bed to avoid contaminating any sterile field. The baby will be brought to you and your partner following initial assessment and wrapping in warm blankets. If you already have an epidural in place, then the Anesthesiologist will add some freezing medicine to get you ready for surgery. If not, then the freezing medicine is given through a needle in the back. You will be tested to ensure adequate freezing has taken effect prior to the start of surgery.

When the operation is over, you will spend 1-2 hours in a post-operative recovery area so that all your vital signs can be monitored. If you’ve had a spinal or an epidural, you will begin to feel “pins and needles” in your legs, which is a sign that the freezing has begun to wear off. Movement of your legs is important at this time. These checks will continue for 24 hours on an hourly basis.

Your incision will be checked, along with temperature, blood pressure and vaginal flow. You may feel “afterpains” as your uterus contracts. If you’ve had a general anaesthesia, you may be groggy and fall in and out of sleep.

Simple Exercises

Beginning these simple exercises early may help to prevent lung problems and gas pains:

- Take a deep breath through the nose
- Let the air out slowly through the mouth
- Take a deeper breath through the nose
- Hold your breath for five seconds
- Let the air out slowly through the mouth

Should you have phlegm in the back of your throat, coughing is suggested. It will help ease the pain if you hold a pillow over the incision, or hold the incision with both hands while coughing.

Moving your body or stretching arms and legs will help to speed up your recovery. The more you move, the faster you will heal.

Pain and Medication

It is important for you to change positions every hour or so when awake, using either the Hospital staff or your partner to assist you. Make sure that you keep stretching your arms and legs and any pain in your shoulders will disappear as your body reabsorbs the blood and air that sometimes gathers under the diaphragm.

It is normal to hurt after a c-section, but the pain will lessen over time. If the pain continues to irritate you, speak with your doctor regarding pain medication. Medication can make it easier for you to sleep, cough, exercise, breathe and continue healing, bonding and parenting.

Gas Pains

During surgery, most of your body systems stop functioning or slow down. As a result of intestinal slowdown, some women suffer from gas pains after the surgery. To help manage gas pains, try massaging your abdomen from right to left as you rest on your left side. Avoid carbonated, very hot or cold drinks and foods that are known to cause gas including beans, vegetables like broccoli, cabbage, brussel sprouts, and cauliflower, wheat, sugar, dairy products, gum and candy. Avoid drinking from a straw, as mouth breathing can also contribute to the build up of gas.

Your First Walk

Your first walk might be painful, but it is another step on the road to recovery. You will need the support of a nurse or your partner as you begin. Be sure to stand up straight when walking.

Your Incision

The incision area may look red and bruised and it may feel numb, itchy, or feel as if it is pulling. The feeling will gradually return to normal over several months, and the redness and bruising will lessen overtime. Some women are uncomfortable with looking at the incision, but we encourage you to become familiar with this change in your body.

Other Experiences

The bladder catheter, which is the tube that drains your urine, is usually removed the day after the operation, and the IV will be removed once you are drinking well.

Some stitches dissolve by themselves, but other stitches or staples are removed five to nine days after surgery. Usually this is painless, but at the most you may feel a small pull.

You will have a flow of blood from the vagina for about three to six weeks after birth. Women, who deliver vaginally and by c-section, both experience this postpartum flow.

Rest

Your birth experience will be with you for a lifetime, and you'll be more able to share it when you feel better. It is important that you REST as much as possible. Ask family and friends to postpone visits and calls.

Your baby

With the many after effects of a c-section, it is sometimes hard to remember that your newborn needs you. Your baby will remain with you in your room after your delivery, and if you need assistance from your nurse, call the nursing station.

4.4 Caesarean Birth (c-section) - Information for the support person

Caesarean births take place in a surgical suite. There are certain guidelines that must be followed to protect the woman from possible infection.

- You will be asked to change from street clothing (keep underwear, socks and shoes on) into a scrub suit, shoe covers, scrub hat and mask. Nursing staff will provide the scrub suit and show you where you can change.
- A nurse will accompany you into the Operating Room (OR) and direct you to a chair beside your partner's head. From this location, you can easily see her face and will be able to talk to her.
- Most c-sections occur in the OR on the Birthing Unit. You will be asked to wait outside until everything is in place and about to begin.

There will be several things that you may notice:

- Your partner will be covered with disposable drapes. These are sterile and should not be touched.
- Your partner may have an oxygen mask on her face. This is done to increase the oxygen supply to the baby.
- There will be monitors beeping and flashing at the head of the bed. These monitors keep track of the women's temperature, blood pressure, pulse and other vital signs.
- A drape will screen the area between the women's head and the incision site. Although you may hear instruments and suction sounds, you will not see the actual surgery.
- At the moment the baby is born, he or she will be held up for both of you to see. The baby may be a pale bluish colour at first. Immediately following, the baby is carried to a special warming cot to be dried off and warmed. The baby's nose and mouth may be suctioned and perhaps some oxygen will be given by mask. The baby will become pinker, but it can take several hours before he/she is completely pink. The baby's hands and feet are the last to turn pink. Once the baby is stable, he/she will be wrapped in blankets and brought to you to hold.
- If at any time you need assistance while in the OR, do not hesitate to ask a nurse.
- You may be asked to leave the OR at anytime.
- You will accompany your baby and your partner to the Recovery Room. There, the baby will be weighed and time for photos and cuddles will begin.
- Approximately one to two hours later, your partner will be transferred to her room. During this time, you can change back into street clothes and make phone calls to share the good news with family and friends.

5.0 After the birth of your baby

The length of your hospital stay is based on the wellness of both you and your baby and could vary from one to four days.

5.1 Going home

Discharge time depends on the time of delivery. As above most women who deliver vaginally will go home in about 24 – 30 hours and c/sections around 48 hours. The discharge is decided by your doctor/midwife and your baby's doctor.

Both you and your baby require a discharge order signed by a doctor. Since you and your baby will have different doctors, be sure to talk to both doctors about your planned discharge date so that when the time comes, both you and your baby can be signed out.

Criteria for Discharge

For Mom:

- Vital signs within normal range
- Vaginal bleeding within normal amount.
- Voiding (peeing) well
- If a c/section - able to pass gas
- Demonstrate ability to take care of your baby

For Baby:

- Vital signs within normal range
- Had at least one void and stool
- Feeding independently without help from a nurse
- Weight no more than 10 per cent less than birth weight
- Been examined by paediatrician/family doctor/midwife
- Ontario Newborn Screening and Bilirubin blood work drawn at 24 hours of age and result of Bilirubin known. Some patients may choose to go home prior to the blood work being done and be followed as outpatients.
- Hearing test complete (these are not offered every day so if not done prior to discharge you will book this as an outpatient)

Before you leave, you will sign a form for yourself and your baby. At this time, your nurse will reconfirm the identification of your baby with you by checking the numbers on the hospital ID bracelets and you will receive any applicable special instructions, as well as a discharge package including a family allowance application.

Prior to discharge, you are required to settle any outstanding financial charges.

Payment Types

- At the Nursing Station by VISA, MasterCard or Debit
- At Financial Services, East Building – Level One by cash (Bank Machine Available), cheque, VISA, MasterCard or Debit
- By telephone for VISA or MasterCard, 905- 895-4521 ext. 2262
- Online at www.southlakeregional.org, click “Pay Your Bills Online”.

Financial Services Hours of Operation

- Monday to Friday (except Wednesday) 8:00 a.m. to 4:30 p.m.
- Wednesday 9:00 a.m. to 4:00 p.m.

**Invoices will be mailed to patients that are discharged after hours or on weekends.*

Car Seat Safety

You are required to bring a Canadian Motor Vehicle Safety Standard (CMVSS) approved infant care seat to the Hospital to transport your baby home on the day of discharge. Your nurse will review proper placement of your new baby in the infant car seat to ensure his/her safety. Please note that although the nurse will check your baby is in the seat properly it is your responsibility to know how to work the seat and how to install it in the vehicle. Please ensure you have properly secured the base in the rear facing position in the vehicle.

Please be aware that all car seats, depending on manufacturer, have an expiry date. Ensure you check this date, especially if using a second-hand seat. For information on how to properly install your CMVSS approved car seat, you are encouraged to attend a car seat clinic. Check with your municipality about the availability of these clinics in your area.

Baby Health Coverage

To obtain an Ontario Health Card (OHIP) for your baby, Mom must have Ontario health coverage. If Mom does not have OHIP you will be given forms to take to Service Canada to obtain OHIP for the baby. If Mom does have OHIP a clerk will come to your room, help you fill out the form and give you a temporary Health Card. If you have not decided the baby's first name, the baby will still be registered but a permanent Health Card will not be issued. To register your baby's birth go online to www.servicecanada.gc.ca and click “Having a Baby”.

6.0 Caring for your baby

6.1 Your New Baby

Not all babies look alike at birth. Each has his/her own individual appearance in size, shape, colouring and markings. The birth experience itself may cause temporary markings on your baby. Some of the features you may notice are described below:

- Bluish colouring of hands and feet in the first few days after birth
- Blotchy red areas over entire body, called a newborn rash, which will disappear on its own
- Presence of small white spots called milia, mainly found on the nose and chin. These usually disappear within a few weeks to a few months.
- Dry, peeling skin, – which is a natural process of skin replacement
- “Stork bites” – small, red birth marks usually present at the nape of the neck, on the forehead, around the nose and/or on the eyelids. These may begin to fade within weeks and usually disappear completely by one year of age.

Mucous

During the first few days of life, it is not uncommon for newborns to bring up quantities of mucous or milk. Babies are born with natural reflexes that help protect them, but there are a few simple things you can do to help them prevent from choking.

Always remember:

- a) When laying baby down for a sleep, place on his/her back.
- b) If your baby has mucous, you may place your baby on his/her side as long as he/she is not left unattended, even for brief periods of time. If your baby is gagging on mucus, lower their head slightly to assist drainage and gently pat or rub their back.

When holding your baby, support his/her head and neck since a baby's neck muscles are not yet fully developed. Your nurse will demonstrate how to hold your baby.

When at home, do not use a pillow under your baby's head or lay your baby on a waterbed, as they do not have adequate muscle control to lift their head enough to move away from the soft, unstable surface.

For the safety of your baby, never leave your baby alone and be aware who is with your baby at all times.

Weight

Your baby may lose up to 10 per cent or more of his/her weight during the first week of life. This is completely normal. It can take the baby up to 10 days to regain this weight.

Urination and Stools

In the first three days of life, your baby will pass urine approximately six times or more. If you are concerned, please talk to your nurse and/or doctor. After the first three to four days of life, six wet diapers in 24 hours is adequate and is a sign that your baby is getting enough fluid.

All babies pass a dark, sticky stool called meconium for the first few days. A brownish-green stool follows meconium, then the stool usually becomes yellow.

Stool frequency varies among babies and depends to some extent on whether your baby is breast or bottle-fed. Breastfed babies may have several stools a day or go seven days without a bowel movement. During the first few days a breastfed baby may not have many stools until Mom's milk comes in around the third day. Formula fed babies tend to have more formed regular stools since formula is not digested as completely as human milk.

6.2 Your baby's health

Newborn Jaundice

The term “jaundice” is used when referring to the yellow colour that may be seen either in the skin or on the whites of the baby's eyes by the second or third day of life. On babies with a darker skin complexion, this may be difficult to see. To monitor this all babies have a bilirubin level tested (blood work drawn before discharge) at 24 hours of age. Providing this is within normal range the baby will be discharged home.

- *Why do newborns develop jaundice?*

Bilirubin is the yellow pigment produced as a result of the normal breakdown of red blood cells, and newborns develop a yellowish-colour because of an elevated amount of bilirubin in their blood. Your baby's liver helps to clear the bilirubin from the body, but it may not do this well for the first few days while the baby's liver is still developing. Jaundice results when the yellow pigment builds up in the baby's body and becomes visible in the skin and in the whites of the eyes.

- *When should you be concerned?*

Physiological (“normal”) jaundice is usually recognized on the second or third day of life and usually disappears by the tenth or twelfth day. If you notice that your baby’s skin is becoming yellow and unusually sleepy and not waking to feed within the first 48-72 hours, you should immediately contact your baby’s doctor/midwife. This is recommended to rule out any condition(s) that would require immediate investigation and treatment.

- *Why should you be concerned?*

Although most jaundice is mild and considered part of normal baby maturation, if the level of bilirubin is high enough, it may enter the brain and could result in serious long-term complications. Jaundice causes no harm to older children and adults. Your baby’s Doctor/midwife has the knowledge to determine, based on many factors, including age, whether the bilirubin level is at a stage that would require treatment or not, or require close monitoring.

- *What should you do if you observe that your baby’s skin is turning yellow?*

If your baby’s skin or the whites of their eyes appears yellowish, contact your baby’s physician/midwife or nurse for advice on what to do and to make arrangements for your baby to be examined. A blood test is one way to determine how severe the jaundice is.

Prior to being discharged from the hospital, your baby will have a blood test done to test for a variety of inherited metabolic conditions as a part of the Provincial Neonatal Screening Program. This test is done at the same time as the bilirubin blood test. same time If you are discharged before your baby is 24 hours old your baby will be required to return to the pediatric clinic to have this blood work done.

Based on the level of bilirubin and other clinical factors, your babies doctor will decide whether specific phototherapy treatment is indicated. Phototherapy refers to treatment with high intensity light, which has been proven to be safe and effective in breaking down the bilirubin into a form that can be more easily excreted by the baby.

- *How does phototherapy work?*

Phototherapy helps to lower the baby’s bilirubin level. The phototherapy light changes the bilirubin to a safer form that makes it easier for the baby’s body to eliminate it through bowel movements and urine. When undergoing phototherapy, your baby will be in an isolette wearing a diaper to allow as much of the skin as possible to be exposed without losing necessary body heat. During phototherapy your baby must not have any Vaseline or lotions on his/her skin. Brief exposure to the phototherapy light has not been shown to be harmful to the baby’s eyes; however, as an added precaution, it is our policy to make every effort to keep the eyes covered at all times while under phototherapy light to minimize exposure.

When undergoing phototherapy treatment and before discharge from the Hospital, your baby will require periodic checks of his/ her bilirubin levels. The blood is usually obtained from a heel prick and the result will help your healthcare professional determine when treatment can be safely stopped and your baby discharged from the hospital.

Usually you will be discharged even though the baby needs to stay and be transferred to the pediatric unit but you will stay with your baby at this time.

7.0 Caring for yourself

7.1 Following a Vaginal Birth

Following an uneventful vaginal birth (i.e. no complications), you will be transferred to a Post Partum room. We strive to give everyone the accommodation they request but during times of very high volumes it is not always possible.

Your uterus is a firm round organ located just below your umbilicus (belly button) following delivery. Each day after delivery it decreases approximately one centimeter (the width of one finger) in size. By four to six weeks after birth your uterus is back to where it was before pregnancy (inside the pelvic cavity below your pubic bone). Your nurse will be feeling your uterus regularly to verify that it is decreasing in size and remaining firm.

Afterpains

Some women will have afterpains that may feel like labour pain. Afterpains are caused by the tightening up (contraction) of the uterus. Women who have had children before are more likely to have afterpains. Afterpains are uncomfortable during the first two to three days after delivery and will more commonly occur during breastfeeding.

Helpful hints:

- Do relaxation and deep breathing exercises
- Gently stroke your stomach
- Lie on your stomach over a pillow
- Urinate before breastfeeding
- Take pain medication at least 30 minutes prior to breastfeeding
- If you have had a vaginal delivery, use a warm water bottle over your stomach

Changes in Urination

You may experience frequent urination in the first 24 to 48 hours.

Helpful hints:

- Continue to drink six to eight glasses of water or clear fluids a day
- Empty your bladder about every two to three hours

Changes in your Vaginal Flow (discharge, lochia)

Your vaginal flow may last for six weeks. In the first three days after delivery, the flow will be heavy and bright red and may contain some small clots. Between five to seven days after birth, it will become brownish. This will turn to a yellow-white discharge before stopping. If your flow gets heavier or darker, you may be exerting yourself too much. If bleeding becomes excessive at any time, you notice a strong odour, or pass large clots, contact your doctor.

While you are in the hospital, your nurse will be checking your flow at regular intervals. If you pass a clump of blood (clot) larger than a golf ball, please save it and show it to your nurse. If your flow becomes heavier than your normal period or you have a “gush” of blood, call your nurse (a small gush can be normal if you have been sitting and stand).

Leg and Ankle Swelling

You may experience some leg and ankle swelling during the first 24 to 48 hours. The swelling may not go down for several weeks. This is not unusual.

Helpful hints:

- When resting, watching television or reading, elevate your legs above the level of your hips
- If your legs/ankles remain very painful and swollen, call your doctor

Changes in your Perineum (The area between your vagina and rectum)

If you have stitches they may cause discomfort and itching while healing. It is important to keep the perineal area clean. Normal daily showering will be sufficient for this. A small clean squirt bottle can be used to assist the healing by using each time you use the washroom. You will be given a peri-bottle in the Hospital which you should continue using it at home. The flow of water and wiping needs to be from front to back. Remember to pat dry gently. Sitting in warm water may also be used to help soothe and heal the area where your stitches are located.

There are two ways you can do this:

1. Fill your **clean** bathtub with two to four inches of warm water. Sit in the tub for ten minutes two to three times a day.
2. Buy a sitz bath, fill it with warm water and sit in it for ten minutes two to three times a day. Sitz baths are available for sale at some pharmacies.

Helpful hints:

- Air dry your bottom by lying in bed with your knees bent and legs spread apart for ten minutes after your sitz bath.
- Perform Kegel's exercise just as you sit down and get up.
- If your vagina feels different or you feel the stitches may have opened up, lie down on your bed, bend your knees, let your legs fall apart and look at this area with a mirror. If this position does not work for you, you can also squat over a mirror or put one leg up on the toilet seat.

Changes in Temperature

A slight increase in temperature may occur during breast filling. Increased sweating is common during the first 24 to 48 hours.

Hemorrhoids (swelling of the veins of the anal canal)

Hemorrhoids may cause extreme pain near your anus during the first few days after delivery. Over time, they gradually reduce in size and, in most cases, disappear. You will be provided with hemorrhoid cream if needed. Also using ice and tucks with xylocaine added is helpful – your nurse can provide these for you.

Be Conscious Of...

Contact your doctor if you experience any of the following after leaving the hospital:

- Your bleeding becomes bright red or a lot heavier than your normal period
 - You pass clots (clumps of blood) larger than a golf ball multiple times
 - Your vaginal flow becomes foul-smelling
 - You have a fever greater than 38 degrees Celsius or 100.4 degrees Fahrenheit
 - You have chills
 - You feel dizzy or faint
 - You have stomach pain other than normal afterpains
 - Your stitches open up or become extremely tender
 - Your hemorrhoids cause you discomfort
 - Feelings of depression and/or anxiety
-
- You have problems passing urine such as:
 - Internal pain/pressure
 - Burning feeling
 - Unable to empty bladder
 - Strong urge to “pee” but very little urine comes out
 - Need to “pee” frequently (more than once an hour)

7.2 Following a caesarean birth

At Home

After returning home, it is important that you rest. Keep your baby nearby and have snacks and beverages at your bedside. Avoid lifting heavy objects for six weeks and do not lift anything heavier than your baby, including other small children. It is very useful to have housekeeping help the first few weeks, or ask relatives and friends to chip in and help out. Avoid unnecessary stress and pressure by having too many visitors at this time.

Your postpartum flow (lochia) will decrease and fade in colour as time passes, but you can expect some vaginal flow for three to six weeks. If your flow gets heavier or darker, you may be exerting yourself too much. If your lochia begins to smell or your c-section incision suddenly looks different, notify your doctor immediately. Do not use tampons or douches, but you may shower or take a tub bath unless informed otherwise by your doctor or nurse.

Recovery periods from a caesarean can vary depending on each individual situation.

Call your doctor if you show signs of:

- Fever or chills.
- Hard, red, or unusually painful areas along or near incision.
- Drainage or bleeding from incision.
- Heavy bleeding from vagina or passing of large clots.
- Burning or pain when passing urine.
- Foul odour to your lochia.
- Hard or reddened areas of your breast that are warm and tender to touch and is not relieved by nursing.
- Bleeding or pus discharge from nipples.
- Unusual signs or symptoms you are concerned about.

Post Partum Mood Disorders

Many women benefit from professional counselling, so if you feel extremely depressed, or feel that you are not coping well, it is wise to speak with your doctor.

Consenting to the Public Health Departments baby screening program is also advised to allow you to gain access to any added support you may require.

7.3 Exercises to promote healing

Muscles of the Pelvic Floor – Kegel’s Exercise

The muscles of the pelvic floor support your uterus and bladder and during pregnancy and childbirth they are stretched. Pelvic floor exercises will help tone these muscles after your delivery. If you have had an episiotomy, practicing these exercises gently will increase circulation, reduce swelling and promote rapid healing.

- Pull up and tighten your inside muscles. Hold for 10 seconds.
- If you feel it starting to fade, tighten and renew the contraction.
- Release and retighten again, hold for 10 seconds.
- Relax.

The Lower Back and Joints of the Pelvis – The Pelvis Tilt

While pregnant, women change the way they stand in order to accommodate the extra weight of their baby. The “Pelvic Tilt” exercise can help ease backache and correct posture.

- Lie on your back with your knees bent. Tighten your abdominal muscles, tuck your seat under and flatten your lower back to the floor. Hold this position for 10 seconds and then release. You should be able to feel the curve returning to your lower back.
- While standing, repeat the same steps. Tighten your tummy muscles, tuck your seat under, flatten the curve in your lower back and hold this position for 10 seconds. Release by standing up tall.

Use a long mirror to help you correct your posture using the “Pelvic Tilt”. Practice frequently until good posture becomes a habit.

Abdominal Muscles

Firm abdominal muscles are essential for a strong back. Do these exercises lying on your back with your knees bent. Try to do them at least twice daily, five times each or more.

- Put your hands on your tummy and breathe in slowly and deeply. As you breathe out, tighten your tummy muscles, hold, then relax. (Practice this “hold” when you are sitting as well as when you are standing.)
- Lying with hands by your sides, tilt your pelvis, then tuck your chin down towards your chest and raise your head, hold, then slowly rest back. When you are able to do this, raise your head and shoulders and reach with your hands towards your knees – as you progress, this will become a “curl-up”.
- Repeat the step above. but reach with your right hand to your left knee, then with your left hand to your right knee.

These simple exercises will help you tone and firm the muscles stretched by your pregnancy.

Back Care

Take extra care to protect your lower back. Your stretched abdominal muscles and ligaments, which become softened during pregnancy, leave your back vulnerable.

- Consider the heights of the surfaces at which you work. Keep surfaces at hip height so that you are not stooping.
- When you lift an object, bend from the knees, not the waist, and allow your leg muscles to do the work. Lift weight close to your body.
- Rest or sleep on your side with your knees bent or on your back with a pillow under your knees.

Tips to Protect Your Back

- Bend your knees and not your back.
- Your stroller or baby carriage handles should be high enough so you won’t need to bend forward.
- Kneel or squat when working at floor level.
- The ideal working surface should be near the level of your hipbone.

Relaxation

Make time everyday to REST. You will recover quicker from the stresses of your pregnancy and the birth of your baby if you are well rested. Use any relaxation techniques that you are familiar with.

7.4 Sexual Activity & Contraception

A loss of sexual desire, vaginal discomfort, and dryness is common after any birth. Many couples are fearful of intercourse following birth, and are recommended to try positions with the woman on top, as it might be more comfortable. Resuming sexual activity depends on your healing and how you feel generally. It is recommended that you avoid intercourse until your follow-up appointment with your Physician.

If you don't want to become pregnant immediately, discuss contraception with your doctor before you leave the hospital. Please remember that breastfeeding is not an effective form of contraceptive and that you can become pregnant before you have a normal period following the birth of your baby. Talk to your doctor or midwife regarding contraception prior to resuming sexual activity.

7.5 Resuming Normal Activity

Following the birth of your baby, you can resume normal activities when you feel up to it. Strenuous activity is not recommended for the first few weeks following delivery while you get yourself and your baby into a routine. It is always best to begin with a gentle walk with the baby in the stroller as your first form of exercise following delivery.

You may notice an increased vaginal flow and reduced milk supply if you try to do too much during the day. Getting "back to normal" is different for everyone and can take varying amounts of time. Listen to your body for clues.

If you have questions, please talk to your Public Health Nurse or family physician.

8.0 Out-patient tests and clinics

The Maternal Child Program at Southlake offers a variety of out-patient services to promote and maintain the health of mom and baby. A highly qualified nurse provides each service and will encourage communication between you (the parent) and your baby's physician.

8.1 During Pregnancy

Group B Streptococcus

Group B streptococcus (GBS) is a type of bacteria that can be present in the digestive, urinary, and reproductive tract. It is possible for people to carry the GBS bacteria but have no symptoms of infection or illness, and these people are considered "colonized" and called "carriers". Being colonized with GBS does not mean an infection is present, nor does it normally require treatment. GBS is not a sexually transmitted disease.

- *Why do I need to be tested for GBS during the pregnancy?*
GBS colonization can be temporary and a woman may test positive at certain times and not at others. GBS can also be passed to the baby during labour. For this reason, a pregnant woman should be tested with each pregnancy. The test should be done after 35 weeks of pregnancy to more accurately predict whether the bacteria might be present at delivery.
- *How am I tested for GBS?*
A sterile swab is used to collect a sample from the lower vagina and the rectum. The physician, nurse or the woman herself can collect this sample, which is then sent to a laboratory for culture. Test results usually take a few days to become available.
- *What does a positive GBS culture mean?*
A positive culture means that the mother carries GBS, but this does not mean that she or her baby will definitely become ill. Most babies who get GBS from their mothers do not have any problems, with the odds of developing an infection at only 1 out of every 100 babies who come from a carrier.

- *What can be done if I have a positive GBS culture?*

Intravenous antibiotics are given during labour to women who are GBS carriers to reduce the number of bacteria present during labour and lower the chance of a newborn becoming exposed and infected. Without antibiotics, there is a one in 100 chance of a newborn developing a GBS infection if the mother is colonized. By giving antibiotics during labour, the risk is reduced to one in 2,000. There is still the risk of some newborns contracting GBS infections despite testing and antibiotic treatment.

Taking antibiotics before labour does not prevent GBS infections in newborns because antibiotics only decrease the amount of GBS. Since antibiotics do not eliminate the bacteria completely, the bacteria can come back after treatment and be present during labour.

- *What are the side effects of taking antibiotics during labour?*

Penicillin is the most common antibiotic used to prevent GBS infection in the newborn and it is given to the colonized mother during labour. There is a less than one in 10 chance of experiencing a mild allergic reaction to penicillin (such as rash) and there is a one in 10,000 chance of developing a severe allergic reaction (anaphylaxis). If you are allergic to penicillin, please let your physician/midwife and nurse know and a different antibiotic will be prescribed to you.

Non-Stress Test

Non-Stress tests are provided to non-labouring women who have been referred by a physician. The test involves the painless, external application of abdominal electrodes that monitor the baby's heart rate and activity. This test is designed to monitor the well being of the baby for women who may be at risk of experiencing complications during pregnancy.

8.2 Newborn Testing

Bilirubin Testing

(Only available to physicians and midwives with privileges at Southlake)

If you suspect that your baby looks jaundiced, your physician may refer you to the hospital to have a blood test done to check your baby's level of bilirubin.

The results of this test will be communicated over the phone to the physician who requested the test. Follow-up instructions will be discussed with you by your baby's physician.

Circumcision

In many countries, including Canada and the United States, neonatal circumcision (removal of a portion of the foreskin) has been a routine procedure, sometimes performed with little consideration of the benefits, risks or necessity.

Hearing Test

It is important to know if your baby can hear therefore we provide hearing tests to all babies born at Southlake.

The first months and years of a baby's life are very important for developing language. Undetected hearing loss is one cause of delayed language development. Your baby will be screened either while in hospital or arrangements made for a return visit as an outpatient. The machine used for the screening uses technology called DPOAE (Distortion Product Otoacoustic Emissions). With this technology, a very small earphone is placed in the baby's ear and soft sounds are played through it. The ear's response to these sounds is measured and recorded. The entire screening takes just a few minutes, and will give you the results right away.

8.3 Clinics

Prenatal Clinic (formerly known as the ABC Clinic):

The Prenatal Clinic is available for women who do not have a family doctor or are deemed high risk. Prenatal care will be provided by the obstetrician-on-call and a Nurse. The Prenatal Clinic offers full obstetrical care from the first trimester.

Breastfeeding Support

At Southlake, a lactation consultant is available to assist new moms on the Post-Partum Unit, Monday to Friday. The Lactation Consultation will assess patients who are breastfeeding and require assistance or advice to ensure a smooth breastfeeding process.

New moms who require further assistance after leaving the Hospital will be referred to the Public Health lactation consultants in the community. All of our Post Partum nurses receive training for breastfeeding and are very capable of assisting you and offering advice when required.

Discharge Class

There is a discharge class each morning at 10.00 to go over all of the subjects that are on your discharge teaching sheet.

You can view this class on youtube at www.youtube.com/southlakerhc

9.0 Contact Us

Bilirubin Testing	905-895-4521 ext. 2617
Labour and Delivery Hotline	905-895-4521, ext. 2225
Outpatient Bilirubin Testing	905-895-4521, ext. 2268
Prenatal Education Classes	905-895-4521, ext. 2724
Telehealth Ontario	1-866-797-0000
York Region Public Health Department <i>Health Connection</i> www.york.ca	1-800-361-5653
Simcoe District Health Unit <i>Health Connection Line</i>	1-800-721-7520
Child & Infant CPR	905-895-4521 x 2724
Telehealth 24 hour breastfeeding support	1-866-797-0000
Discharge class at Southlake	www.youtube.com/southlakerhc

How to find us:



- H** Southlake Regional Health Centre
- C** Stronach Regional Cancer Centre
- T** The Tannery Mall, 465 Davis Drive
- M** Medical Arts Building, 581 Davis Drive
- P** Parking
-  Bridge crossing Davis Drive. Accessible from P3 of the Parking Garage and Level 3 of the Medical Arts Building.

For more information contact:

Maternal Child Program

Southlake Regional Health Centre
 596 Davis Drive
 Newmarket, Ontario L3Y 2P9
 Tel: 905-895-4521, ext. 2724
www.southlakeregional.org



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