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pregnancy to age two 2016
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From
Tiny Tot
to Toddler
Québec

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A practical guide for parents from pregnancy to age two **2016**

www.inspq.qc.ca/en/tiny-tot

From Tiny Tot to Toddler

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The guide is given free of charge as soon as pregnancy checkups begin. Depending on the region, the guide will be handed out at your doctor's office, CLSC, test center, birthing center, or ultrasound appointment. For those who plan to adopt, the guide is available at a youth centre or certified international adoption agency.

The guide is for sale for $22.95. You can buy *From Tiny Tot to Toddler* and *Mieux vivre avec notre enfant de la grossesse à deux ans* from Les Publications du Québec, in bookstores, by telephone at 418-643-5150 or 1-800-463-2100 or on their website **www.publicationsduquebec.gouv.qc.ca**.

Free English and French versions are also available on the website of the Institut national de santé publique du Québec at: **www.inspq.qc.ca/en/tiny-tot**.

2016 Edition

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Many parents have supported us throughout the production of the guide by reading and commenting different versions of the texts. We greatly appreciate this invaluable support, as do the experts who collaborate with us. You know who you are: our gratitude goes out to you!

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We also wish to thank all the other parent-photographers whose pictures appear in the guide. Thank-you for letting us into your day-to-day life by sending us your colourful pictures. We greatly appreciate your generosity. A very special thank-you to Émilie Revil, who provided our cover photo.

Update of the *Foods* chapter

The *Foods* chapter has been revised for the 2015 edition. Adjustments have also been made to the *Food-related problems* chapter. The work was carried out by authors working in collaboration with the Institut's team, and with the support of numerous contributors whose cooperation we would like to acknowledge here.

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From Tiny Tot to Toddler: A practical guide for parents from pregnancy to age two is offered free of charge to the following people to support Québec parents:

- Prenatal workers of the CISSS and the CIUSSS
- Physicians and midwives providing health care to pregnant women and newborns
- Health care workers in community organizations serving young families
- Lactation consultants and volunteers supporting new mothers through breast-feeding support groups

Foreword

On behalf of the editorial team and all of our contributors, I'm delighted to present you with the 2016 edition of the guide *From Tiny Tot to Toddler: A Practical Guide for Parents from Pregnancy to Age two*. It is provided free of charge to you and all other soon-to-be parents in Québec. The arrival of your baby signals the start of a new chapter in your life, and we hope this guide will serve as a faithful travelling companion on this exciting journey.

For over 35 years, *From Tiny Tot to Toddler* has been seeking to help parents make the best decisions for their babies and themselves, knowing they have many legitimate questions. To this end, all of our contributors share the same goal: to provide clear, accurate, scientifically based information. Contributors include health professionals, of course, but also parents, who guide us regarding the information they need to face the challenges that await them. They fuel our motivation to provide a relevant and useful resource.

Year after year, the team tracks new developments in scientific and practical knowledge to keep your *From Tiny Tot to Toddler* as up-to-date as possible.

I hope you will find *From Tiny Tot to Toddler* useful over the next years. Happy reading!

Dr. Nicole Damestoy
Chief Executive Officer
Institut national de santé publique du Québec

Three tips to help you use better your *Tiny Tot*

1

Text boxes to attract your attention

You will notice that information is presented in three types of boxes. The purpose of the boxes is to attract your attention to certain messages:

Essential information to remember.

Information to which you should pay special **attention**.

Information to comfort you and boost your **confidence**.

2

A glossary to help you understand

To make the guide easier to read, some definitions are provided as you go along.

The defined words are printed in color in the text and the definitions are provided at the bottom of the page. The word is usually defined the first time it appears in the guide. For example:

▶ **Embryo:** The early stage of new human life, growing in the mother's belly, up to 10 complete weeks of pregnancy.

All the words and definitions are also presented in the Glossary on page 13.

3

Tools for finding information in the guide

The table of contents, for the main headings

The Table of contents on pages 8 to 12 lists the headings of the guide.

The index, to fine tune your search!

You have a specific question? Looking in the index is the best way to find an answer in the guide. Just think of a key word and then look for it in the Index on page 756. You will quickly find the pages with the information you're seeking.

Numbers in bold type in the index refer to pages with definitions of words.

Contact us!

If you have a few minutes, tells us what you think of the guide:

tinytot@inspq.qc.ca

Your comments are invaluable and help us improve!

Happy reading!

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Glossary

Allergic disorder
An allergy-related problem such as a food allergy, asthma, eczema, or allergic rhinitis.

Amniocentesis
Procedure that involves taking a sample of amniotic fluid for analysis.

Antibodies
Substances made by the body to fight off disease. Also called immunoglobulins.

Areola
Darker area of the breast around the nipple.

Birth defect
Abnormality existing at birth but that developped during pregnancy.

Diaper rash
Skin irritation and redness in the area covered by the baby's diaper.

Egg
Cell produced by the ovary. When the egg is fertilized, a baby may begin to form.

Embryo
Name given during the first full 10 weeks of pregnancy to the human being developing in the mother's abdomen.

Esophagus
Muscular tube that carries food from the mouth to the stomach.

Express
Pump or squeeze milk from the mother's breast.

Fertilization
When a sperm penetrates an egg.

Fetus
Developmental stage of a human being in its mother's womb, from the start of the 11th week of pregnancy until birth.

Genetic abnormality
Error in the genes. Genes are located on the chromosomes of human cells. They pass along the traits of parents to their children.

Hemorrhage
Heavy bleeding.

Inverted nipple
Nipple that is retracted into the breast.

Labour
Process by which the baby passes from the uterus to the outside world, primarily through contractions of the uterus.

Mastitis
Inflammation of the breast. May also be an infection.

Menstrual cycle
The time between two menstrual periods.

Miscarriage
A spontaneous abortion, which can have a variety of causes (e.g., a deformity or disease).

Neural tube
Part of the embryo that develops into the brain and spinal cord (inside the spinal column).

Oxytocin
A hormone produced by a gland within the brain. Oxytocin circulates in our blood, causing uterine contractions during childbirth and the expulsion of breast milk.

Perineum
The part of the body between the vagina and the anus.

Pupil
The black centre inside the coloured part of the eye.

Rhesus (Rh) factor
One of the characteristics of blood. You are either Rh positive or Rh negative.

Sperm
Cell produced by the man. When it fertilizes an egg, a baby may begin to form.

Spina bifida
Birth defect of the spinal column.

Sterile
Product that is free of microorganisms and germs.

Sternum
Flat bone in the middle of the chest.

Sudden infant death syndrome
The unexplainable sudden death of an apparently healthy newborn under the age of one.

Thrombophlebitis
Inflammation of a vein associated with clot formation.

Ultrasound
An examination using an ultrasound device that can see the embryo or fetus in the mother's womb.

Urinary catheter
A flexible tube that allows urine to drain freely from the bladder. The catheter is inserted into the bladder through the urethra.

Weaning
Gradual phasing out of breast-feeding.


Jean-Marc Daigle

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Before you get pregnant

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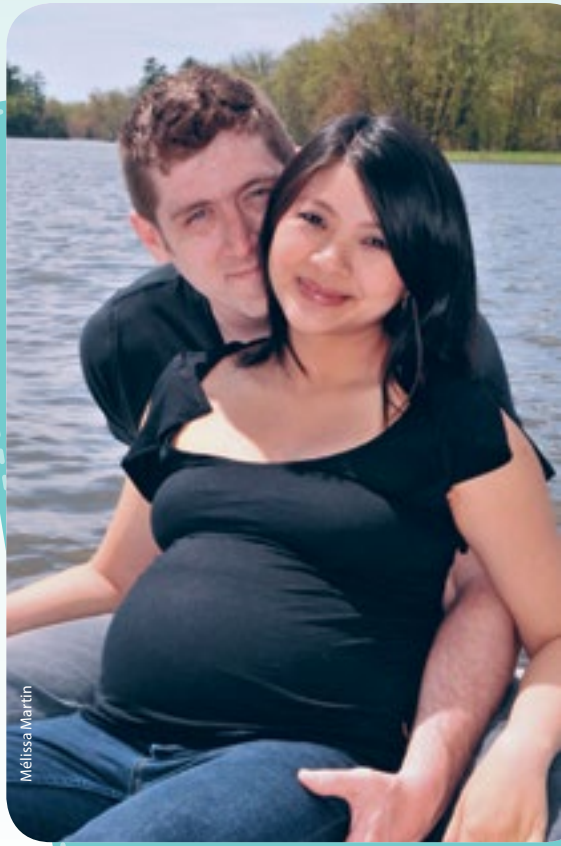

Mélissa Martin

Of all the life-changing events we experience, pregnancy is certainly one of the most remarkable.

Pregnancy sets in motion a whole series of biological changes to prepare you to bring a new life—your baby—into the world. For mothers and fathers, it is a gratifying and uniquely human experience full of excitement and promise. And though pregnancy comes with a host of questions, doubts, and worries, you have many weeks to get ready to welcome your new baby.

This section on pregnancy is rooted in the belief that having a baby is a highly personal experience for future parents. It is designed to answer your questions about pregnancy and, most important, to bolster your confidence and help ensure the experience lives up to your hopes and expectations.

Women

Menstrual cycle

Your body prepares for pregnancy during every **menstrual cycle**. Menstruation is a stage of the menstrual cycle. Menstrual cycles begin at puberty around the age of 12 and continue, on average, until menopause at around age 51.

To determine the length of your menstrual cycle, count the number of days from the beginning of your period to the day before your next period starts. Menstrual cycles can last anywhere from 21 to 35 days, but are usually between 28 and 30 days long.

▶ **Menstrual cycle:** The time between two menstrual periods.

Menstrual cycle

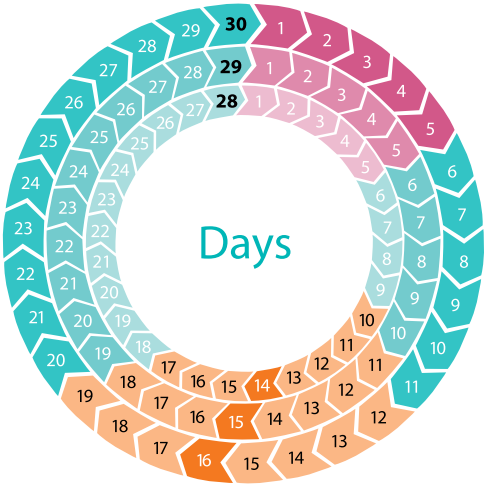


Illustration: Les Publications du Québec

During a menstrual cycle, your body goes through a number of changes. Many interactions take place between your brain and your pituitary gland, a hormone-secreting organ. These interactions trigger the release of hormones that stimulate ovulation, which in turn prepares your body for **fertilization**.

Ovulation

Women are born with all the **eggs** they will ever have. They have about 400,000 eggs at puberty, and by menopause, all of them are gone.

- **Fertilization:** When a sperm penetrates an egg.
- **Egg:** Cell produced by the ovary. When the egg is fertilized, a baby may begin to form.

Ovulation occurs when an ovary releases an egg. Once an egg is released, it is drawn into the fallopian tube. If it comes into contact with **sperm** and is fertilized, a new cell is formed and starts to multiply. The new cells travel down the fallopian tube to implant themselves in the uterus and form an **embryo**.

To estimate when you will ovulate, count backwards 14 days from the end of your menstrual cycle. Women with regular 28-day cycles usually ovulate around the 14th day of their cycle. For women with irregular cycles, however, it is more difficult to predict the day or period of ovulation.

Female reproductive system

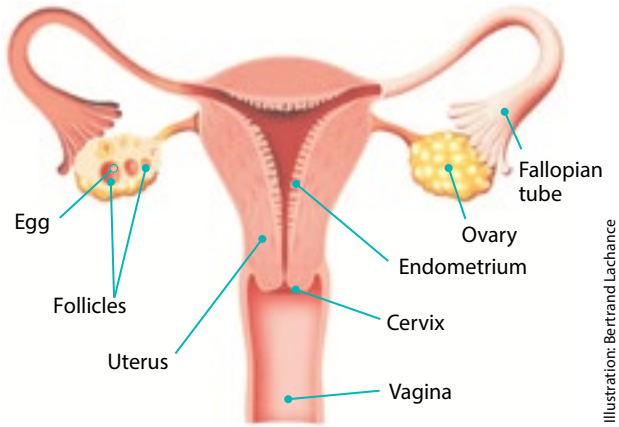


Illustration: Bertrand Lachance

▶ **Sperm:** Cell produced by the man. When it fertilizes an egg, a baby may begin to form.
▶ **Embryo:** Name given during the first full 10 weeks of pregnancy to the human being developing in the mother's abdomen.

Fertile period (or ovulation period)

Since ovulation does not always occur on the expected day, we talk about the fertile period or ovulation period. This is when a woman is most likely to ovulate. If a man and a woman have intercourse during the woman's fertile period and she has a regular menstrual cycle, there is a one in four chance (at age 20) and a one in twenty chance (at age 40) that the woman will become pregnant.

If the egg is not fertilized by a sperm, the glands in the brain will stop producing hormones. This triggers menstruation, and the cycle starts all over again.

Men

Throughout their lives, men produce sperm that can impregnate a woman. Sperm production begins at puberty and continues until death.

Sperm are produced in the testes. They go through a number of stages over a period of about two and a half months before they are ready to fertilize an egg. They are then stored in the seminal vesicles.

When a man ejaculates, sperm from the seminal vesicles are mixed with fluid from the prostate and the glands of the male reproductive organs. This is known as semen. The semen from a single ejaculation usually contains between 20 million and 200 million sperm cells. Sperm can live 72 to 120 hours in a woman's genital tract, but only a few seconds outside it.

Fertilization

Fertilization occurs when a sperm penetrates the outer layer of the egg. An egg must be fertilized within 12 hours of ovulation. If it is not fertilized within that time, it dies and is absorbed by the body.

If the egg is fertilized, it starts to develop and slowly descends toward the uterus to form an embryo. It will implant itself in the lining of the uterus, which is called the endometrium. Implantation takes place about seven days after ovulation.

Most women take a pregnancy test when they realize their period is late. If the test is positive, it means the egg was fertilized by a sperm.

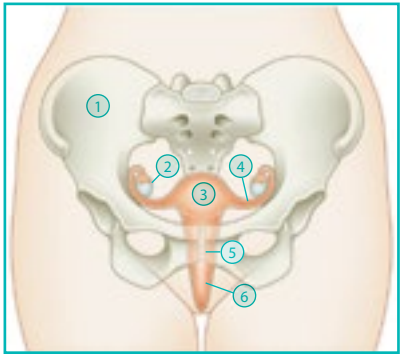
In about one out of every six pregnancies, the embryo will not develop or the baby's heart will stop beating relatively early on. The uterus will then stop growing and expel its contents, ending the pregnancy in **miscarriage**.

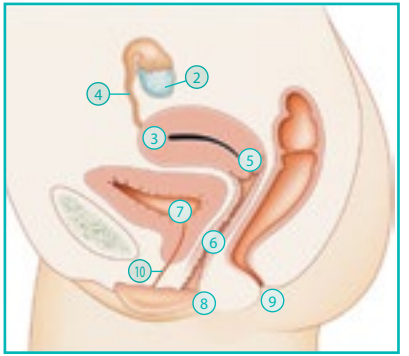
The risk of miscarriage increases with age. One in four pregnancies in women 35 and over ends in miscarriage; in women 40 and older, the risk is one in two.

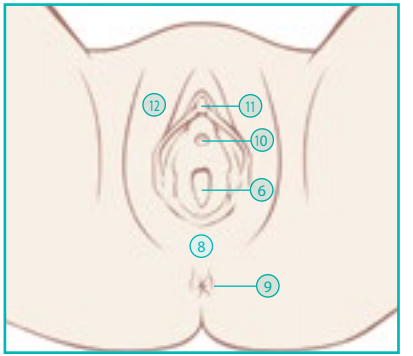
In some rare cases (2% to 4% of pregnancies), the embryo implants itself outside the uterus. This is what is called an ectopic pregnancy.

▶ **Miscarriage:** A spontaneous abortion, which can have a variety of causes (e.g., a deformity or disease).

Female anatomy







(1) **Pelvis** Bone that supports the organs in the mother's abdomen.

(2) **Ovaries** The two ovaries produce eggs and female hormones.

(3) **Uterus** Muscular organ that grows as the pregnancy progresses. Normally, it is the size of a small upside down pear.

(4) **Fallopian tubes** Tubes connecting the uterus and the ovaries. They transport eggs and are necessary for fertilization.

(5) **Cervix** Bottom part of the uterus connected to the vagina. During menstruation, blood flows from the cervix, which is almost closed. During labour, the cervix dilates to let the baby through.

(6) **Vagina** A roughly 8 cm long passageway between the uterus and the vulva. The vagina is flexible and elastic so it can stretch during intercourse and delivery.

(7) **Bladder** Organ that holds the urine produced by the kidneys.

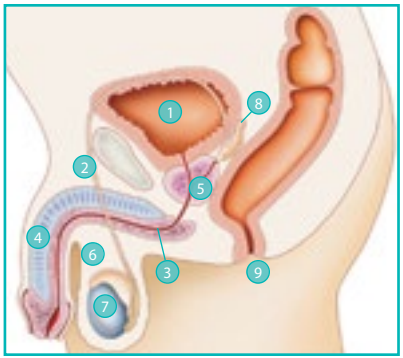
(8) **Perineum** Viewed from the exterior, the region between the anus and the vulva. The muscles of the perineum form a sort of internal "hammock" that supports the genital organs and bladder.

9 **Anus** Opening through which feces are expelled.

10 **Urethra** Tube that carries urine from the bladder to the outside of the body during urination. It is part of the perineum.

11 **Clitoris** Sensitive, erogenous organ that plays an important role in female sexual pleasure.

12 **Vulva** All external genitalia, including the labia and clitoris.



Illustrations: *The Pregnancy Book*, Adapted by Bertrand Lachance with the permission of the Department of Health, UK

Male anatomy

1 **Bladder** Organ that holds the urine produced by the kidneys.

2 **Vas deferens** Tube that carries sperm from the testicles to the prostate.

3 **Urethra** Tube that carries urine from the bladder and out the penis. It also carries semen from the prostate and out the penis.

4 **Penis** Male sex organ. Its sponge-like tissue swells with blood during erections.

5 **Prostate** Gland that secretes seminal fluid, one of the substances found in semen.

6 **Scrotum** Sac of skin that protects the testicles.

7 **Testes** Organs that produce sperm.

8 **Seminal vesicles** Reservoirs above the prostrate that store sperm that are ready to fertilize eggs.

9 **Anus** Opening through which feces are expelled.

The fetus

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Development of the fetus 28
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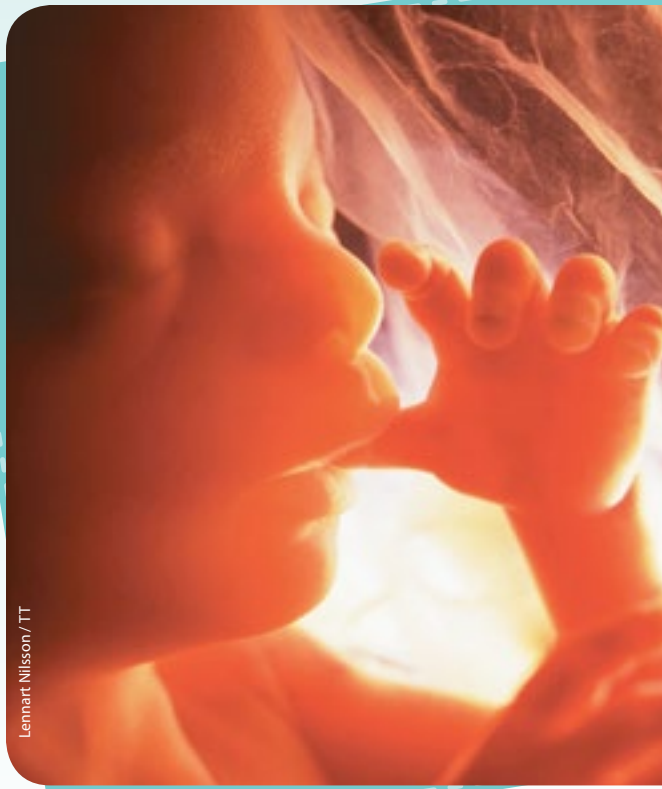


Lennart Nilsson / TT

Length of pregnancy

One of the first things you'll want to know on learning you are pregnant is when the baby is due. When will the big day be? Your baby will likely be born anywhere between 38 and 42 weeks after your last menstrual period.

To estimate your due date, count 40 complete weeks from the first day of your last period, assuming that you have a regular 28 day menstrual cycle. The expected due date is therefore only an approximate date.

If you have an irregular cycle or don't know the date of your last period, an **ultrasound** performed before your 20th week of pregnancy will give you a good idea of the due date, plus or minus 7 to 10 days.

There's a practical reason for calculating the length of your pregnancy from the first day of the last menstrual period: that's because it's virtually impossible to know when the exact moment of conception occurs.

The number of weeks of pregnancy therefore includes the first two weeks following your last period, even if you weren't yet pregnant at that point. So if you are "20 weeks pregnant," for example, it means 20 full weeks have gone by since the first day of your last menstrual period.

Your health professional will most likely refer to your pregnancy in terms of weeks. The reason is simple: it is more accurate to talk about weeks than calendar months. The 42 weeks of pregnancy (maximum length) are further divided into three trimesters of 14 weeks each.

▶ **Ultrasound:** An examination using an ultrasound device that can see the embryo or fetus in the mother's womb.

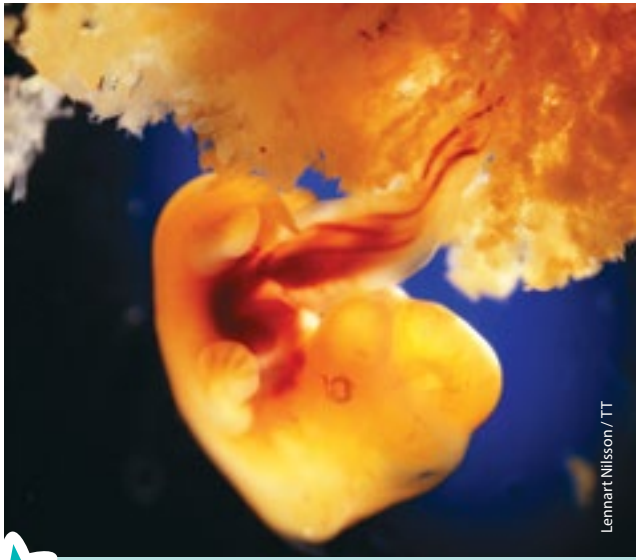
Development of the fetus

Your baby is constantly growing and must go through several stages before he's ready to live outside the uterus. These stages, or key moments, are outlined below. Remember, the number of weeks associated with each stage (based on last menstrual period) is only an approximation and may differ from one woman to the next.

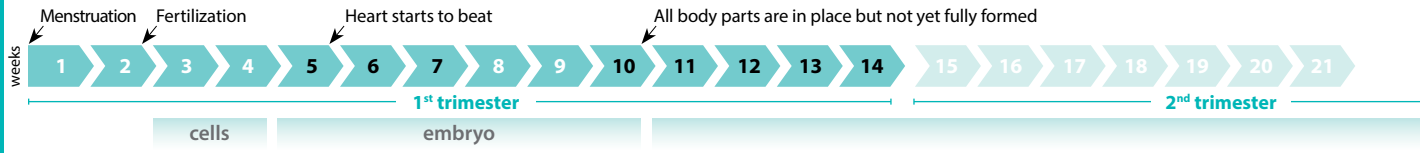
First trimester: from conception to 14 weeks

At 5 weeks—about 22 days after conception—the embryo's heart begins to beat, although it cannot yet be heard during a medical exam.

At 6 weeks, the embryo is 5 millimetres in length.



Embryo at 40 days (7 weeks after the first day of the last menstrual period).



Fetus at the end of the first trimester.

At 7 weeks, the embryo's head is much bigger than the rest of its body. Its arms begin to form as the elbows and hands appear. The fingers are still fused together, but the eyes are now quite visible.

At 10 weeks, the embryo already has a human appearance: its eyes, nose, and mouth are recognizable. Its eyelids are closed. The fingers have now separated and the toes are beginning to form. Your baby begins to move his limbs, but you won't feel any movement yet. **He has now progressed from the embryonic to the fetal stage:** all the body parts are in place, but are not yet fully formed. They will continue to grow and develop throughout the pregnancy.

Between 10 and 14 weeks, the fetus gets bigger and the skeletal bones begin to form.

At 14 weeks, the fetus measures 8.5 cm.

Birth

22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 weeks

3rd trimester

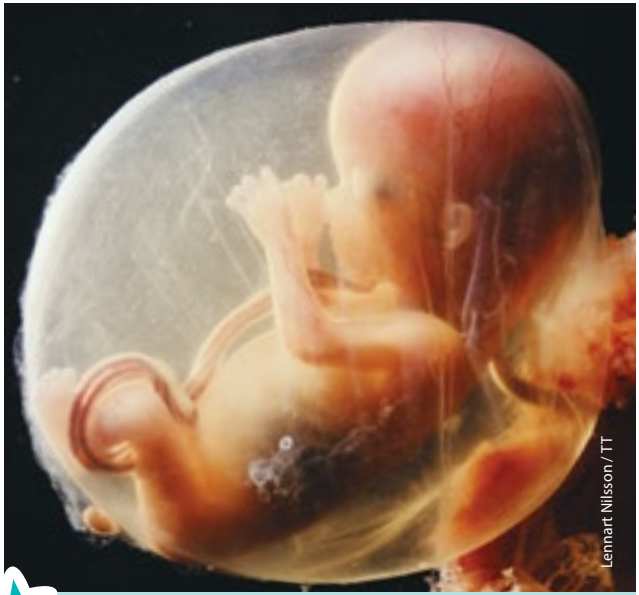
fetus

Second trimester: 15 to 28 weeks

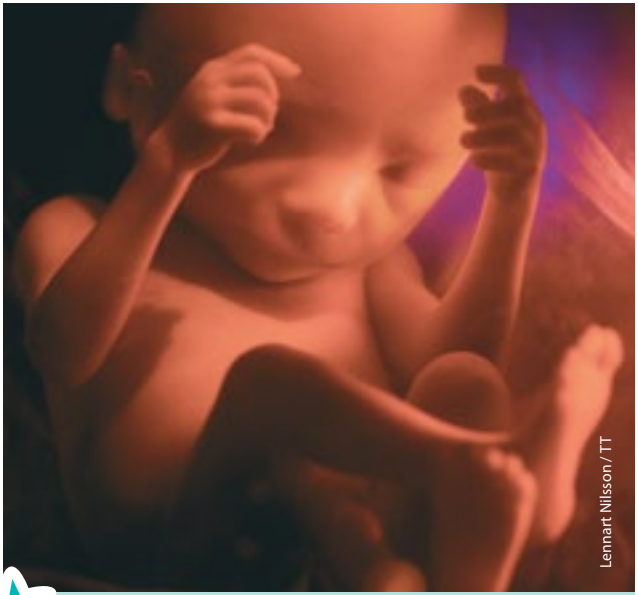
At 14 weeks, your baby's genitals, while not yet fully formed, are developed enough to reveal whether it's a boy or a girl. Usually between 16 and 18 weeks, he or she may let you in on the secret when an ultrasound is performed.

At 16 weeks, the baby's head is still disproportionately large compared to the rest of his body, but his trunk, arms, and legs are beginning to lengthen.

Around 20 weeks, your uterus is level with your belly button. Your baby's movements are now strong enough that you can feel them. Some women feel these movements a little earlier or a little later in their pregnancy. Your baby is coated in a whitish cream known as vernix caseosa, which protects his skin.



Fetus at the beginning of the second trimester.



Fetus at the end of the second trimester.

At 22 weeks, your baby measures 19 cm. His hair begins to grow, and his body is covered in a fine downy fuzz known as lanugo.

Between 23 and 27 weeks, your baby puts on weight and his head becomes better proportioned to his body.

At 24 weeks, he can hear low frequency sounds from outside the uterus.

Around 26 weeks, his eyebrows and eyelashes are visible.

Around 28 weeks, your baby's eyes begin to open. They will become sensitive to light at around 32 weeks.

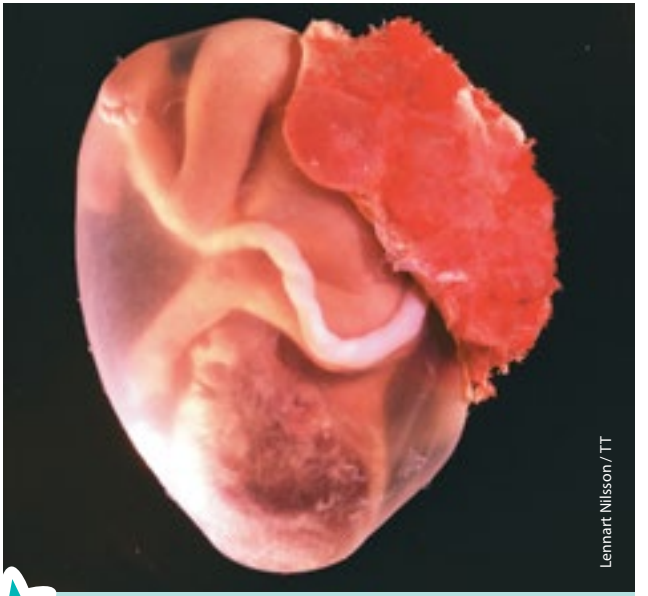
Third trimester: from 29 weeks to birth

At 30 weeks, your baby measures 28 cm.

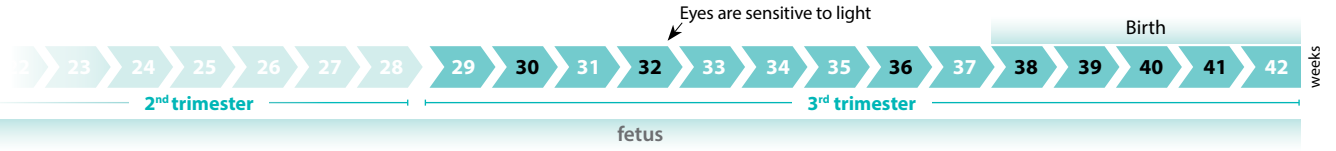
At 32 weeks, your uterus is level with the upper part of your belly, known as the epigastric fossa. Your intestines, liver, and lungs are pushed upwards. As the pregnancy advances and the baby gains weight, the uterus expands outwards, stretching the abdominal muscles and skin.

At 36 weeks, your baby's skin is pinkish, and the downy hair on his body begins to disappear, although it can remain until after the birth. Your baby is bigger because of the fat reserves he is building up.

Between 38 and 41 weeks, the baby has good muscle tone and may be active for longer periods at a time. He's ready for the big day!



Fetus at the end of the third trimester.



Fetus's environment

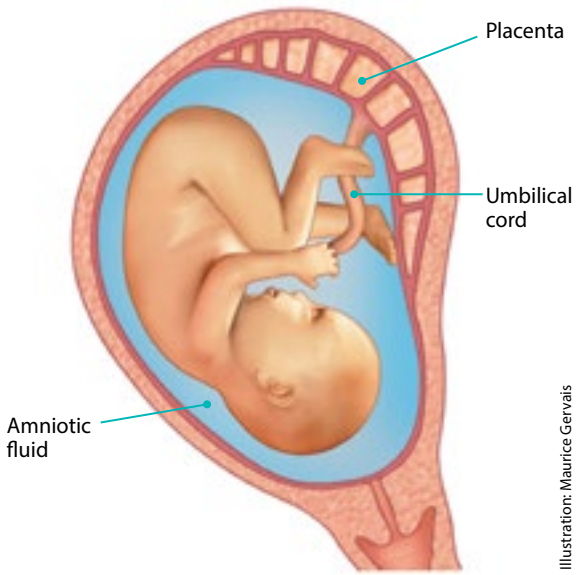


Illustration: Maurice Gervais

Amniotic fluid

The amniotic fluid surrounding your baby is essential to his growth and development. It helps

- Keep your baby at the right temperature
- Protect the baby against shocks from outside the womb
- Provide space for the baby to move and develop his muscles and lungs

The fluid is contained in a kind of pouch that surrounds the baby (amniotic sac or "membrane"). The membrane actually consists of two layers, which is why you will often hear it referred to as "the membranes." Just before or during **labour**, the sac will break, causing the amniotic fluid to leak out. This is what's known as "breaking your water."

▶ **Labour:** Process by which the baby passes from the uterus to the outside world, primarily through contractions of the uterus.

Placenta and umbilical cord

The placenta starts to grow as soon as the fertilized egg embeds itself in the uterus. It is connected to the baby by the umbilical cord.

By your fourth week of pregnancy, blood begins to flow between you and the embryo.

The umbilical cord and placenta carry the oxygen and nutrients your baby needs to grow. They also help get rid of your baby's waste by returning it to your body, which then eliminates it.

The placenta secretes into the mother's blood the hormones required to maintain the pregnancy and help the **fetus** grow. It also acts as a barrier between the mother's blood and the blood of the fetus.

But the placenta does not filter everything. Certain substances that are harmful to the fetus can get through, including alcohol and certain drugs.

▶ **Fetus:** Developmental stage of a human being in its mother's womb, from the start of the 11th week of pregnancy until birth.

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Patrick Vachon

Physical changes

Pregnancy is a time when your body undergoes dramatic changes. Many of these changes take place without you even being aware of them, while others can cause a certain amount of discomfort.

Heart and blood vessels

During pregnancy, your heart rate can increase by up to 10 beats per minute, and the volume of your blood by 40% to 45%, to meet the needs of the fetus. Your heart actually shifts slightly within your rib cage as your uterus expands.

In some women, the increased volume of blood and the pressure created by the expanding uterus can cause varicose veins. These are veins that become enlarged, hampering blood circulation. Varicose veins occur primarily on the legs, anus, vulva, and vagina.

Here are a few ways you can help prevent varicose veins in the legs:

- Elevate your legs
- Sleep on your left side
- Be physically active
- Avoid prolonged periods of sitting or standing
- Wear compression stockings

Lungs

Many women are more aware of their breathing when they're pregnant, and may find their breathing more laboured, even when resting.

Skin

Pregnancy hormones stimulate the skin and scalp, causing a noticeable effect in some women. Changes in your skin shouldn't be cause for concern, as most will diminish or disappear altogether in the months following the birth.

Most pregnant women experience hyperpigmentation (darkening of the skin). This hyperpigmentation tends to be localized, usually appearing as a thin dark line between the belly button and the pubis. It can also occur as a darkening of the areola around the nipples or on the perineum, anus, neck, armpits, or the skin around the belly button.

The pregnancy mask some women get is also a result of hyperpigmentation. It is characterized by the appearance of brown patches on the face.

Hyperpigmentation and pregnancy mask clear up after the birth of the baby and generally disappear altogether within a year.

Hormonal stimulation of the skin can also result in the appearance of acrochordons (skin tags)—tiny benign skin growths that are most common in skin folds such as around the neck and armpits.

Some women may develop angiomas between the second and fifth months of pregnancy. Angiomas are small blood vessels that form little red patches on the skin. Most angiomas will disappear on their own within three months of giving birth.

In some cases, women may develop acne, which will disappear after the birth of the baby.

Stretch marks can also develop during pregnancy. They usually appear in the second half of pregnancy, mainly on the tummy, breasts, and thighs, but can also occur in the armpits or on the lower back, buttocks, and arms. Stretch marks are initially a pinkish or purple colour, and gradually become less apparent over time.

While there is no proven method for effectively preventing or treating stretch marks, application of a moisturizing cream with a massaging motion may help somewhat to reduce them, although the ingredients of the cream themselves appear to have little effect.

Hair

Head and body hair growth may change with pregnancy. Some women may experience increased hair growth on their bodies and have a thicker, fuller head of hair. After the birth, it is not uncommon to experience more hair loss than usual.

Bladder and kidneys

At the beginning of pregnancy, bladder function changes, which can trigger the need to urinate more urgently or more often. These sensations can also appear later in pregnancy when the uterus expands and the baby's head puts pressure on the bladder.

During pregnancy the kidneys increase in volume. You will probably have to urinate more frequently at night. During the day, your body tends to accumulate water in your tissues, but when you go to bed these water reserves are sent to your kidneys and you feel the need to urinate—again!

Breasts

Your breasts may become more sensitive and increase in size. The blue veins that crisscross their surface may become more visible. Your nipples and areolas prepare for breast-feeding by growing slightly and may also become darker. Little bumps form on the areolas: these are glands that produce oil that will help keep your skin moisturized and protected during breast-feeding.

Beginning at 16 weeks, the breasts start producing colostrum, the first food your baby will ingest after he is born. Some women may leak colostrum during pregnancy. This is normal.

Uterus

Before pregnancy, your uterus is the size of a small pear. As your pregnancy advances, the uterus expands to meet the needs of the fetus, and changes shape and position in your abdomen.

Stomach and intestines

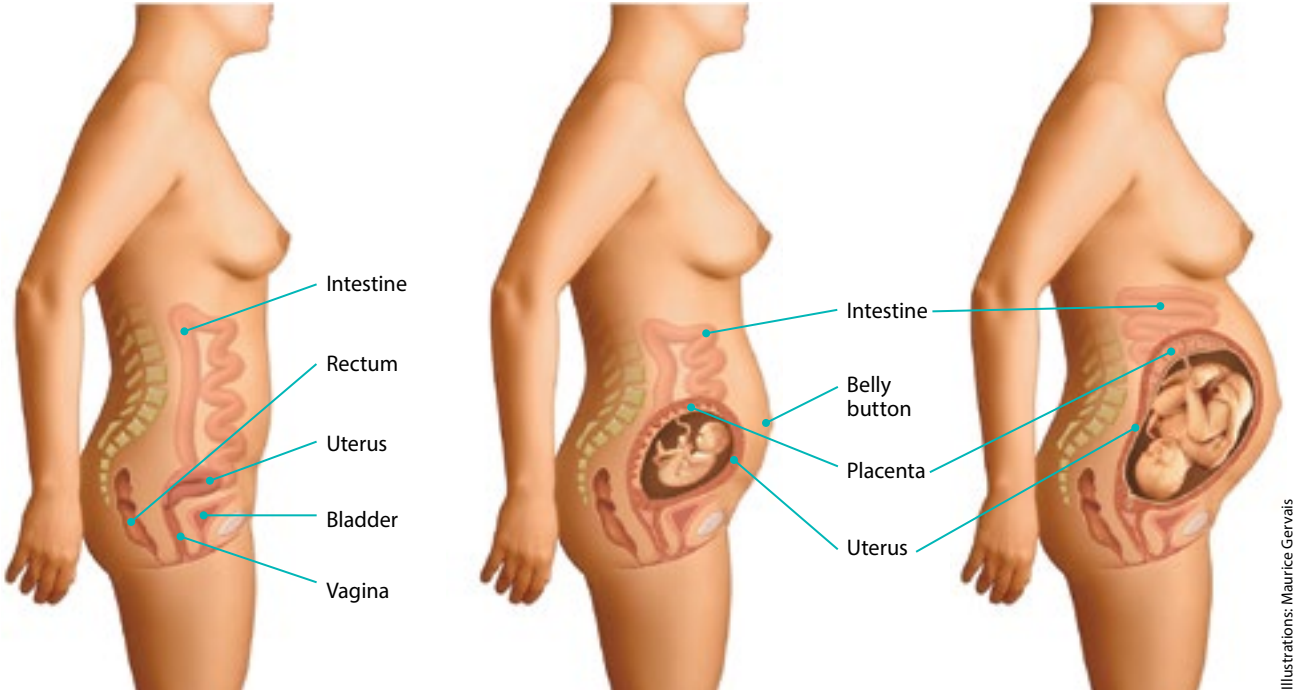
Digestion often slows down during pregnancy due to hormonal changes. This can cause constipation or acid reflux in the **esophagus**.

Gait

The increasing weight of the uterus causes your posture to change and moves your centre of gravity further forward. That's why the gait of some pregnant women may be somewhat different than usual.

▶ **Esophagus:** Muscular tube that carries food from the mouth to the stomach.

Growth of the fetus in the uterus



Before pregnancy

Around 20 weeks

Around 32 weeks

Illustrations: Maurice Gervais

Weight gain

All pregnant women gain weight: it's normal and even desirable. Provided you eat a healthy diet, eat as much as you need to satisfy your hunger, and are physically active, you should gain the weight you and your baby need.

Weight gain can vary greatly from one woman to the next. It also depends on your weight before the pregnancy.

- Women with a healthy weight before pregnancy can expect to gain between 11.5 and 16 kg, or 25 to 35 pounds.
- Women carrying more than one baby (e.g., twins, triplets) will gain more weight.
- Women who are overweight or underweight before pregnancy can ask their health professional or a nutritionist for advice on how to get the most from their diet.

At the beginning of pregnancy, weight gain varies from one woman to the next. Some women gain weight; others lose weight. Women who experience nausea may feel less or more hungry than usual (see Nausea and vomiting, page 102). Don't be concerned about how much weight you gain in the early days of your pregnancy. Weight gain generally adjusts as the pregnancy progresses.

During pregnancy, you will gain weight gradually, at your own pace. Post-delivery weight loss is gradual and differs from one woman—and one pregnancy—to another.

Distribution of weight gain at 40 weeks pregnancy for a woman who has gained 12.5 kg (27½ lb.)

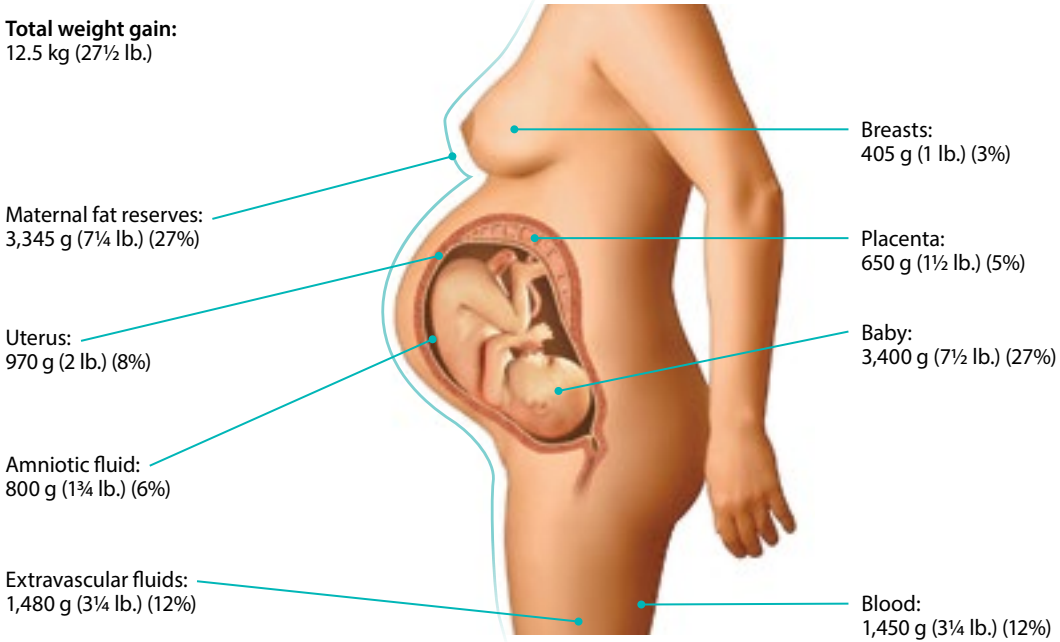


Illustration: Maurice Gervais

Emotional changes

For the mother

Whether you are on your own or in a relationship, pregnancy can trigger emotional, psychological, and social changes.

Many women experience what may seem to be conflicting emotions during pregnancy, even women who very much wanted to get pregnant. The arrival of a baby is a life-changing event, and even though the changes bring joy, they can give rise to numerous questions and worries. On the other hand, you may find that your life continues much as normal and that you adapt easily to the demands of the child you're carrying.

The important thing is not to ignore your emotions or fight them, but rather to express and try to understand them. Sharing them with your partner and those close to you can help you feel less alone and get the support you need.

Take the opportunity to talk to other pregnant women or those who have recently given birth. You'll realize that you are not alone in experiencing some of the changes you are going through. You may also notice that you don't share the same emotions or concerns as others. Remember, every woman—and every pregnancy—is unique.

However, if you find yourself feeling sad or irritable most days, or lose interest and enthusiasm for your daily activities over a period of two weeks or more, see a doctor or psychologist to help understand what you're going through. Pregnancy does not protect against depression, and some women may actually experience a depression episode while pregnant.

For the father

Since you aren't the one carrying the child, you may not feel the impact of the pregnancy on your life as quickly as your partner does. The simple fact of knowing that your partner is carrying a child may not be enough to make the pregnancy tangible for you. In fact, the reality of it all may not hit home until later on.

Listening to the baby's heartbeat, feeling his first movements, and being present at the ultrasound are events that can help you develop a sense of fatherhood. For some men, it's only when the baby is born that they become truly conscious of their new role as a father.

Fathers-to-be also get caught up in the whirlwind of changes. Some worry about their partner's reaction to their involvement with the child, and wonder if they will be able to live up to her expectations.

Remember that pregnancy is a good time to begin your relationship with your baby. Even if the baby isn't born yet, this relationship, which starts in both your head and heart, will become more real if you talk to and touch your baby through his mother's belly and take part in prenatal sessions.

For the couple

Going from a two-person to a three-person relationship, or expanding an existing family, brings its share of changes and adjustments. This is also true for parents who plan to adopt a child.

You and your partner both have concerns but they won't necessarily be the same and may not come at the same time.

You may wonder how your partner will react if you talk about your fears or share your doubts. Regardless of what you're feeling, it's important to communicate because it will allow you to express your emotions and understand the other person's point of view. Your relationship as a couple is important as it forms the basis of your family-to-be.

Have your children touch your belly when the baby is moving.

For the family

If you already have children, you may have the impression you are neglecting the older ones because the discomfort of your pregnancy and fatigue prevent you from looking after them the way you did before. You may feel guilty or wonder how you'll be able to love all your children and give each one the attention he or she deserves.

Your other children, regardless of their age, may feel jealous at the idea of welcoming a new member into the family. They may be worried about where they will fit in during the pregnancy and after the birth of their brother or sister. Reassure them and help them accept the baby on the way by talking to them about the upcoming birth and having them make contact with the baby by touching your belly when the baby is moving. You can help ensure they don't feel left out by getting them actively involved in preparations for baby's arrival—by helping decorate the baby's room or drawing him a picture, for example. It's a good idea to tell them that you still love them and prove it by showing your affection. Your family and friends can also help out by giving your children some extra individual attention.

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Sexuality

Pregnancy can have an impact on a couple's sex life. Sexual desire and the frequency of sexual relations may increase, decrease, or vary during pregnancy. The changes taking place in the woman's body and the new perception of yourself and your partner as parents as opposed to lovers can create feelings that affect sexual desire.

Various factors, including a big belly, medical contraindications, discomfort, personal limits, or a greater desire for simple tenderness, may lead you to set aside certain sexual practices or try new ones. Pleasure, whether physical or psychological, may be experienced differently by each partner during pregnancy. For example, you and your partner may not have the same ability to reach orgasm, the same degree of sensitivity, or the same feeling of closeness.

Sexual relations can continue throughout pregnancy without any problem, as long as you respect each other's needs, limits, and comfort zone.

You may have certain fears about being sexually active, but there is no need to worry: neither vaginal penetration nor orgasm cause miscarriage and they will not lead to premature labour or hurt your baby. The baby is well protected inside the amniotic sac in the uterus.

In some situations, however, you may be advised not to have sexual intercourse; for example, if you have bleeding, abdominal pain, or problems with the placenta, or if there is concern about premature labour or a rupture of the amniotic membranes. Your health professional will tell you if this is the case and advise you about what precautions you should take.

During pregnancy, it is doubly important to protect yourself against sexually transmitted infections (STIs). If you have sexual relations where there is a risk of contracting an STI, use a condom to prevent the infection from being transmitted and avoid the complications it can cause you and your baby.

Personal care

Cosmetics and sunscreen

Most cosmetics (creams, makeup) can be used during pregnancy. Face cream and hand and body creams that do not contain any medicinal ingredients can be used safely. If you use a medicated cream, your doctor or pharmacist can check to see if you can continue using it while pregnant.

You should use sunscreen when you go out in the sun. This is especially important during pregnancy because the sun can increase hyperpigmentation and pregnancy mask. Use a cream or lotion with an SPF (sun protection factor) of at least 30 that protects against both UVA and UVB rays. Be especially careful to protect your face.

Hair products

Hair products and treatments including dyes, colouring shampoos, highlights, and perms are not dangerous to pregnant women or their unborn babies. However, if you use these products as part of your work, discuss the matter with your health professional.

Insect repellent

If you are unable to avoid situations where you will be exposed to mosquitoes or ticks, and you are obliged to use insect repellent, it is best to opt for one that contains DEET (the product most commonly found in insect repellents).

There is no scientific proof that the use of DEET by pregnant women presents a risk to their health or that of the baby they are carrying. But it is important to apply the product to exposed skin only and to wash off any excess amounts. You can also reduce your exposure to DEET by applying the product to your clothes rather than directly onto your skin.

DEET is effective. Application of an insect repellent containing 20% to 30% DEET to skin or clothing protects against 90% of mosquito and tick bites.

The use of citronella oil during pregnancy is not recommended. Its short-term effect (about 30 minutes) means you have to reapply it often, thereby exposing yourself to large amounts of the product.

What's more, it is unclear whether citronella oil is safe for pregnant women. Many products containing citronella oil also contain eucalyptus, camphor, and other essential oils that are best avoided during pregnancy.

Wearing long sleeves and pants is another way to avoid insect bites.

Laser hair removal and electrolysis

There have been no scientific studies done on the risk of electrolysis and laser hair removal for pregnant women and their unborn babies. It is therefore recommended that you avoid these hair removal methods until after you give birth.

Tanning salons

Even though ultraviolet rays cannot reach the fetus, tanning salons are not recommended for pregnant women. The extreme heat you are exposed to during tanning sessions can greatly increase body temperature and harm your baby. Many tanning salons require pregnant customers to provide written authorization from a health professional.

Nutrition during pregnancy

Eating well during pregnancy helps ensure

- Your pregnancy advances normally
- Your baby grows, develops, and is healthy
- You stay healthy or improve your health

The physical transformations you undergo during pregnancy increase your body's nutritional and energy requirements. That means you'll need to eat a little more than usual, especially starting in the second trimester. Vary the dishes you eat and how you prepare them. Experiment with different flavours, colours, and ingredients. Pregnancy is a good opportunity to improve your diet, and that of those around you.

In addition to this section, you can also consult: healthycanadians.gc.ca/healthy-living-vie-saine/pregnancy-grossesse/general-information-renseignements-generaux/eating-alimentation-eng.php.

The following general advice may not apply in the following situations:

- You are a young mother under the age of 20
- You have a disease that requires a special diet
- You systematically avoid one or more food groups
- You have other special needs

Talk about your diet to your health professional. He or she can assess your situation, provide advice, or refer you to a dietician.

Eating regularly is important!

Your baby depends on you for food. Avoid going for long periods without eating. Eating regularly means three meals a day plus snacks between meals as needed. This allows you to

- Take in all the nutrients you need during pregnancy
- Avoid drops in your energy level during the day

On the menu: variety, colours, and flavours

Eating well during pregnancy means eating regularly and making sure you have a variety of colourful and tasty foods on your plate. Try to eat foods from each of the four food groups described in *Canada's Food Guide* on a daily basis:

- Vegetables and fruit
- Grain products
- Milk and alternatives
- Meat and alternatives

If you're not used to eating foods from each of the food groups every day, you might find the suggestions in this section helpful. You can also refer to *Canada's Food Guide* for examples of recommended serving size and number of portions by visiting www.hc-sc.gc.ca/fn-an/food-guide-aliment/choose-choix/advice-conseil/women-femmes-eng.php.

Vegetables and fruit

Vegetables and fruit are bursting with flavour, and should be part of every meal and snack. They contain important nutrients, including the following:

- Folic acid, which aids in the development of your baby's brain and nervous system, her overall growth, and the formation of the placenta
- Vitamin C, which facilitates iron absorption
- Fibre, which helps the intestines to function properly and controls blood sugar levels

Where to start?

- Choose colourful vegetables and fruit, as they are rich in nutrients. Try to eat at least one dark green and one orange vegetable each day, e.g., broccoli, spinach, Romaine lettuce, carrots, sweet potato, winter squash.
- Include your favourite vegetables and fruits in your meals and snacks.

Opt for colourful vegetables and fruit, which are rich in nutrients.

A few tips

- Eat veggies and fruit in various forms: fresh, frozen, canned, dried, in sauces or compotes, in soups, in cooked dishes, or in 100% pure juice.
- Wash all fruit and vegetables under running potable water, whether you eat them raw or cooked, or with or without the peel (see Preventive measures for the whole family, page 73).
- Avoid unpasteurized juice (most juices are pasteurized).

Essential nutrients: folic acid

Folic acid is an important vitamin for all pregnant women, especially at the beginning of pregnancy. It reduces the risk of certain birth defects. While a number of foods contain folic acid, you will be advised to take a folic acid supplement during pregnancy (see Vitamin and mineral supplements, page 75).

What foods contain folic acid?

- Legumes: lentils, Roman and white beans, soybeans, chickpeas
- Dark green vegetables: asparagus, spinach, broccoli, Romaine lettuce, Brussels sprouts
- Sunflower seeds
- Enriched pasta and flour
- Bread made from enriched wheat flour
- Orange-coloured fruit: oranges and orange juice

Grain products

Grains like oats, barley, buckwheat, rye, millet, quinoa, and others can add variety to your menu. Grain products contain the following:

- Starch and sugar, which help produce energy
- Group B vitamins, iron, zinc, magnesium, vitamin E, and fibre, which play a role in the development and proper functioning of the nervous, cardiovascular, and digestive systems

Contrary to popular belief, pasta, bread, and rice don't cause weight gain as long as you don't load them up with fatty foods like butter and rich sauces.

Grain products include pasta, rice, bread, and much much more!

Where to start?

- Add grain products that contain whole grains to your diet. Try to ensure that at least half of the grain products you eat daily consist of whole grains, e.g., whole wheat bread, oatmeal, barley, multigrain spaghetti, brown rice, wild rice, fibre-rich breakfast cereal, bran muffins, etc.

A few tips

- Opt primarily for bread, cereal, pasta, and rice, as these foods contain less fat and sugar than baked goods such as cookies, croissants, store-bought muffins, and cakes.
- When choosing whole grain foods, don't rely on colour! Read the ingredient list: the first ingredient must be a whole grain.

Milk and alternatives

Dairy products and enriched soy beverages have lots to offer—and not just for kids!

They contain

- Calcium and phosphorus, which help build and maintain healthy bones and teeth
- Proteins, which help build organs and muscles

Where to start?

- Consume the equivalent of two glasses of milk or enriched soy beverage a day.
- Complement your meals or snacks with yogurt or cheese, depending on your preference.

A few tips

- Make sure the milk and dairy products you consume are pasteurized.
- If you don't like the taste of milk or enriched soy beverages, you can
  - Add them to your cold cereal at breakfast or snacktime, or use them to replace water when making hot cereals like oatmeal or cream of wheat.
  - Flavour them with vanilla or almond extract, spices, fruit, chocolate, etc.
  - Use them in your recipes: creamy soups, blanc-mange, puddings, tapioca, smoothies, etc.
- Are you lactose intolerant? You can find lactose-free milk and enriched soy beverages in grocery stores. You can also buy capsules and drops at the drugstore that can help you digest dairy products.

iStockphoto

Dairy products and enriched soy beverages are good for strengthening bones.

Essential nutrients: calcium and vitamin D

Calcium plays an essential role in developing bones and teeth and keeping them healthy. Your baby needs it to build all her bones! And vitamin D helps the body absorb and use calcium. That's why they make such a great team!

What foods contain calcium and vitamin D?

Calcium

- Dairy products: milk, yogurt, and cheese
- Enriched soy beverages, tofu (with calcium sulphate)
- Canned fish with bones: sardines, salmon
- Calcium-enriched foods (e.g., some orange juices)

Vitamine D

- Milk
- Enriched soy beverages
- Fatty fish, e.g., salmon
- Margarine

Most legumes, dark green vegetables, nuts, seeds, and almonds also contain small amounts of calcium. Think of them as a bonus!

Meat and alternatives

Not only do meats and alternatives add variety to your plate, they also contain

- Proteins, which help build and repair organs and muscles
- Iron, which helps produce blood
- Omega-3 and omega-6 fatty acids, which help your baby grow

Meats and alternative are nutritious foods that help you keep your energy level up.

Where to start?

- Each day, choose from a variety of meats, poultry, fish, and alternatives such as legumes, eggs, nuts and seeds, peanut butter, and tofu.
- Eat fish twice a week. It is a good source of omega-3 fatty acids.

A few precautions

- Meat, poultry, eggs, fish, seafood, and any dishes that contain these foods should be **well cooked** (see Cooking foods, page 73).
- While liver is an excellent source of iron, it is not recommended for pregnant women because of its excessively high levels of vitamin A.
- If you eat wild game avoid meat from game killed with lead ammunition. Lead can impair the child's development. It's preferable to eat meat from game killed with lead-free ammunition.

Essential nutrients: omega-3 fatty acids

Eating fish is a way for pregnant women to provide important nutrients, including omega-3 fatty acids, to their growing fetus. These nutrients are especially important to the development of baby's brain and eyes.

To limit your exposure to contaminants:

- Opt for fish that do not generally contain levels of contaminants that are hazardous to human health:
  - Salmon, trout, herring, haddock, canned light tuna, pollock (Boston bluefish), sole, flounder, anchovy, char, hake, mullet, smelt, Atlantic mackerel, and lake white fish
  - Sport fish that can be consumed without any restrictions, according to MDDELCC: shad, rainbow smelt, common whitefish, brook trout and other trout, salmon, and Atlantic tomcod
- Limit your consumption of the following:
  - Canned white tuna: no more than 300 grams (10 ounces) per week (about two 170 gram cans)
  - Fresh or frozen tuna, shark, swordfish, marlin, orange roughy , and escolar: no more than 150 grams per month (5 ounces).
- Avoid regular consumption of largemouth bass, northern pike, walleye, muskellunge, and lake trout.

If you regularly eat sport fish, you can find out more about contamination levels and recommended consumption frequency for the general population by consulting *Guide de consommation du poisson de pêche sportive* (available in French only) on the website of the ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques or by calling 418-521-3830 or 1-800-561-1616.

Can I raise a glass to my baby's health?

If you care about the health of your child, Éduc'alcool recommends that you avoid drinking during your pregnancy.

This is one of the issues covered in **Pregnancy and Drinking: Your Questions Answered**, a free brochure published jointly by Éduc'alcool and the *Collège des médecins du Québec*.

Ask your doctor for a copy, order it directly from Éduc'alcool (1-888-ALCOOL-1) or go online to **www.educalcool.qc.ca.**

Éduc'alcool

Moderation is always in good taste.

Essential nutrients: iron

Iron is essential for the growth of the baby and the placenta. That's why you need more iron during pregnancy than at any other stage of life. What foods contain iron?

Animal-based foods

- Meat: beef, lamb, pork (including ham), veal, game
- Poultry: chicken, turkey
- Fish: sardines, salmon, trout, halibut, haddock, perch
- Seafood: shrimp, oysters, mussels
- Seal, wild duck, moose
- Blood sausage

Plant-based foods

- Pumpkin seeds
- Legumes: dried beans, lentils, chickpeas
- Medium or firm tofu
- Breakfast cereals (iron-enriched), enriched pasta
- Certain vegetables: pumpkin, green peas, potatoes, spinach
- Nuts, peanuts, sunflower seeds, nut butter
- Iron-enriched pasta and bread

Generally speaking, iron from animal sources is more readily absorbed than iron from plant sources. To help your body absorb the iron contained in plant-based foods, eat foods rich in vitamin C with your meal: broccoli, cantaloupe, citrus fruits and juices, kiwi, mango, potato, strawberries, peppers, tomatoes, and tomato sauce. Avoid drinking coffee or tea during meals to ensure the iron is absorbed properly.

Each food group is important!

No single food can provide all the nutrients your body needs to stay healthy. That's why it is important to eat a variety of foods every day from each of the food groups in *Canada's Food Guide*. Here's an idea to help you: Concoct your meals using foods from at least three different groups, and aim for two food groups at snacktime.

Nutritious snack ideas:

- A veggie or fruit with a piece of cheese
- A few nuts with yogurt
- One or two slices of toast spread with peanut butter
- A half-pita with humus (chickpea spread)
- A muffin with a glass of milk or enriched soy beverage
- Raw veggie sticks with cream cheese
- A handful of mixed nuts and dried fruit
- A fruit milkshake
- A hardboiled egg with a few crackers

Sarah Witty

Good fats

Some fats are good for you, and are important during pregnancy. These include fats from the omega-3 and omega-6 families of fatty acids. Your body can't produce all of these fats, which is why it is important to consume them in small quantities on a daily basis.

Many of the foods we eat contain omega-6 fatty acids, including corn oil and sunflower oil, and it's easy to get enough of them, as they are also found in many processed foods. Omega-3 fatty acids, on the other hand, are only found in certain types of foods, including:

- Fatty fish: fresh or canned salmon, rainbow trout, mackerel, sardines, herring
- Canola oil, flaxseed oil, and nut oils, as well as vinaigrettes and soft margarine (non hydrogenated) made with these oils
- Ground flaxseed, walnuts
- Omega-3–enriched foods (e.g., some milk and eggs)

Sweeteners

Some people prefer artificial sweeteners to sugar, or choose yogurt, drinks, jam, chewing gum, and other products containing sugar substitutes.

The sweeteners contained in processed foods are considered safe by Health Canada.

However, if you eat too many products containing sweeteners, there is a risk of diminishing your intake of nutritious foods that constitute a good source of energy.

Some sweeteners are not found in processed foods. They come in various formats, like packets, that you add yourself to food and drinks. Cyclamates fall under this category. Use them only if your doctor recommends it.

Drinks

Drink often to stay properly hydrated. Drinking water and eating dietary fibre helps your intestines do their job and reduces the risk of constipation. Other drink options are milk, 100% pure vegetable or fruit juice, and broth.

Caffeinated drinks

Coffee, tea, and cola-type drinks contain caffeine, as does chocolate and some medications. Do not exceed 300 mg of caffeine per day, regardless of the source. For example, if you limit your consumption of other products containing caffeine, you can drink a little over two cups of coffee a day (one cup equals 8 ounces, or 237 ml).

Energy drinks can contain as much caffeine as coffee, and sometimes a lot more. They are not recommended during pregnancy as they also contain products such as ginseng and taurine, which have not been proven safe for pregnant women.

Decaffeinated products are safe for consumption during pregnancy.

For more information go to www.phac-aspc.gc.ca/hp-gs/know-savoir/caffeine-eng.php.

Herbal teas

Certain plant-based products can have an adverse effect on pregnant women, by triggering contractions, for example. As for herbal teas, there is not enough scientific evidence to recommend their consumption by pregnant women.

According to Health Canada, the following herbal teas are generally safe when consumed in moderation, i.e., no more than two or three cups a day: orange or other citrus peel, ginger, lemon balm, and rosehip. Vary your herbal teas rather than drinking the same kind every day. Another tasty option is to add lemon juice or ginger slices to hot water.

Preventing food-borne infections

There's no such thing as a world without germs. Water and food can carry viruses, bacteria, or parasites. Microbes are also present in animals, and can make their way into fertilizers and gardens. In reality, microbes are everywhere.

Fortunately, our digestive and immune systems protect us against most of these invaders. During pregnancy, however, the immune system is somewhat modified, leaving pregnant women more vulnerable to certain infections.

Some of these infections, like listeriosis and toxoplasmosis, can also be more severe in pregnant women, and can increase the risk of problems with the fetus or newborn.

Since toxoplasmosis can also be transmitted by cats, you will find more information on this disease in the section entitled Pets, page 85.

Listeriosis and pregnancy

Listeriosis is a rare disease. It is caused by a bacteria called *Listeria monocytogenes*. It is often relatively harmless for healthy adults.

In pregnant women, the symptoms of listeriosis are often similar to those caused by the flu: fever, shivering, fatigue, headache, and muscle or joint pain. More rarely, listeriosis causes digestive problems (vomiting, nausea, cramps, diarrhea, headaches, constipation).

However, the bacteria that causes listeriosis can pass through the placenta and trigger a miscarriage in the first trimester. Later on in pregnancy, it can cause stillborn birth, premature delivery, or serious infections in the baby (blood poisoning, meningitis).

The bacteria that causes listeriosis is present in the environment. It can contaminate certain raw foods, as well as some of those that have been cooked or pasteurized. It survives and can develop in cold temperatures, i.e., refrigeration temperatures.

Foods that are most likely to transmit listeriosis include the following:

- Foods produced without a step that destroys bacteria, e.g., raw meat
- Cooked foods that share the following characteristics:
  - Foods at high risk of contamination during handling after cooking or pasteurization
  - Foods with characteristics (acidity, humidity, salt content) that promote the growth of bacteria
  - Ready-to-eat foods kept for a long time in the refrigerator

Here is an example of how foods can be contaminated: Deli meats are cooked in a factory, but can be contaminated by listeria bacteria when they are sliced. The bacteria can then multiply in the sliced meat stored in the refrigerator. Then, if enough bacteria are present and the deli meats are eaten without being recooked, the people who consume them can contract the infection.

Prevention tips for pregnant women

Pregnant women are advised to avoid certain foods that can transmit listeriosis and other food-borne infections. You'll find Health Canada's recommendations on foods to avoid and safe alternatives on the following pages.

Safe food alternatives for pregnant women

	Foods to avoid during pregnancy	Safer alternatives
Meat, game, poultry	• Raw or undercooked meat, game, and poultry (e.g., tartare, carpaccio, rare ground meat)	• Meat, game, and poultry cooked to their safe internal temperature (see Cooking foods, page 73)
	• Refrigerated pâtés and meat spreads (e.g., country-style pâté, cretons)	• Pâtés and meat spreads that do not need to be refrigerated until they are opened (e.g., that come in cans) • Homemade pâtés and meat spreads
	• Non-dried deli meats (e.g., sliced ham, mortadella, turkey breast, or sliced beef)	• Dried and salted deli meats like salami and pepperoni • Non-dried deli meats that are heated until steaming hot (they can be allowed to cool before eating)
	• Hot dog sausages that are not reheated	• Hot dog sausages that are heated until steaming hot or until they reach an internal temperature of 74°C (165°F)

	Foods to avoid during pregnancy	Safer alternatives
Fish and seafood	• Raw or undercooked fish and seafood (e.g., tartare, sushi, raw oysters)	• Fish and seafood cooked to their safe internal temperature (see Cooking foods, page 73) • Oysters, clams and mussels that are cooked until the shell has opened
	• Refrigerated smoked fish and seafood (e.g., smoked salmon or trout)	• Smoked fish and seafood that do not need to be refrigerated until they are opened (e.g., that come in cans) • Refrigerated smoked fish and seafood that has been reheated to 74°C (165°F) • Refrigerated smoked fish and seafood used in cooked dishes
Eggs and egg-based products	• Raw or runny eggs (e.g., sunny side up)	• Eggs that are well-cooked, with firm yolks and whites (e.g., omelet, boiled, scrambled)
	• Foods made with raw or undercooked eggs (e.g., homemade products like mayonnaise, Caesar salad dressing, eggnog, mousse, sauces, and cookie and cake dough)	• Store-bought dressing, mayonnaise, and sauces • Store-bought pasteurized eggs for raw egg–based recipes made at home • Dishes made with eggs cooked to an internal temperature of 74 °C (165 °F) (e.g., quiche) • Homemade eggnog heated to 71°C (160°F)

	Foods to avoid during pregnancy	Safer alternatives
Milk and dairy products	• All pasteurized and unpasteurized soft cheeses (e.g., Brie, Camembert, Feta) • All pasteurized and unpasteurized semi-soft cheeses (e.g., Saint-Paulin, Havarti) • All pasteurized and unpasteurized blue-veined cheese	• Cheese made from pasteurized milk: – Firm cheese (e.g., cheddar, Gouda, Swiss) – Cheese curds – Cottage cheese or ricotta – Cream cheese – Cheese spreads • Pasteurized and unpasteurized hard cheeses (e.g., Parmesan and Romano) • Cheese used in cooked dishes, casseroles, or au gratin
	• Raw milk and dairy products made from unpasteurized milk	• Pasteurized milk and dairy products made from pasteurized milk
Fruit and vegetables	• Unpasteurized fruit juice	• Pasteurized fruit juice • Unpasteurized fruit juice that is brought to a boil, then cooled
	• Unwashed fresh fruit and vegetables	• Fresh fruit and vegetables that have been thoroughly washed (see Preventive measures for the whole family, page 73)
	• Raw sprouts (e.g., alfalfa, clover, radish, bean sprouts)	• Cooked sprouts

Cooking foods

To be sure food is well cooked, you can use a digital food thermometer to check the internal temperature. Here are the minimum safe temperatures for killing microbes:

- Beef, veal, and lamb—whole cuts (e.g., roasts), pieces (e.g., steaks, chops) or mechanically tenderized meat: 63°C (145°F).
- Pork pieces and whole cuts (e.g., ham, loins, ribs): 71°C (160°F).
- Ground meat or meat mixtures (e.g., hamburgers, sausages, meatballs, meatloaf, casseroles): 71°C (160°F).
- Poultry (chicken, turkey, duck, and game birds):
  - Pieces, ground poultry meat or mix of poultry meats: 74°C (165°F).
  - Whole bird: 82°C (180°F).
- Fish: 70 °C (158 °F).
- Other foods—hot dogs, seafood, egg-based dishes, leftovers, stuffing, game meats: 74°C (165°F).

Preventive measures for the whole family

Certain basic practices can help reduce the risk of contracting food-borne infections, including listeriosis and toxoplasmosis. These practices are applicable at all times, not only during pregnancy.

Cleanliness

- Wash your hands thoroughly with soap before and after handling food.
- Wash all fruit and vegetables under running potable water, whether they are to be eaten raw or cooked and with or without the peel. A vegetable brush can be used for fruit and vegetables with a firm peel, such as carrots, potatoes, melons, and squash.
- Use hot soapy water to wash all plates, utensils, cutting boards, surfaces, and sinks used to prepare raw foods, especially raw meat and poultry. If they require disinfecting, mix 5 ml (1 tsp.) of bleach with 750 ml (3 cups) of water and rinse well. Putting them through a cycle in the dishwasher will also disinfect them.

Handling

- Defrost foods in the fridge or microwave, not at room temperature. Those that are too big to be defrosted in the refrigerator can be immersed in cold water in their original wrapping. Change the water regularly, e.g., every 30 minutes, to ensure it stays cold.
- Cook food right away after thawing in the microwave.
- Do not refreeze foods.
- Do not allow raw foods like meat and fish to come into contact with cooked or ready-to-eat foods. For example, do not put ready-to-eat foods on a dish or plate that was previously used for raw meat before washing it thoroughly.

Storage

- Make sure your refrigerator is set at 4°C (40°F) or colder, and the freezer at -18°C (0°F) or colder.
- Do not leave foods that should normally be kept cold or hot at room temperature for more than two hours.
- Store raw meat, poultry, and fish away from other foods.
- Don't keep leftovers any longer than four days in the fridge, or freeze them right away.
- Use foods by the best-before date, which no longer applies once the package or container is opened.

For more information on how to prevent food-borne infections, consult Health Canada's *Safe Food Handling* for Pregnant Women.

For more information on safe food preparation and preventing food-borne infections, and to consult *Le Thermoguide* (for safe storage times of perishable foods in the fridge and freezer), go to www.mapaq.gouv.qc.ca/fr/Consommation (in French only).

Preventing allergies

There's no need to exclude specific foods from your diet during pregnancy in the hopes of reducing the risk of food allergies in your newborn. By eliminating certain foods from your diet, you run the risk of depriving yourself of some of the nutrients you and your baby need. If you are worried about allergies, discuss the matter with your health professional.

Vitamin and mineral supplements

Food is by far the best possible source of nutrients, including during pregnancy. Vitamin and mineral supplements can never replace a nutritious and varied diet. The supplements your health professional may propose are designed to complement your diet, and are a simply a way of ensuring you get all the nutrients you need during your pregnancy.

Folic acid and iron

Taking a folic acid supplement helps reduce your baby's risk of developing a **neural tube** malformation such as **spina bifida** or other **birth defects**.

Women are advised to start taking a multivitamin that contains folic acid two to three months before getting pregnant and to continue taking it throughout pregnancy and after giving birth. Make sure that the multivitamin contains at least 0.4 mg of folic acid.

Pregnant women are also advised to ensure that their multivitamin contains between 16 mg and 20 mg of iron. Iron deficiency can lead to anemia in expectant mothers and cause health problems for their baby.

Tips

- Some women may need more folic acid or iron than others. Consult your health professional to find out the right quantity for you.
- Talk to your health professional before taking any vitamin or mineral supplements he or she has not specifically recommended. The same applies to all other natural health products.
- Iron supplements can cause constipation or digestive problems in some people. If this is the case for you, you will find tips on page 105 to help alleviate these discomforts. You can also make a point of taking the supplement with food.

▶ **Neural tube:** Part of the embryo that develops into the brain and spinal cord (inside the spinal column).
▶ **Spina bifida:** Birth defect of the spinal column.
▶ **Birth defect:** Abnormality existing at birth but that developed during pregnancy.

Always follow the recommended daily dosage for the product you are taking. When taken in overly large doses, certain vitamins and minerals, such as vitamin A, can adversely affect your baby's development.

For more about nutrition

Eating Well with Canada's Food Guide

- This guide gives the recommended number of servings and serving sizes. You can pick up a copy from your CLSC, order it from Health Canada, or consult it online at www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php.
- There is also a special version of the guide for First Nations, Inuit, and Métis: www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index-eng.php.
- It is possible to print out a personalized version of *Canada's Food Guide* in various different languages.

Being active

Being physically active during pregnancy will boost both your physical and psychological well-being. Physical activity helps make you feel more energetic and prevents you from feeling short of breath.

If you are already physically active, you've got every reason to keep it up. If you are sedentary, that is, if you're not the active type, start slowly and build up gradually. Opt for activities that correspond to your fitness level and stage of pregnancy.

Don't worry—physical activity does not increase the risk of miscarriage or health problems for your baby! In fact, women who are active during pregnancy tend to adapt better to the physical changes of pregnancy and recover faster after giving birth.

Frédéric Ollendorff

Women who are active during pregnancy tend to adapt better to the physical changes of pregnancy and recover faster after giving birth.

If yours is a normal pregnancy, you will be able to stay fit by partaking regularly in moderately intense activities like walking, swimming, aquafitness, biking, stationary cycling, cross country skiing, or snowshoeing. You can also add stretching, and posture and muscle strengthening exercises to your routine. Relaxation exercises will help you control your breathing and improve oxygen intake to your baby.

Pregnant women are advised to avoid taking part in extreme sports and scuba diving. Sports and activities that can expose you to falls or impacts are also not recommended. Women athletes who wish to continue training intensively during pregnancy should do so under the supervision of a physician.

Your health professional can give you advice if you have a pregnancy-related health problem or don't feel capable of being physically active.

For more information on physical activity during pregnancy and examples of exercises you can do, pick up a copy of the Kino-Québec pamphlet *Active pour la vie* available at your CLSC and in medical clinics. You can also consult it online at www.kino-quebec.qc.ca (in French only).

Work

If you are pregnant or breast-feeding and your working conditions are potentially dangerous to your health or that of your baby, or if you simply have concerns about this matter, discuss it with a physician. He or she will ask an occupational health doctor to assess whether your work presents risks with regard to pregnancy or breast-feeding. If so, you will be eligible for For a Safe Maternity Experience program. For more about this program and your rights, see page 715.

Tobacco, alcohol, and drugs

During your pregnancy, your health professional will ask you whether you smoke, drink alcohol, or use drugs. You may feel guilty or uncomfortable, or worry about being judged if you reply in the affirmative. Rest assured, the only purpose of these questions is to give you an opportunity to

- Get the information you need
- Talk about concerns you may have about the impacts of these habits on your health and that of your unborn baby
- Seek help if you want to quit
- Be referred to specialists if you need additional help

It's not always easy to quit smoking, drinking, or using drugs.

Ask for advice or help from a health professional.

Tobacco

Pregnant women are advised not to smoke cigarettes or expose themselves to second-hand smoke (from other smokers), as there is a real danger for the health of the fetus, the baby, and the mom.

Smoking interferes with the development of the fetus and can impact the pregnancy in the following ways:

- It increases the risk of placental abruption (detachment of the placenta), premature rupture of the amniotic sac, and premature birth.
- It can slow fetal growth and result in lower birth weight.
- It increases the risk of having a stillborn baby or a baby who dies in the days following birth.
- It also increases the risk of **sudden infant death syndrome**.

▶ **Sudden infant death syndrome:** The unexplainable sudden death of an apparently healthy newborn under the age of one.

Pregnancy is an ideal time to quit smoking. Friends and family who smoke can help you by not smoking around you. This is also a good time for the dad-to-be to quit smoking too!

It's never too late to quit smoking. Your baby will benefit, regardless of when during your pregnancy you actually quit.

For most smokers, smoking is an addiction that can be hard to kick. A telephone helpline, website, and numerous quit-smoking centres offer their services free of charge to the public. To reach the telephone helpline and to find the center nearest you:

iQuitnow
1-866-527-7383
www.iquitnow.qc.ca

Alcohol

Pregnant women are advised to avoid drinking alcohol.

The more alcohol you drink, the greater the potential harm to your baby. Binge drinking and regular consumption of alcohol are especially harmful to your baby. The exact effects of occasional consumption of small amounts of alcohol are not known.

The effect of alcohol on the baby is the same, regardless of the type of drink—beer, wine, or spirits.

! The placenta does not filter alcohol: alcohol passes directly from the mother's blood to the baby's blood through the placenta.

Fetal alcohol syndrome

The consumption of alcohol during pregnancy can cause various problems referred to globally as fetal alcohol spectrum disorder (FASD). One of these disorders—fetal alcohol syndrome—is especially severe. The severity of the disorders depends on various factors, including the amount of alcohol consumed and the concentration of alcohol in the mother's blood at a given moment.

Children with fetal alcohol syndrome present the following symptoms:

- Lower than normal size and weight
- Facial deformations
- Brain damage

Alcohol can have numerous harmful effects on pregnancy: it can cause miscarriage, or stillborn or premature birth. Alcohol also increases the risk of slow growth and birth defects in babies.

Take advantage of your pregnancy to discover non-alcoholic drinks or cocktails that can be just as tasty!

The brain is the organ most sensitive to alcohol, and it develops throughout pregnancy. Alcohol can cause brain damage, which can result in the child developing learning, memory, attention, problem-solving, and behavioural problems.

Like many women, you may have consumed alcohol in the early days of your pregnancy before you knew you were pregnant. If you have concerns, you can talk to your health professional or call the Motherisk helpline for advice (in English and French) at 1-877-327-4636.

Tip

Take advantage or your pregnancy to discover non-alcoholic drinks or cocktails that can be just as tasty!

- Sparkling fruit-based drinks (apple, peach, or other)

- Exotic fruit juice diluted with sparkling mineral water, ginger ale, or lime soda
- Fresh or frozen fruit juice
- A slice of lemon, orange, or melon to garnish
- Frozen strawberries, raspberries, or blueberries as ice cubes

Cannabis and other drugs

Pregnant women are advised to avoid taking drugs and exposing themselves to second-hand drug smoke.

The effects of drugs on the unborn baby depend on three factors: the type of drug used, the amount consumed, and the moment the drugs are consumed.

Babies whose mothers took drugs during pregnancy can suffer withdrawal symptoms at birth. And since drugs bought on the street are illegal, there is no way to know or check exactly what is in them. This increases the risks associated with the use of these drugs.

The exact effects of cannabis consumption (marijuana and other cannabis by-products) during pregnancy are still not well understood, but are a matter of concern. Cannabis may interfere with the development of the fetus and, later on, the child. What's more, since cannabis is a drug that is usually smoked, it may have the same effects as tobacco on the fetus. It is therefore recommended that pregnant women not consume cannabis during pregnancy.

Cocaine can cause bleeding or placental detachment in pregnant women, which can, in turn, lead to the death of the fetus or premature birth.

Got questions or concerns? Need help?

If you have questions or concerns about your consumption of alcohol or drugs or you need help to quit, you can

- Talk about it with a health professional
- Call the Drugs, Help and Referral 24/7 hotline at 514-527-2626 or 1-800-265-2626, or go to www.drogue-aidereference.qc.ca
- Call free of charge Motherisk, an organization that answers queries from the public and health professionals on the effects of alcohol and drugs during pregnancy and breast-feeding: 1-877-327-4636, www.motherisk.org

For information on fetal alcohol syndrome, you can contact

SAFERA
An organization dedicated to the prevention of fetal alcohol syndrome.
418-830-1888 / 418-800-1235
info@safera.net
www.safera.net (in French only)

Household products

Cleaning products

Pregnant women can safely use common household cleaning products like dishwasher detergent, laundry detergent, window cleaner, and all-purpose cleaning products. Corrosive products such as bleach and oven cleaners can irritate (and even burn) the respiratory tract, but do not harm your baby if inhaled in low concentrations.

Heavy-duty cleaning products and air fresheners that contain solvents release toxic substances that can linger in the air in your home several hours after use. As a precautionary measure, pregnant women should only use such products when absolutely necessary.

It is important to always read and follow product instructions.

Paint and paint remover

Most interior paints are latex based, which means they are thinned with water. Latex paints are considered safe for women exposed to them on an occasional basis during pregnancy.

Avoid using oil-based paints as they contain solvents that are harmful to the unborn baby. It is however highly unlikely that you will harm your baby by spending a short period of time (up to a few hours) in a room that has been freshly painted, especially if the room has been well ventilated.

Avoid stripping paint using a sander or paint remover. You could expose yourself to old paint that contains lead or to the toxic chemical products contained in paint remover.

Pets

Got a cat at home? That's not a problem, except that your four-legged friend could be carrying the toxoplasma parasite. Cats can contract this parasite by eating contaminated meat like mice or uncooked meat.

To reduce the risk of having your cat pass on the parasite to you, have someone else clean the cat's litter box. If no-one else is available to clean it, wear disposable plastic gloves and wash your hands thoroughly afterwards.

You can also reduce the risk of transmission if the litter box is cleaned daily, since parasites present in cat feces take 1 to 5 days before becoming infectious. If you don't have a cat and would like to get one, consider waiting until after you give birth.

Like to garden? Keep in mind that cats and other animals may have buried their feces in your garden. As a precautionary measure, wear gloves when gardening and when handling soil and sand. Wash your hands well after gardening and thoroughly wash all vegetables and fruit that may have been in contact with soil.

The toxoplasma parasite can also be found in raw meat. The usual methods for reducing the risk of food-borne infections can also lower the risk of toxoplasmosis. These methods are explained in the section on Preventing food-borne infections, page 68.

X-rays

You may require x-rays during pregnancy. If you are pregnant, or think you might be, inform your doctor or dentist. He or she will be able to determine whether the benefits of the x-ray outweigh the risks for you and the baby you are carrying. It may be possible to put off the x-ray until later or replace it with other tests. In some cases, it may be riskier not to have an important x-ray than to be exposed to the rays.

At your first prenatal visit, let your health professional know if you had any x-rays before learning you were pregnant. If you must have an x-ray while you're pregnant, tell the medical technician that you are pregnant so that he or she takes all the possible safety precautions, like having you wear a lead apron, for example.

Travel and trips

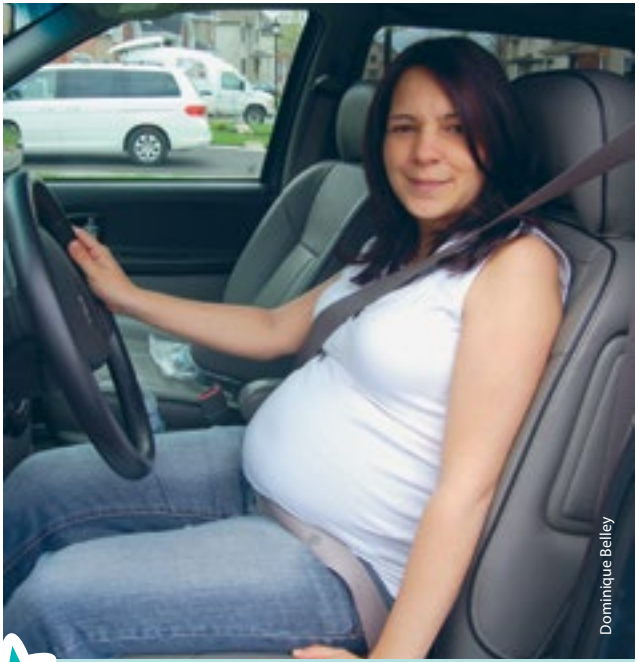
Car safety

The Highway Safety Code stipulates that all occupants of a vehicle must wear a seat belt. A properly-worn seat belt can prevent trauma (injury) in the event of an accident.

Overseas travel

Before travelling overseas you can talk with the health professional monitoring your pregnancy about your planned destination, the duration of your visit, any vaccines you may require, and your planned itinerary. He or she will also be able to adjust your prenatal care accordingly.

Check that your insurance policy covers your medical costs in the event you have to be hospitalized or give birth in another country. Also check before you leave that your baby is insured too.



You must wear your seat belt throughout your pregnancy. The lap belt should be worn snug around your hips, below your belly.

This coverage is even more essential in the event of a premature birth, as a stay in intensive care can be very expensive. Régie de l'assurance maladie du Québec reimburses the equivalent of the cost of the care you would have received in Québec. Since such care can be more costly overseas, you (if you and your baby are not insured) or your insurer could end up with a big bill to pay.

Air travel

There are no international regulations preventing pregnant women from travelling by plane. However, each airline has its own rules, so it's a good idea to check with the airline you wish to fly with before buying your ticket.

Bring along a signed note from your health professional indicating your due date and a brief overview of your health and pregnancy status, as the airline may require you to present it.

If you have any questions or concerns about anything to do with your daily life, you can contact

Info-Santé
8-1-1: Throughout Québec except in northern Québec (Terres-Cries-de-la-Baie-James and Nunavik).
sante.gouv.qc.ca/en/systeme-sante-en-bref/info-sante-8-1-1

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418-682-6222 / 1-877-662-9666
www.sosgrossesse.ca (in French only)

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Health during pregnancy

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Professionals and services

Health professionals

Throughout your pregnancy you have access to a variety of health professionals who will help care for you and your baby. There is also a whole range of services available that can help you through this important period of your life.

Access to health professionals, hospitals and birthing centres, birthing coaches, and prenatal classes and activities varies by region. For information about the services available in your area, contact a health professional at a local hospital, clinic, or CLSC.

Health professionals who provide prenatal care and attend deliveries include some family doctors, midwives, and obstetrician/gynecologists. Since 2007, primary health care nurse practitioners have also been authorized to provide pre- and post-natal care. In addition, you will meet nurses at your prenatal classes, your CLSC, in medical clinics or hospital high-risk pregnancy clinics (GAREs), and during your labour and delivery.

If you're thinking about giving birth at home or at a birthing centre, contact your local CLSC at the start of your pregnancy to find out if midwife services are available in your area.

Many health professionals work as a team. You can ask your health professional how his or her team works and who will be there for the birth of your baby. It is important that you trust and feel supported by your health professional. Feel free to ask even the most basic questions.

You have the right to change healthcare professionals at any time during your pregnancy. If you do so, make sure to have your file transferred so you and your baby receive seamless, quality care.

Other health professionals who are not directly involved in providing prenatal care may also be of help, such as nutritionists, pharmacists, psychologists, social workers, and sex therapists.

Doulas

Doulas help women during their pregnancy and delivery. They can provide additional support and information, even if they are not technically health professionals. They can also provide assistance after your baby is born.

If you would like to have a doula, it is important to choose someone you and your partner trust and feel comfortable expressing your needs to during your pregnancy and delivery.

It is best to inform your health professional if you intend to have a doula present at the delivery. Keep in mind that doulas often charge for their services. Fees vary by organization and may also depend on your financial resources.

CLSCs

Centres locaux de services communautaires (CLSCs) are the gateway to health and social services for everyone. They offer a wide range of services to pregnant women and parents. Services may vary by region, but all CLSCs provide care for families.

CLSCs can also inform you of the services available in your region and help answer any questions you have about your health and well-being. A few days after the birth, a CLSC nurse may visit you at home to make sure everything is going well for you and your baby.

Pascale Turcotte

CLSCs offer a variety of services and can also refer you to other organizations.

Your CLSC works in collaboration with childcare centres known as centres de la petite enfance (CPEs) to provide any help you may need. It also works with community organizations that support families. It can refer you to resources in your community as required.

After your baby has arrived, your CLSC will be there for you too! It can help you adjust to motherhood or fatherhood by offering services such as home visits, respite care, nursing support, parental support, and parent–child stimulation groups. If needed, you can also meet with social workers at your CLSC.

If you are experiencing financial hardship, you may be eligible for the OLO program. It provides low-income pregnant women with one egg, a litre of milk, a glass of orange juice, and a vitamin and mineral supplement each day, free of charge. This program also offers the personalized services of a nurse or nutritionist.

To find the CLSC in your area
Visit sante.gouv.qc.ca/en/systeme-sante-en-bref/csss.

Info-Santé

Info-Santé is a free, 24-hour health hotline available in most regions throughout Québec. You can call Info-Santé at any time to talk with a nurse about any health issues you may have. This service is provided through CLSCs.

For more information about this service, go to sante.gouv.qc.ca/en/systeme-sante-en-bref/info-sante-8-1-1.

To call Info-Santé from anywhere in Québec (except northern Québec: Terres-Cries-de-la-Baie-James and Nunavik), dial 8-1-1.

Prenatal classes and activities

Prenatal classes are designed to answer your questions about things like pregnancy, labour, delivery, breast-feeding, and newborn care. This information is generally provided during meetings, and fathers are encouraged to attend. Classes are also an opportunity to talk with people who are going through the same things you are.

Yoga, aerobics, aqua fitness, and other classes are great opportunities to have fun, get moving, meet other parents-to-be, and obtain useful information during your pregnancy. Many CLSCs and community and private organizations offer activities for expectant mothers. Course philosophy, start dates, length, number of students, and costs vary from one organization to the next. Some activities are for women only, while others are open to couples.

To find out what is available in your area, ask your health professional or contact your CLSC.

Health care

Medication and natural health products

! Care should be exercised when considering taking any prescription or over-the-counter (OTC) medication or natural health product during pregnancy. Some may be ineffective, dangerous during pregnancy, or harmful for your baby.

If you are pregnant or would like to get pregnant and you take prescription or over-the-counter medication or natural health products, talk to your health professional to see whether you should continue, stop, or change what you are taking.

If you are experiencing discomfort or health problems, it is important to recognize the situation and to choose the treatment best suited to your condition and the stage of your pregnancy. Many people think it is dangerous to take medication during pregnancy. But thanks to research and experience, most illnesses can be treated during pregnancy.

Be just as careful with natural health products (plants, supplements, and vitamins) as with conventional medication. Plants used for cooking, like parsley, basil, and garlic, are generally harmless. But in capsule, tablet, tincture, or extract form, these plants can be more concentrated than when they are used in food.

The effects of natural health products at high concentrations are not always known. There may be concerns about potential risks given the lack of data on their use during pregnancy. Furthermore, their exact contents are not always clearly indicated on packaging. Some ingredients could be toxic during pregnancy.

Here are some common situations and some general advice to help you make the right decisions about taking medication during pregnancy.

Medication and pregnancy

Situation	What to do?
You want to get pregnant and you are taking medication for a specific problem like • Anxiety • Epilepsy • Hypertension • Depression • Asthma • Diabetes	Talk to your doctor when you are planning to get pregnant.
You are pregnant and you are taking medication.	Talk to your doctor right away to find out whether you should continue, stop, or change your treatment.
You were taking medication before you found out you were pregnant, but are not taking it any more.	At your first appointment, tell your health professional what medications you were taking.
You have a health problem during pregnancy.	See a health professional right away for a health evaluation.

Things to know
• Your medication may be adjusted.
• Although some medications must be discontinued as soon as possible during pregnancy, don't stop treatment out of fear of harming your baby or endangering your pregnancy without first consulting a professional. For some problems, stopping your treatment could cause more complications for you and your baby than the medication itself. • A doctor or pharmacist can tell you if your medication needs to be adjusted.
• As a general rule, few medications have an effect on the baby at such an early stage. • Ask your doctor or pharmacist for more information about your medication and its effects.
• Most infections and chronic problems can be treated with medication during pregnancy. • Pain can also be relieved. • Do not let your health deteriorate because you are afraid of taking medication.

During pregnancy, ask a health professional before taking any prescription or over-the-counter drugs or natural health products.

Common discomforts of pregnancy

Your body changes throughout your pregnancy. These changes sometimes cause discomfort that are generally harmless, but can sometimes be hard to bear. The tables below outline some common types of discomforts as well as tips for relieving them.

Some over-the-counter medication can sometimes be taken for a short time. Talk to a health professional before taking any OTC medication. He or she may

- Suggest ways to relieve your discomforts without medication
- Check whether you are taking other products that should not be taken with OTC medication (drug interactions)
- Advise you about OTC medication that can be taken during pregnancy
  - Explain the best way to take it
  - Tell you the maximum dosage
  - Indicate how long you can take it

If these tips don't help you feel better, if your condition worsens, or if you have any concerns, call a health professional right away.

Fatigue

Description	What to do?
• When: – Common from the beginning of pregnancy until the end of the 1st trimester – May come back in the 3rd trimester • Likely causes in the 1st trimester: – Increased progesterone – Waking to urinate – Diminished nutrition due to nausea and vomiting – Mood swings and anxiety – Decreased caffeine intake • Likely causes in the 3rd trimester: – Lower back pain – Heartburn and acid reflux – Leg cramps – Difficulty finding a comfortable position – Waking to urinate – Emotions and concerns about the delivery	• Try to get more sleep at night (8–10 hours) • Take naps if possible • Eat a balanced diet • Drink enough water to stay hydrated • Try to get some exercise • Get help if you can **Not feeling better?** Talk to your health professional.

Nausea and vomiting

Description	What to do?	Not feeling better?
• Likely cause: hormonal changes • Frequency: – Nausea: 70% to 85% of pregnant women – Vomiting: 50% of pregnant women • When: – They generally appear between the 4th and 8th week after the start of the last period – They often peak around the 9th week of pregnancy – They are rare after the 20th week	• Try to rest • Eat what you want • Avoid getting hungry (going a long time without eating) • See if it helps to: – Eat smaller amounts more often (small meals and snacks) – Avoid strong odours and food textures that make you queasy – Avoid drinking when you are eating or feeling nauseated – drink between meals instead – Eat a little bit before you get up in the morning – pregnant women are often advised to eat crackers or toast – Get out of bed slowly	Talk to your health professional if: • The nausea or vomiting is interfering with your daily life. Your health professional may recommend taking over-the-counter or prescription medication that is safe for you and your baby to relieve your symptoms (e.g., Diclectin®) • You are losing weight It is important to see a doctor and get treatment rapidly if: • You show signs of dehydration: dry mouth and nose, dark urine • You have severe, persistent vomiting

Leg cramps

Description	What to do?
• Cause: acid build-up (lactic and pyruvic acids) in the leg muscles. This build-up causes harmless but extremely painful cramps. They occur mostly at night. • Frequency: over 50% of pregnant women • When: during the second half of pregnancy	When you have a cramp, you can: • Stretch your leg by pointing your toes upward • Massage the affected muscles • Get out of bed • Walk around Don't worry if you feel slightly sore the next day; it is nothing serious. **Not feeling better?** See your health professional.

Heartburn and acid reflux

Description	What to do?
• Possible cause: Hormonal changes associated with pregnancy which slow digestion, causing stomach fluids to move up into the esophagus. • When: From the start of pregnancy. They can get worse as the pregnancy progresses.	You can: • Avoid lying down after meals • Sleep with your head elevated • Wear loose clothing • Change your diet: – Eat smaller amounts more often (small meals and snacks) – Reduce your intake of fatty foods – Avoid stomach irritants like caffeine and spices – Avoid eating or drinking a lot before going to bed **Not feeling better?** • You can temporarily take an antacid like a calcium bicarbonate-based product (e.g., Tums®). • Talk to your health professional if: – Relief is only temporary – Symptoms persist despite taking antacids – You have to take antacids regularly over the course of several days – Your symptoms are accompanied by fever, nausea, and severe vomiting or headaches

Constipation and hemorrhoids

Description	What to do?
• Causes of constipation: – Pregnancy-related hormonal changes that slow digestion – Iron supplements – Hemorrhoids • Cause of hemorrhoids: the growing uterus puts pressure on the veins, which makes them swell • When: mostly in the 2nd and 3rd trimesters of pregnancy	• Eat fibre-rich foods: bran and wholegrain cereal has a lot of fibre • Eat dried fruit and fresh fruits and vegetables and drink prune juice • Increase your daily water intake • If you have hemorrhoids, you can take sitz baths. Applying zinc cream or witch-hazel compresses on hemorrhoids can sometimes relieve the pain **Not feeling better?** Talk to your health professional, who may prescribe a more effective hemorrhoid ointment or suggest that you: • Take dietary fibre or psyllium supplements (e.g., Metamucil®). If you do, make sure to drink plenty of fluids to avoid making the constipation worse • Take a stool softener (e.g., docusate)

Numbness and pain in the hands

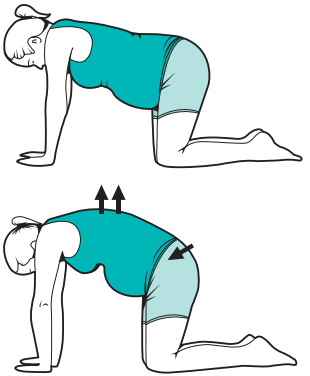
Description	What to do?
• Likely causes: fluid retention in the body (oedema or swelling), which pinches the median nerve in the wrist • Frequency: 25% of pregnant women • When: especially in the 3rd trimester and mostly at night • Distinctive feature: often affects both hands	• These problems are harmless and will go away after the baby is born • If symptoms are bothersome or painful, you can try an orthotic device or a wrist protector like the ones worn for rollerblading. Wear them whenever you feel pain or swelling, a few hours a day or at night
	Not feeling better?
	Talk to a doctor if: • You experience weakness in your hand • The problem persists after the birth of the baby

Back pain

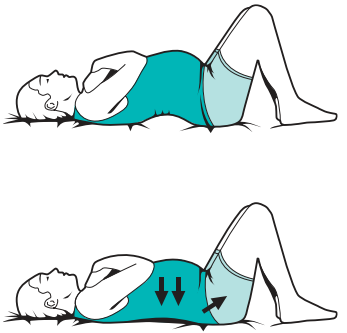
Description	What to do?
• Likely causes: – Lordosis, i.e., arching of the back to compensate for abdominal weight – Ligamentous hyperlaxity: all the body's ligaments are more relaxed during pregnancy, including pelvic ligaments • Frequency: about 75% of pregnant women	The following exercises, when done regularly, can help prevent or relieve back pain during pregnancy. You can: • Exercise in the pool, e.g., aqua fitness or swimming • Exercise at home or during your daily activities: pelvic tilts while lying down or standing, round back stretch (see illustrations page 108) **Not feeling better?** • You can take acetaminophen for a few days to relieve the pain • If the pain persists, increases, or spreads to your legs, talk to your health professional • If you are at the end of your pregnancy and you are having back pain that spreads to your abdomen or comes and goes regularly, you may be experiencing your first contractions (see Recognizing the start of labour, page 169)

Back exercises

Round back stretch



Pelvic tilts



Illustrations: Luz design+communications

Treating common health problems

While you are pregnant, you may wonder about the best way to deal with problems that are unrelated to your pregnancy. Some problems can be more common or more bothersome during this period.

Oftentimes minor health problems do not need to be treated with medication. The table below contains advice on how to find relief. If you think you need to take medication while you are pregnant, talk to your midwife or doctor first. You can also ask your pharmacist.

! If you have to take acetaminophen, make sure not to confuse it with aspirin or ibuprofen (Motrin® or Advil®). Aspirin and ibuprofen cannot be taken at all times during pregnancy. Only take them if your health professional recommends them.

Common health problems

Problem	Possible solutions	Talk to your health professional if:
Cold Nasal congestion Sore throat	• Use a nasal saline solution (e.g., Salinex®) • If this does not help, you can use a nasal decongestant spray (e.g., Otrivin®) for up to three days. Extended use of this product could make nasal congestion worse • You can gargle with salt water • If the pain is severe, you can take acetaminophen for a few days	• Your cough or sore throat lasts for more than three days • You have a fever (see page 129) • Your general health worsens • You have any concerns
Headache	• Rest • If the pain is severe, you can take acetaminophen for a few days	• Your headaches last for more than three days • You have a fever (see page 129) • Your headaches are accompanied by other symptoms like stomach pains, vision problems, nausea or vomiting, or drowsiness • Your general health worsens • You have any concerns

Problem	When to talk to your health professional?
Symptoms of urinary tract infection	Many pregnant women feel the need to urinate more frequently and in smaller amounts than they did before they were pregnant. Talk to your health professional to see if you could have a urinary tract infection if you: • Have trouble starting to urinate • Feel a burning sensation when you urinate • Go to the bathroom to urinate just a few drops • Feel the need to go again right after urinating • Have pain in your lower abdomen, especially after urinating • See blood in your urine You may have a urinary tract infection even if you do not have any of these symptoms. It can be diagnosed through a urine test during your regular check-up.
Symptoms of vaginitis	Pregnant women often have more vaginal discharge than usual. Talk to your health professional to see if it could be vaginitis and get treatment if you: • Feel a burning sensation in the vulva when you urinate or have intercourse • Have itching in the vulva area • Notice a change in the color or odour of your discharge

Contact with people with a contagious disease

Pregnant women may worry about infections, especially those that cause skin rashes (spots and small pimples on the skin) and are more commonly found in children. These symptoms can be caused by a number of diseases.

Fifth disease (also known as erythema infectiosum or parvovirus B19 infection)

Thanks to their **antibodies**, over half of pregnant women in North America are protected against fifth disease, and so are their fetuses.

If an unprotected pregnant woman contracts fifth disease before the 20th week of pregnancy, there is a chance the fetus may become infected. In this case, the fetus could become severely anaemic, leading to miscarriage. After 20 weeks, there is virtually no risk of transmission or complication.

There are no known cases of congenital defects due to fifth disease.

If you come into contact with someone with fifth disease, talk to your health professional. He or she will be able to assess your situation. If needed, he or she may order tests to see if you are protected against the disease and monitor you more closely.

▶ **Antibodies:** Substances made by the body to fight off disease. Also called immunoglobulins.

Chickenpox

Chickenpox is generally a harmless disease found in children, but when it is contracted by a pregnant woman it can cause complications for the mother and baby. The childhood vaccination for chickenpox reduces the risk of exposure for pregnant women. Here is what you should do if you come into contact with a person with chickenpox:

- If you have already had chickenpox, you can rest assured that your baby is at no risk.
- If you've never had chickenpox or aren't sure if you've had it, see a doctor within 48 hours. He or she will evaluate whether or not you're protected against the disease. If you were born in North America, there is a more than 90% chance that you are protected.
- If you aren't protected against chickenpox, you will be given antibodies to help keep you from getting the disease or reduce its intensity if you do get it.
- Depending on your situation, you may be vaccinated after you give birth.

Rubella (German measles)

Thanks to the rubella vaccination, German measles is very rare in Québec and the rest of Canada. It's unlikely that you'll come into contact with someone who has this disease. If you think you have been, see a doctor (see also Blood tests and urine analyses, page 118).

Measles

Measles is a very contagious disease. Pregnant women with measles can have a more serious form of the disease and a greater risk of miscarrying or not carrying their baby to term. There have been no reported cases of congenital defect due to measles, however.

If you have been in contact with a person with measles, contact your doctor, CLSC, or Info-Santé to find out if you are protected against the disease.

If you are not adequately protected against measles, you may receive an antibody injection. These antibodies may prevent measles or reduce the severity of the disease if administered within seven days of contact with a contagious person.

If you get measles while pregnant, see a doctor immediately. He or she will be able to assess your situation and monitor you. Treatment mainly consists of lowering fever and minimizing complications.

Other contagious diseases

If you've been in contact with someone who has pertussis (whooping cough) in the 3 weeks before your due date, see a doctor. He or she will evaluate the situation and will prescribe antibiotics to prevent an infection if need be.

If you come into contact with a person with one of the following contagious diseases, there is no particular danger for your pregnancy or your baby: roseola, hand-foot-mouth disease and scarlet fever.

However, if you are sick and you have any symptoms that may be caused by one of these contagious diseases, see a doctor so he or she can make an exact diagnosis, give you the information you need, and provide appropriate treatment to relieve fever or other symptoms.

Flu (influenza) vaccine

Pregnant women in the second trimester and especially the third trimester are more likely to suffer flu complications and be hospitalized. They may also transmit the flu to their baby. That is why it is recommended that you get the flu vaccine at the start of your second trimester (13 weeks). If you have a chronic health condition, you should get the flu vaccine as soon as possible during your pregnancy.

Oral and dental health

Life goes on during pregnancy, and you may need oral or dental care at some point. Hormonal changes make your gums more sensitive, meaning they may become swollen or bleed more easily. This condition is called pregnancy gingivitis. In addition to brushing regularly, you should floss daily. Though your gums may bleed at the beginning, bleeding will go away quickly with proper oral hygiene. Talk to your dentist if needed.

You can continue to see your dentist; just make sure to tell him or her that you are pregnant. If you need dental care, your dentist may tell you when during your pregnancy it is best to receive the treatment you need. He or she may also decide to postpone non-urgent treatment until after the baby is born. And although the best time to get dental care is during the second trimester, you can have cavities, abscesses, and other urgent problems treated at any time during your pregnancy.

If needed, your dentist can X-ray your teeth if he or she covers your abdomen with a lead apron to protect your baby.

When treatment is needed, your dentist may also give you a local anaesthesia ("freeze" you) and prescribe antibiotics in case of infection.

Prenatal care

Prenatal care includes

- Appointments with your health professional
- Blood tests, urine analyses, and vaginal swabs
- One or more ultrasounds
- Screening tests (in some cases)

Regular visits enable your health professional to ensure that your pregnancy is going well and to screen for certain problems that could occur. These visits should also give you the opportunity to get answers to your questions.

Remember, at any time you can

- Ask for an explanation of any tests or examinations your health professional wants to perform
- Seek a second opinion from another health professional if you have any concerns
- View your file

Fathers can also attend prenatal appointments and ask their own questions.

To prepare for your next appointment, write down questions you want to ask your health professional as you think of them so you don't forget.

Frequency of prenatal visits

The frequency of prenatal visits may vary. If you have a specific health problem, more frequent visits may be necessary, but generally visits will be scheduled as follows:

- Before 12 weeks: first visit
- Between 12 and 30 weeks: one visit every 4 to 6 weeks
- Between 31 and 36 weeks: one visit every 2 to 3 weeks
- From 37 weeks until the baby is born: one visit per week

Description of prenatal visits

At every appointment, your health professional will check

- Your weight
- Your blood pressure
- The size of your uterus (starting around 20 weeks)
- The baby's heartbeat; although it cannot be heard until 10 to 12 weeks, your baby's heart began beating 21 or 22 days after conception, i.e., 5 weeks after the start of your last menstrual period

Usually the first prenatal appointment will take place between the 8th and 12th week of pregnancy. This gives parents time to arrange for tests like genetic screening if they wish, as these tests should ideally be performed between the 11th and 13th week of pregnancy.

This first visit generally lasts longer than subsequent appointments because your health professional will need time to ask questions about your health history and evaluate your baseline condition at the start of your pregnancy.

Do you have questions? Are you hesitant to have some tests done? Do you think other tests might be helpful? Now is the time to bring these questions up with your health professional so you can make informed decisions.

Questions to expect

At your first prenatal visit, your health professional will probably ask about the following:

- The date of your last menstrual period in order to determine your due date and how many weeks pregnant you are

- Your health before and since the start of your pregnancy. You may also be asked whether you have taken any medication, suffered from allergies, had any operations or problems related to anaesthesia or physical illness, or if you have ever suffered from depression or any other physical or mental health problem
- If you have ever been pregnant before, including any miscarriages or abortions
- Your family history and the family history of the baby's father. You will be asked what diseases run in your family and the father's family, including things like heart disease, congenital defects, and hereditary diseases
- If you have ever had gynecological problems, such as cervical surgery, or if you or your partner have herpes
- What your living conditions and lifestyle are like (tobacco, alcohol, and drug use)
- If there are any sources of stress in your life, and if so, what kind
- What type of work you do in order to determine if it poses any risks during pregnancy

Physical and gynaecological examinations

A full physical exam will be performed at your first visit.

If you have not had one in recent months, a gynecological examination will be done to screen for cervical cancer (pap smear). This examination can also be done later in pregnancy or after the baby is born.

Your health professional may also recommend screening for sexually transmitted infections (STIs) like chlamydia and gonorrhoea. Many of these diseases can go undetected and affect your health and that of your baby. If you want to check whether you have an STI, you can ask your health professional to perform a screening test. If you have any concerns on these matters, you can discuss them with him.

At around 36 weeks your health professional may also recommend having a vaginal swab taken to check for Group B Streptococcus. This type of bacteria poses no problems for the mother, but can in rare cases harm the baby if it is not treated. If it is present, you will be treated with antibiotics during labour.

You may notice light bleeding within 24 hours of the gynaecological examination. Don't worry, the bleeding is not from the uterus but from the cervix, which is more sensitive during pregnancy.

Blood tests and urine analyses

During your visits, your health professional may prescribe lab tests and give you information about blood tests, urine analyses, ultrasounds, and screening for congenital defects.

Blood tests and urine analyses are used to determine

- If you are anaemic
- If you have an infectious disease that you could transmit to your baby
  - If you have an infectious disease like syphilis, HIV/AIDS, or Hepatitis B, you may be given medication during pregnancy or your baby may be vaccinated at birth to eliminate or reduce the risk of the infection being transmitted to the baby.
- If your blood glucose (blood sugar level) is normal

- Your blood type and **rhesus factor** (or Rh factor)
  - For example, if you are Rh negative, some precautions must be taken. You may be given anti-Rh immunoglobulin (also called WinRho®) at 28 weeks and possibly after the delivery. This treatment will prevent you from developing anti-RH antibodies that could endanger this or a future pregnancy. You may be given WinRho® for other reasons as well, for instance if you have a miscarriage, undergo **amniocentesis**, or you have bleeding.
- If you have anti-rubella antibodies
  - If you do not have these antibodies and have never been vaccinated against rubella, you will probably be advised to get the vaccine after the baby is born.
- If you have a urinary tract infection, even if you have no symptoms

▶ **Rhesus (Rh) factor:** One of the characteristics of blood. You are either Rh positive or Rh negative.
▶ **Amniocentesis:** Procedure that involves taking a sample of amniotic fluid for analysis.

Ultrasound

Ultrasound is a type of exam that will be offered by your health professional. Ultrasound enables your health professionnal to:

- Determine how far along you are (especially if you have irregular cycles or are unsure of the date of your last period)
- Check that your baby is the right size for his/her age
- See most of your baby's organs (heart, liver, kidneys, stomach, bladder, brain, etc.) and limbs
- Confirm how many babies there are
- Determine the location of the placenta

During the ultrasound, it is often possible (but not always) to determine whether your baby is a boy or a girl, although there is a slight risk of error. If you want to keep the baby's sex a surprise, tell the technician and your doctor to avoid any misunderstanding.

Prenatal screening for trisomy 21

At your first prenatal visit, your health professional will ask if you want to be screened for trisomy 21. This test is not mandatory; the decision to have any prenatal screening test run is yours alone.

In Québec there is a public program that provides free trisomy 21 screening tests for all pregnant women who want one. For more information on this program, visit www.msss.gouv.qc.ca/sujets/santepub/depistage-prenatal/index.php?accueil-en.

Before you have these tests run, think about the decision you will have to make if you find out the baby has a chromosomal abnormality.

Trisomy 21, also known as Down syndrome, is one of the most common chromosomal abnormalities. Those with the disease have slower intellectual development. It is difficult to determine the severity of the disease as it varies from one person to the next, and depends to some extent on the stimulation and support they receive. People with trisomy 21 may also have health problems like heart defects.

Although there is no treatment for trisomy 21, people with the disease should not be defined only by their disability. They also have the resources and potential to develop close emotional bonds and lead a fulfilling life, for themselves and their loved ones. Of course, most people with trisomy 21 will need some degree of lifelong support.

Trisomy 21 is generally not hereditary. Any woman could potentially carry a fetus with this chromosomal abnormality, although risk varies with age, as illustrated in the table.

Risk of having a child with trisomy 21 (full-term pregnancy)	
Age of the mother	**Risk**
20	1 in 1,500
30	1 in 900
35	1 in 385
40	1 in 100

Prenatal screening test

The screening test involves an analysis of the mother's blood and, in some cases, an ultrasound. It determines if the odds (risk) of the baby having trisomy 21 are low or high. There is no danger for the fetus.

- **If the odds are low**, your doctor will not recommend further testing. However, **low odds do not guarantee that the baby will not have trisomy 21**. Because of natural variations between individuals, screening tests cannot detect all cases.
- **If the odds are high, that does not necessarily mean your baby will have trisomy 21**. Another diagnostic test called amniocentesis with chromosome analysis will be proposed to you. It is normal to feel anxious if you have to have this test done, but most women who undergo an amniocentesis have normal results and give birth to a baby that does not have trisomy 21.

Diagnostic test: amniocentesis

Amniocentesis with chromosome analysis is the most common prenatal diagnostic technique. It is used to determine with certainty whether the fetus has trisomy 21.

This test can be done any time after 15 weeks, sometimes sooner. It involves inserting a thin needle into the abdomen to take a sample of amniotic fluid from the uterus.

Amniocentesis does carry some risk of complication, including miscarriage. That is why it is most often offered to women whose screening results show them to be at high risk.

Amniocentesis results

1. The vast majority of parents-to-be learn that their baby does not have trisomy 21 or any other chromosomal abnormality.

2. When the results indicate that the baby does have trisomy 21, the parents must choose between two options:

- Move forward with the pregnancy and prepare to be parents of a child with trisomy 21
- Terminate the pregnancy and mourn the loss of the baby

3. In rare cases, amniocentesis reveals other chromosomal abnormalities. If this happens, your doctor will refer you to a genetic specialist.

If you are faced with the difficult choice of continuing or terminating your pregnancy, you may need help. Don't hesitate to discuss this choice with your loved ones or a health professional. You may also want to contact trisomy 21 parent groups; they can help you make the decision that is best for you. To find groups in your area, contact your CLSC.

Other screening tests

After you give birth, you will be given the option of having your baby pass blood and urine tests in order to detect rare diseases that require early monitoring or treatment (see Neonatal screening, page 550).

Trisomy 21 screening tests

Ultrasound

An ultrasound may be recommended to see how far along you are in the pregnancy.

An ultrasound may also be offered to measure nuchal translucency, i.e., the space between the skin of the fetus's neck and its spine (between the 11th and the 13th weeks). Higher than normal nuchal translucency may indicate a high risk of trisomy 21, other chromosomal abnormalities, or heart defects. Ultrasound screening for trisomy 21 must be done in conjunction with blood testing to increase accuracy.

Blood tests

The prenatal screening test for trisomy 21 offered free of charge throughout Québec consists of two blood tests. The first is performed in the **first trimester** (between 10 and 13 weeks), and the second in the **second trimester** (between the 14th and the 16th weeks). Screening takes into account your age and the results of the two blood tests to determine whether your risk of having a baby with trisomy 21 are high or low.

Two blood samples yield more reliable results than a single sample, but if you have only the first blood test done, your risk will be calculated based on the one test result and your age. If it is too late to have the first test done, you can have one run in the second trimester. Again, your risk will be calculated based on the one test result and your age.

Other screening tests

Other tests may also be proposed. Knowledge about trisomy 21 screening is constantly evolving and can change rapidly. Your health professional will tell you what is available in your area.

Source: Ministère de la Santé et des Services sociaux du Québec

Warning signs

Some problems during pregnancy require immediate attention by a health professional for evaluation. These include

- Bleeding
- Loss of amniotic fluid
- Severe headaches or stomach pain
- Fever
- Absence of baby movement for several hours during the third trimester of pregnancy

At the end of your pregnancy, you can also contact the obstetrics department of your hospital directly.

Bleeding during the early months of pregnancy

Pregnant women often experience bleeding at the beginning of their pregnancy.

If you have bleeding during your first trimester, contact your health professional to have the situation assessed. After asking you some questions and doing an exam, he or she will be able to explain what is happening and what to do next.

However, go directly to the emergency room if you think you are pregnant and have any of the following symptoms:

- Dizziness or loss of consciousness
- Severe abdominal pain on one side
- Shoulder pain
- Heavy bleeding: vaginal bleeding that soaks two regular sanitary pads in an hour or one maxi-pad every hour for two to three hours straight

In the first trimester, light bleeding may be related to changes associated with the start of pregnancy, in which case there is no reason to worry. In many cases, the cause of this bleeding in unknown. It does not last, and the pregnancy progresses normally.

However, half of all women who bleed during this period will miscarry. In these cases, bleeding often starts a number of days after the pregnancy has ended. Bleeding may start brownish and turn red, or it may be light or dark red. More rarely, bleeding is due to an ectopic pregnancy (pregnancy outside the uterus).

A gynecological examination will be performed to determine the source of the bleeding and determine whether the size of your uterus matches the number of weeks of pregnancy.

If you are past 10 weeks, your health professional may also try to listen to your baby's heart. Hearing the heartbeat is a good sign, as it indicates that the likelihood of miscarriage is low (2%). However, if bleeding persists, there is still a risk. Your health professional may check if an ultrasound is needed to evaluate the condition of the fetus. Examinations and treatment will depend on your particular situation.

About one in six pregnancies ends in miscarriage. Most miscarriages are caused by major **genetic abnormalities** that occur at random. They do not mean the woman is infertile or has a health problem.

▶ **Genetic abnormality:** Error in the genes. Genes are located on the chromosomes of human cells. They pass along the traits of parents to their children.

If your pregnancy ends prematurely

It is normal for a couple to feel sad and distressed after a miscarriage and to go through a period of mourning. Some women also feel guilty about things they did or did not do early in the pregnancy because they think they caused the miscarriage. But miscarriage is not related to stress, fatigue, physical or sexual activity, diet, or lifting heavy loads.

If you and your partner don't know how to break the news to your children or family and friends, you can talk to someone who has gone through the same situation or ask a health professional for help. Don't hesitate to see a psychologist or social worker if you need to, as well.

If you want to get pregnant again after a miscarriage, it is best to wait until you have had at least one normal menstrual cycle. When you feel ready to try again, your odds of having a normal pregnancy will be very good. And don't forget to keep taking your folic acid supplement.

If you have had an ectopic pregnancy, it is also normal to grieve for a time and to perhaps need help. If you are concerned about your chances of getting pregnant again, feel free to bring it up with your doctor.

Bleeding after 14 weeks

It is not normal to have vaginal bleeding after the first trimester of pregnancy. If you do, see your health professional. Bleeding does not always mean the pregnancy is at risk, but you should be evaluated to make sure everything is all right. The bleeding may be from the placenta, which can complicate the pregnancy and requires close monitoring.

If you have light red bleeding that is heavy enough that you have to wear a sanitary pad, see a health professional right away for an assessment. In some cases, an ultrasound may be needed to determine the cause of the bleeding.

Women who are Rh negative may need immunoglobulin (WinRho®).

After any gynaecological exam, you may experience light bleeding because the cervix is more sensitive during pregnancy. This type of bleeding does not require medical attention.

Loss of amniotic fluid

Some pregnant women may also have vaginal discharge during their pregnancy. Discharge can be vaginal secretions, urine, or leaking amniotic fluid. Loss of amniotic fluid can pose a risk for the baby if it occurs before 37 weeks. The table on the next page can help you determine what type of discharge you are having.

If you think you are losing amniotic fluid, or if you are unsure, call the delivery room or go to the hospital or birthing centre to find out for sure whether it is amniotic fluid.

Possible types of discharge

Type of discharge	Description	Amount
Vaginal secretions	• Heavier and runnier in the final months of pregnancy • May wet your underwear, but not leak through • May soak a panty liner	The amount of discharge is another factor that can help you distinguish between leaking amniotic fluid, vaginal secretions, and urine. To estimate the amount • Wear a sanitary pad • Check the pad in 30 minutes • If you are really losing amniotic fluid, the pad will be soaked and heavy
Urine	• More common after physical exertion, movement, coughing, and sneezing • Leaking stops when the bladder is empty	
Amniotic fluid (waters)	• Continuous loss of a clear, odourless fluid	

Stomach pain and severe headaches

There are usually no symptoms of hypertension, i.e., high blood pressure, during pregnancy. But if you are having severe headaches, stomach pain, or blurred vision and are generally not feeling well, you may have preeclampsia, i.e., hypertension with protein in the urine.

Since preeclampsia can be harmful for you and your baby, have your blood pressure checked if you are experiencing any of these symptoms.

See your health professional right away if

- Your blood pressure is outside the normal range
- Other symptoms worsen or are cause for concern, even if your blood pressure is normal

Fever

If you have a cold and are running a low-grade fever (about 38 to 38.4°C taken orally), you can take acetaminophen to lower your temperature and relieve pain. You can also contact an Info-Santé nurse or your health professional for advice. However, if your low-grade fever lasts more than 24 hours or you have a high fever (38.5°C or more), it could be harmful to your pregnancy or be a sign that you have an infection that needs to be treated.

See a doctor for diagnosis and proper treatment if any of the following apply:

- You have a fever of 38 to 38.4°C, taken orally, that lasts more than 24 hours
- You are running a fever of 38.5°C or higher, taken orally (you can take it twice to make sure)
- Your general health is poor, you feel unwell, or you have severe chills
- You have any concerns

Your baby doesn't seem to be moving

Your baby is more active at certain times of day, but you may not always notice his movements because you are more active or distracted than usual. You also may not be able to feel all his movements, even if your baby is active (remember the movements you saw on the ultrasound that you couldn't feel). At the end of your pregnancy the baby's movements may feel different, but you will continue to feel the baby move until the delivery.

During your third trimester, if you can't feel your baby move or he is moving less than usual, rest and see what happens. If you count fewer than six separate movements over two hours, contact your birthing centre right away or go to the hospital to make sure your baby is all right.

Contractions before 37 weeks

Throughout your pregnancy, it is normal to feel contractions that are unrelated to labour. Known as Braxton Hicks contractions, they are irregular and may or may not be painful. They can be caused by sudden changes in your position or by standing for long periods. You may also feel small "electric shocks" in your cervix or menstrual-like cramps that last a few seconds. If this happens, these are not contractions; they are usually reactions to the baby's movements.

However, if you feel your uterus harden regularly or are experiencing pain, you may be having real contractions. Sometimes the pain of the first contractions is similar to menstrual cramping. Real contractions last at least 20 seconds and come and go regularly.

If you are experiencing regular contractions or pain before 37 weeks, you may be going into premature labour, especially if you also have vaginal discharge. Contact your health professional or hospital so they can determine what is happening. Premature labour can sometimes be stopped if it is caught early enough.

After 37 weeks, the same symptoms may indicate that labour is starting. In this case everything is perfectly normal because your baby is no longer considered premature.

How to tell the difference between contractions and other abdominal pain

Problem	Symptoms
Heartburn	• Pain in the upper abdomen • Burning sensation caused by excess acid
Intestinal cramps	• Pain throughout the abdomen that may be due to diarrhea or constipation
Urinary tract infection	• Pain in the lower abdomen and sometimes the back • Frequent need to urinate small amounts • False urge to urinate and sense of urgency; leaking urine • Burning sensation when urinating • Persistent urge even after urinating • Blood in the urine (sometimes)
Ligament pain	• Stretching sensation or pain in the lower abdomen, especially when you move, exert yourself physically, walk for a long time, or turn over at night (ligament pain is more common during second pregnancies and poses no danger to you or your baby)
Uterine contractions	• Painful hardening of the uterus • The first contractions are sometimes like menstrual cramps • Pain comes and goes regularly • Pain lasts at least 20 seconds

High-risk pregnancies

If you have certain health conditions, your pregnancy may be considered high-risk. You will probably be monitored by a clinic that specializes in high-risk pregnancies.

Hypertension during pregnancy

Some women start to have hypertension (high blood pressure) during pregnancy. They are considered more at-risk if they have already been treated for hypertension, have had hypertension during a previous pregnancy, or are expecting twins.

Treatment for hypertension during pregnancy may include resting at home, reducing activity, and sometimes taking medication to lower blood pressure.

If your blood pressure starts to rise, your urine will be tested for protein. If protein is found, that means you have preeclampsia, or hypertension with protein in the urine.

If you are diagnosed with preeclampsia, you may need to be hospitalized so that you and your baby can be monitored more closely. Depending on the status of your pregnancy and the severity of the condition, labour may also have to be induced. Giving birth is the only way to treat preeclampsia. Your medical team will determine the best time for you to give birth.

Gestational diabetes

Gestational diabetes (pregnancy diabetes) is due to an increase in the blood sugar level caused by the placenta, which produces hormones. Gestational diabetes is different from other types of diabetes. It carries no risk of birth defects. In fact, the most common consequence of gestational diabetes is having a bigger baby, which can make for a more difficult delivery for both mother and baby. The baby may also have hypoglycaemia and breathing problems at birth.

If you have gestational diabetes, the first step in treating it is to eat a balanced diet. You can meet with a nutritionist who will explain how to eat well. The diet of a woman with gestational diabetes is different from what is usually recommended for diabetics because pregnant women need more nutrients to help their baby grow. You will also be encouraged to exercise daily, for example, by taking a 30 minute walk.

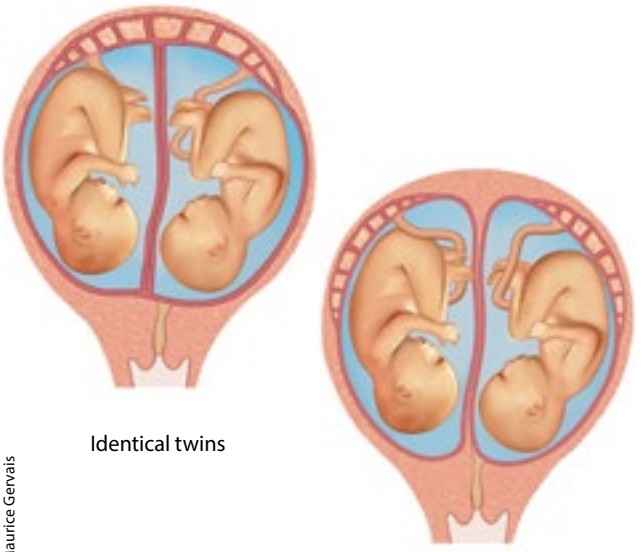
If diet and exercise are not enough to control your blood sugar, you may be prescribed insulin. The treatment may sound complicated, but it's not. Your medical team will help and guide you. You may also have to have one or more ultrasounds and additional tests done during your last few weeks of pregnancy to ensure your baby is doing well.

Twins

Did you just learn you are expecting twins, triplets, or quadruplets? They say having a baby changes your life forever, so what happens when you're expecting more than one? You'll need to make adjustments to plan for prenatal care, the birth, and after birth.

There are two types of twins: identical twins and fraternal twins. Identical twins come from the same egg and the same sperm. They have the same genetic makeup, are of the same sex, and usually share the same placenta. Fraternal twins come from separate eggs fertilized by different sperm. They develop side by side in the uterus, but have a different genetic makeup and may not be of the same sex.

Two types of twins



Identical twins

Fraternal twins

Illustration: Maurice Gervais

Twin pregnancies are considered high-risk. So if you are pregnant with twins, you will have more medical check-ups and exams as part of your prenatal care. Care by an obstetrician will also be strongly recommended, as obstetricians specialize in this kind of pregnancy and delivery.

Here are the most common problems that occur with twin pregnancies:

- Premature babies: The most common problem is pre-term labour, which can lead to the birth of premature babies. Premature babies have a higher risk of disease and mortality than full-term babies.
- Twin-to-twin transfusion syndrome: In the case of identical twins, there may be abnormalities caused by an unequal distribution of placental blood to the two babies.

- Second baby: When twins are born, the second baby has a higher risk of complications and accidents caused by the umbilical cord, or problems with the placenta, and the baby's position.

Plan your delivery with your doctor and healthcare team. It is also important to decide where the birth will take place. Women who are expecting twins are advised to deliver in a hospital where specialized obstetric, paediatric, and anaesthesia services are available.

Your doctor will assess your situation and needs and discuss them with you. If the first baby is in a head-down position, which happens in two-thirds of cases, vaginal delivery is usually recommended, regardless of the second baby's position. And in 40% of twin pregnancies, both babies are head down.

During your pregnancy, you and your family will prepare to welcome your newborns into your home. The best way to do so is probably to talk with other parents of twins who are willing to share their experience and tips with you. There are also associations of parents of twins in some areas of Québec. Contact your CLSC to learn about services and organizations in your area that can provide information and assistance.

Association de parents de jumeaux et de triplés de la région de Montréal
514-990-6165
www.apjtm.com (in French only)

Association des parents de jumeaux et plus de la région de Québec
418-210-3698
www.apjq.net (in French only)

Tips on preparing to bring your twins home

- Have people offered to help during your recovery? Take them up on it, but be clear about your needs. Make a list of household chores and a schedule that you can adjust later as needed.
- Feel free to ask for help in the weeks after your return home. If you don't have any family or friends nearby, find out if there are any organizations in your area that can help.
- When you cook, make extra portions and freeze some. Your friends and family can also help by bringing meals as gifts.
- You don't always need to buy two or three of everything. You can borrow furniture, strollers, and clothing, or buy used.

Domestic violence during pregnancy

Most couples settle disagreements through discussion and negotiation without resorting to physical or psychological abuse. But some people try to control their partner and use violence to resolve conflicts.

Some women experience domestic violence during pregnancy. One in ten women report being victimized at least once while pregnant. In most of these cases, domestic violence continues after the baby is born.

Examples of domestic violence

Your partner

- Constantly criticizes your tastes and abilities
- Puts down your family and friends, or forbids you from seeing them
- Forces you to have sex, even if you don't want to
- Pushes or shoves you
- Threatens to hurt you or your children
- Gives you no say in financial decisions or controls your spending

All forms of violence—psychological, verbal, physical, sexual, or economic—can have serious repercussions on your health and that of your child.

Shame or fear of being judged can keep some victims of violence isolated. Since violence rarely stops on its own, it is important for your safety and the safety of your child to break your silence and talk to someone who can help right away.

You can contact your CLSC to get help from a health professional. It can also provide psychological and social services or refer you to other resources in your area.

SOS violence conjugale
24/7 bilingual helpline
1-800-363-9010
514-873-9010
www.sosviolenceconjugale.ca

Preparing to breast-feed

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Why breast-feed?

Women breast-feed for a variety of reasons. Some breast-feed because they like always having milk ready for their baby, while others see it as a way of strengthening the bond they developed with their baby during pregnancy. Still others decide to breast-feed because of the health benefits it provides. Finances are also a factor for some families, as breast-feeding is very economical (there is nothing to buy—no milk, no bottles).

Health professionals the world over recommend that babies be fed breast milk exclusively for the first six months of life. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada all echo this recommendation. Once babies have started foods, it is recommended that they continue breast-feeding for two years or more.

Breast milk: a food like no other

All mammals produce milk that meets the exact needs of their young. The makeup of human milk is suited to the particular needs of human babies. What's more, milk composition changes throughout the breast-feeding period to adapt to the growing baby's changing needs. Babies love the taste of breast milk, which varies slightly depending on the mother's diet. This helps babies become accustomed to a variety of tastes.

Breast milk is made up of easily absorbed non-allergenic proteins, sugars, and iron, as well as enzymes that aid baby's digestion. It provides all the fats baby needs, including lots of omega-3 fatty acids and other essential fatty acids that support brain and eye development. It gives every baby the exact amount of vitamins and minerals she needs to develop, which is also just right for her growing kidneys.

Breast-feeding takes a little practice.

Breast milk contains living cells like white blood cells and antibacterial and antiviral factors that help baby's immune system fight infection. No other food has these, not even commercial infant formula. At present, breast milk simply cannot be recreated in a laboratory.

Human milk contains over 200 known components. The table Composition of breast milk, page 142, shows some of these components and compares them with those found in commercial infant formula. You will see that all milk contains protein, carbohydrates, and fat, but those found in breast milk are different and provide exactly what human babies need.

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Valid until December 31, 2017

Composition of breast milk

Ingredient	Function	Naturally present in breast milk?	Present in commercial infant formula?
Water	Hydrate the baby	✔	✔
Protein	Source of energy and building blocks; regulates body function	✔	✔
Carbohydrates	The main source of energy for all cells	✔	✔
Fat	Store energy for future use	✔	✔
Minerals	Help cells and bones grow	✔	✔
Vitamins	Help cells and bones grow	✔	✔
Active enzymes • Amylase • Lipase • Lysozyme	Aid food digestion	✔	

Ingredient	Function	Naturally present in breast milk?	Present in commercial infant formula?
Hormones • Cortisol • Insulin • Thyroxine • Prostaglandin	Regulate metabolism and support digestive and immune system development	✔	
Growth factors • Human growth factors • EGF and other growth factors	Support intestinal growth and development	✔	
Antimicrobial factors (antibacterial, antiviral, and antiparasite factors) • Antibodies (SIgA, IgA, IgM, IgD, IgG) • Bifidobacteria • Lactoferrin • Oligosaccharides • Lysozymes • Casein • Living cells present in human milk (macrophages, T and B lymphocytes)	Protect against bacterial infections (e.g., *E. coli, S. pneumoniae*), viruses, and parasites	✔	

A gift of health for both mom and baby

Because breast milk contains antibodies and other factors that support baby's immune system, breast-fed babies are better able to fight off certain diseases. The more breast milk a baby gets, the more protection he has—protection that can even continue after he stops breast-feeding.

Breast-fed babies are at lower risk of anemia, gastroenteritis, diarrhea, respiratory illness (colds, bronchitis, etc.), and ear infection than babies who are not breast-fed. And when breast-fed babies do get these illnesses, they are less severe and require hospitalization less frequently. Breast-fed babies are also better protected against a number of chronic diseases.

The longer a baby is breast-fed, the more protected she will be. Even small amounts of breast milk are beneficial.

Breast-feeding also has benefits for women. In the short term, breast-feeding reduces the risk of **hemorrhage** after delivery. Women who breast-feed are also less likely to be anemic because nursing delays the return of menstrual periods. In the long run, women who have breast-fed have a lower risk of developing breast, ovarian, and uterine cancer.

A practical, inexpensive way to feed your baby

Breast-feeding is practical because milk is always instantly available when baby needs it. When he's hungry, he doesn't have to wait for food. Breast-feeding is also practical for parents. There is nothing to wash, prepare, store, or heat.

It is also inexpensive because no milk has to be bought. Even if a mother goes out without her baby, she doesn't need to buy any milk. She can express ("pump") her milk so someone else can give it to her baby while she is gone.

▶ **Hemorrhage:** Heavy bleeding.

Preparing to breast-feed

Breasts naturally prepare for breast-feeding throughout pregnancy, but breast-feeding itself is a learned skill just like caring for a baby. During pregnancy, many couples spend a lot of time preparing for the birth, but few prepare for breast-feeding, even though better preparation could make breast-feeding a lot easier.

How the breasts get ready

All through your pregnancy your breasts will slowly begin to produce milk. Some women even notice milk leaking from their breasts during the third trimester.

Breast shape, size, and color vary from one woman to the next. Breast appearance and texture are largely hereditary. Like the rest of the body, breasts change throughout life.

Breasts also change during pregnancy. The **areolas** usually darken, and the breasts increase in size. Whether you have small or large breasts and nipples, they are designed to produce milk and feed your baby. There is nothing you need to do to prepare your breasts for breast-feeding. They prepare themselves naturally throughout pregnancy. Whether your baby arrives early or on time, you will have milk for her.

Breast-feeding does not change the appearance of your breasts, but carrying a baby and producing breast milk does.

▶ **Areola:** Darker area of the breast around the nipple.

How women get ready

To prepare to breast-feed for the first time, try talking with women who have had a positive breast-feeding experience. You probably know some already. Ask them what it was like and use them as resources.

If you don't know anyone who can help, you can contact a breast-feeding support group in your community. These groups are run by women who have breast-fed and want to support other women. If you don't know of any breast-feeding support groups, your CLSC can give you the names of the organizations in your area. Most of these groups offer

- Group information meetings or breast-feeding workshops
- Mentoring by experienced breast-feeding mothers
- Information and support over the phone

Though they are aware of the benefits of breast-feeding, some women are still hesitant to nurse their baby. Common fears include being unable to breast-feed, not having enough milk, having sore nipples, not being able to eat everything they want, excluding the father from feeding the baby, and having their breasts deformed from breast-feeding. Most of these fears are based on popular misconceptions or myths. Talk to a person trained in breast-feeding to get a better understanding of how breast-feeding works and how to prevent any problems.

How partners get ready

As a future father, you play a key role in the decision to breast-feed and continue breast-feeding. Even though you aren't the one giving baby the breast, you need to know how breast-feeding works. Oftentimes it is easier to remember important information when two people know it.

At the beginning, especially with the first baby, the mother often needs help getting the baby latched on to the breast. You can help by lending a hand bringing the baby to the breast, shifting a pillow, or giving a word of encouragement. Little things like bringing the mother something to drink or making a snack are always appreciated.

You can help in other ways, too. You can reassure your partner when she's unsure of herself, shield her from negative pressure from friends and family, or stress the importance of breast-feeding. This daily support means a lot, especially during the adaptation period.

You will find many different ways of caring for your baby. Babies need to be held, cuddled, dressed, bathed, and changed. Some fathers like to hold their baby against their chest (skin to skin) at the hospital or at home. Your baby needs to hear your voice and forge an emotional bond with you. Babies feel safe and warm in their father's arms.

How family and friends get ready

Some families have an established breast-feeding tradition in which all mothers nurse their babies. If your family is like this, the people around you will know all about breast-feeding and probably know how to help you if needed.

But you might also be the first in your family or your partner's family to breast-feed. In this case, you may need to let them know that you intend to breast-feed. They don't have to have breast-fed themselves to support a woman who is nursing; they just need to be well informed.

Breast-feeding accessories

There is an ever-expanding array of breast-feeding accessories on the market—everything from breast pumps and nursing pillows to nursing pads and more. None of them are essential, and there is usually no need to buy these accessories during pregnancy. Community groups are good sources of information when the time comes to choose a pump or other breast-feeding accessories. If you decide to wear a nursing bra, it is best to get it toward the end of your pregnancy.

Getting breast-feeding off to a good start

The following tips will help you get breast-feeding off to a good start.

Making skin-to-skin contact immediately after the baby is born

Placing the baby right on her mother's chest, skin to skin, has many benefits. The baby retains her heat better and is calmer. This contact also triggers her reflex to take the breast.

Feeding in the first hour after birth

In his first hours of life, the baby has sharper reflexes that help him find and take the breast. It is therefore easier to start breast-feeding in his first few hours of life. This first feeding will be etched in the baby's memory and will help him recall what to do next time. After these first few hours have passed, the baby will enter a rest and recovery period during which his reflexes will "hibernate" for a few hours.

Breast-feeding on demand or as needed and not skipping feedings

The frequency and length of feedings varies from one baby to another. In the first few days of life, some babies want to nurse very often, so mom feeds on demand. Other babies do not always initiate feeds and therefore need to be encouraged and stimulated to nurse. This is called breast-feeding as needed. Once baby has regained her birth weight, she will generally ask to eat when she needs to. This is called breast-feeding on demand.

Rooming-in with your baby, both day and night

When you are physically close to your baby, you can detect early signs that he is hungry. This makes feeding easier because he will be calmer when he takes the breast. It is easiest to feed often and on demand. This also helps you get to know each other and to quickly provide for his needs.

Avoiding bottles

Breast-feeding is a learned skill for babies. Sucking at the breast involves a very different technique than drinking from a bottle. Milk flows faster from a bottle than from the breast, especially in the early days of breast-feeding. For some babies, these differences make it difficult to learn to breastfeed.

Giving a bottle also means skipping a feed, which can reduce milk production, a process that is still getting established during the first few days and weeks. If you cannot give your baby milk directly from the breast, ask about other ways to give her breast milk.

Avoiding pacifiers

It is normal for newborns to want to suckle and to frequently request the breast. Frequent feeds stimulate milk production and help baby take more milk. Babies who use a pacifier may sleep longer or fall back asleep without taking the breast. In some babies, these skipped feeds may reduce milk intake and slow weight gain.

Ensuring baby has a good latch

When the baby takes the breast properly, feeds are comfortable. The mother experiences virtually no pain and suffers no nipple injuries when the baby has a good latch. Babies learn to latch on in the first few days of life, so ask for help if feeds are uncomfortable.

Learning how to breast-feed

The start of breast-feeding also marks the start of your life with your new baby. Preparing for breast-feeding and the first few days with your baby can help you avoid any surprises and challenges. It's natural to become a parent and breast-feed a baby, but it's not always easy.

Learning to breast-feed is like learning anything new. Think back to what it was like to learn to drive, dance, ride a bike, or play a new sport. First you learn the theory, and everything seems simple enough. Then you try to do it, and that's when you realize it isn't as easy as you thought. That is often when you need help, advice, and encouragement.

You get better little by little, and with time you start to feel more confident. Then it starts coming automatically—everything feels easy! And that's when it becomes enjoyable. Eventually you can show someone else how to do it. Breast-feeding is like anything else. It takes practice!

Remember that everyone's breast-feeding experience is a little different and that every baby is unique. If your neighbour's experience or your first breast-feeding experience was difficult, that doesn't mean you will have trouble. It can often take four to six weeks to feel comfortable breast-feeding. It is normal to need time to get used to the experience. As you are learning, it's a good idea to surround yourself with people who can support you and to know who to turn to if you are having trouble.

10 tips to make breast-feeding easier

- Learn about breast-feeding and breast milk before the baby is born.
- Establish skin-to-skin contact with your baby as soon as she is born. This will waken her senses and encourage her to take the breast.
- Offer the breast as soon as baby starts to look for it, ideally in the first hour after birth. This will help get breast-feeding off to a good start.
- Learn to recognize the signs indicating when your baby is hungry or satisfied.
- Feed as needed whenever baby is hungry. Frequent feeds stimulate milk production and comfort the baby during this important transition period.
- Room-in with your baby, both day and night. Keep baby nearby so you can get to know each other and you can quickly respond to his needs.
- Make sure baby has a good latch and suction. This helps baby eat well without hurting mom.
- Avoid skipping feeds, using a pacifier, and giving a bottle in the first four to six weeks. Exclusive breast-feeding (not giving any other kind of milk or food before six months) encourages good milk production and ensures that baby gets the full benefits of breast milk.
- Get support and avoid isolation. The support of your partner, a friend or loved one, or a community group can often make things better.
- Trust yourself and enjoy being a parent!

For more information about breast-feeding, see the Breast-feeding your baby chapter on page 358.

Preparing for the birth

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Planning ahead

The arrival of a new baby brings with it major life changes for parents. For a while you may not be able to take care of your home as you usually would. Just taking a shower could be quite an adventure, so you'd best get ready ahead of time: plan for child care, make some meals you can freeze, and get used to having some clutter in the house.

Think about who can help out, like family, friends, neighbours, or a community group. And think about things you might want to avoid, too, like unwanted visits or advice for example. Your baby is a VIP, so make room to welcome her and make sure others give you your space.

Have you arranged for someone to take care of your children when you leave for the hospital or birthing centre? Explain your children's routine to this person.

Most of all, don't hesitate to take people up on their offer to help—if it's welcome, of course! There are also community groups that can help women who have just given birth by providing a few hours of housework or childcare per week. Contact your CLSC to find out what is available in your area.

Are your friends and family asking what kind of gift you'd like when your baby arrives? Ask for ready-made frozen meals, or request "help coupons" you can redeem for babysitting, meals, housework, etc.

Hospital visit

During your pregnancy you can learn about the different options available for giving birth (hospital, birthing centre) and their specific features (routine, rules, length of stay, and types of interventions). You can also visit them. This may help you feel more comfortable.

In most cases you and your partner or the person who will be with you for the birth can visit the facility where you will be giving birth. This will give you an idea of what the birthing environment is like and what you need to do when you arrive.

Visiting the hospital is also a great way to familiarize yourself with the best route to get there, find parking, and learn about the admission procedure. During your visit, hospital staff will answer your questions, tell you about the services available, and explain how the healthcare team works.

Ask your health professional or prenatal class instructor how to arrange a visit of the hospital where you will be giving birth.

Dominic Morand

What to bring to the hospital or birthing centre

Suggestions for mothers

- ❍ Your health insurance card and other proof of insurance (if you have any)
- ❍ Your hospital card
- ❍ Your pregnancy notebook and pregnancy follow-up forms (sheets 1, 2, 3, and 4) if you received any during your pregnancy check-ups
- ❍ Your birth plan
- ❍ Your vaccination record
- ❍ A note pad and pen
- ❍ Comfortable clothes for the labour and delivery (if you don't want to wear a hospital gown)
- ❍ Comfortable clothes for day and night
- ❍ Slippers and warm socks
- ❍ Tissues (not always provided by the hospital)
- ❍ A change of clothes and underwear
- ❍ One or two nursing bras
- ❍ Going home outfit
- ❍ Super maxi pads (heavy flow)
- ❍ Your toiletry bag
- ❍ Snacks (like muffins, cereal bars, dried fruit) and drinks
- ❍ Items you may want during labour, like massage oil, extra pillows, a hot water bottle, and music
- ❍ Reading material
- ❍ A watch
- ❍ A calling card or change (cell phone use is usually prohibited in hospitals)
- ❍ Any medication you are taking
- ❍ Your *From Tiny Tot to Toddler* guide!

Suggestions for fathers

- ❍ Comfortable clothes and shoes
- ❍ Food and drinks
- ❍ A camera
- ❍ Reading material
- ❍ Your toiletry bag
- ❍ A bathing suit (if you want to get in the whirlpool with your partner during labour)

For fathers who plan on sleeping at the hospital or birthing center

- ❍ Your pillow
- ❍ Pyjamas
- ❍ A change of clothes

Suggestions for baby

- ❍ Diapers (if not provided by the hospital or birthing center)
- ❍ Pyjamas
- ❍ Undershirts
- ❍ A blanket
- ❍ A hat
- ❍ Going home outfit (appropriate for the season)
- ❍ An infant car seat (required to go home)

Birth plan

When your baby is born, you have decisions to make as parents about the treatment and care mom and baby will receive. You will feel better prepared if you've taken the time to think about the following list. But do keep in mind that no one knows ahead of time how the delivery will go. You can change your minds during delivery and you should stay open to any eventuality:

- Identify your wishes and fears
- Share your thoughts with your partner and your family and friends
- Inform all the health professionals who will be assisting you, as well as anyone who will be with you at the birth, of your values, preferences, and wishes

A birth plan is a tool that can guide your thinking. It also lets you communicate your wishes, verbally or in writing, to your health professionals and anyone else involved in the birth.

There are many sample birth plans available for your use. Ask your health professional or prenatal class instructor for one, or see if your hospital or birthing centre has a version they use. You can also look for sample birth plans in books or online.

No matter how you intend to use it, a good birth plan is

- Clear and concise
- Well prepared and has been given to your health professional **before the birth** and gone over with him or her

Most important, remember that even if your birth plan outlines your idea of the perfect birth, things may not go as you expected. Be confident, and don't forget that if you are feeling overwhelmed by the decisions you need to make, you can ask your health professionals for help. Trust them! They will be there for you throughout your delivery. They have lots of experience, and their top concern is the well-being of you and your baby.

Here are a couple of tips to help you plan (as much as you can) for the birth of your baby. Take some time to think about the questions below and learn about your rights during labour and delivery and after your baby is born.

Some hospitals have a sample birth plan you can use. You can also ask your health professional or prenatal class instructor for one, or look in books or online.

Things to think about when preparing your birth plan

Question	You have the right to…
Who will be with you during labour and delivery?	• Have the baby's father or anyone else you want at your side • Know whether you could be examined by professionals in training (doctors, nurses, midwives)
What methods would you like to use during labour to manage or relieve pain or make it more bearable?	• Labour and deliver at your own pace • Push and give birth in the position that suits you best
How do you feel about the interventions that may be performed during labour and delivery?	• Be informed of the motives and reasons for all interventions (induction, stimulation, forceps, episiotomy, epidural, sedatives, continuous monitoring, IV, etc.) and their effects on you and your baby, and to refuse any interventions you don't want
How do you want to deal with unexpected developments during pregnancy, labour, and delivery?	• Know the medical reasons for an intervention and all the options available • Be informed of the different types of anaesthesia available and to choose the one that suits you best • Have the father or any other friend or family member with you at all times
How do you want to spend your first moments with baby?	• Have skin-to-skin contact with your baby as soon as she is born and to hold her as long as you'd like

Question	You have the right to…
What if you have to stay longer at the hospital or birthing centre?	• Room-in with your baby at all times, no matter how many people are in your room • Ask that arrangements be made so that the baby's father or the person with you can stay by your side at all times • Ask not to be disturbed by the facility's routines so you can rest or have time with your baby, according to your needs
How do you feel about the exams and interventions that may be recommended for you and your baby after the birth?	• Know the reasons for all examinations, interventions, and medications recommended for you or your child, and to postpone or refuse them
How do you want to feed your baby?	• Breast-feed your baby on demand/as needed and ask that no supplements (water, formula) be given to him • See a breast-feeding consultant who can help you if needed
How do you want to deal with unexpected developments after your baby is born? (e.g., if you or your baby have to stay in the hospital)?	• Have all reasonable measures taken so you can stay with your baby at all times

Some of this information was based on the leaflet *Grossesse et accouchement. Droits des femmes* published by Association pour la santé publique du Québec (ASPQ).

Vaginal birth after caesarean

Women who have had a C-section can envisage giving birth to subsequent children vaginally. Approximately three in four women who prepare for a vaginal birth after a caesarean (VBAC) do give birth vaginally.

Advantages and risks of VBAC

There are many advantages to giving birth vaginally. There are no risks of complications from surgery, you get to hold your baby for as long as you want right after she is born, you are more mobile, and your recovery time is shorter.

However, vaginal birth after caesarean does carry a very low risk of uterine rupture, which is when the uterine incision from the caesarean separates. If this happens, an emergency C-section will be necessary. Uterine rupture is rare, but can very dangerous for both mother and baby.

A planned caesarean also carries the risk of complication (see Caesarean section, page 194).

Decision to have a VBAC

If your last baby was delivered by C-section, you may be wondering how you will bring your baby into the world this time: vaginally or by C-section?

To help you make this decision, your doctor or midwife will assess your situation and tell you what factors could increase or decrease your chances of giving birth vaginally. When discussing this question, make sure to express your preferences and needs with respect to the options available.

In some cases, vaginal birth is contraindicated and will not be recommended.

Your plans may also change. For example, your decision to give birth vaginally may be re-evaluated during your pregnancy, and your health professional may in the end recommend a caesarean. Conversely, if you are planning a C-section, your labour may begin before the date set for your caesarean and you and your doctor may decide that you can deliver vaginally.

Preparing for a VBAC

Preparing for a VBAC is no different from preparing for any other vaginal birth. For example, you can take prenatal classes or learn more about pain relief methods.

Having a friend or family member or doula at your side throughout labour and the birth can be helpful. Research shows that this kind of support makes delivery go more smoothly and reduces the risk of having a C-section. Also remember that you can have an epidural during labour.

Mélissa Martin

Breech presentation

If your baby is positioned with his feet or buttocks facing downward (breech), your doctor or midwife may want to attempt to turn him at around 36 or 37 weeks. This technique, known as version, is used to move the baby into a head-down position and increases your odds of having a vaginal birth. Version is performed at the hospital.

Your doctor or midwife will place her hands on your abdomen to try to move your baby into a head down position. Version is usually attempted after the baby's position has been verified through ultrasound. In some cases the procedure is not possible or is contraindicated, for example if there are low levels of amniotic fluid. After version, a fetal non stress test (monitoring) will be done to make sure your baby tolerated the procedure without a problem. There are fewer risks associated with version than with a C-section.

If your baby cannot be turned, you can discuss the possibility of attempting a vaginal birth with your doctor or midwife. Vaginal delivery of a breech baby requires a special evaluation and is not done in all hospitals. A caesarean is necessary in most cases of breech presentation.

Breech presentation

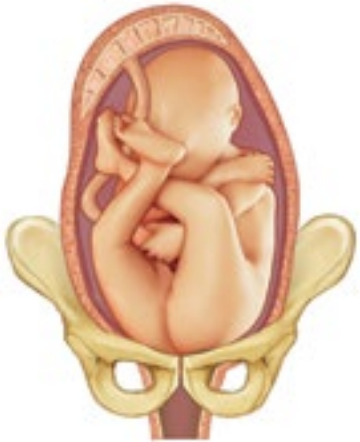

Illustration: Maurice Gervais


Jean-Marc Daigle

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The start of labour

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Sébastien Cere

Recognizing the start of labour

You will soon be bringing your baby into the world. Labour generally begins spontaneously between 38 and 41 weeks after the start of your last menstrual period. However, delivery anywhere between 37 and 42 weeks is considered full-term. Your expected delivery date is not a deadline. Even if you have not given birth at more than 40 weeks, there is still a good chance labour will begin on its own.

In some cases it may be preferable to give birth between 41 and 42 weeks than to wait until 42 weeks have passed. If you have completed 41 weeks and there is no sign that labour has started, you can discuss your options with your doctor or midwife. They may have you undergo some tests (monitoring, ultrasound) to determine whether you can continue to wait for labour to begin on its own or whether it is preferable to induce labour (see Possible interventions during labour, page 188).

No one can predict when and how your labour will begin. Most women will recognize labour because of certain tell-tale signs. It's normal at that point to feel excited or scared.

Passing the mucus plug

The mucus plug, which blocks the cervix during pregnancy, is made of thick secretions sometimes tinged with blood. You may lose your mucus plug without even realizing it several days before you give birth or during labour. It's also possible to lose it in stages.

If you do notice it, don't be too quick to jump to conclusions. This doesn't necessarily mean labour has started. You will need to wait for other signs.

Contractions

For most women, labour begins with uterine contractions (see How to tell the difference between contractions and other abdominal pain, page 131). You may have already felt your abdomen become hard during pregnancy. These are contractions that, while sometimes uncomfortable, aren't really painful (Braxton Hicks contractions).

Contractions experienced during delivery are different from Braxton Hicks contractions. Your abdomen gets tight and hard and the contractions become more and more uncomfortable. Generally women feel pain in the lower abdomen, but for others the pain is located in the lower back and spreads to the front. Some women find the pain of contractions similar to menstrual cramps, only stronger. Every woman will experience contractions in her own way. The feelings may even be very different for the same woman from one pregnancy to the next.

Natural rupture of the amniotic membranes

For some women (about one in ten), the rupture of the amniotic membrane, or amniotic sac, signals the beginning of labour. The amniotic membrane is made up of two layers, hence they are often referred to as "membranes." These membranes surround your baby and contain the amniotic fluid around him. When they rupture, the amniotic fluid leaks out. It is often referred to as having your "water break" because the liquid that leaks out is clear like water, although sometimes tinged with a bit of blood. You may only leak a few drops or it may leak enough to wet your bed or your clothes. There may be so much liquid that it drips onto the floor.

At the end of pregnancy it can be difficult to distinguish between normal vaginal discharge and amniotic fluid (see Possible types of discharge, page 128). Generally with amniotic fluid, there will be enough to soak a sanitary pad.

What should I do?

When your water breaks, you should head for the hospital or birthing centre, even if you have no contractions. The staff will make sure your baby is doing well and will check whether your membranes did actually rupture, or if it is merely vaginal discharge, which tends to be heavier at the end of pregnancy.

Labour will likely start in the hours after your water breaks. If the contractions still haven't begun by then, or if you have a streptococcal or cervical infection, labour may need to be induced.

When should I go to the hospital or birthing centre?

Towards the end of your pregnancy, your doctor or midwife will explain to you the right time to head to the hospital or birthing centre depending on your previous deliveries, the distance you have to travel, and your health.

Towards the end of your pregnancy, check with your doctor or midwife at what point you should head to the hospital or birthing centre.

However you should go immediately if you experience any of the following:

- Your contractions are regular and are coming every five minutes or less. If you live more than 30 minutes away, you should head for the hospital or birthing centre when your contractions occur every ten minutes.
- Your membranes have ruptured (your water breaks).
- You are losing blood.
- You no longer feel your baby move (see Your baby doesn't seem to be moving, page 129).

Often women go to the hospital or birthing centre because they are certain they are in active labour, when in fact they are still in early labour. If this happens, you will be advised to return home and come back later. This allows you to get used to the contractions at home, in a familiar environment.

When labour begins or when in doubt, call your midwife or a nurse at the obstetrics department of your hospital. They will check with you to see if labour has started and answer your questions, give you advice, and tell you when to come to the birthing centre or hospital.

Continuous support during childbirth

A woman in labour needs to feel that she's not alone. During delivery, she needs to have continuous support from someone she knows and trusts. This may be the baby's father, a member of her family, a friend, or a birth companion, also called a doula (see Doulas, page 92). This company and closeness will help her feel better, and reassure and encourage her. This is a stage in life that is important to share.

As a father you may feel helpless and powerless while your partner is giving birth, especially since this is an extremely important time for both of you. What do you do when the one you love is in pain and tells you she can't take it anymore? How do you deal with all these emotions? There's no game plan that's guaranteed to work, but you should know that your presence makes a big difference.

You don't need to be a massage expert to be useful during delivery! Don't be afraid to try different things. Your partner will tell you what feels good. Keep supporting her and continue what you're doing if your words and actions seem to be helping.

Understanding and managing pain

The pain of labour is unique and serves a specific purpose. It signals the start of the opening process that will lead to the birth of your baby. These changes take place inside your body. They happen gradually. A rhythm develops and the intensity of the pain increases over time. For some women the start of labour is hardest; for others it may be when it is time to push. The pain is stronger during contractions while the period between contractions gives you time to recover.

There are methods to help women and couples better understand the pain and prepare themselves during pregnancy. This preparation can also help the father become more involved and active during the delivery.

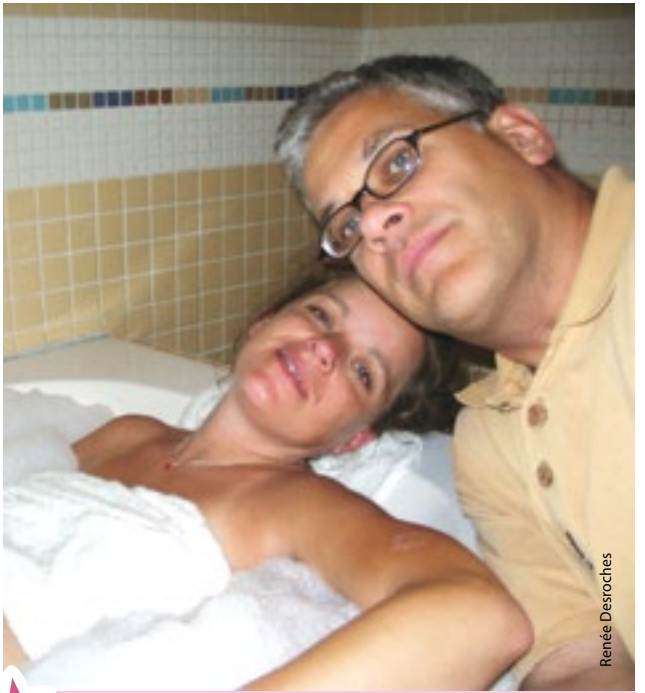
For example, some learn techniques that involve breathing, relaxation, visualization, yoga, self-hypnosis, acupressure, or other approaches. Massage can also help reduce anxiety and make the pain easier to bear.

Most hospitals and birthing centres offer moms in delivery the option of taking a bath or shower. They also have large physio balls on which you can sit and move at the same time. If they are not offered, don't hesitate to ask for one.

If there comes a time when your pain management methods are no longer working or you have the impression you can no longer bear the pain, it can be relieved with drugs. In most cases you will be offered an epidural. There are also other drugs if the epidural is not available or if it is not appropriate for you (see Epidurals and analgesic drugs, page 191).

Tips for managing childbirth pain

- Have someone with you—the baby's father, a family member, friend, or birth companion (doula).
- Create a warm, calm, and intimate atmosphere.
- Stay warm.
- Trust yourself and your instincts.
- Stay in the moment.
- Visualize what is happening inside of you.
- Move and change positions as needed (do not remain in bed)—walk around between contractions.
- Relax.
- Breathe slowly.
- Take a shower or bath.
- Eat and drink as needed.
- Make noise.
- Don't hesitate to ask for whatever would make you feel good.
- Have someone encourage and comfort you through their words and actions.
- Have someone touch you, massage you, or simply hold your hand.
- Have someone sponge you with a wet compress.



For many women, being in water helps manage the pain.

Positions during labour

Throughout labour, you can try different positions to help the cervix dilate and help you relax between contractions. Lying flat is often the least comfortable position.

The following page shows examples of the various positions you can try during labour.

Possible positions during labour

Standing

Sitting

Squatting

Kneeling

Illustrations: Maurice Gervais

The stages of labour

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Third stage: Delivery of the placenta 186
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Véronique Maher

Throughout labour your body undergoes changes to allow your baby to make his way to the world outside. Labour is divided into these three main stages:

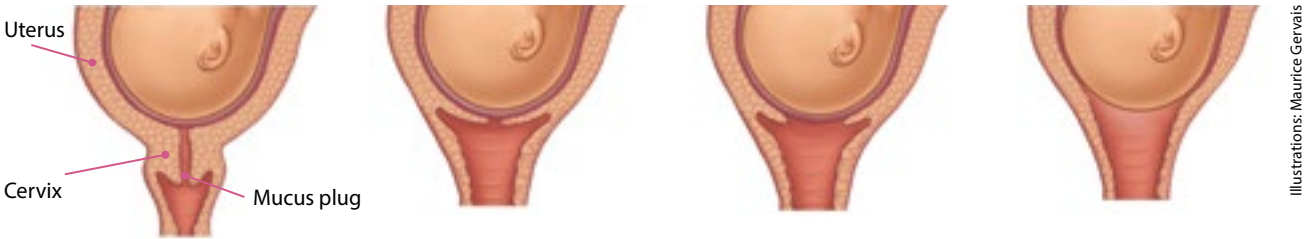
First stage: Opening of the cervix (also called dilation)
Second stage: Descent and birth of your baby
Third stage: Delivery of the placenta

It isn't possible to predict the length of each stage because they differ from one delivery to the next.

First stage: Opening of the cervix

The first stage of labour is the period when your contractions start to be regular. These contractions allow the cervix to open completely, until it is 10 centimetres (cm) wide.

Opening of the cervix



During pregnancy the cervix is closed and thick.

At the beginning of labour the cervix has thinned (also called "effaced").

During labour the cervix opens (dilates).

At the end of the first stage of labour the cervix is fully dilated (10 cm).

Illustrations: Maurice Gervais

Progression of labour

Early phase or "latent phase" of labour

Before getting to the actual stage of labour itself, you may have contractions without knowing how things will go next. Is this the start of labour or a false alarm?

At the beginning, the contractions are not very strong. You'll be able to talk during a contraction. They are often irregular and don't last very long. Try to stay calm and don't forget to sleep and eat. Feel free to take a bath or shower if you like. Take this opportunity to come to grips with what's happening to you.

This phase may be long or short; you'll need to be patient. It's not yet time to go to the hospital or birthing centre unless your water breaks or you don't feel the baby moving as usual.

If your contractions become weaker or stop altogether, this is false labour. Something is happening inside you, but it's preparatory labour that is helping to "ripen" the cervix.

If the contractions become regular (for example, every 5 minutes) and get closer together, more painful, and longer lasting (30 to 60 seconds), this may mean that you have gone beyond the latent phase.

Active labour

At some point, you'll feel that labour is progressing. The contractions are painful and are closer together, longer and more intense. This is the active phase of labour: the cervix has thinned (effaced) and is open (or dilated) to about 3 to 5 centimetres.

Trust yourself and don't be afraid to ask the person with you or the health professionals caring for you to give you what you need.

The rhythm of the contractions gradually increases and the cervix opens over time to 10 cm (complete dilation). The contractions are often very painful at 8 or 9 cm. They reach their highest intensity just before complete dilation at 10 cm. This phase is often compared to a storm. You may experience many strong emotions or you may want to scream. You may feel like you're losing control and that it will never end. This is normal. Try to open yourself up to the labour, breathe, visualize your baby starting to move down inside of you and stay in contact with him.

Second stage: Descent and birth of your baby

The second stage of labour begins when your baby has dropped well down into your pelvis and the cervix is fully dilated. The baby can now get through the cervix and descend into your vagina to be born.

Pushing

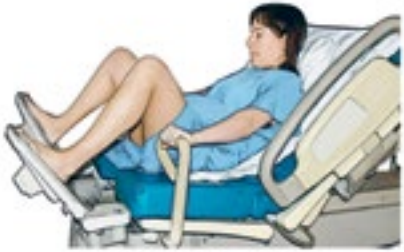
When your cervix is dilated to 10 cm, the sensations become different; you will probably feel the need to push. The contractions become a force within you, and all your energy is concentrated on pushing to help your baby be delivered. The time between contractions can allow you to recover between pushes. While you may feel the need to push before your cervix is fully dilated, your health professional can tell you when the time is right to start pushing.

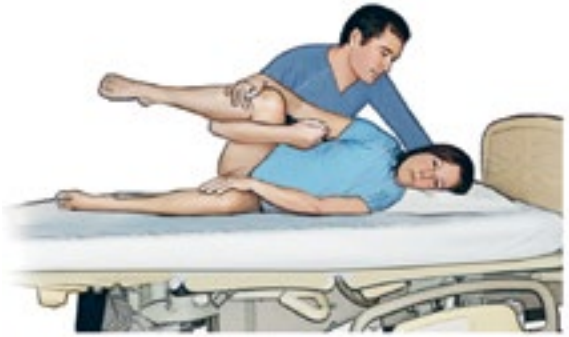
If you have an epidural, the pushing sensation is lessened and may even be entirely absent at the beginning of the second stage. The pushing feeling will come later, as your baby descends with the contractions. Normally, you can wait to push until you feel the urge to do so. Your efforts will then be more effective—you'll do a better job of pushing and won't have to push as long.

Pushing positions

The following page shows examples of the various positions you can try during the second stage of labour. Get help from the father or the person and professionals accompanying you to find a position that is comfortable and effective for you. Feel free to change positions when you want.

Possible pushing positions



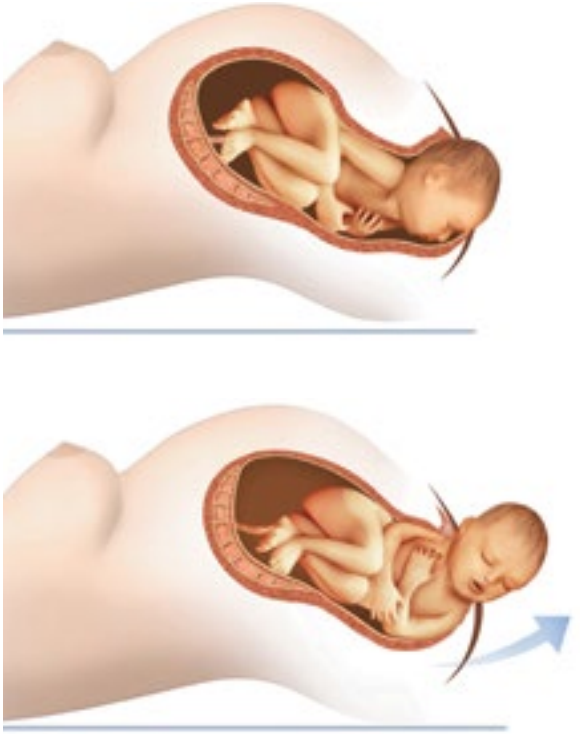


Illustrations: Maurice Gervais

Birth of your baby

The time when you push is an intense experience for you and those accompanying you. As your baby prepares to enter the outside world, the top of his head will appear. If he likes, the father can get into a good position to see the baby's hair. You can also watch your baby's progress using a mirror set up in the birthing room. After the top of the head, the baby's face will appear. Another big push and the baby's shoulders and rest of his body will come out.

Birth of the baby



Illustrations: Maurice Gervais

Just after birth, your baby will announce his presence with his very first sounds. He will then be placed on your belly. The health professionals will dry your baby off and make sure he's doing well. If needed, they will clear the secretions out of his nose and mouth.

With both of you under a warm blanket, you can cuddle your baby. At last you can marvel at his tiny face, his fists, and feet, and meet his gaze. Your baby's instinct will be to nurse for both food and comfort. The professionals assisting with your delivery can help you start breast-feeding.

Jean-François Bohémier

The health professionals usually ask the father if he wants to cut the umbilical cord.

Third stage: Delivery of the placenta

Delivery of the placenta

Your baby is born, but the delivery isn't over yet. Contractions will continue for a little while longer to deliver the placenta.

After the placenta is delivered, your uterus will continue to contract to regain its original shape and to prevent haemorrhaging. The first few times your baby breast-feeds will stimulate the production of a hormone called oxytocin, which increases contractions of the uterus. If the contractions aren't strong enough, there is a risk of haemorrhaging. Your abdomen will then be massaged at the uterus to stimulate it to contract, or else oxytocin will be given as a medication for this purpose.

First moments with your baby

The next few hours are a precious time to welcome your baby and get to know him. The health professionals, who up to this point have been helping very closely, will now be more discrete.

Right after birth, if you are both doing well, your baby is placed directly on your chest, skin to skin. Ideally your baby will stay with you for at least two hours, his head covered with a hat and his little body wrapped in warm blankets.

This helps him gently transition to life outside the uterus, the contact allowing him to maintain his body heat and regularize his breathing and heartbeat. In addition, the skin-to-skin contact makes your newborn feel safe and makes breast-feeding easier.

If your condition does not allow it, this skin-to-skin contact can be done with the father or another significant person. If you cannot enjoy skin-to-skin contact right away, don't worry, you will have the opportunity later on and your baby will be just fine.

Your baby will enjoy the warmth of your body or discover comfort in his father's arms. He will recognize the voices of his parents. Your baby will stick out his tongue, blink his eyes, breathe more quickly, move his lips, turn his head—it's time to get to know one another! This is a wonderful and emotional time of discovery for all, one that marks a special period of bonding as a family.

If you are both doing well, your baby will benefit from snuggling against your chest in direct, skin-to-skin contact.

Possible interventions during labour

Inducing labour

When should labour be induced?

Labour will generally be induced if there is a rupture of the membranes but contractions have not yet started, or if you have exceeded 41 weeks of pregnancy. In other rare situations the health of the mother or baby may justify inducing labour.

Methods used to induce labour

There are several different ways to induce labour, and the method chosen will depend on many factors, like how ripe the cervix is and whether or not it is your first delivery. There may be several steps involved.

First the ripeness of the cervix is evaluated. If your cervix is still closed, a gel or small tampon soaked in hormones will be inserted to ripen the cervix through contractions. This will allow it to become softer and effaced (thinner). The cervix will then dilate or open a few centimetres. Sometimes a catheter with a small balloon attached is inserted into the cervix. The balloon can then be inflated inside the cervix to open it. These two methods may sometimes cause discomfort but they help prepare your cervix for the next stage of the induction process.

Contractions may then be induced or intensified—if you are already having them—using the drug oxytocin, administered intravenously.

Also your amniotic membranes can be artificially ruptured (breaking your water). This intervention is generally no more painful than a cervical examination and does not harm your baby.

Stimulating labour

Once labour has begun, either naturally or by induction, your health professional may suggest stimulating labour if your cervix is not dilating and your contractions are too far apart or not strong enough.

The frequency and strength of contractions are increased using intravenously administered oxytocin. Once the oxytocin starts to take effect, you often need to continue taking it until your baby is born.

Monitoring the baby's health

During the active phase of labour, your baby's well-being is checked by listening to his heart with a fetal stethoscope or portable ultrasound machine. During this phase your baby will be monitored this way every 15 to 30 minutes.

In many hospitals and birthing centres, electronic fetal monitors are used to check the baby. Two sensors are strapped to your abdomen and connected to a machine that produces a tracing. The monitor tracks your baby's heartbeat and also records your contractions and the baby's movements.

Electronic fetal monitoring may be done intermittently, every 15 to 30 minutes, for example. But if your baby needs to be watched more closely, continuous electronic fetal monitoring will be done. This means you will be connected to the electronic fetal monitor for a prolonged period. If the monitor bothers you or you would like to move around more, ask if the frequency of monitoring can be modified to allow you more freedom of movement.

The staff can explain what the tracing means. There's no need to worry if you stop hearing your baby's heartbeat. Most of the time it's because the baby or mother has moved and the sensor is no longer in the right place. Tell the staff so they can readjust it.

When and why is monitoring used?

When?	Why?
During the last trimester	To make sure your baby is doing well if: • You have health problems (diabetes, hypertension); • There are concerns about your baby (reduced movement, underweight, insufficient amniotic fluid).
When inducing or stimulating labour with drugs	To make sure your baby is doing well and to determine the frequency of contractions. Monitoring continues until the baby is born.
During labour	To make sure your baby is doing well, to determine the frequency of contractions, and to see how your baby is handling them, if: • You had a pregnancy without complications and you're having a normal labour. Many hospitals suggest you be monitored for 20 minutes when you arrive and then every 15 to 30 minutes thereafter, based on the intensity of the contractions and how dilation is progressing (intermittent electronic monitoring); • There is any doubt about your baby's well-being, or if the situation requires more in-depth evaluation; • You request an epidural during labour, in which case you will probably be connected to a monitoring device until the baby is born; • You are planning for a vaginal birth after caesarean (VBAC); • You have had a high-risk pregnancy.

Epidurals and analgesic drugs

In hospitals, certain drugs can be administered to ease birthing pains. The options available are the epidural, narcotics, and nitrous oxide gas.

Epidural anaesthesia, often referred to as an epidural, involves injecting a local anaesthetic through a flexible tube (catheter) inserted between two vertebrae in the lower back. The drug numbs the nerves in the abdominal area and partially numbs the leg nerves.

The epidural diminishes the pain of labour, but does not stop the contractions. This drug is administered and managed by an anaesthesiologist. If you want to have the option of having an epidural, find out ahead of time if it is available where you plan to give birth.

If you decide to have an epidural, an evaluation will first be done to ensure, among other things, that this type of anaesthesia is not contraindicated for you. Once the epidural is in place, its effects can be adjusted to suit your needs by varying the amount of drug administered through the epidural catheter. This catheter will be removed after delivery.

Once under the effects of the epidural, you will no longer be able to move around, but you will be able to move your legs. You must stay in bed, lying down or sitting up.

You will be connected to an intravenous solution until after the birth of your child. You will probably be connected to a continuous fetal monitor, especially if you are to be given drugs that stimulate contractions. If you have problems urinating during labour, you may need a **urinary catheter**.

Epidural anaesthesia is the most effective way to relieve labour pain. However it can slow the progression of labour because it may diminish uterine contractions and prevent you from moving about as you did before. For these reasons it is not usually administered until labour is well underway.

The effects of the epidural may make it more difficult to know how to push when the time comes for your baby to be born. This is why vacuum extractors or forceps are more often used to deliver a baby when the mother has an epidural. Epidurals do not increase the risk of having a caesarean.

Other drugs are also used, but less often than an epidural.

▶ **Urinary catheter:** A flexible tube that allows urine to drain freely from the bladder. The catheter is inserted into the bladder through the urethra.

Narcotics are administered as injections. They decrease the sensation of pain without eliminating it completely. They can make you sleepy and nauseous and have the same effect on the baby. Sometimes the baby requires medical monitoring for a few hours after birth until the drugs are eliminated from his system. These drugs have no long-term effects on the mother or baby.

Nitrous oxide is not widely used. It is a gas administered through a mask that partially relieves pain during labour or delivery.

Episiotomy

An episiotomy is a cut (incision) in the **perineum** that is made just as the baby is about to be delivered. It may occasionally be used in situations where the baby needs help to exit more quickly. The cut is then sutured under local anaesthesia.

Episiotomies are no longer done routinely because they have been shown to increase the risk of deep tears to the perineum.

▶ **Perineum:** The part of the body between the vagina and the anus.

Caesarean section

The caesarean (C-section) is a major surgical procedure performed when the baby cannot be delivered through the vagina. It is employed if there are health risks to you or your baby.

The procedure involves cutting open the mother's abdomen and uterus to remove the baby. The incision is usually horizontal, above the pubic hair.

The caesarean is generally done under an epidural or spinal block. The spinal block is similar to the epidural, but the drug is injected into a different region of the spine with only a needle (no catheter) and in a single dose. It allows for a faster anaesthesia. In both cases only the lower body is anaesthetised and the mother remains conscious. In rare cases general anaesthesia is used.

Caesareans may be planned in advance or decided upon during labour if the unexpected occurs. In most cases, the spouse or other person of the mother's choice may be present during the procedure, which takes place in the hospital.

Reasons to have a caesarean

In Québec, almost one in four women give birth by C-section. There are several reasons that could lead one to a caesarean. These reasons may be related to the mother, the baby, or to labour itself. Below are examples of different situations that may arise.

Planned caesareans:

- When the placenta covers the cervix (*placenta prævia*)
- In certain cases of breech birth (e.g., the baby presents feet first)
- A previous caesarean combined with obstetric conditions not favourable for vaginal delivery

Unplanned caesareans:

- The baby is in a position that does not allow for a safe delivery.
- There are concerns about the baby's health.
- Labour has not moved far enough along.
- The mother has major medical problems.

Possible consequences of a caesarean

Most C-sections go well, but like any surgery caesareans may have consequences.

Short-term effects of a caesarean delivery include the following:

- Abdominal and pelvic pains that may require the use of drugs
- Longer hospital stays, about 3 to 4 days
- Difficulty urinating (use of a catheter)
- The need to have a person present in the hospital room to lend a hand during the first 24 hours
- Longer recovery than for vaginal delivery

Since it is a surgical procedure, the caesarean may bring about certain complications: admission to intensive care, infection, bleeding, **thrombophlebitis**, injury to internal organs, and readmission to the hospital after the birth of the baby.

Over the long term, the caesarean may affect future pregnancies by increasing the risk of a placental disorder (placenta prævia). There is also a small risk of uterine rupture.

Not many significant consequences for the baby are associated with this surgery. Some babies can be injured by the manipulations performed during the caesarean. Likewise, mild respiratory distress is more common among babies born by caesarean. A baby born by C-section may have a lower body temperature. The practice of skin-to-skin contact with the mother or father can help alleviate this situation.

▶ **Thrombophlebitis:** Inflammation of a vein associated with clot formation.

Recovering from a caesarean

At the hospital

You will be able to start breast-feeding and enjoy skin-to-skin contact with your baby right away, or a little later, depending on how you're doing. It may be more difficult to start breast-feeding after a caesarean due to the pain and discomfort involved in moving. The support of your family and health professionals during this time will help you overcome these difficulties.

At the hospital, you will be encouraged to gradually start walking, drinking, and eating as the effects of the anaesthesia wear off and you feel better. Recovery from a caesarean will be easier if you move about.

You will also have vaginal bleeding (lochia) (see Physical recovery of the mother, page 210). While you have lochia you should use sanitary pads rather than tampons.

The pain of the incision and numbness of the skin in the surrounding area may be uncomfortable. The presence and duration of the pain and numbness vary from one woman to another. Your doctor can prescribe drugs for pain relief. The incision will heal in the weeks following childbirth.

Usually a baby born by C-section does not require any special care.

Before you leave the hospital, a health professional will tell you how to care for your wound and will give you advice on dealing with your specific situation. You will also be given tips on how to care for your newborn. Feel free to ask any questions you may have.

Returning home

You should rest for two weeks following a caesarean but not remain in bed. During this time your activities should be limited to taking care of your baby, your personal care, and moving about as much as possible to ensure a prompt recovery. Having someone around to lend you a hand during this period is helpful.

Once the bleeding and vaginal discharge have subsided you may consider bathing and swimming. It is recommended you give yourself a few weeks before resuming all your activities, such as driving, heavy lifting, certain physical activities and sports, or sexual relations.

Recovery and energy levels vary from one woman to the next and from one day to another. They depend on several factors, such as your baby's needs, the amount of sleep you get, and available help. The important thing is to be tuned to yourself and not overdo it.

It's also possible that while recovering from a caesarean you will experience varied, sometimes contradictory emotions. Some women may be relieved to have a healthy baby, but feel disappointed or dissatisfied with their delivery, while others may just be happy they made it through an exhausting and inefficient labour.

Each experience is unique, and the first impressions a woman has after undergoing a caesarean or a difficult delivery can evolve over the years.

When to contact a doctor?

Once back home after a caesarean, contact your doctor right away if:

- You see signs of a possible wound infection (redness, discharge).
- You experience one of the problems discussed in the section Physical recovery of the mother, page 210.

The first few days

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Your stay at the hospital or birthing centre 200
When the unexpected happens 203
Physical recovery of the mother 210
Get some rest 214
Baby blues 215
Depression 215
Sexual desire 217
Birth control 218

Mélanie Marineau

Your child is born at last. Who does she look like? Her daddy? Her mom? Maybe a distant relative? Whatever the case, your baby is unique, and now it's time to get to learn all about her.

Skin to skin

Skin-to-skin contact with your newborn in the first hours, days, and weeks of life soothes and comforts her. Skin-to-skin contact is an excellent way to discover your baby and strengthen the emotional bond.

Enjoy skin-to-skin contact as often as you like. Just place your baby, with just a diaper on, directly on your chest and cover her in a blanket.

Skin-to-skin contact with the mother's chest can make breastfeeding easier.

Skin-to-skin contact can start right after birth and go on for a long while. Your baby will feel warm and safe snuggled up against you.


Dominique Belley

If you plan on driving home, a car seat is mandatory for your baby's safety from the moment you leave the hospital or birthing centre. You will find all the information you need to know on page 617.

Your stay at the hospital or birthing centre

Hospital stays generally last 2 days after vaginal delivery and 3 to 4 days after a caesarean section. At birthing centres, the stay is usually about 24 hours.

Your hospital stay is an ideal time to get to know your baby and learn how to look after her. Take full advantage of it.

Most hospitals are encouraging parents to room-in with their newborn. This gives them more time to get to know their baby and begin taking care of him, with a nurse nearby if they need help or advice.

Staying together will also let you nurse your baby on demand. These first moments together are precious.

During your stay you must also complete the paperwork required when there is a birth.


Ulric Laroche

From Tiny Tot to Toddler

When the unexpected happens

All parents want a healthy baby. But sometimes the happy event doesn't unfold as expected.

Even under the best conditions, things may not go as planned. Deciding to have a family brings great happiness and also some degree of uncertainty.

If your baby suffers from an infection, birth defect, or other health problem she may require hospitalization after birth or in the days following. This comes as a shock to parents who must learn to live with this new reality and adjust to a role different from the one they envisaged.

The birth may also occur before the date scheduled. The baby is considered to be premature when birth takes place before 37 weeks of pregnancy. A premature baby may require some of the special care presented in the table on the following page.

Care of premature babies

Birth	Care
Before 34 weeks	Transfer to a neonatal intensive care ward in a hospital that has one. Your baby may • Receive phototherapy (exposure to light in an incubator) if she has jaundice • Be placed in an incubator to keep her warm • Receive intravenous solutions • Receive help breathing • Receive help feeding
34 to 37 weeks	Extra care, but less of it. Your baby may • Receive help feeding • Receive phototherapy (exposure to light in an incubator) if she has jaundice • Receive help breathing (only in rare cases)

A few suggestions for difficult moments

You may feel guilty and helpless if your baby is hospitalized for a complication such as premature birth, infection, birth defect (whether discovered before or after birth) or another health problem. Whatever the situation, here are a few suggestions to help you through these difficult times.

You don't know what's happening

Don't be afraid to ask questions about your baby's health and the treatment she's receiving. If you have worries about the care and treatment, ask if an alternative is available. She's your baby and you have the right to be involved in decisions affecting her.

It is the responsibility of members of the care team to keep you informed. However, time constraints sometimes make having these conversations difficult. Ask them when the best time to talk is. If you never get to see the doctor, find out when he or she usually visits.

You need support

If possible, ask your family and loved ones to help you by taking care of the house, minding your other children, or taking turns being with your baby. It's possible you may not always be able to be at the hospital, especially if you have other children.

In the case of a prolonged hospital stay, it's essential you rest yourself so you can stay healthy and be able to care for your baby when she first arrives or returns home. Remember that your child will need you not only during the hospitalization but afterwards as well.

Feel free to ask for psychological help if you feel you need it. Specialized hospital teams include social workers and psychologists.

Your hospital's specialized team can advise about help you can receive at home. You can also request a follow-up with your CLSC when your child is discharged from the hospital. It's important not to neglect post-hospitalization care, which may also be difficult for some parents.

If your baby is suffering from a chronic illness or has a particular health problem, check if there are resources for parents of children with the same problem. The help of other parents who face the same challenges can be useful.

The following website lists many resources available across Québec:

laccompagnateur.org
www.laccompagnateur.org

There is also an association to support parents of premature infants:

Préma-Québec
1-888-651-4909 / 450-651-4909
www.premaquebec.ca (in French only)

Suggestions for making a hospital stay easier

Many parents want to stay by their hospitalized baby's side. Sometimes when they are able, the father and mother can take turns beside the crib during the day, or may want to spend the night. Check with your hospital to see what options are available. For example, see if they can offer a room where you can stay with your baby if you want to. Some hospitals may however have space constraints that make staying with your baby difficult.

Your baby is in an incubator

Don't hesitate to ask for help touching your baby in the incubator or holding her in your arms or kangaroo style, i.e., skin to skin under a blanket. Feeling your presence will help your baby. If you're unable to take her out of the incubator, ask if you can put a scarf or piece of clothing that smells of you beside her.

Breast-feeding when your baby is in the hospital

Your baby may be able to nurse and take in part or all of the milk she needs. Even if your baby is not yet able to suck, it is important to stimulate your breasts in the hours after birth to get your milk production going. Express your milk until your baby can breast-feed on her own. Your milk can be refrigerated or frozen until she is ready. At that time supplements can be added to your milk if necessary.

Ask for help expressing your milk. Breast pumps are often available in intensive care wards. Don't be discouraged if you get only a few drops the first few times. Your breasts need regular stimulation to produce what your baby needs.

Don't forget that your baby has a tiny stomach and only needs a few drops of milk when first starting to breast-feed. Having a photo of your baby, being close to her, or making skin-to-skin contact for a few minutes beforehand can help you express more milk.

If you weren't expecting to breast-feed, it's not too late to think about it. Premature babies and hospitalized newborns have special needs, including the antibodies only your milk can provide.

Who is allowed to visit?

Some hospitals may allow visits by your other children and members of the immediate family. Be sure your visitors are not sick when they come to see your baby. Even an ordinary cold can be serious for a newborn.

It can be a good idea to talk with your other children about what's going on. The baby's siblings also have concerns about the baby's health. Reassure them that what's happening to your baby is not their fault. Slightly older siblings may believe their jealousy of the new baby has caused the complication. You can also get them involved in caring for the newborn whenever possible.

Death of a newborn child

While not uncommon years ago, today it is fortunately rare for a child to die before birth or in the first few days of life. The cause is usually extreme premature birth or birth defects. Whether it can be explained or not, losing a baby is always traumatic for the parents and family.

When a baby dies during pregnancy, the mother is often requested to deliver it naturally or through induction. After delivery it can be particularly trying for her to go through the physiological postpartum response, such as lactation and bloody discharge.

At the hospital some parents may ask to hold their stillborn baby in their arms, to dress her, or take photos. Subsequently an autopsy may be performed to determine the cause of death. Various funeral options (e.g., cremation, burial) may be proposed.

Back home it's normal to go through periods of shock, outrage, disorientation, and sadness. The intensity of the emotions experienced and the time needed to recover will vary from person to person. The two parents often do not mourn in the same way or at the same pace.

Parents who have experienced the death of a newborn say that the presence and support of their loved ones helped them through the ordeal.

There are also support groups for parents who have lost a child. These groups can provide valuable assistance to parents as they go through the mourning period, and they can share their experience with other bereaved parents. You can also see a health professional (e.g., psychologist, social worker) for counselling individually or as a couple.

Consult your CLSC to find out about services offered there or other services in your area. You can also seek help from these organizations:

Centre d'études et de recherche en intervention familiale (CERIF-deuil)
This centre provides telephone and email support.
1-800-567-1283, ext. 2387
deuil@uqo.ca

You can check with Commission des normes du travail du Québec for details about absences and leave you may be entitled to (see Parental leave and preventive withdrawal, page 713).

If your baby died after 19 weeks of pregnancy or after her birth, you may also be entitled to receive maternity benefits under the Québec Parental Insurance Plan.

Commission des normes du travail du Québec
1-800-265-1414 / 514-873-7061
www.cnt.gouv.qc.ca/en/leaves-and-absences/family-events/birth-adoption-or-termination-of-pregnancy/index.html

Québec Parental Insurance Plan
1-888-610-7727
www.rqap.gouv.qc.ca/travailleur_salarie_autonome/evenement-particulier/index_en.asp

Physical recovery of the mother

You're happy, but tired—this is normal! It will take a few weeks to get your usual energy level back. Be patient. Try to take care of yourself and don't hesitate to ask for help when you need it.

Your body needs some time to recover. Back home, if you show signs which worry you, don't hesite to contact the CLSC nurse or consult your physician or midwife.

! After you return home, consult your doctor right away or go to the emergency room if

- You show signs of haemorrhaging
  - You soak one regular sanitary pad an hour for two consecutive hours
  - You lose large blood clots (e.g., more than one egg-sized clot)
  - Your bleeding increases rather than decreases
- You have a fever—temperature of 38.0 °C (100.4 °F) or higher
- You have severe abdominal pain not relieved by analgesics
- You have difficulty breathing
- You have a new pain in your leg with swelling

Go directly to the emergency room if you show signs of shock: agitation, weakness, paleness, cold and damp skin, or hot flashes and palpitations.

Blood loss

For the first day or two after childbirth your blood loss (lochia) will be heavier than during menstruation. Eventually the bleeding will diminish and the blood will change texture and colour. It may be mixed with mucous (a whitish substance). The colour will gradually change from pink to brown, becoming paler, and it could turn yellow.

Occasionally you may pass a blot clot. This happens generally in the morning after urinating or breast-feeding. So long as the bleeding lessens after passage of the clot there is no need to worry. Be aware that unusual physical effort or a caesarean delivery may cause redder and more abundant lochia.

Lochia usually lasts three to six weeks. During this time, use sanitary pads, not tampons.

Contractions

You may feel uterine contractions, especially while you are breast-feeding. If this isn't your first pregnancy, you may experience more contractions than during previous pregnancies. If you need relief from the pain, contact your health professional.

Hygiene

You can take baths safely and as often as you like after giving birth, as soon as you get home. These quiet moments will give you a little time-out for yourself. Hygiene is very important. Here are a few helpful tips:

- Take a shower or bath once a day or more in a clean bathtub without oil or bubble bath.
- Change your sanitary pad at least every 4 hours.
- Always wipe from front to back.
- Wash your hands after using the toilet.

However, don't give yourself a vaginal douche.
You can go swimming as soon as your bleeding is lighter.

Perineum

After a vaginal birth your perineum will remain sensitive for a while. It's also normal that the labia are more open and the vulva looks and feels different.

Don't worry if you have stitches: they will not come loose when you go to the bathroom. After bathing, let the stitches dry before you get dressed.

You can do exercises to tone your perineum. Several times a day contract the pelvic floor muscles as if you were holding in urine and then relax them. You can begin these exercises a few days after delivery even if you have stitches since these exercises stimulate blood flow and promote wound healing. You can gradually work up to 100 contractions per day.

Urinating and bowel movements

It is normal not to have a bowel movement in the first two to three days after vaginal delivery and three to five days after a caesarean. However, if this persists you may be constipated. This often happens after both a vaginal delivery and a caesarean. If this is the case, follow these tips:

- Eat high fibre foods like bran cereal, whole grain bread, raw vegetables, fruits, legumes, and nuts.
- Drink plenty of fluids.
- Go to the bathroom when you feel the need.
- Drink prune juice or eat prunes.

If these measures fail you can try a laxative. Opt for a fibre-based product (e.g., Metamucil®) and drink enough liquid so that your constipation doesn't worsen. You can also take a stool softener like docusate (e.g., Colace®).

After delivering you may feel a burning sensation when urinating—try spraying your vulva with warm water. It's normal in the first few days after delivery to have trouble retaining urine and gas. If this annoyance persists, mention it to your doctor during a follow-up visit.

Exercise

About two weeks after vaginal delivery you can resume your activities gradually. As soon as you feel up to it, it's a good idea to get out of the house. You'll feel better for it. It's best to start with short walks because at the beginning you will tire more quickly and perhaps suddenly.

There are exercise programs designed for new moms and their babies, many of them organized by municipalities. Books and DVDs on postnatal exercise can also be helpful.

Weight

Most women get back to their normal weight without any special effort. Within a few months your body will exhaust the fat reserves it accumulated during pregnancy. Eat a healthy diet and be patient! Don't expect the weight you gained over nine months to disappear overnight.

Resist the temptation to lose weight quickly, especially if you're breast-feeding. Losing 1 to 2 kg (2 to 4 lb.) a month is reasonable. A woman who is breast-feeding should not follow a strict weight-loss diet. A low-calorie diet can diminish your milk production and energy level.

Get some rest

It's a good idea to take the first few days after your baby's birth to rest. If possible, adjust your rest period to your baby's feeding schedule, i.e., try to sleep when your baby sleeps. Don't get up except to wash, eat, and care for your baby. Your partner or another friend or family member can help you change diapers, bathe the baby, run errands, and prepare meals.

During the first week, you should not schedule other activities apart from caring for your baby and yourself. Until about the third week you will need the help of others to take care of housework, cooking, and looking after your other children.

Taking naps during the day is a good idea as long as your baby is still waking at night.

All new mothers need rest and a helping hand to recover from the demands of childbirth.

Baby blues

After the birth of your baby it's normal to have mood swings and crying periods. Many new moms experience the baby blues for short periods of time. The baby blues follow the birth of the baby and can last from a few days to two weeks. Hormonal changes and fatigue are largely responsible for this temporary depression.

Here are few tips to help you feel better during this time:

- Get your family and friends to help out a little more.
- Take a break or nap when you get the chance.
- Talk about how you feel.
- Take care of yourself.
- Talk to other parents.
- Enjoy skin-to-skin contact with your baby.
- Most importantly, let the tears flow, and don't worry—it's perfectly normal!

If this temporary depression goes on for more than two weeks or if you feel more and more sad or irritable, you may be experiencing postpartum depression.

Depression

Depression is not a rare disease. About one in ten women experience depression during pregnancy and about two in ten experience depression after delivery. Men can also suffer from psychological distress or depression during the pregnancy or after the baby is born.

When a person is suffering from depression they usually experience sadness or a general loss of interest and overall pleasure in daily activities. They can also show some of the following signs:

- A decrease or increase in appetite or weight
- Trouble sleeping (sleeping too much or difficulty sleeping)
- Agitation or psychomotor impairment (e.g., slowed speech)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt (e.g., the impression of not being a good parent or not being able to establish an emotional bond with the baby)
- Difficulty concentrating or indecisiveness
- Thoughts of death or suicidal ideas

Some of these signs can be confused with normal changes that occur after childbirth (e.g., fatigue).

Men may have the same symptoms as women but express their distress differently. For example, they may be more aggressive or irritable, have mood swings, and feel physical discomfort such as stomach aches, headaches, or difficulty breathing. Some men may also exhibit hyperactive behaviour (devoting many hours to escaping into work or sports) or excess consumption of alcohol or drugs.

Unlike the baby blues, which is temporary, the changes in behaviour and mood associated with depression are present almost every day for at least two weeks.

If you notice these changes in yourself or in your partner, consult your family doctor or your midwife. You can also contact your CLSC or a psychologist. Psychological treatment and drug treatments are available for depression.

Sexual desire

Many women and some men say they feel less sexual desire after the birth of the baby. Fatigue, adapting to parenthood, time and energy invested in caring for the baby, physical or emotional complications and hormonal changes can all lead to a decreased interest in sex.

Most couples resume sex a few weeks after delivery. For some, it may take longer for various reasons, including the tender state of your vagina and perineum, continued blood loss, or general fatigue. Over time the desire for intimacy and sexual relations should rekindle. Don't rush yourself and don't feel guilty if it takes a while for your desire to return.

During breast-feeding, your body releases hormones that can prevent your vagina from producing sufficient lubrication. You can use a water-based lubricant to facilitate genital fondling and penetration.

Don't put off sharing intimate moments with your partner until you have more free time. On occasion you can entrust your child to your family or friends so you can go out together for a change of scenery.

Birth control

Don't forget about birth control. You can get pregnant even if you have not had your period.

If you are not exclusively breast-feeding or not breast-feeding at all, ovulation can occur as early as the third week after delivery or a caesarean. If you are exclusively breast-feeding, ovulation may be delayed. However do not count on breast-feeding to prevent pregnancy. Instead, use a birth control method. This will prevent an unplanned pregnancy.

Birth control methods

Your choice of a birth control method depends on your preference and your personal situation, which should be assessed by your health professional. This assessment can be done at the end of pregnancy or before you leave the hospital or birthing centre.

The table below describes the birth control methods available.

Birth control methods

Method	When you can start if you have no contraindications	Precaution if breast-feeding: make sure your breast milk production remains optimal
Condom	From the start of sexual relations	
Copper IUD	Any time after a vaginal delivery or C-section	
Hormonal IUD (Mirena®)	Any time after a vaginal delivery or C-section	✓
Progestin-only pill (Micronor®)	Any time after a vaginal delivery or C-section	✓
Contraceptive injection (Depo-Provera®)	Any time after a vaginal delivery or C-section	✓
• Diaphragm • Cervical cap	Six weeks after a vaginal delivery or C-section	
Combined hormonal contraceptives, i.e., that contain oestrogen or progestin: • Pills • Contraceptive patch • Vaginal contraceptive ring	• Six weeks after a vaginal delivery or a C-section • Depending on your situation, your health professional may advise you to begin earlier	✓

If you use hormonal contraceptives (pills, patch, ring, injections, IUD with hormone) and you are breast-feeding, it's possible you will experience a slight drop in milk production. If you notice a problem, contact a lactation consultant, your midwife, your doctor, or a CLSC nurse.

When using the progestin-only oral contraceptives (Micronor®) be sure to take them at the same time every day. If you deviate by more than three hours from this time, use condoms during sex until you are back on your regular schedule for at least two days.

Don't stop your current birth control method before starting another immediately. To avoid unprotected sex, keep a supply of condoms handy.

Learn about birth control methods by visiting the website on birth control prepared by the Society of Obstetricians and Gynaecologists of Canada: www.sexualityandU.ca.

Breast-feeding and the lactational amenorrhea method (LAM)

If you want to use LAM as a birth control method, it is preferable to seek expert advice. This method is effective during the first six postpartum months only. LAM requires exclusive breast-feeding and the absence of menstruation.

If you use LAM or a natural birth control method (Billings, sympto-thermal), contact your midwife, doctor, a CLSC nurse, or the organization Serena for instructions or support. A lactation consultant can also help you if you use LAM.

You can also visit the following resource websites:

Serena (an organization promoting natural family planning methods)
www.serena.ca
514-273-7531 / 1-866-273-7362

World Alliance for Breastfeeding Action (WABA)
www.waba.org.my/resources/lam

Emergency contraception

If you have had unprotected or poorly protected sex, there are emergency contraception methods you can use.

Emergency oral contraception (EOC; the morning after pill) – It works up to five days after unprotected or poorly protected sex, at any time after a vaginal delivery or C-section, whether or not you're breast-feeding. The sooner it is taken after unprotected or poorly protected sex, the more effective it is. You can get it from a pharmacist without a doctor's prescription.

Copper IUD – Provided it is not contraindicated for you, your doctor can insert a copper IUD up to seven days after unprotected or poorly protected sex at any time after a vaginal delivery or a C-section.

Odile Ste-Marie

Dominique Belley

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Geneviève Hamel

Fetal position

During his first few weeks of life, your baby will often take up the same position he did in your belly. We call this the fetal position.

Size and weight

Babies born from 37 to 42 weeks of pregnancy are said to be full-term. They usually measure 45 to 55 centimetres (18 to 21 inches) and weigh 2,500 to 4,300 grams (5.5 to 9.5 lb.).

It's normal for a baby to lose up to 10% of his weight in the first few days of life. He eliminates his meconium and first stools. He also loses water because he was immersed in liquid throughout the pregnancy. And he's only drinking a little milk at a time. If born at term and in good health, he will be back up to his birth weight 10 to 14 days after birth.

Skin

A newborn's skin colour can vary from pink to dark red. His hands and feet are sometimes paler and may stay blueish for up to 48 hours. The skin may also be mottled. This is due to cold – your baby is still learning to control his own temperature. In most cases, the mottling disappears once your baby is in a warm place.

The skin is usually smooth, soft and transparent in places. It may wrinkle and peel, especially on the hands and feet. It is sensitive to heat and cold. At birth it may be covered with a whitish coating, which will be absorbed in a few hours or days. Some babies, even premature ones, can also have skin covered with a fine down, which goes away after a few weeks.

Eyes

The eyes of white-skinned newborns are blue-grey or slate blue. Darker-skinned babies often have dark eyes at birth. The eyes usually adopt their permanent colour at about 3 months old but may change up to 1 year. Newborns usually cry without tears, which appear at 1 or 2 months.

Head

Your baby has a delicate neck, but should be able to turn it sideways easily. If he has trouble moving it and it seems to hurt, he may have a stiff neck. If the stiffness persists, get advice from a health professional.

Pressure during labour and delivery sometimes deforms your baby's head. It will regain its round shape in a few weeks. The bones of the skull are not yet knitted. They are attached by a diamond-shaped membrane, the anterior fontanel. Located on top of the head, the anterior fontanel is supple to the touch and forms a small depression when

your child is sitting. You can sometimes see it beating with the heart. A smaller triangular fontanel is located on the back of the head. Fontanels are the most fragile areas of the head, but you can safely wash them and touch them gently. The bones of the skull will knit between 9 and 18 months, and the fontanels disappear.

A bump or swelling containing blood and/or other liquid may be visible beneath the scalp. It will cause the brain no harm and disappear without a trace, usually in a few days.

The baby's head is large and heavy. It needs to be supported when you pick him up.

Genitals

In **girls** the labia minora are swollen for 2 or 3 days after birth. There may be a whitish deposit between the lips of the vulva. Don't clean it off – it is excellent protection against bacteria.

During the first week, a few drops of blood may drip from the vagina. Don't worry; this mini-menstruation is caused by extra hormones coming from the mother before birth.

In full-term **boys**, the testicles have usually descended into the scrotum, which is purplish red. If they haven't, tell the doctor. The foreskin is the skin covering the head of the penis. Don't try to force this skin to move. It would be painful and might injure your child. Leave it to nature – in 90% of boys it will dilate and descend naturally at about 3 years old. In only a few cases, this won't happen until adolescence. Circumcision is an operation in which all or part of the foreskin is removed. It is not recommended because it serves no purpose. Some parents call for circumcision for religious or cultural reasons.

Swollen breasts

Both boy and girl babies may have swollen breasts, which may even produce a little milk. Do not try to release any milk. Everything will take care of itself in a few days.

Spots

The newborn may have small red spots between the eyes, on the eyelids or along the back edge of the scalp. They turn white when touched under slight pressure, and become more visible when your baby cries. They will disappear during the first year. Babies sometimes have bluish spots on the buttocks or back, which should be gone by the age of 3. Other marks are permanent.

Sneezing

It's normal for your baby to sneeze often. Because the hair inside his nose hasn't grown enough, he may sneeze up to 12 times a day to eliminate secretions that interfere with his breathing. It's not because he has a cold.

Hiccups

Your baby may also get the hiccups, especially after feeding. This isn't serious. It won't hurt him and the hiccups stop by themselves in a few minutes. Putting him back on the breast may also end his hiccups.

The need for warmth

Newborns need warmth but not too much. They shouldn't perspire. If the room temperature is comfortable for you, it is for him too. A temperature between 20°C (68°F) and 22°C (72°F) is perfect. Use light blankets; add and remove them according to the temperature. Don't wrap him up too much.

Urine

A baby who is drinking enough will urinate regularly. His urine is pale yellow and has no detectable smell. During the first week of life, he will urinate more and more often. By day 5, he will be wetting at least 6 diapers a day.

It's normal to sometimes see orange spots on diapers. Make sure your baby is feeding properly and often enough, wetting his diapers with plenty of urine, and gaining weight normally.

If your baby is urinating less often than usual, his urine is dark and has a distinct smell, it may be because he has a fever, because he's overdressed or simply because it's very hot. Increase the number of feedings or, if you're using a commercial baby formula, give him more water. In this case, it is recommended to take his temperature. If a baby under 3 months has a fever, see a doctor immediately.

Stools

During the first 2 or 3 days, the stools will be very dark, green or even black, and sticky. This is meconium; your baby is eliminating the residue remaining in his intestines from before he was born. Colostrum, the mother's milk during the first few days, has this cleaning function.

Then during the first year, the frequency and consistency of defecation will vary depending on what the baby is fed. You will gradually learn to recognize your child's normal feces. See your doctor if his stools are red or black because this may indicate blood.

During breast-feeding, stools may range from mustard yellow to yellow-green. They are liquid or semi-liquid and smell of sour milk.

During the first 6 weeks, newborns may have up to 10 bowel movements a day. After that, most babies have 2 to 5 plentiful movements a day as long as they're breast-fed; others have only one movement a week. If your baby is defecating infrequently but the stools remain soft, there should be no problem.

If your baby's stools suddenly change from soft to liquid, there may be a transient trouble. Some medications can cause a change; for example, an iron supplement may cause black or dark brown stools.

If your baby is healthy and developing normally, don't worry about his stools.

Talking with your baby

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Stéphanie Giguère

Your baby starts "talking" to you from birth onward. She cries, moans, babbles, wriggles and sometimes sucks intensely. By paying attention to all this, you are communicating with your baby. You can also talk to her with loving words; tell her what you are doing as you take care of her. She will feel safe and secure just at the sound of your calming words.

Your baby will listen more than talk during her first two years of life. This is normal because her brain is still growing. She is absorbing what she hears. She will learn to talk by repeating the sounds and words that she hears.

Crying

A baby never cries without a reason. Some babies cry more than others because no two are alike. It can be hard understanding a newborn sometimes, but with time you will get to know her just by being together. Her reactions will help you understand what she likes and doesn't like.

She feels safe and happy when she hears your voice.

For example, you'll discover different cries that mean different things:

- "I'm hungry, I'm tired!"
- "My diaper is dirty, I have gas!"
- "I'm too hot, I'm too cold!"
- "I need to burp!"
- "I'm bored, I need affection!"
- "I want to play with you, I need your attention!"
- "I'm having a bad day and I don't feel good!"

Sometimes, despite all your efforts, you won't understand why your baby is crying. When that happens, just try to stay with her and be calm. It will teach her that she can trust you.

During her first nine months, your baby doesn't have any real sense of time and can't handle being uncomfortable very well. She needs you to take care of her quickly. This way she learns that you are attentive to her and ready to respond to her needs. Comforting a baby every time she cries will not spoil her.

It is important to respond to a crying baby. She needs parents who are able to understand her unhappiness, anger and fear. This will help her feel loved.

Starting at 6 months of age, some babies might cry so hard they convulse and turn blue – in what is called a breath-holding spell. It will last less than one minute. The baby shrieks until she stops breathing for several seconds. She turns pale or blue, can no longer sit up and may fall.

This will likely upset you too, but stay calm. Stay with her and reassure her. She will quickly start breathing again on her own. Your child's health is not in danger. However, if the breath-holding spell occurs before the age of 4 months or lasts for more than one minute, it's a good idea to talk to her doctor.

Colic or excessive crying

Your baby is in good health, but cries heavily for more than three hours a day, especially at the end of the day or in the evening, often at the same time. Her face is red, her fists are clenched and her legs are curled up on her tight belly. She may have gas. It is very hard to comfort her. Between bouts of crying, she is cheerful and seems satisfied. She is gaining weight normally.

Little is known about this intense crying, which is often called colic. Colic seems to happen with some babies as they adapt to their new environment outside the womb and it may be because they are more sensitive. Breast-fed babies can also suffer from it. Colic occurs around the age of 2 to 3 weeks and decreases greatly around the third or fourth month. The most difficult period is around the sixth week. A doctor can diagnose colic at one of your baby's checkups. Medication is not usually recommended to treat colic.

Intense crying can also be a sign of allergies or other problems.

This is a soothing position for your baby.

What to do?

Make sure your baby is not hungry, cold or hot and that she doesn't need a clean diaper or to burp. Check that she doesn't have a fever and that she's drinking enough milk to satisfy her needs.

Here are some ideas to help soothe your baby:

- Find a calm area; play soft music.
- Speak softly to your baby and touch her. Place her on your stomach with her skin against yours, in a warm place. Massage or caress her.
- Many babies calm down while feeding; it satisfies their hunger while comforting them.
- Move her around, walk or rock her. A walk in a stroller, a car ride or an infant carrier often helps.
- Give her a bath. Some babies love water.
- Put her on her stomach on your forearm with her back against your stomach and her head in the crook of your elbow. Support your forearm on your abdomen with your hand between her legs. This is the "anti-colic" position.

If your baby is inconsolable

When you are tired or impatient, it's good to rely on your partner or someone you can trust who can give you a hand. Have someone replace you so that you can get out of the house or take a break from your baby's crying. When you come back, you will be able to pass along your sense of calm.

What if you are feeling overwhelmed and have no one to replace you? Put your baby in a safe place, like her crib, close the door and leave the room for a few minutes. You need a break. Seek help: a babysitter, relative, doctor, CLSC, volunteer centre or contact La ligne parents help line at: 1-800-361-5085.

Never shake an infant: you can cause permanent brain damage or even kill her.

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The need to suck

All newborns have the reflex to suck. Sucking the breast is natural and ideal for your baby. It is more satisfying than any replacement.

Not all newborns need a pacifier (soother). Many are content with the breast.

If your baby sucks her thumb or fingers, encourage her to change this habit as soon as possible: try a pacifier because it's easier to control. Your baby may occasionally need her pacifier for comfort but she should not have it in her mouth all the time. Gently remove the pacifier when it's no longer needed, to avoid creating a habit.

A pacifier can act as a gag. Don't be too quick to use it to calm your baby. She is trying to tell you something through her cries. Be attentive to find out what she really needs.

Sucking her thumb, fingers or pacifier can sometimes change the position of her teeth. Around the age of 2 or 3, help her gradually give up this habit. It's important she stop before her first adult teeth come in. The dentist or dental hygienist can give you advice. Sucking a pacifier can sometimes affect your child's pronunciation. A child who talks with a pacifier in her mouth is hard to understand and she will not learn to express herself properly.

To attach a pacifier to clothing, use the clips designed for this purpose.

! Never hang a pacifier around your baby's neck or wrist or attach it to her crib. The string could injure or strangle her. Don't use a safety pin.

Choosing a pacifier

If your baby needs a pacifier, choose one for her age. There are several silicone and latex models.

If your baby uses her pacifier for chewing, give her a teething ring instead. The pacifier disk must remain outside her mouth. If the baby chews it, it could break and she could swallow the pieces and choke.

Cleaning the pacifier

Before using a new pacifier, disinfect it according to the manufacturer's recommendations. Each time your baby asks for it, wash it in hot, soapy water and rinse it. Do not put it in your mouth; you may give her cavity causing bacteria. Pull on the disk to make sure it is properly attached to the nipple. This safety precaution is important, especially when your baby has teeth.

Check the condition of the nipple regularly. It must be very flexible. If it has changed colour or shape, is sticky or cracked, throw it out immediately.

Health Canada suggests you replace pacifiers after two months of use, no matter their condition.

Touch

Touch is the first sense a baby develops while in the uterus, from rubbing against the walls of the uterus or from feeling you stroke your belly to make contact. For newborns, feeding time is a comforting, reassuring, and special time you spend together.

Touch fulfills a need that is as important as drinking and eating.

Touch is a form of communication newborns seek. Holding her against your chest or your shoulder, and the way you rock her is comforting. Your caresses help her feel well, and calm her fears. Your kisses encourage her awareness of life. Through touch, you are showing your love.

Your baby will be thrilled if you like giving her massages! And it's not hard to do.

You can begin the massage on your baby's temples or the soles of her feet. Repeat the movements that she seems to like and follow your intuition. There are good books available about baby massage, or you can contact your CLSC. Baby massage workshops are also available.

Use bath time if there isn't a better routine time for the massage. Wash your baby with your hands rather than a cloth. Take the time to rub her body with cream. She'll appreciate this contact and the time you spend with her.

Massaging an infant is easy and relaxes her. It helps her body work properly and promotes her growth.

Baby massage

To give a successful massage:

- Choose a time when your baby is awake and receptive, preferably not too close to a feeding.
- Make sure the room is warm, comfortable and cozy.
- It's best to sit on the floor.
- Use a firm but gentle touch with your entire hand to avoid tickling her.
- Use a small quantity of vegetable oil (such as sunflower) warmed in your hands for pleasant contact. Try the oil on a small part of the body first to make sure there's no allergic reaction.
- Stay relaxed and be attentive to your baby's preferences.

Taste and smell

Newborns already have a sense of taste and smell. Very early on, they are able to recognize their mother by her smell.

The scent of milk draws your baby to the nipple to satisfy her hunger. Sucking gives her an intense feeling of well-being. The taste of breast milk can vary depending on the mother's diet.

When the father takes her in his arms for the first time, the newborn will also recognize her father's scent. It is good for father and child to share skin contact in the first few hours after birth.

Hearing

Your baby can hear at birth, and even before she is born. She is especially sensitive to the voices of her mother and father, possibly because she has often heard them while she was in the womb. She may turn her head toward your voices. Familiar sounds reassure your baby. Calling her in a soft voice can often calm her. Loud or sudden noises, however, will make her jump and may upset her.

Most babies born in Québec have normal hearing. At birth, about six babies in 1,000 may have hearing problems. However, it's difficult for even the most attentive parents to evaluate a baby's hearing during the first few months of life. Some hospitals are beginning to offer screening for deafness at birth through a simple, quick and safe test. The test is normally given while the mother and baby are still in hospital.

If your baby doesn't have this test, you should make sure she reacts to the sound of voices and noises without seeing what is making the noise; for example, the sound of a dog barking behind her head or the doorbell ringing. Normally around the age of 6 to 9 months, she will turn towards the sound of the noise. If this doesn't happen, it's a good idea to talk to your doctor who can direct you to resource people that can help (audiologist, ORL or ear, nose and throat doctor).

The ears of newborns can stick out somewhat. Nothing can be done to correct it at this age. You can talk to your doctor about it before your child starts school.

Sight is an important way for your baby to communicate.

Eyesight

From birth onward, an infant can see faces, shapes and colours, and prefers faces and geometric shapes. Sight is an important way for your baby to communicate.

At the age of 1 month, she will look for and at light that is not too bright. At 2 months, she can start seeing the difference between colours and can use her eyes to follow a person or object that moves slowly. Her field of vision increases to that of an adult's at about 1 year. For more information, see Eye problems, page 576.

My baby skin is ten times more sensitive than yours, Mom. So I like the gentleness of JOHNSON'S® HEAD-TO-TOE® Baby Wash.

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Sleep

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Marie-Ève Murray

Sleeping safely

Your baby should sleep on her back on a firm mattress in a crib that meets Canadian safety standards, from birth onwards. The blanket should be the only extra thing in the crib.

Recommended by the Canadian Paediatric Society

Tragically, every year there are reports of deaths of babies who were sharing their parent's bed. For this reason, the Canadian Paediatric Society states that during the first six months of life, the safest place for a newborn to sleep is in her parents' room in her own crib.

For her own safety, your baby should sleep on her back, in her own crib.

Do you sleep with your baby?

To avoid an accident, make sure you:

- Do not sleep on a couch or similar piece of furniture (armchair) with your baby;
- Use a firm mattress (no soft surfaces or water beds);
- Keep enough distance between the mattress and wall that your baby doesn't get stuck;
- Never let a newborn sleep alone in an adult bed.

In all circumstances:

- Never sleep with your baby if you have been drinking, taking medication that makes you drowsy, or have taken any other drugs (marijuana, crack, etc.);
- Never sleep with your baby if you are extremely tired (more than usual).

In these cases, it is much safer for your baby to be in her crib.

If you are unable to sleep well when you're in the same room as your baby, you could have her sleep in a secure crib in another room. The quality of your sleep is very important.

Your baby must sleep in a safe place even when you are travelling. Never, under any circumstances, put your baby to bed in an adult bed and don't use pillows. If you don't have a crib, a blanket placed directly on the floor can act as a temporary safe bed for a baby who is less than 6 months old. Using a playpen or a mattress on the ground can be a solution for putting your baby to bed when you are travelling.

A car seat should be used only for transporting your baby in the car. Car seats and baby seats should not be used in place of a crib as they are not a safe place for sleeping.

Car seats must be used for all vehicle travel with your infant. During baby's first month of life, try to avoid taking him on trips of more than one hour at a time. If you must take your newborn on a long trip, it is a good idea to take frequent breaks. Newborn babies have very little muscle tone and they tend to slide down in their seats, which can constrict their breathing. Stop every now and then to take your baby out of his seat and move him around.

When you go for walks, your baby will be safest and most comfortable sleeping on her back in a stroller. The back of the stroller should fold down flat or almost flat, and your baby should be properly strapped in.

! Be careful; your infant is not safe in her baby carrier if you are sleeping or lying down while wearing the carrier.

Sudden infant death syndrome

The sudden death of an infant under the age of one usually occurs while the baby is sleeping. We still do not know the cause of Sudden Infant Death Syndrome (crib death).

The main risk factors for Sudden Infant Death Syndrome are:

- being exposed to her mother's smoking during pregnancy;
- sleeping on her tummy;
- ending up with her head completely covered by blankets.

Here are some recommendations to reduce the risk of Sudden Infant Death Syndrome:

- Avoid smoking during pregnancy. Tobacco by-products absorbed by mothers who smoke are passed from the mother's blood to the baby's blood via the placenta.
- Place your baby on her back to go to sleep. Tell anyone who looks after your baby to do the same. Healthy babies won't suffocate when they sleep on their backs. When your baby begins turning over on her own, you can allow her to sleep in the position that she prefers without any danger.
- Avoid using comforters because they can easily cover your baby's head as she moves around.
- Avoid using pillows, bumper pads or other similar items in your baby's crib. Your baby could suffocate against these objects if she is on her stomach or accidentally turns onto her side or stomach.

You can swaddle your baby in a blanket. In this case, make sure that she sleeps on her back and isn't too warm.

Infant sound and movement monitors do not replace these precautions. All these safety measures must be followed even if you use a baby monitor.

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Preventing a flat head

Sudden Infant Death Syndrome happens 50% to 70% less often since paediatricians have recommended that infants sleep only on their backs. But if a baby always sleeps in the same position, in her crib or car seat, she may end up having a flat head. The medical term for this is positional plagiocephaly.

Since the bones of the baby's skull are still soft, the part of the head lying on the mattress flattens with pressure. A slight flattening of the head will disappear on its own. A more pronounced flatness may be permanent but will not harm your baby's brain or development.

Your baby needs to spend some time on his tummy every day.

To prevent a flat head, the Canadian Paediatric Society recommends changing your baby's position in the crib every day.

- One day, place your baby with her head at the head of her crib.
- The next day, place her head at the foot of the crib.

Make sure she is always looking towards the room, not towards the wall. You can also put a mobile on the side of the crib facing the door to encourage your baby to look in that direction.

Your baby needs to be placed on her tummy for short periods of time every day when she's awake and is with a parent. This will help her grow and prevent flat spots from forming on the back of her skull.

Sleep in the first weeks

Your baby will sleep and wake according to her needs and feelings. Some babies wake almost only to nurse. Others are awake longer from their first days out of the womb. The amount of time they stay awake will be longer as the weeks pass.

As with adults, newborn babies go through different sleep cycles: drowsiness (light wakefulness), calm sleep and agitated sleep. When your baby is in her agitated sleep cycle, she may make sucking movements, frown, cry, smile, jump, tremble, groan, breathe hard or move. This is normal. No need to wake and comfort her. However, you may want to wake her if she needs to be encouraged to feed.

Sleep at around 4 months

At 4 months, the average amount of time a baby sleeps is 14 to 15 hours per day. Babies will start to sleep longer through the night.

At about 4 months, babies usually have a more regular and predictable daily routine. Because you've paid close attention to your baby from the time of birth, she will feel safer and more secure. She will be able to wait a bit longer for things. She learns to comfort herself by putting her hand in her mouth. Little by little she learns to fall asleep on her own. Beginning at between 4 and 6 months, some babies won't need to feed during the night anymore. Others will still need to – possibly even more so than during the weeks before.

The bedtime routine helps your baby get ready to sleep.

Gradually you will recognize more and more of your baby's signs of fatigue.

Bedtime routine

It's a good idea to make bedtime a relaxed, happy time. Repeating the same actions every night will create a bedtime routine that makes going to sleep easier. Turn on a night light in the hall and leave the bedroom door partly open.

If you stick fairly close to your routine each day, your baby will start to understand when it's bedtime. For example, develop a routine of a warm bath, quiet game, a story, soft music or a song.

A lot of parents enjoy this time of the day with their baby, and take the time to rock her to sleep. Others prefer that the baby learns to fall asleep on her own.

If you want, once the routine and quiet time are finished, put your baby in her crib even if she isn't fully asleep. When your baby learns to go to sleep on her own it means she can go back to sleep on her own in the middle of the night if she wakes up during a period of light sleep.

There's no right or wrong way in your bedtime routine. The important thing is for you to feel comfortable with the routine you choose.

Sleeping through the night

Sleeping through the night is what adults do; babies have different sleep patterns. A baby's sleep schedule can in fact vary quite a bit from one baby to the next. "Sleeping through the night" generally means five or six hours of sleep between 11 p.m. and 8 a.m. About 70% of 3-month-old babies sleep five hours at night; 85% do at 6 months, and 90% at 10 months.

Follow your baby's rhythm and needs. When feeding at night, you can keep things calm and quiet so she learns the difference between night and day. For example, keep the lights very dim and resist the very natural urge to speak to her.

Sleep after 6 months

Most babies between the ages of 6 and 12 months sleep 8 to 10 hours a night for a total of about 15 hours a day.

Sometimes, 6- to 12-month-old babies start waking up again in the night. This is the normal period for separation anxiety. You might also notice during the day that your baby reacts more strongly when you leave her, when you go to another room or when you put her to bed. When she wakes up crying at night, you can reassure her simply by being there and talking softly to her. Often, just your voice and touch will make her feel better. Remember that it's normal for babies to have wakeful periods. Your baby can learn gradually to go to sleep by herself.

Remember that whatever your baby needs to go to sleep is the same as what she will need to go back to sleep when she wakes in the middle of the night. If she needs to be breast- or bottle-fed or to be rocked to go to sleep, she will probably need you to help her go back to sleep when she wakes in the middle of the night.

If you want her to learn to go back to sleep on her own, you need to teach her first to go to sleep on her own in the evening. If she does need you there, you can try teaching her to go to sleep on her own by gradually decreasing the amount of time you stay with her each evening.

If your baby cries a lot at night, you should check to make sure she's not sick. Take her temperature. If it happens often, talk to your doctor. He or she can reassure you about your baby's physical well-being and support you during the difficult period.

If your baby doesn't have any health problems, think about your bedtime routine and see if it can be improved to encourage sleep.

Sleep between 1 and 2 years old

A 1- or 2-year-old child sleeps 8 to 12 hours per night. Generally, up to 18 months, your child needs two naps per day, one in the morning and the other in the after-noon. Beginning at about 18 months to 2 years, she may need only one nap. Sometimes she will be in a bad mood when she wakes up. Be patient and wait a bit before getting back to regular activities. Remember that each baby's sleep needs are different, and they decrease as she grows.

Sleep problems

A lot of children aged 1 or 2 cry at bedtime. They are going through a normal period of separation anxiety, which can last to 18 months or more. Their fears make it harder for them to be without you at bedtime. Keep your bedtime routine with a gentle firmness. This will help reassure your child.

From Tiny Tot to Toddler

Nightmares and night terrors

Beginning at age 1, many children have night terrors. The child may scream and cry, yet seems to be sleeping deeply. You don't need to wake her or do anything in particular, unless you think she might hurt herself. If you can't console her, don't worry, she will calm down soon.

If she wakes up in a panic and seems very awake, she probably had a nightmare. Being there to reassure her will help her fall back to sleep calmly.

And don't worry, night terrors and nightmare problems generally go away as your child grows. Several books offer tips on how to teach older children to deal with the problem.

Disturbed sleep

If your child wakes up at night, try the bedtime routine we suggested previously for children over the age of 6 months. If you have trouble creating a bedtime routine, or if your child keeps waking up at night despite your routine and you're concerned, talk to a health professional.

Your child's sleep is disturbed if:

- She wakes often during the night (more than two times);
- She wakes for a long period during the night (more than 20 minutes);
- She needs you when she wakes at night;
- She wakes more then four or five nights out of seven;
- She's woken up during the night for at least three months.

In these cases, getting help is a good idea. Reading about the problem or talking to a professional can be useful.


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Langis Michaud

Children grow and develop gradually. But some days the progress is surprising and delightful! Your child needs simple but essential elements to grow in mind and body. He needs food, physical care, sleep and security. He needs to develop significant relationships with the people who take care of him, and in whom he trusts. For this bond to be created, your baby needs to be:

- Loved as he is, with all his strengths and weaknesses;
- Surrounded by love and be touched;
- Encouraged and supported with gentle words;
- Stimulated by people who talk and play with him;
- Guided in his experiences by a few clear rules.


Nicolas Delaitre

Bit by bit the bond between you and your child grows through the care, affection, attention and time you give him.

Bonding

In order to grow, a child needs to develop a bond of trust with one or more people who are sensitive to his needs and who reassure him when he is afraid. This bond known as "attachment" is created through the daily care, affection and attention you give to your baby and the time you spend with him.

Here are a few tips to help your child gain confidence:

- Hold him often in your arms, especially when he cries.
- Take time to play and talk with him.
- Learn to get to know him and to take his personality into account.

Sense of confidence

Your baby sends you signals (sounds, crying, arm and leg movements, frowns, etc.) to express his needs. You learn to understand them as you try to respond. It is important to pay close attention to these signals to determine the appropriate response to his needs.

Your response should also be prompt and reassuring for your baby, especially when he is crying. That's how he'll gain confidence in you. Your baby will know you're there for him.

Here's an example of a prompt and reassuring response: as soon as baby begins to cry, Dad picks him up. When Dad realizes that the baby is colicky, he takes him out for a walk in the baby carrier. If this works to relieve your baby's end-of-day colic, then he's reassured that his parent is there for him.

If your baby has confidence in you, he will have confidence in himself. This sense of confidence is necessary for your child to explore his world. He will feel safe if he knows his parent is there to help and comfort him in a moment of trouble. Some more sensitive children need more time to feel confident.

Since children gain confidence from the people that take care of them regularly, it's normal for them to react against separation from their parents. It is usually around the age of nine months that toddlers have a difficult time coping with separation.

When you're back together with your child, he may show he was unhappy about the separation or instead show his joy at you being there again. After a bit of time close to his parents, he will feel safe and confident again.

Temperament

From birth, a newborn has a character and manner of his own. Each baby has his own ways. Here are the kinds of differences you can see in babies:

- How energetic they are;
- How regular they are in terms of appetite, sleep and bowel movements;
- Their reactions to new experiences;
- Their ability to adapt to new things;
- Their sensitivity to noise, light and texture;
- How much they react to good and bad events;
- Their mood;
- Their ability to concentrate;
- Their ability to persevere.

Take time to observe your baby to get to know him. Your observations are important. They will help you adjust how you treat and care for your child. You'll also learn to guide your child in his learning and discoveries.

Some babies are considered "easy." They wake and eat according to a regular schedule. They're generally in a good mood and are somewhat active. These babies, like others, also need a routine but they adapt well to changes and new situations. In response, their parents simply learn their own way of taking care of them.

Other babies are "more sensitive." The care and attention they need change from one day to the next. They don't adapt as easily to new things and sometimes cry a lot. They may be irritable for a number of reasons. Some are more sensitive to light, others to noise and others to movement.

These children require flexibility and patience. Daily care becomes a routine that is good for them and reassures them. It's important that you keep up your efforts to give warm and constant care even when your child is irritable and unhappy. Your presence and your calm make them feel better.

If your six-month old baby is very active, you can help him focus his attention and concentration. Looking at children's books with him for several minutes is helpful. Over time, his interest and attention increase.

Some babies are more "cautious." They're calm and take time to observe before acting. They're a little more timid about new activities. They take their time, and may resist change. Because they often make less noise and require less attention, they may seem to be more independent. But even though they take their time, they understand and learn to explore, to socialize and to play with others.

It is good to encourage them to discover new things at their own speed. Your child will feel understood, respected and encouraged in his learning. Be sure to take plenty of time to play often and regularly with your child even if he's calm and undemanding. Quiet children need physical games too.

To interact is to stimulate

Children need a lot of contact with the people around them, especially their parents. From the time they're born they have everything they need to interact: sight, hearing and touch. As they grow, their ability to interact improves.

You can enjoy great times with your baby while caring for and playing with him. Use those times to stimulate your child's abilities. Interaction with your child creates a happy relationship that allows your baby to get to know you and learn to predict what comes next. After 6 months, he needs you to be able to relate to objects and the world around him. You are introducing him to life outside the womb.

Your baby understands language several months before knowing how to express himself. Speak to him, use words to describe what you are doing and your actions. "Look, Mummy's going to feed you now." "Daddy is giving you a bath." Don't be afraid of repeating yourself; he is taking in what he hears and learning to remember.

By playing with your child, you help his development.

Playing to learn

Playing is essential to your child's growth. Through play, he shows his joy for life and discovers his body, family and home. All children love playing for two very good reasons: it's both fun and instructive.

Mum and Dad's games are different but they also complete each other. Play is like your child's first schooling. Your child learns skills and gains confidence in himself. He will make his greatest discoveries during the first two years of his life.

He will learn to:

- Crawl, walk, climb, run and dance (general motor skills);
- Use his hands and fingers to hold and handle objects and develop hand-eye coordination (fine motor skills);
- Understand language, talk, interact;
- Develop his intelligence;
- Get to know the world around him and his place in it;
- Be proud of his successes and develop a sense of confidence.

Toys

The toys you choose should be appropriate for his age and be safe (see Choosing toys, page 628).

Be sure to give him stimulating toys. For example, a dog on wheels that he has to pull is better than a battery-operated puppy that he just has to watch. And be sure to take time to play with him.

He needs help learning to discover his new playthings. Time with Mum and Dad is always better than a more complicated toy, especially if it's forgotten in the bottom of the closet.

The best toys aren't the most expensive. Many household objects can amuse young ones: pots, plastic utensils, bowls and of course the quintessential cardboard box (beware of staples!), which becomes a house, tunnel, car, hat and so on.

Instead of filling your child's toy box, rediscover your own childhood joy. Have fun with your little one! Help stimulate his growth – and yours! Play with him, pamper him; you'll discover the joy of being together.

A few suggestions

- Store some toys for awhile. When you take them out again, your child gets to discover them all over. That way you can rotate the toys in your house or even trade with friends.
- Toys play different roles at different ages. At first, your baby will handle them and put them in his mouth. Then he will figure out how they work or start piling them on top of one another.
- After very active games or before bedtime, it's a good idea to choose a calm activity. Read a story, rock the teddy bear to put him to bed, hum a lullaby.

Questions about language

Babies begin communicating from the time they leave the womb. Slowly they learn the language that will let them express themselves and interact with the people around them. The step-by-step development of language is described beginning on page 282 in Stages of growth.

Parents may worry about how well their child is learning language. Before worrying, remember that children learn at different speeds. Some are slow to speak, others are quick. Temperaments are different too: some children are quieter, others like to talk.

In this section, we will try to answer the most common questions from parents about language.

It's best to put yourself at your child's level so he can see your face when you speak.

How should I speak to my child?

Use simple words and sentences that are not much longer than your child's. Speak more slowly and repeat what you say often. Your child will no doubt come up with words like "wawa" for water, "woof-woof" for dog, and "banket" for blanket. Help him learn the right words. When he says "wawa," offer "Yes, water."

You can also use words and sentences to describe what you and your child are doing. As he grows, you will naturally adapt to his level.

He doesn't talk; what do I do?

It's important not to pressure your child. Keep your interaction enjoyable. Try these strategies to get him to express himself:

- Create funny situations that will interest him. For example, pretend to try to put his boots on your feet, or pretend to fall asleep when you're playing with him;

- Try to avoid responding to his needs before he asks. He will no doubt find sounds, words or gestures to express what he wants;
- Ask questions that require more than a yes or no answer. For example, "What would you like to eat?";
- Offer a choice when he points to what he wants: "Would you like an apple or a banana?";
- Say the beginning of the word or sentence: "You want the ba…" (balloon); or "You want the…" (balloon);
- Place things out of reach so he has to ask for them;
- Encourage all his attempts at using a new word and congratulate him.

I don't understand what he's saying. What do I do?

Without blaming him, tell him that you don't understand.

It's important to encourage all his attempts to communicate, even if you don't understand. If you understand a few words, try to ask about the rest of the sentence: "Something happened to your teddy bear?" If you have no idea, ask him to show you.

His pronunciation is wrong; what do I do?

When a child learns to speak, some sounds come early, like *p*, *b*, *m*, *t*, *d*, *n*, while others develop later. The *r* and *l* sounds appear between 2 to 2 ½ years and 5 years. The *s* and *z* sounds appear at around 2 to 2 ½ years, but they're often deformed or spoken from the tip of the tongue in 5- to 6-year-olds.

The *sh* and *j* sounds appear at around 3 ½ years and may be learned at only 7 years in some children – no reason to worry before then. Many children replace *sh* with *s* and *z* (e.g., shoe ➔ soe, jam ➔ zam).

To help your child learn to say sounds correctly, repeat the words in the right way, emphasizing the sound he mispronounced. For example, if he says "woud" for "loud," help him by stretching the correct sound and saying it louder: "LLLLLLoud." Don't force him to repeat it. And keep your conversation enjoyable by not repeating too often. What he says is so much more important than how he says it.

When should I see a professional?

Remember that to speak your child needs first to be able to hear. If you're worried about your child's hearing, talk to your doctor.

Some aspects of learning to speak and communicate are very important. We encourage you to ask for advice from a health professional if:

At about 6 months, your child does not react to your voice or noise. He doesn't babble and doesn't smile.

At about 12 months, he stops making sounds. He doesn't react to familiar words, like his name and the names of people close to him, his teddy bear and favourite games. Your child doesn't look you in the eye, and doesn't seem interested in communicating through gestures or sounds.

At about 18 months, he isn't using any words. He doesn't point. He doesn't understand simple and familiar instructions, such as "give" or "come here."

At about 24 months, he doesn't combine two words, and expresses himself mainly with gestures. He doesn't imitate sounds or words.

At about 3 years, strangers are unable to understand him. He doesn't speak in sentences. He doesn't try to communicate. He doesn't understand simple sentences. He's not interested in other children.

Some situations can increase the risk of language problems. You should talk to a health professional about such situations, which are listed below. Together, you will be able to decide if a special consultation is required.

- Low birth weight;
- Prematurity (less than 37 weeks);
- Lack of oxygen at birth;
- Speech, language or learning difficulties in the family;
- Hearing problems in the family;
- Drug or alcohol consumption during pregnancy;
- History of repeated ear infections;
- Your child speaks loudly or needs things repeated often.

Should he see a speech-language pathologist?

Language is essential to your child's growth and ability to communicate. When he gets to school, he will need to be able to express himself and be understood. If you notice that his speech is delayed or he has specific troubles, it would be worthwhile to see a speech-language pathologist. Your doctor can help you find one.

The local CLSC, hospital or rehabilitation centre might offer such services. Schools also offer support, but it's better to help your child before he gets to school. Waiting times for seeing a speech-language pathologist lead some parents to pay for one through the private sector.

A complete list of speech-language pathologists and audiologists in your region is available through the Ordre des orthophonistes et des audiologistes du Québec.
514-282-9123 / 1-888 232-9123
www.ooaq.qc.ca

Setting limits

All children need limits. As parents, you respond to this need according to your values but also taking into consideration your child's character, age, and physical and emotional needs. It is important for him that the rules in your family be simple and clear.

Providing clear, simple rules

Love also means setting rules. Rules exist to help keep your child from getting hurt, from hurting others and to teach him to respect others and the world around him. He needs rules and limits, but since he doesn't know what they are, he needs you to teach him.

We usually begin to teach a child rules when he starts to move around on his own with ease; in most cases, that's at about 9 months. From that age on he's able to learn simple rules.

Your little one will follow a rule if you explain it to him taking into account his age and his ability to understand and remember what you are asking him. Teach him one rule at a time and go on to the next only when the last one has been well integrated into his day-to-day routine.

At the age of 18 months, take time to explain the "why" of a rule. Use clear, simple, descriptive language that shows him exactly what you expect from him. This will make it easier for him to understand, accept and respect this rule.

Learn to say NO

Be consistent: when you say no, stick to your word. For example, if you've just told your child he's not allowed to touch the oven door, but he tries to do it anyway, you should say NO firmly.

You can then move him away from the door and offer him a toy as a distraction. If he starts playing with it, praise him. If he cries, repeat no softly, taking care to reassure him.

If he is old enough to understand, explain why this is not allowed. If he gets up and returns toward the oven door, simply say no once again and repeat the process. Usually it takes several times, so don't be too discouraged.

Individual parents have their own style of educating their children, probably learned from their own parents; they can be adapted to today's realities. Some are more permissive, others more strict. The most important thing is to be aware of your own approach and to respect your children.

Keep the emotional bond

From the time your baby was born, you've created a strong emotional bond with him. This will help you a lot when it comes to setting rules. A child who feels loved, understood and respected will be much easier to guide than one who doesn't feel appreciated.

Simple, clear instructions are followed more promptly.

Discipline is necessary

Discipline exists first to keep little ones physically and emotionally safe. It also makes living with others possible – for your child today and in the future. For discipline to work, both parents must decide together what is and isn't allowed. That way, you can set clear rules without contradicting each other.

Clear rules for staying physically safe – This means preventing behaviour that could be dangerous for your child and that could result in him being hurt. For example, you don't allow him to climb something that's not stable. You can make discipline easier by not having too many unsafe things around – make your house safe.

A routine for emotional well-being – Your child needs a routine. He likes things to happen in about the same order each time. That way he can learn to predict what's happening and how it will affect him. He will feel reassured if meals, bedtime and leaving for daycare follow a predictable routine.

Rules that teach cleanliness and politeness – On the one hand, you teach your child to eat with a spoon, put objects away, use the potty and brush his teeth morning and night. On the other hand, you can also teach him some basic rules that will make his life in the outside world easier later on:

- Washing his hands before meals;
- Saying please and thank you;
- Not talking at the same time as someone else;
- Waiting his turn.

A few tips for making discipline easier

- Place yourself at eye level with your child so that he looks at you and is listening when you teach or repeat a rule.
- Be sure to get his attention before explaining a rule; avoid having him be distracted by noise or a game.
- Use games to pass on some aspects of discipline. For example, little ones love to be with their parents and to imitate them. Playing a game of pretending to be a grown-up can help teach your child to pick up his toys and clothes.
- Congratulate your child with a kind word or a smile each time he listens and follows a rule.

Reward good behaviour

Help your child learn good behaviour through the rules you set by congratulating more than scolding. Put more time and energy into encouraging than arguing. Work to guide him toward acceptable and good behaviour. The results will be much better than constantly having to reprimand.

A child that is given too many instructions and scolded too often is likely to become upset or discouraged.

Recognize and congratulate your child's good actions. This will teach him about your expectations and reassure him about his skills and abilities. A child's self-esteem grows through his daily experiences; this is how he develops a positive image of himself. Success and happiness, like frustrations and problems, will teach him about life.

The challenge for parents is to balance encouragement and correction.


Pascale Turcotte

Don't hesitate to acknowledge your child's good behaviour and to congratulate him on it.

Teach patience

Between 9 and 12 months, you can start teaching your child that he can wait a few minutes before getting what he needs. But be sure to be reassuring during these first waiting periods. Keep talking with him, saying for example, "Mommy's on the phone; I'll be with you in two minutes," or offer him a toy.

This will help him learn to be patient little by little in daily situations, for example, while you're making supper, taking care of another child or answering an important phone call.

The terrible twos

During this infamous time of no-no-no, which is usually between about 18 months and 3 years, children experience the need to go against anything asked of them. They are in fact going through their first assertiveness crisis. They are testing what they've learned and learning more.

Little by little, they understand that not everything is allowed, that there are consequences to our actions, and that rules and limits are part of living with others. Avoid confrontations. It's a good idea to offer choices within limits that are acceptable to you. This will satisfy his need for independence. For example, if the child has to put away his toys, ask if he would like to pick up the blue blocks or the red blocks first.

He won't follow the rules?

Your job of parent-teacher isn't easy. But it's crucial. The sooner your child learns the rules of the house, the easier and more enjoyable it will be to live with him. You'll have more time to do interesting things together. It will also be easier for him to accept rules in other situations, like at daycare. Your household rules get him ready for life outside home, where the rules will be similar to yours.

When the rule is essential to your child's well-being, such as bedtime, don't hesitate to keep your word. Be persistent without being aggressive. Avoid repeating an instruction over and over without making sure it's respected; otherwise your child will learn that he doesn't need to obey.

If your child refuses to follow a rule you've taken care to explain, you must be firm. It will show in your face and the tone of your voice. Don't hit your child. It will only teach him to be afraid, to be disrespectful and to be aggressive. It will teach him to hit to get what he wants, because that's the model you'll be showing. There are more effective ways.

Be firm – Firm means clear and consistent. Some children need more rules and supervision than others. As parents, you are in the best position to adapt to the needs and character of your little one.

Look at a common example: the grocery store crisis. Your little angel throws a devil's fit because you won't give him the candy he sees. He cries, kicks and screams. He even tries to hurt you and rolls on the floor. Obviously, everyone is now watching, some who understand, others who don't.

What to do?

Withdrawal – In this kind of situation, a good trick is to say "enough!" with a firm tone and get your child out of the situation. Once away and at a distance from spectators, explain calmly but firmly to your child that you will not

continue getting the groceries until he understands that he will not be getting any candy. This kind of radical change in the situation should surprise him and get him to change his mind.

Wait for the calm to return before going back to get your groceries. It may seem that you're wasting time, but the limits you're setting with your child are essential and will save you time in the months ahead.

This approach – called withdrawal – means you remove your child from a difficult situation for several minutes to explain what you expect of him. It's better than punishment, which often leaves the child not understanding why he's being scolded or what's expected of him.

Love, respect, flexibility, patience and persistence are the qualities you have that will allow you to teach your children well.

Worthwhile efforts

Couples need to work together to create healthy discipline. The daily and necessary efforts you make are an investment in the future. By gradually teaching your child the rules of life as a family and as a society, you are making him able to follow the rules on his own later in life.

Many books are available in stores or libraries if you would like to read more about discipline.

Stages of growth

Here are a few tips to help guide you on the great adventure of being a parent. They offer guidelines on your child's growth and give you some ideas for ways to have fun with him.

Remember that the ages we use are only approximate. Children grow at their own individual pace and may learn new skills sooner or later.

The age of a premature baby (born before the 37th week of pregnancy)

Babies born early must make up the weeks they lost in their mother's womb. This doesn't happen magically when they're born but takes place slowly over the first 2 years. Use your baby's corrected age when looking at progress on growth charts and comparing with other children. If not, you may expect too much.

To correct the age of a baby born before term, count from the birth date that was expected. For example, if the expected birth date was March 1st but your baby was born on January 1st, he is two months early. In this case, when you calculate your baby's corrected age, subtract the two months from his actual age. On April 1st, his real age will be 3 months, but his corrected age is 1 month.

We encourage you to consult the Association des parents d'enfants prématurés – Préma-Québec (see Associations, agencies and support groups, page 750).

The following pages offer information about different levels of growth at each age:

- Motor skills;
- Communication and language;
- Understanding (cognitive growth);
- Relationships (socio-affective growth).

Birth to 2 months

Fine motor skills

During his first few weeks, your baby moves but has little control over his movements. His senses are awakening. If you touch the inside of his hand, he'll try to grasp your finger. He will look at a mobile over his crib. Around 1 month of age, his eyes will follow a moving object. Shake a rattle near him and he will react to the sound.

The baby's fine motor skills are poorly organized and his movements are not voluntary. This is normal. This is the reflexive stage, which will disappear as the brain matures.

Moro's reflex means that your baby will jump when he hears a loud noise or is moved quickly. This is not a sign that your baby is nervous.

The sucking reflex is well developed. This allows your baby to feed himself or to calm down by putting his hand in his mouth.

An offshoot of the orientation reflex will make your baby turn his head if you tickle his cheek or arm. It helps your baby look for the breast.

The automatic stepping reflex appears when babies are held standing. He will try to walk on the examination table (the doctor can show you this). Your baby can't support his own weight yet, nor will stimulating this reflex help him walk sooner.

Understanding

Watch your baby and you will see he is born with some extraordinary abilities. He does exciting new things every day. He is not too small to play, and can imitate some gestures like sticking out his tongue and opening his mouth. He can tell the difference between black and white and bright colours.

Relationships

Newborns immediately begin recognizing faces, and their memory is growing. They look for your face, and can find it. Their emotions are intense and hard to control; they need your help in doing so. Their emotions are expressed through everything from crying to cooing and babbling.

Language

Crying is your baby's first way of communicating. At first, babies cry as a reflex, not by choice, usually when something is bothering them. They have different ways of crying to tell you about different needs, such as food or sleep.

They coo from the earliest months. They don't understand the meaning of words but can sense emotions such as joy, anger and tenderness in your tone of voice. They react to loud noises. Your baby recognizes your voice and likes to hear it. In his own way, he is already communicating!

Activities

Talk with him. Talk softly. Tell him a story or sing him a song. Imitate the sounds he makes and watch for his reaction. By doing this, you will be helping him to pronounce sounds and learn tones and rhythms. He will want to join in the conversation.

Say his name often; soon he will recognize it. Move around while calling him; he will move his head in the direction of your voice. Do this often. It is important for learning speech.

Look at your baby when he is in your arms; both of you will get to know each other better.

From 2 to 4 months

Fine motor skills

Your child is beginning to control his head movements and hold his head up better and better.

He is becoming more active. When lying face down, he raises his head and pushes up bit by bit using his arms. He moves his legs and explores his hands and feet. He loves to be touched and kissed and nuzzled, and for you to move his feet like pedals and to play with his hands. He will grab a rattle and try to suck on it. Don't be surprised; for quite a while he will try to put everything in his mouth. This is how he learns. You'll see him playing with his tongue and saliva and making bubbles.

Language

Your child will make different sounds depending on what he needs. He's moving toward babble ("dada, mama, baba"). He reacts to familiar voices and the sound of his toys. He will also smile in reaction to your stimulations.

He doesn't understand words yet, but likes it when you hum or sing to him because he recognizes your voice and feels safe. He pays attention to the tune and your gestures. If he cries, talk softly, he may calm down. He may pay attention to music.

Relationships

The first social smile usually appears in the second month. The human face interests the baby, who answers a smile with a smile. At 2 months, he starts becoming interested in other babies and may become excited when he sees one. At 3 months, he is becoming more and more aware of other members of the family.

Understanding

Your baby repeats pleasant actions he has learned by accident, such as sucking his thumb and putting toys in his mouth.

Activities

Touring the home. Give the baby a detailed tour of your home. Show him and tell him what's in it. He will try to grab things, practicing his hand-eye coordination.

Tickling. At bath time or while playing, help your child discover textures. Tickle him with a toothbrush, paper tissue, teddy bear, dry washcloth, plastic toy, etc.

Introduce your child to new textures.

From 4 to 6 months

Fine motor skills

Your baby is stronger now and holds himself better. Lying on his back, he raises his head, pedals and puts his feet in his mouth. If you pull on his hands, he rises and his head follows the movement. His back is straight but he still needs to be supported. Lying on his front, he rolls over onto his back with pleasure.

He looks at his hands, puts them in his mouth, grabs things easily, holds them well but sometimes drops them. He will follow objects with his eyes but may sometimes squint. His vision is very good and he can distinguish small details.

Understanding

He likes fairly big, coloured objects hanging within reach. He enjoys looking at them, touching them and turning them around. He knows that if he moves the rattle, it will make a noise. He also knows that if he babbles, you'll pay attention for a longer time. When he drops something, he doesn't look for it.

Language

He expresses his needs by yelling, crying and babbling. He is improving the babble with sounds that respond to yours. He roars with laughter and sometimes shouts for fun. Exploring his voice, he tries sounds, repeats them and tries to imitate others. He watches people talking to him and looks for the source of a noise. When he is babbling, answer him. He will find out he can affect the world around him and learn to take turns speaking. Talk to him often.

Relationships

Now that your baby is more aware, he will be more active in seeking your attention. He may cry because he's bored and hopes you will come and move him around and babble with him. He may even interrupt feeding to look at mom and dad. It's a good idea to keep him in the same room you are in and talk to him. You can pick him up as often as you want, even if he's not crying.

At this age, the child is interested in the people around him. He looks for the sources of noise. He also recognizes family and friends. Take advantage of this to check:

- If he reacts when you smile at him;
- If he stops crying when you talk to him;
- If he turns toward you when you say his name;
- If he follows your movements without constantly squinting.

If he shows little reaction and you are worried, don't hesitate to talk to the doctor about it.

Activities

Lying face down. Place your child on his belly and put some safe and interesting objects in front of him. He will want to reach out, grab them and handle them.

Rattle. Your child will want to shake a rattle to make noise.

Lying face down, your baby will learn to coordinate his movements and learn shapes.

From 6 to 9 months

Fine motor skills

He is starting to move around on his belly. He rolls over. He's learning to crawl, backwards first, becoming more skilled and moving faster. Lying face down, he holds himself up with his arms. You can get him to move forward by offering him a teddy bear or a small ball. He can grab smaller and smaller objects and move them from hand to hand.

He holds the breast with two hands while feeding. He may even turn around while suckling to watch what's going on around him. His teeth sharpen and he will probably learn the joy of biting.

He is beginning to eat food. To be safe while eating, he must be close to you and fully secure in the highchair. He likes to play with his bowls and food. At about 9 months, his hand-eye coordination will improve. He can drink by himself from a bottle with a spout.

Language

Deliberate communications begin at about 7 months, mainly by gesture until 18 months. Meanwhile, the baby's babble is becoming more diverse and sophisticated, copying the sounds he hears. He is interested in people who talk to him, looking at them and answering to his name. He now starts using a few familiar words ("daddy, baby").

By about 9 months, your child understands familiar gestures. If you hold out your hand and ask for his toy, he might give it to you. A baby understands language before he tries to use it voluntarily. At this age, your child understands many words even if he can't yet say them.

Understanding

He likes mirrors and articles he can handle, turn and move. He enjoys large plastic cubes. He is fascinated by noisy games and will bang things against each other or the table, walls and floor. He likes squeeze toys that make noise. He will play the same game over and over. He doesn't throw things on the floor to make you

angry – he's learning how to throw and how things fall. Your child learns from the things you do with him. He is gathering knowledge and putting it to use.

At about 8 or 9 months you will notice that your child likes to look at his cubes, his teddy bear and his bowl from every angle – top, bottom, left, right, back and front. He's learning perspective. In front of a mirror, he tries to capture his image and yours; he examines himself. Tell him that it's him, and say his name, which he has known for a long time now.

Relationships

The baby is discovering his body and his parents' faces. He feels the need to touch them, to put his fingers in their mouth, nose and eyes. He pulls at their clothing. He laughs at the faces they make and becomes something of a tease. He tries to attract the attention of other babies by smiling and babbling when they meet. The fear of strangers may make him cry when he sees unfamiliar faces.

Help your baby discover the different parts of his body.

At 8 or 9 months, it will be hard to separate your child from the person who takes care of him the most. He will cry when you leave. Try playing peekaboo so he will understand that you're not disappearing forever when you leave. He'll learn to keep an image of you in his mind.

After you have left or when he wakes up, he may be worried to discover you aren't there. Always tell him, particularly if he's taking a nap, that you are going away and will be back soon. A child may become attached to substitute objects such as a doll or blanket to make up for absent parents. Be careful of this precious article and wash it secretly. Keep an identical spare if possible and switch on laundry day.

Help make your baby's separation from Mom easier by having Dad also spend lots of time with him. This will make it easier for your child to turn to another person in the family circle (see Importance of the father/child relationship, page 674).

Activities

Parts of the body. You can now play at identifying parts of the face. Then name parts of the body.

Peekaboo. Several times in a row, hide your face behind your hands then reveal yourself while calling "peekaboo." Start the game over using his favourite toy; he will be surprised and happy to see it reappear so quickly. At this age, children think that people or things they can no longer see have really disappeared.

Mirror, mirror on the wall… Put yourself and your baby in front of a mirror. Make lots of smiles and faces; he is learning to recognize both you and himself. Make noises with your mouth and he will try to answer them.

The wide world. Whatever the season, take him outdoors. It's good for his health and yours. Help him discover the world around him – trees, birds and flowers – and other children.

The tunnel. A big cardboard box with holes in both ends makes a fine tunnel to crawl through. Be sure to remove any staples first. Get down on all fours with your baby and you'll see the world from his point of view.

Blocks, balls, bottles. Give him blocks to pile, balls to push and floating toys. In the bathtub he will play with plastic bottles and small containers; he will love to fill and empty them. Don't use toys that don't drain because they make a fine home for bacteria and other nasty microbes.

Words and books. Reading stories is a good way to learn new words. Choose a book with simple colour pictures.

From 9 to 12 months

Fine motor skills

Your little one will want to explore every corner of the home. He races around on hands and knees and disappears before you know it. He's becoming more and more independent. He may not walk yet but he can stand up, squat and bend over.

Help him explore his surroundings by letting him play with everyday objects.

Using furniture for support, he stands up, takes a step or two and falls down. And starts over! His hand coordination is improving and he is becoming more and more capable of doing things. He picks up crumbs and tiny objects and holds them between thumb and forefinger. He still puts things in his mouth because that's how he discovers. So pay attention!

Language

Your child can understand what you tell him, especially if you speak plainly and use gestures as well as words. This is the stage when your baby starts to follow simple instructions (e.g., show me your nose). He knows "bye-bye" and "clap" and how to hide. He is beginning to communicate for specific reasons, to get something or attract attention.

You have to know what he wants because he illustrates his babble with gestures while saying "ba ba ba, ma ma ma" and so on, holding out his hand and eventually pointing to the thing he wants. He turns when his name is called and imitates the sounds you make. He also still enjoys noise-making toys, and can locate the source of a familiar but hidden noise or voice (from several metres away).

Relationships

He is becoming very sociable. He and the children he plays with are beginning to imitate each other. He cries when he can't see you any more. You are still the centre of his life but he is exploring the world around him with great curiosity. It can put your patience to the test but this curiosity is a sign of good development. He can begin playing alone, but would much prefer that dad be there to give him a friendly hard time. He still doesn't play with the same toy for very long, and he can choose between a stuffed animal and a doll.

Understanding

Your child enjoys imitating you. He is beginning to show interest in books and music. He really enjoys games of emptying and filling. He is able to use his knowledge in new situations. If you prevent him from taking something, he will look for other ways to get it. He can coordinate several actions to achieve a goal, such as crawling across the room to get a toy.

He links events and reactions, such as how his parents react to his crying. He is fascinated by the results of his actions, and may pull on the tablecloth to get the glass of milk on the table.

Activities

A ball. Sit on the floor face to face with your legs open. Roll the ball between his legs. Ask him to send it back the same way. He will be proud of himself when he sees you're happy he succeeded.

A toy chest. Give him a box full of colourful, washable toys such as balls, blocks, stacking rings and fabric animals. Keep him fairly near to you. He'll start playing by himself.

A cupboard for baby. Give him permission to go through a cupboard located away from the stove and full of plastic containers in various shapes and colours. While he plays with them you can work quietly in the kitchen. Don't forget to use security locks on all the other drawers and cupboards.

Your baby will love simply playing with a ball.

Smells. Use mealtime to introduce your baby to different odours, such as bread, meat, fruit, vegetables and spices. This will help develop his sense of smell.

Books. Let him handle his first books, made of cardboard or cloth. Point at things on the pictures and tell him their names. He will learn to identify them and later to name them.

From 12 to 15 months

Fine motor skills

Your baby can walk, or almost. But there's no rush. Children grow at their own pace. Maybe he prefers to wait until 15 to 18 months. Don't push it. He'll soon be climbing on the furniture and moving chairs around you.

He is very capable on all fours and can climb the stairs this way. He is learning about shapes, putting small cubes inside big ones, balls in holes, rings on a cone.

Understanding

He sorts objects by shape and colour. And he likes testing different actions. For example, if he drops an article down the stairs he'll throw another one down to see what happens.

Language

Children generally say their first words at about 12 months. A baby's first words will refer to people close to him (e.g., mommy, daddy) and to familiar articles (e.g., ball, doll). It's important to know that some words will not match adult speech (e.g., banky for blanket). He recognizes the names of familiar people and things. He enjoys repeating what he hears and continues to babble.

Relationships

Your child is very sensitive to his parents' emotions, especially in unfamiliar or threatening situations. A parent's worried or confident expression will affect his behaviour and feelings. Your young child is more sensitive to family mood than anything else.

During your baby's one-year medical exam, the doctor will ask you some questions about your child's growth; for example:

- Does he turn toward you when you call his name?
- Does he look directly in your eyes?
- Does he point at things to show his need or interest?
- Is he beginning to pretend (feeding a baby, talking on the phone)?

Activities

Decorating the refrigerator. Your child will have fun with fridge magnets. Moving them around helps teach the finger and thumb to pinch, and improves hand-eye coordination. Careful! Be sure the magnets are firmly assembled and too big to swallow (see Choosing toys, page 628).

Play with your baby at building – and rebuilding – a tower. This will help him learn to gather and handle objects.

The falling tower. Show him how to make a stack of three or four blocks. Put one down and ask him to add a second, and so on. Then tell him to knock the stack down – and start over.

Mastering the stairs. Once he starts walking, there's a new game he'll love: going downstairs backward.

Nursery rhymes and chitchat. Chatting with him frequently is a good way for your baby to learn language skills. He will enjoy having body parts named, for example. To add to your choices, your local library may have CDs of the nursery rhymes and songs that children love so much.

From 15 to 18 months

Fine motor skills

By now your child is walking. He happily struts around with legs apart and arms out for balance. It's a good time to buy him some soft shoes for walking outdoors (see First shoes, page 703). He climbs stairs on all fours, goes downstairs backward, gets into cupboards, climbs on chairs and touches everything.

He's learning to handle screw tops, door handles and the pages of a book. He helps you dress him, and undresses quickly and throws away his boots. He can take a few steps sideways or backward. He can roll a ball toward an adult.

He can also draw pictures with a large crayon. He can stack two or three cubes and put things in a bowl. He likes to fill and empty containers.

Careful! He still puts things in his mouth, including stones. He is so excited he wants to eat and sleep less.

Understanding

He is still experimenting with gravity, dropping things on purpose from his highchair. Throwing things is still part of his learning program. He looks for various ways to do what he wants and tries out new behaviour. For example, if he steps on a plastic duck it makes a noise. He may then try to squeeze it in his hands or sit on it to make the same noise. He's starting to solve problems by trial and error.

Relationships

This is the beginning of independence, and a very important time in a child's social development. It can be very hard on parents. He will follow you and imitate the things you do around home – toilet, housekeeping, toothbrushing, preparing meals. Lend him a cleaning cloth, a spoon and a bowl. Name the things he does. Invite him to imitate the sounds of things he hears: cars, airplanes, the vacuum cleaner, dogs and cats. He likes to pretend he's on the phone. Play music for him and he will dance to the rhythm. Play chase and hiding games with him and he'll be delighted. He loves playing in sand and splashing water.

He likes playing alongside other children of his age but each will play independently. Interactions between two children of the same age become longer and more complex. Periods of mutual imitation indicate that, to a certain extent, the child is conscious of the other's intentions.

Rather than responding to what he wants before he asks, let him express his needs.

Language

He is starting to grasp simple instructions (e.g., "go get your teddy bear") and depending less and less on your gestures. When he hears a noise, he looks toward the source of it. By 18 months, he knows at least 18 words that his parents understand, and he speaks one word at a time. He says "daddy" and "mommy" and a few useful terms such as "down", "wait" and "more".

He may name some body parts (nose, eyes), pets (dog, cat), and articles of daily life (ball, car). He tries to repeat words and imitate the sounds of animals.

Give him time to talk and encourage conversation, because he will learn through practice. When he says a word, add more words to it. For example if he says "turn", you say "yes, the top is turning fast."

Activities

Puzzles and a tool box. He is becoming more capable with his hands. He loves toys he can put together and take apart, nesting and stacking games. It's time for his first jigsaw puzzle (with large parts), a plastic tool box and some big building blocks.

A pull toy. He likes to push and pull a vehicle. Give him toys with long handles, carts, wagons, balls and boxes full of various things. Tie a piece of string to an empty shoe box and suggest that he put his teddy bear in it. This makes a great sled.

Bubbles. You can blow bubbles for him to catch in the bathtub. He will get very excited so be sure to keep him sitting down. This will be just as much fun outside on the grass.

Drawings. Give him paper and non-toxic wax crayons. Show him how to doodle and he will immediately see the link between action and result. After praising the artist, hang the masterpiece on the fridge.

Your child is able to pick up ever-smaller objects.

From 18 to 24 months

Fine motor skills

Your child has a wild need to move now. He runs, stops, starts, stops again, legs wide, chest forward, crouches as if urinating, stands up, starts running again and falls down. He bumps into everything. He kicks his ball to move it. He dances by spinning around and around when he likes the music. He loves playing outside. He needs room to walk, jump and run the way he wants. Teach him to rest when he's tired by sitting cross-legged. It's a good position for the legs.

By about 2 years he can do a standing jump and between 2 and 3 years he will be able to hit the ball with his foot. He will also learn to walk on his toes.

He is becoming more coordinated every day. He may be able to run a piece of string through something hollow or a bobbin of thread. Between 2 and 3 years old, he will be able to hold scissors and turn the pages of a book one at a time.

He doesn't want help at the table. He holds his spoon well but still has trouble getting it to his mouth. He willingly splashes his soup on himself. He can easily take off his hat and socks, and you can encourage him to dress himself by choosing clothes that are easy to put on.

Language

By about 18 months, your child will clearly understand simple sentences like "go get your ball" with no gesturing. He will also turn his head toward a noise. By 24 months, he can do what you ask (e.g., point at a picture in a book). He likes listening to little songs and stories. By 30 months, he can correctly answer questions about who, what and where with words and actions.

His vocabulary is now growing quickly. From the 18 words he knew at 18 months, he has learned 100 by 24 months. The first 2-word sentences appear at about 2 years (e.g., daddy gone, more milk), and grow to 3 words by about 2 ½ years. At this age, your child is also starting to use small words like "me" and "one."

Little conversations will soon become possible. You'll be able to talk with your little one about an event or a thing. Don't worry if he still can't pronounce all the sounds and syllables. Children make lots of language mistakes at this age.

Relationships

Your child is becoming more self-assured and independent. Do you feel the distance is growing between you? In fact, he's discovering the world around him. He sometimes talks a lot and continues to imitate you. He feeds his teddy bear, washes it, walks it and puts it to bed. He's playing the role of mother and father.

At 2 years old, he wants to do everything by himself: eat, drink and undress, mainly. He loves learning. Sometimes he makes a mess but never mind. Let him experiment while you watch. His success will make him confident.

Your child will have fun with you or with an older child but not yet with a toddler his own age. He may find it hard to lend his toys but you will gradually convince him to share. It will be easier at 3 or 4 years. Many children go through a phase when they push, bite and hit. Say NO clearly but don't hit or bite your child.

Your child is ready for his first construction games.

Understanding

Between 18 and 24 months, he learns that objects exist even when he can't see them. When your child sees an object moved from one place to another, he looks for it in the last hiding place. He also looks for articles he hasn't seen moved.

Your child can understand symbols now, and can think of people, things and events he doesn't see. He can imitate someone who isn't there, or pretend to. He can draw objects. At about 2 years old, he will be able to sort articles based on common characteristics such as colour.

He is also beginning to understand cause and effect. When your child bangs on things with a spoon, he realizes that each one has its own sound.

Activities

A story every night. As often as possible, take the time to read your child stories. Point out pictures by naming objects and actions. Ask him to turn the pages and let him handle the book.

Your child will learn that reading goes from left to right and from the top of the page to the bottom, and that stories have a beginning and an end. He will express his emotions. This is a great time to share precious moments of pleasure and togetherness. Choose books he likes. You can go to the library, and ask family members to give him books as presents.

Other word games. Writing is everywhere. While taking a walk, satisfy his curiosity by reading things that attract his attention: posters, the names of stores, advertising, road signs, etc. He will learn to recognize logos, which is the first step toward understanding words.

The sound of music. He is also discovering music. Listen to CDs and sing his favourite songs with him. He often prefers songs accompanied by simple gestures. Since he is using toys with more ability, you can provide him with simple instruments like drums, a xylophone and cymbals.

Free creativity. It's time to use toys that let him create things. He likes finger painting, modelling clay and mud pies. Say something about what he makes. He will want to talk about it. Don't forget to show off his handiwork – he will be very proud of it.

Long live the outdoors. Your child needs to move. He needs space to run and jump. Play with him outside in your yard or the park as often as possible. He likes playing outside and it's good for him.

Costumes. He loves disguises and will borrow grownups' hats and shoes. Set aside some old clothing that doesn't matter if it gets dirty.

The age of toilet training varies greatly from one child to another.

Toilet training

Toilet training usually begins at about 2 years old. Most children are fully toilet trained through the day between 2 and 4 years old.

Girls usually learn this a bit earlier than boys. Toilet training usually takes from 3 to 6 months. We recommend that you do not set a timetable. There is no use forcing a child who isn't ready.

Night-time bladder control may take several months or even several years.

A child is capable of toilet training somewhere between 18 months and 3 years of age. Here are a few signs that your child might be ready for this new experience:

- Your child can walk to his potty.
- He is starting to undress (he can pull down his pants).
- His diaper stays dry for several hours.
- He understands simple instructions, like "take this to Daddy."
- He can express his needs with words like "want milk" and he will soon be able to say "need to pee!"
- He is proud he can do things by himself.

Here are some ways to make toilet training easier:

- Get him ready a bit at a time by teaching him the words and gestures of elimination – "poop", "pee", "potty", "toilet".
- Ask him to imitate you. Your child will want to copy you in the bathroom the same way he copies your speech. Put the potty close to the toilet and urge your child to do the same thing you do. When he's ready, he'll want to be like mommy and daddy.
- Use the potty rather than the toilet during the first steps. Your child will feel safer and more stable.
- Ensure that he is well seated on the potty, feet on the floor. If he's too high, use a small footstool so he can relax.
- To begin with, ask your child to sit on the potty with his clothes on, and then again after the wet diaper has been removed.

- Later, have him sit on the potty at set times of the day (for example, after waking up, after eating and before naps, baths and bedtime) to establish a routine.
- Congratulate your child every time he shows interest in sitting on the potty.
- Start using training pants or cotton pants after your child has been using the potty regularly for a few days.
- Don't be discouraged by accidents. This is all part of learning.
- Encourage his efforts and avoid punishing your child.

One of these days your child will want to go in the potty. There's no rush, and it will be easier if there's no stress.

It's not a good idea to start toilet training during an unsettled time in your child's life, such as when you move, hire a new sitter or a new baby arrives.

It's important to go at your child's speed so this major new step in life is positive. Never try to force him to toilet train before he's physically and mentally ready. Trust him!

Reading and writing

Now that your child has learned to handle books, he's beginning to discover the written word. Long before he goes to school, you can use everyday events to help him take the first steps toward reading.

Your child watches you and wants to imitate you. Do some of your reading and writing while he's watching. Here are a few suggestions for activities:

- When your child begins to talk, you can write the first words in large letters and put them on the fridge. Point at them and read them out loud from time to time.
- When he begins naming the people around him, you can write each person's name beside their photo. If he says "daddy" for example, you can write the name in big letters under a picture of daddy.
- When he brings you a drawing, write his name at the bottom of it.

Your child will make the connection between speech and writing a bit at a time. He will discover the purpose of writing and decide it is a good idea. To know more about learning to read and write, see the documents "De A à Z on s'aide" on the ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche Web site (French only) at: www.mels.gouv.qc.ca/fileadmin/site_web/documents/dpse/educ_adulte_action_comm/Plan_de_communication_pour_l_eveil_a_la_lecture_et_a_l_e.pdf.


Philippe Chouinard

The more your child is exposed to writing, the better he'll be able to read and study in school.


Caroline Cloutier

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Jean-Claude Mercier

Human milk is unique and perfectly adapted to children's needs. It is the only milk that meets all of their nutritional and immunity requirements. Breast-feeding is more than a matter of ensuring baby is well nourished. It offers mother and child a moment of intimacy that provides baby with a feeling of warmth and security.

An act of love

If delivery goes well, the baby is put on mom's tummy right after birth. This "skin-to-skin" contact is a source of comfort and reassurance that helps your newborn adapt to life in the outside world. It also gives mom an opportunity to get to know her baby. This is an intense and moving moment for the whole new family.

These intimate moments give parents a chance to observe their newborn child. In the hour after birth, most babies will put their hands to their mouth, stick out their tongue and try to suck. Your baby might want to suck without necessarily needing to drink much milk.

Feeding your baby is a time of intimacy and sharing. Frequent contact is important and will play an important role in the lives of you and your baby.

Snuggled in your arms, your baby feels the milk filling her stomach. She loves the sound of your voice and the warmth of your body! Feeding your little one can be so much more than a simple task that needs to be done. Make the most of such moments to interact with your baby.

Hunger signs

Your baby will show you he is hungry in any number of ways. His breathing will change, his eyes will move beneath his eyelids, he will move his arms and legs, stretch, bring his hands to his mouth or face and make sucking motions. These are all signs that your baby is hungry. You will recognize them more easily if you keep your baby close to you.

There's no point waiting for your baby to cry or get angry before starting to feed him. Changing a diaper to wake a sleeping baby is sometimes a good idea, but is best avoided if your little one is very hungry. Do whatever works best for you.

Feeding schedule

Over the first few days, most babies can't distinguish between hunger and their need to suck. They want to be fed every time they wake up. Some babies, especially those with jaundice, may remain drowsy until they regain their birth weight and sometimes may forget to wake up to feed. They need to be stimulated, even during the night, to make sure they drink enough.

Keep in mind that newborn babies are in a period of intense learning. They must "learn" to feed, which is why they may need to feed longer and more often.

As the weeks and months pass, feeding frequency and duration, like sleeping patterns, may vary from one time or one day to the next. No two babies are the same. Some babies have a regular schedule, while others are more unpredictable. As your baby gets older, feedings tend to become shorter and less frequent.

Your baby's schedule depends on a variety of factors:

- Age
- Appetite
- Temperament and mood
- How effective she is at sucking and the speed at which the milk flows
- The time of day

Breast milk is easy to digest since it is perfectly adapted to babies. Breast-fed babies usually feed 8 times or more per day, especially during the first few months.

Most commercial infant formulas are made from cow's milk. They take longer to digest because the baby's stomach has to work harder. This is probably why babies fed on commercial infant formula tend to feed 6 or more times a day.

It's hard to tell how many times your baby will feed per day; and it's just as hard to know how much milk she will need each feeding.

Instead, you will have to learn to recognize signs that your baby is hungry or full. Let her drink when she shows signs of hunger, but don't force her when she's full in the hope that she will wait longer between feeds.

In the beginning, you may have difficulty understanding your baby's needs. Is she hungry? Has she drunk enough? Is she crying because she's uncomfortable and wants you to pick her up? If you get the impression that your baby is drinking too much or too little, your midwife or CLSC nurse may be able to help.


Étienne St-Michel

Whether you breast- or bottle-feed, it's important to adapt to your baby's appetite.

Is your baby drinking enough milk?

Before you go back home, make sure you can tell if your baby is feeding well and getting all the milk he needs. Talk to your midwife or a nurse at the hospital if in doubt.

When your baby is feeding enough, the appearance and quantity of his stools and urine will change. Here are a few signs to help you determine if your newborn is getting enough milk.

Urine

Urine is darker and more concentrated over the first 2 or 3 days. Your baby may also have orange stains (urate crystals) in her diaper: this is normal for the first 2 days. In the first week, the number of times your baby pees will increase by one every day:

- Day 1 = 1 time
- Day 2 = 2 times
- Day 3 = 3 times, etc.

After the first week, your baby will urinate at least 6 times in 24 hours if she is drinking enough milk. Each miction (urination or pee) generally contains 30 ml to 45 ml of urine. The urine is clear and odourless.

Stools

Over the first 2 or 3 days of your baby's life, stools will be dark and sticky; this is called meconium. Digesting milk will bring about a change in stool appearance. Gradually, they will become less sticky and a dark green colour. If your baby is drinking enough, there will be no meconium at all left in his digestive system after the fifth day. Stools will be yellow or green if he is drinking breast milk, or greenish beige if he is being fed commercial infant formulas.

If your baby is drinking enough, his stools will be liquid or very soft. He may have 3 to 10 bowel movements per day over the course of the first 4 to 6 weeks. If your baby doesn't have at least one bowel movement per day, he might not be drinking enough. After 4 to 6 weeks, some babies fed with breast milk will have fewer but very substantial bowel movements even if they are drinking enough (e.g., one bowel movement every 3 to 7 days).

Weight gain

Even if your newborn is drinking enough, he will nonetheless lose a little weight (5 to 10%) over the first few days. He will start putting it back on again around the fourth day and will regain his birth weight by around the second week (10 to 14 days).

Once your baby has regained his birth weight, he can gain between 0.6 to 1.4 kg per month until the age of 3 months. Regular weight gain is a good sign that your baby is drinking enough. There's no point weighing your baby every day to see if he is drinking enough.

If you are worried that your baby is not drinking enough, contact a CLSC nurse, your midwife or your family doctor.

For more information on urine, stools and the size of your infant, read The newborn on page 226.

The number of times your baby pees and poops every day is a good way to tell if she is drinking enough.

Signs that your baby is drinking enough

- He wakes up on his own when hungry.
- He feeds well and often (8 times or more per day for breast-fed babies and 6 times or more per day for formula-fed babies).
- He seems full after drinking.
- He pees and poops in sufficient quantities.
- He is putting on weight.

Signs that your baby is not drinking enough

- He is very drowsy and very difficult to wake for feeding.
- His urine is dark yellow (like an adult's) or there is very little of it.
- There are orange stains in his urine after the first two days.
- His stools still contain meconium after the fifth day.
- He has fewer than one bowel movements per 24 hours between the age of 5 days and 4 weeks.

Growth spurts

During your baby's first months, she will experience rapid growth spurts. Her appetite will suddenly increase and she will want to be fed more often, sometimes every hour. Such growth spurts generally last a few days and may occur at any time during the first few months. Some babies will have more growth spurts than others. Growth spurts occur most frequently around:

- 7 to 10 days
- 3 to 6 weeks
- 3 to 4 months

During growth spurts, your baby will need to drink more and very often in order to meet her needs.

Hiccups

It's normal for your baby to get the hiccups, especially after drinking. Hiccups don't seem to bother babies. They will stop by themselves after a few minutes.

Burping

All babies swallow varying amounts of air as they drink. If your baby is calm during and after feeding, he probably doesn't need to burp.

But if your baby seems to be in a bad mood or squirms while drinking, the first thing to try to calm him down is to burp him. One or two burps are usually enough, but more may be required for babies that drink quickly or from a bottle.

Here's how to burp your baby:

- Hold your baby in an upright position against your shoulder or sit him down on your lap.
- Gently rub or tap his back for a few minutes.

After he burps, check to see if he's still hungry.

Don't insist if your baby won't burp: some babies don't. Let him be if he's asleep. He'll wake up if he needs to burp.

To burp your baby, gently rub or tap his back for a few minutes.

Gas

Gas is perfectly normal and isn't caused by milk!

Newborns' intestines start digesting milk right away after the first feedings. This new sensation may make babies uncomfortable for the first few days. They may squirm or cry and often have lots of gas. They may need to be calmed and comforted in their parents' warm arms.

Even as they get older, most infants will continue to have a lot of gas. Some babies burp less and expel air this way instead. If gas is making your baby uncomfortable, try to soothe her in your arms, shifting her position or moving her legs.

Regurgitation

Most babies regurgitate or "spit up," some more than others. They may regurgitate right after feeding or a little later. Sometimes, you may have the impression your baby has regurgitated almost everything he drank, but even though it may seem a lot, most regurgitations only contain a small amount of milk.

Regurgitation happens because the valve that prevents milk flowing back toward the mouth has not fully developed. Regurgitation tends to diminish at around 6 months, and stop completely around one year. Although it is a nuisance to parents, it is normal for babies.

As long as your baby is in good spirits and gaining weight, there's no reason to be concerned. Most of the time, regurgitation is perfectly harmless.

It is best to see a doctor if your baby:

- seems to be in pain;
- projectile vomits several times a day;
- wets his diapers less than before;
- isn't gaining enough weight.

Colic

When a healthy baby cries very hard, it may be colic. Most of the time, colic is part of your child's adaptation to her environment and is unrelated to diet (see Colic or excessive crying, page 237).

If your baby drinks too fast or chokes and starts to cry, she may swallow lots of air. This can make her feel bloated and uncomfortable. This is not colic. Burp your child or take feeding breaks to soothe her.

Babies cannot be allergic to their mother's milk. In rare situations, they may react to certain proteins ingested by their mothers and passed on to them in her milk. If you think this is the case, you can read Breast-fed babies and allergies on page 518 or consult a lactation specialist.

Babies fed with commercial infant formulas may be intolerant to them and require a special formula. If you think this is the case, consult a doctor.

Social pressure

In Québec, the way babies are fed has changed a great deal over the past two generations. People around you will have made similar or very different choices to your own. They will regularly give you tips, information and advice. Some will be in favour of breast-feeding, others not. Some will say you should introduce other foods very early; others will tell you to wait.

As a mother or father, you may end up feeling pressure to do things a certain way. Just remember that there is no single recipe for how to feed and take care of your baby. As the days go by, you will find what works best for your baby and you.

Baby's changing needs

The first few weeks are a learning experience for the whole family. Feeding your baby will become an important part of your day. And it's not always easy to know if your baby is hungry or getting enough milk.

Over time, you'll fall into a routine as your baby learns to show her needs more clearly. She will become more skilled and efficient at sucking. She will spend less time feeding and sometimes drink less frequently. Feeding your baby will be easier.

After 3 months, your baby will start interacting a lot with others. She will be alert and interested in everything happening around her—even when she's drinking! Feeding will become a time of sharing between you and your baby.

Feeding a premature baby

A premature baby may not be able to feed by himself for the first few weeks. It all depends on how early he was born and how healthy and heavy he is.

At the start, he may need to be fed a special formula intravenously. Then he will be able to be fed milk directly into his stomach through a tube. After that he will gradually start drinking from his mother's breast or a bottle.

Premature babies' digestive systems are immature (not yet developed). Premature babies are also more susceptible to certain infections.

Breast milk is easily digested and contains antibodies that help prevent infections. The medical team will encourage you to **express** your milk to give to your baby. Breast milk meets all the special needs of your premature baby. By expressing your milk, you are helping care for your baby. If you weren't planning to breast-feed your child, it's never too late to change your mind.

If your baby is born very prematurely, minerals or calories may be added to the milk you express for a time.

If your child is not breast-fed, special milk for premature babies will be used.

▶ **Express:** Pump or squeeze milk from the mother's breast.

Vitamin D: Not your ordinary vitamin!

Vitamin D plays an essential role in calcium absorption and bone health.

It's true that exposure to the sun's rays provides vitamin D. However, direct sunshine isn't recommended for babies. Because of this, you have to find another way to fulfill their vitamin D needs.

Your healthcare professional will help you determine whether your baby needs a vitamin D supplement. If so, you can find the necessary supplements at your drug store.

Your drug insurance plan should cover vitamin D supplements if you have a prescription from your doctor.

Dominic Roy

Milk

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Mahalia Gagnon

In the first year of life, milk plays a crucial role in your baby's diet. In fact, it's the only food you will give your baby in the first months. In this chapter, you'll find everything you need to know about which milk to give your newborn or older baby.

Mother's milk explains what's in mother's milk, how it's produced, and how to store it.

Commercial infant formula (commercial milk) presents the different types of formula (ready-to-serve, concentrated liquids, and powders) and discusses how to prepare and store them safely.

At the end of the chapter, you'll find information on cow's and other milks and the best time to introduce them.

Which milk is best?

Health professionals the world over recommend that babies be fed breast milk exclusively for the first six months of life. The Canadian Paediatric Society, Dieticians of Canada and Health Canada all echo this recommendation. Once babies have started foods, it is recommended that they continue breast-feeding up to the age of 2 or more.

Today, close to 85% of Québec mothers breast-feed their babies at birth, and close to 50% continue for six months or more. You can decide to breast-feed for a few days, a few months, or over a year. It's up to you.

Some women find that breast-feeding doesn't work for them, despite the benefits. Others find that breast-feeding is not what they'd expected or hoped and decide to give their babies commercial infant formula.

It is recommended that babies who are not fed breast milk be given cow's milk that has been processed and adapted into commercial infant formula.

The baby formula industry processes cow's milk to make its nutritional content closer to that of mother's milk. But commercial infant formulas still can't match mother's milk. They don't contain the same proteins, they don't supply antibodies, and they don't provide immune factors, growth hormones or white blood cells (see Composition of breast milk, page 142). Babies who aren't fed with breast milk have a higher risk of ear infections, gastroenteritis, bronchiolitis, pneumonia and other problems.

For babies who are not fed breast milk, the Canadian Paediatric Society, Dietitians of Canada and Health Canada all recommend using an infant formula enriched with iron up to the age of 9 to 12 months. Cow's milk is completely inappropriate for babies under 9 months.

However you feed your baby, your baby needs you, your attention and your love. You can fulfill his need for warmth, security and affection by holding him in your arms when you feed him and maximizing skin-to-skin contact, particularly in his first few weeks. You can also massage him, take a bath with him and use a baby carrier to help you "stay in touch."

Mother's milk

The thick, yellowish milk that comes in the first few days after birth is called colostrum. Colostrum is very rich in proteins, vitamins and minerals—just what your newborn needs. It supplies large amounts of white blood cells and antibodies that protect your baby from infections. It also cleans her intestines of the residues that build up before birth.

Between the second and fifth day after giving birth, milk production increases rapidly. The milk becomes clearer and takes on a blueish – or yellowish-white colour. This is when your milk "comes in." It is caused by hormonal changes and will happen even if you don't breast-feed your baby or express your milk. If breasts are stimulated often during this period, including at night, milk seems to come in more quickly. Frequent stimulation also helps reduce discomfort if breasts are engorged.

Your milk changes over time to adapt to your baby's needs as she grows. Milk also changes over the course of a feeding and according to the time of day.

A supplement of Vitamin D is recommended for breast-fed babies until they are getting enough of it from their food (see Vitamin D: Not your ordinary vitamin!, page 324).

Producing breast milk

Pregnancy hormones prepare the breasts for breast-feeding. Milk production begins at the end of pregnancy, which is why some women experience some leaking during this time. Whether your baby is born on his due date or earlier, there will be milk for him.

When milk is removed from the breast, it stimulates the breast to produce more. This stimulation can come from the sucking action of your nursing baby or from expressing milk by hand or with a breast pump. Your breasts will produce milk as long as your baby nurses or the milk is expressed.

The breast produces milk continuously all day long. It accumulates in breasts waiting for your baby to nurse or for the milk to be expressed. The speed at which milk is produced depends on how much milk has accumulated in the breast. Breasts have a natural mechanism that adjusts to the baby's needs and prevents the mother from being uncomfortable. It works like this:

- The more the breast is emptied, the more quickly it will produce milk.
- The longer the breast is left full, the more slowly it will produce milk.
- The more often the breasts are emptied, the more milk they will make.
- The less often the breasts are emptied, the less milk they will make.

If the breasts are stimulated more often, milk production self-adjusts in a few days.

The more often the breasts are emptied, the more milk they will produce.

If you gradually stop removing milk from your breasts, they will progressively stop producing it. This will prevent your breasts from becoming engorged and sore. If you stop all at once, your breasts will become engorged and stop making milk after a few days.

Each breast produces milk independently. If only one breast is stimulated, the other breast will stop making milk within a few weeks.

The composition of human milk

Over 200 components of human milk have been discovered so far. You'll find a description of some of them in the section Breast milk: a food like no other, page 139.

What influences the composition of milk

The mother's diet

Drinking a lot of fluids doesn't increase the amount of milk you produce. While you're breast-feeding, you'll naturally be thirstier than usual. Listen to your body—you don't need to force yourself to drink a lot. However, if you notice your urine is dark or cloudy, it means you're not drinking enough.

There aren't any foods that increase milk production. Eat regularly and eat enough. You can also have snacks if you're hungry.

Some foods can have a slight effect on the taste of the milk you produce, but your baby will adapt. Some studies suggest that it can help babies develop their taste for food if mothers eat a varied diet while breast-feeding.

Most breast-feeding mothers can eat whatever they like, including foods deemed risky during your pregnancy (sushi, deli meats, cheese).

If you think your baby is having a reaction to something you're eating, read Food-related problems on page 514.

If you are a vegan (i.e., you don't eat any animal products, that is, meat, fish, eggs or milk products) and you are breast-feeding, you should take a Vitamin B_{12} supplement. Eat foods rich in protein, iron, calcium and Vitamin D. It might be a good idea to consult a nutritionist.

Fish

Fish belongs on your menu. However, some fish species absorb pollutants that make their way into breast milk and could harm a baby. To take advantage of the benefits of eating fish while minimizing the risk from contaminants such as mercury, follow these guidelines:

- Choose canned light tuna over canned albacore tuna.
- Limit yourself to one meal (150 g or 5 oz) per month of the following species of fresh or frozen fish: shark, swordfish, marlin, orange roughy, escolar and tuna (does not apply to canned tuna).
- Don't eat bass, pike, walleye, muskellunge or lake trout too often.

For more information:

Mercury in Fish
www.hc-sc.gc.ca/fn-an/securit/chem-chim/environ/mercur/cons-adv-etud-eng.php

Guide de consommation du poisson de pêche sportive en eau douce (French only)
www.mddelcc.gouv.qc.ca/eau/guide
418-521-3830 / 1-800-561-1616

Coffee, tea, chocolate, herbal tea and other drinks

Caffeine passes into breast milk. If you consume a lot of it, it can make your baby nervous and irritable until the caffeine is eliminated from his system. Caffeine is found in coffee, tea, energy drinks, cola-type soft drinks and chocolate.

Energy drinks are not recommended while breast-feeding because they contain other substances that might harm your baby.

Other products (coffee, tea, cola, etc.), may be consumed in moderation, up to two cups or so per day.

Decaffeinated drinks such as cereal-based beverages and herbal tea can be good substitutes for caffeinated beverages.

Alcohol

Any alcohol you do drink goes into your breast milk and into your bloodstream. Depending on your weight, it takes your body two to three hours to eliminate the alcohol from one drink from your blood and milk. Once the alcohol is gone from your bloodstream, there is none in the breast milk for the next feeding.

Even though a breast-feeding baby only receives a tiny share of the alcohol his mother drinks, he eliminates it more slowly than an adult and his system is more sensitive to its effects.

Avoid drinking large quantities of alcohol while breast-feeding. Alcohol can interfere with milk production and reduce the amount of milk your baby drinks. It may also have harmful effects on his motor development and sleeping habits.

Breast-feeding mothers can enjoy the occasional alcoholic beverage. The benefits of breast-feeding outweigh the risks of occasional light alcohol consumption (around two drinks a week or less). This level of consumption has not been shown to harm a nursing baby.

If you do have a drink, you can reduce your baby's exposure to alcohol in one of these ways:

- Breast-feed your baby right before having a drink.
- Or wait 2 to 3 hours per serving of alcohol before nursing again. After waiting, simply nurse normally at the next feeding.

If you have more than one serving, feed your baby milk you expressed in advance (frozen or refrigerated) while the alcohol remains in your system. You may need to express milk to relieve engorgement of your breasts, but this milk should be discarded because it contains more alcohol.

To find out how long it takes for your body to eliminate alcohol according to your weight, visit www.beststart.org/resources/alc_reduction/pdf/brstfd_alc_deskref_eng.pdf.

If you have questions about alcohol consumption while breast-feeding, talk to your health professional or call the Motherisk Helpline at 1-877-327-4636.

In Canada, one serving or 1 drink = 13.6 g (17 ml) of pure alcohol

341 ml or 12 oz
of beer
(5% alcohol)

=

142 ml or 5 oz
of wine
(12% alcohol)

=

85 ml or 3 oz
of fortified wine
(e.g., Port wine)
(16-18% alcohol)

=

43 ml or 1.5 oz
of spirits
(40% alcohol)

Illustrations: Maurice Gervais

Each serving or glass of an alcoholic beverage takes 2 to 3 hours to be eliminated from your blood and milk.

Tobacco

Tobacco is harmful to your baby when you're breastfeeding, just as it is during pregnancy.

Tobacco can interfere with milk production. Nicotine from tobacco also passes into breast milk and can cause crying, irritability and insomnia. Try to avoid smoking just before feeding.

Talk to your doctor if you are thinking about using pharmacological aids such as patches or nicotine gum to quit smoking.

Even if you do smoke, breast-feeding provides many benefits for you and your baby, including protecting him from respiratory infections.

Cannabis and other drugs

Drug use and exposure to second-hand drug smoke is not recommended during breast-feeding.

It is not known what effect a nursing mother's use of marijuana and other cannabis derivatives might have on her baby, but it is a source of concern.

Other drugs, such as amphetamines, cocaine, heroin, LSD and PCP pass into breast milk and are dangerous for your baby.

Medications

Most medications pass into breast milk, but in very small amounts. Some medications are a better choice because more is known about their effects on nursing babies.

Many medications are perfectly safe during breast-feeding, including acetaminophen (e.g., Atasol™, Tylenol™), ibuprofen (e.g., Advil™, Motrin™) and most antibiotics.

Decongestants containing pseudoephedrine (e.g., Sudafed™, Advil Cold and Sinus™) can reduce milk production. It's best to ask your pharmacist to recommend another product.

Talk to a health professional before taking any medication or natural health product. They can sometimes cause problems. Limit yourself to medications that are really necessary.

It's very rare to have to stop breast-feeding because of medical treatment. If a doctor advises you to stop breast-feeding because of a medication, here's what you can do:

- Don't hesitate to tell the doctor that breast-feeding is important to you and your baby.
- Ask the doctor to check that this recommendation is based on reliable sources. Reliable sources include pharmacists and lactation specialists.
- Ask your doctor to prescribe another medication that can be used while breastfeeding. It is often easy to find another medication for the most common ailments.

Exposure to contaminants

In Québec, environmental pollution is not generally a problem for breast-feeding mothers and babies.

Breast-feeding mothers who come in contact with or breathe in chemical substances contained in household products may pass these substances on in small amounts to their babies through breast milk. This is only a problem in the case of regular and prolonged exposure, such as occurs at work.

In day-to-day life, exposure to the following products on an occasional basis is nothing to worry about:

- At the hairdresser: hair styling products, dyes and perms
- At the dentist: local anaesthetic, fillings and root canals
- In the home: latex paint and varnish, home cleaning products.

If you work in an environment where you are exposed to contaminants like solvents, inks or dyes that may be dangerous to your breast-fed baby, you may be eligible for reassignment or preventative withdrawal (see For a Safe Maternity Experience program, page 715). You can also consult your doctor.

Handling expressed milk

Before handling expressed milk, make sure your hands, breast pump and accessories are clean.

Storing breast milk

Breast milk is best when fresh and taken directly from the breast, but it refrigerates and freezes well, too. If you only feed expressed breast milk to your baby, it's preferable to use freshly expressed or refrigerated milk. Prolonged freezing slightly reduces the nutritional value of breast milk. However, it's still better than any other milk.

Breast milk can be kept in glass or hard plastic containers or even in special, thicker baby bottle liners designed for breast milk. Baby bottle liners for commercial formulas are too thin and don't freeze as well. They need to be doubled up because they are too fragile.

Milk that has just been expressed or taken out of the refrigerator can be kept at room temperature for up to 4 hours. If it will be used later than that, keep it in the refrigerator. If you don't plan to use it within 8 days, freeze it as soon as possible. You can put it straight in the freezer after expressing it. Here are a few tips:

- Save milk in different amounts (between 30 and 90 ml) to reduce waste.
- Don't fill containers past ⅔ full. Liquids take more space after they freeze.
- If you want to store a lot of milk in a single container, put it in the refrigerator until you have the amount you want.
- Mark the date on the container and seal it tightly.
- Store milk in the back of the freezer away from the door to avoid changes in temperature.
- You can put all your frozen breast milk containers inside a larger, tightly closing container.
- Use the oldest milk first.

If the fresh, refrigerated or thawed milk has been warmed up but your baby changes her mind, you don't need to discard it unless it has been in contact with bacteria from your baby's mouth. You can keep it in the refrigerator for 4 hours or more. Use it for the next feeding; otherwise you'll need to throw it out.

Information on thawing milk can be found under Warming milk, page 445.

Breast milk storage time

	Room temperature	Refrigerator	Freezer*
Fresh breast milk	4 hours at 26 °C (79 °F) 24 hours at 15 °C (59 °F) (in a cooler with ice pack)	8 days at 4 °C (39 °F)	6 months (refrigerator freezer, but not in the door) 12 months (chest freezer)
Previously frozen breast milk	1 hour	24 hours	Do not refreeze

* The freezer temperature must be cold enough to keep ice cream hard (-18 °C or 0 °F).

The storage times in the table above don't always apply for hospitalized babies. For hospitalized babies, follow the recommendations of the hospital staff.

Warning

Storage times can't be added together. For example, you can't keep milk for 4 hours at room temperature, then put it in the refrigerator or freeze it.

Appearance of expressed milk

Expressed breast milk doesn't look like cow's milk or commercial infant formula. Since it's not homogenized, it separates after a while and the cream floats to the surface. Warm milk just needs a shake to mix it together again.

Human milk can have a whitish, bluish, yellowish or brownish tinge. The colour and smell of breast milk can vary:

- from one mother to the next;
- according to the mother's diet;
- depending on the baby's age;
- depending on whether the milk was expressed at the beginning or the end of a feeding.

Expressed breast milk separates after a while and the cream floats to the surface. Don't throw it out—it's still good! The amount of cream varies from one time to the next and from one mother to another.

The smell and taste of some mother's milk changes when the milk is refrigerated or frozen. This is caused by lipase, an enzyme that helps babies digest fats. The digestive process can begin while the milk is still in its container. Don't worry—it's still good for your baby.

Some babies don't like the taste of refrigerated or frozen milk and refuse to drink it. Sometimes you can solve the problem by freezing your milk without refrigerating it first.

If that doesn't work, try:

- heating it to just below the boiling point,
- then, cool it off immediately,
- and freeze it.

This will deactivate the lipase.

Commercial infant formula (commercial milk)

The Canadian Paediatric Society, Dietitians of Canada, and Health Canada recommend that babies not fed on breast milk be given iron-enriched commercial infant formula up to the age of 9 to 12 months.

When properly prepared, commercial infant formula is a safe alternative to breast milk. Unlike cow's milk, goat's milk and soya drinks, commercial infant formula is adapted to meet infants' basic needs.

Pay attention to the expiration date: don't buy formula if the date on the can has passed. Return any dented, bulging, or abnormally shaped container to the store.

Which formula to choose?

To prevent anemia, it is recommended babies be fed iron-enriched formula right from birth.

Most parents wonder what brand of commercial infant formula is the best. Companies advertise their products extensively to parents, doctors, nurses, and nutritionists. Each sales representative will say that their product is better than the others or that it is closer to mother's milk. Additives and claims listed on product labels are only there to boost sales. They are of no benefit to your baby and can even be misleading.

Most babies have no problem changing brands, but others can be bothered by it, especially during the first few days. If this is the case with your baby, avoid changing brands too often.

To date, there is no proof that one brand is better than another. Commercial infant formulas are comparable in quality.

Ready-to-serve, liquid, or powdered

Commercial infant formula is sold in three forms:

- Ready-to-serve
- Concentrated liquid
- Powdered

The same brand of formula may look different in its ready-to-serve form than it does when prepared from concentrated liquid or powder, but the composition and nutritional value remain the same.

You can use any of these forms or alternate depending on the situation, (e.g., at home, on an outing). Remember, however, that powdered infant formulas are not recommended for premature babies or those with health problems (e.g., heart problems).

Characteristics of the different forms of commercial infant formula

Ready-to-Serve

- **Sterile** at time of purchase.
- Easiest to use.
- Is used as is.
- Very expensive.

Concentrated liquid

- Sterile at time of purchase.
- Easier to use and safer than powdered form.
- Must be diluted with water.
- Costs about the same as powder.

Powdered

- Not sterile at time of purchase.
- Greater risk of contamination because it requires more handling.
- Requires greater care during the dilution step than concentrated liquid.
- Costs about the same as concentrated liquid.

▶ **Sterile:** Product that is free of microorganisms and germs.

Read the label carefully to make sure you buy the desired product. It is easy to confuse concentrated liquid formula with the ready-to-serve variety. If you do, you run the risk of giving your baby undiluted concentrate, thinking it is a ready-to-serve product.

"Transition" formulas

There is a range of commercial infant formulas on the market for babies 6 months and over. There are even products for babies age 12 to 36 months. These products are cheaper than commercial infant formula, but much more expensive than cow's milk.

! "Transition" formula is not suitable for babies under 6 months because it contains too much calcium.

Compared to commercial infant formula, transition products can be a cheaper alternative for babies age 6 to 12 months, but they are not necessary. You can continue using your regular formula until you start feeding your baby cow's milk around the age of 9 to 12 months. For babies over 9 months who eat a varied diet, transition formula is no better from a nutritional point of view than cow's milk.

Soya-based infant formula

Commercial infant formula made from soy protein is suitable for babies whose families don't consume dairy products or for babies with certain health problems.

There is no proof so far that these formulas reduce colic in infants.

Specialized infant formulas

If your baby seems to have colic, changing the type or brand of commercial infant formula will not solve the problem. Talk to a doctor if your baby seems to have trouble tolerating formula. The doctor can recommend a specialized formula for your baby.

Specialized formulas are intended for babies with specific problems, such as allergies or severe intolerances. Medical insurance plans reimburse the cost of certain products when purchased with a prescription.

If your baby has trouble tolerating commercial infant formula, you can always go back to breast-feeding (see Restarting milk production, page 395).

Handling commercial infant formula

Diluting commercial infant formula requires care and certain precautions. It is important to avoid mistakes so as not to contaminate the milk with bacteria.

Among the different types of commercial formulas, powdered products require the most care because they are not sterile and may contain bacteria. Bacteria may get into powdered formula at the factory where it was manufactured, or at home when you use the container and the measuring scoop provided. Some babies have gotten sick after drinking milk made from powdered formula contaminated with bacteria.

To avoid contamination, you can do two things:

- Destroy bacteria
- Prevent bacteria from developing and multiplying

For premature, immunocompromised, and low-birth-weight babies, it is recommended to destroy bacteria when preparing powdered formula. For term babies who are in good health, it is sufficient to prevent bacteria from developing, although you can also destroy bacteria if you wish.

To destroy bacteria, prepare the infant formula using very hot water. The World Health Organization (WHO) has recommended using boiled water cooled to 70°C or higher to prepare powdered formula. To ensure the water is hot enough, use it within less than 30 minutes after boiling. It is preferable to follow the WHO recommendations, even if they differ from the manufacturer's directions.

To prevent bacteria from developing, prepare the infant formula with boiled water that has been cooled to room temperature. Once the formula is prepared, it's best to serve it immediately. Formula that's prepared in advance can also be kept in the refrigerator at 4°C for a maximum of 24 hours.

First Step
For All Types of Formula

Here's how to prepare infant baby formula. Regardless of the type of formula you use, the first step is always the same.

- Clean the work surface.
- Wash your hands thoroughly.
- Sterilize and assemble all the required equipment and utensils*.
- Clean the formula container with hot water before opening it with a clean can opener.

* For additional information on sterilizing and using baby bottles, see Cleaning bottles, nipples and breast pumps, page 451.

Never use hot tap water to prepare infant formula because it is more likely to contain lead, contaminants, and bacteria. Until your baby is 4 months old, boil cold water.

Second Step
Depending on the Type of Formula

Concentrated Liquid

For babies under 4 months:

- Fill a saucepan with cold tap water.
- Bring to a rolling boil for one minute.
- Mix equal quantities of boiled water and concentrated liquid formula.
- Stir to mix well.
- Cool the mixture rapidly in cold water before putting it in the refrigerator or feeding it to your baby.
- If any concentrated liquid formula remains in the can, cover the can and put it in the refrigerator.

For babies 4 months and over:

- Follow the same directions, but you can use cold, unboiled tap water.

Powder

Note: Follow the manufacturer's directions to the letter regarding the quantities of powdered formula and water to use.

For babies under 4 months:

- Fill a saucepan with cold tap water.
- Bring to a rolling boil for one minute*.
- Pour the recommended quantity of water into the baby bottle or other container.
- Measure the powdered formula with the measuring scoop provided; scoop size varies from one brand to the next.
- Add the required quantity of powdered formula to the water.
- Stir to mix well.
- If needed, cool the mixture rapidly in cold water before feeding it to your baby or putting it in the refrigerator.
- Wash the measuring scoop and put it away in a sealable bag or clean container to protect it from dust. Do not put it back in the can in order to avoid contamination.

For babies 4 months and over:

- Follow the same directions, but you can use cold, unboiled tap water.

Ready-to-Serve

- Pour the formula into the baby bottles.
- Immediately put the nipples and caps back on the bottles.
- If any ready-to-serve formula remains in the can, cover the can and put it in the refrigerator.

* To know what temperature of water to use when preparing powdered formula, see page 347.

If you make a mistake when preparing the mixture (dilution error)

If you mix the wrong quantities of commercial infant formula and water, don't panic. First, observe your baby. Does he seem uncomfortable?

Most babies have no problem if a mistake like this is only made once or twice. If it happens more often, it can cause digestive or kidney problems, dehydration, or insufficient weight gain. If you are worried or your baby seems sick, see a doctor or call Info-Santé.

How long does commercial infant formula keep?

	Room Temperature	Refrigerator	Freezer
Milk reconstituted from concentrated liquid or powder	Maximum 2 hours	24 hours Close the can properly	Do not freeze
Open can of liquid formula (concentrated liquid or ready-to-serve)	Maximum 2 hours	48 hours Close the can properly	Do not freeze
Open can of powder	1 month if kept dry	Unnecessary	Do not freeze

Always check the expiration date before giving commercial infant formula to your baby.

Marie-Christine Hogue

From Tiny Tot to Toddler

Other types of milk

Cow's milk

Cow's milk should never be given to a baby under 9 months old because it contains too much protein and too many minerals for baby's kidneys to handle. Cow's milk does not provide enough lactose or linoleic acid, a fatty acid required for the development of your baby's nervous system and brain. In addition, it does not contain enough vitamin A, B_1, B_6, C, D, and E, copper, manganese, or iron. It deprives your baby of important protein building blocks like taurine, cysteine, and alpha-lactalbumin, and it doesn't provide the immune protection of mother's milk.

! Cow's milk is completely unsuitable for infants under 9 months old.

Before 9 months – Cow's milk often causes anemia because it contains very little iron, reduces intake of other foods, and can cause bleeding in the intestine. This light bleeding is often invisible to the naked eye.

If you are thinking of giving cow's milk to your baby before age 9 months of age because commercial infant formula is too expensive, contact your CLSC for information about financial assistance you can apply for.

After 9 months – You can start giving your baby cow's milk, but not more than 750 ml (25 oz) a day. Buy pasteurized whole milk (3.25% milk fat).

Introducing cow's milk

Your child can start drinking cow's milk at 9 months, providing she eats a varied diet. Every day she should eat:

- Iron-rich foods (e.g., meat, meat alternatives, iron-enriched baby cereals)
- Vegetables and fruit

Otherwise, wait till your baby is 12 months old before introducing cow's milk.

If you give cow's milk to your child, choose whole milk (3.25% milk fat):

- Ordinary homogenized milk, enriched with vitamin D or
- Unsweetened evaporated milk, enriched with vitamins C and D, diluted in an equal quantity of water.

Cow's milk can be introduced gradually. You can begin by replacing some of the breast milk or commercial infant formula with cow's milk. Then you can gradually increase the proportion of cow's milk at each feeding.

Do not serve 2% or skimmed milk

Young children need fat for growth and brain development. It's better to avoid giving them 2% milk before age 2. Do not serve them 1% or skimmed milk.

You can continue serving whole milk (3.25% milk fat) to your child throughout early childhood, up to school age. Never serve sweetened concentrated milk.

Pasteurized goat's milk

For infants, goat's milk has the same disadvantages as cow's milk. It is also low in folic acid and vitamin D, although goat's milk enriched with folic acid and vitamin D is available at grocery stores. Like cow's milk, you can start serving goat's milk to your child between the ages of 9 and 12 months. Choose pasteurized whole goat's milk (3.25% milk fat).

Some people recommend goat's milk for preventing or treating allergies to the proteins in cow's milk. Unfortunately, goat's milk often causes the same reactions. Many children who are allergic to cow's milk are also allergic to goat's milk.

Enriched soy drinks

Enriched soy drinks are not suitable for infants. They are incomplete and much less nutritious than breast milk or even commercial infant formulas. Since babies grow very rapidly, they need a complete, balanced diet. These drinks can hinder your baby's growth.

Soy drinks contain fewer calories and less fat than whole cow's milk (3.25% milk fat). This is why it is recommended that you wait till your child has reached 2 years of age before serving her soy drinks.

Some parents want to serve soy drinks to younger children. You can give your child soy drinks after 1 year of age, as long as she eats a varied diet and is growing normally. Make sure that the soy drink you choose for your 1 to 2 year old has the following terms listed on the label:

- "Enriched," because drinks that are not enriched do not provide enough nutrients to meet the needs of a young child
- "Plain" or "Original," because "light" or flavoured drinks are not suitable

Shake the drink container well (around fifteen times) before serving to make sure the nutrients are well mixed, especially the calcium.

Why serve pasteurized milk

It is essential to pasteurize animal milk. In fact, the sale of unpasteurized milk is illegal in Canada. Many diseases can be transmitted through raw or unpasteurized milk, including poliomyelitis, typhoid, encephalitis, tuberculosis, diarrhea, salmonella and brucellosis. The pasteurized milk sold in food stores is just as nutritious as raw milk and poses no risks to your child's health.

! Do not give raw (unpasteurized) milk to your child, even if the milk comes from a perfectly healthy herd.

Industrial pasteurization consists of heating the milk very rapidly to very high temperatures, and then cooling it equally rapidly. The process only takes a few seconds. Dangerous microorganisms are destroyed and the nutritional value of the milk remains unchanged.

It is recommended that you not try to pasteurize milk at home. It is too slow, less effective, and causes significant loss of milk's natural nutrients: vitamins A, B_1, B_2, B_6, B_{12}, C, D, and folic acid.

Breast-feeding your baby

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René Dery

In this chapter, you'll find information on how to breast-feed, express milk, use a breast pump and wean your infant. Information on breast milk, how it is produced and how to get milk production off to a good start can be found under Mother's milk, page 329.

Learning the art of breast-feeding

As your baby snuggles up to your breast right after delivery, the act of nursing for the first time will soothe your baby and help stabilize his body temperature. Breast-feeding sustains the relationship that started between you and your baby during pregnancy.

Breast-feeding, like giving birth, is totally natural. And just as it's normal to have assistance during delivery, it's normal to need help with breast-feeding, especially at the beginning. While your milk will come in on its own, you will need to learn how to breast-feed.

Breast-feeding promotes a closer mother-child bond.

The first days with a new baby are an intense experience. Your baby will need frequent attention and will nurse at any time of day and night.

The initial weeks of breast-feeding are critical because they are a time of adaptation and learning. Mastering the technique of latching the baby to your breast is your first priority. Give yourself plenty of time, and have confidence in yourself and your new baby.

As you gain experience, getting your baby to latch onto the breast will become easier. With time, you and your little one will come to enjoy the nursing experience more and more.

Learning to breast-feed is a little like learning to dance. At first, you focus on your steps, not the music. But with time and practice, you forget the technique and the music carries you away.

Getting help

There are many resources for breast-feeding mothers. Depending on where you live, you may be able to find IBCLC lactation consultants (International Board Certified Lactation Consultants) or clinics or doctors that specialize in breast-feeding. You also might discover that your local CLSC or local breast-feeding mentor group has the best-trained breast-feeding resources in your area.

If you encounter problems, it's important to contact a person trained in breast-feeding. If that person can't help you, she will be able to suggest other resources that can.

Community breast-feeding support groups can provide a great deal of information and advice. They are run and led by women who have nursed one or more children. They keep their knowledge up-to-date and offer support at no charge. Most of these community groups hold information sessions to help parents and parents-to-be prepare for breast-feeding. A number of them also offer specialized services from IBCLC lactation consultants. Check with organizations in your area to find out what's available. Ask your CLSC for contact information.

Various **CLSC professionals**—like nurses or nutritionists—can also be of help. Nurses offer home visits after your baby arrives. Depending on where you live, these visits are either automatic or based on your needs. Your nurse can start helping you as soon as you return home, or later on. She can weigh your baby, check her overall health and help you with breast-feeding technique.

The **Info-Santé** telephone helpline is staffed by nurses and is available 24 hours a day, 7 days a week, throughout the province. Just call 8-1-1.

An **IBCLC lactation consultant** can help you deal with breast-feeding difficulties that you may experience. The IBCLC credential—for International Board Certified Lactation Consultant—certifies that they have the necessary skills. Some healthcare institutions and community breast-feeding support groups offer the services of IBCLC lactation consultants. Many of them are in private practice from either their homes or offices. To learn more or find the IBCLC consultant nearest you, visit the AQC website (Association québécoise des consultantes en lactation diplômées de l'IBLCE) www.ibclc.qc.ca/home.

Breast-feeding clinics can be found in many areas. They offer more specialized services—from nurses, IBCLC lactation consultants and sometimes doctors—which may or may not be free. Clinics can be very helpful if you are experiencing problems.

Your doctor will examine your baby on a regular basis. If you're worried about your child's health, the best person to turn to is your doctor, who can also help if your breasts or nipples become infected.

Midwives provide followup for their patients up to six weeks after delivery.

If you have special problems, all of these individuals should be able to direct you to other sources of help.

Your breasts during nursing

Breast and nipple shape

Breast and nipple shape, size and colour vary from one woman to another, and sometimes even from one breast to the other. Most newborns adapt easily to their mothers' breasts. For unknown reasons, however, there are some babies who have more difficulty latching onto flat or inverted nipples.

Breast care

The breasts are often bigger and heavier during the first six weeks of breast-feeding. Whether or not you choose to wear a bra depends on your comfort. Nursing bras are usually more practical than regular bras, but you don't have to wear one. Regardless of what you choose, your bra should be comfortable and large enough to avoid squeezing your breasts. Don't hesitate to sleep barebreasted if you feel comfortable doing so.

If you use nursing pads, choose cotton or disposable ones without a plastic lining and be sure to change them often.

A daily shower or bath is all you need to keep your breasts clean. Creams, ointments and other products are not necessary. You don't need to wash your breasts each time you nurse; this may irritate them. However, washing your hands with soap and water before nursing is the best way to prevent infections.

When your milk comes in

Having your milk "come in" is a normal phase of milk production. It generally happens between the second and fifth days after delivery. Your breasts become warmer, the appearance of the milk changes and production increases rapidly. Most women also find that their breasts become larger.

Some women experience no discomfort when their milk comes in. But for most women it can be uncomfortable, especially if their breasts become engorged and firm to the touch. To ease the discomfort, which generally lasts from 24 to 48 hours, thorough and frequent feedings (8 times or more during a 24-hour period) are recommended at regular intervals, both day and night.

Your baby will generally want to nurse more often during this phase, which will ease the discomfort in your breasts and help him gain weight.

What if he has difficulty latching on because the breast is too firm, or your breasts become painful? You'll find advice in the table entitled Engorgement, page 436.

Producing a good supply of milk

Milk production is a matter of supply and demand. The more your breasts are stimulated, the more milk they'll produce.

To get milk production off to a good start during the first few days:

- Nurse your child or express milk within 6 hours of delivery to stimulate your breasts.
- Nurse your child or express milk at least 8 times during a 24-hour period, with no more than 6 hours between.
- Express your milk if your baby isn't sucking effectively or latching on properly. During the first few days, expressing manually is often more effective than using a breast pump.

Milk production fluctuates during the first 4 to 6 weeks, depending on demand. That's why it's important to stimulate the breasts during the day and at night during this phase.

Some women produce substantial milk without much stimulation, even if breast-feeding was difficult for them at the start. For others, however, milk production can be less reliable, decreasing as soon as stimulation lets up or becomes more infrequent. A person trained in breast-feeding can often help new mothers increase milk production, especially during the first weeks (see Insufficient milk production, page 424).

Let-down reflex

Stimulating the breasts also results in the release of oxytocin into the bloodstream. **Oxytocin** is a hormone that causes the breasts to contract and expel milk. This is known as the "let-down reflex."

▶ **Oxytocin:** A hormone produced by a gland within the brain. Oxytocin circulates in our blood, causing uterine contractions during childbirth and the expulsion of breast milk.

This reflex might be triggered when you put your baby to your breast, or if you stimulate the nipple and areola when expressing milk. Just hearing your baby cry or thinking about him can trigger the let-down reflex, too. It ensures that milk will be available when your baby begins nursing.

It's not unusual to experience the let-down reflex several times while nursing. The results typically last from 30 seconds to 2 minutes. Some women feel a tightening or tingling in the breast; others feel no sensation. During the first few days after delivery, you may experience intense thirst and uterine contractions in conjunction with the let-down reflex.

During the let-down reflex, milk flows more rapidly and babies will swallow more quickly for several minutes. Sometimes the let-down reflex is so strong that your baby will need to let go of the breast to take a breath of air. Women expressing milk can see the pace quicken and even notice spurts during the let-down reflex.

Breast-feeding, step by step

Mothers have been breast-feeding their babies since time immemorial, and each nursing mother and child discover their own style. This section will guide you step by step, explaining what to do so your child nurses properly and effectively. A person trained in breast-feeding can provide help if you need it.

Pick the right time (signs of hunger)

It's hard to get a baby who is upset or crying to nurse. As soon as you see signs that your baby is hungry, offer her your breast (see Hunger signs, page 313). That way she'll be more patient and cooperative, especially if it takes a couple of tries to latch on.


Anouk Jolin

A comfortable chair, music, cushions or pillows and a glass of water, juice or milk will help you relax.

Find a comfortable position

Give yourself plenty of time for your first breast-feeding sessions. Take a few minutes to make sure you're comfortably settled. There are various positions, so choose the one that feels best for you: cradle, cross-cradle, football or lying down. Whichever you choose, your baby's whole body is turned toward your breast, with her ear, shoulder and hip forming a straight line.

Cross-cradle position

With a newborn, the cross-cradle position offers two advantages: it allows you to properly support your baby and to clearly see how she latches on (see picture page 368). Many mothers find it useful during the first weeks of breast-feeding.

In this position, the baby rests on the arm opposite the breast she is nursing from. If you are nursing from the left breast, you support your baby with your right arm.

Your fingers, other than the thumb, support the weight of the baby's head. The palm of your right hand is beneath the nape of her neck, not behind the head (as shown in the photos). Don't put any pressure on the head with your fingers or the palm of your hand—babies don't seem to like this and may then draw their heads back or even refuse the breast. Keep the child's bottom between your chest and forearm.

Hold your left breast with your left hand. Your thumb should rest on the outer side of the breast and the other fingers on the inner side, far from the nipple and areola, forming a U (see picture page 379).

Lying-down position

Breast-feeding while lying down is enjoyable and can promote rest (see picture page 369). Most mothers really like this position once latching on becomes easier. If you tend to doze or sleep while nursing, follow the recommendations on page 249 to make sure your baby stays safe.

Cross-cradle position

René Dery

Cradle position

Jean-Claude Mercier

Football position

Lying-down position

Bringing baby to your breast

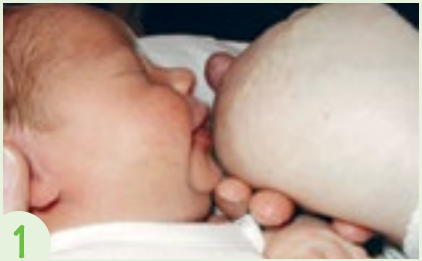
Whether you choose a seated or reclining position, make sure that your baby latches on to more than just the nipple; she should also be taking much of the areola, adjacent to the nipple, in her mouth.

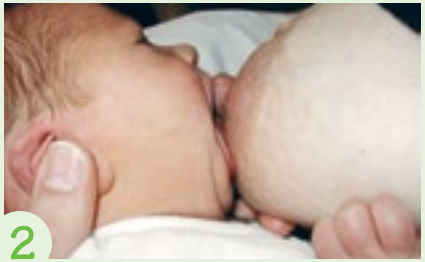
If your baby reaches for the breast at this point, her hands may end up in her mouth before your breast does. If this happens, ask the child's father or someone else close to you to gently hold the baby's hands. As soon as she latches on and starts sucking, you'll see her hands relax.

You'll need to coordinate your movements with that of the baby as she opens her mouth. It's the baby who latches onto the breast, but you must bring her close to it at the right moment. You'll be more comfortable if you don't lean toward the child.

During your baby's early weeks, feeling the breast near her mouth stimulates the sucking reflex. If your child sees your breast but doesn't sense it against her face, she will probably not open her mouth very wide. Bringing her close enough so her chin grazes your breast will probably make her open her mouth more willingly.

With your help, your baby will learn how to latch on and will soon be almost able to do it alone.





Jean-Claude Mercier

Once both of you are settled, you're ready to bring your baby to your breast:

1. When her chin touches your breast, gently brush your nipple against her upper lip.

2. Wait till she opens her mouth wide, as if she were going to yawn or take a bite out of a large apple.

3. At this point, quickly bring your baby to the breast, supporting her shoulder blades with the palm of your hand:

- Her head should be tilted backwards just a tiny bit.
- Her lower lip should touch your breast first, with the nipple very near the upper lip.
- Your nipple should point toward her palate, not her tongue.

During the first few days, you may have to start over several times to get your baby to latch on properly. She might sometimes close her mouth partially or completely before getting to the breast. This can be painful for you. Latching on takes a little time in the beginning. But with practice, your baby will learn and everything will become easier.

Latching on

When your baby latches onto your breast, and not only the nipple, he will have a large part of the aureola in his mouth. This makes it easier to get milk.

If the baby sucks mainly on the nipple, painful cracks may result and he will get less milk. Some babies will then ask to nurse more often, which will irritate the nipples even more. Others will get tired and fall asleep before they're full.

Signs of a good latch:

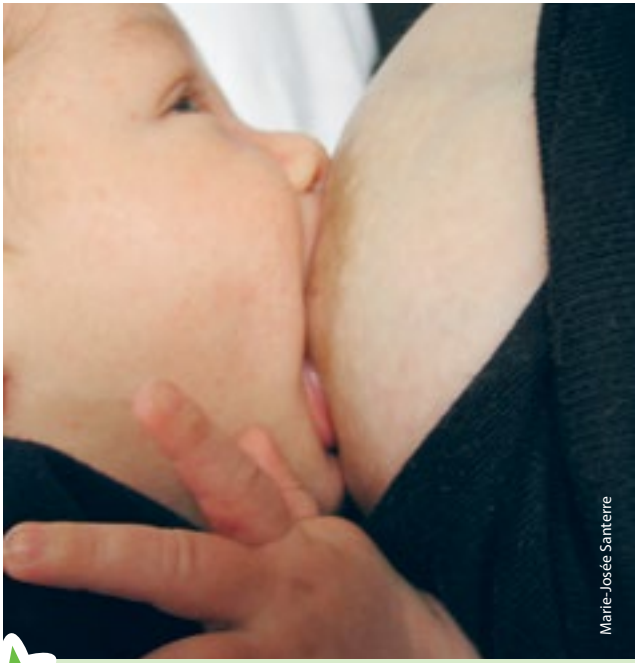
- The baby's mouth is wide open.
- He latches onto not only the nipple only but also a large part of the areola.
- His lips are curled outward.
- His lower lip covers a larger part of the areola than the top lip does. If needed, gently press your breast to reveal the lips.
- His chin touches your breast and his nose is free.
- You can hear or see him swallow.

Latching on shouldn't be painful for you.

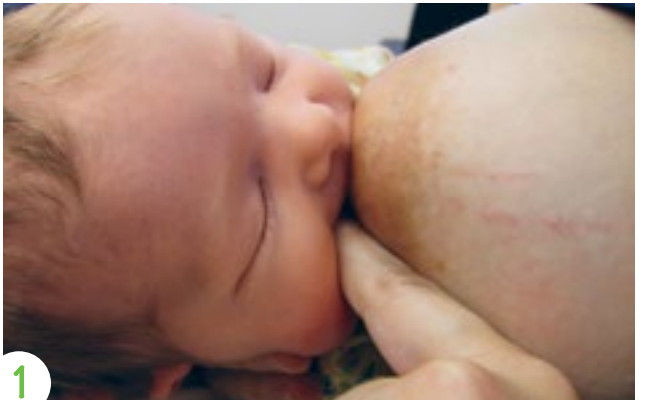
If you feel pain, try bringing the baby to your breast again. You can also try to improve the latch. In some cases, you can gently lower your baby's chin to reposition his lower lip once he's nursing. If that doesn't work or pain persists, contact someone trained in breast-feeding.

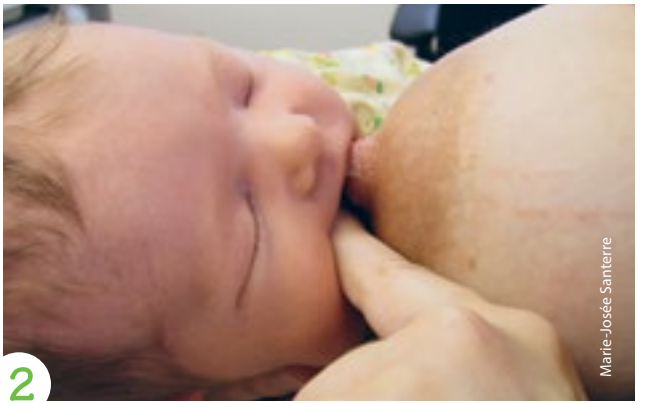
How to tell if your baby is sucking effectively

When your baby sucks effectively, you can see motion in the jaw. When she first starts to nurse, the movements are quick and light. As milk starts flowing, the movements become slower and deeper. You can see and hear your baby swallow.



If you experience painful nipples, try to improve the latch. Nursing shouldn't be painful. Latching on properly is the key to pain-free nursing!





If your baby's breathing is noisy during nursing, free up her nose by pressing her bottom against you to bring her chin closer to your breast. Don't worry, she won't suffocate. If she has trouble breathing she will release the breast. In some cases, you might need to press gently on your breast with your finger to free up her nose.

Breaking the suction

It's important to break the suction properly when removing your baby from your breast, to avoid hurting your nipples. To break the suction:

1. Put your finger in the corner of your baby's mouth between the gums, if needed.

2. The nipple will release easily once the suction is correctly broken.

How often to nurse—and how long?

How often you nurse varies a great deal from one baby to another. What's important is that your baby latches on properly, nurses effectively and swallows your milk.

Mother's milk is rapidly digested, and infants' stomachs are small, so it's normal to breast-feed frequently during the first weeks of life. When you're at the learning stage, the process of nursing, stimulating, burping and diaper-changing can take from 45 to 90 minutes. With time, as your baby develops the ability to nurse more effectively, breast-feedings will become shorter and less frequent.

During growth spurts, your baby will nurse more frequently during the day and at night—sometimes as often as every hour. Frequent breast-feeding increases milk production. This is a passing phase, but it's a very intense one for moms. Family support can be very important during these periods.

Giving your baby commercial infant formula or baby cereal results in less stimulation for your breasts and may interfere with milk production.

Does your baby seem satisfied after nursing, only to seek your breast 15 or 20 minutes later? That's completely normal, especially during the first weeks. Don't hesitate to nurse again for a little "dessert."

When you're breast-feeding, don't watch the clock—watch your little one. Trying to nurse on a schedule won't protect against irritated nipples and could deprive your baby of needed nourishment. Better to watch your baby for signs of hunger and satisfaction!

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(1) CESG: Canada Education Savings Grant of 20% to 40%, based on adjusted family net income. The annual CESG limit is set at $600 and the lifetime limit is set at $7,200 per child. QESI: Quebec Education Savings Incentive of 10% to 20% based on adjusted family net income. The annual QESI limit is set at $300 and the lifetime limit is set at $3,600 per child. CLB: Canada Learning bond of up to $2,000 per beneficiary, for children born after December 31, 2003, for whom the family receives the National Child Benefit Supplement (NCBS). Certain conditions apply; refer to the prospectus at universitas.ca. **(2)** The refund of contributions at plan maturity includes the sales charges of $200 per unit under the REFLEX Plan. Under the INDIVIDUAL Plan, the $200 sales charge is not refunded. Certain conditions apply; refer to the prospectus.

Fact Sheet
For Nursing Mothers

Your Baby's Age	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS	6 DAYS	7 DAYS	2 WEEKS	3 WEEKS
Your Baby's Average Tummy Size	Size of a cherry		Size of a walnut		Size of an apricot			Size of an egg	
Number of Feedings On average over 24 hours	8 times or more per day Your baby sucks vigorously and swallows often								
Number of Wet Diapers On average over 24 hours	At least 1 WET	At least 2 WET	At least 3 WET	At least 4 WET	At least 6 HEAVY WET WITH PALE YELLOW or CLEAR URINE				
Number of Soiled Diapers **Colour of Stools** On average over 24 hours	At least 1 to 2 BLACK OR DARK GREEN		At least 3 BROWN, GREEN OR YELLOW		At least 3 large, soft and seedy YELLOW				

Adapted and revised on October 2015 with permission from the Best Start Resource Centre.

Download our guide at:

www.msss.gouv.qc.ca/allaitement

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Québec

Cluster feeding

Feedings are more frequent at certain hours of the day and less frequent at other times. Evenings can be a challenging time because most babies tend to get cranky and nurse a lot. They sleep a bit, cry a bit, nurse a bit and need comforting. Some babies may want to nurse almost non-stop for a few hours. They may then sleep for longer periods. "Cluster feeding" is normal, although it can leave you with the impression you don't have enough milk because your breasts are soft and have less time to produce new milk.

One breast or two? Or more?

The number of times that your baby will want to change breasts during a feeding will depend on:

- the quantity of milk accumulated in the breast;
- his appetite and age;
- the time of day.

Your baby might nurse from one breast or both during a feeding, and you should go along with his preference. Let him nurse from the first breast until he's full. When he starts to let go or becomes drowsy, try burping him. Then offer the other breast: he'll take it if he's still hungry.

You can change breasts more than once during a feeding. Some babies release the breast as the flow of milk slows. Offering the second breast gives the milk glands in the first breast a chance to refill. If your baby isn't full after nursing at the second breast, he can return to the first one. And if he's still hungry, change once more to give him the second breast again.

At the next feeding, start with the breast that was offered last or the one your baby nursed from least. If you don't remember, offer the breast that feels heavier.

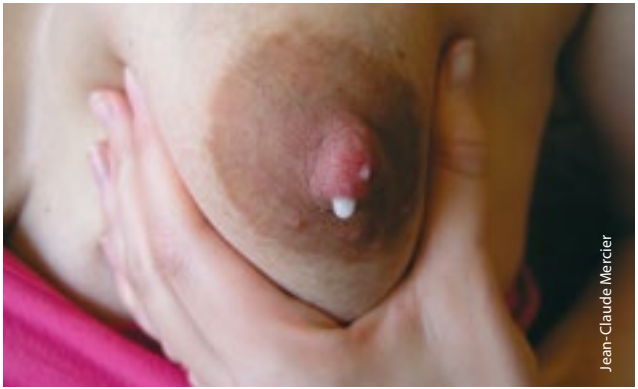
Breast compression

Breast compression is a technique you can use if your baby doesn't nurse effectively enough to get the milk he needs. It increases milk flow and keeps your baby nursing more actively. Use this technique if your baby:

- falls asleep quickly when nursing;
- isn't gaining enough weight;
- wants to nurse very often or for long periods;
- seems dissatisfied.

It's also a very good way to get your baby drinking colostrum during the first few days of life.

The cross-cradle position is best for this technique. With your hand, make a U shape at the base of the breast, with your thumb on one side and your fingers on the other. Keep your fingers away from the areola so as to not interfere with your baby's sucking. Squeeze the breast with your whole hand without moving your fingers. This should not be painful or stretch the areola.



Maintain pressure for 5 to 10 seconds or as long as your baby continues swallowing. Release the pressure as soon as he stops drinking, then start again, continuing until he stops swallowing. Offer the other breast in the same way if your baby seems to want it. You can return to the first breast—and the second one again—if needed. Stop using this technique once your baby starts nursing more effectively.

Pacifiers (soothers)

A crying baby is trying to tell you something. He may need food, sleep, comforting or contact; it's not always easy to know exactly which.

Breast-feeding is more than a way to provide your baby with nourishment. Don't worry; letting your baby nurse for comfort won't create bad habits. In many cultures, breast-feeding is used as much to calm infants as it is to nourish them.

The Canadian Paediatric Society makes the following recommendations about pacifiers:

- "Never start using a pacifier until breast-feeding is fully established. Talk to your doctor or lactation specialist if you feel your baby needs to use one at this early stage. An exception is for premature or sick babies in the hospital. They may use one for comfort".
- "Never give your baby a pacifier in place of feeding your baby".
- "Always see if your baby is hungry, tired or bored before giving him the pacifier. Try solving these things first".

Babies also find the warmth of skin-to-skin contact with their fathers soothing. Rocking or carrying your baby in your arms is another great way to provide comfort and reassurance.

Breast-feeding phases

A nursing woman's breasts undergo changes as her milk supply fluctuates in response to her baby's needs. As children get older, their behaviour changes too—they'll state their needs more and more clearly. Everything seems to get easier with time.

Breast-feeding with your baby snuggled in your arms comforts him and helps meet many of his important needs.

The table below provides an overview of breast-feeding phases between birth and the age of 6 months, describing your baby's behaviour and what may happen at feedings.

Right after birth: Mother and child get acquainted through skin-to-skin contact

Your Baby

- Will instinctually seek your breast within an hour of birth.
- Will then sleep for several hours.
- May find it harder to breast-feed if she has taken more time to recover from delivery.

Feedings

- Offer baby your breast if she seems interested.
- If she doesn't nurse right away, hold her close until she shows interest.
- The interval between the first two feedings can vary.
- If necessary:
  - Let a few drops of milk drip onto her mouth, but don't insist if she refuses—be patient;
  - Express milk and give it to her from a spoon or small cup. Avoid bottles for the time being.

The first 14 days: A time of learning for mother and child

Your Baby

- May be drowsy, especially if she is jaundiced.
- May sleep so much that you need to waken her up to ensure she gets enough nourishment, i.e., 8 times or more per day (24 hours).
- Tends to fall asleep at your breast as soon as the flow of milk slows, even if she hasn't drunk enough.

Feedings

- It can take a long time to get ready and latching on may be difficult. A feeding session (breast-feeding, stimulation, burping and diaper-changing) may take between 45 and 90 minutes.
- The number and length of feedings is less important than the quality of the latch and effectiveness of the sucking. Babies who suck effectively spend less time at the breast and are less likely to hurt your nipples.
- If your baby falls asleep while you breast-feed, try tickling her, uncovering her, holding her close or talking to her. Make sure she latches on properly. Try using the breast compression technique.

2 to 8 weeks: Mother and child are more comfortable with each other

Your Baby

- Awakens on her own for feeding and stays awake for longer periods.

Feedings

- You're getting better at latching on and feeling more at ease as you get to know your little one better.
- Between weeks 6 and 8, your breasts produce as much milk as before but become softer to the touch and smaller in size as they adjust to your baby's needs.

From 2 to 6 months: Mother and child have their own routine

Your Baby

- Expresses her needs more readily—for example, when she wants to change breasts.
- Needs more stimulation; it's not always easy to know if she's hungry or wants to do something different.

Feedings

- Feedings are shorter.
- At 3 months, baby tends to look around her while nursing.
- At 4 months, baby's appetite changes: she may ask for the breast more often. She may still wake up at night for feeding—or start doing so again.

Breast-feeding an older baby (6 months and up)

Breast-feeding an older baby and a newborn are two very different things. Once children start eating other foods at around 6 months of age, the rhythm of breast-feeding gradually changes as your baby adapts to the family's mealtime routine. But you and your child can still benefit from the advantages of breast-feeding, which will continue as long as you carry on nursing.

As your child gets older, he will start to show curiosity and initiative, and this can carry over into breast-feeding. His newfound independence may sometimes pose problems—he might ask for your breast at inconvenient times. But trust yourself: in breast-feeding, as in parenting in general, you'll learn to set limits on what you consider to be acceptable or not. Your baby will learn to be a bit more patient and will get used to breast-feeding on your terms.

As children near one year of age, they typically breast-feed only a few times per day, although some may still do so more frequently. At this age, the number of feedings varies from one day to the next, depending on the child's activities and mood.

In Québec, an increasing number of women are continuing to breast-feed beyond age 1—even if only once a day—because it helps prolong the special mother–child relationship they cherish. Breast-feeding for a longer period has ongoing health benefits for the baby. Many find that breast-feeding in the evening is an enjoyable part of the bed-time ritual. Support group volunteers are very comfortable with the idea of breast-feeding a toddler. Feel free to discuss it with them.

Breast-feeding in public

More and more women are breast-feeding in public. It's your right to breast-feed your child, regardless of the location. In Québec, that right is protected by law. Breast-feed with self-confidence and simplicity. To make things easier, try wearing layered garments (for example, a T-shirt and sweater) or a blouse. Some places provide special breast-feeding and baby care areas for parents who don't feel comfortable nursing in public.

Breast-feeding and mother–child separation

One practical side of breast-feeding is that it makes family outings easier. However, your personal or professional activities may also require you to be separated from your child.

Breast-feeding makes it easier for a family to get out and about! Night or day, milk is always handy—whether you're at the movies, outdoors, visiting or traveling.

You can continue breast-feeding even if you're not always with your child. You'll need to consider:

- the child's age;
- his preferences, and yours;
- the length and frequency of separation.

Once babies reach 6 months of age, they don't necessarily need to be bottle-fed when you're away; they can learn to satisfy their thirst by drinking from a cup.

Occasional separations

Need to go out for a few hours? If you breast-feed your baby before you leave and once you return, it may not be necessary for anyone to bottle-feed him while you're out.

If you know that you're going out for a while, you can express milk that your baby can drink from a cup or bottle, depending on his age and abilities. He may only drink a small amount—that happens sometimes. But don't worry—he'll probably have a "full-course meal" once you return.

And while you're out, you may need to express milk in order to relieve breast discomfort. Take along what you need (for instance, a cooler and ice packs) to keep the milk cool until you return home.

Returning to work or school

Returning to work or school will require you to be away from your baby on a regular basis for longer periods. Yet many women in this situation continue breast-feeding. A number of them talk about the pleasure they get from snuggling up with their nursing babies before they go out or after they return.

Once expressed, breast milk can be refrigerated or frozen, then given to your child in a cup or bottle in keeping with his age and abilities. This way you continue to provide excellent nourishment that will help your infant develop and stay healthy—whether you're by his side or not.

At age 6 months or so, it's not unusual for some babies who are separated from their moms to prefer food until they can breast-feed. They may drink very little while their mothers are away, but make up for this by nursing more heavily the rest of the time.

You may also decide to breast-feed when you're with your child and to provide another type of age-appropriate milk for him when you're not around. Your milk production will adjust if you opt for what is called "mixed feeding".

This special relationship can be continued as long as you and your child wish.

Is breast-feeding still possible?

If you've had a Caesarean section

Whether you planned to have a C-section or not, there's nothing to prevent you from breast-feeding soon after your baby is born. Most C-sections are done with an epidural, in which anaesthesia (freezing) is injected near the base of the spine. So you should be able to breast-feed soon after, ideally within an hour of delivery, even if you're still feeling the effects of the epidural. If you have a general anaesthetic (you are put to sleep during the operation), you'll be able to breast-feed as soon as you are completely conscious and feeling comfortable. Many hospitals encourage new mothers to nurse for the first time while in the operating room or recovery room.

To keep your baby in your room, you need to have your spouse or someone close to you on hand. The hospital staff can help you start nursing, if necessary. Soon you'll be able to take care of your baby by yourself. Many dads also enjoy holding the new baby skin-to-skin on their chest. It's a good way to get the father–child relationship off to a warm start.

If your baby is premature

Premature babies have special needs and benefit even more from mother's milk. Breast milk is ideally suited for meeting a premature baby's needs, and you alone can provide this made-to-order nourishment!

Depending on how far along the pregnancy was at the time of birth, your baby may be fully able to nurse or only able to breast-feed a little bit, if at all. If he's not yet capable of sucking, the nurses will use a very thin tube to get your milk directly into his stomach.

If your baby's health allows, hold him often and for long periods with his skin against yours. Your little one will get used to you and your smell, which will make it easier to get him to nurse once he's ready. This intimate contact has been shown to be beneficial for both babies and their parents. In fact, it is considered as valuable for newborns as the food they receive.

While waiting until your baby is able to breast-feed on his own, you'll need to use a breast pump to get your milk production started and keep the supply ongoing. Breast pumps are often available in intensive care units, or you can rent one if necessary from a drug store or certain breast-feeding support groups.

You can breast-feed even if your baby is premature.

The milk that you express can be refrigerated or even frozen until your baby is ready for it. When it's fed to him, hospital staff may add nutritional supplements, if necessary.

Various factors influence how long it takes before a premature baby is ready to start breast-feeding. Your doctor or nurses will tell you when your child is ready. At first, he may not be able to nurse for very long, so it will probably be a good idea to express milk afterward in order to relieve your breasts and sustain milk production. Little by little, your baby will nurse more effectively and you'll be able to do without the breast pump.

You'll need lots of patience and perseverance during this phase: premature babies need time to learn to breast-feed. Most of them become more skilled at it once they reach their original due dates.

A person trained in breast-feeding can provide invaluable support and encouragement. Préma-Québec, an organization for parents of premature infants, may also be able to help.

Préma-Québec
1-888-651-4909 / 450-651-4909
www.premaquebec.ca

Geneviève Trudel

From Tiny Tot to Toddler

If you have twins

New mothers of twins are happy to receive help early on with nursing their babies and caring for them between feedings. The most demanding aspect of mothering twins isn't breast-feeding itself, but the challenge of caring for two newborns at the same time. So accept all the help you can get!

It's possible to feed your two babies exclusively on breast milk. The more your breasts are stimulated, the more milk they produce.

If your twins are born prematurely, they'll benefit even more from your milk. You should pump milk while waiting for your twins to be able to nurse. This will ensure that there's enough milk for both of them. With twins, one baby is often ready to nurse before the other one is, so keep expressing milk for the second child.

Breast-feeding both twins at once can be practical.

Some women prefer to breast-feed each baby separately. Others find it more practical to nurse both twins at the same time. Most women use a combination of these two approaches.

Generally, mothers of twins nurse each baby at one breast for one feeding and change to the other breast for the next feeding. As babies' appetites and sucking capacities will vary, this allows equal stimulation for both breasts. There are other approaches that may be more suitable in certain situations.

Some women use mixed feeding, a combination of breast-feeding and bottle-feeding using expressed breast milk and commercial infant formula. A person trained in breast-feeding can put you in contact with a mother who has breast-fed twins.

There are organizations that can help you, regardless of where you live. Association de parents de jumeaux et de triplés de la région de Montréal has produced a brochure titled *Allaiter en double ou en triple* (available in French only).

Association de parents de jumeaux et de triplés de la région de Montréal
514-990-6165
www.apjtm.com

Association des parents de jumeaux et plus de la région de Québec
418-210-3698
www.apjq.net

If you've had breast surgery

Milk production varies among women, regardless of whether they have had breast surgery. The impact of such surgery on milk supply also varies from one woman to another. Whatever your situation, learning about breast-feeding and having support can help you get off to a successful start.

Breast reduction (surgery to make the breasts smaller) appears to decrease the breast's capacity to produce milk. That said, some women who have undergone reductive procedures produce enough milk to breast-feed their babies exclusively for several weeks or more. It may be necessary to monitor the baby's weight more often during her first weeks of life to make sure that she's receiving enough milk.

If you aren't producing enough milk to meet all your newborn's nutritional needs, you'll need to supplement feeding with a commercial infant formula.

Breast augmentation appears to have less impact on breast-feeding.

Restarting milk production

If you've stopped breast-feeding, didn't breast-feed your child at birth, or are finding that your baby has trouble tolerating commercial infant formulas, it's possible to resume breast-feeding regardless of your baby's age.

With determination—and support from someone trained in breast-feeding—you'll be able to resume lactation, even if you never nursed your baby.

You've adopted a baby? It's even possible to begin producing milk without having gone through a pregnancy.

If you're breast-feeding—and pregnant

If you're newly pregnant and have been breast-feeding, you can continue to nurse. It's safe for both your fetus and your nursing baby.

If your baby is less than 6 months old, you may not produce enough milk to satisfy her nutritional needs, a situation that could affect her growth. In this case, you may have to supplement feeding with a commercial infant formula.

The hormonal changes that occur in pregnancy affect the composition of milk (reversion to colostrum) and can also reduce your milk supply. Some older babies don't like these changes and lose interest in breast-feeding.

Expressing milk

Pumping or manually extracting breast milk lets your baby enjoy your milk when you're not there to feed her, or if she is premature or sick. Expressing milk not only allows you to maintain your milk supply, but also helps relieve the effects of engorged breasts.

Tips to keep your milk flowing

Your baby's nursing stimulates the let-down reflex, which increases milk flow. It's sometimes harder to stimulate this reflex when you're expressing milk by hand or with a breast pump, especially on your first attempts. With a little practice, you'll become good at it.

Depending on what you prefer, you can use any of the following methods to stimulate the let-down reflex:

- Self relaxation
- Breast massage
- Warm compresses
- Visualization of your baby nursing
- Thinking about your baby
- Distracting yourself with another activity (for instance, watching television)

Choosing a method for expressing milk

Breast milk can be expressed in a number of ways. Your choice of method will depend on:

- the situation;
- how frequently you express milk;
- how you are feeding your baby—that is, breast-feeding or not;
- and of course, your own preference.

Regardless of the method you choose, it's important to handle your breasts gently and to wash your hands before expressing milk.

Jean-Claude Mercier

Massaging your breasts

To relax your breasts before expressing milk, try a technique borrowed from massage. The idea is to use the knuckles to gently stimulate the breast.

- Make a fist and keep it closed throughout the massage.
- Place the knuckle of your index finger at the top of your chest and roll your knuckles down toward the nipple.
- To massage the underside of the breast, place the knuckle of your little finger against your ribs and roll your knuckles up toward the nipple.
- Move your fist to the other breast and repeat the rolling motion.
- Work your way around the breast once or twice, then start expressing milk.

Massage shouldn't be painful. You can repeat this massage once or twice while you're expressing milk.

Jean-Claude Mercier

Expressing milk manually

Manual expression is a technique every mother should know. It's the most effective way to express colostrum, you can use it any time, anywhere to relieve an engorged breast, and it's free.

This technique is easier than it sounds. Ask hospital staff, your midwife, or a CLSC nurse to teach it to you.

- Wash your hands.
- Use a large, clean container.
- To prompt the let-down reflex, massage your breast gently.
- Lean forward slightly so the milk can flow into the container.
- Make a "C" with your thumb and index finger. The tip of each should line up like a pair of pliers (see photo no. 1).
- Place your thumb and index finger on either side of the nipple, 2 to 5 cm (1 to 2 inches) away. With practice, you'll find the best distance (see photo no. 2).
- Press your fingers into your breast, pushing horizontally toward the ribs (see photo no. 3).
- While maintaining pressure on your fingers, pinch your thumb and index finger together as if they were a pair of pliers. You don't need to press hard. This motion shouldn't leave any mark on your breast or cause any pain.
- Repeat this pinching motion several times, reproducing the same rhythmic movements your baby uses when nursing.
- Be careful not to slide your fingers along your breast. Maintain firm pressure on your breast without stretching the nipple, which is painful and not very effective.
- Work your way around the breast with your fingers until it's emptied.

Your milk will flow drop by drop at first, then begin to spurt. With practice, you'll be able to work more efficiently and quickly.

Choosing a breast pump

It is not always necessary to buy a breast pump. Many women prefer to use one, however, especially if they have to express their milk on a regular basis. To find a breast pump that suits your needs, contact a community breast-feeding support group or a person trained in breast-feeding.

A number of models are available on the market:

- Manual breast pumps
- Various types of electric breast pumps, including some that allow you to express milk from both breasts at the same time.

You should also consider the following factors:

Quality – A poor quality breast pump may hurt you or reduce your milk production.

The number of sucking movements per minute – Choose a breast pump that allows for 60 to 70 sucking movements or cycles per minute so that it imitates as closely as possible the rhythm and strength of your baby's sucking.

Suction – A breast pump with insufficient suction reduces the quantity of the milk expressed, whereas suction that is too strong and prolonged irritates the nipples.

Size and shape of the cup – The breast pump's cup, which fits on the nipple and areola, must be properly adjusted to your nipples to avoid injuring them. Some companies offer a number of models and sizes.

A good breast pump should:

- be leakproof and maintain proper suction;
- fit your nipples properly;
- protect your nipples by avoiding suction that is too strong or prolonged;
- electric breast pump: create and release suction at 60 to 70 cycles per minute;
- manual breast pump: be comfortable and not tire your hand.

You can rent hospital-grade electric breast pumps from community breast-feeding support groups and some drugstores. These sturdy, good-quality pumps are intended for use by many people, so they are designed in such a way that the pump motor never comes into contact with the milk. In fact, it is the motor you rent: each woman must buy a new set of tubes, which includes all parts that come in contact with the milk.

Regardless of the type of breast pump you choose, it's important to clean it properly. Read Cleaning bottles, nipples and breast pumps, page 451.

Second-hand breast pumps

A breast pump is a personal item, like a tooth brush or piece of underwear. Breast milk can transmit diseases like HIV and hepatitis, or less serious infections like thrush. If you decide to use a second-hand breast pump, the only way of making sure that it's safe is to sterilize it in an autoclave, like they do in the hospital. Boiling a used breast pump does not make it safe, even if it does reduce the risk of disease transmission. If you do decide to use a second-hand breast pump, take the following precautions first:

- Take the breast pump apart.
- Put all the parts in a large pot.
- Cover the parts completely with water. Make sure there is enough water so the parts remain covered until the boiling is complete to avoid burning them.
- Boil for 5 to 10 minutes.

If you buy a used breast pump that is not hospital grade, keep in mind that there may be milk remaining in the motor. Since there is no way to check this or to clean the motor, there is a risk of contamination, even though the risk is low. For this reason, it is recommended that you not buy a used breast pump. If you decide to do so, be sure to buy a new set of tubes.

Expressing milk occasionally or regularly

If you breast-feed, your milk production has adjusted to your baby's demand. So it is normal to express only a few drops on your first few attempts. Be patient.

There is no ideal time to express your milk. The ideal moment is the one that suits you the best! Try these suggestions:

- When your baby has fed at only one breast
- In the morning
- When your breasts are engorged
- Between feedings
- While your baby is feeding at your other breast
- When you skip a feeding

If you express milk between feedings, you will probably get only a small amount of milk. You will get more if you express the milk from a breast that your baby has not fed from for some time.

Expressing milk without breast-feeding

Some women express milk for a baby who won't breast-feed. Others simply prefer this method. Depending on your situation, you can express your milk for several days, weeks, months, or throughout the entire period you feed your baby breast milk.

It is normal to get only a few drops the first few times you express your milk. The more you stimulate your breasts, the more milk they will produce.

During the first month, many babies who did not breast-feed at birth succeed in doing so if your milk production is high. Don't hesitate to ask for help if you want to try breast-feeding again.

Remember that premature babies are smaller and their intestines are not yet fully developed. In the first few days, or even weeks, they only drink a little if at all. However, to get your milk production off to a good start, it's better to express your milk as if your baby were full term.

The way you express your milk when not breast-feeding will change as your milk production gets going and adapts to your baby's individual needs.

Feeding your baby with your milk without breast-feeding

Before Your Milk Comes In

Frequency

- If possible, start stimulating your breasts within 6 hours after the birth.
- Express your milk 6 to 8 times a day.
- Use the breast pump at least once every 6 hours, even at night.

Duration

After expressing the colostrum by hand, use the breast pump for 5 to 10 minutes.

Quantity

- You will produce from a few drops to several milliliters. The colostrum (first milk) is thicker.
- Expressing milk by hand seems to produce more milk than the breast pump during the first 24 to 48 hours. As your milk changes, it will become easier to express with the breast pump.
- The quantity of milk usually increases from 48 to 72 hours after the birth.

When Your Milk Comes In

Frequency

- Express your milk as often as necessary for comfort's sake, but at least 8 times a day.
- Use the breast pump at least once every 4 hours, even at night.

Duration

Express your milk until your breasts are soft and comfortable.

Quantity

- The quantity of milk increases rapidly. Take advantage of this period to get your milk production off to a good start, even if your baby drinks much less that you express. Stock up.
- Mothers who express at least 500 ml of milk per 24 hours after the first week seem to produce more milk afterwards.

1 to 6 Weeks

Frequency

- Express your milk 6 to 8 times a day.
- Use the breast pump at least once every 6 hours, even at night.

Duration

Express your milk until the milk has stopped flowing for about 2 minutes.

Quantity

- Try to express a little more milk than your baby drinks. That way you will always stay ahead of her needs, which will increase rapidly.
- It's normal that the quantity of milk you express varies each time.
- Mothers who express at least 750 ml per 24 hours after two weeks seem to produce more milk afterwards.

After 6 Weeks

Frequency

- Depending on how much milk you produce, you can adapt to your baby's needs.
- Some women can stop expressing milk at night, and others not.

Duration

Express your milk until you have have the quantity of milk your baby needs.

Quantity

- Adjust the quantity of milk you express according to your baby's needs.
- Ideally, try to express a little more milk than your baby drinks in order to stay ahead.

Combining breast and bottle

To suck from a bottle or from your breasts is not the same. Here are the main differences:

- Your baby has to open her mouth wide to latch on to the breast, which is not the case with a bottle.
- Milk sucked from your breasts flows faster at first and when you have a let-down reflex, while milk from a bottle flows at a constant rate.
- Most bottles will drip into your baby's mouth even when she doesn't suck, which is not the case when she drinks from the breast.

Some babies will switch back and forth between breast and bottle without any trouble, while others find the transition more difficult. After being fed from the bottle several times, some babies don't open their mouths as wide to take the breast or get frustrated when the milk doesn't flow as fast.

Here are some tips to make the breast/bottle combination easier:

- Don't introduce the bottle until breast-feeding and milk production have settled into a pattern (around 4 to 6 weeks).
- Wait until your baby opens her mouth wide before giving her the bottle.
- Opt for a slow-flow bottle nipple.
- Give your baby breast milk in a bottle rather than commercial infant formula. It will help you maintain a good milk supply.

Partial or mixed breast-feeding

Although exclusive breast-feeding is the best way to feed your baby, you may find yourself in a situation where partial breast-feeding is the only way you can continue nursing. This approach may allow you and your baby to enjoy breast-feeding longer. Some babies adapt well to this type of breast-feeding while others don't.

Partial (or mixed) breast-feeding is when your baby drinks both breast milk and commercial infant formula every day.

Women may choose partial breast-feeding for a number of reasons, and for different periods of time. However, whatever your reason for choosing partial breast-feeding, you should be aware of the following:

- The more your baby nurses, the longer your milk production will last.
- If you feed your baby commercial infant formula every day, your milk production will drop because your breasts are less stimulated.
- Some babies gradually lose interest in breast-feeding when milk production drops.
- Some babies may prefer the bottle and lose interest in the breast, even if your milk supply is plentiful.
- Complete weaning may occur earlier than anticipated.

If your baby refuses the bottle

Some babies, regardless of their age, simply don't like drinking from a bottle. This is perfectly normal; after all, bottle and breast are quite different. Occasionally, babies who have had no problem drinking from both breast and bottle may suddenly start refusing the bottle after a few months. As they grow, babies learn to express their preferences better, and some make their choice perfectly clear!

This can be a difficult situation for parents, especially if the mother feels trapped or obliged to breast-feed. Be patient, and don't force your baby one way or the other. He is not likely to accept something new if he's frustrated.

Here are a few tips to help ease the introduction of the bottle:

- Wait until your baby is in a good mood and not too hungry before making the change.
- Introduce the bottle for a milk "snack." Your baby will probably drink very little to start with.
- Get the father to give the bottle. Discreetly leave the room at feeding time.
- Try with breast milk first, then with commercial infant formula.
- Try giving the bottle differently from the way you present the baby your breast. Change routines.
- Patience! If it doesn't work the first time, try again a few days later.

If you have tried these tips and your baby still refuses to take the bottle, you can try giving him some milk in a little cup. He may be more willing to take it.

Julie Desrosiers

Weaning

Weaning age varies from one child to another. Whether it's the mother or child who initiates the process, various factors affect weaning: the child's age and temperament, the mother's feelings and the approach used.

Give yourself time. Be attentive to your child's reaction and stay flexible. If possible, it's better to delay weaning a sick child. She needs her mother's milk and the comfort she gets from breast-feeding.

Weaning babies under 9 months old

Milk production declines gradually as breast stimulation is reduced. Gradual weaning helps you to avoid engorged breasts and reduces the possibility of **mastitis**. The time it takes to stop producing milk altogether varies from one woman to another, however it generally takes about four weeks to wean your baby completely. This gives your child time to adapt. Weaning faster may be hard on both you and your baby.

Start by replacing one daily breast-feeding with an iron-enriched commercial infant formula served in a baby bottle or cup. Between feedings you can empty your breasts by expressing some milk or letting it flow under a hot shower.

▶ **Weaning:** Gradual phasing out of breast-feeding.

▶ **Mastitis:** Inflammation of the breast. May also be an infection.

Once your breasts no longer feel engorged, replace a second feeding when you're ready. At first, don't skip two breast-feedings in a row. You can gradually replace as many breast-feedings as you want. Many mothers continue the main bedtime and morning feedings.

Some mothers will feel their breasts engorged with milk for a few days after the "last" breast-feeding. Don't hesitate to express some milk to ease the discomfort. You can also let your baby breast-feed for a few minutes.

At about the age of 6 months your baby can start drinking from a regular cup. At first, he will probably only drink a small amount of milk. This is perfectly normal. Finish up with a baby bottle if needed. Offer him the cup often, and make sure he's getting enough milk—it will remain his primary food for his first full year of life, providing the calcium and protein he needs to grow.

Weaning babies older than 9 months

As your child gets older, you can decide how quickly you wish to wean her. Gradually encourage her to develop other ways of satisfying her needs for nutrition and contact. Many children lose interest in the breast when they lose the need to suck.

For older babies, breast-feeding is often a moment of comforting contact. If you're trying to wean your child, it's a good idea to introduce other such moments—rocking, massage, back-rubs and so on. You will breast-feed less and less as your baby eventually starts going days at a time without wanting to nurse.

By about 9 months, provided she is eating a balanced diet, your baby can start to drink 3.25% homogenized milk instead of breast milk.

Here are a few suggestions to ease the transition:

- Don't refuse your baby the breast if she wants it, but gradually stop offering it.
- Delay feedings if she's not too impatient so they are spaced further apart and reduced in number.
- Offer her a nutritious snack.
- Distract her with a game or other stimulating activity.
- Reduce the length of feedings.
- Change your daily habits, e.g., don't sit in the chair you usually use to breast-feed her.

Consult a community breast-feeding support group, if needed.

Breast-feeding problems and solutions

Some new moms find breast-feeding easy right from the start. Others find it more challenging, especially in the first few weeks. If you fall into the second category, you will find all kinds of information and solutions in the next few pages.

If you are experiencing one of the following problems, it is advisable to seek professional advice:

- Difficulty getting the baby to latch on
- Pain or lesions on the nipples or breasts
- Baby not gaining enough weight
- Problems with milk production

Discouraged and thinking of weaning your baby?

Some women get discouraged when they can't find a solution to their breast-feeding problems. When breast-feeding doesn't go as planned, many new mothers will think about weaning their baby, even if they were originally very determined to breast-feed.

Feeling tired, discouraged, ambivalent or confused? This is probably not a good time to make such an important decision.

If you are experiencing problems, consider these options:

- Consult someone trained in breast-feeding.
- Express milk from one or both breasts so you can temporarily or permanently reduce or stop nursing.
- Try a nipple shield. It can sometimes reduce pain and help your baby latch on (see Nipple shields, page 418).
- Opt for partial (or mixed) breast-feeding by introducing commercial infant formula.

If you don't think you can continue breast-feeding and are considering weaning your baby, maybe you just need some extra assistance or encouragement. Don't be afraid to seek help.

Having the support and reassuring presence of the baby's father or someone close to you can often make all the difference.

When breast-feeding doesn't go as planned

Giving birth to and caring for your baby is one of the most intense experiences you will ever have.

In the first few weeks, you may often find yourself crying from fatigue and hormonal changes. Breast-feeding, too, is an emotional time.

Breast-feeding is not always easy and for some women, it can be downright difficult. Even with excellent support and specialized assistance, there is a possibility that your breast-feeding experience simply doesn't live up to your expectations. Some women feel regret, sadness, frustration and even anger because they are unable to achieve the goal they had set for themselves. Others feel guilty for wanting to stop breast-feeding. Remember, it's not your fault! Successful breast-feeding depends on a number of factors that you can't always control.

It's good to be able to talk about your feelings with someone you trust and who will lend an ear. Every birth and breast-feeding story is unique.

Your baby sleeps a lot

If your baby sleeps a lot, you probably wonder whether you should wake him to nurse. It's not always easy to know what to do. Follow his rhythm and let him sleep if he:

- wakes on his own to nurse 8 times or more in a 24 hour period;
- is active and sucks and swallows well when nursing;
- pees at least 6 times and passes at least 3 stools a day;
- is calm and seems satisfied after nursing;
- has regained his birth weight and continues to gain weight.

Babies each have their own rhythm that changes over time.

Some babies sleep so much they may skip some feedings, especially during the first 2 or 3 weeks. This means they will have a hard time getting all the milk they need. You should stimulate your baby if he sleeps a lot and is not showing the signs described above.

What to do?

It's easier to wake a baby who is dozing than one who is in a deep sleep. Babies generally alternate between light and deep sleep. If you have to wake your baby to nurse him, start by observing him. Is he moving in his sleep, making sucking motions or moving his eyes beneath his eyelids? These are signs that he is in a light sleep phase. Now is a good time to try to stimulate him or change his diaper, as he will be easier to wake.

If your baby falls asleep while nursing, check the tips on helping him drink more in the section Your baby is not drinking enough milk during feedings, page 421.

Your baby has trouble latching on

Newborns don't all develop at the same pace. Some take longer to learn how to latch on properly. If your baby has trouble latching on in the beginning, you can continue to breast-feed by expressing your milk. Don't worry, your baby is not rejecting you! If she gets frustrated and pushes on your breast, it's because she's hungry and can't quite manage to latch on.

Babies may have trouble latching on if they:

- were born prematurely and are less efficient at sucking;
- have a sore head following the delivery;
- have difficulty sucking;
- have a tight lingual frenum (membrane under the tongue is short and impedes tongue movement);
- prefer the bottle (if they have already been bottle-fed);
- refuse to take the breast after having been forced to nurse.

In other cases, it may be that the mother:

- has flat or **inverted nipples**;
- has nipples that are usually erect, but that retract when the baby tries to latch on;
- has very hard or engorged breasts.

Most of the time, babies have difficulty latching on due to a combination of factors. However, there may be cases when there is no obvious reason.

▶ **Inverted nipple:** Nipple that is retracted into the breast.

What to do?

Here are a few tips:

- If your breasts are engorged, try to relieve them (see Engorgement, page 436).
- Breast-feed your baby before she gets too hungry. If she seems too hungry, start by giving her a bit of your milk in a spoon or little cup to calm her.
- Try different positions. Some babies prefer specific nursing positions.
- If your baby gets frustrated, remove her from your breast for a few minutes to calm her down.

Let your baby discover her innate sucking reflex. Strip her down to her diaper, remove your bra and lay her skin-to-skin between your breasts. Relax and wait until she starts seeking out the breast, then gently guide her. Be patient, this can take a few minutes.

If your baby doesn't latch on, there's no point insisting. You can always complete the feeding with expressed breast milk:

- Keep feeding your baby. Don't skip a feeding because your newborn can't latch on properly.
- Express milk to keep your milk production up. Babies seem to find it easier to learn to latch on when milk production is plentiful.

This period requires lots of patience, confidence and support. Try to avoid introducing the bottle or using a nipple shield during this time.

Many babies will eventually learn to latch on, especially if they are less than 6 weeks old and milk production is good.

Your baby refuses one breast but takes the other

Some newborns will have no trouble taking one breast, but refuse the other. Don't worry, this is quite common. If this happens, express some milk from the breast the baby refuses, to stimulate production. Keep offering him the breast in question but don't force him. He will eventually take it.

Nipple shields

Nipple shields are a breast-feeding accessory made of moulded silicone that adjusts to the shape of the breast. They come in various sizes and models.

They are sometimes recommended when the baby does not take the breast or when the mother's nipples are painful.

Nipple shields must be used only as a last resort and preferably not in the first few days of breast-feeding. There is almost always an alternate solution. They are best avoided for the following reasons:

- With a nipple shield, the baby doesn't learn to latch on properly.
- The baby quickly gets used to it and can subsequently refuse to take the breast without a nipple shield.
- Their use results in reduced breast stimulation and can cause a drop in milk production.

If a nipple shield seems to be the solution for you:

- Choose one that is closest in size to your nipple.
- Use it only on one side, if only one breast is causing problems.
- Use it for part of the feeding only.
- Express your milk after each feeding several times a day to keep up your milk production.
- Stop using it as soon as you can.

Nipple shields are generally for temporary use. You should stop using yours as soon as the problem has been solved. If you are finding it hard to breast-feed without it, contact a person trained in breast-feeding. In some cases, nipple shields may be used throughout the breast-feeding period.

Your baby was breast-feeding but now refuses to

Sometimes a baby who was perfectly happy to take the breast will start to refuse it. In some cases this will happen all of a sudden, while in others, the baby gets increasingly impatient while nursing until she eventually refuses the breast altogether.

What if you know your baby is hungry, but she can't seem to latch on or simply refuses to take the breast? While there may be no obvious reason, there are a number of possible causes:

- Your breasts are engorged, making it difficult for your baby to latch on.
- Your milk flow is slowed by a blocked duct or mastitis.
- Your baby has a growing preference for the bottle.
- Your baby is not feeling well or has a stuffy nose.

This situation usually sorts itself out in a few days.

What to do?

Healthy babies who are at least a few weeks old can easily go for several hours without feeding.

Here are a few tips:

- Try for short periods (10 minutes) when she's calm and not too hungry.
- Don't force your baby to take the breast.
- Calm your baby before nursing by offering her a small amount of breast milk in a spoon or small cup.
- Offer your baby the breast just as she's about to wake up.
- Hold your baby in your arms and offer her the breast while you're moving or walking.
- Try taking a bath with your baby and nursing her in the water once she's fully relaxed.

If the situation doesn't resolve itself after a few feedings, contact someone trained in breast-feeding.

Your baby is not drinking enough milk during feedings

Some situations can cause your baby to nurse less effectively. In cases like these, she may not get enough milk from your breasts, even if your milk supply is plentiful. This is most often the case with babies who are:

- born before term (between 35 and 37 weeks);
- exhausted from the delivery;
- suffering from jaundice;
- losing weight or failing to gain weight.

If your breasts lack proper stimulation for too long, your milk production is likely to decrease.

A sippy cup may be practical if your baby doesn't drink enough while breastfeeding.

What to do?

- Check that your baby is latching on properly and improve his latch, if possible.
- Breast-feed more frequently, at least 8 times every 24 hours. Wake your baby to nurse if need be.
- Offer the breast rather than a pacifier to comfort your baby. Pacifiers don't provide milk and can mask signs of hunger.
- Compress your breasts at each feeding (see Breast compression, page 379).
- Stimulate your baby so that he nurses effectively and swallows regularly throughout the feeding (talk to him; massage his back, legs, arms, etc.).
- Switch breasts once your baby stops swallowing during the feeding.
- Express milk between feedings and offer it to your baby, preferably from a spoon or little cup. Avoid using a bottle.

If these tips don't work, or if your milk production drops off, you may have to use a commercial infant formula to fulfill your baby's milk requirements (see Insufficient milk production, page 424). Contact someone trained in breast-feeding if the situation doesn't resolve itself quickly or if you are concerned.

Worried you don't have enough milk?

Many new moms worry they aren't producing enough milk because their baby cries and wants to nurse often or for long periods. This is highly unlikely so long as your baby is latching on correctly and you nurse her on demand.

Newborns cry for all kinds of reasons that often have nothing to do with a lack of milk (see Temperament, page 267). Try not to let yourself be influenced by what other people say. Before concluding that you aren't producing enough milk or that your milk isn't nourishing enough, take the time to consider the situation. It's normal for infants to breast-feed often and for your breasts to be softer after a few weeks of breast-feeding.

What to do?

- Make sure your baby is latching on properly.
- Stimulate your baby to ensure she continues to suck actively. She may get more milk faster if she sucks more effectively.
- Breast compression can help (see Breast compression, page 379).
- You can also offer both breasts more than once during each feeding.

Insufficient milk production

Sometimes, milk production is low right from the start of breast-feeding. In other cases, it can drop off suddenly. This may be temporary, and can be due to any of a number of different causes:

- Your breasts are understimulated because:
  - they are not being stimulated often enough (less than 8 times a day);
  - they are not being stimulated correctly by your baby or your pump;
  - you give your baby commercial infant formula in a bottle every day.
- You have undergone breast surgery (breast reduction).
- You suffer from poorly controlled hypothyroidism or another health problem.
- You have an insufficient number of mammary glands, regardless of the size of your breasts (glandular insufficiency).
- You are pregnant again.
- You are taking contraceptives or a decongestant containing pseudoephedrine.

Sometimes insufficient milk supply cannot be explained by any of these reasons. Regardless of the quantity produced, the quality of breast milk is always excellent. Even in small amounts, your breast milk provides your baby with a host of nutritional elements that are not found in commercial infant formula.

If your milk production is insufficient, make sure your baby is drinking enough and continuing to gain weight. Even if you supplement feedings with commercial infant formula, you can still continue to breast-feed.

What to do?

The best way to boost your milk production is to stimulate and empty your breasts as often as possible. To help your baby nurse more effectively, see Your baby is not drinking enough milk during feedings, page 421.

A person trained in breast-feeding can help you:

- Assess your milk production;
- Increase your production as much as possible.

She can also discuss with you the possibility of using a little tube or catheter called a lactation aid that is placed on the breast while you nurse. These aids can help you continue to breast-feed. Your midwife or a nurse at your CLSC can supply the tubes and show you how to use and clean them.

If your milk production is still low, don't get discouraged. Talk to your doctor, who can recommend a drug that helps boost milk production.

Milk flow

Your breasts may leak milk between feedings or at night. This is a normal, natural way for your breast to relieve themselves. If it bothers you, you can protect your bed linens with a towel and wear nursing pads during the day.

Very fast milk flow

(strong let-down reflex)

After nursing for a few minutes your baby will start swallowing loudly. He may even choke a little or stop nursing and start crying when milk runs onto his face. Your baby is upset because the milk is flowing too quickly. This happens most often around the age of 1 month. As babies grow older, they adapt better.

What to do?

Here are a few suggestions to make nursing more enjoyable. Try the first suggestion, then add the others one at a time to see what works best for you.

- Remove your baby from your breast for a few minutes if the milk starts flowing too fast.
- Try different breast-feeding positions to see if there is one that suits you and your baby better.
- If you have a lot of milk, try offering only one breast per feeding; this may be enough to satisfy your baby. Express just enough milk from the other breast so you're comfortable.
- If your breasts are very full before nursing, express about 15 ml (1 tablespoon) of milk to trigger the first let-down reflex and slow the initial milk flow.

Painful nipples

During the first week, your nipples may be sensitive, especially at the beginning of a feeding. You and your baby are still in the learning period. After this time, breast-feeding should not be painful.

It is not normal to feel pain after the first 30 seconds of nursing or to be fearful of nursing because of the pain. The most common cause of pain is an incorrect latch. As soon as the cause of the discomfort is corrected, the pain will quickly lessen.

Persistently painful and cracked nipples are one of the main reasons women decide to wean their babies early. The following charts list some of the most common causes of nipple pain, along with advice and recommended treatment.

Painful and cracked nipples can have various causes:

- Poor latch
- Eczema
- Vasospasm
- Milk blisters
- Thrush

Poor Latch

What is it?

- Most common cause of nipple pain and chapping.
- Pressure on the nipple between the baby's tongue and palate when he hasn't taken enough of the areola into his mouth.

Possible Signs

You'll feel	You'll see
• More pain at the start of feeding.	• A deformed, flat or pinched nipple when the baby releases the breast. • Chapping or cracks that may bleed.

What to do?

- Improve the latch so it looks like the photo on page 373.
- Begin nursing with the less sensitive breast.
- Vary breast-feeding positions.
- Put a few drops of breast milk onto the nipple at the end of a feeding.
- Use an analgesic such as acetaminophen (e.g., Atasol™ or Tylenol™).

You should feel a difference as soon as the baby improves the latch.

N.B.: Over-the-counter ointments and creams provide some relief but won't solve the problem.

Not feeling any better?

- If nursing your baby is too painful, it's important to express your milk to prevent engorged breasts and maintain your milk production.
- If you're in too much pain, promptly ask for help.
- If your cracked nipples don't heal or improve after correcting the latch, see a doctor: you may need antibiotic ointment.

Eczema or Dermatitis

What is it?

- Skin reaction to frequent or excessive moisture.
- Allergic reaction to a product or material.

Possible Signs

You'll feel	You'll see
• A burning or hitching sensation during and between feedings.	• Pinkish or bright red patches, which tend to be most visible on the areola. • Dry, cracked or peeling skin.

What to do?

- Stop applying any creams, lotions, lanolin or other products.
- Apply a thin layer of over-the-counter 0.5% hydrocortisone after every feeding for 3 to 5 days. There is no need to remove the product before feeding.

Not feeling any better?

- See a doctor for diagnosis and to get appropriate treatment.

Vasospasm

What is it?

- Spasm or contraction of the blood vessels brought on by the nipple coming into contact with cold air when the baby releases the breast.
- May come and go one or more times between feedings.
- Caused by a poor latch.
- Worsened by nicotine and caffeine.

Possible Signs

You'll feel	You'll see
• A burning sensation in the nipple or throughout the breast. • Pain on contact with a cold wind or when you come out of the shower. • Pain completely disappears a few seconds to a few minutes after nursing.	• Part or all the nipple turns white. • Nipple returns to its normal colour a few seconds to a few minutes after nursing.

What to do?

Vasospasms are harmless, so no treatment is needed if you aren't in any pain.

To prevent or reduce pain, try these tips:

- Check and correct the latch as needed;
- Apply dry heat, such as the palm of your hand or a magic bag to the nipple immediately after nursing;
- Keep your body warm.

Not feeling any better?

- Vitamin B_6 may provide relief. The dose is 150 mg per day for 4 days, followed by 25 mg per day until the pain disappears. Discontinue use if there is no improvement after a few days.
- Prescription medication can also be effective. See a doctor if needed.

Milk Blister

What is it?

A thin layer of skin that blocks milk coming out of the end of the nipple.

Possible Signs

You'll feel	You'll see
• Intense pain in the nipple and sometimes throughout the breast, especially at the start of feeding. • Possibly a lump or hard area in the breast.	• Small (1–2 mm) white pimple on the tip of the nipple that may protrude slightly.

What to do?

- Take a long, hot bath to soften the skin on the nipple.
- Nurse your baby right after your bath: she may be able to open the blister.
- Apply an ice cube to the end of the nipple for 1 to 2 minutes to numb it and make the start of feeding less painful.

Not feeling any better?

- If this doesn't work, contact a person trained in breast-feeding.

Nipple Thrush

What is it?

Fungal infection that can:

- appear in a baby's mouth (see Thrush in the mouth, page 570);
- cause **diaper rash**;
- occur in the mother, even when the baby has no visible thrush in his mouth.

Possible Signs

You'll feel	You'll see
Pain in the nipple or inside the breast, which: • burns, more intensely at the end of feeding; • strikes out of the blue; • comes gradually or in addition to existing pain.	• No changes to the nipple or areola. • Cracked or redder nipple. • Red, smooth and shiny areola.

What to do?

An ointment is often all you need to treat an infection that is limited to the nipple and areola:

- Choose over-the-counter nystatin (e.g., Nilstat™, Nyaderme™, Mycostatin™) or miconazole (e.g., Micatin™, Monistat Derm™) ointments;
- Apply a thin layer after each feeding. You don't need to remove it before nursing;
- Continue treatment for a few days after the pain goes away.

Not feeling any better?

- If there's no improvement after 5 days or you experience breast pain, gentian violet may be effective (see Gentian Violet, page 435).
- See a doctor for diagnosis and to get appropriate treatment.

▶ **Diaper rash:** Skin irritation and redness in the area covered by the baby's diaper.

Breast pain

Breast pain is less common than nipple pain. Often the pain is accompanied by a lump or hard area on the breast. Breast pain is not normal. Treat the problem promptly or see a health professional if necessary.

There are several possible causes for the pain:

- Thrush in the breast
- Engorged breast
- Blocked milk duct
- Mastitis

Thrush in the Breast

What is it?

Fungal infection that can occur in the breast.

Possible Signs

You'll feel	You'll see
• Burning inside the breast. • Pins-and-needles sensation through the breast. • Pain during or between feedings that may wake you at night. • Pain similar to vasospasm, but much more frequent.	• Normal breast with no redness or lumps. • Thrush sometimes visible on the nipple. • Thrush sometimes visible in the baby's mouth.

What to do?

- Use gentian violet (see Gentian Violet, on the following page).
- Treat your baby at the same time as yourself.
- Ideally, have the diagnosis confirmed by a doctor.

Not feeling any better?

See a doctor if gentian violet does not work. The doctor will be able to prescribe another treatment. Oral medication may also be prescribed.

Gentian Violet

What is it?	For how long?
An aqueous (water-based) solution (0.5% to 1%) available over the counter.	Treatment varies from 4 to 7 days at most. • Stop treatment after 4 days if: – the pain has completely disappeared; – there is no improvement. • Continue the treatment for 3 more days if: – the pain has decreased, but hasn't completely disappeared after 4 days.
How do I apply it and how often?	
No more than once a day: • Before nursing, brush your baby's mouth with a cotton swab dipped in gentian violet. • Put your baby to your breasts; this will colour your nipples and areolas. • If your baby nurses from just one breast or you are expressing your milk, apply gentian violet to your nipples and areolas.	
Careful!	**Careful!**
It stains! It's best to apply the treatment at bedtime and use an old towel to cover your bed. Your baby's mouth will remain coloured for a few days.	Gentian violet can sometimes cause small ulcers under your baby's tongue. This is why you shouldn't apply it more than once a day or for more than 7 days.

Engorgement

What is it?

- Surplus of milk in the breast.
- Milk production exceeds baby's demand.
- May occur when your milk comes in, during periods when baby drinks less than usual or during abrupt weaning.

Possible Signs

You'll feel	You'll see
• Heavy, tight breasts. • Breasts that may be slightly or very painful, according to severity of engorgement. You do not have a fever.	• Breasts that are hard to the touch. • Tight skin on breasts. • Skin that may be red and warm.

What to do?

- Nurse more frequently, particularly when your milk is coming in.
- Apply ice for 10 to 15 minutes every 1 to 2 hours between feedings to help reduce swelling and pain.
- Express enough milk to soften the areola if your baby has trouble nursing.
- Express milk after nursing if your baby hasn't drunk much. Express enough to be comfortable without trying to empty your breasts.
- As needed, acetaminophen (e.g., Atasol™, Tylenol™) or ibuprofen (e.g., Advil™, Motrin™) reduces pain and is not dangerous for the baby.

Not feeling any better?

If your breast is very red or you start to run a fever, you might have mastitis.

Blocked Milk Duct

What is it?

- Milk blocked inside a duct.
- Caused by a breast that was full for too long or because the breast was pinched by a bra or infant carrier.

Possible Signs

You'll feel	You'll see
• Pain in an area of one breast. You have no fever or aches.	• Possible redness when you touch your breast after nursing. • Hard or red lump or area. • Milk blister.

What to do?

If the milk stays blocked for too long, you may get an infection. To prevent infection, follow these steps:

- Nurse your baby more often, especially from the affected breast.
- Start with the sore breast and vary the positions so that milk flows easily. If possible, direct the baby's chin or nose so that it points to the hard area when she nurses.
- Gently massage the affected area during nursing.
- Apply ice for 10 to 15 minutes every 1 to 2 hours between feedings.
- Apply wet heat just before nursing. Use a damp facecloth or, better still, massage the affected area while having a warm bath.
- Avoid wearing an overly tight bra.

Not feeling any better?

- Acetaminophen (e.g., Atasol™, Tylenol™) or ibuprofen (e.g., Advil™, Motrin™) can soothe the pain as needed.
- If your breast is very red or you start to run a fever, you might have mastitis.
- If you do not experience any pain, redness or fever, but the lump persists for more than a few days, see a doctor.

Mastitis

What is it?

- Breast infection caused by bacteria.
- You are more at risk if:
  – you have cracked nipples;
  – engorgement lasts a long time;
  – you are tired.
- May turn into an abscess.

Possible Signs

You'll feel	You'll see
• Aches, shivers, fatigue (flu-like symptoms). • Fever. • Breast pain, often worse when full.	• Hard, red, warm and swollen lump or area.

! If you have cracked nipples or a red area on your breast that is rapidly getting bigger, see a doctor as you will need antibiotics.

What to do?

- Continue nursing with the infected breast; the milk is fine.
- Empty the painful breast as much as possible. Express milk, if need be.
- Start with the affected breast and vary the positions so that the milk flows freely. If possible, direct the baby's chin or nose toward the lump when he nurses.
- If nursing is very uncomfortable, start on the other side first and change sides as soon as milk is flowing freely from the painful breast.
- Apply ice for 10 to 15 minutes every 1 to 2 hours between feedings.
- Take acetaminophen (e.g., Atasol™, Tylenol™) or ibuprofen (e.g., Advil™, Motrin™) to soothe the pain and reduce fever.
- Cut back on your activities and try to get more rest.

Signs of Improvement

It takes 2 to 5 days for mastitis to clear up.

- The fever generally disappears within 24 hours.
- The pain and redness decrease in under 48 hours.
- The hardened area shrinks within a few days.
- Sensitivity in the breast may last longer.

Not feeling any better?

See a doctor if:

- the situation suddenly gets worse;
- your symptoms have not started to improve after 12 hours;
- your situation stops improving for over 24 hours.

In some cases, you will need antibiotics.

Bottle-feeding your baby

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Mariève Fradette

Bottle-feeding is important. Bottles can be used to feed your baby expressed breast milk or commercial infant formula. Regardless of the type of milk you're using, you'll need to prepare and use baby bottles in a similar way. This chapter contains information on:

- Choosing bottles and nipples
- Bottle-feeding your baby
- Food-related problems for bottle-fed babies
- Cleaning bottles, nipples and breast pumps

You'll find everything you need to know about milk types and choices in the Milk chapter on page 326.

General information on feeding your baby (burping, gas, eating behaviour, feeding schedule, etc.) can be found in the Feeding your baby chapter on page 312.

If you are breast-feeding your baby, be aware that some babies find it hard to return to the breast after drinking from a bottle a few times. Bottle-feeding is also associated with shorter nursing periods, particularly when using commercial infant formula. Keep an eye on your baby's behaviour.

Choosing baby bottles and nipples

There are a number of types of baby bottles and nipples. Most companies try to sell their products by claiming they "prevent colic" or are "closer to the breast." Such marketing claims have not been scientifically proven.

Bottles

Various types of bottles are available: glass, plastic or with disposable bags. Broadly speaking, they come in two sizes: 150 ml to 180 ml (5 to 6 ounces) and 240 ml to 270 ml (8 to 9 ounces). Each bottle type has its own advantages and disadvantages. Choose the type that best suits you.

Bottles currently on sale in Canada do not contain polycarbonate, a hard, transparent plastic that can release bisphenol A when it comes into contact with hot or boiling liquids. The Canadian government recently banned the sale and import of polycarbonate bottles to protect the health of newborn babies and nursing infants, even though it acknowledges that the quantities of bisphenol A released by bottles are not sufficient to cause harm. All the same, it's best to buy new bottles and avoid using second-hand ones.

Nipples

Every baby is unique. Your baby might prefer one kind of nipple, and your neighbour's baby might prefer another. No nipple really resembles the breast; nor can it guarantee that the breast/bottle combination will work for all babies.

Nipples come in different shapes, sizes, materials (latex or silicone) and degrees of firmness. There is no scientific evidence that one type of nipple is better than another for your baby. Some babies find it easier to drink with one particular type of nipple, while others have no trouble adapting to any kind. You will probably have to try a few different types before you find the one that works best for your baby.

Most companies sell nipples with different flow speeds. For newborns, a slow-flow nipple is best, because your baby is still learning. Many newborns tend to choke when milk flows into their mouth too quickly. As your baby gets older, you can choose a faster-flowing nipple.

How much milk?

The amount of milk consumed varies widely from one baby to the next, and from one day to another. Over the first few days, your baby will drink only a small amount because his stomach is still very small. This amount will increase gradually.

Your baby may be very hungry in the evening and less so in the morning. It's best to observe and watch for signs of hunger or fullness and let him decide how much milk he needs. Respect your baby's appetite!

No research has been conducted into how much milk babies need at a given age. The information in the table on the following page is only meant to illustrate how much a baby may drink in a day.

Your baby is unique. Watch him and he'll let you know if he has had enough to drink.

Daily amount of milk: an illustration

Age	Daily Amount (24 hours)
Within the 1st week	Steady increase from 180 ml to 600 ml
1st week until the end of the 1st month	450 ml to 800ml
2nd and 3rd months	500 ml to 900 ml
4th, 5th and 6th months	850 ml to 1,000 ml
7th to 12th months	750 ml to 850 ml

1 oz = 30 ml 1 cup = 250 ml

Remember that tables don't take into account the individual needs of your baby, who is unique. Observing your baby will likely teach you much more than reading this table. You can also ask a doctor, midwife or CLSC nurse for advice, if you feel the need.

Warming milk

There is no nutritional reason to heat milk, but most babies prefer it lukewarm. Children usually begin drinking refrigerated drinks like milk, water and juice at 10 to 12 months, but if your child doesn't like cold milk, you can continue warming it up.

- Put the milk container in warm water for a few minutes until lukewarm.
- Shake gently. Disposable bags heat more quickly than plastic or glass bottles.
- To check the temperature, pour a few drops on the back of your hand or the inside of your wrist. The milk should be neither hot nor cold to the touch.

To thaw or reheat frozen breast milk:

- Run cold water over the container, then gradually add hot water until the milk is lukewarm.
- Or put the milk in the refrigerator for 10 to 12 hours, then warm it in hot water.
- Stir, check the temperature and feed it to your baby.

! Do not warm milk in a microwave oven. Microwaves heat unevenly, often at dangerously high temperatures.

Do not warm a bottle of milk in boiling water on the stove. All foods—both liquid and solid—lose some of their nutritional value when overheated. And babies have been accidentally burned with milk that was too hot or was heated in a microwave oven.

Microwave ovens are also unsuitable because there is a risk that bags and glass bottles might explode. Also breast milk loses some of its vitamins and antibodies when reheated in the microwave.

Don't leave reheated milk for more than two hours at room temperature. Throw it away if it is left out for this long because bacteria multiply quickly and could cause diarrhea.

Bottle-feeding your baby

Feeding will go more smoothly if you bottle-feed your baby as soon as he shows signs of hunger.

Make yourself comfortable. If need be, slide a pillow under the arm holding your baby. Tilt the bottle slightly to keep the neck full of milk and to make sure your baby doesn't swallow any air. Change positions between feedings, moving your baby from one side to the other. This will help your baby's eyesight develop. It's sometimes a good idea to take a break or two while feeding, especially in the first few months.

Feeding time is a great opportunity to bond with your little one. Don't hesitate to make skin-to-skin contact with your baby. This makes him feel safe and warm. Taking time to relax while feeding your baby in your arms is good for both of you. It's not advisable to let your baby hold the bottle by himself in his bed or baby chair because he may choke while drinking.

Feeding your baby is something you learn how to do gradually. Give yourself time and learn to trust yourself!

Bottle-feeding problems and solutions

Babies can sometimes have trouble feeding. Usually, the problem is temporary. The first thing to do is observe your baby. Try to get a feel for her temperament as well as her feeding and sleeping routine.

Your baby sleeps a lot

If your baby sleeps a lot, you probably wonder whether you should wake her to feed. Knowing what's best isn't always easy. You can follow her routine and let her sleep if she:

- wakes up on her own to feed;
- is an active and effective feeder;
- pees at least 6 times and passes at least 3 stools a day;
- is calm and seems satisfied after feeding;
- has regained her birth weight and continues to put on weight.

You may need to wake your baby up to feed her if she sleeps a lot.

In this case, there is nothing to worry about. Babies each have their own routine that develops over time.

Some babies sleep so much they may skip some feedings, especially during the first 2 to 3 weeks. This means they will have a hard time getting all the milk they need. If your baby sleeps a lot and doesn't show the signs described above, you need to stimulate her to drink more.

What to do?

- Keep an eye out for signs that she's sleeping lightly (she's moving, making sucking motions, or moving her eyes beneath her eyelids) when it will be easier to wake her up.
- Stimulate her: talk to her, massage her back, legs, arms, etc.
- Leave her in an undershirt or diaper: babies drink less when they are warm.
- See a professional if you're worried or see no improvement after a few days.

Your baby drinks very slowly

Babies can't always suck effectively at the start. This is more common among babies who were born a few weeks prematurely (between 35 and 37 weeks of pregnancy). Even full-term babies may need a few days or weeks to get the hang of things. This situation usually improves with time. Be patient: your baby is learning. Some babies, however, will continue to drink slowly even as they get older.

What to do?

- Change to a faster nipple.
- Stimulate your baby as she feeds by rubbing her feet and tickling her back and sides.
- Run your finger under her chin and across her cheeks to stimulate her.
- Change her diaper or change her position for a few minutes.

Your baby often chokes while drinking

If the nipple you are using flows too quickly and your baby has too much milk in her mouth, she may choke (i.e., she swallows noisily, coughs and spits up a little milk).

What to do?

- Change to a slower nipple.
- Take short feeding breaks.
- Avoid laying your baby on her back during feeding since milk will flow into her mouth even when she's not sucking. Try to feed her in a near-sitting position so that the bottle is tilted only slightly downward (just enough for the nipple to fill with milk and not air). Your baby will then be able to drink at her own pace.

Your baby regurgitates a lot

As long as your baby is happy and putting on weight, regurgitation ("spitting up") is generally nothing to worry about (see Regurgitation, page 320). Some babies drink very fast, and their stomachs expand too quickly. This makes it easier for them to regurgitate, especially if they are very active and start moving around right after feeding. If milk is coming out of the bottle too quickly, your baby will drink too much just to satisfy her need to suck. If she regurgitates a lot, the nipple on the bottle may be too fast.

What to do?

If your baby is in good spirits and gaining weight, there's nothing to worry about. You don't need to do anything.

If regurgitation seems to be bothering her, watch her drink. If necessary, try these strategies:

- Change to a slower nipple.
- Take short feeding breaks.
- Try to burp her more.
- Avoid laying your baby on her back during feeding. Try to feed her in a near–sitting position so that milk will flow into her mouth more slowly.
- Try to keep activity to a minimum right after feeding.

It's best to see a doctor if your baby:

- seems to be in pain;
- projectile vomits several times a day;
- wets fewer diapers;
- isn't putting on enough weight.

Your baby refuses the bottle

Your baby normally breast-feeds, and you want to bottle-feed her? If she has trouble bottle-feeding or refuses to altogether, see the tips on Combining breast and bottle, page 406.

Cleaning bottles, nipples and breast pumps

Breast pumps and baby bottles need to be kept very clean when feeding your baby breast milk or commercial infant formula. Be sure to carefully wash bottles, nipples, breast pumps and other articles used for feeding. This will help prevent gastroenteritis and prevent fungal infections in your baby's mouth.

Cleaning recommendations for bottles and nipples are slightly different depending on which milk you use. Breast milk contains white blood cells and other components that prevent bacteria from growing for a while. Commercial infant formulas contain no such components and may also have been contaminated during preparation.

Inspect the nipples regularly. They will wear out over time due to the effects of suction, heat, contact with milk and exposure to sunlight. Replace them before they become soft or sticky, and throw them away immediately if they have holes, are torn or change texture.

Disposable bags are too flimsy to be reused. Don't pour hot milk into them either as they could burst.

Care and cleaning recommendations for baby bottles, nipples and breast pumps

Germs, particularly bacteria, may develop and survive in milk, so be sure to remove all traces of milk from bottles, nipples and breast pumps every time you use them. **Cleaning is the most important step in caring for these items.**

Cleaning		
When?		
• After every feeding, clean everything thoroughly no matter what type of milk you use.		
How?		
• Immediately after feeding, take everything apart. • Rinse the bottle, nipple and cap or breast pump in cold water. Be sure to run water through the hole in the nipple to remove surplus milk.	• Use hot, soapy water and a nipple and bottle brush. Scrub the bottle and nipple well, inside and out. Make sure to thoroughly clean all grooves on both the plastic ring and the bottle.	• Rinse in warm tap water. • Drain and cover with a clean towel.

Once the bottles and nipples are clean, you can disinfect them to reduce the number of remaining bacteria.

Disinfection (sterilization)

When?

- Disinfect everything before using it for the first time, whether it's for breast milk or commercial infant formula.
- If you're using commercial infant formula, disinfect your material after every feeding until your baby is 4 months old. You can disinfect all your bottles and nipples once a day if you have enough of them to use for a full day's feeding.

How?

In boiling water

- Take everything apart, clean all parts thoroughly and put them in a large saucepan.
- Cover in water, taking care there are no bubbles trapped in the bottles.
- Cover the saucepan to prevent too much water evaporating.
- Bring the water to a boil and boil for at least 5 to 10 minutes.
- Let cool and remove the items with clean hands.
- Drain and cover with a clean towel.

In the dishwasher

To disinfect items in the dishwasher, your dishwasher must have a high-temperature washing and drying cycle.

- Choose this cycle, not the energy-saving cycle.
- Take everything apart and clean thoroughly.
- Put bottles and rings on the upper rack. You can also put nipples in the dishwasher provided they are made of silicone. Latex (rubber) nipples must be sterilized in boiling water since they are not dishwasher safe.

With an appliance sold to disinfect baby bottles and nipples

- Follow the manufacturer's guidelines.

Water

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Julie Ward

When to give your baby water

Babies fed with their mother's milk quench their thirst naturally. They don't need to drink water between feedings.

Babies fed with commercial infant formula generally don't need water between feedings if the formula has been prepared according to the manufacturer's instructions.

Around 6 months of age, when your baby starts to eat foods, offer her a small amount of water at a time in a cup.

Boil water for babies under 4 months

All water given to babies under 4 months must be boiled, whether it comes from a municipal system, private well, bulk container or bottle.

You should also sterilize the containers in which you store boiled water, as well as baby bottles (see Cleaning bottles, nipples and breast pumps, page 451).

How to prepare and store boiled water:

- Fill a pot with water.
- Boil at a full rolling boil for at least 1 minute.
- Cool the boiled water by placing the pot in cold water.
- Transfer the boiled water into sterilized containers.


Pascale Turcotte

If you give your baby water before she is 4 months old, make sure it has boiled thoroughly for 1 minute, whether it comes from a municipal system, private well, bulk container, or bottle.

You can also use a kettle, but make sure it doesn't have an automatic shutoff, because the water must boil for 1 full minute.

Boiled water can be kept in sterilized, properly sealed containers in the refrigerator for 2 to 3 days or for 24 hours if kept at room temperature out of direct sunlight.

From 4 months on, your baby can drink unboiled water.

Choosing the right water

Some micro-organisms that are harmless to adults can cause diarrhea or other illnesses in young children. That's why the water you give your infant, whether in a cup, or mixed in formula or purées, must always be good quality. Plus, it must not contain high levels of mineral salts.

Water recommended for infants	Water not recommended for infants
Municipal tap water	Water from lakes or rivers
Water from a private well that meets quality standards	Water from a natural source whose quality is not tested regularly
Commercial bottled or bulk-packaged water	Mineral or mineralized water

If you are unsure of the quality of the water or if there is a public advisory against drinking or cooking with your water, do not give it to your baby. Give him recommended bottled water or water from a clean well or water supply that has been tested and approved.

Municipal tap water

Water from municipal water supplies is subject to quality control. When such systems supply water to more than 20 people, the system operator must monitor water quality in accordance with strict standards. Water from municipal systems that serve more than 5,000 residents must be monitored even more closely. If the water fails to meet microbiological standards, the system operator is required to immediately inform the population through radio or newspaper announcements, individual notices, or other means.


Geneviève Colpron

When using tap water, let it run until the water is cold, especially if it has been sitting for several hours in the pipes. This gets rid of possible buildup of lead, copper, and certain bacteria.

Private well water

You can use water from a private well (surface or artesian well) provided recent tests show that it meets quality standards. If it is a new well, the water should be tested for chemicals and bacteria by a lab accredited by ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques. For the names of accredited labs in your region, call 1-800-561-1616 or log onto www.ceaeq.gouv.qc.ca/accreditation/PALA/lla03.htm.

If you own a private well, it is recommended that you have your well water tested at least twice a year. Tests can detect undesirable bacteria like E. coli and chemical compounds such as nitrites and nitrates. For more information, visit: www.mddelcc.gouv.qc.ca/eau/potable/depliant/index-en.htm.

When concentrations of chemical substances in drinking water exceed allowable levels, use another source of drinking water, like bottled water.

If you have doubts about the quality of well water in your area, you can contact:

- A local well digger
- Your municipality

For more information, contact:

- Ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques
- Your local public health department
- A lab in your area accredited by ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques

! Do not drink warm tap water and do not use it to prepare your baby's bottles or for cooking as it may contain more lead, contaminants, and bacteria than cold water.

Bottled water

Only two types of bottled water are suitable for your baby.

Spring water comes from an underground spring and contains low mineral levels. It is tested twice for quality control—once at the spring and again at the bottling plant. Spring water that is labelled "natural" has not been treated or modified in any way. Generally speaking, water bottled in Québec is disinfected with ozone or UV rays to eliminate microorganisms.

Non-mineralized treated water is tap water that has been filtered and purified to resemble spring water. It does not contain any added mineral salts.

Bulk water

If you drink bulk-packaged water, make sure that it comes from a source known for its quality and stability. Keep in mind that bulk containers can be contaminated during the filling process, which is why all containers used to hold bulk water must be washed in very hot soapy water and thoroughly rinsed before filling.

Water coolers

If you use a water cooler, be sure to clean it regularly according to the manufacturer's recommendations. Also, be sure to keep the cooler spout very clean, as it can be easily contaminated by children or adults with dirty hands or by pets.

Water treatment devices

Some people use home water-treatment devices to improve the quality or taste of their water. Products certified by the National Sanitation Foundation (NSF), among others, meet the quality standards for which they were designed, when used according to instructions.

However, it is best not to give water treated with these devices to babies younger than 6 months since there are no official standards for these devices. Little is known about the safety and efficiency of home water-treatment systems. There are, however, a number of known risks related to some of these devices:

- Water softeners connected to the tap or water intake increase the amount of sodium (salt).
- Charcoal filters (with or without silver) can increase the silver content and the amount of some bacteria.
- Distillation units (stills) and reverse osmosis devices reduce mineral content.

In addition, these devices are difficult to clean. You must also remember to change the filter or membrane regularly according to the manufacturer's instructions.

Water problems

Water can change colour, smell, and taste. Got doubts about the quality of your water?

- If you are connected to a municipal water supply, contact the municipality or waterworks operator.
- If you have a private well, contact a local well specialist or a lab accredited by ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques (1-800-561-1616 or www.ceaeq.gouv.qc.ca/accreditation/PALA/lla03.htm).

If you do not receive a satisfactory response, you can contact ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques or your regional public health department.

Foods

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Here comes the first mouthful …

… and you've probably been asking yourself lots of questions. It's normal.

In recent years, knowledge and practices surrounding the introduction of foods have changed—which is why *From Tiny Tot to Toddler* is changing too!

The modifications to this chapter are based on new recommendations from Health Canada and its partners. They cover a variety of topics, including the order in which food should be introduced, food texture, and food allergies.

Despite these changes, Health Canada continues to recommend that foods be introduced at around 6 months. So we have written this chapter with this recommendation still in mind.

Enjoy this new phase in your baby's life!

The foods presented in this chapter include everything other than breast milk and infant formula. Introduce them in keeping with your baby's own pace and needs.

Your baby's first taste of food will be a whole new experience. It takes time to get used to eating foods. Gradually, your baby will develop a taste for new foods and textures. By age 1 or so, she will be eating most of the same foods as the rest of the family.

Breast milk or infant formula will be your baby's main food during the first year of life. Foods can complement—but not replace—milk.

When should I introduce foods?

Babies' nutritional needs change as they grow.

Before 6 months, most babies meet all their nutritional needs with their milk.

At about six months of age, it becomes necessary to introduce foods into your baby's diet. These foods provide the extra energy babies need to grow. They also help prevent problems like iron deficiency.

If you introduce foods earlier, they will replace milk instead of complementing it. If you wait until later, your baby may not get all the nutrients he needs and could have more difficulty adapting to foods.

Contrary to popular belief, eating cereal at supper does not help infants sleep through the night. How long they sleep at night depends on their biological rhythm and temperament.

How do I know my baby is ready?

It's not always easy to determine the best time to introduce foods to your baby since she can't talk yet. But it is possible. Here's how to tell she's ready

- Your baby is around 6 months old.
- Your baby can sit in a high chair without support.
- Your baby has good control of her head and can turn away to indicate refusal.

She may also try to bring food to her mouth.

Keep in mind that a baby under 6 months old isn't necessarily ready for foods just because she nurses more often for several days. More frequent feedings could be due to a growth spurt or a temporary need for more milk (see Growth spurts, page 318).

However, some babies may need to start eating foods a little earlier than 6 months.

When you start introducing foods to your baby, the quantity of milk she drinks shouldn't decrease all that much.

Interest in food varies greatly from one baby to the next. Some need several tries before they get used to foods, while others like them so much that they lose interest in milk.

A baby under 6 months old isn't necessarily ready for foods just because she nurses more often for several days.

What about premature babies?

Premature babies are introduced to foods the same way as term babies are—with one key difference. The decision about when to start foods must be based on the corrected age—i.e., the age the baby would be had he been born on the original due date—to ensure his system is mature enough.

Jean-Claude Mercier

Once your baby starts eating foods, continue breastfeeding as often as he wants. If you feed your baby commercial infant formula, give him at least 750 ml (25 oz) of milk a day.

How should I introduce foods?

Order of introduction

The order in which foods are introduced varies from country to country, depending on customs and culture.

The important thing is to start with iron-rich foods, then continue with a nutritious variety of foods (see Start with iron-rich foods, page 484).

Note, however, that cow's milk should not be introduced before 9 to 12 months.

The important thing is to start with iron-rich foods, then continue with a nutritious variety of foods.

A word about food allergies

In the past, parents were recommended to wait until babies had reached a certain age before introducing foods more likely to cause allergies (e.g., egg whites, fish, products containing peanuts).

We now know that delaying the introduction of these foods does not prevent allergies, even in children with a family history of allergies.

A child is at greater risk of developing an allergy if a member of his immediate family (mother, father, brother, or sister) has an **allergic disorder**. Don't hesitate to consult a doctor if you have any concerns.

New foods

It is often suggested to introduce one new food at a time to your baby, and to wait 2 or 3 days before adding something new. That way, if your baby shows signs of discomfort or allergies, it will be easier to identify the food that is responsible.

After your baby has tried a new food, watch her. To learn more about the signs of an allergic reaction and the steps to take, see page 516.

▶ **Allergic disorder:** An allergy-related problem such as a food allergy, asthma, eczema, or allergic rhinitis.

When introducing new foods, continue to give your baby the foods she already knows on a regular basis.

Don't insist if your baby refuses a new food for a few days. Try introducing it again later. You may have to present a food a number of times (up to 10 and sometimes even more) before your baby accepts it. This is how she learns to like new flavours.

It's best to avoid foods with added salt or sugar until your baby is at least 1 year old. This will help her develop a taste for foods in their natural state.

Quantity and frequency

Your baby has a small stomach, so he needs to eat small portions several times a day.

Your baby's appetite is your best guide to knowing how much food he needs. The quantity will depend on how much milk he drinks and will vary with his growth rate.

When your baby starts eating foods, he will probably continue drinking about the same amount of milk. At around 8 or 9 months, he will gradually start drinking less.

When your baby starts eating foods, the number of breast or bottle feedings can stay the same. The amount of milk he drinks will probably not decrease very much.

At the start, your baby has to adapt; he will probably eat a few small spoonfuls of food once or more during the day. Little by little, the amount of food and the number of meals and snacks will increase.

You could, for example, give him two or three meals a day. Depending on how much he eats, you could add snacks between meals.

By around 1 year of age, your child will be able to adopt a more regular schedule for meals (breakfast, lunch, supper) and snacks (between meals and at night, as needed).

Appetite

A baby's appetite is like an adult's: it can vary from one day to the next. It's normal for babies to sometimes eat less, and it's possible that they may not like certain foods or textures.

By watching your baby for specific signals, you'll learn to know her appetite. If your baby shows interest in the food you give, it's because she is still hungry, and you can continue feeding without hesitation. However, if she closes her mouth, refuses to eat, pushes her spoon away, turns her head, cries, or plays with her food, she is signalling that she has had enough to eat.

It's possible that your child will eat less when she starts eating independently. Don't insist. Mealtime will be more pleasant for the whole family and your child will get to know her appetite. Trust your child to know when she is full.

Pascale Turcotte

Your baby can gradually start eating soft foods mashed with a fork or cut into small pieces.

Texture

When first introducing foods, you can start by giving your baby smooth purées.

Some babies will be ready right away for thicker, lumpier purées blended for only a short time or mashed with a fork. Others will find it more difficult to adapt, in which case you can gradually alter the texture from one meal to the next.

Some babies will rapidly accept food that is finely chopped or cut into small pieces. There is no need to wait until your child has teeth, since he can already chew with his gums and enjoys doing so.

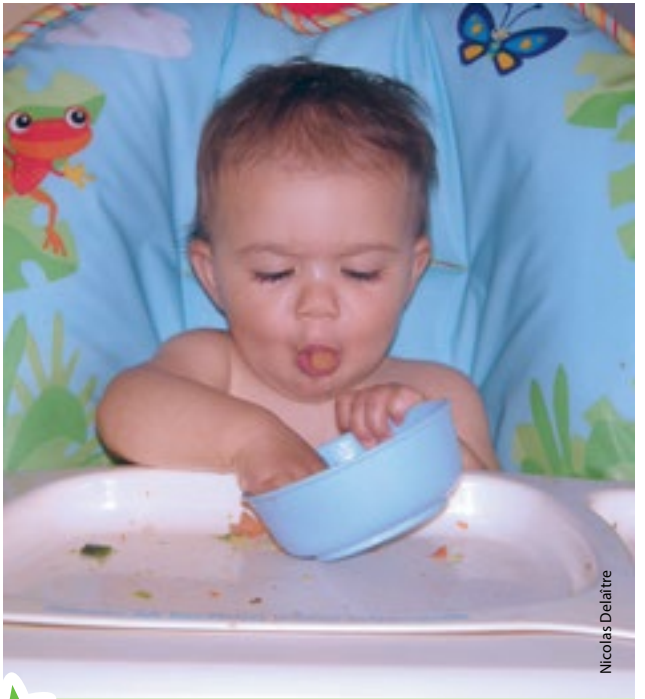
The goal is to progress so that by around 1 year of age, your baby is able to eat foods in a variety of textures. But be careful with foods that present a risk of choking (see Choking risk: Be extra careful until age 4, page 474).

Gagging

When your baby starts eating, small amounts of food may lodge in the back of his throat without being swallowed. This can cause your baby to gag, as if he were about to vomit.

Your baby will cough and spit up the food he was given. Don't worry, this is a normal reaction (gag reflex) that protects against choking.

However, if this happens at every meal for several days in a row, see a doctor.



By around 1 year of age, your child should be able to eat foods in a variety of textures.

Independence

Babies love bringing food and objects to their mouths. Let your child start eating with her fingers as soon as possible while at the same time keeping a close eye on her. It's messier and takes more time, but it's a lot more fun! Encourage her, because that's how she learns to eat by herself—it's an important step to becoming more independent!

First meals

While some babies have no trouble adapting to meals, others find it difficult. To make things easier, choose a time when your baby is in a good mood.

The movements involved in eating are very different from those your baby uses for nursing. It takes time to learn. Your baby will need several weeks of practice to develop his abilities and tastes.

Your baby can have his milk before or after foods. If you wish, you can give him some of his milk before and the rest after.

My baby refuses to eat

If your baby refuses to eat, she may not be ready. If you're not sure, see How do I know my baby is ready? on page 464.

If you think your baby is ready, but she still refuses to eat, try again at the next meal and keep trying for one or two more days. You can also offer her a different food: maybe she didn't like what you served.

If your baby is over 6 months and still refuses to eat after repeated attempts, consult a health professional.

Your baby needs time to develop her sense of taste and adapt to change.

Choking risk: Be extra careful until age 4

Certain foods can become stuck in your child's throat or block her airway. Many children choke on food each year.

Foods that are hard, small, round, smooth, or sticky present the greatest risk.

> **!** Certain foods present a choking risk for your child up until the age of 4: peanuts, nuts, seeds, hard candy, cough drops, popcorn, chewing gum, whole grapes, raisins, sliced sausage, raw carrots or celery, food on toothpicks or skewers, ice cubes, etc.

Certain foods require careful preparation. To prevent the risk of choking, be sure to:

- Remove bones from meat and fish
- Remove cores and pits from fruit
- Cut grapes into quarters
- Grate raw hard vegetables and fruits like carrots, turnips, and apples

Toward age 2, you can start giving your child whole apples (peeled) and whole small fruit, except for grapes, which you should continue cutting into quarters.

Rules to prevent choking

- Make sure your child is always supervised when eating.
- Sit your child in a high chair or at the table.
- Don't let your child walk or run with food in her mouth.
- Avoid feeding your child in the car.
- Keep dangerous foods out of reach.

Ask older children to follow these rules.

To know what to do if a child is choking, carefully read the advice on page 658. Better yet, take a first aid course to learn first aid techniques.

To prevent choking, be sure to take certain precautions when preparing food.

Honey—never for babies under age 1

Never give honey to a child before the age of 1, even as an ingredient in recipes or cooking. Both pasteurized and unpasteurized honey can cause a serious form of food poisoning known as infant botulism.

After age 1, healthy children run very little risk of contracting infant botulism because their intestines contain useful bacteria that protect against the disease.

! Never add honey to any food for a baby under age 1—not even during cooking!

Baby food basics

This section features all the information you need to prepare homemade baby purées and purchase commercial baby food. It also provides instructions on warming and storing baby food.

Remember that your baby will learn quite quickly to eat foods of varied textures. There's no need to stock up on large quantities of baby food!

Homemade baby food

Homemade baby food provides excellent nutritional value. It is fresher, more varied, better tasting, and less expensive than commercial baby food. What's more, it has the advantage of containing only the ingredients you choose.

Purchasing foods

Select the freshest fruits and vegetables possible. If using frozen products, make sure they don't contain any salt, sugar, or seasoning. Buy lean meat whenever possible.

Canned vegetables, meat, and fish are not good choices if they contain salt. You can use canned fruit, however, if it's packed in fruit juice with no added sugar.

Hygiene

Wash your hands and clean your cooking utensils and work area carefully before you start preparing baby food, as well as each time you change foods.


1

Sarah Witty


2

Amélie Bourret


3

Sarah Witty

Preparing fruit and vegetable purées

Preparing fruit and vegetable purées is easy.

- Wash all fruits and vegetables before cooking.
- If necessary, remove peels, cores, pits, and seeds.
- Cut the fruits and vegetables into pieces.
- If necessary, steam the food item (in a vegetable steamer, for example) or cook in a microwave.
- Check if it is done. You should be able to stick a fork into it easily.

It is not necessary to add salt or sugar.

- Purée the food using a fork, blender or food processor. You can add liquid to obtain the desired texture, e.g., fresh water or cooking water (see Nitrates in vegetables, page 496).

Preparing meat and poultry purées

Take certain precautions when cooking meat or poultry for your child.

- Remove skin from poultry and any visible fat from meat.
- Cut meat or poultry into pieces.
- Cook in plenty of water. Meat is cooked enough when you can easily cut it with a fork.
- Remove bones.
- Put the meat or poultry in a blender.
- Purée, adding enough cooking liquid to obtain the desired texture.

Don't add salt or other seasoning during or after cooking.

Preparing fish purées

Certain precautions should also be taken when preparing fish purées:

- Cook fish in water on the stove or in the microwave, without adding any salt.
- Carefully remove any bones.
- Break up the fish with a fork or purée it with the cooking liquid.

Freezing your homemade baby food

If you want to make purées in advance, it's best to freeze them immediately after preparation. To do so:

- Pour the purée into ice cube trays while it is still warm.
- Cover and cool in the refrigerator.
- Put the ice cube trays in the freezer for 8 to 12 hours.
- Transfer the frozen purée cubes to a freezer bag.
- Remove the air from the bag.
- Write the name of the food and the cooking date on the bag and then put it in the freezer.

To find out how long you can keep purées, see Storing baby food, page 483.

Commercial baby food

Whether jarred or frozen, commercial baby food has good nutritional value. It's very practical since it's always ready to eat, but it costs more than homemade baby food. Some commercial baby food contains unnecessary ingredients like starch, sugar, flour, tapioca, or cream that decrease the nutritional value. Read the list of ingredients on the packaging to choose products without unnecessary additions.

Purchasing commercial baby food

Vegetable-meat combinations – These can be handy on occasion, but don't contain very much meat. Frozen products generally contain more meat than jarred ones. If you choose meat-only purées, it will be easier for you to estimate how much meat your child eats and serve the vegetables of your choice.

"Junior" purées – These purées contain small pieces of food designed to facilitate the transition from baby food to regular food that the family eats. However, they are of limited benefit because you can achieve the same results by mashing foods with a fork.

There are also ready-to-eat meals. These products contain salt and should not be given to children under 12 months old. After this age, your child can simply start sharing meals with the family.

Handling commercial baby food

Here are a few steps to take in order to eliminate the risk of food poisoning:

- Throw out or return any jars that have rusted lids or chipped glass, or do not make a popping noise when you open them.
- Store unopened jars according to the best-before date and use the jars with the closest date first.
- Put only as much food as you will use in a small bowl and refrigerate the rest immediately.

Commercial baby food can be frozen for the period indicated in the Storing baby food table on page 483.

Warming baby food

Whenever possible, warm only as much baby food as you will need. Before feeding your child, always check the temperature using the inside of your wrist or the back of your hand. To limit the risk of contamination, throw out any leftover baby food.

To warm fresh or refrigerated baby food, use one of the following three methods:

- Put the purée on the stovetop in a small saucepan or double boiler and warm over low heat.
- Put a small amount of food in a glass bowl and let it warm slowly in hot water for a few minutes.
- Put the food on a small plate and heat it in the microwave. Carefully read the section on microwave precautions.

Microwave precautions

Microwaves do not heat food evenly. That's why it is important to take certain precautions:

- Warm the baby food in a small, microwave-safe dish.
- Stir it well once it is warm.
- Wait around 30 seconds. Before serving the purée, check the temperature using the back of your hand or the inside of your wrist.


Pascale Turcotte

Make sure family members and babysitters fully understand how to warm baby food.

Storing baby food

Homemade and commercial baby food can be stored according to the storage life indicated in the table below:

Type of food	Refrigerator	Freezer
Vegetables and fruit	2 to 3 days	2 to 3 months
Meat, poultry, fish	1 to 2 days	1 to 2 months
Meat with vegetables	1 to 2 days	1 to 2 months

Note: Do not refreeze thawed food.

Your baby's first foods

Start with iron-rich foods

Your baby's first foods should be rich in iron. Why? Because iron plays a number of key roles in her development.

Iron is found in:

- Iron-enriched baby cereal
- Meat and poultry
- Fish
- Tofu
- Legumes
- Eggs

Choose foods based on you and your baby's preferences. Give him iron-rich foods at least twice a day.

A vegetarian diet may be suitable for your baby if it is well balanced. However, if too many foods are excluded, your baby's diet may be lacking in certain nutritional elements. It's best to see a nutritionist about this.

Between 6 months and 1 year, give iron-rich foods to your baby at least twice a day. After, serve some at each meal.

Good to know...

Fruits and vegetables are rich in vitamin C, which helps the body absorb iron. Introduce them early into your baby's diet.

Continue with a variety of foods

After your baby has been eating one or more iron-rich foods for several days, it's time to add a growing variety of foods into her diet.

You can introduce new foods in whatever order you please. Remember, however, that your baby should not drink cow's milk before the age of 9 months. You don't need to introduce all of the foods from the same food group before starting on the next group. For ideas on foods to give your baby, see Food ideas for your baby on page 504. A tear-off version of this table can be found after page 480.

Ideally, your baby will be eating foods from all the food groups within a few weeks.

Toward the age of 1 year, your child will be eating a wide variety of foods.

In the upcoming pages, you'll find practical information about the four food groups:

- Grain products
- Meat and alternatives
- Vegetables and fruit
- Milk and alternatives

Grain products

This food group includes grains like oats, wheat, barley, rice, buckwheat, rye, millet, and quinoa. It also includes pasta and bread.

Iron-enriched cereals

Iron-enriched baby cereals not only contain iron, but other vitamins and minerals as well. They are among the first foods that should be introduced.

How to choose cereal

Start by giving cereals containing only one type of grain (e.g., barley).

At the beginning, opt for cereals containing no fruit, vegetables, or other additions.

Choose sugar-free cereals. Carefully read the ingredients list on the packaging. Sugar hides behind many names, including dextrose, maltose, sucrose, inverted sugar, glucose polymers, fructose, syrup, and honey.

How to prepare cereal

To prepare cereal, use breast milk or infant formula. Some cereals already contain powdered milk, in which case all you have to do is add water.

It's important not to add sugar to cereal.

Serving cereal or any other food in a baby bottle is not recommended.

How to get started

Start by mixing 3 to 5 ml (½ to 1 teaspoon) of dry cereal with liquid and give it to your baby. If she readily accepts it, continue until she is satisfied, adapting to her appetite.

Gradually increase the quantity over time. Keep in mind that your child is already nourished with her milk.

Later, you can flavour the baby cereal with fruit or buy different flavours of cereal.

Iron-enriched baby cereals are among the first foods you should introduce to your baby.

Other grain products

Once your baby is eating iron-rich foods at least twice a day and has a varied diet, you can introduce other grain products.

It's best to opt for whole grain products like whole wheat bread and pasta. They contain more fibre, which ensures your baby has regular bowel movements. To help you choose, read the list of ingredients: the first ingredient must be a whole grain (e.g., whole grain oats or whole wheat flour).

If your baby accepts different textures, offer her foods like toast, pita bread, naan bread or chapati, tortillas, breadsticks, unsalted crackers, unsweetened oat ring cereal, and all types of pasta.

Be careful with rice because your child can choke on it. It's best to start with sticky, short-grain rice and mash it with a fork.

Meat and alternatives

This food group is made up of foods that are rich in proteins: meat, poultry, fish, and alternatives such as legumes, tofu, and eggs. Because they are rich in iron, they are among the first foods you should introduce to your baby.

Meat and alternatives are rich in iron. They are among the first foods you should introduce to your baby.

Meat and poultry

Meat (beef, pork, veal, lamb, etc.) and poultry (chicken, turkey, etc.) provide protein. They also provide vitamins and certain minerals, especially iron and zinc.

How to prepare meat and poultry

All meat and poultry must be well cooked. To begin, serve meat purées, then gradually modify the texture as your baby learns to chew. For example, you can serve finely chopped meat or tender and juicy bite-sized pieces.

How to get started

Start by giving your baby 3 to 5 ml (½ to 1 teaspoon) of meat or poultry. During the meal or at subsequent meals, gradually increase the quantity, taking into account your child's appetite and preferences.

Game meat

Game meat is fine, too, as long as the animal was killed with lead-free ammunition. Lead can impair the child's development.

Do not give your child organ meats (e.g., liver, heart) from game animals, as they are often contaminated.

Deli meats

It's best to avoid deli meats (e.g., ham, sausage, pâtés, salami, bologna, mock chicken, bacon) because they contain nitrates, and nitrites that can be harmful to your child's health. If you decide to serve deli meats to your family and to your child when he is older, choose those that are the leanest and contain the least amount of salt and spices.

Fish

Fish is a source of protein, iron, vitamin D, and good fat.

In the past, parents were recommended to wait until babies reached a certain age before introducing fish. We now know that this does not prevent allergies.

Are you concerned about allergies? Read A word about food allergies on page 467.

Don't hesitate to make fish a regular part of your baby's diet.

You can serve your baby many of the types of fish available at the supermarket and in fish markets, including salmon, trout, haddock, tilapia, sole, capelin, halibut, turbot, mackerel, and cod. You can buy them fresh or frozen.

Canned fish is usually very salty. However, you can occasionally serve unsalted canned fish like salmon or light tuna (but not white tuna).

You can serve the following types of game fish with no restrictions: shad, rainbow smelt, lake whitefish, brook trout and other trout, salmon, and tommy cod.

! Don't give raw or smoked fish to your child, since young children are more sensitive to the parasites they sometimes contain.

Be careful about certain fish!

Some fish contain high concentrations of contaminants. It's best to limit consumption of these species.

Commercial fish: All species of fresh and frozen tuna, canned white tuna, shark, swordfish, marlin, orange roughy, and escolar.

Game fish: Largemouth bass, northern pike, walleye, muskellunge, and lake trout.

To check on recommendations regarding quantities and frequency of consumption:

Mercury in Fish
www.hc-sc.gc.ca/fn-an/securit/chem-chim/environ/mercur/cons-adv-etud-eng.php

Guide de consommation du poisson de pêche sportive en eau douce **(French only)**
www.mddelcc.gouv.qc.ca/eau/guide
418-521-3830 / 1-800-561-1616

Legumes and tofu

Legumes and tofu are a nutritious and inexpensive. They are a good source of vegetable protein and iron. Legumes are also rich in fibre.

There are many kinds of legumes, including lentils, chickpeas, kidney beans, black beans, white beans, etc. Serve them in purées, mashed with a fork, or in soups.

Opt for regular tofu (firm, semi firm, or extra firm) rather than soft tofu. Soft tofu contains more water, and therefore has less protein and iron.

Tofu can easily be mashed with a fork or crumbled and mixed with vegetables.

Eggs

Eggs are nutritious, convenient, and inexpensive.

In the past, parents were recommended to wait until their babies had reached a certain age before introducing egg whites. We now know that this does not prevent allergies.

You can give your child whole eggs—the yolk and the white—starting at six months. Serve eggs hardboiled, poached, scrambled, or in an omelette. Make sure the egg is well cooked, and never raw or runny.

Are you concerned about allergies? Read A word about food allergies on page 467.

Peanut and nut butters

Peanut and nut butters are convenient and nutritious.

In the past, parents were recommended to wait until their babies had reached a certain age before introducing these foods. We now know that this does not prevent allergies.

You can serve your child smooth nut butters, spread thinly on warm toast.

Crunchy nut butters, peanuts, and nuts should not be given to children under age 4 because they present a choking hazard. It is not safe to give your child nut butter by the spoonful either.


Sophie Roy

Once your baby is eating iron-rich foods every day, you can add fruits and vegetables to her diet.

Vegetables and fruit

Vegetables and fruit are vital for good health. Not only do they add a wide variety of flavours to your baby's diet, they also provide minerals and vitamins like vitamin C. They are rich in fibre, too, which helps your baby have regular bowel movements.

After a certain time, you can make fruits and vegetables part of every meal. For example you can serve vegetables at lunch and supper, and give your baby fruit at breakfast and for dessert. Fruits and vegetables also make good snacks.

Vegetables

Give your baby a variety of vegetables. More colourful vegetables are generally more nutritious. For this reason, it's good to regularly serve orange vegetables (e.g., carrots, squash, yams) or dark green vegetables (e.g., broccoli, green peas, green beans, peppers).

How to prepare vegetables

You can begin by introducing cooked vegetables served in purée or mashed with a fork.

Your baby will gradually get used to eating cooked vegetables cut into little pieces.

Give your child a variety of vegetables.

Nitrates in vegetables

In the past, parents were recommended to wait before introducing nitrate-rich vegetables like carrots, beets, turnips, and spinach to their babies' diet. It was also recommended to not use cooking water from these vegetables, especially carrots, to prepare purées.

It's true that nitrates can cause health problems in very young babies. But if you introduce these vegetables toward the age of 6 months—not before—and give your baby a variety of vegetables, there is no cause for concern.

Fruit

Give your child a variety of fruits. You can use fresh or frozen fruit. Commercial canned fruit and compotes are also convenient. Choose brands without added sugar.

How to prepare fruit

You can start with soft fruit in purées or mashed with a fork (e.g., banana, pear). You can also cook fruit to make compote (e.g., apple, peach). Don't add sugar when preparing fruit. If the fruit is very ripe, you can cut it into pieces that your baby can eat with her fingers.

Berries like strawberries, raspberries, blueberries and blackberries can also be mashed with a fork or cut into small pieces.

Later, you can serve your baby firmer fruits like melon, plums, or cherries cut into small pieces. You can also give your child grapes cut into quarters, small pieces of orange, grapefruit, or clementine, and grated or lightly cooked apples.

Give your child a variety of fruits.

What about fruit juice?

Most children like juice. But it's important to remember that fruit is more nutritious than juice because it contains fibre. In fact, fruit juice is not essential. To quench your child's thirst between feedings, water is the best choice.

Fruit juice is not essential. To quench your child's thirst between feedings, water is the best choice.

Things to know...

Fruit juice has a number of disadvantages:

- It increases the risk of early childhood tooth decay, since it naturally contains sugar.
- There is a risk of it replacing milk and foods essential to your child's health and development if given in too great a quantity.
- It can spoil your child's appetite if served within an hour of mealtime.
- It can cause diarrhea if it is served in too great a quantity.

If you give your child fruit juice…

Here are a few helpful tips:

- Wait until your child is at least 1 year old and limit the quantity of juice to a maximum of 125 to 175 ml (4 to 6 oz) per day.
- Never serve juice in a baby bottle.
- Don't let your child drink juice for prolonged periods. This will help protect her teeth.
- Serve juice no more than once or twice a day.

Choose pasteurized, 100% pure fruit juice with no added sugar. There's no need to buy special juice for babies, since it's the same as regular juice only more expensive. Avoid fruit drinks, cocktails and punches, as well as fruit-flavoured powders—they have little nutritional value and are made with sugar.

Avoid unpasteurized juice. Freshly squeezed juice bought directly from the producer is not pasteurized. Certain chilled juices sold in the grocery store are not pasteurized either. They may contain harmful bacteria. Young children are very sensitive to these bacteria.

! Don't give your child unpasteurized juice.

Does your child like juice too much? See Beware of sugar on page 559.


Patrick Hénault

Milk and dairy products

This section covers cow's milk, yogurt, and cheese. Breast milk, commercial infant formula, and other milks are covered in the first chapters of Feeding your child.

Milk, yogurt, and cheese contain protein and minerals, including calcium. They help build and maintain healthy bones and teeth. Cow's milk is also enriched with vitamin D, which helps the body use calcium more efficiently.

You can give your baby yogurt and cheese once he has started eating iron-rich foods at least twice a day. However, introducing dairy products isn't urgent because your baby is already drinking his milk.

Choose high-fat milk and dairy products rather than "light" or low fat options. Your child needs these fats to grow and develop properly. Make sure that milk and dairy products are pasteurized (see Why serve pasteurized milk, page 357).

Sophie Charest

Since cow's milk can reduce your baby's appetite for other foods, including iron-rich foods, don't give her more than 750 ml (25 oz) per day.

Cow's milk: not before 9 months

Between 9 and 12 months, once your baby is eating a varied diet including iron-rich foods, she can gradually start drinking pasteurized 3.25% cow's milk (3.25% milk fat). For more information, see Other types of milk on pages 353 to 357.

Cheese

Choose pasteurized cheeses.

Start with cheeses that can be eaten with a spoon, like cottage cheese or ricotta.

Next introduce grated or thinly sliced hard cheeses (mild and white).

Yogurt

It's best to choose plain yogurt, to which you can add pureed fruit or pieces of fresh fruit. Commercial fruit yogurt contains added sugar or sugar substitutes.

As with all dairy products, opt for high-fat yogurt. Low-fat and fat-free yogurt are not suitable for the needs of young children.

If you make your own yogurt, use whole milk (3.25% milk fat).

Fats

Fats and oils are essential to your child's development. There is no need to limit them in his diet.

For cooking and food preparation, it's best to use vegetable oils like olive or canola oil, or nonhydrogenated margarine.

Food ideas for your baby

Grain products

- ❑ **Iron-enriched baby cereals**
  - ❍ Oat
  - ❍ Barley
  - ❍ Rice
  - ❍ Soy
  - ❍ Mixed (multigrain)
- ❑ **Other grain products**
  - ❍ Barley
  - ❍ Chapati, naan bread, pita bread, tortillas
  - ❍ Couscous
  - ❍ Cream of wheat
  - ❍ Millet
  - ❍ Oatmeal
  - ❍ Quinoa
  - ❍ Pasta
  - ❍ Short grain sticky rice
  - ❍ Toasted bread
  - ❍ Unsalted crackers
  - ❍ Unsweetened oat ring cereal

Other

- ❍ _____
- ❍ _____
- ❍ _____

Meat and alternatives

- ❑ **Eggs**
- ❑ **Fish**
  - ❍ Brook trout and other trout
  - ❍ Cod
  - ❍ Haddock
  - ❍ Halibut
  - ❍ Salmon
  - ❍ Sole
  - ❍ Tilapia
- ❑ **Legumes**
  - ❍ Chickpeas
  - ❍ Edamame (soy beans)
  - ❍ Lentils
  - ❍ White, black, or kidney beans
- ❑ **Meat and poultry**
  - ❍ Beef
  - ❍ Chicken
  - ❍ Lamb
  - ❍ Pork
  - ❍ Turkey
  - ❍ Veal
- ❑ **Tofu**
- ❑ **Smooth nut butters, plain**
  - ❍ Peanut butter
  - ❍ Almond butter

Other

- ❍ _____
- ❍ _____
- ❍ _____

Note: Generally speaking, the foods in this table are presented in alphabetical order and not in order of introduction.

Find the tear-off version of this table after page 480.

Vegetables and fruit

- ❑ **Vegetables**
  - ❍ Asparagus
  - ❍ Avocado
  - ❍ Broccoli
  - ❍ Brussels sprouts
  - ❍ Carrots
  - ❍ Cauliflower
  - ❍ Corn
  - ❍ Mushrooms
  - ❍ Onions
  - ❍ Peas (baby peas)
  - ❍ Peppers
  - ❍ Potatoes
  - ❍ Squash
  - ❍ Sweet potatoes
  - ❍ Tomatoes
  - ❍ Turnip
  - ❍ Yellow and green beans
  - ❍ Zucchini
- ❑ **Fruit**
  - ❍ Apricots
  - ❍ Apples
  - ❍ Bananas
  - ❍ Blackberries
  - ❍ Blueberries
  - ❍ Cantaloupe
  - ❍ Cherries
  - ❍ Clementines
  - ❍ Grapefruit
  - ❍ Grapes
  - ❍ Mangos
  - ❍ Melons
  - ❍ Oranges
  - ❍ Peaches
  - ❍ Pears
  - ❍ Plums, prunes
  - ❍ Raspberries
  - ❍ Strawberries

Other

- ❍ _____
- ❍ _____
- ❍ _____

Milk and dairy products

- ❑ **Fresh cheese**
  - ❍ Cottage
  - ❍ Ricotta
- ❑ **Kefir**
- ❑ **Mild hard cheese**
  - ❍ Cheddar
  - ❍ Gouda
- ❑ **Plain yogurt**

Can be introduced between 9 and 12 months

Pasteurized cow's milk or goat's milk (3.25% milk fat)

Other

- ❍ _____
- ❍ _____
- ❍ _____

From 1 year onward

Sharing meals with the family

By age 1 or so, she will be eating most of the same foods as the rest of the family.

Your child now has a highly varied diet that includes almost all the same foods your family eats. He shares the three main meals of the day with you and probably needs one or two snacks as well.

At this age the growth rate starts to slow down a bit. His appetite may decrease or vary from day to day.

Because your child loves to explore and play, he may also be less interested in food. Although this change worries many parents, there is no need for concern as long as your child is healthy and happy, having fun, and developing normally.

Developing good habits

As much as possible, accustom your child to eating the same meals as the rest of the family. You can start giving him homemade foods and dishes containing a little bit of salt (e.g., spaghetti sauce) or sugar (e.g., muffins).

One good way to provide a balanced diet is to try to include foods from at least three of the four food groups in every meal. Refer to *Canada's Food Guide*.

You can also use it to help determine the best serving sizes for your child after the age of 2. However, keep in mind that it's a guide and that the most important thing is to adapt food quantities to your child's needs, based on his preferences and appetite.

You can order *Canada's Food Guide* for free by calling 1-866-225-0709 or download it at www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php.

Jean-François Labadie

Good to know...

Cow's milk is enriched with vitamin D. At around 1 year, children should drink 500 ml (16 oz.) of whole cow's milk (3.25% milk fat) a day to get part of the vitamin D they need (see Vitamin D: Not your ordinary vitamin!, page 324).

But don't serve more than 750 ml (25 oz.) of milk a day or you risk spoiling your child's appetite for other foods.

The pleasure of eating together!

Ingredients to limit

Some ingredients can be bad for your baby and other family members if consumed in excess. Limit consumption of the following:

- Salt
- All forms of sugar (sucrose, glucose, fructose, etc.)
- Sugar substitutes (e.g., aspartame, sucralose)
- Fats and oils containing harmful fats (shortening, hydrogenated oils, coconut oil, palm oil, palm kernel oil, etc.)

It's best to prepare homemade meals using simple, minimally processed ingredients. For example, choose plain rice instead of prepared rice containing added ingredients.

Making family meals easier

- At mealtime, avoid distractions such as electronic devices and toys.
- Serve small portions to keep your child from getting discouraged.
- Don't force your child to eat everything on the plate.
- Wait until your child has finished the main course before serving dessert to other family members. This will help maintain interest in the meal.
- Serve nutritious desserts like fruit salad and stewed fruit, yogurt, homemade cookies and muffins, and milk desserts.

CLSC services

CSLCs may offer various nutrition and diet-related services for children under 2 years of age. To find out about the services available in your area, contact your local CLSC.

From Tiny Tot to Toddler

Cécile Fortin

Food-related problems

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Caroline Cloutier

Food allergies

When a child's immune system reacts to a particular food that he eats, he is said to suffer from a food allergy. Some allergies are permanent and very serious. A child with a known allergy to a particular food must never eat that food. It's important to always take allergies seriously.

Some children may not be able to tolerate certain foods, but are not necessarily allergic to them. This is known as a food intolerance. The difference between food intolerance and food allergy is that food intolerances do not trigger an immune system reaction.

Is my child at risk of developing a food allergy?

Your child is at greater risk of developing food allergies if a member of her immediate family (parent, brother or sister) has an allergic disorder. Don't hesitate to consult a doctor if you have concerns.

Preventing allergies

Babies who are exclusively breast-fed for the first four months of life are less likely to develop food allergies.

In the past, parents were recommended to wait until babies had reached a certain age before introducing foods more likely to cause allergies (e.g., egg whites, fish, products containing peanuts). We now know that delaying the introduction of these foods does not prevent allergies, even in children with a family history of allergic disorders.

How do I recognize allergies?

An allergic reaction can be sudden and severe, or it can be delayed.

Sudden and severe reactions (known as anaphylaxis) usually occur anywhere from a few minutes to two hours after eating the food in question. Such reactions are rare. See the red box (page 517) for the most common symptoms.

Delayed reactions can occur several days after eating the food in question. They are harder to diagnose. The most common symptoms include diarrhea, blood in the stools, and excessive irritability.

Any child can experience these symptoms at times, but they last longer in children with allergies. If you suspect that your child has a food allergy, stop giving him the food in question and consult a doctor.

! Call 9-1-1 if your child develops red patches on the skin accompanied by any of the following:

- A sudden and severe change in his general condition (e.g., irritability, drowsiness, loss of consciousness)
- Swollen lips or tongue
- Difficulty breathing
- Sudden vomiting

He could be having a severe allergic reaction.

Breast-fed babies and allergies

There is no evidence linking the food breast-feeding mothers eat with the risk that their babies develop food allergies. Even if other members of the family have food allergies, you don't need to stop eating allergy-causing foods when you're breast-feeding.

Babies are not allergic to breast milk, since it is perfectly adapted for their intestines. In rare cases, babies who are more sensitive can have a delayed allergic reaction to foods that mothers eat and that pass into their breast milk. Various foods can cause this, most often dairy products.

If your baby shows one or more delayed allergy symptoms (see How do I recognize allergies?, page 516), she may be intolerant or allergic to something you have eaten. The most common symptoms include excessive crying, blood in the stools, and repeated refusal to feed.

What to do?

If your baby reacts to your breast milk after you eat a particular food, he will feel better as soon as you eliminate it from your diet, but will react if you eat the same food again. Try proceeding by elimination to see whether your baby is allergic:

- Stop eating the suspected food for 7 days.
- Keep an eye on your baby's behaviour.
- If your baby is feeling better after 7 days, try eating the food in question again.
- Keep an eye on your baby's behaviour.
- If the symptoms reappear, it means your baby is reacting to that particular food. Refrain from eating it.
- If you need to make changes to what you eat, consult a nutritionist to help you maintain a balanced diet.

If there is no real improvement after you eliminate the food, it's best to consult a doctor.

Severe allergies

If your child has a severe allergy, you will have to be very vigilant. If you buy prepared meals, read ingredient lists carefully to be sure they don't contain the product your child is allergic to. When dining out, ask what's in the dishes you order for your child.

For more information contact Allergies Québec at 1-800-990-2575 / 514-990-2575 or visit www.allergiesquebec.ca (in French only).

! If your child has an epinephrine injector (e.g., EpiPen™), make sure you know when and how to use it. Explain the allergy symptoms to babysitters and post the emergency procedure to be followed in a visible location. Have your child carry a card or wear a bracelet (e.g., MedicAlert™) indicating her allergy.

Amélie Bourret

From Tiny Tot to Toddler

Lactose intolerance

Lactose intolerance is one form of food intolerance that we hear a lot about.

Lactose is a sugar present in all milk—breast milk, cow's milk and commercial infant formula. It contributes to the development of children's nervous systems and to the absorption of calcium.

Lactose intolerance is rare in children under 3. There is no need to buy lactose-free products unless a doctor confirms the intolerance.

Lactose intolerance is rare in children under 3.

Anemia

Iron deficiency anemia is a fairly common problem among babies between the ages of 6 and 24 months. It must be treated as it can harm your baby's health and development.

To prevent anemia, make sure your child's diet includes iron-rich foods at each meal. Iron supplements are not necessary, except in the case of premature babies.

Symptoms of iron deficiency in children include lack of energy, poor appetite, irritability, difficulty concentrating, slow weight gain and recurrent infections. However, these symptoms can also indicate other health problems. When in doubt, consult a doctor.

Warning about cow's milk

Babies who are fed cow's milk before the age of 9 months can become anemic:

- Cow's milk can cause blood loss in the delicate intestines of infants.
- Cow's milk reduces absorption of iron from other foods.
- Cow's milk in your baby's diet reduces intake of other foods rich in iron.

Once your baby is over 9 months and is eating a variety of foods, she can drink cow's milk without the risk of developing anemia. However, she should not drink more than 750 ml (25 oz) of cow's milk per day.

Preventing anemia

Your baby's daily diet should contain foods rich in iron. The following foods are the best sources of iron:

- Iron-enriched baby cereal
- Meat and poultry
- Fish
- Tofu
- Legumes
- Eggs

Vitamin C helps the body absorb iron from foods. It's a good idea to serve foods that are rich in vitamin C at every meal. The following fruits and vegetables are good sources of vitamin C:

- Citrus fruits (orange, grapefruit, clementine, tangerine, mandarin orange)
- Strawberries, cantaloupe, melon, mango, kiwi
- Cabbage, cauliflower, broccoli, Brussels sprouts, pepper (green, red or yellow)

If your child refuses to eat baby cereal, try different kinds or add fruit.

If she accepts different textures, you can also try giving her cereal O's for children (e.g., Nutrios™).

You can also add baby cereal to recipes for pancakes, muffins, cookies and other baked goods by replacing half of the flour with iron-enriched dry cereal, like in the recipe below.

Baby-cereal cookies
(for ages 1 and over)

- 125 ml (½ cup) butter, margarine or oil
- 125 ml (½ cup) sugar or fruit purée (e.g., apple, date, banana)
- 10 ml (2 tsp.) vanilla
- 1 egg, beaten
- 150 ml (⅔ cup) white or whole wheat flour
- 150 ml (⅔ cup) iron-enriched baby cereal
- 5 ml (1 tsp.) baking powder
- 1 pinch of salt
- 30 ml (2 tbsp.) cocoa powder (optional)

Preheat oven to 190°C (375°F). Grease two cookie sheets. Cream butter with sugar or fruit purée. Gradually add vanilla and beaten egg. In another bowl, mix remaining ingredients. Carefully add the dry ingredients to the liquid ingredients. Shape into 24 balls and place on cookie sheets. Flatten with a fork.

Bake for 10 minutes.

Poor appetite

Children, like adults, may have periods when they experience reduced appetite. Sometimes the reason is discomfort caused by sore throat, teething or the effect of medication. Other times, poor appetite in children can be due to overexcitement, fascination with new discoveries, fatigue or a normal slowing of growth.

Serious food-related problems are rare. So long as your child is growing normally, he is eating enough to satisfy his needs. It is more important to make family mealtime fun than to insist that your child eat a specific amount of food.

What to do?

Take the time to observe what's going on in your child's life. The older he gets, the more he wants to do things by himself. Learn to accept his pace, his clumsiness and a bit of wasted food without scolding him.

Give your child small servings of age-appropriate healthy foods. Let him choose how much he wants to eat and in what order. Milk can be served at the end of the meal. If your child hasn't eaten anything after a certain time, simply remove his plate without scolding him or making a big deal of it, then let him leave the table.

Offer snacks between meals, but keep serving sizes small so you don't spoil your child's appetite for the next meal. Serve fruit, vegetables, cheese and water. Avoid giving too much juice or milk between meals.

Normally, your baby shouldn't need vitamin or mineral supplements. When in doubt, ask your doctor or a nutritionist whether your child's nutritional requirements are being met.

Chubby babies

There is no evidence to suggest that chubby babies become obese adults. In most cases, baby fat will disappear as your baby grows. Don't worry if people comment on your baby's plumpness.

And don't worry either if your breast-fed baby seems chubby during the first few months. It won't last!

In fact, breast-feeding actually reduces the risk of obesity in children. Continue breast-feeding as long as you like.

Take the time to observe your baby. Learn to recognize her needs (often emotional) and fulfill them with other means than food. Try not to reward or punish your baby with food.

François Laplante

Stools and foods

Babies who eat a variety of foods will pass stools that vary in colour and consistency, depending on what they have eaten. New foods such as fruits or vegetables may result in soft stools for a few days if the food is not completely digested, and they may be a different colour than usual. For example, a baby who eats green vegetables may pass green stools.

Don't worry if your baby's diaper contains bits of vegetable or fruit. This is common and normal.

Constipation

If your baby has infrequent bowel movements during her first few weeks of life, she may not be drinking enough milk.

After the age of 6 weeks, babies don't absolutely have to have a bowel movement every 24 hours. Your baby may sometimes go several days without a bowel movement. If this is the case and her stools are soft, everything is normal and there is no cause for concern.

Does your baby strain and turn red during bowel movements? If her stools appear normal, there's no need to worry, either.

However, if she is in pain and her stools are small, hard and dry, she is probably constipated.

Hard stools can cause anal fissures (small tears), which can further complicate the problem.

What to do?

If your baby appears to be suffering, try the following helpful tips.

Babies under 6 months who are exclusively milk-fed (breast milk or commercial infant formula)

- Make sure your baby is drinking enough breast milk or commercial infant formula (see Is your baby drinking enough milk?, page 316).
- If your baby is being fed with commercial infant formula, make sure you are diluting the formula with the proper amount of water, as recommended on the label.

See a doctor if you don't think your baby is getting any relief.

Good to know...

Iron contained in commercial infant formula does not cause constipation.

Whether you are breast-feeding or using commercial infant formula, giving your baby water before the age of about 6 months is not recommended (see When to give your baby water, page 455).

Introducing food or juice before the age of 6 months or so does not prevent constipation.

Babies 6 months and older who are eating food

No single food causes constipation. It's usually the lack of fibre in food that is responsible.

- Give your child foods that are rich in fibre:
  - Fruits (including prunes, pears, and apples)
  - Vegetables
  - Whole grain products
  - Legumes
- Give her water in addition to milk. This is especially important if you are giving her more fibre.

If the constipation persists, your baby vomits, has blood in her stools, or is not gaining enough weight, see a doctor. Never give your baby a laxative or commercial fibre supplement without medical advice.

Linda Perron

Karine Pinard

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A healthy baby

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Véronique Michon

Most of the time your baby is perfectly healthy. Your daily care, presence, and love and affection enable her to flourish. Little by little, you get to know her needs, behaviour, and habits. If she's not feeling well, you notice it quickly and do what you can to make her feel better right away.

There are plenty of ways to help keep your little one stay healthy. And, remember, there are health always professionals there to help you.

Holding your newborn

Until your baby is about 3 months old, his neck muscles are not strong enough for him to hold up his head by himself. It's important to always support his head and back when you pick him up. That way you prevent his head from wobbling and causing injury.

You may choose to swaddle your newborn in a blanket when you hold him, because some babies like to feel bundled up. However, make sure that he's not too hot.

Nowadays, people agree that you won't "spoil" a child by giving him the comfort and love he needs. On the contrary! Carrying and hugging your baby stimulates him and helps him develop. So hold your baby in your arms as often as possible, when he cries or is not feeling well, or just to give him a cuddle.

Holding your baby in your arms is one way to spend some quality time with him.

Babies like to be carried and rocked. It probably reminds them of the movements they felt in the womb. Carrying your baby in a baby carrier or rocking him in your arms is a wonderful way to spend some quality time with him. These intimate moments help your baby develop a feeling of confidence, which is so essential for his emotional well-being.

Don't worry, your baby is less fragile than he looks. He just needs to be handled gently and lovingly.

Caring for the umbilical cord

The umbilical cord is white at birth, but darkens as it dries. It drops off by itself between the 5th and 21st day.

Here are a few tips for cleaning the umbilical cord and keeping it dry:

- Clean around the umbilical cord every day until the belly button heals.
- Gently clean the area with a cotton swab (Q-Tips™) soaked in warm water. Don't use alcohol because it delays the cord dropping off.
- Dry with another cotton swab. Rub the cotton swab around the umbilical cord (in the folds). You won't hurt your baby, and that way you make sure that the cord is properly dried.
- Avoid covering the cord with the diaper or a compress. It must always stay dry. Fold the diaper under the belly button to prevent irritation.

With a cotton swab, clean around the umbilical cord every day until the belly button is healed. Don't worry, this doesn't hurt your baby.

Remember to dry around the cord after bathing your baby.

The cord may remain half attached for 2 to 3 days. Don't try to pull it off. It can also leave traces of blood on your baby's diaper or clothes. Once the cord has fallen off, a few drops of blood may flow from the scar. This isn't dangerous; the belly button will heal on its own.

If redness appears and becomes more intense, if the belly button oozes fluid and smells bad, or if you have doubts, talk to your health professional.

From Tiny Tot to Toddler

Joanne Aubé-Maurice

Bathing your baby

Most children love bath time. It's a special moment with mommy or daddy. It's also enjoyable and relaxing. These private moments will help you get to know your baby. With time you'll become more and more sure of yourself.

The ideal moment

You can bathe your baby at any time of day. There's no ideal time. It's really a matter of when your baby appears willing. Bath time will be less pleasant if your baby is hungry or tired. You'll get to know when the ideal moment is for your baby.

Frequency

You can clean your baby's face, neck, genitals, and bottom with a washcloth every day.

In the first few weeks, there's no need to bathe your baby in the tub more than two to three times a week.

Older babies don't need to bathe every day either. Let your baby's individual needs be your guide.

Getting ready

Being prepared for bath time is essential for making sure your baby's safe and comfortable. Before undressing her, gather together all the necessary items. That way, everything will be within reach so you don't have to leave your baby's side during her bath.

Here are a few items you might need:

- Washcloth and towel
- Mild, unscented soap and baby shampoo
- Clean clothes
- One or two diapers
- One or two cotton swabs for cleaning her belly button
- Small nail scissors or a nail clipper and nail file
- Zinc oxide ointment for her bottom
- Unscented moisturizing cream or lotion (for places where her skin is dry)
- Brush or comb

Adjust the room temperature if you can, ideally to 22 to 24°C.

Soap: mild and unscented

Children, especially newborns, have sensitive skin. Soap removes the natural protection of your baby's skin and can irritate it. So it's best to use mild, unscented soaps. Avoid antibacterial soaps because they contain alcohol and aren't necessary.

Use a small amount of soap and apply it only to your baby's hands, bottom, and genitals. The rest of her body doesn't need soap. Scented products such as bubble bath and bath oils are unnecessary and can cause irritation.

Bathing in the bathtub

You can wash your baby in an ordinary bathtub, a baby bath, or the bathroom or kitchen sink if it's clean. You may also choose to take her in the bath with you. If so, put a nonskid bath mat in the bottom of the bath tub to reduce the risk of slipping.

! Health Canada advises against using bath seats for babies. They give adults a false sense of security, which can lead to drowning.

Illustration *Bath seats for infants*: Health Canada

A few centimetres of water in the tub are enough to wash your baby. For older children, the water level in the tub should not be higher than their belly button when they're seated.

Run the hot and cold water at the same time. The water should be warm, i.e., at your body temperature (34 to 37°C). To avoid burning your baby, always check the water temperature with your elbow or wrist.

Undress your baby only when everything's ready so she doesn't get cold. Put her slowly in the water, starting with her feet. Then gently immerse the rest of her body. Hold her head, supporting her neck with your forearm and sliding your hand under her armpit.

Baby bathing technique

Whether you wash your baby with a washcloth or in a tub, here are a few practical tips.

- Clean her face first with a wet washcloth (without soap):
  - Clean her eyes starting from the inside corner (near the nose) toward the outside corner. Use a different corner of the washcloth for each eye.
  - With another corner of the moistened washcloth, gently clean outside and behind her ears. Avoid going too far inside the ear. Don't use cotton swabs (Q-Tips™), because they can injure the eardrum and push earwax even farther into the ear.
- Then carefully wash all the folds of the body:
  - Don't forget the folds of the neck, armpits, thighs, and bottom. Rinse well.

When you bathe your newborn, hold her head, supporting her neck with your forearm and sliding your hand under her armpit.

- Wash the genitals and bottom last:
  - **For baby girls**, gently wash the vulva by separating the outer lips. Wipe from front to back. That way you avoid traces of fecal matter from coming in contact with the entrance to the vagina and urethra. Rinse well.
  - **For baby boys**, wash the penis and scrotum. Rinse well. The foreskin is not detached from the tip of the penis at birth. Avoid doing anything that will detach it. It's not necessary to dilate it to clean it.
- Dry your baby well without rubbing. Dry all the folds well to prevent redness and dampness. It's not a good idea to use powder because it can cause breathing problems.

Babies are covered in vernix at birth, a white paste that protected their skin in the amniotic fluid. This paste is reabsorbed within a few days so you don't need to rub it off.

Never leave your baby alone, for whatever reason, even for just a second. A baby can drown in as little as 2.5 to 5 cm (1 to 2 in.) of water. If the telephone or doorbell rings, take your baby with you. You can also simply choose not to answer.

Hair

You don't need to wash your baby's hair every day. Once or twice a week is enough. Avoid rubbing, and pass gently over the fontanelle (soft spot). Then rinse well with clean water and gently pat it dry.

Cutting your baby's nails

During the first week of life, your baby's nails are stuck to the skin. Don't try to cut them because you could hurt him. The tips of the nails will come away from the skin after a few days. When his fingernails are long enough for him to scratch himself, they will need to be trimmed or gently filed.

You can trim or file your baby's nails after his bath, when they're softened by the water, or when he's sleeping. Try to cut his toenails straight across with small scissors or a nail clipper. This will prevent the nails from piercing the skin (becoming what are known as ingrown toenails). However, it's better to trim fingernails around the curve of the finger to prevent scratches.

Nails grow quickly, so you will need to trim or file them regularly.

Choosing diapers

Diapers will be part of your baby's wardrobe for about two and half years. Disposable or washable diapers? It's a matter of choice. Opt for the diapers that correspond best to your values, needs, and situation, and to your baby's skin.

Washable diapers can be less costly than disposable diapers in the long term, but your initial investment will be higher.

Disposable diapers

Disposable diapers contain crystals that convert the urine into a safe gel and separate it from the stools. This eliminates the mix of urine and fecal matter that can irritate your baby's skin. Some scented disposable diapers can also irritate the skin. If this happens, try another brand.

Disposable diapers should be changed regularly because they can seem dry even if they're not. The accumulated urine, when in contact with your baby's skin, can cause irritation.

Washable diapers

There is a wide choice of washable diapers available that are easy to use and clean and that fit your baby's bottom well.

Washable cloth diapers are less absorbent than disposable diapers so they have to be changed more often. Some brands of washable diapers offer a more absorbent, nighttime diaper or a second, absorbent layer you can insert in the diaper.

To keep the diapers in good condition, it's important to follow the manufacturer's directions carefully. For example, some suggest you soak them before washing, while others don't.

Changing diapers

Whether you use disposable or washable diapers, it's important to change your baby regularly, and as soon as possible after she poops. Changing her diaper often helps prevent irritation.

To change a diaper:

- Wash your baby's genitals and bottom with water and soap every time you change her diaper, whether she's a newborn or older (see Genitals, page 230).
  - If you don't have water and soap handy, use baby wipes (moist disposable towelettes). It's best to use them only on healthy skin. Opt for unscented types to avoid irritating her skin.
- Dry her bottom well before putting on another diaper.

- You don't need to apply protective cream as a preventative measure. If her skin is irritated, you can apply a layer of zinc oxide ointment (see Redness on the bottom (diaper rash), page 574).

Wash your hands after putting your baby down in a safe place.

! Make sure she doesn't fall! Never leave your baby alone on a changing table. Always keep one hand on her when you have to reach for something. You can also change her on a towel or change pad on the floor.

Most newborns need frequent diaper changes. So why not make it a fun and enjoyable time for you and your baby?

Neonatal screening

The purpose of neonatal screening is to diagnose rare diseases that need to be monitored or treated immediately because they can have serious consequences for your baby's health. These illnesses can often require treatment even before symptoms appear. This is why screening is recommended within the first few days of your baby's birth.

Within 24 to 48 hours after birth, it will be suggested that several drops of blood be taken from your baby's heel. The procedure can cause a little discomfort, but the pain goes away very quickly.

This initial screening (blood test) is followed up by a second test that you can do yourself at home. This second test is not for the same illnesses as the first. The procedure is simple: You take a urine sample, i.e., collect a small amount of your baby's urine, when he is 21 days old.

Forgot to do the test? Better late than never! Collect the urine sample as soon as you remember.

To take a urine sample, use the kit you received when you left the hospital or birthing centre. The kit contains two envelopes:

- One envelope contains an information pamphlet, a yellow form to fill out, blotting paper, and a reply envelope.
- The other envelope contains two absorbent pads and an instruction sheet.

Read the information pamphlet and instruction sheet carefully. Follow the instructions below to make sure you take the sample properly:

- Don't use a disposable baby wipe to clean your baby's bottom before taking the sample. Use a washcloth instead.
- Don't apply cream, oil, or powder on your baby's bottom before taking the sample.

Taking a urine sample

- Place one of the absorbent pads in your baby's diaper (with the plastic film facing down). Remove it as soon as he has urinated. There must be no fecal matter on the absorbent pad.
- Put the urine-soaked pad on the blotting paper and press firmly to soak both sides of the paper well. It is important to completely soak both sides. If the pad is contaminated with fecal matter, don't use it. Take another sample with the second absorbent pad and then use it to soak the blotting paper with urine.
- Leave the blotting paper to dry on a clean, dry countertop.
- Fill out the information form (yellow sheet). Include your baby's approximate weight and indicate whether he is breast-fed or fed with commercial infant formula. This information will help in interpreting the results. Check your address and phone number.
- When the blotting paper is dry, put it in the reply envelope along with the yellow form. Put a stamp on the envelope and mail it.

What happens next?

The diseases the screening process looks for affect only a few children. For most children, the results of these two screening tests will be normal, and the parents will not be contacted. No news is good news!

If the blood or urine sample gives an abnormal result, you will be contacted and directed to a specialized centre for additional tests. If these analyses confirm the diagnosis, you will be offered appropriate monitoring and treatment.

Neonatal screening is offered free-of-charge and is voluntary. If you prefer that your child not be screened, discuss it with your health professional.

For more information on neonatal screening: www.msss.gouv.qc.ca/depistage-neonatal.

Screening by blood test
Centre hospitalier universitaire de Québec
Telephone: 1-855-654-2103

Screening by urine test
CIUSSS de l'Estrie – Centre hospitalier universitaire de Sherbrooke (CHUS)
Telephone: 1-855-905-5253

Medical checkups

Regular visits to a doctor or nurse allow you to discuss your child's health and development. They are also occasion to ask questions about her growth, feeding, vaccination, or any other subject that you're wondering about.

You can ask your parents and friends, or the health professionals you're already seeing, to help you find a family doctor or other health professional you need to consult for your baby.

Consulting health professionals

If your child is well but you would like to see a health professional, you should contact your CLSC. Your CLSC is the gateway to a number of services including vaccination, breast-feeding clinics, and referrals to other resources. It can also provide information on available services and explanations on how to access services elsewhere, if necessary.

When your child is ill, it can be hard to know where to turn. Here's a tip: start by calling Info-Santé. This service is available 24 hours a day, 7 days a week. You can talk to a nurse, who will evaluate the situation with you. Then you can decide whether it's better to

- See a nurse or doctor at the CLSC
- Go to a clinic, with or without an appointment, or
- Go to emergency

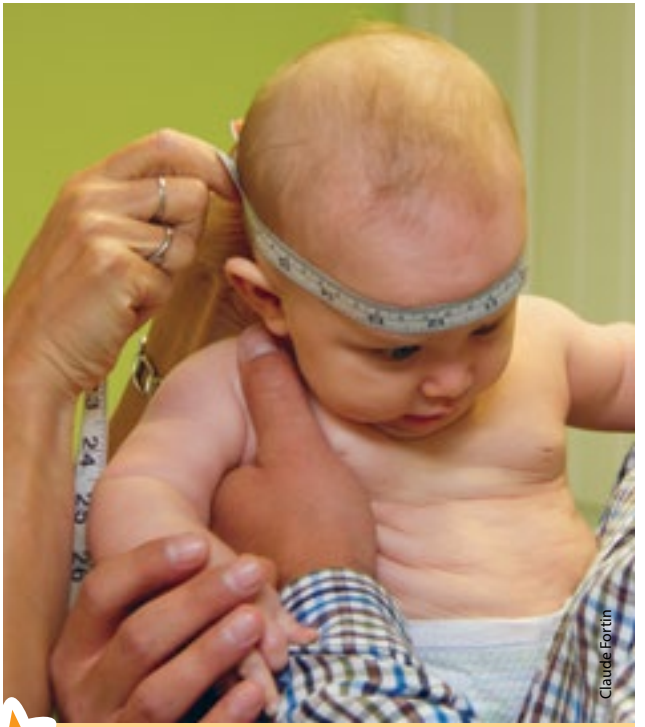
The Info-Santé nurse can help you locate the clinics and hospitals where you can take your baby.

Info-Santé is available across Québec by dialing 8-1-1, except in northern Québec (Terres-Cries-de-la-Baie-James and Nunavik).

For health advice from a nurse 24 hours a day, 7 days a week, call Info-Santé.

Your baby's growth

Your baby is unique! He will grow in spurts, at his own pace. All children of the same age don't necessarily have their growth spurts at the same time. A variety of factors, such as gender, method of feeding, and genetic makeup, can influence the speed at which a child grows. For more information on weight gain in newborns, read Weight gain, page 317.



Your child is unique! He will grow at his own pace.

One of the best ways to make sure your baby is growing properly is to measure his weight and height at regular intervals, for example at his regular checkups. The health professional will record your baby's measurements on a growth chart and compare his development to that of other children.

But more than anything, the measurements allow you to check that your baby's development is proceeding at a pace that is normal for him. Your baby may be much bigger or smaller than other children of his age. Provided he continues to grow at his own pace, there's no need to worry.

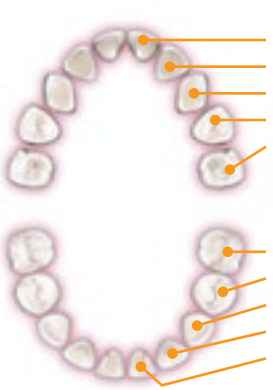
First teeth

Your baby's teeth start to form during pregnancy. At birth, she has 20 baby teeth, or primary teeth, that are still growing under the gums. Young children's diet influences the formation of their baby teeth as well as their permanent teeth.

Baby teeth generally appear around 6 months. But they can come in earlier or later, even as late as 12 months. The lower front teeth usually break through first.

Teething may go unnoticed or may cause discomfort. Starting at 4 months, it's normal for your baby to drool a lot. When she's teething, she may drool more and feel the need to chew on something.

First teeth



Upper jaw	Tooth eruption
Central incisor	7–12 months
Lateral incisor	9–13 months
Canine	16–22 months
First molar	13–19 months
Second molar	25–33 months

Lower jaw	Tooth eruption
Second molar	20–31 months
First molar	13–19 months
Canine	16–23 months
Lateral incisor	7–16 months
Central incisor	6–10 months

Illustration: Bertrand Lachance

Your baby may also have red cheeks or irritated skin around the mouth or on the face, she may fret more than usual or refuse to eat. When their molars (back teeth) come in, some babies touch their ears more because they're feeling pain in that area. If your child's discomfort seems serious, contact Info-Santé.

Don't immediately assume that your baby's fever, diarrhea, and red bottom are related to teething. They may be caused by something else.

In some babies a blue swelling (also known as an eruption cyst) appears on the gum just before the tooth comes in. This cyst usually needs no treatment. If necessary, talk to your health professional.

Fever, diarrhea, and a red bottom are not necessarily related to teething. They may be caused by something else.

What to do during teething?

If necessary, give your baby a clean washcloth soaked in cold water or a teething ring to chew. You can cool the teething ring in the refrigerator, but don't freeze it because your baby can injure her mouth with it. You can also rub her gums with a clean finger. Give her acetaminophen, if needed.

Various products are available to relieve the discomfort of teething. They have not been shown to be effective and can be dangerous:

- Teething necklaces: Babies can choke on the wooden beads or other parts of a teething necklace, or can strangle themselves with it.
- Teething syrups and gels: They act superficially only and can decrease the swallowing reflex that allows your baby to swallow her milk and food. These products increase the risk of choking.

- Teething biscuits: They do not relieve your baby's discomfort. What's more, they contain sugar and can therefore cause tooth decay.

Don't give your baby pieces of raw fruit or vegetables to chew. They can get stuck in her throat and choke her.

! Teething necklaces are a strangulation and choking hazard for babies.

Brushing

The purpose of brushing is to put fluoride toothpaste on your baby's teeth and clean them as well as possible.

As soon as the first teeth appear, brush them twice a day. The evening brushing is the most important because there is less saliva in your baby's mouth when she's sleeping. So tooth decay can progress more easily if the teeth are not brushed.

If your child wants to brush her teeth herself, encourage her, and then do a final brushing. Since children love to imitate, you can also brush your teeth at the same time.

As soon as the first teeth appear, brush them twice a day. The evening brushing is the most important.

Use only a small amount of fluoride toothpaste, about the size of a grain of rice.

Tooth brush

- Use a children's toothbrush with soft bristles. Change it as soon as the bristles start to bend.
- Rinse the toothbrush after every use.
- Let it air dry upright. Do not put a cap on it.
- To prevent spreading germs, make sure it doesn't touch other toothbrushes.
- Your child should have her own toothbrush and should not share it with anyone.

Toothpaste

As soon as you start brushing your child's teeth, you can use the toothpaste of your choice as long as it

- Contains fluoride (a natural substance that effectively protects teeth against decay)
- Is recommended for children under 12

Since children tend to swallow toothpaste, use only a very small amount, about the size of a grain of rice.

To prevent children from consuming too much toothpaste, store it out of their reach.

Beware of sugar

The more your child's teeth are in contact with sugar, the more your child risks developing tooth decay. Beware, sugar is often added to drinks, food, and drugs for children. Fruits and juices also contain sugar naturally.

Baby bottle – Prolonged contact between your child's teeth and her bottle containing milk or sweet liquids can cause tooth decay.

Don't let your baby drink from or suck on her bottle for long periods of time. Don't let her sleep with or carry around a bottle or sippy cup containing juice or any other liquid except water.

If your baby has gotten into one of these habits, gradually dilute the fluid with water until it contains nothing else. To reduce the risk of tooth decay, it's best to wean her off the bottle when she's about a year old.

Pacifier – Don't dip your baby's pacifier in honey, corn syrup, or any other sweet product.

Breast-feeding – Breast milk contains sugars, but breast-feeding does not cause tooth decay.

Tooth decay

Tooth decay can occur when your child is small, even before age 2. Once it appears, it can quickly get worse. The decay is caused by bacteria producing acid that attacks the structure of the tooth. It can be painful and may interfere with your child's sleep or feeding.

If you see dull white, yellowish, or brownish stains near your child's gums, it is advisable to see the dentist or dental hygienist at your CLSC. It could be the start of tooth decay. It's important for the health of young children to have tooth decay treated, even though they will eventually lose their baby teeth.

Régie de l'assurance maladie du Québec covers the cost of dental exams and some treatments for children under 10.

Vaccination

Vaccination is one of the most effective ways of protecting your child's health. It prevents a number of serious illnesses.

The human body's immune system naturally produces antibodies. They fight against the thousands of germs present on objects and in food, water, and air. Vaccines stimulate the immune system. They help your child make his own antibodies against diseases without him suffering the ill effects of the diseases themselves.

All children should receive the recommended vaccines, even healthy, children with a good diet. Breast-fed children also need to be vaccinated, even though breast milk protects them against some infections.

Vaccines are not only effective, they're very safe.
If you have any questions or concerns about vaccination, talk to a health professional or visit the following website: sante.gouv.qc.ca/en/conseils-et-prevention/vaccination.

Where and when should you get your child vaccinated?

You can get your child vaccinated free-of-charge at any CLSC. Some doctor's offices charge a fee for vaccination. Your child can continue to see his doctor for regular checkups, but be vaccinated at the CLSC for free if you wish.

It is recommended that your child get his first vaccinations starting at the age of 2 months, in order to follow the regular schedule. Premature babies should also receive their first vaccine at the age of 2 months (2 months after birth).

By having your child vaccinated, you are providing him with the best possible protection against a number of serious diseases.

Since it's important to follow the vaccination schedule, it is best to make an appointment as early as possible to avoid delays. Your child will require several doses of certain vaccines so that he can produce enough antibodies to fight the disease. By having your child vaccinated at the recommended age in the vaccination schedule, you are providing him with the best possible protection against a number of serious diseases.

If your child needs to receive several injections at the same time, it is recommended he has them all at once to protect him more quickly against infection. This will not increase the or severity of undesirable side effects. It will also reduce the number of visits you need to make to the clinic or CLSC.

It is suggested that all children, including premature babies, start being vaccinated at 2 months. This ensures them the best protection when they need it most and prevents them from falling behind in their vaccination schedule.

Possible reactions to vaccines

Vaccines are very safe. Most of the time they cause no undesirable reactions. Sometimes they can cause short-lived reactions that are not serious, such as a mild fever, redness, or discomfort at the site of the injection. To reduce redness and discomfort, apply a cold water compress. A small bump may appear, but it's not dangerous and will disappear within a few weeks.

Today's vaccines are very well tolerated. It is not suggested that the child be given acetaminophen or ibuprofen before the injection.

If your child seems to feel unwell or has a fever after receiving a vaccine, acetaminophen may make him feel better. Ibuprofen can also be used if he is over 6 months (see Fever medication, page 591). If your child cries abnormally or if you're worried about him, follow the advice you were given at the time of vaccination. If necessary, talk to a health professional or call Info-Santé. In the case of the MMR vaccine (measles, rubella, mumps), children can come down with a fever 5 to 12 days after the vaccination.

Serious allergic reactions are extremely rare. If such a reaction occurs, it will start within minutes after the vaccination. That's why you are advised to stay at the vaccination clinic for at least 15 minutes after your child has received the vaccine. If there's a reaction, the doctor or nurse will be able to treat it immediately.

Regular vaccination schedule for children 6 and under

Child's Age	Suggested Vaccine
2 months	DTaP-IPV-HB-Hib vaccine Pneumococcal vaccine Rotavirus vaccine
4 months	DTaP-IPV-HB-Hib vaccine Pneumococcal vaccine Rotavirus vaccine*
6 months	DTaP-IPV-Hib vaccine Flu vaccine**
12 months	MMR vaccine Meningococcal C vaccine Pneumococcal vaccine
18 months	DTaP-IPV-HB-Hib vaccine MMR-Var vaccine
4 to 6 years	dTap-IPV vaccine

* Depending on the vaccine used, a third dose may be necessary at 6 months.
** Starting at 6 months, in the fall and winter. This vaccine must be administered every fall until 2 years of age. It may also be recommended beyond 2 years in some cases.

Protection offered by vaccines

Vaccine	Protection against
DTaP-IPV- HB-Hib vaccine or DTaP-IPV-Hib vaccine or DTaP-IPV vaccine	• Diphtheria (D or d) • Tetanus (T) • Whooping cough (aP or ap) • Poliomyelitis (IPV) • Serious *Hæmophilus influenzæ* type b (Hib) infections • Hepatitis B (HB)
Pneumococcal vaccine	• Serious pneumococcal infections (meningitis, bacteremia, pneumonia)
Rotavirus vaccine	• Rotavirus gastroenteritis
MMR-Var vaccine or MMR vaccine	• Measles (M) • Mumps (M) • Rubella (R) • Chickenpox (Var)
Meningococcal C vaccine	• Serious meningococcal C infections (meningitis, meningococcemia)
Flu vaccine (influenza)	• Flu (influenza)

Contraindications

There are few cases in which a child cannot be vaccinated. A cold, an ear infection, a runny nose, or the fact that he's taking antibiotics are not reasons to put off a vaccination.

If your child is ill to the point he is feverish, irritable, or crying abnormally, take him to his appointment anyway and discuss it with the health professional.

Vaccination record

This important document is a record of your child's vaccinations. You must bring it with you to the vaccination appointment. The health professional who vaccinates him will record the dose and date in it. It's also worth bringing it along to your child's medical checkups. It may be used to record the child's growth (weight and height), as well as other information related to vaccination and your child's health. Keep it safe, because it will be useful to your child all his life.

Bring the vaccination record to each checkup, whether it's for a vaccination or not. Some parents like to always keep it handy—in the diaper bag, for example.

Common health problems

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Dominic Roy

The large majority of children go through infancy in good health. Most of them will have occasional minor health problems, but very few infants develop serious illnesses.

However despite all your care, your baby will sometimes become ill. You will want to find a way to make her feel better.

This chapter discusses common health problems among children age 2 years and under. So it provides very little information on rarer illnesses or those that affect only a handful of babies.

It does however give you

- Tips on preventing some common problems
- Assistance recognizing signs that help you decide if and when to call a health professional
- Advice on how to care for your baby

Although this chapter describes the main signs and symptoms of certain illnesses, it is not intended to be used by parents to diagnose their baby's health problems themselves.

In some situations, you'll need a health professional's help to identify your child's problem. Don't hesitate to consult one.

A well-stocked medicine cabinet

There are a few items that can be handy when it comes to caring for your child. Consider stocking your medicine cabinet with the following:

- Digital thermometer
- Acetaminophen (e.g., Tempra®, Tylenol®, or any generic brand for pediatric use)
- Oral rehydration solution (ORS)
- Zinc oxide ointment
- Antibiotic ointment
- Vaseline
- A sweet oil (e.g., olive oil)
- Saline solution for the nose
- Adhesive bandages and dressing
- Unscented moisturizing cream

Before adding an item to your medicine cabinet, such as an over-the-counter medication (available without a medical prescription) or a natural health product, you can ask your pharmacist if the product is safe for your baby.

The products in this list, like any medication or natural health product, should be stored safely, i.e., out of the reach of children.

Newborn jaundice

Jaundice, also known as icterus, is common in newborns. It causes the whites of the eyes and the skin to turn yellow. This is due to an accumulation of an orange pigment called bilirubin in the blood.

In full-term babies, jaundice generally starts 2 to 3 days after birth, peaks at 3 to 5 days, and is gone by the end of the first week. In premature babies, it can last several weeks.

Bilirubin is partially eliminated in the baby's stools. This means jaundice is worse in babies who don't drink enough and whose intestines are not very active.

Some breast-fed babies develop a type of jaundice that lasts up to 2 months. If your baby is growing well, gaining weight, and pees and poops normally, this form of jaundice is not serious and requires no treatment. Breast-feeding can continue normally.

The best way to prevent jaundice is to make sure your newborn drinks enough milk (see Is your baby drinking enough milk?, page 316).

What to do?

No treatment is necessary for most cases of jaundice. There is no benefit to exposing your baby to daylight in front of a window.

It isn't easy to tell how yellow a newborn is. Check her skin and the whites of her eyes. If your baby looks yellow, is drowsy, or isn't feeding well, consult your doctor, a CLSC nurse, or the hospital or birthing centre where you gave birth. They will measure your baby's jaundice with a blood test or a device that evaluates skin colour. In some cases, treatment will be necessary.

If your baby looks yellow, is drowsy, or isn't feeding well, consult a doctor, a nurse at your CLSC, or the hospital or birthing centre where you gave birth.

Thrush in the mouth

Thrush is an oral yeast infection caused by the fungus *Candida albicans*. It is usually not painful and often disappears by itself. White patches appear in your baby's mouth, especially inside the lips and cheeks. These patches do not disappear when rubbed.

What to do?

You can see a doctor. He or she will decide whether it is necessary to prescribe oral drops for your baby.

To prevent thrush from coming back, sterilize objects that come into contact with your baby's mouth (bottle nipples, pacifiers, rattles) in boiling water (see Cleaning bottles, nipples and breast pumps, page 451) and replace them regularly.

Candida albicans is easily passed from your baby's mouth to your breasts during breast-feeding. If you feel symptoms in your breasts (see Nipple Thrush, page 432 and Thrush in the Breast, page 434), see a health professional.

Pimples, redness, and other skin problems

Small pimples, redness, and other types of skin rashes are common in babies. They are seldom serious and usually disappear on their own.

However, some skin problems can be a sign of more serious problems, in which case you should see a health professional.

Contact Info-Santé or your doctor if

- Red, raised, very itchy patches appear suddenly on your baby's body
- The rash bleeds or seems infected. It becomes very red, cracks, runs or becomes covered with a thin, yellowish crust
- The rash doesn't disappear after a few days and your baby seems unwell and has a fever (see Fever and skin rashes (contagious diseases), page 596)
- You have any other concerns

Common skin problems in newborns

Pimples and spots (milia, toxic erythema, newborn acne) often appear in the first days of life. In most cases these problems are not serious and disappear within a few weeks without treatment.

Dry skin and eczema

Your baby's skin is very fragile and sensitive. It can become very dry. Newborns' skin can peel and crack around the joints. This problem usually goes away within a few weeks.

What to do?

- Bathe your baby less often.
- Use only a small amount of mild, unscented soap. Soap and hot water tend to dry the skin.
- If you wish, moisturize the dry areas with an unscented lotion or cream.

If your baby has a rash or redness as well as dry skin, he could have eczema, in which case you may have to see a health professional.

Heat rash (prickly heat)

Heat rash is characterized by small, round, sometimes raised red spots on the forehead, around the neck, and in the folds of the skin. This is a normal reaction when it's hot out or when your baby has a fever.

What to do?

If it's hot out, don't overdress your baby so she doesn't sweat too much. The heat rash will disappear once your baby is in a cooler environment.

Crusty patches on the scalp (cradle cap, seborrhea)

Many babies have yellowish or greyish crusty patches on the scalp. They can be in the form of scales or small patches that peel and can sometimes cause itchiness. These crusty patches occur when a surplus of oily secretions (seborrhea) is produced or the baby's hair is frequently washed without being rinsed properly. This is a very common problem and is not a sign of infection, allergy, or lack of hygiene.

What to do?

A simple hair wash can get rid of the crusty patches. Apply the shampoo, massage it in, and leave it for 10 to 15 minutes to soften the crust. Rinse well with warm water.

If crusty patches remain, apply a vegetable oil (e.g., olive oil) or mineral oil to your baby's scalp. After a few hours, gently peel off the crusts with a soft brush or fine comb. Then wash again with warm water, rinse, and dry. If necessary, repeat the treatment once a day for a few days.

If this treatment doesn't work or if the crusty patches spread, you can use a medicated shampoo sold in drugstores. If necessary, talk to your pharmacist or another health professional.

Redness in the folds of the skin (intertrigo)

The skin becomes irritated when two skin surfaces rub against each other. This can occur under the chin, on the neck, under the arms, on the thighs, under the scrotum, or behind the ears. Redness appears in areas that are damp from perspiration, stool, or milk, which encourages germs to develop.

What to do?

Clean the affected areas with a mild soap and dry them well by gently patting the skin with a towel. If the redness persists, see a health professional.

Redness on the bottom (diaper rash)

Your baby's bottom becomes red. The redness can spread to the thighs, vulva, or scrotum. Your baby appears uncomfortable and irritable, especially when he or she pees.

These symptoms of diaper rash are very common. They are mainly caused by the skin coming in contact with urine or stools and sometimes the diapers themselves. Washable diapers can irritate the skin if they are not rinsed well enough or are not changed often enough. Some brands of scented disposable diapers can also irritate your baby's skin.

What to do?

Leave your baby with a bare bottom as much as possible. Your baby will feel better and the diaper rash will heal faster.

If you use cotton diapers, rinse them well and avoid using strong laundry detergent. If you use disposable diapers, choose the unscented type.

Avoid using baby wipes because they can also irritate your baby's skin. They should be used only occasionally and should not contain alcohol or perfume.

Change your baby's diaper as soon as it's wet or soiled. Make sure the diaper is not too tight.

Wash your baby's bottom gently with water or a mixture of water and unscented oil, then pat dry with a towel, without rubbing.

If redness is minimal and not widespread, apply a generous layer of a protective ointment containing 10% to 20% zinc oxide. The ointment protects the skin and doesn't have to be wiped off completely at each diaper change.

If redness is more severe and widespread, use a protective ointment containing 20% to 40% zinc oxide. In this case, it's best to avoid ointments that contain allergenic ingredients like lanolin or irritating ingredients such as fragrance. If necessary, ask your pharmacist which product may be best for your baby.

If the redness persists for a few days and your baby seems unwell, see a health professional.

Eye problems

Children under two can sometimes have eye problems. Most commonly, their eyes can be red, sticky, or watery, or they can be cross eyed.

Red, sticky, or watery eyes

A red, sticky, or watery eye can often be explained by an infection. Other causes are also possible:

Blocked tear duct – If your baby has a watery and crusty eye when he wakes up, but there's no pain, redness, or swelling of the eyelid, it could be that the eye's tear duct is not fully open.

Your baby's tears, which normally flow into the nose, accumulate when the duct is blocked, causing the eye to water. You can gently wash the eye with a clean washcloth soaked in warm water.

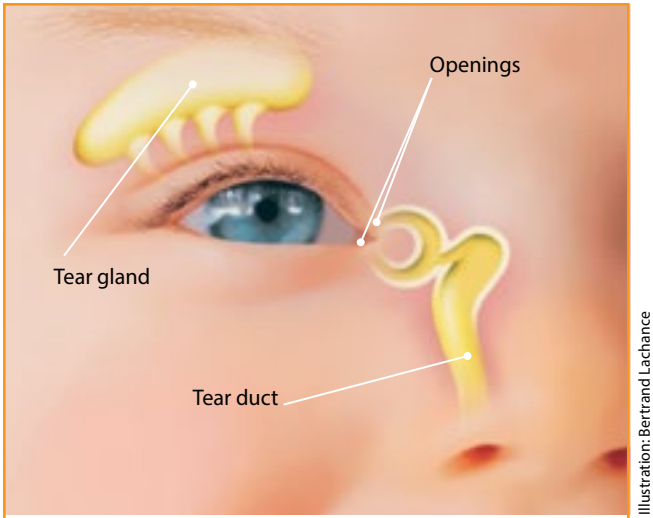


Illustration: Bertrand Lachance

Tears are secreted by the tear gland. Tears spread across the surface of the eye. They then flow through small openings, from the eye to the nasal cavity. When the tear duct is blocked, tears build up and the eye gets watery.

If the tear duct is not already open at birth, it usually opens by itself during the first year of life. Massaging can help the tear duct open more quickly. To learn how to perform this massage or if the problem persists after one year of age, talk to the nurse or doctor at your next visit.

Foreign object in the eye – If one of your baby's eyes becomes red all of a sudden, tears up a lot, or if your baby refuses to open his eye or is uncomfortable, he may have a foreign object in his eye. To find out what to do, read the section on Foreign object or chemical product in an eye, page 656.

Allergies – If your baby's eyes are itchy, irritated, or watery, and the redness is mild to moderate, an allergy may be the cause.

What if it's really an infection?

Check for the following signs of infection:

- Red eye
- Swollen, sticky eyelids
- Yellowish secretion (pus)
- Trouble opening the eyes and looking at a light

Eye infections can be caused by a bacteria or a virus. They can sometimes occur after a cold, flu, or sore throat caused by a virus.

What to do?

If your baby has one or more of the signs of eye infection just mentioned:

- Wash your hands often to avoid spreading the germs.
- Gently wash the eye with a clean washcloth soaked in warm water.
- See a doctor or optometrist, who will prescribe treatment if necessary.

Don't use an anti-infective medication prescribed for someone else.

Vision problems and crossed eyes (strabismus)

Very few young children complain of vision problems because they tend to think their vision is normal. To prevent vision problems from becoming permanent and having long-term consequences, they should be corrected as soon as possible.

Your newborn's eyes may occasionally be crossed. Don't worry, this happens to many babies. This phenomenon, called strabismus, often disappears by the time the baby is 2 months old when he develops the ability to focus and move both eyes in the same direction.

You can be attentive to early signs that may indicate that your baby has a vision problem. See a doctor or optometrist if your baby

- Is constantly cross eyed from birth
- Appears to be cross eyed after the age of two months
- Has a white reflection (not red) in the **pupil**
- Doesn't follow moving objects with his eyes
- Blinks frequently
- Is very sensitive to light and has very watery eyes
- Cries when one of his eyes is covered
- Knocks into things and has trouble orienting himself

▶ **Pupil:** The black centre inside the coloured part of the eye.

Allergies

An allergy is an excessive sensitivity to normally harmless substances. These substances are called "allergens." Allergens can come from a number of sources:

- Food (see Food allergies, page 515)
- Tree and grass pollen
- Animal fur and secretions
- Dust
- Molds and dust mites
- Insect stings (e.g., wasps or bees)
- Medications (e.g., penicillin)

Any number of the following signs in your child can indicate an allergy, depending on the area affected:

- Skin: redness, swelling, itchiness
- Respiratory system: sneezing, runny nose, cough, shortness of breath
- Digestive system: colic, vomiting, diarrhea
- Eyes: redness, itching, watering

What to do?

Allergies are not common in young children so they are hard to diagnose. If you suspect that your child has an allergy, you can consult your doctor.

Sudden and severe reactions can occur after your child eats food, takes medication, or is stung by an insect. See the red box for the most common symptoms.

! Call 9-1-1 if your child develops red patches on the skin accompanied by any of the following:

- Sudden and severe change in her general condition (e.g., irritability, drowsiness, loss of consciousness)
- Swollen lips or tongue
- Difficulty breathing
- Sudden vomiting

She could be having a severe allergic reaction.

Common childhood infections

Many parents have the impression that their youngster is always sick. Young children are very vulnerable to germs (viruses and bacteria) that cause infections. They easily catch colds, tummy bugs, and other infections. Why? Because their immune system, which protects them against germs, is not developed enough yet—and because they touch everything!

Infections in young children are most often caused by viruses. These viral infections are generally not serious, don't last long, and go away by themselves. They often occur more frequently during the child's first year in daycare. They gradually diminish as the child gets older and his immune system develops.

Preventing infections

Germs are everywhere in your child's environment: on toys, floors and door handles, for example. They are present in the nose, mouth, stools, and skin, and in the adults and children your child is in contact with. They can also be carried by animals.

It's impossible to completely avoid germs. In fact, some exposure to germs enables your child's immune system to develop properly, helping her build up her own personal stock of antibodies for the future.

Germs can be spread to your little one in different ways. For example, someone with an infection may kiss her or sneeze around her, or your child can put a contaminated object in her mouth. But usually germs are spread by the hands.

Hand Washing

The best way to reduce the spread of infections is to wash your hands with soap often throughout the day.

When should you wash your hands?

- **Before** preparing meals, eating, breast-feeding, and feeding or giving medication to your child
- **After** using or accompanying a child to the toilet, changing a diaper, caring for someone who is ill, cleaning up vomit or diarrhea, coughing or sneezing into your hands, wiping a nose, throwing out a soiled tissue, touching or playing with a pet, or cleaning an animal cage or litter box

Wash your children's hands as often as necessary, especially

- **Before** meals and snacks
- **After** they use the potty or toilet and after they play outdoors, in the sandbox, or with pets

How should you wash your hands?

- Wet your hands in warm running water. Water that is too hot dries out the skin and is no more effective.
- Rub your hands together with mild soap (bar or liquid) for 15 to 20 seconds (there's no need to use antiseptic or antimicrobial soap).
- Rinse your hands well in warm running water.
- Dry hands thoroughly with a clean towel.

If necessary you can use a moisturizing lotion or cream to prevent chapping.

If your child is too small to reach the sink

The above method is the most effective but is not always easy with small children. In that case,

- First wash your child's hands with a paper towel or clean washcloth soaked in warm water and soap
- Rinse her hands with a washcloth soaked in warm water
- Dry her hands well

Waterless disinfectants

If water is not available, you can use a towelette or alcohol-based waterless disinfectant (hand rinse). These products should only be used as an alternative solution, however. When hands are very dirty, washing them thoroughly with soap and water is still the best option.

The best way to prevent infections is to wash your hands often throughout the day.

If you use a hand rinse, choose one that contains alcohol. A small amount in the palm of your hand is enough. Dip your nails in the product, then rub your hands together until the product completely evaporates.

Since the hand rinse contains alcohol, make sure to keep it out of the reach of children.

Other ways to prevent infections

Vaccination is one of the most effective ways of protecting your child's health. You are advised to have your child vaccinated according to the suggested schedule (see Vaccination, page 560).

Cough or sneeze into a paper tissue or into your elbow rather than your hands. Throw out the paper tissue right after using it and wash your hands.

Thoroughly wash toys and other objects (e.g., cups, utensils) that other children put in their mouths before giving them to your child. Don't clean your baby's pacifier by putting it in your mouth.

As much as possible, prevent healthy children from coming into direct, prolonged contact with people who have contagious illnesses. If your child has diarrhea, a fever, or any other highly contagious illness, it's best to keep her at home. If your baby is under the age of 3 months, take special care to keep her away from people with colds or other infections.

If your child has a cold, is coughing a lot, or has diarrhea, it's a good idea to notify any visitors or people you are intending to visit.

Childcare services usually have clear policies about keeping sick kids at home and administering medication. Reading these rules beforehand will save you some unpleasant surprises and help keep everyone healthy (other children, the staff, and other parents).

If your child is sick, tell the staff about your child's symptoms and ask if she can attend that day.

Your sick child may not have the energy to engage in her usual activities. If necessary, keep her at home.

Carol-Anne Pedneault

Fever

Fever refers to an increase in body temperature above normal readings. It's the body's way of defending itself against infection. Fever is very common in young children.

A child's normal body temperature varies depending on the method used to measure it.

Normal Body Temperature	
Rectal (in the rectum)	38°C or lower (100.4°F or lower)
Axillary (armpit)	37.3°C or lower (99.1°F or lower)

Body temperature is lower early in the morning and varies throughout the day, depending on the child's activities. There's no need to check the temperature of a child who appears fine. Body temperature is very unstable during an infection and may go up or down very quickly.

To evaluate how sick your child of six months and older is, you should go by his general condition rather than his body temperature.

A child is feverish if her rectal temperature is 38.1°C (100.6°F) or higher. Rectal temperature is the only reliable measurement for children age 2 years and under. Taking the temperature in the armpit is easier for small babies, but it should be confirmed by a rectal temperature reading if

- It is higher than 37.3°C (99.1°F)
- It is 37.3°C (99.1°F) or lower, but your child is hot to the touch or seems ill

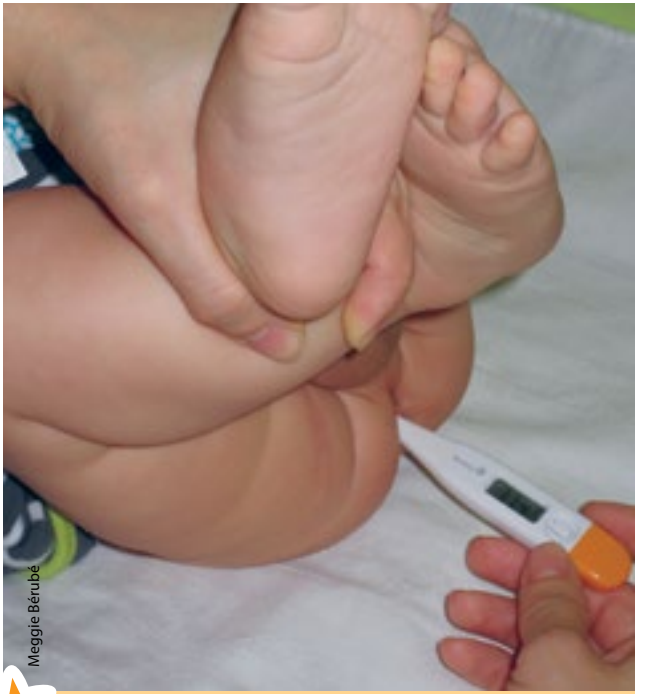
When to take your child's temperature

If your child looks ill, is hot, red, irritable, whiny, or very tired, take his temperature. It's a good idea to record it, as well as the time you took it, so you can tell Info-Santé or your doctor, if need be.

Thermometers

The best choice is a plastic, unbreakable, digital thermometer without glass or mercury that is designed to take temperature using the rectal (in the rectum), armpit (under the arm), and oral (in the mouth) method.

Mercury thermometers are no longer recommended because if they break the mercury can poison both you and the environment.



Rectal temperature is the only reliable measurement for children age 2 years and under.

How to take your child's temperature

In the rectum

Rectal temperature is the only reliable measurement for children age 2 and under. Here's how to take it:

- Clean the thermometer in cool, soapy water, then rinse.
- Cover the end of the thermometer in petroleum jelly (e.g., Vaseline).
- Place your baby on his back, with his knees bent.
- Gently insert the thermometer about 2.5 cm (1 in.) into the rectum.
- Keep the digital thermometer in place until it beeps.
- Take it out and read the temperature.
- Clean the thermometer.

Or

You can also cover the thermometer with a disposable plastic tip (probe cover) sold in drugstores. Follow the manufacturer's directions for using and lubricating it.

The child has a fever if his rectal temperature is 38.1°C (100.6 °F) or higher.

Under the arm

Although taking a child's temperature using the armpit method is not as accurate as with the rectal method, it lets you know whether a small child is feverish. Here's how to take it:

- Use a digital thermometer (designed to take rectal, armpit, and oral).
- Clean the thermometer in cool, soapy water and rinse.
- Place the tip of the thermometer in the centre of the armpit against the skin.
- Make sure that the child's arm is held snugly against his body.
- Keep the thermometer in place until it beeps.
- Remove it and read the temperature.
- Clean the thermometer.

In the ear or mouth

Taking a child's temperature in the ear is very quick but is not recommended because it's less accurate.

Taking a child's temperature in the mouth is not recommended for children under five.

What to do if your child has a fever

A high fever does not necessarily mean a serious illness. In fact, some children with severe infections have little or no fever. To judge whether the illness is serious, it's better to go by the child's general condition rather than how high the fever is.

If your baby is under 6 months old and has a fever, call Info-Santé or your doctor. They will tell you what to do.

If your baby is under 6 months old and has a fever, call Info-Santé or your doctor. They will tell you what to do.

Children 6 months or over can be cared for at home as long as they drink enough fluids and otherwise seem healthy. However, they should be examined by a doctor if the fever lasts more than 72 hours (three days).

Your child may be feverish after being vaccinated. In this case, the fever does not necessarily mean he has an infection. It's better to assess his general condition. Review the advice you were given when he was vaccinated. If necessary, consult a health professional or Info-Santé.

Make sure your child is dressed comfortably and is neither too cold nor too hot. Don't undress him completely because he may get cold. To prevent him from becoming dehydrated, have him drink often.

Cool or lukewarm baths and alcohol rubs are not recommended. They are stressful for a feverish child and their effect doesn't last.

To find out when to consult for your baby, read When to see a doctor, page 593, and the red box, page 594.

Fever medication

A feverish child who doesn't look ill doesn't necessarily need medication. Medication is more useful for easing discomfort than for bringing down the fever.

> **!** Never give aspirin to your child.

If your child is irritable or in pain, medication can make him more comfortable. You can give him either acetaminophen or ibuprofen, unless your doctor makes a specific recommendation for your child. Don't give both types of medication at the same time, unless your doctor advises it.

It's a good idea to record the type of medication, the dose you give, and at what time.

You need to know your child's weight in kilograms in order to give the right dose. If you don't know his exact weight, use the last weight recorded on his vaccination record or check the age indicated on the medication packaging. You can ask a pharmacist or Info-Santé what dose to give.

Measure the dose with the tool provided with the medication or with a graduated syringe you can get from your pharmacist. Kitchen teaspoons or soup spoons are not accurate enough.

First choice: acetaminophen

Acetaminophen (e.g., Tempra®, Tylenol®, or any generic brand for pediatric use) has been used for a long time and should be your first choice. Calculate 15 mg per kilogram. You can give one dose every 4 to 6 hours, but not more than five in any 24 hour period. Your pharmacist or Info-Santé can help you calculate the right dose.

Don't give acetaminophen to a baby under 3 months old. Talk to your doctor first.

Second choice: ibuprofen

Ibuprofen (e.g., Advil®, Motrin®,or any generic brand for pediatric use) can also be used provided certain conditions are met. Calculate 10 mg per kilogram. As its effect lasts longer than that of acetaminophen, you can give it every 6 to 8 hours, but no more than 4 doses per 24 hours. Your pharmacist or Info-Santé can help you calculate the right dose.

Do not give ibuprofen in the following situations:

- Your child is under 6 months old.
- Your child is dehydrated due to severe gastroenteritis (stomach flu) or is not drinking.
- Your child has chickenpox.
- Immediately before or after an operation (unless a doctor recommends it).

Both these medications will usually make your child more comfortable and will bring down the fever within 30 to 60 minutes. After a few hours, the temperature may go up again and your child may once again seem unwell. You may have to give him another dose. But it's important to avoid exceeding the recommended dose and frequency.

Keep medications in their containers, with a child-proof lid. Store medication and thermometers out of the reach of children in a cabinet with a lock or safety catch.

What to do if your child throws up the medication?

If your child vomits within 30 minutes of taking the medication, don't give him another dose. Wait an hour, and then take his temperature again. If he's not feeling well and still has a fever, give him the same dose. If he vomits again, don't repeat the dose. Consult your doctor.

If your child vomits more than 30 minutes after taking the medication, he has probably already absorbed the medication so you shouldn't give him another dose right away.

When to see a doctor

High fever does not always mean a serious illness. Keep a close eye on your child's general condition, behavior, and other symptoms. It's normal for a feverish child to need more cuddling and be less hungry than usual. Contact Info-Santé or your doctor in any of the following cases:

- You're worried about your child's condition.
- He has a fever and is less than 6 months old.
- He's had a fever for more than 72 hours, regardless of his age.

Consult a doctor right away or take your child to emergency if he has a fever and has one or more of the following characteristics:

- Is less than 3 months old
- Has had a seizure
- Is vomiting a lot
- Cries constantly and won't calm down
- Is hard to wake or much sleepier than usual
- Is pale or has abnormal color
- Responds very little to others
- Has difficulty breathing or is breathing rapidly
- Has other symptoms that are worrying you

Febrile seizures (convulsions)

From 2% to 4% of children age 6 months to 5 years are particularly sensitive to fever and have seizures when they have a temperature. They faint and their bodies twitch and jerk.

Febrile seizures can be terrifying for parents, but they generally have no lasting effect on the child. They usually last one to two minutes—sometimes up to 15 minutes—and most often stop by themselves.

What to do?

If your child has a seizure, stay calm. Turn his head to the side in case he vomits, and don't put anything in his mouth. Don't try to stop the child's movements. An Info-Santé nurse can guide you. Consult a doctor right away to make sure that it actually was a febrile seizure.

François Gervais

Fever and skin rashes (contagious diseases)

Many children develop fever and a rash (pimples or red patches, or both) at the same time. This could be a sign of infection. Most of these infections are caused by viruses and last a few days. They go away by themselves and have no long-term effects.

The most common infections are roseola and hand, foot and mouth disease. There's also fifth disease and scarlet fever, but they rarely occur in children under two.

Thanks to vaccination programs, measles and rubella are now very rare. Chickenpox is also becoming less common due to the recent introduction of a vaccine.

Roseola

Roseola is characterized by a high fever that stops after 3 to 5 days. Small pink spots then appear on the face, neck, and trunk. By the time the spots or redness appear, the child is almost healed.

Roseola is caused by a virus. It is common in children 3 to 24 months old.

We don't know how it spreads. There is no vaccine to prevent it, but it's not very contagious. Once better, the child is probably protected for life.

In most cases, the child's general condition is good during the illness. She may return to her normal activities as soon as she's feeling well enough.

What to do?

There is no treatment for roseola.

You can give your child acetaminophen if she's not feeling well and is feverish. You can also use ibuprofen if she's over 6 months old.

You don't have to quarantine her. She can return to her usual activities as soon as she's feeling better.

Hand, foot, and mouth disease

Hand, foot, and mouth disease is another type of viral infection. It usually occurs in the summer and generally affects young children.

It can cause fever, discomfort, and small, painful ulcers in the mouth. Small red pimples or little blisters may appear on the hands and feet, and sometimes on the rest of the body.

Hand, foot, and mouth disease is generally not serious.

What to do?

There is no treatment for this infection, which can last 7 to 10 days. Your child can continue to go to daycare if he feels well enough to join in the activities.

Bacterial meningitis

Children are vaccinated against the three main bacteria that cause meningitis: meningococcus, pneumococcus, and *Hæmophilus influenzæ*. As a result, these infections are now rare. They do occur occasionally because vaccines don't cover all strains of the bacteria.

Children with meningitis quickly become very ill. They have fever, pain, and headache. They may become irritable and very sleepy. Red or blue spots may appear on the body.

Children with bacterial meningitis appear very ill, and parents will want to consult a doctor right away.

Viral meningitis

Various viruses cause this type of meningitis. There is no specific treatment. It is usually not dangerous and generally goes away without causing any lasting effects.

What to do if your child has a fever and a rash

Generally the presence of a rash (i.e., pimples or red patches on the skin) with fever does not indicate a serious illness. It's usually better to consider the child's general condition rather than the presence of a rash or how high the fever is.

Keep a close eye on your child's general condition, behavior, and other symptoms. It's normal for a feverish child to need more cuddling and be less hungry than usual. Contact Info-Santé or your doctor if your child has a rash and has been feverish for over 72 hours.

The Canadian Paediatric Society has a website for parents that provides more information on these contagious illnesses and on vaccination: www.caringforkids.cps.ca.

Colds and flu

Colds and flu are caused by viruses.

Children under 2 can catch up to 10 or so colds per year. If they do catch the flu, it generally will be only once a year.

A child's cold symptoms include a stuffy or runny nose, sneezing, coughing, mild sore throat, loss of appetite, and mild fever. Usually these symptoms will last one to two weeks.

Cold and flu symptoms can be similar, but flu is a much more serious illness. There is a flu vaccine available that your child can be given as part of his regular vaccination schedule.

What to do?

There is no cure for the common cold. It will go away by itself.

You can let your child continue his normal activities and playing if he feels well enough. You can also try to ease some of the symptoms:

- If necessary, gently clean out his stuffed-up or runny nose (see Stuffed-up or runny nose, page 602).
- Make sure he drinks enough fluids, especially if he has a fever.
- If your child seems uncomfortable and has a fever, you can give him some acetaminophen. You can also use ibuprofen if he is over 6 months old. These medications will make your child feel better, but they won't cure his cold.

There are many over-the-counter cough and cold medications on the market. These medications should not be given to children under 6. They are not effective and can be dangerous for them.

Using a humidifier is no longer recommended. If the humidity is too high or the humidifier poorly maintained, harmful molds can develop. If there is water running down the windows, the humidity level is most likely too high.

! Health Canada advises against giving cough and cold medications (syrups, suppositories, etc.) to children under the age of 6. They are not effective and can be dangerous for young children.

Most babies will suffer from diaper rash at least once...

PENATEN® *immediately* starts working to SOOTHE + HEAL + PROTECT†

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Stuffed-up or runny nose

The color of the mucus is in no way related to how serious the infection is. Coloured mucus is not a sign of a bacterial infection. Even if your child seems uncomfortable and has a stuffed-up or runny nose, you don't necessarily have to clear it.

However, if she is having trouble breast-feeding or sleeping because of a stuffy nose, you can try clearing it out. There are several ways of doing this:

- Take a long bath or shower with your child or let her play in the bath. The water and steam can make the mucus more liquid and help clear her nose.
- If the mucus is thick, use a saline solution (salt water) in nasal mist or nasal drop form.
  - When the bottle's empty, you can make up another batch of saline solution yourself (see the recipe below).
  - Nasal mist works better to clear out a baby's nose and some people find it easier to use, but it costs more. If you opt for nasal mist, choose one that's appropriate for your child's age and be sure to follow the directions on the bottle.
  - Always opt for a saline solution (salt water) rather than medicated drops or sprays (e.g., decongestant).

- When necessary, use a nasal suction device or bulb syringe to remove mucus from your child's nose, being careful to follow the manufacturer's instructions. The nasal suction device costs more than a bulb syringe, but is more effective, is less likely to injure your child's nose, and many parents find it easier to use.

You can also apply a non-medicated ointment (such as Vaseline) if the skin around the nose is irritated.

If your child has had a runny nose for more than 10 days, call your doctor.

Salt water recipe (saline solution) to treat stuffy noses

Add 2.5 ml (½ tsp.) of salt to 240 ml (8 oz.) of cooled boiled water.

Cleaning your child's nose with salt water

- Lay your child on her back.
- Insert a dropper with salt water (1 ml) into the nostril. Don't push the dropper too far in: place it gently at the entrance of each nostril.
- Wipe the child's nose or get her to blow it by breathing out through her nose if she's able to.
- Repeat as necessary.
- Wash the dropper in hot water and wipe dry.

Cough

In most cases, coughing is simply the body's way of getting rid of mucus.

What to do?

If your child has a cough, don't give him cough syrup. Coughing is a defensive mechanism and cough syrups can actually be dangerous for young children.

> **!** Health Canada advises against giving cough and cold medications (syrups, suppositories, etc.) to children under the age of 6. They are not effective and can be dangerous for young children.

Talk to your doctor if your child

- Has had a cough for more than 10 days
- Is coughing to the point of choking or vomiting
- Has a cough and is wheezing or breathing rapidly. This could be bronchiolitis or asthma. You should consult a doctor right away.

A hoarse voice or barking cough, like a barking dog, is usually a sign of laryngitis (previously referred to as "false croup").

To relieve your child's cough, have him breathe cold air: bundle him up warmly and take him outdoors or open the window. Cold air will calm the inflammation in his throat (larynx). You will likely notice an improvement within a few minutes. If it's hot out, open your freezer door so he can breathe in the cold air. If he has trouble breathing, see a doctor right away.

Sore throat

If your child has a sore throat, she may find it painful to swallow and may eat and drink less. She may drool more or have a hoarse voice. So long as she is able to breathe easily, it's not serious.

In children 2 years and under, sore throat is usually caused by viruses (cold and flu viruses, for example). In this case, antibiotics are not effective, but there are several things you can do to make your child more comfortable.

What to do?

Make sure she drinks plenty of liquids. It may be easier for her to drink with a straw or sippy cup when she has a sore throat. She may also prefer to eat cold foods.

If your child appears to have a sore throat, acetaminophen may provide her some relief. Or ibuprofen may be given if she's over 6 months.

Consult your doctor if she has trouble breathing or swallowing.

Good to know...

Don't give cough drops to children under 5 because they can choke.

Don't give honey to children under 1 year. They can catch a very serious infection called botulism (see Honey—never for babies under age 1, page 476).

Ear infection

Otitis media is an ear infection of the inner ear. It is not visible from the outside. Most ear infections develop following a cold.

Symptoms of ear infection include fever and crying. Your child may sometimes roll his head on the bed and be more irritable or less active than usual. He may seem to have less appetite. He may also vomit or have diarrhea. Some children touch the ear that hurts. In some cases fluid can run out of the ear.

What to do?

Consult your doctor if your child is crying a lot and has a fever or seems to be in pain.

If your doctor diagnoses an ear infection, he or she may suggest an antibiotic. If so, it's important to continue giving the antibiotic right to the end of the treatment, even if your child seems better before then.

To relieve the pain, you can give your child acetaminophen. Ibuprofen can also be used for children over 6 months.

An ear infection can temporarily affect your child's hearing. If you think your child is not hearing as well a few months after the ear infection, consult your doctor.

Diarrhea and vomiting (stomach flu or "gastro")

Each child is unique, with their own particular bowel movement patterns. The frequency, quantity, consistency, and colour of their stools vary. For example, a baby may have up to 10 bowel movements per day in the first weeks of life and much fewer afterwards. Some babies have very soft, even liquid, stools. Breast-fed babies' stools are often yellow or green. Babies fed commercial formula will tend to have greenish beige stools.

Some babies spit up a lot more than others. So it's important to get to know your baby and what is normal for her.

You should worry only if her habits change, if she's drinking or eating less, losing weight, or seems ill. If her stools are softer than usual, but not more frequent or abundant, and if she doesn't seem ill, it's probably not stomach flu (gastroenteritis). Keep an eye on her to see if the situation resolves itself within a few days. If not, consult your doctor.

Gastroenteritis (stomach flu or "gastro")

Gastroenteritis is a very common infection in children. Almost all children come down with it at least once in their first year.

A child with gastroenteritis is clearly ill:

- She feels sick, is irritable, and eats and plays less.
- She has diarrhea: her stools are liquid (almost like water) and are more frequent and abundant than normal.
- She may also vomit (more abundantly and violently than usual).
- She may have a fever.

Gastroenteritis germs are easily spread from one person to another, especially from one child to another. To prevent spreading the infection, it's important to wash your hands regularly, especially after handling dirty diapers, stools, or vomit, and before handling food.

What to do?

Most cases of gastroenteritis are caused by a virus and disappear on their own within a few hours or days. A calm environment and plenty of liquids can help your child feel better. The most important thing is to regularly offer her something to drink to prevent dehydration.

! Don't give your child any anti-nausea or anti-diarrhea medication without your doctor's advice. This type of medication can have serious side effects and is rarely recommended for young children.

Dehydration

Dehydration can occur when your child doesn't get enough water and minerals from her food to replace those lost due to diarrhea and vomiting. When your child has gastroenteritis, it's important to check for the following signs of dehydration:

- Dry mouth
- Lack of tears
- Increased thirst
- Less urine than usual
- Drowsiness or irritability

Preventing dehydration

If your baby is a bit fretful but otherwise seems ok, if her eyes and mouth are moist, and she wets her diaper regularly, she's probably not dehydrated. Keep giving her the usual amount of milk and offer her a drink more often than usual if she'll take it. A normal diet will help reduce the diarrhea.

If your child vomits or refuses to eat, keep giving her her usual milk. If she's started eating solid food, offer her foods that she particularly likes and is able to keep down, then gradually reintroduce her normal diet when she feels better, ideally within 4 to 12 hours. Avoid giving her juice, even if it's diluted, or soft drinks, even if they're flat, because they're too sweet and can sometimes even make the diarrhea worse.

Preventing dehydration during gastroenteritis

Breast-fed baby	Baby fed commercial infant formula or 3.25% milk
Keep breast-feeding. If your baby only takes a little milk at a time, breast-feed more often. If she refuses to breast-feed, give her small quantities of expressed breast milk using a sippy cup, spoon, dropper, or straw.	Offer her her usual formula or 3.25% milk more often and in smaller quantities. If she isn't taking her bottle well, use a sippy cup, spoon, dropper, or straw.
Regardless of the type of milk, if your baby has started eating food	
Offer her food she particularly likes and can keep down. Avoid juice and soft drinks.	

Dehydrated baby

One or more of the following signs indicate that your baby is somewhat dehydrated:

- Her mouth and tongue are a little drier than usual.
- She seems to be thirstier than usual.
- She is peeing a little less than usual.

One or more of these signs indicate that you need to start rehydrating her. You should frequently offer her small quantities of fluid. Breast milk or oral rehydration solutions (ORS) are the best choice, depending on the case.

Just as you would do to prevent dehydration, avoid giving her juice, even if it's diluted, or soft drinks, even if they're flat, or sports drinks like Gatorade™ because they're too sweet and can sometimes even make the diarrhea worse. If the diarrhea is abundant, avoid giving only water because it doesn't contain enough sugar and salt, which your baby needs to rehydrate.

Your child will probably not feel like eating if she has vomited a lot and is dehydrated. Keep her on a liquid diet and gradually phase in solid food when she feels a little better and has stopped vomiting.

Treating dehydration

Breast-fed baby	Baby fed commercial infant formula or 3.25% milk
Keep breast-feeding. Breast-feed more often, for shorter periods at a time. If she has difficulty nursing, give her small quantities of expressed breast milk using a sippy cup, spoon, dropper, or straw. If your baby vomits breast milk, offer her ORS, according to the instructions in the column on the right.	Stop giving her her usual formula or 3.25% milk for about 4 hours. Instead, give her small quantities of ORS in a bottle, sippy cup, spoon, dropper, or straw. ORS in the form of ice pops can be given to children 1 year and older.
Regardless of the type of milk, if your baby has started eating food	
Keep her on a liquid diet, for only a few hours. If your baby vomits, gradually start reintroducing her usual food when the vomiting becomes less frequent. After 24 to 48 hours, most children are able to return to their normal diet.	

It is particularly important to keep giving your baby regular fluids, according to what she can keep down. If the vomiting persists, give her small quantities of liquid, more often. For example, you can give her 5 to 15 ml (1 tsp. to 1 tbsp.) of breast milk or oral rehydration solution every 5 to 15 minutes. Once your baby is feeling a little better, gradually increase the quantities, so long as she can keep her food down.

Oral rehydration solutions (ORS)

Oral rehydration solutions (ORS) contain precise ratios of water, salt, and sugar to replace what has been lost through diarrhea and vomiting.

You can buy ready-made ORS in drugstores, in various flavours of ready-to-serve drinks, ice pops, and packets of powder. Your pharmacist can help you choose the right product.

The Canadian Paediatric Society suggests that parents always keep ORS on hand. The powdered form, which you dissolve in cooled boiled water, is less expensive and more practical when you're away from home, but you run the risk of making a measuring mistake when diluting it. The Canadian Paediatric Society therefore prefers pre-prepared ORS.

Encourage your child to drink as much of this solution asshe can, using a bottle, sippy cup, spoon, dropper, or straw. She may prefer it cold or in the form of an ice pop if she's over 1 year old.

The Canadian Paediatric Society does not recommend using homemade ORS because mistakes can be made in preparing them. However, if you can't get hold of a store-bought ORS (late at night, for example), you can make a homemade, emergency ORS yourself using the following recipe.

Mix together the following ingredients:

- Ready-to-serve orange juice without added sugar: 360 ml (12 oz.)
- Cooled boiled water: 600 ml (20 oz.)
- Salt: 2.5 ml (½ level tsp.), never more

Follow this recipe carefully. Measure out the exact quantities, using a measuring spoon and measuring cup. Improper solution preparation can actually worsen dehydration.

Only use a homemade ORS as a last resort (while you're waiting for the drugstore to open, for example) and never for more than 12 hours.

When should you see a doctor?

Gastroenteritis symptoms usually lessen over the course of a few days. If the diarrhea continues for more than 1 or 2 weeks, consult your doctor.

Consult a doctor right away if your child is showing the following signs:

- She is very irritable and constantly cries.
- She shows signs of severe dehydration (she's very drowsy, wets less than 4 diapers in 24 hours, cries without tears, has a dry, pasty mouth and tongue, and sunken eyes).
- She vomits often for a period of more than 4 to 6 hours.
- There is blood in her stools.

Keeping baby safe

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Gabrielle Thériault

Your babyproofing checklist will change as your child grows and develops. Take electrical outlets, for example. Though they are not dangerous for newborns, babies who are crawling could suffer electrical burns if they touch them. So from time to time you need to re-assess the dangers that may be lurking in your child's surroundings.

Childhood injuries are a leading cause of death and doctor's visits. It is essential that you be vigilant and never under-estimate your child's natural curiosity, which drives him to constantly explore his environment. As soon as your baby can move about and pick things up, you need to pay special attention to his immediate surroundings. Any objects, big or small, can pique his interest.

Get in the habit of looking around your home from your child's vantage point. See what could be done to reduce the risk of accidents. A good tip for inside the home is to physically get down to your child's level and examine every room from his perspective. Are there any toxic products within his reach? Store them in a secure location he can't get to. Don't forget the outside of your home. Do you have a pool your child can access easily? Install a gate so children can't get to it without your knowledge.

Babyproofing your home is well and good, but what about when your child is visiting grandparents or family and friends who don't have small children? Is it best to teach babies about potential dangers?

Yes! If your baby doesn't know the dangers, he is likely to stick his finger in the first uncovered electrical outlet he finds.

Alexandra Linteau

Babyproofing reduces the risk of injury.

As soon as your child can move around on his own, you can teach him some basic rules (see Setting limits, page 276). That way your baby will be safe not just at home, but everywhere else too.

This chapter includes:

- Advice on keeping baby safe at all times, wherever you are
- Babyproofing tips

For more information, visit the following website: www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php.

Travelling safe: Car seats

Car seats are essential for all car travel with your infant, right from birth.

An appropriate child safety seat, when used properly, can reduce the risk of death and injury by 70% in the event of a collision.

For your child's safety, the car seat should always be installed on the back seat of a vehicle.

There are three types of children's car seats:

- Infant seats, for babies from birth until they reach a weight of at least 10 kg (22 lb.)
- Child seats for children who weigh at least 10 kg (22 lb.)
- Booster seats for children who weigh at least 18 kg (40 lb.)

You will have to change seats as your child grows.

For more information, consult the *Secure Them for Life* brochure: www.childcarseat.qc.ca.

It's the law.

In a moving vehicle, your child must be secured in a car seat that is appropriate for her height and weight until she is 63 cm (25 in.) tall when seated, as measured from the seat to the top of the child's head.

There are a number of convertible car seats on the market. This type of car seat covers more than one phase (infant, child, or booster).

Good to know...

Since September 2002, all new vehicles made in Canada must be equipped with a Universal Anchorage System (UAS). All infant and child seats made in Canada come with a strap that attaches to the vehicle's UAS to make installation easier.

It's for your child's safety.

Just because a child is more than 63 cm tall when seated doesn't necessarily mean she should stop using a car seat.

A seatbelt should be used alone, without a car seat, only if the child is tall enough to sit in the back seat of the vehicle with her back against the backrest and her knees bent over the edge of the seat. Once fastened, the seatbelt should go across the middle of her shoulder (on the collarbone) and over her hips.

Installing a car seat

Read the manufacturer's instructions very carefully before putting your child in a car seat. There is a video clip on the SAAQ (Société de l'assurance automobile du Québec) website for each of the three types of child safety seats. These clips explain:

- How to choose the right seat for your child's height and weight
- How to correctly install the seat in your vehicle
- How to safely secure your child in the seat

To view the videos, go to www.childcarseat.qc.ca.

As you watch the videos, pay special attention to the following:

Chest clip (infant and child seats)

- Slide the chest clip connecting the two harness straps to armpit level (middle of the child's chest).
- Don't leave more than a finger's width between the child's body and the harness.

Forward or rear facing? (child seats)

- Install the seat so it is facing the rear of the vehicle until the child exceeds the manufacturer's height and weight limits (some child seats can face the rear until the child weighs 20 kg or 45 lb.).
- Attach the tether strap to the anchor bolt only once you turn the child seat around so it faces forward.

Shoulder belt and lap belt (booster seat)

- Adjust the vehicle's shoulder belt so it is over the child's collarbone and the lap belt so it lies across the hips.
- Booster seats should only be used for children who weigh at least 18 kg (40 lb.).

Car seat safety

All car seats sold in Canada meet Transport Canada standards. Make sure the car seat bears a compliance label before you use it. It is illegal to use a car seat purchased in another country because safety standards in other countries are not the same as ours.

Expiry date – An expiry date is usually engraved on the plastic part of car seats sold in Canada. If you can't find the expiry date, see the seat's user manual or contact the seat manufacturer. Be sure to have the following information on-hand: serial number, date of manufacture, and date of purchase of the seat.

Accidents – After an accident, you must replace the car seat even if your child was not in it at the time of the collision. You should be able to claim the value of the car seat from your insurance company, so keep the receipt for your car seat.

Manufacturer recalls – Every year manufacturers issue a number of recalls, so it is important to fill out and return the manufacturer's product registration card when you purchase a car seat. That way the manufacturer can notify you if there is a recall.

Used car seats

Parents are strongly advised not to acquire a used car seat because you need to know the full history of seat your child will use.

If you do decide to get a used car seat, make sure it meets the following criteria:

- It is in good condition and has all its parts.
- It has the Transport Canada's compliance label (the one with the maple leaf).
- It comes with the user manual.
- It has not been in an accident.
- It has not been recalled by the manufacturer.
- It is not beyond its expiry date.

To find out if a car seat has been recalled, visit the Motor Vehicle Safety Recalls Database on the Transport Canada website at www.tc.gc.ca.

Warning regarding air bags

Never put a child of 12 years or less in the front seat if your vehicle has a passenger-side front airbag.

If, under exceptional circumstances (e.g., your child is sick), you have to do so, move the passenger seat back as far as it will go. This will ensure your child is as far from the passenger side air bag as possible. This measure will prevent serious injuries or even death if the air bag was to deploy.

Network for the Inspection of Child Safety Seats

SAAQ, in partnership with CAA-Québec, offers a child safety seat inspection service as well as advice on how to use safety seats properly.

A network of members provides this service throughout Québec. If you would like to have your child's car seat checked, make an appointment with a network member in your area. Member contact information is available at www.childcarseat.qc.ca.

Taxis

By law, children traveling in a taxi must wear a seat belt unless they cannot sit up on their own. For children who are clearly incapable of sitting up on their own, parents must first put on a seatbelt and then hold the child in their lap.

For safety reasons, it's therefore best to avoid using taxis with your child except in an emergency, unless you can put her in a car seat. Some taxi companies have car seats available—you just need to ask.

Linda Perron

Babyproofing the nursery

Your baby's room should be bright and well ventilated. It should also have a window. When it's cold out, the room should be kept around 20°C (68°F). At that temperature, if your child is sweating it's because he has too many covers on.

When it's cold out, the humidity should ideally be kept between 30% and 45%.

Wood and vinyl floors are best because they are easier to keep clean than carpeting which absorbs moisture from the air and traps dirt. If you have carpet, vacuum regularly to eliminate dirt and dust mites.

Blinds

Cords used to operate blinds should be kept out of your child's reach because they are a strangulation hazard. Blind and curtain cords in the nursery and throughout the house should be secured high up so your child cannot reach them.

Install your baby's crib away from the window. Make sure your child cannot reach the blinds by climbing on furniture or anything else near the window.

The sale of blinds containing lead has only been regulated since 2009 in Canada. Low-cost PVC mini-blinds from China, Taiwan, Indonesia, Hong Kong, and Mexico made before 2009 may contain lead, which can cause lead poisoning and neurological problems in children. Health Canada recommends throwing out such blinds to avoid this type of problems.

Securing blind cords

Illustration: Maurice Gervais

Cribs

It is very important to ensure your baby is safe in his crib. If his crib is second-hand, make sure it is safe. Check to see if your baby could hurt himself on screws or other parts that are not secure. The sides of the crib must be up and locked in place when your baby is in the crib.

Cribs made before 1986 do not meet current Health Canada product safety regulations and cannot be used or sold. Manufacturers and retailers know the regulations, so you can trust them. New cribs on the market today are safe.

Be wary of hand-me-down cribs and cribs from consignment stores, flea markets, and garage sales.

You should still regularly check the crib to make sure it is in good condition. The mattress must be firm and fit the crib. There should be no more than 3 cm (1 ⅛ in.) between the mattress and the sides of the crib. Do not use removable S or Z hooks to secure the mattress support as they are unsafe and illegal to sell.

Make sure the base of your baby's crib is securely in place. It should not move. Moreover, the side slats should not be more than 6 cm (2 ⅜ in.) apart.

You can use a cradle or bassinet for your child's first month of life. However, this kind of bed is dangerous for children who can sit up on their own.

Bunk beds are also dangerous because children can fall out of them. Children under the age of 6 should not use them.

Bedding

The only bedding your baby needs is a fitted sheet and a blanket. It is best to thoroughly wash and rinse them before use.

Do not use bumpers, crib skirts, pillows, positioners, sleep sacks, and stuffed toys as they present a suffocation hazard.

These items should also be avoided when your child starts to move around in his crib because he could use them to climb out and could hurt himself if he falls.

Wash bedding regularly with hot water to kill dust mites, which feed on dead skin and live in warm, moist beds.

Babyproofing the kitchen

All kinds of accidents can happen in the kitchen. By taking a few simple precautions, you can protect your child from injury.

The high chair should be kept away from counters and tables because your child could push off with her feet and tip over. Belt your child into the high chair so she cannot slide out or climb over the backrest or the tray.

Keep an eye on your child at all times. Some babies manage to get out of their high chair even if they are belted in!

When you use a portable booster chair, your child must be belted in at all times. Even if she is belted in securely, avoid putting the chair on a table or counter. This will help reduce the risk of falls.

When your baby starts to crawl, you must be even more vigilant. It's best not to use a tablecloth because your baby could pull on it, bringing everything crashing down on herself. Pot handles should be turned toward the centre of the table, buffet, or counter. Don't leave utensils lying about.

The risk of getting burned is also highest in the kitchen. Turn pot and pan handles inward on the stove. When you are frying food, keep your child away so she doesn't get splattered with grease or oil. Also keep her away from the oven when it is on so she can't touch it. Use the back burners whenever possible. See the Preventing burns section on page 636 for additional safety tips.

Choosing toys

Safe toys are:

- Washable
- Non-toxic (check the label)
- Unbreakable
- Non-flammable (flame-resistant)
- Big enough so children cannot swallow them or put them in their mouth
- Compliant with Canadian government safety standards (www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/play-jeu-eng.php)

It's best to avoid soft vinyl (PVC) toys and rattles because some substances used to make them more flexible are toxic. Children can absorb these substances by chewing on them. In the bath and wading pool, avoid rubber toys that retain water because they can breed germs.

Before you buy a toy

- Read the label to find out the recommended age.
- Examine the toy to see if it is easy to handle.
- Check that there are no sharp edges or pointed tips.
- Make sure the eyes and noses of stuffed animals are sewn on securely. Parts on large toys should not come off easily.
- Avoid toys with cords, especially elastic cords that could get wrapped around the child's neck.
- Be careful with small items, small parts, and watch batteries-style, as the child could put them in his nose or mouth and choke.
- Make sure baby toys like rattles and teething rings are large enough so they cannot get caught in your baby's throat and choke him.

- Musical toys are great because they stimulate baby's sense of hearing and sight, but check the gears and make sure small parts do not come apart.
- Be careful however with toys that are too noisy as they can damage children's hearing and irritate parents. Try them out before you buy them.

You can find all kinds of low-cost second-hand items for baby, including toys and furniture. Be aware, however, that more stringent regulations are in place now to safeguard children.

Before you buy used, see if Health Canada has issued a safety recall by calling 1-866-662-0666.

Packaging and batteries

- Throw away all plastic, cellophane, and polystyrene (Styrofoam) packaging.
- Properly install the right type of batteries in toys to prevent leaks. Battery fluid is corrosive and should not come into contact with your child's skin, let alone his mouth, nose, or eyes.
- Do not let your child play with batteries.

Preventing falls

Babies fall a lot, even when you think they are in a safe place. Supervision is needed whenever falls are likely and your baby could hurt herself. Here are some examples:

- A child is left alone in her high chair. She tips over her high chair or falls trying to get out.
- An adult is changing a baby's diaper on a changing table and steps away to get something.
- A child climbs onto a bookcase, which then falls onto her because it is not secured to the wall.
- A child climbs on furniture and falls out a window that does not have a window guard preventing it from opening more than 10 cm.

Stairs

A gate must be installed at the top of every set of stairs. It's also preferable to install one at the bottom of the stairs. It must be securely attached to the doorframe or hallway walls. If the gate is second-hand, make sure it meets current safety standards by checking the Health Canada website at www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/safe-securite-eng.php#a410.

Baby walkers

Baby walkers are prohibited in Canada because children can fall down the stairs in them, causing head and other injuries. Health Canada recommends using stationary activity centres for babies instead. They are safer than walkers because they do not have wheels.

Play structures

Playgrounds and slides

Make sure your child is under adult supervision whenever she uses equipment like play structures and slides.

Teach your child how to play safely on each type of equipment.

Falls are the leading cause of playground injury. The risk of injury is linked primarily to two factors:

- The height of the equipment (the higher it is, the more dangerous it is)
- The shock-absorbency of the material under and around the equipment

Make sure your child uses age-appropriate equipment and that there is enough shock-absorbing material (e.g., 15 to 30 cm of wood chips or sand). Play equipment should not be used in winter because shock-absorbing materials are likely to be frozen.

Deaths are rare, and are usually the result of a child's head, neck, or clothing (e.g., cords or scarves) getting stuck in openings in play equipment. For this reason, when your child uses play equipment, make sure she is not wearing any clothing with cords, have her wear a neck warmer instead of a scarf, and remove her bike helmet, if she is wearing one.

Trampolines

Because so many trampoline injuries are reported, Health Canada recommends that children under 6 not be allowed to play on trampolines, even with supervision.

Preventing drowning

A child can drown in a matter of seconds, even in a small amount of water like in a bathtub. That is why children should never be left in a bathtub, pool, or natural body of water without adult supervision. This applies to inflatable pools and wading pools as well.

Cardiopulmonary resuscitation (CPR) is effective on children 90% of the time, so it's a good idea for parents to learn CPR in case they ever need to use it.

Bathtub

Children can drown in a bathtub if they slip or lose their balance. Bath seats and infant inner tubes cannot prevent this kind of accident. In fact, they can even increase the risk of drowning by leading parents to believe that they can leave their child alone in the bathtub for a few moments, which is not recommended.

To learn more about bathing your infant and safety during bath time, see Bathing your baby on page 542.

Pools

Swimming pool drownings and near-drownings occur most often when no one is actually swimming and a child accidentally falls in the water. Oftentimes this type of accident happens when a child living at the home or in the neighbourhood is able to gain access to the pool when no adults are present.

That is why it is important to put a fence or gate around the pool so children can't get in from the patio, deck, house, or yard.

Children must not be able to open or climb over the fence or gate, which must be at least 1.2 m (about 4 ft.) tall. The gate or fence door must open from the inside (the pool side). The door must have a safety latch and spring hinges that close the door automatically.

To find out how to secure all types of pools (above ground, inground, and inflatable), contact your city or town.

The Lifesaving Society offers free safety advice and courtesy inspections of residential pools. Call 1-800-265-3093 or 514-252-3100 or visit their website, www.sauvetage.qc.ca/en.

Your child must be supervised at all times around lakes and rivers because he could wander off in the blink of an eye.

You can also learn how to respond in case of emergency by taking the Lifesaving Society's Prevent Drowning at Home course.

Water gardens and features

Since children can drown in as little as 2.5 to 5 cm (1 to 2 in.) of water, caution should also be exercised around shallow water, like water gardens and other landscaping water features.

Natural bodies of water

Heightened supervision is a must around lakes and rivers as well. When you go out on the water, always wear a life jacket. Make sure children and the other people with you wear one, too. Fasten life jackets properly. If the boat capsizes, life jackets can save the lives of everyone onboard.

Preventing suffocation and choking

Small objects and cords

Young children tend to put everything they touch in their mouth. Since small objects can be swallowed easily and cause choking, it is best to keep them out of your child's reach.

To help parents determine if an object is dangerous, the Canadian Paediatric Society uses the image of an empty toilet paper roll. If an object can fit in a toilet paper roll, a child could choke on it and it should not be left within a child's reach.

Some types of food can also become lodged in your child's throat or block her airways. The rules of thumb in the Choking risk: Be extra careful until age 4 section on page 474 will help you steer clear of foods that pose a choking hazard.

Your child can also suffocate on objects that risk covering her mouth and nose (like a plastic bag), preventing her from breathing. It is a good idea to put a knot in used plastic bags before putting them away or throwing them in a recycling bin (if they can be recycled) or a garbage can out of children's reach.

! Latex balloons are dangerous for young children because they can choke on them. Make sure balloons (both inflated and uninflated) and pieces of popped balloon are always kept out of children's reach.

Caution must also be exercised with hanging cords and toys, like mobiles. Cords on clothing, curtains, and toys should be no longer than 20 cm.

Young children often choke on small everyday objects and food.

Preventing burns

Electrical outlets and wires

To keep your baby from getting an electrical shock (e.g., by putting something in an electrical outlet), ensure all outlets are secured with a snug-fitting outlet cover.

The cords on electrical appliances (irons, kettles, etc.) can be dangerous if left hanging. When you are ironing, it is best to put your child somewhere safe, like in his playpen.

Don't leave extension cords out. They can cause electrical burns if children put them in their mouth.

Fire

It is essential that you install a smoke detector on every floor and replace the battery periodically, for example when you change your clocks in the fall and spring.

Keep matches and other smoking accessories out of the reach of children.

Hot liquids

Children have thinner skin than adults, so they can be burned more easily by a hot liquid. Some accidents can easily be avoided. For example, don't eat soup or hot beverages when you are holding your baby or leave a hot liquid unattended. Also beware of steam and hot electrical appliances.

Hot water

Québec's Building Code requires that home water heater thermostats be set so that the water in the tank is no cooler than 60°C (140°F). This reduces the risk of water contamination by bacteria. At that temperature, however, water can cause second- and even third-degree burns in children within a second.

Burns caused by hot tap water occur most often at bath time. To prevent the risk of burns, always check the water temperature with your elbow or wrist before putting your child in the tub. Water should be warm, i.e., body temperature.

Never leave your child in a bathtub without adult supervision (children love playing with faucets).

Ensure all outlets are secured with a snug-fitting outlet cover. That way, your baby will be safe from electrical shock.

You should ideally have a device installed on the faucet you use to bathe your child (e.g., bathtub or bathroom sink faucet) to keep the water temperature at or below 49°C (120°F). This device can be installed on the pipe or near the faucet. You can also purchase faucets with this device built in.

Preventing dog bites

Never leave a child alone with a dog, even if the animal knows the child and does not seem dangerous. Remember that a dog that is gentle with your child may show aggression toward other children. Take signs of aggression seriously. If the dog bares its teeth, growls, or pretends to bite, see your veterinarian or a dog trainer.

When you are at someone else's home, be especially vigilant if the household dog does not know your child.

! Because they are small and unpredictable, children are susceptible to dog bites even from your own dog or the neighbour's dog. Children are unable to recognize the signs of aggression.

Living in a smoke-free environment

Asthma, earaches, bronchitis, pneumonia, and upper respiratory tract infections are more common in children exposed to tobacco smoke. Exposure to tobacco smoke also increases the risk of sudden infant death syndrome (SIDS), regardless of the number of cigarettes smoked in the child's presence. Children are more vulnerable than adults because their organs are still developing.

! Cigarettes, cigars, and pipes emit smoke that is very dangerous, especially to children.

Smoking outdoors

Smoking in the home poses a threat to the health of your loved ones. The dangerous products in smoke spread throughout the air and stay there for months, even if you open the windows, turn on the range hood, or smoke in a designated room. Even a high power ventilation system like the ones you sometimes see in public places cannot eliminate all cigarette smoke!

That is why you should not smoke in the home, even when your children are not there. For your child's health, do not smoke in your home or car.

Preventing poisoning

Every year, thousands of children between the ages of 1 and 5 are poisoned in Québec by ingesting a toxic product, getting a toxic product in their eyes or on their skin, or inhaling toxic vapours.

These products are everywhere. You have them in your kitchen cabinets, bathroom, bedroom, garage, and even your purse.

Many commonly used products can be toxic to children, like vitamins, medications, cleaning products, fuel, plants, lawn mushrooms, and pesticides, as well as personal hygiene, car maintenance, and renovation products.

Centre antipoison du Québec is a phone emergency service available 24 hours a day, seven days a week. If your child as ingested a toxic product, they will assist you with the first aid care.

Centre antipoison du Québec has published a number of poisoning prevention pamphlets. To learn more, visit their website:

Centre antipoison du Québec
www.antipoison.ca
1-800-463-5060

Medications and toxic products

Here are some smart ways to prevent poisoning:

- Keep toxic products and medications out of children's sight and reach.
- Store these products in cabinets and drawers with safety latches or in places children cannot get into.
- Keep these products in their original containers.
- Never transfer hazardous products to food containers (e.g., gas in a water bottle).

Other simple precautions you can take to reduce the risk of poisoning in children:

- Keep children away from ashtrays and glasses containing alcoholic beverages.
- To prevent drug overdose, carefully read the instructions before you give your child any medicine and measure out the exact dose. See your pharmacist if you need help.
- When purchasing medication or hazardous products, choose childproof containers (although they aren't 100% effective).
- Never leave medication on the changing table or near the crib.
- When you are at someone else's home, give the house a once over to make sure your child will be safe.

Plants

Many indoor and outdoor plants have toxic leaves and fruits that can cause conditions such as skin irritation, swelling, trouble swallowing, dry mouth, diarrhea, vomiting, and hallucinations.

To prevent exposure to toxic plants, it's worth checking to see if your indoor and outdoor plants are toxic. As soon as your child can crawl or walk, keep these plants out of her reach.

Keep plants in their original container so you can easily identify them later. If you don't know the name of your plants, ask at a garden centre or florist. It may be useful to bring along some photos so they can help identify them.

Lawn mushrooms

Long considered harmless, lawn mushrooms are now an increasingly common cause of poisoning. Lawn mushrooms can cause serious damage to a child's liver and digestive system.

To prevent poisoning caused by lawn mushrooms, they should be picked or destroyed before children can find them. Since they grow quickly, be vigilant and keep a watchful eye out for them.

Protecting your baby from the sun

Little ones should not be exposed to the sun without protection because their skin is very thin and burns easily. This means you'll need to protect your child from the sun's rays, which can cause sunburn, dry skin, and allergic reactions. Even children with dark skin must be protected from the sun. It is important to keep children out of direct sunlight between 11 a.m. and 4 p.m. This is especially important around noon when the sun is most intense.

Under 6 months – It is best to keep your baby in the shade and to protect him with clothing and a hat. Skin is very delicate at this age and applying sunscreen could cause allergic reactions.

6 months and up – Whenever your baby is outdoors, dress him in a hat and clothing that covers his arms and legs. About 15 minutes before going out, apply sunscreen to exposed body parts. Reapply at least once during the day and after swimming.

It is always good to cover your child as much as possible (lightweight clothing and hat) and to keep him in the shade to protect him from the sun's rays.

Up to 85% of UV (ultraviolet) rays can pass through clouds, so sunscreen is always a must even when it's cloudy. Choose a sunscreen with a high sun protection factor (SPF 30). Your pharmacist can help you find an appropriate one.

Eyes and the sun

The sun's UV rays are dangerous to the eyes and can be reflected by sand, water, and snow.

Pupils close naturally, reducing the intensity of the rays entering the eyes. However, the best way to protect your child's eyes is to put a large brimmed hat or cap on his head.

Never seat your child in facing the sun. Shade is best.

If you decide to put sunglasses on your child, make sure they protect against UV rays before you buy them. Look for the words "100% UV protection" or "UV 400."

Protecting your baby from insect bites

To protect children under age 2 from insect bites, you can

- Put a mosquito net over your child's stroller
- Dress your child in light or khaki coloured lightweight clothing made of a closely knit fabric that is closed at the neck, wrists, ankles, and waist
- Put a hat or cap on her head and cover the back of her neck if necessary
- Keep your child indoors when mosquitoes are most active (sunrise and sunset)

Insect repellent must be used with caution and only if there is a high risk of insect bite complications. For instance, you may decide to use it if your child is allergic to bites or there is a chance she could contract a mosquito-borne disease while travelling abroad.

Under 6 months – Do not use any insect repellent.

6 months to 2 years – DEET-based products can be used provided they contain no more than 10% DEET. Apply a small amount once daily to body parts exposed to the air. Do not apply to the face or hands. The product may be applied to your child's hat or cap, depending on the fabric. When protection is no longer needed, wash all skin that was in contact with DEET with soap and water.

Good to know...

Avoid combination DEET/sunscreen products because they reduce the effectiveness of the sunscreen. Apply the products separately. Start with sunscreen, wait 20 minutes to let it absorb, then apply the DEET-based product.

Citronella and lavender oil-based repellents as well as citronella-scented eucalyptus products are not recommended for children under 2 because they are not effective for very long.

To learn about insect bite first aid, see the Insect bites section on page 657.

First aid

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François Gervais

As a parent, you will at some point have to care for and provide comfort to your child when he injures himself. Here are a few first aid basics that may come in handy in case of an accident.

Keep in mind, however, that these basics cannot replace a first aid course. Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR) instruction. Your town, city, or CLSC can tell you what is available in your area.

You may also need the opinion or assistance of a health professional. Don't hesitate to call 9-1-1 in an emergency, or Info-Santé if you need advice.

Bites

If your child has been bitten by an animal or another child, clean the wound with soap and running water for several minutes.

Contact Info-Santé or a doctor in the following situations as treatment may be necessary (stitches, antibiotics, or vaccines):

- If the bite broke the skin (teeth went through the skin and caused bleeding or a wound). Most bites do not break the skin. Tooth marks and bruises are not considered broken skin
- If redness develops around the bite in the days that follow
- If you think your child has been in contact with a bat
- If your child was bitten by a pet displaying unusual behaviour (e.g., aggression or fearlessness) or by a wild animal

For a large cut that is bleeding profusely, you can stop the bleeding by applying pressure to the wound with a bandage or clean towel. Call Info-Santé.

Scrapes and cuts

For a minor, superficial cut or scrape that is not bleeding profusely, follow these steps:

- Wash your hands with soap and water.
- Clean the wound with water and mild soap.
- Rinse the wound under running water for 5 minutes, if possible.
- Dry the affected area and apply an antibiotic ointment.
- Place an adhesive or gauze bandage over the wound, depending on how large it is.
- Watch for signs of infection around the wound (redness, pain, warmth) in the days that follow. See a doctor if you notice any signs of infection.

If the cut is large or is bleeding profusely, put a bandage or clean towel over it and apply pressure to stop the bleeding. Call Info-Santé to find out if your child needs to see a doctor to have the cut looked at or to close the wound.

If your child has not been vaccinated or is not up to date on her shots, she may need a vaccine. You can check this with a health professional or Info-Santé.

Small object in the nose

Even if your child is well supervised, she can put all sorts of things in her nose like buttons, pebbles, pieces of foam, dry peas, and peanuts, for example.

If the object is sticking out of the nostril and can be easily grasped with your fingers, you can try to remove it. Otherwise don't try to remove it because you could push it in further: take your child to the doctor immediately.

! If your child has a watch batteries-style in her nose, go right to the emergency room. The chemical products in the battery could leak and seriously burn her.

If your child has a nosebleed, have him sit down and lean his head forward slightly, pinch his nostrils, and maintain pressure for about 10 minutes.

Nosebleeds

Nosebleeds are rare in babies, but common in older children.

Bleeding often occurs when the nose is irritated after a cold or when a child has put a finger or object in a nostril. Nosebleeds are generally harmless.

If your child is bleeding from the nose, follow these steps:

- Reassure him.
- Have him sit down and lean his head forward slightly.
- Make sure he is breathing through the mouth.
- If your child is able to blow his nose (rare in children under 2), have him blow it into a tissue to clear out any blood clots.
- Pinch his nostrils, just below the bony part of his nose, between your thumb and index finger.
- Maintain constant pressure for about ten minutes; that should stop the bleeding.
- If bleeding persists, contact a doctor.

Oral and dental injuries

Tongue or lip bites

Gently clean off the blood with a clean, dry cloth. To stop the bleeding, apply direct pressure to the wound. Apply a very cold wet washcloth to keep swelling down.

If the wound looks deep or if it continues to bleed profusely, see a health professional right away. He or she will determine if stitches are needed.

Knocked out baby tooth

Don't put the tooth back into the gum. Place it in cold milk without touching the root. Keep it so a dentist can take a look at it.

Apply light pressure to the wound with a clean cloth. See a dentist.

Broken or displaced tooth

See a dentist as soon as possible.

Blow to a tooth

After a blow or a fall, if a tooth seems to have been pushed into the gums or if the lips and gums are bleeding profusely, see a dentist or doctor as soon as possible. If a tooth turns greyish a few months after the accident, see your dentist.

Bumps and blows to the head

Active young children hit their heads frequently, for example when they fall down. Most of the time these bumps and blows to the head are not serious and are harmless. However, sometimes a more severe blow can lead to complications.

Your child hits his head or is hit on the head:

- If your child is unconscious, call 9-1-1.
- If your child is under 3 months of age, see a doctor right away. It is more difficult to assess the condition of a baby this age, even if he seems to be doing fine after a blow to the head.

If your child is behaving normally and is not displaying any of the symptoms listed in the red box, watch him:

For 6 hours after the blow to the head – If your child wants to sleep, let him. But wake him up every two to three hours to make sure he is reacting normally. If he is still reacting normally after six hours, you can let him sleep as he usually would.

In the 24 to 48 hours following the blow to the head – If your child has any of the symptoms in the red box above, see a doctor.

You can also call Info-Santé at any time by dialling 8-1-1 if you have any concerns.

In children of all ages, the following situations require an immediate trip to the doctor or the emergency room:

- Your child has lost consciousness.
- He is semi-conscious, disoriented, or behaving strangely (e.g., he is difficult to wake, very irritable, does not make eye contact, or displays some other behaviour you find troubling).
- He is having a convulsion, is very agitated, or is shaking.
- He has trouble moving an arm or a leg, has trouble walking, or lacks coordination.
- He has a lump or deformation in the scalp area (on the top, back, or side of his head).
- He fell from a height of more than 0.9 metre (3 feet) or five steps.
- His head was hit very hard or hit by a fast moving object.
- He has vomited more than once.
- A bruise appears behind his ear or under his eye.
- There is a clear reddish discharge from his ear.

If your child's clothing is on fire, lie her down and quickly roll her entire body except her head in a blanket to extinguish the flames.

Burns

Burns caused by fire, liquid, or steam

If fire, boiling liquid, or steam has come in contact with a clothed body part, do not remove the clothing before immersing the burn in cold water. Immerse the burn in water or pour cool water over it for 10 minutes.

If you cannot put the burn under water, put a clean, cool wet cloth on the burn. Do not rub it.

Only apply cool water to the burn. If the burn is small and superficial (on the surface only), you can then apply an antibiotic ointment and put a bandage on it. Other substances like baby oil, vinegar, butter, and toothpaste can make the burn worse.

If there is a blister, do not pop it because doing so could cause pain and lead to infection.

You can call Info-Santé to determine the severity of the burn or get information if you have any concerns. They can tell you if your child needs to see a doctor.

! Go to the emergency room if the clothing is stuck to your child's skin, the burn is extensive, or your child's face or neck is affected.

Electrical shock

If your child gets an electrical shock and is still touching the electrical source, cut the electricity before you pull your child away.

If your child is no longer touching the electrical source, you don't have to wait before touching him.

If your child is unconscious, yell for help and have someone call 9-1-1. If no one can help, call 9-1-1 yourself.

If your child is not breathing and help has not yet arrived, begin cardiopulmonary resuscitation (CPR) if you know how to it.

! Electricity can cause serious problems (e.g., internal burns and heart problems). Always call Info-Santé or take your child to the emergency room.

Foreign object or chemical product in an eye

To remove a foreign object (grain of sand, small insect, blade of grass, eyelash, etc.), gently rinse the eye under a slow stream of warm water at the faucet.

If your child got splashed in the eye with a product that can cause burns (household cleaning product, pool chlorine, etc.), rinse the eye immediately. Rinse for a long time, from 15 to 30 minutes. Exact rinsing time depends on the product that caused the burn. Start rinsing immediately and don't stop until you have contacted Centre antipoison du Québec at 1-800-463-5060. They will instruct you how to proceed. You should see a doctor afterward.

If your child is too young to cooperate while you rinse her eye under the tap, place her on her back, keep her eye open, and pour water right into her eye with a cup.

If you see a foreign object in the inside corner of her eye, try to remove it with the corner of a wet tissue. If you cannot remove the foreign object, the eye continues to tear, or your child's condition does not improve:

- Don't insist.
- Keep your child from rubbing her eye and apply a cold wet washcloth to the eye to relieve the pain.
- See a doctor or optometrist right away.

Insect bites

If you see a stinger, remove it. Then, whatever the type of insect bites it is, clean the bite with soap and water. To help relieve itching or reduce swelling, use a cold compress, lemon juice, or a paste made of equal parts baking soda and water.

Call 9-1-1 if your child develops red patches on the skin accompanied by any of the following:

- Sudden and severe change in her general condition (e.g., irritability, drowsiness, loss of consciousness)
- Swollen lips or tongue
- Difficulty breathing
- Sudden vomiting

She could be having a severe allergic reaction.

Choking

If your child puts something in her mouth like a piece of candy, seed, or grape and it gets lodged in her throat, follow these steps:

If she is coughing noisily and is able to speak or make sounds:

- Stay by her side and watch her. Do not interfere as long as she is coughing noisily. This means she is trying to dislodge the object herself.
- If you are worried about her breathing, call 9-1-1.

If your child cannot breathe, is coughing but not making any noise, or cannot speak or make sounds:

- Call for help and ask someone to call 9-1-1.
- Begin first aid choking technique appropriate for your child's age. The technique is different for babies under age one than it is for children over the age of 1.

Baby under the age of 1 who is choking

1. Quickly lay her face down over your forearm. Use your thigh for support. Make sure her head is lower than her body. Hold her head and jaw in one hand.

2. With the palm of your other hand, give up to 5 forceful blows between her shoulder blades.


Danielle Landry

If the object is not expelled:

3. Turn her over onto her back. Continue to hold her head and keep it lower than the rest of her body.

4. Place two fingers in the middle of her chest, just below an imaginary line between the nipples. Give 5 quick, forceful thrusts. Compress the chest at least 4 cm (1.5 in.), avoiding the tip of the **sternum**.

5. Continue giving 5 forceful back blows followed by 5 chest thrusts, and repeat until your child is breathing, coughing, or crying, or until she loses consciousness.

! Once the choking episode is over, take your child to the emergency room. A doctor will make sure there are no complications.

▶ **Sternum:** Flat bone in the middle of the chest.

If a choking baby under the age of 1 loses consciousness

1. Lay the infant face up on a hard, flat surface (e.g., a table).

2. Gently tap her foot and yell her name. If she does not react, she is unconscious.


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3. Call for help and ask someone to call 9-1-1.

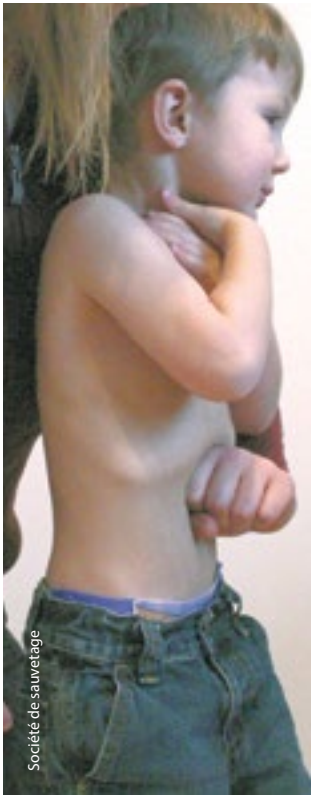
4. Check her breathing: if your unconscious baby is not breathing, follow the steps below.

5. Give 30 chest compressions:

   - Place two fingers in the middle of her chest, just below the imaginary line between the nipples. Avoid touching the tip of the sternum.
   - Push down the chest 30 times. Push hard and fast. Push straight down about 4 cm (1.5 in.) at a frequency of at least 100 times per minute. Let the chest return to its normal position after each push.

6. Open the airways and remove the object from her mouth if you can:
   - To open the airways, place one hand on her forehead to tilt her head back slightly and use two fingers to lift her chin.
   - Look in her mouth. If you see something that you can remove easily, take it out. Do not try a blind finger sweep (try to remove something you can't see) because you could push it in further.
7. If she is still not breathing, give 2 breaths:
   - Keeping her airways open, take a breath, cover her mouth and nose with your mouth, and give 2 breaths (one second per breath). Your baby's chest should rise with each breath.
8. Repeat series of 30 compressions and 2 breaths, checking to see if you can remove the object from her mouth after each series of compressions.
9. After two minutes or 5 series of 30 compressions and 2 breaths, call 9-1-1 if no one has done so already.
10. Repeat steps 5 through 7 until your baby regains consciousness or the ambulance arrives.


Danielle Landry



Child age 1 or older who is choking

1. Kneel down behind the child and wrap your arms around her waist.

2. Make a fist with one hand and put the thumb side against your child's abdomen, just above her belly button.

3. Grasp your fist with your other hand and give quick inward and upward thrusts into your child's abdomen.

4. Repeat the abdominal thrusts (Heimlich manoeuvre) until the object is expelled and your child can breathe, cough, or speak, or until she loses consciousness.

! Once the choking episode is over, take your child to the emergency room. A doctor will make sure there are no complications.

If a choking child age 1 or older loses consciousness

1. Lay her face up on a hard surface.

2. Give her a gentle tap and yell her name. If she does not react, she is unconscious.

3. Call for help and ask someone to call 9-1-1.

4. Check her breathing. If your unconscious child is not breathing, follow the steps below.

5. Give 30 chest compressions:

   - Place the palm of one or both of your hands (one over the other) in the middle of your child's chest, over the lower half of her sternum.
   - Push down the chest 30 times. Push hard and fast. Push straight down forcefully and quickly about 5 cm (2 in.) at a frequency of at least 100 times per minute. Let the chest return to its normal position after each compression.

6. Open the airways and remove the object from her mouth if you can:

   - To open the airways, place one hand on her forehead to tilt her head back slightly and use two fingers to lift her chin.
   - Look in her mouth. If you see something that you can remove easily, take it out. Do not try a blind finger sweep (try to remove something you can't see) because you could push it in further.

7. Give 2 breaths:

   - Keeping the airways open, pinch your child's nose closed.
   - Take a breath, cover her mouth with your mouth, and give 2 breaths (one second per breath). Your child's chest should rise with each breath.

8. Repeat series of 30 compressions and 2 breaths, checking to see if you can remove the object from her mouth after each series of compressions.

9. After two minutes or 5 series of 30 compressions and 2 breaths, call 9-1-1 if no one has done so already.

10. Repeat steps 5 through 7 until your child regains consciousness or the ambulance arrives.

Poisoning and contact with hazardous products

If you suspect your child has ingested or come into contact with a toxic product, follow these steps:

- If your child is not breathing or is unconscious, call 9-1-1.
- Otherwise, call Centre antipoison du Québec at 1-800-463-5060 for help.

Always have the product with you when you call.

Centre antipoison du Québec is a 24-hour emergency helpline. Staff will explain what to do based on your child's condition, the product involved, and how it was ingested or what organ it came into contact with (mouth, lungs, skin, or eyes).

Poisoning is the second leading cause of hospitalization in children 4 and under. It often occurs at home. The most common source of poisoning in small children is medication (vitamins, antibiotics, cold and fever medication) and household products (cleaning products, fuel, personal hygiene products, plants, mushrooms, pesticides, etc.).

Toxic

Corrosive

Flammable

Explosive

For details about these symbols, visit the Health Canada website at: www.hc-sc.gc.ca/cps-spc/legislation/acts-lois/hazard-symbol-danger-eng.php.

What should I do?

Ingested product

- Clean out and rinse your child's mouth.
- Do not induce vomiting.
- Do not try to neutralize the product by giving him milk or anything else.
- Do not administer treatment unless instructed to do so by a Centre antipoison du Québec nurse or a health professional.

! If you suspect your child has ingested or come into contact with a hazardous product and he is not breathing or is unconscious, call 9-1-1.

Product in the eyes or on the skin

- Rinse the affected area with warm water for at least 15 minutes.
- Keep your child's eye open while you rinse it (see Foreign object or chemical product in an eye, page 656).
- Call Centre antipoison du Québec at 1-800-463-5060.

Inhaled product

- Take your child out into the fresh air.
- Call Centre antipoison du Québec at 1-800-463-5060.

Always have the product with you when you call Centre antipoison du Québec so you can read the label to the nurse.

Centre antipoison du Québec has a number of prevention publications available on its website at www.antipoison.ca.

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Mélissa Martin

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Martin Perreault

You aren't born a father, you become one.

Fatherhood is an exciting adventure dads-to-be can start enjoying from the time of conception. In Québec, more and more happy fathers are willingly sharing the feelings of pride and fulfillment they have discovered in their new role as dads.

And they are the first to admit that we haven't always talked enough about fatherhood. It wasn't that long ago that our society saw fathers simply as providers. Today, that role has evolved.

It's up to you to decide what kind of father you want to be. What did you like about your own father? What would you have liked him to do more? What kind of relationship do you want to have with your baby? Maybe you would like to be the type of father who

- Plays with his baby and enjoys activities together
- Takes care of his child, feeds her, changes diapers, prepares meals, and gets her ready for bedtime
- Shows his love for his child
- Educates his child and takes responsibility for her: keeps track of her vaccinations, books the babysitter, and makes plans for his child
- Provides for his child—yes, it takes money to raise a child
- Enjoys talking about his baby, carries a picture of her, and expresses his pride in her

Take advantage of the pregnancy to start building a relationship with your child. As soon as her mother's belly begins to swell, the fetus can hear your voice and will soon learn to recognize it. If you feel like it, sing her a little song and stroke her mom's belly. These will be among the first of many magic moments as a family, even before your baby is born.

Get involved. You are unique and very important to your child. Creating a connection with your baby as early as possible will help the two of you form a solid bond (see Bonding, page 266). But first decide what role you want to play in your child's life. You may even have to assert your desire to be involved.

A new role

It takes 9 months to prepare for the arrival of a baby. These days it's easier for fathers to follow the pregnancy closely. Many dads-to-be are present for the ultrasound, attend prenatal sessions with their spouse, and touch the mother's belly to feel the baby move. Together, the future parents dream that their baby's birth will be like a celebration.

When your baby is born, your whole life is turned upside down! Your schedule is all mixed up, the house is a mess, and the new mom is exhausted. Your relationship as a couple doesn't seem to exist anymore. You feel lost.

Don't panic—most parents go through this phase!

First, identify your emotions – The birth of a child can take you on an emotional rollercoaster ride. Some of those emotions are positive, like the happiness, wonder, and pride of fatherhood. But feelings of insecurity, uncertainty, and clumsiness can often be harder to deal with. The first step is to recognize your feelings. It's important to name your emotions, even if they're hard to accept. There's a good chance you have someone you can talk to who can help you feel more comfortable about your new role as a father.

Play an active role in caring for your baby – There is no instruction manual on how to be a parent. Getting involved in the day-to-day care of your little one will build your confidence. You may not do everything the same way your spouse does. The important thing is to agree on what has to be done, while respecting each other's way of doing things.

Nurture your relationship as a couple – At first, new parents sometimes have the impression that they don't get a minute's rest and they fear they'll never again be able to sit down to a quiet meal together. This can certainly put your relationship to the test. But rest assured, things will be easier once you've both established your new routines. Even though it's not always easy, make time to take a break together. Try to understand your spouse's feelings during the post-partum period (see Baby blues, page 215 and Depression, page 215). Once you've settled into your new roles, you'll both rediscover the desire for intimacy, although perhaps not at the same time.

Accept help from family and friends – The support of family and friends can be extremely helpful while you're adapting to your new situation. If people offer to help, accept. But be mindful not to let them take over your space. Delegate household work and meal preparation, and stay with the routine you need to learn about your new responsibilities. Remember, it's important to protect your privacy as a couple and family.

Importance of the father/child relationship

A father's relationship with his child may not be the same as the mother's, but it is very important for your son or daughter. Fathers often develop a bond with their children by playing with them. These ties will grow stronger with time.

Fathers provide a different model than mothers. They tend to enjoy being physically active with their child and are often firmer, encouraging them to explore their surroundings and become more independent.

Children's relationships with their father have an effect on how they relate to other children and adults.

But both parents should agree on family rules. A shared approach to discipline will be valuable for years to come. Parenting is easier when the parents can count on each other's support. The whole family benefits.

Feeding baby together

Your role in feeding your baby is important regardless of how she is fed. You can use feeding as an opportunity to get to know your baby by burping her, changing her diaper, holding her, rocking her, and putting her to sleep after she has been fed. You can lay her on your chest to help her fall asleep. All children—boys and girls alike—need the comfort and reassurance of physical contact with Dad.

During breast-feeding you have a key role to play. Burping baby, offering assistance in getting her to breast-feed, or simply bringing her to Mom are things you can do each day to help with feeding. Feeding your baby will take lots of time in the first weeks. Taking responsibility for household chores (grocery shopping, cooking, doing the laundry) is another way to contribute indirectly to breast-feeding.

If your baby is generally bottle-fed, you'll find a way to share the task with your spouse that works best for you. The first spoon feedings are also enjoyable moments to share with your baby.

Physical contact with Dad is comforting and reassuring for your baby.

Being a mother

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Geneviève Colpron

The birth of a child is an extremely emotional event. Becoming a mother will bring you great joy and a deep attachment to your child. Once your baby is born, you will start learning about being a mother. As you did during the pregnancy and birth, you may need some professional advice or assistance.

A new experience as a woman

In addition to being mothers, most women want to achieve a sense of personal fulfillment in their work, friendships, and love lives. However, this process can take time. You may have had to wait a long time before having your first child. Or maybe this whole experience wasn't planned at all.

Becoming a mother is a big new step in life.

Holding your infant in your arms for the first time is a very moving moment. Your baby's arrival will teach you things about yourself you probably never knew. You may have some doubts about yourself as a mother from time to time, but you'll grow and change as your child does. This tiny person now depends completely on you and his father!

All too soon your baby will be a child, then a teenager and adult. When you're cuddling or feeding your newborn, try to enjoy the moment. These moments will remain etched in your memory and will lift you when you're feeling tired or down.

Many women who become mothers develop a new passion, finding out everything they can about family life. Some develop special skills and want to share them with other moms or get involved in various family community groups.

Some moms decide to stay at home and raise their children full-time, while others go back to work either full or part time.

Have faith in yourself

Worried you don't have what it takes to be a mother? That's perfectly normal!

There's no school where you can learn this job. Afraid of being clumsy when giving the baby his bath, or not understanding why he cries, or panicking when he comes down with his first fever? Don't worry yourself.

Your first experiences with your baby are intense and emotional. While you may have doubts every now and then, remember that you're getting to know your baby a little more with each passing day.

With a baby, your days are very busy. At first it's quite tiring. There is no miracle cure for this, but there are many magic moments, like your baby's first smiles and your cuddles and kisses.

Have faith in yourself and your partner. Listen to your intuition for answers to your questions. Understanding your baby's needs gets easier each week. You'll learn from your experience and become more sure of yourself. You'll also see your baby becoming less and less fragile. You may be surprised at how comfortable you are doing certain tasks that used to make you nervous.

For most women, it takes about two years to strike a balance between their spouse, friends, work, and the new role of mother.

You will gradually master your new role, discovering your strengths and your own way of doing things. Routines are built through time and teamwork, and daily chores become easier.

Rest, rest, and more rest

As long as your baby is waking up at night, try to take naps during the day. If possible, ask those close to you for help taking care of your baby—and of you too!

Above all, don't demand too much of yourself. A little dust around the home isn't the end of the world. The quality time you spend with your baby is much more important.

Feeding Mom

Sticking to Canada's Food Guide is the best way to make sure you get all the nutritional elements you need. Eat a variety of foods every day from each of the four food groups: vegetables and fruit, grain products, milk and alternatives, and meat and alternatives.

Eating well after you give birth helps you

- Rebuild your nutritional reserves
- Maintain an adequate level of energy
- Reach and maintain a healthy weight
- Maintain or improve your health

Breast-feeding? Learn more about diet during the breast-feeding period in The mother's diet on page 331.

It's in your interest to keep up your healthy eating habits after your baby is born.

From Tiny Tot to Toddler

Martin Chénier

Growing as a family

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Hélène Lashmar

The birth of a child gives new meaning to a couple's life together. You are responsible for caring for your child and being there to guide her through the various stages of growing up. But there's more than one way to be a team.

Children have physical and emotional needs. Fathers and mothers each address them in their own way.

To form a strong team, it's important to understand each other's needs.

Nobody's perfect!

There's a lot of trial and error involved in being a parent. Don't get discouraged—everybody makes mistakes, questions themselves, and has moments when they feel insecure.

Am I being too strict? Am I spoiling the baby? Parents constantly ask themselves questions like these. There's no single right answer for every situation. Today there are many types of families. Determine your roles as parents according to your values and to the needs and strengths of you and your partner.

Children need love and support but they also need rules and limits. As a parent, you will sometimes be loving and affectionate. But you will also sometimes be an educator enforcing the rules. You'll find your own way to combine the two roles.

Take time for yourself and your partner

You may sometimes feel your own needs are being overlooked as you devote yourself entirely to your baby. At other times she will bring you great joy, giving you a boost of energy and making you proud of her and yourself.

When you feel the need, treat yourself to a special outing or a day off with your partner. Continue to share your favourite activities and make plans together. Enjoy yourselves!

Communication is key to nurturing your relationship as a couple. Pregnancy and the birth of a child bring big changes and require both parents to adapt. Talking about your feelings, your worries, and your happiness during this intense period can help keep you close.

If you're a single parent, it's also very important to take care of yourself. A nice hot bath, a meal with friends, or a special outing can be a wonderful break.

Grandparents

Becoming a grandparent is a unique new opportunity to relive a child's first moments. It's also an occasion to witness firsthand the birth of a family. The role played by Grandma and Grandpa in this new family will depend on a host of factors: distance, work, the relationship with the new parents, and the grandparents' desire to be involved.

Grandparents may do things differently, and practices have changed a lot since their day. This guidebook *From Tiny Tot to Toddler* can be a very handy tool for sharing the latest recommendations with your child's grandparents.

Pregnancy is a good time to talk about the grandparents' new role. Do you want them to be present during the baby's first days? How will they be involved in his education? How can they best help the new parents?

The first few weeks will be easier for the new parents if someone else is helping them look after household chores. Home-cooked meals, for example, are a wonderful, heartfelt gift new parents are sure to appreciate.

It takes time to build a relationship with a grandchild. Your close and loving attachment, sense of pride, and protective instinct are the foundation for a lifelong bond.

New families, new situations

Every member of the family, no matter how big or small, needs love and attention. Sometimes you have to find new ways to keep everyone happy. This is important.

If you've started a new family with a new mate, you already know about change. The birth of a new child will be an opportunity to reconsider everyone's place. There is no right or wrong way of doing things. It's up to you as parents to discover what works for each member of the family.

Time and patience are your best friends while everyone is getting used to the new situation. Remember, you're not the only one adapting to your new family life.

Blended families are increasingly common. Don't be shy to talk about your situation with relatives and friends.

If you need support, contact the CLSC or community groups in your area. There are also a number of good books on the subject.

Reaction of older children

A child of any age can be worried about and jealous of the arrival of a new baby in the family. This is a normal reaction. It's important to prepare older children before the birth. Even so, older children may still behave differently for a few weeks. They need time to get used to their new role and to understand that they still have a big place in your heart.

Make sure that friends and relatives show as much interest in the older child as the new baby. A little special attention will make her feel better.


Sophie Cliche

Your twins may look alike, but they are two very distinct people. As parents you can encourage each child's own unique character. With time you'll discover what sets them apart.

Your older child may fall back into earlier behaviour (e.g., bedwetting, thumb-sucking, stuttering, or asking for the breast). Don't blame her—these are normal reactions. Keep showing her tenderness. She'll quickly become attached to the baby. If you give her little chores to do, she'll feel like a "big" girl. Tell her what you're doing with the baby and remind her that you did the same for her when she was a little baby. If she wants, sing to her, rock her, and tell her you love her as much as ever.

Twins

If you give birth to twins, your life during the first few months will revolve around feedings, diapers, baths, and naps. You'll have the same routine as all new parents—times two! You'll also be doubly amazed at how your babies develop from day to day.

Even identical twins will probably have different schedules. To make things easier, keep a notebook of each baby's schedule. This will also be helpful to those who come to give you a hand.

If friends are looking for gift ideas, why not ask for diapers, home-cooked meals… or a few hours off!

You'll very likely need a hand looking after the babies and doing household chores. Seek help from your family, friends, or CLSC.

Even if you're the very busy parents of twins or triplets, make sure to set aside time for yourself and your significant other. Remember, you're more than just parents! If the weather is good, get out of the house with your babies. This will break the routine and give you the chance to chat with other people. Plus, people are sure to express their admiration at the sight of your twins, making you feel proud and rewarded.

To find out more, contact:

Association de Parents de Jumeaux et de Triplés de la région de Montréal inc. (APJTM)
514-990-6165
www.apjtm.com (in French only)

Association des Parents de Jumeaux et plus de la région de Québec inc.
418-210-3698
www.apjq.net (in French only)

Being a parent of a baby who is "different"

Some parents learn during pregnancy that they will have a baby who is different, while others only find out at birth or in the hours, days, weeks, or months that follow. In some situations, it's the parents who notice their baby is different.

Regardless of when you learn of a chronic illness, disability, or other persistent problem in your child's life, it can be deeply upsetting. After all, don't all parents-to-be wish first and foremost for a healthy baby?

The need to know

Sometimes it's hard to make a definite diagnosis. It can feel like these difficult times of worrying and waiting will never end. Receiving a diagnosis often makes it easier to know the best way to act, but this is not always the case. Your intuition and knowledge of your baby are valuable assets.

There are also many advantages to developing a good relationship with all the health professionals dedicated to your baby's well-being.

Medicine has come a long way in recent years. It is now sometimes possible to identify the cause of a baby's health problem or deformity. It may be a genetic or metabolic illness, a birth defect, a neurological disorder, or a syndrome. Regardless of whether medicine can help identify the cause of your child's health problem, avoid falling into the trap of needing to blame someone or something.

Help is available

A baby with health or developmental problems often requires more care and has greater needs. It will take courage and a lot of love on your part. But don't forget that parents also have needs as they learn to adapt.

There are support groups to help you come to grips with the situation and your baby's health. Some services may also help you care for your baby. Remember that you just gave birth and still need to rest, despite the emotional strain, errands, appointments, medical investigation, and hospitalizations.

Obtaining a clear diagnosis for your baby is an important step. As soon as you receive a diagnosis, you can put your child on the waiting lists at rehabilitation centres that can help her. Unfortunately, these waiting lists are sometimes long. Various associations provide information and, in some cases, support for families faced with specific health problems. Don't hesitate to ask questions of the health professionals and parents you meet.

Services differ from one region to the next. You'll find the resources that suit you best by exploring what's available. The website www.laccompagnateur.org provides a wealth of practical information that can guide you in your search for information about your "different" child.

Financial support is available. For information on the Supplement for Handicapped Children provided by the Régie des rentes du Québec, go to page 723. To learn more about the Child Disability Benefit (CDB), visit www.cra-arc.gc.ca/bnfts/dsblty-eng.html.

Take the time you need

When you bring a "different," ill, or disabled child into the world, life becomes very action-oriented. You need to take care of him, stimulate him, give him medication, feed him, and so on.

All these tasks mean you lack the time and energy to simply be with your baby. "Being" with your baby who is different can simply mean spending time massaging him, stroking him, watching him sleep, just looking at him without worrying about his physical care or medication, sharing your sorrow with him, and expressing your love.

Forming a bond with your baby is as important for you as parents as it is for him. This contact without any obligation to "perform an action" will help you come to grips with and adapt to the situation.

Taking Baby for a walk

Babies need fresh air and light, and they need to get out. A healthy baby can go outside every day, even in winter, as long as the temperature is not too cold (down to about –12°C) and it's not too windy. She'll be stimulated and distracted, and get plenty of oxygen.

Your baby can't tell you if she's cold, so it's very important to keep her extremities—head, hands, and feet, which get cold first—well covered.

The first outings should be relatively short: about 20 to 30 minutes. They can gradually get longer, provided your baby is comfortable. Since infants often experience discomfort when exposed to the wind, be sure to use the carriage or stroller hood for protection. When the temperature drops below freezing, do not stay outside too long as your baby runs the risk of frostbite, especially if she is not moving around.

Babies don't like hot summer weather and must be kept out of the sun (see Protecting your baby from the sun, page 643). If it's very hot out (25°C or more), dress her in only a short, lightweight garment and diaper. Your baby can sleep in her room with the window open. If the temperature is milder, around 21°C for example, she may enjoy sleeping outside in the carriage with a mosquito net, out of the wind and sun. The carriage needs to be long enough for the baby to stretch out. Babies must always be buckled in and kept under a watchful eye.

Baby carriers

Babies like to be snuggled up next to their father or mother, even when taking a walk. Baby carriers (front pouches, backpacks, or slings) are convenient, and your body heat and walking motion may well help rock your little one to sleep. However, certain precautions must be taken to avoid injury:

- Read the manufacturer's instructions to ensure the baby carrier is right for your size and for your baby's age and weight.

- Check that seams, straps, and fasteners are secure.
- Adjust the straps to keep her head upright and her shoulders and back straight.
- Make sure that her breathing is not constricted by clothing, a blanket, or the carrier's fasteners. Also make sure her chin is not resting against her chest and her face is not flat against you.
- Dress your baby properly for winter, but make sure her clothes are not so tight that they cut off circulation.
- Hold your baby when you bend over.
- Take extra care when going up and down stairs.
- Don't use a baby carrier during activities where you could fall, for example, biking or walking on an icy sidewalk.
- Do not use a baby carrier when cooking, to avoid potential burns.
- Do not lie down or nap with your child while your infant is in the baby carrier.

Front carriers are fun for babies and practical for parents.

Your child should always wear a helmet, whether she is riding in a bike seat or a trailer.

On your bicycle

Your baby is ready to ride in a bike seat or trailer once she is

- At least one year old
- Able to sit up on her own while wearing a bike helmet

By this age her neck muscles are strong enough to support her head and the bike helmet in the event of an accident, and her head is big enough so that the helmet will fit her properly.

Make sure your child is seated properly in the bike seat or trailer with the straps adjusted correctly. She should be sitting upright, with her shoulders and head well supported. The bike seat should be equipped with a headrest and leg protectors for maximum safety.

Check the seat's maximum weight capacity and make sure it is compatible with your bike. If you use a bike trailer, install the safety flag on the back to make it more visible. Be sure to read the recommended safety precautions in the user guide that comes with the bike seat or trailer.

Never leave your child in the seat when you're not on the bicycle as it could tip over and injure her.

With the extra weight behind you it takes longer for the bike to stop when you brake, so take it easy the first few times out until you get used to the feeling.

In the stroller or carriage

There are many styles of strollers and baby carriages to choose from. Models that convert from carriage to bed to stroller are practical year-round. Those with reclinable seats are an excellent way to get around. Umbrella strollers are handy but light, and can tip over.

Always buckle up the safety harness and keep a close eye on your baby. While it's convenient to hang a few shopping bags from the stroller or carriage handles, be careful not to overload it, which can cause it to tip over.

Family activities

Most children love being outdoors. Municipalities often offer enjoyable activities at low cost. In summer, many organize free outdoor concerts. Contact your municipal recreation department to find out what's available in your area.

Your energy will return once you've adapted to life with your new baby. Many parents then get the urge to get out and do things as a family. This is a good idea! Depending on your energy level, there's no reason you can't continue your usual family activities with the baby. Even very brief outings are beneficial for the whole family. They are a good way to break the sense of isolation you may feel. Try a few short outings as soon as you feel up to it.

Take your child outside in a baby carrier or in a stroller in summer or a sled in winter. In summertime, picnics in the park can be a lot of fun. If the weather's bad, seek out indoor activities where you can meet other people.


Cindy Eng

Ask your friends who have young children about their favourite family activities. Get out and have fun!

There are all kinds of outings you can enjoy with your baby, such as family swim time at the pool, storytelling afternoons at the library, and children's shows. Many libraries offer the free welcome kit "*Une naissance, un livre*."

Getting a babysitter

Finding childcare is a key concern for parents wishing to return to work after taking parental leave. For full details on this topic see Childcare services in Québec on page 739.

If you want to go out alone with your partner, you'll need to entrust your baby to someone else. Choose someone you know or who has been recommended by other parents.

If you opt for a teenager, pick one who has experience and has taken a babysitting course. Have the babysitter come for a visit before you leave him or her alone with your child.

Watch how your baby reacts to the sitter. Before going out, make sure you leave a phone number where you can be reached and the approximate time you'll be home.

Information to give the babysitter:

- Baby's name and age
- Bedtime and feeding schedule
- Phone number where you can be reached and emergency phone numbers

Budgeting for Baby

With the arrival of your baby, new expenses combined with a drop in income can be an added source of stress, so try to keep life simple. There are different types of financial aid that may be available to you. Full information can be found in the Becoming a parent chapter on page 710.

Take advantage of your pregnancy to make your needs known to people around you. You can also explore the treasures to be found in thrift shops, garage sales, second-hand clothing stores, used furniture stores, and bazaars held by church and community groups.

Concerned about the costs associated with the birth of a first baby? Check out the 2008 edition of *Un bébé à bas prix*, published by the consumer association ACEF. The guide is available (in French only) for $7 (plus $3 for shipping) by calling 514-257-6622.

If your family is having trouble adjusting financially to your baby's arrival (debt, difficulty paying regular bills, etc.), there are about 30 consumer associations in Québec that offer free budget consultation services.

For the name of the association nearest you, contact Union des consommateurs du Québec at 514-521-6820 or 1-888-521-6820, or Coalition des associations de consommateurs du Québec at 514-362-8623 or 1-877-962-2227. You can also visit www.consommateur.qc.ca (in French only), which provides a list of these associations.

Choosing clothes

As diapers will be part of your baby's wardrobe for about two and a half years, you'll find more about them in the section Choosing diapers on page 547. When it comes to clothing, there's no need to buy lots of clothes of the same size because your baby will grow quickly. The size indicated on the tag can be deceiving: even if your baby is only 1 month old, a size 3-month garment may already be too tight.

The choice of clothing is often based on the weather. In summer, a diaper and a light garment or undershirt are fine. Dress your baby more warmly if you have air conditioning. In winter, your baby will be very comfortable in pyjamas with feet. Your baby's toes shouldn't be curled up in pyjamas that are too short. Check whether your baby is too hot by touching the back of his neck: it shouldn't be damp.

Preparing for the arrival of your baby requires a few necessities. But there's no need to spend a fortune!

Dominic Morand

From Tiny Tot to Toddler

Caring for clothes

If your baby has sensitive skin, wash her clothing separately with mild, unscented soap. Rinse the clothes twice to get rid of any trace of soap. Poorly rinsed clothes are often the cause of skin irritations.

It's best to wash new clothes before your baby wears them. Watch out for fabric softeners: they can irritate the skin of some newborns.

First shoes

Babies normally have flat feet until the age of about three. The arch takes shape as the muscles develop. Letting your baby go barefoot in the house and outside in the summer about half the time is excellent for his feet. There's no need for shoes before your baby takes his first steps.

It's best to take your baby to the store with you when buying him shoes. The shoes should fit properly at the heel and be about 1.25 cm (½ inch) longer than your baby's feet. Have your baby stand up so that you can measure the space between his longest toe and the tip of the shoe. You can also measure the inside of the shoe with a measuring tape and compare this measurement with the length of your baby's foot when he's standing.

Your baby's first shoes should have a semi-rigid sole. You should be able to bend the front of the sole with slight pressure. Shoes protect the feet and keep them warm. Ankle-high boots offer unnecessary support and are harder to take off. Socks should not squish the toes together.

When your child is between the ages of 12 and 36 months, check his shoes regularly to make sure they still fit properly.

The new rates for subsidized childcare services

The parental contribution amount for children who attend subsidized childcare was changed on April 22, 2015. Parents who use these services may need to pay an additional contribution when they file their income tax returns.

Consult the calculators

Two calculation tools are available on the Ministère de la Famille's website. They enable parents to estimate the cost of the space occupied by their child and the total amount of their additional contribution per pay period.

mfa.gouv.qc.ca

Ways to plan for the additional contribution

- Ask your employer to increase the amount of Québec tax withheld at the source.
- Increase the amount of your instalments if you are self-employed.
- Set aside the amount of the additional contribution.

It's a good idea to be informed and plan accordingly!

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Québec

Help is available

In your neighbourhood there are many community organizations, volunteer groups, and social economy enterprises providing services for families and support for parents in their new role. Are you familiar with them?

At every stage of life, getting involved in community life can be enriching for you and for other parents. In your community you'll find information, help, respite, solutions, friends, a babysitter… or maybe even the desire to become a volunteer!

Find out about the organizations in your neighbourhood by contacting your CLSC. You'll also find contact information for a number of associations, agencies, and support groups on page 750.

Ligne Parents

If you have a sudden concern about your child, you can call Ligne Parents (1-800-361-5085) or visit www.ligneparents.com. This free support hotline and online service is available throughout Québec. Don't hesitate to call or check out the site—staff will be happy to provide information even if the situation doesn't seem serious. You can also contact Première ressource, aide aux parents at 514-525-2573 or 1-866-329-4223.

Guide Info-Famille

If you're looking for written material, try the *Guide Info-Famille*, published by Éditions du CHU Sainte-Justine (in French only) or visit www.editions-chu-sainte-justine.org. The guide and website provide a list of books, associations, and websites that can answer parents' specific questions.

Adaptation problems

Does your child have sleep or behavioural problems? Does she seem overly nervous or sad? Talk to a doctor or a trusted health professional. Don't feel guilty—you wouldn't hesitate to consult a health professional for an earache, and you shouldn't for other health problems either. A CLSC social worker can help or direct you to the appropriate person. Ordre des psychologues du Québec can also refer you to psychologists in your region who work with children. If you are on a tight budget, some insurance policies and most employee assistance programs will reimburse part of these expenses.


Geneviève Gagné

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Foreword

The *Becoming a parent* section, prepared by the ministère du Travail, de l'Emploi et de la Solidarité sociale, contains general information on the main government programs and services available to parents and future parents as well as the formalities to be completed following the birth of a child.

If, after reading this section, you would like to obtain a detailed list of the steps required to avail yourself of gouvernement du Québec programs and services, consult the electronic guide *Becoming a parent*, offered in Portail Québec at the following address: www.gouv.qc.ca. You can save the list for future reference through My Québec Services Account, a personalized, secure online space. Confidentiality is ensured!

For more information on this section, My Québec Services Account or gouvernement du Québec programs and services, contact Services Québec.

Online
www.gouv.qc.ca

By telephone
Montréal area: 514-644-4545
Québec area: 418-644-4545
Elsewhere in Québec: 1-877-644-4545
TTY (Teletypewriter): 1-800-361-9596

In person
At a Services Québec office near you. You will find the contact information for the office in your region in the Contact Us section of Portail Québec at the following address: www.gouv.qc.ca.

The Ministère would like to thank all those involved for their assistance in updating the *Becoming a parent* section.

Happy reading!

DO YOU HAVE YOUR **QUÉBEC SERVICES ACCOUNT?**

www.gouv.qc.ca

My Québec Services Account
provides you with a list of personalized steps that you must take to access government programs and services upon your child's birth, and allows you direct access to online services.

Simplify your steps
and use your time to enjoy the happy event!

My Québec Services Account

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Québec

PSQ-089A (2015-09)

Parental leave and preventive withdrawal

Leave under the *Act respecting labour standards*

Commission des normes du travail

The paid and unpaid leave you are entitled to is specified in the *Act respecting labour standards*. While the Act protects the majority of salaried employees in Québec, some are totally or partially excluded. Unionized employees should check the clauses in their collective agreements dealing with leave.

The *Act respecting labour standards* also provides for unexpected events that may occur during certain types of leave; other provisions allow you to be absent to fulfill obligations related to your child's care, health or education. Contact the Commission des normes du travail for details.

Note that some leave that is unpaid under the *Act respecting labour standards* is paid, in whole or in part, under the Québec Parental Insurance Plan (see Québec Parental Insurance Plan, page 718).

To avail yourself of any of the leaves described in this section, you must meet certain eligibility requirements.

Leave granted for medical examinations related to pregnancy

You may be absent from work, without pay, for medical examinations related to your pregnancy. You must notify your employer as soon as possible of the time you will be away.

Maternity leave

Generally speaking, if you are a salaried employee and pregnant, you are entitled to take up to 18 consecutive weeks of maternity leave without pay. The maternity leave may not begin before the 16th week preceding the expected date of delivery.

At least three weeks before you start your leave, or less if your state of health forces you to leave sooner, you must give written notice to your employer, stating the date on which your maternity leave will begin and the anticipated date of your return to work. The notice must be accompanied by a detailed medical certificate or a written report signed by a midwife.

At the end of your maternity leave, the employer must reinstate you in your former position and give you the same salary and benefits to which you would have been entitled had you remained at work.

Spousal leave (birth or adoption)

You may be absent from work for five days at the birth of your child, the adoption of a child (including your spouse's child) or if there is a termination of pregnancy in or after the 20th week of pregnancy. Two days of absence are paid if you have accumulated at least 60 days of service with your employer.

This leave may be taken one day at a time at your request, but may not be taken more than 15 days after the child's arrival at home or after the termination of pregnancy.

Paternity leave

You are entitled to take up to five consecutive weeks of unpaid paternity leave upon the birth of your child. You may not transfer your paternity leave to the mother of your child or divide it between you. Paternity leave is in addition to the five days of leave mentioned in "**Spousal leave (birth or adoption)**". It may not begin before the week of your child's birth and must not end later than 52 weeks after the week of the birth.

Parental leave

The mother and father of a newborn as well as anyone who adopts a child (including their spouse's child) are entitled to parental leave without pay of up to 52 consecutive weeks. Parental leave is in addition to the maternity leave of up to 18 weeks or, in the case of the father, paternity leave of up to 5 weeks.

Parental leave may not begin before the week in which your child is born or, in the case of adoption, the week the child is entrusted to your care, or the week in which you leave your work to go to a place outside Québec to pick up the child. Parental leave ends no later than 70 weeks after the birth of your child or, in the case of adoption, 70 weeks after the child was entrusted to your care.

You must give your employer at least three weeks' notice prior to taking parental leave, indicating the date on which your leave will begin and the date on which you will return to work. Notice may be shorter in certain cases.

For more information, contact the Commission des normes du travail.

Online
www.cnt.gouv.qc.ca

By telephone
Montréal area: 514-873-7061
Elsewhere in Québec: 1-800-265-1414

For a Safe Maternity Experience program

Commission de la santé et de la sécurité du travail

Pregnant or nursing workers enjoy special protection under the *Act respecting occupational health and safety*.

If you are pregnant and your working conditions are dangerous to your health or that of your unborn child, you are entitled to be reassigned to duties that involve no such danger and that you are capable of performing.

If your duties or work station cannot be modified, if you cannot be assigned to other duties or if the danger cannot be eliminated at the source, you may temporarily stop working and receive compensation from the Commission de la santé et de la sécurité du travail.

This is not maternity leave, but rather a preventive program whose main objective is to allow you to continue working in a safe environment. To avail yourself of this program, you must ask your physician to complete the *Preventive withdrawal and re-assignment certificate for a pregnant or breast-feeding worker* form.

For the certificate to be valid, your physician must consult the physician in charge of health services for the establishment where you are employed or the physician designated by the public health director of the region in which the establishment is located. There is no charge to obtain the certificate.

If you are nursing your child and wish to avail yourself of the For a Safe Maternity Experience program, you will need to obtain a new certificate, even if you were reassigned or benefited from preventive withdrawal while pregnant. In the case of nursing mothers, only conditions that could harm the child are taken into consideration.

For more information, contact the Commission de la santé et de la sécurité du travail.

Online
www.csst.qc.ca

By telephone
1-866-302-2778

From Tiny Tot to Toddler

DID YOU KNOW?

You can't receive benefits under the Québec Parental Insurance Plan unless you apply for them.

You can apply online at **www.rqap.gouv.qc.ca**.

For assistance, call **1 888 610-7727**.

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Québec

Financial assistance

Québec Parental Insurance Plan

Ministère du Travail, de l'Emploi et de la Solidarité sociale

The Québec Parental Insurance Plan (QPIP) pays benefits to all eligible **wage earners and self-employed workers** who take maternity, paternity, parental or adoption leave. Since this is an income replacement plan, you must have earned income from employment or a business in order to be eligible.

QPIP benefits equal up to 75% of your average weekly earnings calculated on the basis of your maximum insurable earnings, which cannot exceed the maximum insurable earnings in effect on the date when benefits begin. To find out the maximum insurable earnings considered in calculating benefits, visit the related page of the QPIP website at www.rqap.gouv.qc.ca.

Eligibility conditions

To be eligible for the QPIP, you must:

- be a resident of Québec on the start date of the benefit period;
- have paid or be required to pay premiums under the QPIP during the qualifying period;
- have minimum insurable earnings of $2,000 during the qualifying period.

If you are a **wage earner**, you must also:

- have stopped working or seen a reduction of at least 40% in your usual weekly earnings.

If you are a **self-employed worker**, you must also:

- have resided in Québec on December 31 of the year preceding the beginning of the benefit period;
- have ceased your business activities or reduced the time spent on them by at least 40%.

If you are **a wage earner as well as a self-employed worker**, you must also:

- have resided in Québec on December 31 of the year preceding the beginning of the benefit period;
- have ceased your business activities or reduced the time spent on them by at least 40% **and** have stopped working or seen a reduction of at least 40% in your usual weekly earnings.

Types of benefits

Four types of benefits are available under the QPIP:

- maternity benefits for the mother who gave birth;
- paternity benefits for the father only;
- parental benefits, which can be shared between the parents;
- adoption benefits, which can be shared between the parents.

You must choose between two options: the basic plan, which pays lower benefits over a longer period, or the special plan, which pays higher benefits over a shorter period. The first parent to receive benefits chooses the plan (for more information on the terms and conditions of each plan, visit the QPIP website at www.rqap.gouv.qc.ca).

The following table indicates the maximum number of benefit weeks and the percentage of average weekly income for each type of benefit under each plan.

Type of benefits	Basic plan		Special plan	
	Maximum number of benefit weeks	Percentage of average weekly income	Maximum number of benefit weeks	Percentage of average weekly income
Maternity	18	70%	15	75%
Paternity	5	70%	3	75%
Parental	7 ▶ 25 ▶ (7 + 25 = 32)	70% 55%	25	75%
Adoption	12 ▶ 25 ▶ (12 + 25 = 37)	70% 55%	28	75%

How to apply
You have the option of completing an application for benefits on the QPIP website (www.rqap.gouv.qc.ca), or with the help of a QPIP customer service agent by calling 1-888-610-7727.

For more information, visit the QPIP website or call the customer service number.

Child assistance

Régie des rentes du Québec

Child assistance is a financial assistance measure for families that have dependent children under 18 years of age who live with them. The measure has two components: the child assistance payment and the supplement for handicapped children.

Child assistance payment

If your child is born in Québec, you do not need to file an application in order to receive the child assistance payment. Your newborn is registered automatically when you declare the birth to the Directeur de l'état civil. The Régie des rentes du Québec will contact you in the weeks following your child's birth.

However, if your child was born outside Québec or was adopted, you must file an application with the Régie. You can use the Régie's online services or download the *Application for Child Assistance Payments* from its website.

How the amount of the payment is calculated?
Every year, the Régie calculates the amount of the child assistance payment to which you are entitled on the basis of four criteria:

- the number of dependent children under 18 years of age who live with you;
- the number of children in shared custody;
- your family income, i.e. the total of your and your spouse's net incomes, as the case may be;
- your conjugal status (with or without a spouse).

To enable the Régie to calculate the amount to which you are entitled, you and your spouse must each file a Québec income tax return every year, even if you have no income to declare. To avoid delays, you must file your Québec income tax return no later than April 30 each year.


François-Pierre Gauvin

Supplement for handicapped children

The supplement for handicapped children is financial assistance granted to parents of a child under 18 years of age who has a disability that significantly limits the child in carrying out daily activities for an expected period of at least one year. The amount of the supplement is the same for all children, regardless of the disability or family income.

For more information on child assistance, visit the "Children" section of the Régie's website or contact the Régie.

Online
www.rrq.gouv.qc.ca/enfants

By telephone
Québec area: 418-643-3381
Montréal area: 514-864-3873
Elsewhere in Québec: 1-800-667-9625

Assistance for parents for triplets or more

Ministère de la Santé et des Services sociaux

If you give birth to triplets or more babies, your family will receive financial assistance to help you cope with the sudden, substantial increase in expenses.

A cheque for $6,000 for live triplets or $8,000 for live quadruplets is issued in the mother's name when the babies are discharged from the hospital. A supplement of $2,000 is granted for each additional child in a multiple birth.

You have no special steps to take to receive this financial assistance. The hospital notifies the ministère de la Santé et des Services sociaux of the event and provides it with the relevant information as soon as you take the babies home.

You will receive the financial assistance approximately two months later. In the case of delays, check with the hospital to see whether the application was duly submitted to the Ministère.

For more information, contact Services Québec.

Online
www.gouv.qc.ca

By telephone
Montréal area: 514-644-4545
Québec area: 418-644-4545
Elsewhere in Québec: 1-877-644-4545
TTY (Teletypewriter): 1-800-361-9596

Special pregnancy and nursing benefits and assistance for the purchase of infant formula

Ministère du Travail, de l'Emploi et de la Solidarité sociale

Special pregnancy benefit

If you are pregnant and receive benefits under the Social Assistance Program or the Social Solidarity Program, you are eligible for a special pregnancy benefit of $55 per month in addition to your monthly financial assistance.

This special benefit, which is paid each month until you give birth, is designed to help you buy nutritious food and have a healthy pregnancy.

To receive the special pregnancy benefit, you must, as soon as possible, provide your local employment centre (CLE) with a written attestation signed by a physician or midwife certifying that you are pregnant and indicating the number of weeks of pregnancy and the expected date of delivery.

You are also eligible for this special benefit if you have a dependent child who is pregnant and you receive benefits under the Social Assistance Program or the Social Solidarity Program.

Special nursing benefit

If you receive benefits under the Social Assistance Program or the Social Solidarity Program and wish to breast-feed your baby, you are eligible for a special nursing benefit. This special benefit of $55 per month for each dependent nursing child under 12 months of age is in addition to your monthly financial assistance.

To apply for this benefit, you must, upon the birth of your child, provide your local employment centre with proof of birth and a verbal or written declaration specifying the nursing period. If you stop nursing your child, you must inform your local employment centre or the Centre de communication avec la clientèle of the Ministère du Travail, de l'Emploi et de la Solidarité sociale.

Assistance for the purchase of infant formula

If you receive benefits under the Social Assistance Program or the Social Solidarity Program, you can buy infant formula for less than the regular price.

If your baby is **under 9 months of age**, you may purchase regular, soy-based or lactose-free liquid concentrate infant formula.

If your baby is **between 9 months and 1 year of age** and suffers from intolerance to cow's milk or other specific disorders, you can receive financial assistance to purchase soy-based or lactose-free infant formulas. You must provide a medical certificate or attestation specifying the need.

The infant formula must be purchased at a pharmacy.

To apply for the special assistance for the purchase of infant formula, call or go to your local employment centre (CLE) as soon as your baby is born. You will find the contact information for local employment centres and for the Centre de communication avec la clientèle of the Ministère du Travail, de l'Emploi et de la Solidarité sociale in the Contact Us section of the Emploi-Québec website, at www.emploiquebec.gouv.qc.ca.

Refundable tax credits

Revenu Québec

A refundable tax credit is an amount that may be granted to you even if you have no income tax payable. As a rule, the amount of the tax credit is determined on the basis of your annual income tax return.

Tax credit for the treatment of infertility

You may be able to claim the refundable tax credit for the treatment of infertility if you incurred expenses for in vitro fertilization treatments. Certain conditions apply. The tax credit is equal to 50% of all eligible expenses paid by you or your spouse. The maximum credit is $10,000 per year.

To claim this tax credit, you must enclose the duly completed *Tax Credit for the Treatment of Infertility* form and required documents with your Québec income tax return.

Tax credit for adoption expenses

If you incurred expenses to adopt a child, you may be able to claim the refundable tax credit for adoption expenses. Certain conditions apply. If you adopt more than one child, you may claim the tax credit for each child.

The tax credit is equal to 50% of eligible adoption expenses. The maximum credit is $10,000 per year per child.

To claim the tax credit, you must enclose the duly completed *Tax Credit for Adoption Expenses* form and required documents with your Québec income tax return.

Tax credit for childcare expenses

A portion of your childcare expenses may be reimbursed through the tax credit for childcare expenses. Certain conditions apply. Some childcare expenses do not qualify for the tax credit, such as the reduced contribution paid for childcare services provided by a childcare provider or a school.

To claim this tax credit, you must file Schedule C, *Tax Credit for Childcare Expenses*, and the required documents with your income tax return.

If you meet certain requirements, you may receive advance payments of the refundable tax credit for childcare expenses. The advance payments are made on a monthly basis, by direct deposit, no later than the 15th of each month.

To receive advance payments of the tax credit, send the duly completed *Tax Credit for Childcare Expenses – Application for Advance Payments* form to Revenu Québec or file an application using the online services on the Revenu Québec website.

Work premium

If you are a low-income earner and meet the eligibility requirements, you can claim the work premium, a refundable tax credit. The amount of the work premium is calculated on the basis of your work income, family income and family situation. Work income may be derived from a job, operation of a business, a research grant, or benefits received under the Wage Earner Protection Program.

To claim the work premium, you must file Schedule P, *Tax Credits Respecting the Work Premium*, with your Québec income tax return.

Measures related to the work premium

If you are entitled to the work premium and meet the eligibility requirements, you may also be entitled to the supplement to the work premium. This tax credit is granted to individuals who have stopped receiving last-resort financial assistance (social assistance) because they have work income.

If you or your spouse has a severely limited capacity for employment, it may be more advantageous for you to claim the adapted work premium. The amount of this premium is also calculated on the basis of your work income, family income and family situation.

Payment of premiums
You can receive a portion of the work premium, the supplement to the work premium and the adapted work premium in the form of advance payments. You can also ask to receive the full amount of these tax credits when you file your annual income tax return.

For more information, contact Revenu Québec.

Online
www.revenuquebec.ca

By telephone
Québec area: 418-659-6299
Montréal area: 514-864-6299
Elsewhere in Québec: 1-800-267-6299

TTY (Teletypewriter)
Montréal area: 514-873-4455
Elsewhere in Québec: 1-800-361-3795

Shelter Allowance Program

Société d'habitation du Québec – Revenu Québec

If you have a low income, have at least one dependent child and devote a large portion of your budget to housing, you may be eligible for financial assistance under the Shelter Allowance Program. Certain conditions apply.

The amount of the allowance granted to you depends on the number of people in your household, the total household income and your monthly rent.

The Société d'habitation du Québec has entrusted the program's administration to Revenu Québec.

For more information or to obtain a copy of the application form, contact Revenu Québec.

Online
www.revenuquebec.ca
The application form is not available online.

By telephone
Québec area: 418-659-6299
Montréal area: 514-864-6299
Elsewhere in Québec: 1-800-267-6299

TTY (Teletypewriter)
Montréal area: 514-873-4455
Elsewhere in Québec: 1-800-361-3795

Student financial assistance

Ministère de l'Éducation, de l'Enseignement supérieur et de la Recherche

Under the Loans and Bursaries Program, various measures have been put in place to help balance studies and family obligations. For example, as soon as a mother is 20 weeks pregnant, living expenses for a child are recognized when assessing the amount that could be awarded to her. If you are a part-time student and have parental responsibilities, you could be eligible for the Loans and Bursaries Program, usually reserved for full-time students.

To find out more on the subject, you can contact Aide financière aux études or consult its website.

Website
www.afe.gouv.qc.ca

Phone numbers
Québec area: 418-643-3750
Montréal area: 514-864-3557
Elsewhere in Québec: 1-877-643-3750

Filiation and parental rights and obligations

Filiation

Ministère de la Justice

Filiation is the relationship that exists between children and their parents, whether the parents are of the same or the opposite sex. The relationship can be established by blood or assisted reproduction or by an adoption judgment. Once filiation has been established, it creates rights and obligations for both the child and the parents, regardless of the circumstances of the child's birth.

Parents usually establish filiation when their child is born by completing and signing the *Declaration of Birth* form for the Directeur de l'état civil. Their names and that of their newborn must be entered on the declaration. It is important to complete the declaration carefully, providing all the information requested.

If you are married or in a civil union, only one parent needs to complete and sign the declaration in order to establish filiation. The date of your marriage or civil union must be indicated.

If you are not married or in a civil union, both parents must sign the declaration in order to establish your respective filiation with the child.

Any birth that takes place in Québec must be declared to the Directeur de l'état civil within 30 days following the birth so it can be registered in the Québec register of civil status. If you are the child's father, are not married to or in a civil union with the mother and anticipate being absent during the period when the birth must be registered, contact the Directeur de l'état civil to find out what steps you must take.

For more information, see Registering your child's birth in the Québec register of civil status, page 733.

Parental obligations

Ministère de la Justice

Regardless of whether you are married, in a civil or de facto union or are separated, you have the rights and duties related to the custody, supervision, education, health and safety of your children. You are also responsible for the maintenance of your children.

In addition, you are the legal tutors to your minor children (under 18 years of age) and, as such, you must represent them in the exercise of their civil rights and administer their patrimony, including property (see Minor children with a patrimony, page 732).

For more information on your rights and obligations as parents, contact the ministère de la Justice.

Online
www.justice.gouv.qc.ca

By telephone
Québec area: 418-643-5140
Elsewhere in Québec: 1-866-536-5140

Appointing a tutor for a minor child

Curateur public du Québec

If one of the parents dies or is incapable of exercising tutorship, the other parent becomes the child's sole legal tutor. If both parents die or lose the ability to exercise tutorship, a dative tutor must be appointed to act as the child's representative.

It is therefore recommended that you appoint a dative tutor for any minor children in advance, by means of a will, a mandate in case of incapacity or a declaration of dative tutorship. The *Declaration of Dative Tutorship* form can be downloaded from the Curateur public du Québec website.

Minor children with a patrimony

Curateur public du Québec

If you have children under the age of 18 who have property and assets, you are responsible, as the children's legal tutors, for the administration of this patrimony. You have an obligation to preserve the value of the patrimony (inheritance, life insurance, indemnities, annuities or any other tangible asset) so that it can be transferred to the children when they come of full age.

The Curateur public du Québec must be informed if the value of a child's property exceeds $25,000. If you are the child's tutor but not the child's parent, you must submit an administration report to the Curateur public du Québec, regardless of the value of the child's patrimony (property and assets).

For details regarding the administration of a child's patrimony, contact the Curateur public du Québec.

Online
www.curateur.gouv.qc.ca

By telephone
Montréal area: 514-873-4074
Elsewhere in Québec: 1-800-363-9020

Registering and choosing a name for your child

Registering your child's birth in the Québec register of civil status

Directeur de l'état civil

You must declare your child's birth to the Directeur de l'état civil within 30 days following the birth. The declaration is used to draw up your child's act of birth, an important document. In addition to establishing your child's identity (family name and given names), the act of birth attests to the child's filiation and is recognized as proof of citizenship.

Without an act of birth, you will be unable to obtain a health insurance card, social insurance number or passport. An act of birth can also be used to prove entitlement to government programs or social benefits.

Attestation of Birth

A *Constat de naissance* (attestation of birth) form is completed and signed by the physician or midwife who assisted the mother during delivery. It indicates the date, time and place of birth, the child's sex and the mother's name and address. The hospital or birth centre staff gives the parents a copy of the *Constat de naissance* sent to the Directeur de l'état civil.

Declaration of Birth

The information collected by means of the declaration of birth is used to register your child's birth in the Québec register of civil status and establish the child's legal identity and filiation. You must ensure that the information on the *Constat de naissance* form is indicated on the declaration of birth and add, among other things, your child's family name and given names, your type of union and your address. Once it is signed and dated by the Directeur de l'état civil, the declaration of birth becomes your child's official act of birth.

Parents are given two options to declare their child's birth:

- the online *Electronic Declaration of Birth* service;
- the paper *Declaration of Birth* form.

The Electronic Declaration of Birth has many advantages. It is easier to complete, and you are less likely to make mistakes or lose documents when you do so. Your application will also be processed more quickly, and you can order a certificate or a copy of the act of birth at a lower price. For more information concerning this service, consult the website of the Directeur de l'état civil at www.dec.gouv.qc.ca/DeclarationNaissance.

If you choose to declare the birth using the paper form, it will be given to you by the staff of the health care facility. It is then preferable to give the completed form back to the staff before your departure.

If you are de facto spouses, both parents must complete and sign the declaration of birth. If you are married or in a civil union, only one parent needs to complete and sign the declaration of birth.

Remember to send the declaration of birth to the Directeur de l'état civil no later than 30 days after the birth of your child. If you fail to respect the deadline, you may have to pay a fine.

Make life easier!
Don't forget to complete the form entitled *Request for Simplified Access to Birth-related Government Programs and Services*. Doing so will make it easier for you to avail yourself of government programs and services offered to parents of a newborn. This form is included with the paper *Declaration of Birth* form and with the online *Electronic Declaration of Birth* service.

In completing this form, you can authorize the Directeur de l'état civil to disclose certain information to the government bodies concerned so that:

- you can apply for your child's health insurance card with the Régie de l'assurance maladie du Québec;
- your child is registered with the Régie des rentes du Québec so that you receive child assistance payments;
- you can apply for benefits under the Québec Parental Insurance Plan (QPIP) without having to provide the ministère du Travail, de l'Emploi et de la Solidarité sociale with your child's birth certificate;
- you can receive the Canada Child Tax Benefit, the Universal Child Care Benefit and the GST/HST credit administered by the Canada Revenue Agency without taking any other steps;
- you can obtain a social insurance number for your child from Service Canada;
- you can take steps with Aboriginal Affairs and Northern Development Canada to register your child in the Indian Register without being required to provide the child's birth certificate;
- you can register for direct deposit of child assistance payments from the Régie des rentes du Québec and the Canada Child Tax Benefit from the Canada Revenue Agency.

Confirmation of registration

The Directeur de l'état civil will send you a letter confirming that your child's birth has been registered in the Québec register of civil status. When you receive the letter, check to make sure that the information it contains is the same as on the *Declaration of Birth*. Inform the Directeur de l'état civil immediately of any error.

You must wait to receive the letter of confirmation before applying for a birth certificate or any other civil status document in your child's name.

Obtaining a birth certificate

You can obtain your child's birth certificate from the Directeur de l'état civil using the rapid, secure access number (RSAN) mentioned in the letter confirming registration of your child's birth in the Québec register of civil status. This number allows you to apply for the certificate using the DE*Clic!* Express online service on the Directeur de l'état civil website if you apply within 90 days following the date of the letter of confirmation. After the 90-day deadline, you must use the DE*Clic!* online service. By using these online services, your documents will cost less.

You can also apply for a birth certificate using the *Birth – Application for a Certificate or Copy of an Act* form, which can be downloaded from the Directeur de l'état civil website or obtained from the Directeur de l'état civil offices in Québec and Montréal or from Services Québec offices.

For a child under 18 years of age, it is preferable to apply for a long-form birth certificate because it contains the parents' names.

Choosing given and family names for your child

Directeur de l'état civil

You may choose one or more given names for your child and a single or compound family name.

It is recommended that the child have no more than four given names. The **usual given name** (the name to be used on a daily basis) **must be entered** in the appropriate box on the *Declaration of Birth* form. It is preferable that the two parts of a compound given name be joined by a hyphen.

If you need help choosing your child's given name(s), visit the Régie des rentes du Québec website at www.rrq.gouv.qc.ca/prenoms. You can browse the list of given names for babies born in the last few years, ranked by popularity.

Your child's family name may be either a single name or a compound name derived from both parents' family names. If you want to give your child a compound family name, it cannot be composed of more than two parts, preferably joined by a hyphen.

In addition, your children can have different family names.

For example, Geneviève BARIL-TANGUAY (the mother) and Raoul DESBIENS (the father) chose to give the following family names to their children:

- Alexandre's family name is DESBIENS;
- Catherine's family name is a combination of both parents' family names: BARIL-DESBIENS;
- Sophie's family name is another combination of both parents' family names: DESBIENS-TANGUAY.

Since your child's family name and given name(s) must be indicated on the *Declaration of Birth* form, you must choose the names as early as possible.

For more information on registering your child's birth in the Québec register of civil status or choosing given and family names for your child, contact the Directeur de l'état civil.

Online
www.etatcivil.gouv.qc.ca

By telephone
Québec area: 418-644-4545
Montréal area: 514-644-4545
Elsewhere in Québec: 1-877-644-4545
TTY (Teletypewriter): 1-800-361-9596

Québec office
2535, boulevard Laurier
Québec (Québec) G1V 5C5

Montréal office
2050, rue De Bleury
Montréal (Québec) H3A 2J5
(Place-des-Arts metro station)

Health insurance card and prescription drug insurance

Régie de l'assurance maladie du Québec

Getting a health insurance card

You do not have to register your child with the Régie de l'assurance maladie du Québec in order to get a health insurance card for him or her. The Directeur de l'état civil will send the Régie the relevant information at your request. After making sure that your child meets the eligibility requirements of the Québec Health Insurance Plan, the Régie will send you your child's first health insurance card.

Children under 1 year of age who have not yet received their health insurance card are still entitled to receive healthcare services covered by the plan. However, the physician will probably ask for a health insurance card from one of the parents.

Child adopted or born outside Québec
To register a child adopted or born outside Québec for the Health Insurance Plan, contact the Régie de l'assurance maladie du Québec.

Online
www.ramq.gouv.qc.ca

By telephone
Québec area: 418-646-4636
Montréal area: 514-864-3411
Elsewhere in Québec: 1-800-561-9749

Registering for the prescription drug insurance plan

Once it has been determined that your child meets the eligibility requirements of the Health Insurance Plan, you must ensure that the child is covered by a prescription drug insurance plan. If you or the other parent are eligible for prescription drug coverage under a private group insurance plan, you must include your child under your plan. Please contact your insurer to ensure coverage.

However, if you or the other parent are registered with the Public Prescription Drug Insurance Plan administered by the Régie de l'assurance maladie du Québec, your child will be registered automatically under the plan.

For more information, contact the Régie de l'assurance maladie du Québec.

Childcare services in Québec

There are different types of childcare services in Québec: those provided primarily to children under five years of age, which are subject to the *Educational Childcare Act* and its regulations, and those provided at school to children between the ages of 5 and 12 who attend the school, which are subject to the *Education Act*.

In order to provide or offer to provide childcare to more than six children, the service provider must hold a permit issued by the ministère de la Famille or be recognized by a home childcare coordinating office. Without this recognition, the childcare service provider is operating illegally. Parents who are unsure about the legality of a childcare service are invited to contact the Ministère de la Famille's information office.

The ministère de la Famille designed the logo *Service de garde reconnu* so that childcare providers can show that they are recognized under the Educational Childcare Act. Recognized childcare providers include childcare centres, daycare centres (whether subsidized or not) and home childcare providers recognized by a home childcare coordinating office.

Subsidized daycare program

Ministère de la Famille

The subsidized daycare program provides you with access to a space for your child in a childcare service subsidized by the Ministère de la Famille in exchange for a contribution established by the Reduced Contribution Regulation.

Since April 22, 2015, the contribution includes a basic contribution payable directly to the childcare service provider and a supplementary contribution adjusted according to family income. The latter contribution is paid directly to Revenu Québec when your income tax return is filed.

To be eligible for a space with a subsidized childcare service provider, your child must be under 5 years of age on September 30 of the reference year, which begins September 1 of a given year and ends August 31 of the following year.

If you receive last-resort financial assistance (social assistance) and have a child under 5 years of age, your child may have free access to continuous educational childcare for a maximum of two and a half days or five half days per week.

If you have a child with disabilities, the ministère de la Famille grants extra financial assistance to the subsidized childcare service your child attends in order to facilitate his or her integration. Integration of a disabled child usually requires adapting the premises, equipment or activities to favour the child's participation.

Educational childcare services

Ministère de la Famille

Childcare providers are required to implement an educational program that takes into account the ages of all the children who attend the childcare service. The program must use play as the main vehicle of the learning process and foster the children's overall development, particularly their emotional, social, moral, cognitive, language, physical and motor development. The program must also help develop healthy eating habits and a healthy lifestyle.

Childcare services may be provided by childcare centres or daycare centres that hold a permit issued by the ministère de la Famille or by home childcare providers recognized by a home childcare coordinating office.

Childcare centre

A childcare centre (CPE) is a non-profit organization or a cooperative that holds a permit and whose board of directors is at least two-thirds composed of parents whose children attend or will attend the childcare centre. It has one or more facilities that offer subsidized childcare services.

Daycare centre

A daycare centre is a for-profit business managed by a natural or legal person that provides childcare in a single facility. The permit holder must form a parents' committee. To date, the ministère de la Famille has entered into subsidy agreements with hundreds of daycare centres to allow them to offer subsidized spaces.

Daycare centres that are not subsidized may set their own rates. In this case, parents may claim the tax credit for childcare expenses (see Refundable tax credits, page 726).

Home childcare services

A home childcare provider is a person who provides childcare services in a private residence. A person recognized by a home childcare coordinating office may provide educational childcare services to up to six children of whom no more than two are under 18 months of age. A home childcare provider who is assisted by another adult may care for up to nine children of whom not more than four are under 18 months of age. Home childcare providers generally offer subsidized spaces.

A home childcare provider who is not recognized by a coordinating office may not care for more than six children. Home childcare providers set their own rates, in which case parents may claim the tax credit for childcare expenses.

For more information:

Online
www.mfa.gouv.qc.ca

By telephone
Ministère de la Famille
Throughout Québec: 1-877-216-6202

La Place 0-5: The Gateway to Quebec Daycare Spaces

To find a childcare service offering subsidized spaces (CPE or daycare) for your child, you have to start looking early—even before your child is born.

You should first sign up with La Place 0-5, the gateway to Québec subsidized daycare spaces.

La Place 0-5 is the gateway to register your child, in one single step, with all the subsidized CPEs and daycare centres that interest you.

It is recommended that you keep your file active by regularly logging onto the online service and updating the information concerning your application.

For more information, consult the La Place 0-5 website or contact a customer service agent. You can also find licensed non-subsidized daycares by consulting the daycare services site map.

To find a space with a home childcare provider, contact the home childcare coordinating office for your area. To find the office for your area, consult the La Place 0-5 daycare services site map.

Online
www.laplace0-5.com

By telephone
La Place 0-5
Montréal area: 514-270-5055
Elsewhere in Québec: 1-844-270-5055

Adoption

The steps involved in adopting a child differ according to whether you are adopting in or outside Québec. Special rules apply depending on the type of adoption involved. The contact information for the agencies concerned are provided so that you can get more information.

Generally speaking, there are four types of adoption available in Québec:

- **Regular adoption:** adoption of a child whose biological parents voluntarily gave their consent to the director of youth protection to put their child up for adoption;
- **Adoption through the Banque-mixte (foster-to-adopt) program:** adoption of a child who has been placed in a foster home with a view to adoption because the biological parents are grappling with personal problems that prevent them from assuming responsibility for the child's care, maintenance and education;


Marc Sinotte

- **Adoption by special consent:** adoption whereby a parent or the parents of an underage child provide specific consent as to the person or couple entitled to adopt their child. For example, the adopter may be the parent's spouse, or the child's grandparent, uncle, aunt, brother or sister;
- **International adoption:** adoption of a child domiciled outside Québec.

For more information on **regular adoption** and adoption under the **Banque-mixte program**, contact the youth centre in your area.

You can find the addresses and telephone numbers of youth centres in the telephone directory or at www.ffariq.org/partenaires/acjq.

For more information on adoption by a family member or spouse, contact the ministère de la Justice.

Online
www.justice.gouv.qc.ca

By telephone
Québec area: 418-643-5140
Elsewhere in Québec: 1-866-536-5140

For information on the international adoption procedure, contact the Secrétariat à l'adoption internationale.

Online
www.adoption.gouv.qc.ca

By email
adoption.quebec@msss.gouv.qc.ca

By telephone
Montréal: 514-873-5226
Elsewhere in Québec: 1-800-561-0246

Mon arbre à moi campaign

Ministère des Forêts, de la Faune et des Parcs

As part of the *Mon arbre à moi* campaign, every child born or adopted during the year receives a tree seedling that will grow along with the child. Each seedling comes with a growth chart and a souvenir card.

To receive a seedling, register your child directly online, on the ministère des Forêts, de la Faune et des Parcs website. Seedlings are distributed in the various regions of Québec every year in May (*Mois de l'arbre et des forêts*). Shortly before May, you will receive a letter or email informing you of the procedure to follow to receive the seedling. You must register no later than April 15; otherwise, you will receive the seedling the following year.

For more information on the campaign, contact the ministère des Forêts, de la Faune et des Parcs.

Online
www.mffp.gouv.qc.ca/forets/maf/mon-arbre.asp

By email
services.clientele@mffp.gouv.qc.ca

By telephone
1-844-LAFORET (1-844-523-6738)

Government of Canada programs and services: financial assistance and passport applications

If you have had a baby or adopted a child, you must also take steps with federal government departments and agencies. For example, you will have to provide the Canada Revenue Agency with information in order to receive benefits. You may also be entitled to claim a deduction for childcare expenses in your income tax return. And if you wish to get a passport for your child, you will have to submit an application to Passport Canada.

For all information regarding federal government programs and services, as well as the contact information for the departments and agencies concerned, contact Service Canada.

Online
www.servicecanada.gc.ca

By telephone
Throughout Québec: 1-800-622-6232
TTY (Teletypewriter): 1-800-926-9105

In person
At a Service Canada office near you.

Portail Québec

For information on gouvernement du Québec programs and services, visit Portail Québec at www.gouv.qc.ca, or call 418-644-4545 (Québec area), 514-644-4545 (Montréal area) or 1-877-644-4545 (elsewhere in Québec).

Note
The content of the chapter entitled "Becoming a Parent" was updated to September 1, 2015. Changes concerning the names of the departments and the programs and services mentioned in that chapter may have occurred during the year. The information provided in the chapter entitled "Becoming a Parent" has no legal value or force.

Resources for parents

Telephone help line resources 749

Associations, agencies and support groups 750

Solange Lambert

Telephone help line resources

Centre antipoison du Québec
1-800-463-5060
www.antipoison.ca
Information on what to do in the event of poisoning, downloadable brochures.

Info-Santé
Across Québec, except for the northern Québec (Terres-Cries-de-la-Baie-James and Nunavik): 8-1-1
sante.gouv.qc.ca/en/systeme-sante-en-bref/info-sante-8-1-1
A nurse provides health advice 24 hours a day, seven days a week.

Ligne Parents
1-800-361-5085
www.ligneparents.com
Bilingual telephone support for parents of children up to the age of 20 years, 24 hours a day, seven days a week.

Première ressource, aide aux parents
514-525-2573 / 1-866-329-4223
www.premiereressource.com/index.php/en
Parents can consult professionals through this bilingual telephone service, available September to June.

S.O.S Grossesse
418-682-6222 / 1-877-662-9666
www.sosgrossesse.ca
Telephone help line, referral and information for any questions about pregnancy, contraception and sexuality (in French only).

SOS Violence conjugale
514-873-9010 / 1-800-363-9010
www.sosviolenceconjugale.ca
Bilingual telephone service accessible 24 hours a day, seven days a week.

Associations, agencies and support groups

Allergies Québec
514-990-2575 / 1-800-990-2575
allergiesquebec.ca
Information, support, education and training on food allergies. Website section dedicated to newborns.

Allergy Asthma Information Association
1-800-611-7011
www.aaia.ca
Support and information on asthma, allergies and anaphylaxis.

Anaphylaxis Canada
416-785-5666 / 1-866-785-5660
www.anaphylaxis.ca
Support and information for families living with anaphylaxis.

Association de parents de jumeaux et de triplés de la région de Montréal (APJTM)
514-990-6165
www.apjtm.com
The Association helps families in Montréal who have experienced a multiple birth (in French only).

Association de parents de jumeaux et plus de la région de Québec
418-210-3698
www.apjq.net
Organization that helps families in the Québec City region who have experienced a multiple birth (in French only).

Association de parents pour l'adoption québécoise
514-990-9144
www.quebecadoption.net/adoption/APAQ/apaq.html
Promotes the adoption of children born in Québec. Support, seminars and family activities.

Association québécoise des consultantes en lactation diplômées de l'IBLCE
514-990-0262
www.ibclc.qc.ca
To obtain the list of breast-feeding consultants (only available on the website).

Avant tout les enfants
514-593-4303 / 1-800-361-8453
www.avanttoutlesenfants.ca
Organization offering a wide range of services including a telephone help line, professional legal advice, a database of more than 2000 community resources and information sessions.

Best Start
www.beststart.org/index_eng.html
Maternal, newborn and early child development resource centre.

CAA Québec – Child car seats
www.caaquebec.com/en/on-the-road/approved-services-networks/child-car-seat-verification-network
Web site that offers advice on the safe installation of child car seats as well as addresses of garages that will check to ensure that child car seats are properly installed.

Canadian Child Care Federation
613-729-5289 / 1-800-858-1412
www.cccf-fcsge.ca
Ideas on a broad range of topics of interest to families, including outings, activities, care, and tips.

Canadian Institute of Child Health
613-230-8838
www.cich.ca
Devoted to child and family health and offers parents numerous publications and resources.

Canadian Paediatric Society – Caring for kids
613-526-9397
www.caringforkids.cps.ca
Information on children's health.

Canadian Red Cross
514-362-2930 / 1-800-363-7305
www.redcross.ca
Information on Red Cross prevention and first aid courses for the parents of young children and on the course for babysitters.

Centre de soutien au deuil périnatal du Centre d'études et de recherche en intervention familiale (CERIF-deuil)
1-800-567-1283 ext. 2387
deuil@uqo.ca
Support offered to parents and workers affected by perinatal loss.

Centre québécois de ressources à la petite enfance
450-376-3702 / 514-369-0234 / 1-877-369-0234
www.cqrpe.qc.ca
A variety of information on support groups, health organizations, suggested reading for parents, Web sites on parenting, etc.

Clinique Parents Plus du Centre de réadaptation Lucie-Bruneau
514-527-4527 ext. 2220
www.luciebruneau.qc.ca
A specialized public clinic for parents with physical disabilities. Assessments and adapted equipment to help them care independently for their baby.

CRP Les Relevailles de Montréal
514-640-6741
www.relevailles.com
Telephone support, courses, meetings, assistance at home, videotape lending and referrals (in French only).

Éditions du CHU Sainte-Justine
www.editions-chu-sainte-justine.org
The hospital's publications dealing with childhood and families listed on this site can be ordered online (in French only).

Extenso
www.extenso.org
Reference centre on human nutrition (in French only).

Family Service Canada
1-877-451-1055
www.familyservicecanada.org
The organization promotes families as the primary source of nurture and development of individuals. English and French.

Fédération des associations de familles monoparentales et recomposées du Québec
514-729-6666
www.fafmrq.org
The federation defends the rights and interests of single-parent and blended families in Québec. Bilingual service is available in Montréal and some regions of Québec.

Fédération du Québec pour le planning des naissances
514-866-3721
www.fqpn.qc.ca
This bilingual service provides information on contraception and women's sexual health.

Fédération québécoise des organismes communautaires Famille
450-466-2538 / 1-866-982-9990
www.fqocf.org
Gathers together and supports family-oriented community organizations and helps ensure that the family has a place in Québec society (in French only).

Groupe Les Relevailles
418-688-3301
www.groupelesrelevailles.qc.ca
Assistance at home, support group for post partum depression, meetings, baby massage, telephone support.

Immunize Canada
613-725-3769 ext. 122
www.immunize.ca
Information on vaccines and the vaccination schedule, answers common questions and lists resources.

iQuitnow
1-866-527-7383
iquitnow.qc.ca
Information and support to individuals who wish to stop smoking (bilingual service).

La Leche League
1-800-665-4324
www.lllc.ca
Telephone support by recognized leaders. Books and breast-feeding accessories for sale.

LGBT Family Coalition
514-878-7600
www.famillesLGBT.org
The organization advocates for the legal and social recognition of LGBT families. A group of lesbian, gay, bisexual and transgender parents exchanging information, sharing resources and having fun together with their children.

Lifesaving Society
514-252-3100 / 1-800-265-3093
www.sauvetage.qc.ca
The Lifesaving Society (Société de sauvetage) is a provincial association dedicated to preventing drowning and water-related injuries through free advice on how to safely install a residential pool. The Society also offers a complete range of first-aid, lifesaving, resuscitation, and pleasure-craft courses.

Magazine Enfants Québec
www.enfantsquebec.com
Summaries of many articles about early childhood (in French only).

Naître et grandir
naitreetgrandir.com
Web site on children's development and health (in French only).

Nourri-Source
514-948-9877 / 1-866-948-5160
www.nourri-source.org
Telephone support, breast-feeding support meetings, prenatal information sessions, training and information, rental and sale of breast-feeding accessories.

Parachute
1-888-537-7777
www.parachutecanada.org
Parachute wants to help Canadians reduce their risks of injury and enjoy long lives lived to the fullest.

Préma-Québec
450-651-4909 / 1-888-651-4909
www.premaquebec.ca
Québec association for premature children (in French only).

Regroupement Naissance-Renaissance
514-392-0308
www.naissance-renaissance.qc.ca
Breast-feeding support, post-natal assistance and other services (in French only).

RePère
514-381-3511
www.repere.org
Assistance and support program for fathers. Service in French and English.

Réseau des Centres de ressources périnatales
418-336-3316
www.reseaudescrp.org
Website to find out where is the CRP (perinatal resource centre) in your area (in French only).

Réseau québécois d'accompagnantes à la naissance
1-866-NAISSANCE
www.naissance.ca
Information and referral centre to inform the public of services offered by members, i.e., doulas (In French only).

Serena
514-273-7531 / 1-866-273-7362
www.serena.ca
Promotes natural family planning methods. Service in French and English.

Sexplique
418-624-6808 / 1-877-624-6808
www.sexplique.org
Information on family planning methods and sexuality (In French only).

Today's Parent
www.todaysparent.com
Parenting magazine Web site.

The authors have chosen the organizations and references mentioned in this section because of their relevance to the users of this guide. However, the list is by no means exhaustive and neither the authors of the Institut national de santé publique du Québec are in any way responsible for the contents of the references indicated.

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