Common Newborn Procedures:

Skin to Skin:

The best way to greet your new baby is by putting the baby on your tummy or chest, skin-to-skin immediately after the birth. When the newborn is put skin-to-skin it has an easier transition to life outside the womb. Skin-to-skin:

- Helps keep a normal body temperature
- Exposes baby to the healthy bacteria on the parent's skin providing immune protection
- Increasing chances of successful early breastfeeding

Newborn Exam:

All newborns get a careful head-to-toe examination within a couple hours of birth. Sometimes this exam is done before you breastfeed for the first time, especially if we have called a pediatrician to attend your delivery. Often we can delay the exam until after you have had skin-to-skin time and your first breastfeed.

While we examine your newborn, we encourage you to watch and participate. Please feel free to ask any questions you have about your baby. Your newborn will recognize your voice, so talking or singing to your baby, as well as gentle touches, will provide comfort. During the newborn exam we: listen to the heart and lungs, measure length and head circumference, examine each part of the baby and check the baby's reflexes.

Vitamin K:

Vitamin K helps your baby's blood to clot and prevents bleeding in your baby's brain and other parts of their body. A singly injection (shot) of Vitamin K is recommended for all babies in their first six hours of life as newborns have low amounts of this vitamin at birth. Giving vitamin K but mouth requires three doses and studies show that it may be less effective than giving it by injection.

Eye Ointment:

Eye infections caused by gonorrhea or chlamydia, sexually transmitted infections (STIs), carry the risk of causing blindness. You will be tested by your maternity care provider during your pregnancy for STIs. If you do have an STI, you can be treated before the baby is born, reducing the risk of passing along the infection to your baby. Erythromycin antibiotic eye ointment is offered to all babies within an hour of birth to protect them against eye infections caused by STIs. If you tested negative for STIs in pregnancy and are confident there has been no new infection, it is reasonable to decline this ointment.

Newborn Screening:

The newborn screening test is a blood test to screen for 27 rare but treatable conditions. Screening babies at birth allows for early identification, care and management of these conditions, and if treated early, can prevent more severe health problems. The test is usually done about 24 hours after birth, or before hospital discharge. If you are discharged early from hospital we can do the test in the clinic at your first post-partum visit.

For this test, your baby's heel is pricked to get a small amount of blood which is spotted onto a card. The lab tests your baby's blood spot card for all 27 conditions at the same time. If your baby's screening result is negative, the chance that your baby has one of these disorders is very low.

If your baby's screening result is positive, your baby will need to have more tests to find out for sure. A positive screening result does not mean that your baby has one of these disorders, but it is possible.

Bilirubin Screening:

Newborn jaundice is common in 50% of full-term babies and typically shows up 2-4 days after birth. Jaundice occurs as levels of a yellow pigment called billirubin rise naturally in the first few days of life. Billirubin is a yellow substance created when the body breaks down old red blood cells. A newborn's liver may take time to be able to remove billirubin from the body (during pregnancy the billirubin was removed by the placenta). Most of the

time it goes away within 2 weeks; if billirubin levels are high however, sometimes jaundice may need to be treated.

The Bilirubin screening is a recommended blood test to check for the level of bilirubin in your baby's blood. The blood test for jaundice is usually done at the same time as the bilirubin screening. If the test shows your baby has high levels of bilirubin, your baby may need follow-up tests or treatment. Treatment is done using phototherapy, where your baby is placed under a special blue light. The light helps your baby's liver to break down bilirubin. This treatment may also be offered through our Home Phototherapy Program.

Help your baby by

- Feeding often. Feed your baby at least 8 times in a 24-hour period. Feeding speeds up the rate the stool (poo) passes through their intestines which can reduce the amount of billirubin.

Call your care provider if

- Baby's skin looks yellow during the first 24 hours of life.
- Baby's skin turns from light yellow to more orange-yellow which can also be seen on your baby's arms or legs.
- Baby is sleepy and difficult to wake up for feeding or stops feeding.
- Baby is not peeing or pooing for more than 12 hours (diaper is dry).
- Baby starts to look or act sick, has a high-pitched cry, or is becoming more irritable.

Newborn Hearing Screening:

All babies in BC have their hearing checked soon after birth. A small number of babies are born with hearing loss which can affect their speech and language skills. Without checking, there are no obvious signs to tell early on if a baby has hearing loss.

The newborn hearing screening plays soft sounds into your baby's ears while a computer measures the ears' reactions. The test is safe and doesn't hurt your baby. It is usually done in your hospital room but, if you go home early, can also be done at a community clinic.

You will be given the results as soon as the test is done. Some babies need to have a second screening to get a clear answer. This does not mean that your baby has hearing loss.

Congenital Heart Disease Screening (CCHD):

Sometimes babies are born with major heart problems that were not found during pregnancy. These heart problems lead to low levels of oxygen in a newborn's blood and may be identified using a simple bedside test called a pulse oximetry screening. A device is placed on the baby's hand to look at the level of oxygen in the blood. The test is repeated on the baby's foot and the two numbers are compared to each other. They should be within 3% of each other to indicate a normal test result.

- Low levels of oxygen in the blood can be a sign of critical congenital heart defect (CCHD).
- Babies with a CCHD will need to be followed by a pediatric cardiologist (specialist in heart problems) and may need surgery or other procedures in the first year of life.

The test is usually done at least 24 hours after birth. It is painless and takes only a few minutes.

It is helpful for you to make your SCBP care provider aware of your preferences (if there are tests/procedures you wish to accept or decline) prior to your labour and delivery. We will update your chart with your preferences so that everyone at the hospital knows what you would like.