Q & A on Tdap Vaccination Against Pertussis (Whooping Cough) During Pregnancy in Canada

Protecting Every Mother and Every Baby

SOGC

The Canadian National Advisory Committee on Immunization (NACI)* and The Society of Obstetricians and Gynaecologists of Canada (SOGC) now recommend **immunization with the Tdap vaccine (Tetanus Toxoid, Reduced Diphtheria Toxoid and Reduced Acellular Pertussis) in every pregnancy, irrespective of previous immunization history.** The SOGC recommends immunization to be provided ideally **between 21 and 32 weeks of gestational age, but evidence supports vaccination as early as 13 weeks, up to 4 weeks before delivery, in certain circumstances (i.e. risk of preterm birth).**

1 | What is pertussis?

Pertussis, aka whooping cough, is a transmissible respiratory infection caused by the *Bordetella pertussis* bacterium. Despite the implementation of routine immunization, numerous outbreaks of pertussis occurred in recent years across Canada. Seventy percent of admisions to hospital for pertussis occurred in infants younger than four months of age, and almost all deaths happened among infants younger than two months of age.

2 | Why should the Tdap vaccine be offered to pregnant women?

Tdap vaccination in pregnancy provides protection to infants until they are able to receive the pertussis vaccine (DTaP) at two months of age. Studies have shown that nine out of ten infants under three months of age are protected following maternal vaccination during pregnancy.

3 | Is the Tdap vaccine safe during pregnancy?

The vaccine is safe for the woman and the fetus. The most common side effects of the vaccine are injection site reactions (redness, swelling or pain). Other less common symptoms may include fever, chills, and headache.

4 | Who should NOT receive the vaccine?

The vaccine should not be administered to anyone with a history of anaphylactic reaction to a previous dose of pertussis-containing vaccine or to any of its components.

5 | Can the Tdap vaccine be given after 32 weeks of gestational age?

The vaccine should still be offered after 32 weeks of gestational age, and until four weeks before delivery, since it will prevent the mother from becoming a source of infection to the infant. However, antibody levels may not be sufficient to protect the infant; it takes at least four weeks after vaccination to reach peak anti-pertussis antibody levels.

6 | Can the Tdap vaccine be given in the first trimester or earlier in the second trimester?

Data supports vaccination as early as 13 weeks. Some data indicates that earlier vaccination results in higher antibody binding, but safety data is limited for earlier in the second trimester, and even more limited for vaccination before 13 weeks. If the Tdap vaccine was provided early in pregnancy (e.g. prior to recognition of pregnancy), it is not necessary to re-immunize after 13 weeks of gestational age.

7 | Should the Tdap vaccine be offered after delivery to those women who did not receive the vaccine during pregnancy?

Yes, if they were not vaccinated as per the NACI guideline (one dose after the age of 25.) Since newborns are not immunized until after two months of age, it is vital that these women are protected to avoid becoming a source of infection to their infants.

*The National Advisory Committee on Immunization (NACI) is a national advisory committee of experts in the fields of pediatrics, infectious diseases, immunology, medical microbiology, internal medicine and public health.

8 | Can the Tdap vaccine be given to breastfeeding patients?

Yes. The vaccine can be given to women who are breastfeeding and some protection can be passed to the infant this way. However, waiting to get the vaccine until after baby is born is not ideal because it takes four weeks after vaccination to reach peak antibody levels.

9 | Can the flu shot and the Tdap vaccine be given together?

Yes. Since both vaccines are made of inactivated agents, they can be administered either at the same time or in different visits, and no minimum time interval is needed between administering either of these vaccines.

10 | Can the vaccine be administered at the same time as anti-D (Rhogam) treatment?

Yes. Since it is an inactivated vaccine, there is no risk of an interaction with anti-D treatment.

11 | Will the Tdap vaccination during pregnancy interfere with the baby's normal response to his or her own routine vaccinations?

In infants who continue their vaccine series, there is no difference in antibody levels after their fourth DTaP dose, despite earlier lower antibody levels. The clinical impact of these laboratory findings is unknown, but it is clear that the burden of severe pertussis disease, hospitalization and death disproportionately affects newborns younger than two months of age.

Is Tdap vaccination safe for both the pregnant woman and the infant?

	Pregnancy period			Number of women*	Quality of studies
	1st Trimester	2nd Trimester	3rd Trimester		
Yes. Vaccination between 19-35 weeks is supported by good quality studies, in which 33 to 90 women were vaccinated.		19-35 Weeks		33-90	★★★★
Yes. Vaccination throughout pregnancy is supported by moderate quality studies, in which 130 to 149,000 women were vaccinated.	1-42 Weeks			130-149,000	★★★☆

Does Tdap vaccination in pregnancy work to prevent pertussis infection, hospitalization and death in the young infant?

	Pregnancy period			Number of women*	Quality of studies
	1st Trimester	2nd Trimester	3rd Trimester		
Yes. Vaccination between 27-36 weeks is supported by moderate to high quality studies, in which 49 to 149,000 women were vaccinated.			27-36 Weeks	49-149,000	★★★☆
Yes. Vaccination between 28-38 weeks is supported by moderate quality studies, in which 46 to 49 women were vaccinated.			28-38 Weeks	46-49	★★☆☆

* Number of women denotes only the number of participants (pregnant women) who received maternal pertussis immunization in studies, rather than total sample size

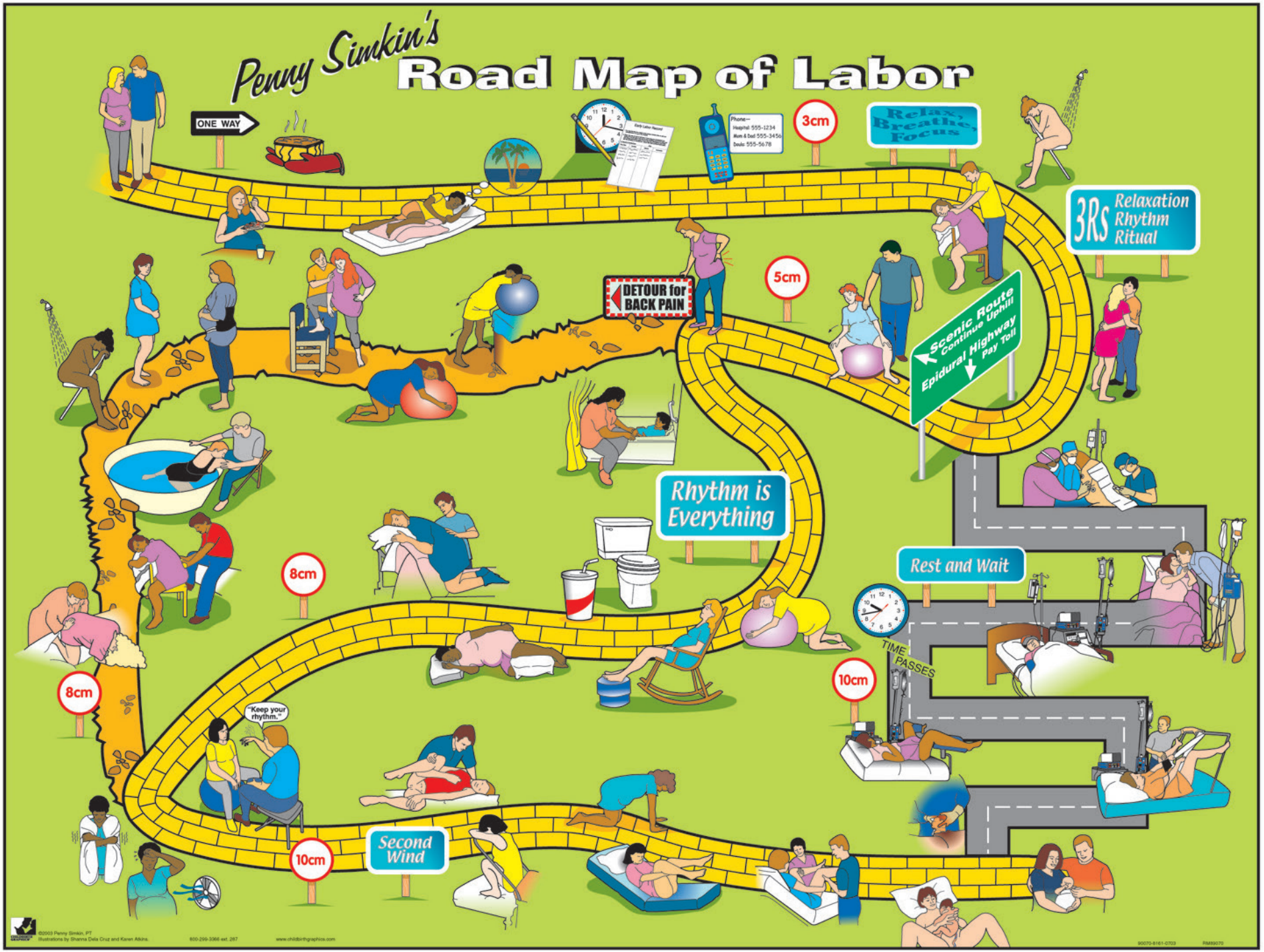
Note: Although some studies appear to span all gestational weeks, the data were not stratified by gestational week /trimester for these studies, and it is not clear how many subjects received vaccination at each time point.

Disclaimer: This infographic is not a validated clinical decision tool.

Castillo, Eliana; Idarraga, Laura; Tunis, Mathew; Baclic, Oliver; Duchesne-Belanger, Samuel. March 2018

Financial contribution from the Public Health Agency of Canada

THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA


Penny Simkin's
Road Map of Labor
ONE WAY
3cm
Relax, Breathe, Focus
3Rs Relaxation Rhythm Ritual
5cm
DETOUR for BACK PAIN
Scenic Route Continue Uphill
Epidural Highway Pay Toll
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800-299-3366 ext. 267
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Writing Your Birth Plan or Birth Wishes

August 12, 2013 by HealthyFamilies BC

Once you go into labour, you may not be able to control your surroundings.

So many women write up a birth plan, also known as birth wishes, for healthcare providers and others to follow.

Your body has been carefully designed to deliver your baby safely, and most births go smoothly, without any medical interventions. Trust in your body to labour and give birth with the support of your healthcare provider and support team. Your birth wishes outline the things you would prefer to do or have happen during labour, birth and the days following. For example, you might want to walk as much as possible or not be offered pain medication unless you request it. Other examples include spelling out your preferences for birthing positions, or making arrangements to touch your baby's head during the birth.

Here are some examples of what you might want on your birth wishes list:

If things do not go the way we hope they do:

- My support people will be my partner Tom, my mother Peggy, and my friend Heather. I would like them to stay with me during my labour and birth.
- We would like to walk around during my labour and spend as much time in the shower as possible.
- I would like to drink water and juice during labour. I do not want an intravenous unless it is necessary.
- My goal is to avoid pain medications, except perhaps Entonox near birth, if I ask for it. I would really like your ideas and support for non-medical ways to manage pain.
- Please help Tom in his efforts to help me.
- We would like to have music playing during labour. We will bring our own music.
- I would like to push squatting or semi-sitting when I have the urge, not with coaching.
- We would like to have a mirror in place to see the birth.
- I would rather have a small tear than an episiotomy and neither if possible.
- After the birth, we would like to have the baby placed on my chest, skin-to-skin.
- Tom would like to cut the umbilical cord.
- I would like to breastfeed our baby as soon as possible after birth and continue breastfeeding on cue.
- I know babies feed frequently at night and I want to feed on cue without supplements.
- Help us breastfeed frequently and find ways to settle our baby.
- If I am overwhelmed with visitors, help me remind them that I need to rest.

If I have a caesarean birth:

- I would like to be awake and have Tom with me.
- All other wishes for our baby would remain the same.
- Talk to your healthcare provider about your birth wishes during prenatal visits, and be aware that, for a number of reasons, it is not always possible for all your wishes to be followed.

Birth Wishes

- Be flexible. During labour you may need to adjust your birth wishes.
- Keep it simple - one page is easiest for everyone involved in your care to read.

Umbilical Cord blood Collection

The blood from an umbilical cord contains stem cells, which can be used to treat a wide variety of conditions. This blood can be banked and used for research purposes, or provided to another child who needs it, such as your baby's sibling. Arrangements for cord blood collection must be made long before the baby's birth. Talk to your healthcare provider about this procedure. You may want to add it to your birth plan.

My Birth Wishes

Birth Wishes for: _____

Due Date: _____

Primary Care Provider: _____

Support People: _____

What we prefer for labour and birth:

If things do not go the way we hope they do:

WHAT TO PACK

FOR LABOUR

- [ ] Your ID
- [ ] Your favourite lip balm
- [ ] A hair tie, if you need one
- [ ] Glasses (you probably won't want to wear contacts)
- [ ] Music
- [ ] A towel
- [ ] Massage oil
- [ ] An icepack and a hot water bottle
- [ ] Your favourite clear drink
- [ ] A comfortable pillow in a distinctive pillowcase

FOR YOUR PARTNER

- [ ] Food and drinks, or money for food, and change for vending machines
- [ ] Comfortable clothes and footwear
- [ ] Toiletries – toothbrush, toothpaste, deodorant
- [ ] A pillow and blanket
- [ ] Bathing suit if necessary

FOR YOUR HOSPITAL STAY

- [ ] 1-2 nightgowns
- [ ] Robe and slippers
- [ ] Underwear, bras (no underwire), socks, a nursing bra
- [ ] Comfortable clothing for daytime
- [ ] Slip-on shoes
- [ ] Toiletries: soap, shampoo, deodorant, toothbrush and toothpaste
- [ ] Hair brush and elastics
- [ ] Unscented lotion
- [ ] A package of large pads for postpartum flow
- [ ] Your cell phone and charger
- [ ] A comfortable pillow in a distinctive pillowcase

FOR YOUR NEWBORN

- [ ] Car seat
- [ ] Clothing – undershirts, sleepers, hats
- [ ] Receiving blankets
- [ ] Diapers and wipes

ADDITIONAL

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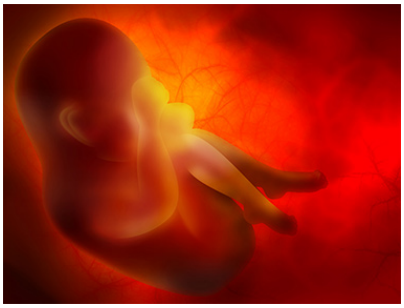
Fetal movement and kick counts



Your perception of your baby's movements is one of the strongest indicators of your baby's wellbeing. Mothers should always trust their intuition if they are concerned about their baby at any time during pregnancy, delivery, or after delivery. If you ever have concerns regarding your baby's movement pattern, you should have the baby assessed as soon as possible. Kick counts are one tool used to assess fetal movement.

When will I feel my baby move?

Some women feel movement as early as 13-16 weeks from the start of their last period. At first it will be difficult to distinguish between fetal movement and intestinal gas. But after a while, you will be able to feel a pattern in the movements. First-time moms may not feel movement until 18-20 weeks. By 24 weeks, almost all women will feel their baby's movements in a predictable way. A very small percentage of women do not feel their baby's movements.

When should I count the baby's movements?

Every baby will have times when it is more or less active. It is a good idea to be aware if any changes in your baby's usual activity level, especially in the third trimester. If you think your baby might be moving less, you can do a kick count at any time. If you have a pregnancy with risk factors (e.g., high blood pressure, gestational diabetes, etc.), you should do a kick count every day, starting at 26-32 weeks. The best time for counting is often in the evening, when babies tend to be more active. You may be able to feel the movements better if you lie down. To do a kick count, count the baby's movements for 2 hours. If you don't feel 6 movements (such as kicks, flutters, or rolling movements) in 2 hours, you should contact your health care provider as soon as possible. The health status of both you and the baby will be evaluated. Baby's movement patterns vary, but tend to be consistent for any one baby, in any one pregnancy. If you're counting movements, try to do it at the same time each day.

A Postpartum Mother's Checklist √

If you are wondering about the state of your mental health, try asking yourself these questions. Maybe bring your responses to your service provider. Together, you can consider the responses that trouble you.

√	
	Am I acting like myself?
	Am I saying or doing things that seem out of character or not like my usual self?
	Am I too worried, too withdrawn, too talkative, too euphoric, too exhausted, too unhappy, too uninterested, hyper?
	Am I confused?
	Am I crying all the time?
	Am I eating the way I usually do?
	Am I taking care of myself the way I typically do?
	Am I spending time with the baby?
	Am I reacting appropriately to the baby?
	Am I too worried or too detached regarding the baby?
	Am I less interested in things that used to interest me?
	Is my anxiety getting in the way of doing what I need to do?
	Am I preoccupied with worry or fear that seems out of proportion?
	Am I resisting spending time with people who care about me?
	Am I too attentive or concerned with the baby's health?
	Am I having trouble sleeping, even when the baby is sleeping?
	Am I overly concerned with things being done perfectly with no room for mistakes?
	Am I isolating myself though I am fearful of being alone?
	Am I too angry, too irritable, too anxious, or too short-tempered?
	Am I having panic attacks, where I feel I can't breathe or think clearly?

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Canadian Mental Health Association
British Columbia
Mental health for all

learn about

postpartum depression

info sheets **2013** www.heretohelp.bc.ca

What if instead of feeling adoration toward your baby, you feel resentful and inadequate?

You've just had a new baby and this is supposed to be the happiest time of your life. Everyone expects you to be the glowing new mother who experiences joy at each giggle or coo, but what if that joy doesn't come so easily? What if you feel scared and overwhelmed by all these new responsibilities? What if instead of feeling adoration toward your baby, you feel resentful and inadequate? Does this make you a horrible mother? A horrible person? Absolutely not—what you may be experiencing is postpartum depression. (Postpartum depression is also known as postnatal depression.)

What is it?

Postpartum depression is a form of depression that a mother can experience within the first few weeks, months or even up to a year after having a baby. Ten to 16% of women with postpartum depression begin experiencing symptoms during pregnancy. If left untreated, this depression can last for months or even years after the baby is born. The longer an episode of depression goes untreated, the longer the recovery and the higher the risk of suicide. It's true that it's normal for many new mothers to feel a bit down after childbirth, but if these "baby blues" last more than two weeks and affect your ability to take care of yourself and your baby, you may have postpartum depression.

Who does it affect?

Postpartum depression is more common than you may think, affecting 8–12% of mothers. First-time mothers

postpartum depression

could I have postpartum depression?

- ☐ I feel extremely sad and depressed
- ☐ I'm having crying spells for no apparent reason
- ☐ I'm having guilty thoughts or feelings of worthlessness or hopelessness
- ☐ I'm having thoughts of ending my life or other frightening thoughts
- ☐ I'm feeling inadequate and I'm resenting my baby and other family members
- ☐ I've noticed changes in my sleep or appetite
- ☐ I feel restlessness, out of control, or have no energy
- ☐ I'm having difficulty concentrating
- ☐ I find myself withdrawing from family, friends and social situations

Some women may have more physical symptoms such as:

- ☐ Feeling weak or feeling flushed
- ☐ Gas, constipation or diarrhea
- ☐ Headaches or heaviness in the head

It isn't uncommon for women experiencing postpartum depression to have scary thoughts about harming their babies even though it's the last thing they'd want to do. While we have all heard stories of women harming their newborns, it happens very rarely. In these cases women who harm their babies usually experience psychosis. Postpartum psychosis (psychosis in the weeks and months after childbirth) affects only one out of 1000 new mothers. Even mothers experiencing postpartum psychosis very rarely harm their children.

aren't the only ones who experience this depression. It can also affect mothers who have already had children as well as adoptive mothers. Some studies have shown that partners can also experience postpartum depression.

While postpartum depression can affect anyone, there are some factors that may put you at higher risk:

- History of mood or anxiety problems
- Family history of major depression or mental illness
- Hormonal changes
- Sleep deprivation
- Recent stressful life events, e.g. death of a parent or moving
- Expectations of yourself or your partner's expectation of you
- Lack of support from family or friends
- Experience of abuse or violence
- Social inequalities like poor housing or inadequate income
- Isolation
- Medical complications for you or your baby

Other stresses may increase these risks such as:

- Emotional stress: After giving birth, women may feel overwhelmed with responsibility, less attractive physically and sexually, anxious from changes in routine or lifestyle, and guilty because of social pressures to be a "perfect" mother
- Physical stress: In addition to hormonal changes, common physical changes after labour include weight changes, exhaustion and soreness

Stressors such as tension in a marriage, loss of a job or a lack of support system can also play a role. Even though adoptive mothers, partners and fathers can experience postpartum depression, hormonal changes during pregnancy and after birth are thought to contribute to postpartum depression in some women.

postpartum anxiety

While anxiety is often considered a symptom of postpartum depression, anxiety disorders that develop during or after pregnancy are a different set of illnesses altogether. Women often have both postpartum anxiety and postpartum depression at the same time. Recent research suggests that pregnancy and the early days after giving birth may be a time in a woman's life when she is more vulnerable to developing an anxiety disorder.

See the self-help workbook listed in the 'Where do I go from here' section of this sheet for more information on postpartum anxiety.

Source: Adapted from BC Women's Self Care Guide

After giving birth, women may feel overwhelmed with responsibility, less attractive physically and sexually, anxious from changes in routine or lifestyle, and guilty because of social pressures to be a "perfect" mother.

What can I do about it?

While postpartum depression may seem like a never-ending struggle, there are things you can do to help:

Counselling: Group therapy, individual therapy and/or marriage or family counseling with a qualified therapist can help you get back on track and help you realize that you aren't alone and this isn't your fault.

- Many women find they benefit from a type of counselling called cognitive-behavioural therapy. In this kind of therapy, you work with your counsellor to change the thoughts, feelings and behaviours that are harming your mental health.
- There is also a type of counselling called interpersonal therapy that deals with the way you interact with others and identifies any problems in your relationships that may be contributing to your depression.

Medication: Some women find antidepressants or other appropriate medications may help, especially if their depression is moderate to severe. Always be sure to talk to your doctor to discuss the risks and benefits of taking medications while pregnant or breast-feeding.

Light therapy: Some mothers with postpartum depression have experienced improvement in their symptoms after exposure to special kinds of bright, artificial light for only 30 minutes per day.

Self-help: In addition to professional help, there are things you can do at home to help prevent or lessen the symptoms of postpartum depression. See "How you can help yourself" in the box on the right for some tips.

how you can help yourself

- ☐ Get as close to eight hours of sleep a day as you can
- ☐ Maintain a well-balanced diet
- ☐ Try your best to find time to exercise
- ☐ Practice relaxation, even if it's a few minutes with your feet up or a quick breath of fresh air
- ☐ Be gentle with yourself and your feelings
- ☐ Find support from family and other loved ones
- ☐ Have time for yourself away from the baby
- ☐ Educate yourself!

how dads and other supporters can help

- ☐ Encourage her to talk to you about how she feels
- ☐ Help remind her that it's not her fault and she's not a bad mother
- ☐ Remind her how much you care
- ☐ Share in home and child-care responsibilities
- ☐ Accept help from friends and family
- ☐ If she's not ready for sex again yet, be physically affectionate and maintain intimacy in other ways
- ☐ Take care of yourself. Find time out for yourself (other than at work), find someone to talk to, continue to follow some of your own interests, and be aware of your own needs.

Source: Pacific Post Partum Support Society

postpartum depression

where do I go from here?

If you feel like you or someone you care about is experiencing postpartum depression talk to your doctor immediately. They can help you decide which of the above treatments, if any, is right for you. In addition to talking to your family doctor, check out the resources below for more information on postpartum depression.

Some resources available in English only are:

Reproductive Mental Health Program at BC Women's Hospital

Call BC Women's Hospital at 1-888-300-3088 ext. 2025 (toll-free in BC) or call 604-875-2025 (in Greater Vancouver) to find out how to see a specialist in postpartum depression or anxiety. You can also visit www.bcmhas.ca/ProgramsServices/ChildYouthMentalHealth/ProgramsServices/Reproductive+Mental+Health. You must have a referral to the Reproductive Mental Health Program from your doctor. To get referral forms, doctors may call the numbers above. In addition to issues related to pregnancy, this program can also be helpful for other times in a woman's reproductive cycle where mental health problems can happen such as the pre-menstrual period, menopause, after a miscarriage, or while experiencing infertility.

Coping with Depression in Pregnancy: A cognitive behaviour therapy-based self-management guide for women

The workbook from the Reproductive Mental Health Program helps you build self-help tools and strategies to use before and after birth. To download the workbook, visit www.heretohelp.bc.ca/workbook/coping-with-depression-in-pregnancy.

Pacific Post Partum Support Society

Visit www.postpartum.org for resources and information about support groups. Pacific Post Partum Support Society also offers telephone for women and families across BC. It's available Monday to Friday from 10:00 am to 4:00 pm and on Saturday on-call from 12:00 am to 4:00 pm. For more call, 1-855-255-7999 or 604-255-7999 (in the Lower Mainland).

Mood Disorders Association of BC

Visit www.mdabc.net or call 604-873-0103 (in the Lower Mainland) or 1-855-282-7979 (in the rest of BC) for resources and information on mood disorders. You'll also find more information on support groups around the province.

Your Local Crisis Line

Crisis lines aren't only for people in crisis. You can call for information on local services or if you just need someone to talk to. If you are in distress, call 310-6789 (do not add 604, 778 or 250 before the number) 24 hours a day to connect to a BC crisis line, without a wait or busy signal. The crisis lines linked in through 310-6789 have received advanced training in mental health issues and services by members of the BC Partners for Mental Health and Addictions Information.

Resources available in many languages:

*For the service below, if English is not your first language, say the name of your preferred language in English to be connected to an interpreter. More than 100 languages are available.

HealthLink BC

Call 811 or visit www.healthlinkbc.ca to access free, non-emergency health information for anyone in your family, including mental health information. Through 811, you can also speak to a registered nurse about symptoms you're worried about, or talk with a pharmacist about medication questions.

This fact sheet was written by the Canadian Mental Health Association's BC Division. The references for this fact sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this fact sheet. Fact sheets have been vetted by clinicians where appropriate.

heretohelp
Mental health and substance use information you can trust

HeretoHelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of nonprofit agencies working together to help individuals and families manage mental health and substance use problems, with the help of good quality information. We represent Anxiety Disorders Association of BC, BC Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Jessie's Legacy Program at Family Services of the North Shore, and Mood Disorders Association of BC. The BC Partners are funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.

Canadian Paediatric Society

Circumcision of baby boys: Information for parents

Circumcision of baby boys is an optional surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis. It is most often done during the first few days after birth.
The Canadian Paediatric Society does not recommend routine circumcision of every newborn boy.
Parents who decide to circumcise their newborn boys often do so for religious, social or cultural reasons. If you are trying to make a decision about circumcision, talk to your baby's health care provider. Ask for up-to-date information about the potential medical benefits and risks of circumcision.

Potential benefits of circumcision

A few studies suggest that boys who have been circumcised may be:

- Less likely to develop cancer of the penis later in life – although this form of cancer is extremely rare.
- Less likely to get HIV and HPV infections.
- Less likely to get a urinary tract infection during childhood.
  Female partners of men who have been circumcised are less likely to get cervical cancer.

Potential risks of circumcision

Circumcision is a painful procedure. Problems resulting from the surgery are usually minor. Although serious complications are very rare, they do occur. These can include:

- Too much bleeding or infection in the area.
- Too much skin removed.
- Side effects from the method or medicine used for pain relief.
  The risk of complications is lower in young babies than in older children. To minimize the risks, the procedure should be done by a trained and experienced practitioner using a sterile technique. Someone should follow up with you in the days after the procedure to make sure that bleeding has not increased.

Caring for an uncircumcised penis

The foreskin covers the head (glans) of a boy's penis. During the early years of a boy's life, the foreskin starts to separate from the glans, but may not be fully retractable (meaning it can be pulled back) until a boy is 3 to 5 years old, or even until after puberty. This is a natural process that occurs over time. You do not need to do anything to make it happen.

An uncircumcised penis is easy to keep clean and requires no special care:

- Keep your baby's penis clean by gently washing the area during his bath. Do not try to pull back the foreskin. Never force it.
- When your son is old enough, teach him to keep his penis clean as you're teaching him how to keep the rest of his body clean.
- When the foreskin separates, skin cells will be shed and new ones will develop to replace them. These dead skin cells will work their way down the penis through the tip of the foreskin and may look like white, cheesy lumps. These are called smegma. If you see them under the skin, you don't need to force them out. Just wipe them away once they come out.
- When the foreskin is fully retractable, teach your son to wash underneath it each day.

If you decide to have your baby boy circumcised

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

- **Cost:** Circumcisions for non-medical reasons are not covered by any provincial and territorial health plans.
- **Possible complications,** such as the ones described above.
- **Pain relief:**
  - Newborn babies feel pain. The practitioner performing the circumcision should use some type of local anesthetic, given by a needle in the area where the circumcision is done.
  - Additional methods of relieving pain include sucking on a pacifier dipped in a sugar solution, topical anesthetic cream and acetaminophen.
  - Anesthetics do carry risks and the needle can cause bruising or swelling. Creams may cause redness or swelling.
- **Contraindications** (a condition that makes a particular treatment or procedure not recommended): Sometimes, babies have health problems. Which increase the risk of complications after circumcision.

Canadian Paediatric Society

Caring for a circumcised penis

- After the circumcision, you can comfort your baby by holding him and nursing him often.
- The penis will take 7 to 10 days to heal. The area may be red for a few days and you may see some yellow discharge, which should decrease as it heals. Talk to your baby's health care provider about what to expect.
- Follow the instructions given by the practitioner who did the circumcision about caring for the dressing, using petroleum jelly, keeping the area clean and bathing.
- Call your health care provider if:
  - You see persistent bleeding at any time during the healing process.
  - The redness and swelling around the circumcision do not start to go down in 48 hours.
  - Your baby develops a fever (rectal temperature of 38.0° C or higher).
  - Your baby seems to be unwell.
  - Your baby does not pass urine within 12 hours of the procedure.
  - There is a greenish or foul smelling discharge from the penis.

More information from the CPS:

- Newborn male circumcision (position statement)

Reviewed by the following CPS committees:

- Community Paediatrics Committee
- Fetus and Newborn Committee

Last Updated: **September 2015**