

P A R E N T I N G R E S O U R C E G U I D E



B i r t h - 1 2 M o n t h s

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An Introduction by Dr. Robin Williams

Enjoy the journey on your way to being a great parent!

As Medical Officer of Health for Niagara and as a paediatrician, I have a deep commitment to the health and well-being of babies, children, youth, and families. Research currently shows that the most effective approach to raising healthy, competent children is to concentrate on building developmental assets. These assets form the foundation children need to make healthy choices and to succeed in life. The more assets your children have, the stronger their foundation will be. Lots of cuddles, kisses, laughter, love, and a focus on their strengths will help nurture and guide them from infancy into adulthood. Our staff is developing the **Parent Resource Guide**, a comprehensive series of five guides to support your parenting journey as you make the best choices for you and your family.

Getting Ready for Parenting

Being pregnant is an exciting time in your life! The **Reproductive Health** program can provide you with information and support before and during your pregnancy. This guide will get you thinking through the idea of parenting before you even become pregnant. If you're already pregnant, it will help prepare you for your journey into parenthood.

Birth to 12 months

Becoming a new parent can be exciting, yet overwhelming. The **Healthy Babies Healthy Children** program is available to assist parents to adjust to the many changes that occur during the first year. Information is provided to assist you through the newborn stage - physically, mentally, and emotionally - with the hope of giving your child the healthiest and best possible start in life.

18 months to 3 years

As your busy toddler grows and develops into a curious preschooler, the **Healthy Babies Healthy Children** program can offer practical tips and advice to guide you through this stage. This early childhood stage of development lays the foundation for the way your child relates to the world.

Age 4 - 13

The **School Health** program can provide you with information pertaining to healthy growth and development issues in children from the time they enter the school system until they begin their transition to high school. This is a period of tremendous growth for your children. We offer assistance on your parenting journey that will help you nurture your child toward early adulthood.

Age 14 - 19

Adolescence is the life phase between childhood and adulthood and is marked by many expected and unexpected changes. The teen years are a transition period for our youth - from dependence to independence. Our goal as parents is to guide them through this challenging and exciting period. The **School Health** program can provide you with information on healthy growth and development, on how to communicate with your teen, and on how to support and encourage them to succeed.

Our staff is happy to answer any parenting questions you may have. By calling our Parent Talk Information Line at 905-688-8248 or 1-888-505-6074, ext. 7555, you can speak to a qualified public health nurse Monday through Friday from 8:30 am to 4:30 pm. They can put you in touch with many excellent community resources and parenting groups. You may also want to visit www.niagara-region.ca and www.beagreatparent.ca to find further information that will assist you on your parenting journey.

A good life needs a good start. Remember, we're here, along with your physician, to help you whenever you need it!

Dr. Robin Williams

Medical Officer of Health
Niagara Region Public Health

Throughout this book, you will find many ways that parents can be asset builders for their children. Look for the matching symbols to see which group of assets you are building.

40 Developmental Assets



To Raise Kids Who Thrive

There are 40 assets that all children need to succeed. These positive experiences and qualities are divided into 8 categories (described below). As parents, you have new opportunities each day to help your children build these assets. Research has shown that the more assets young people have, the less likely they are to be involved in many, high-risk behaviours later in life, and the more likely they are to engage in more positive behaviours.

Here are some ideas to start building assets for your infant:

Support

- Babies and young children need to have adults who love, care, and accept them.
- When you show your baby how much you love them, you are giving them the vital attention and support needed to build a secure, healthy attachment.

Empowerment

- During the first 12 months of life, your infant will start to shape a view of the world.
- Parents and other caregivers need to help babies feel physically and emotionally safe.

Boundaries and Expectations

- Children need adults who set limits while encouraging them to do their best.
- Introduce your baby to relatives, friends, and neighbours that you know will welcome, protect, and care for them.
- In choosing a day-care provider, make sure that your baby will get high levels of attention and nurturing.

Constructive Use of Time

- Babies use play as an opportunity to learn and explore.
- Children need chances to play, explore, and learn new skills.
- Adults should expose infants to music, art, and/or nature each day.
- It is important for infants to have some predictable, enjoyable routines at home.

Commitment to Learning

- Children need to value the importance of learning.
- Parents can help babies learn by helping them explore their surroundings and provide toys that match their baby's skill level.
- Begin to sing, play games such as Peek-a-Boo, and read to your infant.

Positive Values

- When parents show children they care they set the stage for infants to develop healthy attitudes and beliefs about relationships.
- Parents should model, monitor, and teach the importance of good health habits, and provide healthy eating choices and enough rest and play time.

Social Competencies

- Parents should make all safety and care decisions for their infants.
- As young children become more independent, parents may allow them to make simple choices.
- Parents should accept and be responsive to how infants express their feelings, seeing those expressions as cues to infants' needs.
- Parents model behaviour that is acceptable and nonviolent.

Positive Identity

- Children need to believe in their own self-worth and ability to make good things happen.
- Parents can create an environment where children develop positive self-esteem, giving them appropriate, positive feedback and reinforcement about their skills.

Check these websites for more information:

www.search-institute.org
www.abundantassets.com
www.thrivecanada.ca
www.mvparents.com
www.beagreatparent.ca

The Developmental Assets® category icons have been used with permission from Search Institute®, Minneapolis, MN. Copyright © 2002. All Rights Reserved. To learn more about asset building and view the original list of 40 Developmental Assets, visit www.search-institute.org. Search Institute does not make warranty or guarantee the accuracy of information and materials included in this resource.

About Your Newborn

Did you know?

- Infants **breathe** faster, more unevenly and noisier at times compared to an older child or an adult.
- Newborns **sneeze** a lot. This is normal and it is their way of clearing their nose.
- **Hiccups** are common and are normal in an infant. They are not harmful and there is no need to treat them.
- **Sucking** is a normal newborn reflex and it is comforting for newborns to suck, even when they are not hungry.
- Babies often **tremble** and they may jerk and twitch when they are falling asleep. This is normal.
- The large soft spot on the top of baby's head cannot be hurt by normal handling and usually closes by 18 months of age.

Appearance

- The **umbilical cord** will dry up and fall off within 7-14 days after birth. Care for the cord as you were taught in the hospital.
- Babies may develop a **blister** on their upper lip from sucking. This does not need to be treated.
- Newborns, male and female, are born with **swollen genitals**. This will go away with time and is the result of mom's hormones that are still in the baby's system.
- Female babies may have a small amount of vaginal bleeding or spotting in the diaper. This is normal and will go away with time.
- Newborns often have small white spots on their face and nose called **milium**. These are normal and will disappear on their own.
- Infant **acne** may develop on the face in the first few weeks and does not need to be treated.
- Newborn **skin** is usually dry and it peels. This is normal and there is no need to use any lotion.
- Some babies may develop a dry, flaky, crusty scalp called **cradle cap**. According to the Canadian Paediatric Society, cradle cap will go away on its own and does not need to be treated. Parents can choose to treat it with mineral oil

followed with a gentle shampoo but over-bathing may aggravate cradle cap.

- **Jaundice**, a yellow-orange colour to the baby's skin or eyes can occur in newborns. Jaundice can make babies sleepy and this may cause them to feed less. If your baby has jaundice and is not feeding well, call the Parent Talk Information Line or call your doctor.

Senses



- After birth, all babies in Ontario have their hearing screened in the hospital to check for signs of hearing problems, and to give families help as early as possible if there are concerns about hearing loss. The screening is very safe and takes only a few minutes to get results. The hearing screening may be repeated 6-8 weeks after the baby is born if the hospital nurses are unable to accurately complete the screening before discharge.
 - Newborns **see** objects clearly at 30-40 cm (12-16 inches); they will fix their eyes on your face when you hold them in your arms.
 - Babies often look **cross-eyed** until muscle control develops. See your doctor if this doesn't improve by 6 months of age.
 - Permanent **eye colour** will be in place between 3-9 months.
 - Babies don't have **tears** for many weeks after birth, but blocked tear ducts are common. If your baby wakes up with a runny eye, yellow pus or if their eyelids are stuck together, then see your doctor.
 - Newborns know their parents' voices. They love to hear you talk and sing.
 - **Infants love and need to be touched.**
- Hold your baby often, you cannot spoil them.**



Nail Care for your Newborn

- Newborns' fingernails grow very quickly. In the early weeks, fingernails may need to be trimmed twice a week so that they can't scratch themselves. Keeping your newborn's nails trimmed is the only nail care that is needed. This may be done by clipping with either baby-sized nail clippers or blunt-nosed toenail scissors, or filing with a soft emery board. The easiest time to trim babies' nails is while they are sleeping or soon after bathing, while the nails are still soft.
- Newborn toenails on the other hand, grow much slower and don't need to be kept as short as fingernails, so they only need trimming once or twice each month.

Remember that you must register for the following:

- Birth certificate
- Health Card
- Social Insurance Card
- Universal Child Care Benefit
- Ontario Child Benefit
- Canada Child Tax Benefit

All Ontario parents can now use an online service to register their baby's birth and apply for a birth certificate and social insurance number all at the same time.

Please see the resource list on page 51 for the phone numbers and websites which can help you with the above.

A Baby-Friendly™ Niagara

What is the Baby-Friendly™ Initiative?

The Baby-Friendly™ Initiative is a world wide initiative established by the World Health Organization and UNICEF in 1991 to give every baby the best start in life by protecting, promoting and supporting breastfeeding. Niagara Region Public Health and the Niagara Health System are working towards becoming Baby-Friendly™ designated, healthcare facilities.

You can get additional information about the Baby-Friendly™ Initiative, by visiting www.breastfeedingcanada.ca or www.niagararegion.ca (search term "BFI").

Our Vision

To create breastfeeding as the cultural norm for infant feeding in Niagara.

Our Mission

Protect, promote and support breastfeeding with the Baby-Friendly™ Initiative.

What does Baby-Friendly™ mean to Niagara?

- The same breastfeeding information and support available across Niagara
- More moms starting to breastfeed and breastfeeding for a longer period of time as Health Canada and the World Health Organization recognize the benefits of breastmilk for babies up to 24 months and beyond
- A community that welcomes and supports breastfeeding anytime and anywhere

The Baby-Friendly™ Initiative supports all mothers regardless of their infant feeding decision. If your baby cannot be breastfed or fed expressed breastmilk, contact the Parent Talk Information Line at 905-688-8248 or 1-888-505-6074 ext. 7555 for information on safe preparation and feeding of commercial infant formula.

Health Canada Recommends

"Exclusive breastfeeding for the first six months of life for healthy term infants, as breastmilk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron at six months with continued breastfeeding for up to two years and beyond."

A Vitamin D supplement of 400 IU per day is recommended for exclusively breastfed babies.

Breastfeeding CHALLENGE



Come out to the annual Niagara Breastfeeding Challenge!

Every year on the 1st Saturday of October, nursing mothers and their families gather at a central location in Niagara to celebrate breastfeeding. Be one of several moms & babies latched on at 11:00 a.m. Moms all over the world will be breastfeeding at the same time! **For more information and online registration, contact: 905-688-8248 or 1-888-505-6074, extension 7555 or go to www.niagararegion.ca.**

Breastfeeding Your Baby

- Babies should be fed whenever they seem hungry. Until baby is gaining well, baby should be encouraged to feed 8 to 12 times in 24 hours.
- It is normal for babies to “cluster feed” in the evening. Your baby may feed more often, sometimes hourly.
- **Babies grow quickly and have growth spurts.** Your baby may seem hungrier and need more frequent nursing during these times. **Skin-to-skin** contact and breast compression may also be helpful.
- It is important that your baby feeds long enough to finish the first side before offering the second side. Ensuring that the breast is drained may help your baby gain weight faster and be more content between feedings (see breast compression).
- The time it takes for a baby to complete a feeding at the breast will vary from baby to baby. Each mother has a different ability to store milk.
- Some babies can have a good feeding and be content after 7-10 minutes while others may take much longer to finish feeding. Watch your baby's feeding cues. If you are concerned about the amount of time your baby is at the breast, contact the Parent Talk Information Line to locate a breastfeeding clinic in your area.
- It is helpful to offer both breasts at each feed to stimulate milk supply.
- Your breasts are never empty of milk. As baby nurses, more milk is produced.



What is the Lactational Amenorrhea Method?

When a baby breastfeeds, the suckling stops the ovaries from releasing an egg and therefore prevents mom from becoming pregnant. This is called the Lactational Amenorrhea Method (LAM) and can be used as a way of birth control for breastfeeding mothers. The LAM is 98% effective when ALL of the following apply:

- Your baby is less than 6 months old
- Your monthly period has not returned
- Your baby is exclusively breastfed (no food, water or pacifier)
- Your baby should go no more than 4 hours between breastfeeding during the day, and no more than 6 hours at night

Holding and Positioning Your Baby

- Sit comfortably with your back supported and feet raised to bring your knees up. Use a pillow to bring the baby up to the level of your breast.
- Position your baby so that his whole body is turned to face your breast. Make sure your baby has his tummy facing your tummy and his bum is tucked in.
- Support the baby's back with your forearm and his neck and shoulders with your hand. Allow his head to tilt back slightly by applying pressure between the shoulders.

Latching Your Baby Correctly



"C" Hold

Support your breast by placing your fingers underneath and well back from the areola with your thumb lightly on the top/side of the breast.



Step 1

Tickle your baby's lips with your nipple and wait for him to open his mouth wide (like a yawn) with his tongue down and out.



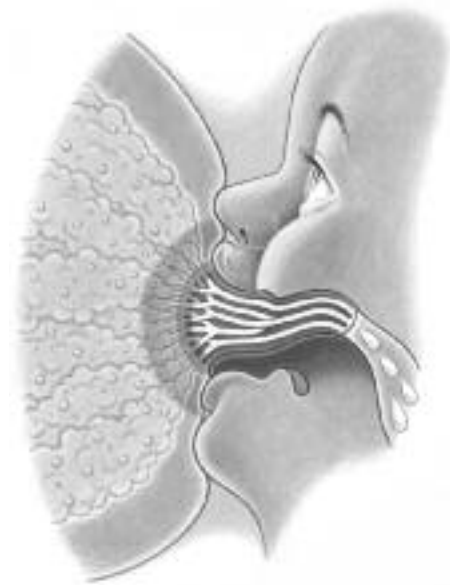
Step 2

Bring your baby towards the breast, catching the bottom lip on the breast about 1" (2.5 cm) away from the base of the nipple.



Step 3

Guide the baby's top lip up and over the nipple, landing on the breast just above the nipple.



Adapted with permission by the Best Start Resource Centre.

If your baby is having difficulty latching, review “Breastfeeding Getting it Right” which you received in the hospital (or view a copy at www.breastfeedingniagara.ca), view helpful video clips at www.drjacknewman.com or call the Parent Talk Information Line.

Checking the Latch

A good latch should not hurt. If you feel nipple pain, unlatch the baby and try again. If the pain does not go away, try moving the baby's head.

Once the baby is latched, you may be able to find a more comfortable position. Signs of a good latch:

- The baby's head is tipped back and the baby's chin is pressed into the breast
- The nose may lightly touch the breast (you do not need to press down on the breast to create a breathing space)
- You should see small sucks changing to large deep sucks with the whole jaw moving up and down
- You may hear a quiet "ca" or gulping sound when the baby swallows (you should not hear a clicking or "smacking" sound)
- It is important that you are able to tell that your baby is swallowing when at the breast

Unlatching Your Baby

If you need to take your baby off the breast, insert your finger into the corner of the baby's mouth between the gums. Slide your finger alongside the breast far enough inside the baby's mouth to break the suction, then quickly move baby away from the breast.

In Summary

- Baby's head is tilted slightly back
- Bring baby on quickly
- Make sure your hand is not on the back of the baby's head - support the baby's back with your forearm and his/her neck and shoulders with your hand
- Chin touches first
- Baby's body is close to mother's - tummy to tummy
- Baby's bum tucked in

Breast Compression

- Hold your baby in one arm, thereby freeing up one hand.
- With the free hand, hold the breast, thumb on one side, fingers on the other side, keeping fingers back close to the chest wall, clear of the areola.
- When your baby's suck slows, or when there are several sucks before a swallow, or when the baby falls asleep at the breast, compress by squeezing the breast. The pressure should be firm but **NOT** hurt.
- Keep squeezing the breast until your baby stops swallowing and then release.
- If the baby continues to suck and swallow, do not compress again.
- Continue until your baby fails to swallow even when pressure is applied.

A short video of breast compression can be viewed at: www.drjacknewman.com.

Is My Baby Getting Enough?

A baby who feeds well will show the following signs:

- Consistent, effective swallowing (get help if you are unsure if your baby is swallowing)
- Sleepy and/or content at the end of a feeding 8 – 12 times in a 24-hour period
- After day 4 your baby is having 6 wet diapers and 3 bowel movements per day

| Weight Chart | Baby's Age | Average Weight Gain for a Breastfed Baby |
|--------------|--------------------|--|
| | First two weeks | Some infants lose up to 7% of their birth weight; the baby should begin gaining by day 5 and back to birth weight by 14 days of age |
| | 2 weeks – 4 months | 4 – 7 ounces or 113 – 198 grams a week |
| | 4 – 6 months | 4 – 5 ounces or 113 – 142 grams a week |
| | 6 – 12 months | 2 – 4 ounces or 57 – 113 grams a week |

Pumping

It is important to consider your reason for pumping when you choose your breast pump. For occasional use, a manual or battery-operated pump may be sufficient, but for maintaining milk supply a good quality electric pump is more efficient. Consider double-pumping – it cuts down on pumping time and is more effective in maintaining milk supply.

Need Help Choosing a Breast Pump?

If you are considering purchasing a breast pump or are currently pumping to increase or maintain your supply of breastmilk, call the Parent Talk Information Line or book a free appointment at a Niagara Region Public Health Breastfeeding Clinic.

Breast Pump Distributors:

- Avent 1-800-54-Avent
- Medela 1-800-835-5968
- Ameda Egnell 1-800-263-7400
- Lansinoh 1-800-953-2140

If breastfeeding hurts or you are unable to tell if your baby is swallowing, call the Parent Talk Information Line.

To book a free appointment at a Niagara Region Public Health breastfeeding clinic call:

905-688-8248 or 1-888-505-6074 ext 7555

Safety and Storage of Expressed Breastmilk

General Information

- Hands should be washed thoroughly before handling breastmilk.
- Expressed breastmilk should be clearly labeled with the date it was expressed.
- Expect that the breastmilk will separate during storage. The creamier milk will rise to the top. Gently swirl the container before use. Shaking is not necessary.
- The colour and smell of breastmilk will vary depending upon what the mother eats. There is no reason not to use the breastmilk if the baby accepts it.

Breastmilk Storage

Expert opinions vary. Here are some guidelines you can follow:

- **Freshly** expressed breastmilk can be stored at room temperature (up to 77 degrees F) for **up to 8 hours**
- Breastmilk may be stored in an insulated cooler bag with ice packs **up to 24 hours**.
- Breastmilk may be safely refrigerated for **up to 8 days**. Store in the back of the fridge where the temperature is the coolest.

Freezing Breastmilk

Recommendations are different depending on the type of freezer you have:

- **Fridge with small freezer inside:** Breastmilk can be stored for two weeks at the back of the freezer where the temperature is the most constant.
- **Fridge freezer with separate freezer door:** Breastmilk can be stored in the fridge freezer for up to six months if the freezer has a separate door from the fridge.
- **Stand alone freezer (deep freezer):** Breastmilk can be stored in a deep freezer for up to 12 months.

freezer compartment inside



fridge & freezer have separate doors



Thawing and Warming

- Always use the oldest breastmilk first.
- Once removed from the freezer, breastmilk can be kept in the fridge for up to 24 hours.
- Your baby may drink breastmilk cool or warm.
- Breastmilk may be thawed by placing the frozen milk in the fridge the night before or by placing under warm running water or by placing in a bowl of warm water.

continued on next page

Thawing and Warming (continued)

- Breastmilk should **never** be heated in a microwave, or hot water on a stove top. The protective properties may be destroyed.
- The container should be swirled gently to mix the milk and to distribute the heat evenly.
- Once thawed or heated, breastmilk can only stay out at room temperature for 1 hour.
- Do not save breastmilk from a used bottle for use at the next feeding. Any breastmilk left in the bottle should be discarded.
- Never refreeze breastmilk once it is thawed or partially thawed.

Helpful Tips

- **If you have flu-like aches and chills with a fever and a sore area on the breast, you may have mastitis, a breast infection. DO NOT STOP BREASTFEEDING. See your doctor for treatment or call the Parent Talk Information Line at 905-688-8248 ext 7555 or 1-888-505-6074 ext 7555**
- **If you have engorgement that lasts longer than 24 hours or you cannot latch your baby, seek help from a lactation consultant or your public health nurse.**
- **On hot days, breastfeed your baby more often since baby will be thirsty.**
- **If you are breastfeeding and need to take medication or are exposed to a harmful substance, call MotherRisk at 1-416-813-6780 for further information or go to www.motherisk.org**

If you are returning to work and have questions about pumping and/or storing breastmilk, call the Parent Talk Information Line or visit www.niagararegion.ca

References:

Lawrence, R.A., Lawrence, R..M., (2005). *Breastfeeding: A Guide for the Medical Profession. The Academy of Breastfeeding Medicine protocols, Protocol #8: Human milk storage information for home use for healthy full-term infants, p. 1086-1088*

David, P., (2007). *Safe Handling of Bottled Milk. Retrieved Jan 15, 2007 from www.healthychild.net.*

Division of Nutrition and Physical Activity (2007). *Proper Handling and Storage of Human Milk. Center for Disease Control. Retrieved January 14, 2007 from www.cdc.gov*

Starting Solid Foods

| When? | What? | Why? |
|---|---|---|
| Exclusive Breastfeeding birth to 6 months of life | Breastmilk <ul style="list-style-type: none"> • Health Canada recommends exclusive breastfeeding for the first 6 months and continued breast feeding for the first 2 years and beyond | <ul style="list-style-type: none"> • Main food for baby's first year • Breastmilk has many benefits and is the optimal infant feeding choice |
| First solid food 6 months | Iron-rich foods <ul style="list-style-type: none"> • You may start with iron-fortified infant rice cereal from a spoon • Once baby has tried rice, barley and oatmeal iron-fortified cereals, soy and mixed cereals can be introduced • Other pureed foods rich in iron that can be introduced at this time include beef, lamb, chicken, turkey, pork, fish (see pg.19), well-cooked legumes (beans, lentils, chickpeas) and cooked egg yolk | <ul style="list-style-type: none"> • Iron that baby is born with decreases at 6 months, therefore baby needs iron from solid food • Gives baby a chance to practise eating from a spoon |
| 6-9 months | <ul style="list-style-type: none"> • Introduce fruits and vegetables • Start with pureed food first, then try mashed, followed by finely chopped foods | <ul style="list-style-type: none"> • Provides vitamins and minerals • Introduces new flavours |
| 8 months | <ul style="list-style-type: none"> • Finger foods such as dry toast, unsalted crackers, round oat cereal, soft cooked pieces of fruit or vegetables | <ul style="list-style-type: none"> • Babies need to learn to pick up foods with their fingers and feed themselves • Be ready for and allow baby to be messy! |
| 9 months-2 years | <ul style="list-style-type: none"> • Full fat, dairy products such as plain yogurt, cottage cheese, and grated cheese • Whole/homo/3.25% M.F. milk can be introduced if baby is eating iron rich foods including infant cereal and meat and alternatives • Baby can eat soft table foods with the rest of the family | <ul style="list-style-type: none"> • Whole/homo/3.25% M.F. milk is needed until your child's 2nd birthday. Babies need a higher fat diet for growth and development • Provides calcium, vitamin D and vitamin A |

Why wait until 6 months to give solid foods?

- Health Canada recommends exclusive breastfeeding until 6 months of age
- Breastfed babies get all of the nutrition they need from breastmilk until 6 months
- Exclusive breastfeeding for 6 months gives increased protection against some digestive system infections
- Baby can better tolerate solid foods after 6 months
- Starting solids earlier does not help your baby sleep through the night
- May reduce the chance of baby developing allergies

Your baby may be ready for solid foods when:

- They show interest when you are eating
- They can move food from the front of their mouth to the back of their tongue to swallow
- They can draw in their lower lip as a spoon is removed from their mouth
- They can sit in a highchair and have good head control
- They do not need to have teeth to eat solids



Starting solids:

- Breastmilk is the most important nutrition for your baby; continue to offer this first
- Be patient: some babies like solid food right away but others may need more time to get used to spoon-feeding
- Put a small amount of food on the tip of a small spoon, put some food on your baby's lips and only into their mouth if they open it
- Start with a thin texture
- If your baby does not swallow the food they may not be ready for solids; try again in a few days
- Start with a thin texture then make food thicker as baby gets better at eating
- Your baby may need to try a new food a few times before they like it
- Gradually give your baby more food; let your baby guide you. Your baby will tell you when they've had enough by shutting their mouth or turning their head

Don't wait too long!

If you wait beyond 6 months to give solids your baby may:

- Be slow to accept solid foods
- Have a hard time chewing foods
- Not get all the vitamins and minerals they need

How to Add New Foods

- Offer single foods before mixed foods; for example, carrots before mixed vegetables
- Wait 4-5 days before offering another new food; signs of a food allergy may take a few days to appear
- Offer new foods when baby is happy, not tired
- Babies who are coaxed or forced to eat a new food may learn to dislike it

What About Allergies?

An allergic reaction could include...

- Diarrhea and/or vomiting
- Skin rash
- Redness around anus
- Scratching and rubbing their skin
- Unusual fussiness

Avoid these foods...

- **Egg white** until baby is over 1 year of age (egg yolks are OK)
- **Honey** can cause an illness called botulism in babies under 1 year
- **Unpasteurized** juice or dairy products may cause food poisoning
- **Coffee, tea or herbal teas** are not good for your baby and may cause harm

Is my baby at risk of food allergy?

- If mother, father, brother or sister have asthma, eczema or allergies (food, dust, pollen, animal etc.) baby is at higher risk
- If your baby is at higher risk, talk to your doctor before introducing:
 - Eggs
 - Cow's milk products
 - Fish and shellfish
 - Peanut butter or any other nuts from a tree
 - Sesame



Making Your Own Baby Food

You will need

- Blender, sieve or baby food mill (grinder)
- Ice cube trays
- Re-sealable plastic freezer bags

Benefits of making Homemade Baby Food

- Offers a wider variety of foods
- Can increase texture as baby develops eating skills
- Less expensive



Guidelines

- Cleanliness is important. Be sure to wash your hands, equipment and work surface before you begin.
- Do **NOT** add salt, sweeteners (honey, molasses, sugar), fat, or strong spices when making baby food.
- Refrigerate or freeze food that is not served immediately. Freeze baby food in ice cube trays, once frozen pop out cubes into plastic freezer bags. Label bags with the date.
- If stored in refrigerator, use within 2 days
- If stored in freezer, use within 2 months
- Thaw frozen baby food either in the fridge, in a saucepan of hot water or in the microwave. Do **NOT** leave baby food on the counter to thaw.
- Never refreeze a food that has been thawed
- Mix thawed baby food before serving. Serve it either cool or warm.
- Throw out leftover food after baby is finished eating

For tips on preparation of foods, see page 17.

SAMPLE MENUS

*These menus are **ONLY A GUIDE!** ALLOW BABY TO DECIDE HOW MUCH TO EAT.

| Feeding | 6 months | 6-7 months | 7-9 months | 9-12 months | 12-18 months |
|---------------|---|---|---|--|--|
| Early Morning | Breastmilk | Breastmilk | Breastmilk | Breastmilk | Give feedings as needed |
| Breakfast | Breastmilk 1-2 Tbsp (15-30mL) of infant cereal *do not add infant cereal to the bottle – feed with a spoon | Breastmilk 2-4 Tbsp (30-60mL) of infant cereal 1-2 Tbsp (15-30mL) mashed fruit or vegetable *allow your baby to start drinking from a cup – expect many messes at this age! | 4 Tbsp (60mL) of infant cereal 2-3 Tbsp (30-45mL) mashed fruit *provide small amount of finger foods such as toast strips, or dry unsweetened cereal to help develop finger feeding skills breastmilk | 4-6 Tbsp (60-100mL) of infant cereal 3-4 Tbsp (45-60mL) soft fruit pieces 1/2 slice dry toast or 1/4 cup (60mL) dry unsweetened cereal breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk | 4-6 Tbsp (60-100mL) iron-fortified cereal or 1/2 slice dry toast, french toast, pancake, or 1/4 cup (60mL) dry unsweetened cereal 1/4 cup (60mL) meat or meat alternative 1 serving soft fruit breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk |
| Lunch | Breastmilk | Breastmilk 1-2 Tbsp (15-30mL) mashed vegetable | 2-4 Tbsp (30-60mL) mashed or finely chopped meat or meat alternative 2-3 Tbsp (30-45mL) mashed vegetable 2-3 Tbsp (30-45mL) mashed fruit breastmilk | 1-2 Tbsp (15-30mL) finely chopped meat or meat alternative 2-4 Tbsp (30-60mL) iron-fortified infant cereal 3-4 Tbsp (45-60mL) soft vegetables 3-4 Tbsp (45-60mL) soft fruit breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk | 1/4 cup (60mL) meat or meat alternative 1 slice whole wheat bread or 1/2 cup (125mL) pasta, rice, etc. 1/4-1/2 cup (60-125mL) soft vegetables soft fruit breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk |

| Feeding | 6 months | 6-7 months | 7-9 months | 9-12 months | 12-18 months |
|----------------|---|--|---|---|---|
| Afternoon | Breastmilk | Breastmilk (you may feed from a cup) | Breastmilk (you may feed from a cup) | Breastmilk or whole /homo/3.25% M.F. milk from a cup Cubes of soft cheese Homemade oatmeal muffin *for other healthy snack ideas see page 19 | Water Hummus and pita bread *for other healthy snack ideas see page 19 |
| Dinner | Breastmilk 1-2 Tbsp (15-30mL) pureed meat or meat alternative | Breastmilk 2-3 Tbsp (30-45mL) mashed meat or meat alternative 1-2 Tbsp (15-30mL) mashed fruit or vegetable | 2-4 Tbsp (30-60mL) meat or meat alternative 2-3 Tbsp (30-45mL) mashed fruit or vegetable 2-4 Tbsp (30-60mL) infant cereal breastmilk | 2-4 Tbsp (30-60mL) chopped meat or meat alternative 1/4 cup (60mL) cooked pasta, rice, couscous, or bulgur, etc. 3-4 Tbsp (45-60mL) chopped soft vegetables soft fruit and/or plain yogurt breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk | 1/4 cup (60mL) chopped meat or meat alternative 1/2 cup (125mL) cooked pasta, rice, couscous, bulgur, etc. 1/4 cup (60mL) chopped vegetables soft fruit and/or plain yogurt breastmilk or 1/2-1 cup (125mL-250mL) of whole/homo/3.25% M.F. milk |
| Evening | Breastmilk | Breastmilk | Breastmilk Slice dry toast or small soft pieces of fruit or vegetable | Breastmilk or whole/homo/3.25% M.F. milk 1-1/2 slice dry toast or unsalted crackers or small soft pieces of fruit or vegetable | Breastmilk or 1/2 cup (125mL) whole/homo/3.25% M.F. milk 1-1/2 slice dry toast or unsalted crackers or small soft pieces of fruit or vegetable |

Preparation

| Foods | How to Prepare | Things to Note |
|---|--|---|
| <p>Grains Choose iron-fortified infant cereal</p> | <ul style="list-style-type: none"> • Measure out the amount you think your baby will eat • Add breastmilk and stir | <ul style="list-style-type: none"> • Stir well to ensure all the lumps are removed • Cereal can be made thicker as baby gets better at eating |
| <p>Vegetables Try fresh or frozen vegetables like beans, peas, carrots, sweet potatoes, and squash</p> | <ul style="list-style-type: none"> • Wash, peel and slice vegetables • Bring water to a boil in a sauce pan • Add vegetables and boil until tender OR • Place vegetables into a steamer until tender • Remove vegetables from heat and drain • Finely mash or blend | <ul style="list-style-type: none"> • Prepare vegetables without adding salt or seasonings • There is no need to salt the water when cooking vegetables for your baby • Don't let your own likes and dislikes limit the foods you offer your baby |
| <p>Fruits Try fresh or frozen fruits like pears, apples, peaches, bananas, prunes, blueberries, and plums</p> | <ul style="list-style-type: none"> • Wash, peel, pit and/or seed, and slice fruit • If using a hard fruit such as apples, boil fruit in a small amount of water to soften • Finely mash or blend, adding water as needed | <ul style="list-style-type: none"> • You can mash some fruits like bananas without cooking them first • You can use canned fruit to make baby food. Be sure to choose fruits packed in fruit juice or water not syrup. Drain before mashing. |
| <p>Meats & Alternatives Use plain, lean, raw beef, lamb, pork, chicken, turkey, or fish Beans, lentils, peas, and tofu are also healthy options</p> | <ul style="list-style-type: none"> • Boil, steam, bake, broil, or stew meat. Cook until tender and meat separates from the bone • Cut into small pieces and remove all bones and fat after cooking • Finely grind or blend adding water as needed | <ul style="list-style-type: none"> • When cooking fish, use de-boned fish fillets. Simmer fillets in water for 5-10 minutes until the fish flakes easily with a fork. • Avoid cured meats such as ham, hot dogs and bacon - they are high in salt and contain nitrites • Cook dried beans according to package directions. Mash or blend. • Silken Tofu does not need to be cooked, simply mash |

Feeding Notes

Iron-Fortified Infant Cereal

- Iron-fortified rice cereal that you must add breastmilk to is best.
- Infant cereals that contain fruit often contain sugar, check the label and avoid these.
- Never put cereal in a bottle - it can cause choking and does not help baby develop eating skills.
- Adding cereal to baby's diet does not help baby sleep through the night. (Sleeping through the night is a developmental milestone – see pages 22 and 23).

Fruits and Vegetables

- Bright coloured fruits and vegetables offer the most nutrition – be sure to introduce a variety.

Fruit Juice

- Babies and toddlers do **NOT** need juice. If you choose to give juice follow these guidelines:
 - Fruit juice must be given in a cup. Never put juice in a bottle. It can cause tooth decay. Refer to page 39 for more information.
 - Only give 100% pure fruit juice. Avoid “drinks,” “punches,” or “cocktails”- they are too high in sugar.
 - Limit juice to **no more** than 1/4 cup (2oz/60mL) per day. Babies who fill up on juice may not eat enough healthy foods.
 - You do **NOT** need to buy special baby juices. Unsweetened adult juices are the same and less expensive.

Meat and Meat Alternatives

- Limit processed meats such as cold cuts or hot dogs. They are high in salt and/or nitrites.
- Offer plain meats and mix them yourself.

Dairy Products

- If your baby is eating many iron-rich foods and is 9 months old you can introduce whole (homo) cow's milk.
- Soy milk and other vegetarian beverages do not contain enough fat and are not appropriate until your child is 2 years old.
- Plain yogurt is best. Avoid flavoured yogurt or those sweetened with artificial sweeteners (e.g. aspartame).
- Caution: Babies who fill up on cow's milk and do not eat iron rich foods may be at risk of iron deficiency. Cow's milk is **NOT** a good source of iron.

Drinking from a cup

- At 6 months of age baby can begin to practice drinking from a cup.



Constipation

Constipation is a hard, dry stool that is difficult to pass. Having infrequent bowel movements alone does not mean your baby is constipated.

To **prevent** constipation.....

- Continue to breastfeed on demand.
- Make sure your baby is getting enough feedings. A baby should have at least 6 heavy, wet diapers each day.
- Do **NOT** give your baby honey to treat constipation, it can make your baby sick.
- Do **NOT** give your baby water with sugar. This has not been proven to help constipation.

If your baby is constipated, call the Parent Talk Information Line (905-688-8248/1-888-505-6074 ext. 7555) or your doctor for advice.

What About Fish and Mercury?

Fish and shellfish have many health benefits. However, a few types of fish contain higher amounts of mercury which could harm an infant's developing nervous system. Parents can continue to offer fish wisely by choosing low mercury fish. These include: anchovies, Atlantic cod, Atlantic mackerel, basa, clams, haddock, herring, mussels, oyster, prillock, rainbow trout, salmon, sardines, scallops, shrimp, smelt, sole, tilapia and tuna (canned light).

Choking



- Babies can choke easily.
- Always have baby seated while feeding.
- Always supervise baby while eating.

Do not give your baby: hot dogs, nuts, seeds, popcorn, hard candies, gum, whole grapes, cherry tomatoes, melon balls, raisins, peanut butter from a spoon or raw hard vegetables.

For information about infant CPR classes, visit <http://www.sja.ca> or call (905) 685-8964

Snacks

- Babies and toddlers need to eat frequently because they have small stomachs.
- Snacks should include foods from at least 2 out of the 4 food groups.
- Snacks should be small so that they do not take away from baby's appetite at mealtimes.



Snack ideas for 8-12 months:

- Dry whole wheat toast
- Unsalted whole grain crackers
- Cooked pasta or rice
- O-shaped dry cereal
- Infant cereal biscuits
- Pieces of matzo ball
- Ripe banana, peach, kiwi, mango, papaya, melon or avocado
- Unsweetened canned or cooked soft and peeled apple or pear
- Cooked carrot, sweet potato, broccoli or potato
- Grated mild to medium cheese
- Cooked ground chicken, beef or pork
- Cooked or canned flaked fish
- Cooked or canned beans or lentils
- Chopped hard cooked egg yolk (no white)
- Tofu cubes
- Hummus with pita bread pieces
- Homemade wholegrain muffins
- Plain, unsweetened yogurt

Resources & References

"Mealtime Solutions for Infants, Toddlers and Preschoolers" (2006) by: Ann Douglas

"Child of Mine: Feeding with Love and Good Sense" (2000) by: Ellyn Satter

Ask A Dietitian: <http://www.eatrightontario.ca> or call 1-877-510-5102.

When Babies Cry

A crying baby may make you feel helpless, frustrated or even angry. Though it can be hard to deal with at times, crying is your baby's only way of letting you know that he or she is unhappy or uncomfortable. It is important that anyone who cares for your baby understands that crying is normal.

Crying Facts

- It is normal for babies to cry a lot in a 24-hour period.
- Most babies have at least one fussy period a day, often in the evening.
- Most babies cry more at night.
- Most babies cry more at 6-8 weeks than at birth.
- Most babies start to settle after 8 weeks and will begin to cry less.
- **You cannot spoil your baby by picking them up when they cry. In fact, if you respond warmly and quickly to your baby's cries, they will tend to cry less.**



Reasons Why Babies Cry:

- Hunger/thirst
- Tired
- Change from wakefulness to sleep
- Too cold or too hot
- Pain or discomfort
- Need to suck
- Need to be held
- Over stimulation
- Colic
- No cause!

Babies are fragile and are easily harmed. Never handle a baby roughly, no matter what. Shaking a small child can cause brain damage, permanent disabilities and even death. For more information, visit www.nevershakeababy.org.

If you feel in danger of losing your temper and harming your baby in this way, leave the baby in a safe place (crib/playpen) and call on another adult for help. If no one is available, please call a crisis line. Community Crisis Care: 905-378-4647 ext. 54919 - Niagara Falls, ext. 43230 - St. Catharines, ext. 33407 - Welland.

What is Colic?

Although there are many theories about what causes colic, there is still no clear explanation or prevention for colic. This may lead parents to believe there is something wrong with their baby. Colic generally starts in the first few weeks after birth and usually lasts about 3 months. Colic usually stops quite suddenly. Colic is **NOT** caused by an anxious or tense parent.

Infants Who Have Colic:

- Tend to have periods of constant crying, fussiness, and restlessness throughout the day, which may become worse around supper time and into the evening.
- Are difficult to soothe
- Can be breastfed or bottle-fed
- Are not sick, but they do seem to be in pain. The baby's tummy may become firm; they may pull their knees up to their chest and they may pass gas.

If you are **breastfeeding**, there is some evidence that diet changes may help with colic symptoms. Eliminating certain vegetables (cabbage, cauliflower, broccoli, and onion), cow's milk, and chocolate during breastfeeding may help ease colic symptoms. Try eliminating any suspect food for a week to see if it makes a difference to your baby. If the crying lessens, you may wish to avoid that food until your baby outgrows the colic.

Some **bottle-fed** babies may be sensitive to the formula you are using. They may do better on another type of formula. Always check with baby's doctor before changing formulas.

The important thing to remember is colic is NOT your fault!

How to Help Calm Your Crying Baby

- Create a secure environment by moving slowly and calmly
- Reduce the noise and light levels
- Play quiet music
- Smile at your baby and establish eye contact
- Use a soothing voice to talk or sing to your baby
- Swaddle your baby; try using a sling
- Swaying movement or rhythmic rocking may help
- Use a soother
- Feed your baby (if showing signs of hunger)
- Burp your baby
- Change a wet or soiled diaper
- Check clothes for tightness, irritating tags, or wetness
- Add or take away cover if too cold or too hot
- Massage your baby
- Use a baby swing
- Take your baby for a stroller or car ride.

Call the Parent Information Talk Line (905-688-8248 or 1-888-505-6074 ext. 7555) for further information.

How Your Baby Sleeps

Did you know that your baby sleeps differently than you?

Babies go to sleep differently than adults. Their sleep cycles are shorter and they often do not know how to put themselves back to sleep. Adults go directly into deep sleep, but babies may take up to 20-40 minutes before entering deep sleep. Waking up during the night is temporary and a normal part of your baby's growth and development.

How much sleep does my baby need?

- A newborn's day and night rhythms may not be developed, so it may be a while before they sleep for long periods at night. "Sleeping through the night" is generally considered a six-hour block of time between the hours of 11:00 pm – 5:00 am.
- Until the age of 6 months, newborns need 16 hours of sleep per day (3-4 hours at a time).
- From 6 months to 1 year, babies need 14 hours of sleep per day.
- Every baby's sleep pattern is unique.

How will my baby's sleep patterns change?

- At about six-months of age, your baby may be taking several naps during the day and the rest will be night-time sleep.
- Children under the age of two may still wake up several times each night.

- Many babies will be able to go back to sleep without any help from you, but some will need you to help them learn to go back to sleep on their own.
- As a baby grows, their sleep pattern will become more regular.
- Some children will always need more sleep and some will need less.

How can I help my baby develop good sleeping habits?

- Around 2 months of age, you may start a bedtime routine (bathing, story reading) for your baby. It lets your baby know that bedtime is coming.
- Be calm and loving. Your baby needs you during the night just as much as during the day.
- If your baby wakes in the middle of the night, try to keep them in their bed or bedroom and do only what is needed to settle baby.
- Avoid doing things that might stimulate baby. Keep the lights dimmed and your voice soft.

Key sleeping points to remember:

- Always put babies to sleep on their backs, **not** on their tummies or sides! When an older baby is rolling over, you do not need to readjust them to their backs during the night.
- The mattress should be firm, flat, and clean.
- Dress your baby in a T-shirt and warm sleeper
- The best blanket to choose is a light weight blanket so when you hold it up to the light you can see through it. This will prevent baby from getting overheated.

Sudden Infant Death Syndrome (SIDS)

Also known as crib death, is the sudden unexpected death of a healthy baby under one year of age.

There are things you can do to make your baby safer:

- Health Canada recommends that babies be placed on their back for sleep.
- Babies should be cared for in a smoke-free environment.
- Do not overdress your baby, to avoid over-heating (even during illness).

Where is the safest place for my baby to sleep?

The Canadian Paediatric Society states that, for the first six months, the safest place for a baby to sleep is on their back, in their own crib, in their parents' room. This is called **co-sleeping**.

Are there other safety precautions I should take?

- Do **NOT** use soft mattresses, comforters, duvets, stuffed toys or **bumper pads** in your baby's crib. These could prevent proper air circulation around your baby's face and cause overheating which is a risk factor for **Sudden Infant Death Syndrome (SIDS)**.
- If you are using a bassinet do not use thick liners or padding which could reduce air circulation.
- Pillows are **NOT** recommended until two years of age.
- Never sleep with your baby on a sofa or waterbed.
- It is unsafe to let your baby sleep alone on an adult bed.
- Never let your baby sleep on a bean bag chair, arm chair, or a sagging mattress.
- Make sure that your baby cannot get stuck between the mattress or wall or fall out of bed.
- Keep pets out of the room.

Putting children to sleep on their backs has resulted in an increase in the number of babies developing 'flat spots' or "flathead"

Helpful hints to prevent "flathead":

- Start by placing baby with their head at the top of the crib. The next day, place baby with their head at the foot of the crib. Each day, switch your baby's position in the crib.
- Consider putting a mobile on the side of the crib facing the room to encourage your baby to look that way.
- **During waking hours it is important for your baby, while being watched by you, to spend time on their tummy**
- If your baby still develops flat spots, talk to your doctor about your concerns.

Bed-sharing

Some parents choose to share their bed with their baby during breastfeeding or due to personal preferences. This is called **bed-sharing**.

The risk of Sudden Infant Death Syndrome increases when a baby shares a bed with their parent(s). If you do choose to bedshare with your baby you should take the following precautions:

- Do **NOT** overdress baby or place beside a warm body or between two warm bodies. If a room temperature is comfortable for adults, it is also comfortable for a baby.
- Do **NOT** allow other children to share the bed with your baby.
- Do **NOT** bedshare if you are ill or taking medication that might affect your ability to respond to your baby.
- Do **NOT** bedshare if you are overtired, smoke or have been drinking alcohol.

Remember, adult beds are not designed with infant safety in mind. That is why they are not the safest place for a baby to sleep. The safest place for your baby to sleep is in a crib close to your bed.



How to Safely Use Bassinets and Cradles

Make sure that the bassinet/cribble has:

- A sturdy bottom and wide base for stability
- Smooth surfaces—there shouldn't be staples or other hardware that can hurt your baby
- Legs that have strong, working locks to stop them from folding while in use
- A mattress that is firm and fits snugly
- Slats that are spaced no more than 60 mm (2 3/8 inches) apart

Note: Follow the manufacturer's guidelines on the weight and size of baby who can safely use these products.



How to Safely Use Baby Slings and Carriers

It's important to choose the right sling or carrier for you and your baby. When choosing one, look for a model that:

- Is right for the age and size of your baby and that can adjust as your baby grows
- Is the right size for the person carrying the baby
- Comes with detailed and easy to understand instructions-follow them carefully and keep for future use
- Won't allow the baby to slip through the leg openings or fall over the side
- Comes with safety straps-make sure they're always securely fastened

Before each use, check for ripped seams and other signs of wear that may make the sling or carrier unsafe.

Be careful when bending over, hold onto the baby with one hand and bend at the knees so your baby can't slip out.



Bathing Your Baby

- Have the room warm (22° C or 72° F) before you begin
- Use warm water, not hot. (Check the water temperature with your elbow or wrist). Wash your baby's face with clear water.
- A mild soap can be used on the rest of the body; don't forget the creases of the neck, arms & legs!
- When using soap, be sure to rinse it all off!
- Baby's hair only needs to be washed once or twice a week
- Dry baby quickly. Don't forget the creases!
- Brush hair & scalp gently – this will help prevent cradle cap
- Immediately after the bath would be a fine time for infant massage. (Call your local Ontario Early Years Centre to register for a class near you – a great activity to do with your new baby and to meet other new parents as well).



Bath Safety Tips:



- **Never leave your baby alone, even for a few seconds, when around water. An infant can drown very quickly and quietly - in as little as 5 cm (2 inches) of water.**
- Always watch and have at least one hand on your baby during the bath.
- Have everything you need for bathing ready, so that you never have to turn away.
- Bathe your baby away from the faucets/taps and remove him from the tub or sink before running the hot water again.
- **Don't use a bath seat or ring – they are not safe.**
- Set your hot water heater temperature to 49° C (120° F), or put an anti-scald device on your faucets. A baby's skin burns very easily. Hot water can burn like fire!

A Bit About Diaper Rash...

Diaper rash occurs when urine or stool in the diaper irritates baby's skin, making it red and tender.

To prevent diaper rash:

- Change baby's diaper often.
- Wash the area well with a mild soap and warm water, rinse and let dry completely.
- Use wipes that are unscented and alcohol-free.
- Avoid using baby powder or corn starch.
- Consult baby's doctor if diaper rash does not go away.

Keeping Your Baby Safe At Home

Safety begins with you. Children are hurt every day inside their own home. Make your home safe for baby to learn and play. It is as easy as 1-2-3!

| 1-2-3 | Example |
|---|---|
| <p>1. Be Aware – of what your baby can do.</p> <p>Babies grow fast and learn new things. As your baby changes, look for new dangers.</p> | <p>My baby can pick up food.</p> <ul style="list-style-type: none"> • This also means that your baby can pick up things that are not safe. • Babies can choke on objects found on the floor. |
| <p>2. Be There – close to baby.</p> <p>Your baby will learn to move faster than you think. Babies can get into danger very fast. Always watch your baby as they eat, play, bathe, and are changed.</p> | <p>My baby can roll over.</p> <ul style="list-style-type: none"> • Your baby should not be left alone on a change table or adult bed. Babies can roll off and fall onto the floor. • Keep one hand on top of the baby at all times. |
| <p>3. Be Prepared – to make changes to your home.</p> <p>Your baby will love to explore their home. Make sure unsafe things are locked away and out of reach.</p> | <p>My baby can crawl.</p> <ul style="list-style-type: none"> • Your baby can get to stairs or a cupboard. Use baby gates (hardware-mounted for tops of stairs, pressure-mounted for bottom of stairs or doorways). • Lock away cleaning supplies and medicine. • Install safety latches on cabinets; use electrical plug covers. |

Crib Safety

- Never use a crib made before 1986
- Adjust the height of the mattress as the baby grows to avoid falls
- Do not use bumper pads or quilts – they can prevent good air circulation to baby and cause overheating
- To prevent accidental smothering, remove all pillows, stuffed toys, fluffy bedding and plastic bags that could be near your baby.
- Pillows are NOT recommended until your child reaches their second birthday.

Falls are the number one cause of emergency room visits for children. Babies easily fall down stairs and off of beds, change tables, and chairs. Watch baby closely as they roll, crawl, climb, and walk.

Post the Ontario Poison Centre number: **1-800-268-9017** by every phone in your home.
 Take a CPR/First Aid course with St. John’s Ambulance, Heart Niagara, Niagara College or Canadian Red Cross
 (Check the yellow pages for the location closest to you.)

For a free copy of “Keeping Children Safe at Home” or for more tips on home safety, call the Parent Talk Information Line or visit www.ebmonkey.ca or www.safekidscanada.ca

For information on product recalls visit www.healthycanadians.gc.ca

Off We Go!

How should I dress my baby?

- Generally dress or cover your baby as you would dress yourself, then add one more layer.
- If your baby's neck and back is hot and sweaty to touch – they may need less clothing.
- If your baby was born before their due date and/or weighs less than 8 pounds (3.6 kg) they will have less insulating fat. In this case you can dress your baby a little more warmly.

When can I take my baby outside?

- If your baby was born full-term, your baby will be able to handle brief times outdoors when dressed properly.
- If your baby was born premature or weighs less than 8 pounds (3.6 kg) your baby may not be ready to handle extreme changes in temperature for at least 1 month.

How warm should the house be?

- During the first few weeks of your baby's life, they are not able to adjust to big changes in temperature. Keep the temperature of your home steady, not necessarily warmer, but at a more constant temperature.

Your baby and the sun...

- When your baby is over 6 months of age use a broad spectrum (UVA/UVB) sunscreen with SPF 30+. Apply sunscreen to your child 20 minutes before going outside and reapply every two hours (and after swimming).
- Avoid time in the sun from 11 am to 3 pm.
- Keep your baby that is under 1 year of age out of direct sunlight.
- Use sunglasses with a UV label, and a hat.

Insect Repellents

- Avoid insect repellent with DEET for babies under 6 months of age.
- You may use a small amount of a lower concentration of DEET repellent (<10% DEET) on babies 6 months to 2 years of age.
- Do not apply to face or hands.
- Do not apply more than once per day.



Car Seats in the First Year

Infants must be secured in a rear-facing car seat until they:

Weigh at least 20lbs. (9kg.), can pull themselves up to a standing position, and are at least one year old.

Choices of Infant Car Seats

Infant Only car seats

Use in the rear-facing position for babies up to 9 – 10kg. (20 - 22lbs.) and 66 - 72.5cm (26 - 28.5in) in length (follow the manufacturer's weight and length guidelines).

Convertible car seats

Use in the rear-facing position for babies with higher weight and length who are not ready to be in a forward-facing seat (follow the manufacturer's weight and length guidelines).

Note:

Transport Canada recommends that items not included with the car seat, such as bunting bags, head huggers or comfort straps, should not be used as they may reduce the safety of the car seat. For more information visit www.tc.gc.ca

Using An Infant Car Seat Properly Matters!

Use the following checklist when putting your baby in the car seat:



- baby's bottom and back are flat against the back of the car seat
- harness straps are fed through slots at or below baby's shoulder level
- harness straps lie flat against the baby's body
- harness straps are snapped into the buckle
- chest clip is fastened and put **at baby's armpit level**
- harness straps are tightened so only **one finger width** can be placed between the harness and baby's collar bone

Use this checklist when putting the car seat in your vehicle:



Always follow specific vehicle and car seat manufacturer's instructions and guidelines for installation.

- the car seat is put into the back seat of the vehicle
- the car seat rests on a 45-degree angle (a pool noodle can be used to adjust the angle)
- the vehicle seat belt goes through the correct seat belt path in the car seat
- the vehicle seat belt is tightened as much as possible so the seat cannot move more than 1/2" along seat belt path
- the car seat and baby face the back of the vehicle (rear-facing)

For information about attending car seat safety classes or to watch a video that shows you how to install your car seat please visit www.niagararegion.ca or call 905-688-8248 or 1-888-505-6074 ext 7362 to talk with a car seat technician.

The Early Years Last Forever...Building Your Child's Emotional Health

Your child's early experiences help to shape the way they will learn, think and behave for the rest of their lives. So what can a parent or caregiver do to make a difference?

Attachment and Early Brain Development

- Attachment is a strong emotional bond that develops between an infant and their parent(s) or primary caregiver
- A healthy attachment forms when a child's physical and emotional needs are responded to warmly and quickly. This is particularly important when a child is ill, hurt or upset.
- A healthy attachment with at least one adult develops trust, security and results in improved confidence, social behaviour and relationships. These benefits last a lifetime.

Be warm, loving and responsive

Babies are born with a need for human contact and stimulation. Children who don't play often, or who are rarely held, develop brains that are 20 - 30 percent smaller than normal for their age. Express your love and respect for your child everyday.

Respond to your baby's cues

You can't spoil an infant by comforting them when they cry. Studies show that crying newborns who receive a quick, warm response usually learn to cry much less and sleep more at night.

Talk, read and sing to your baby

Babies are learning language long before they speak. If children hear lots of talking, through stories and songs, they will find it easier to develop language skills.

Establish routines and rituals

Daily routines, such as a bath and a song at bedtime, are reassuring for babies, and help to provide them with a sense of security. Routines also help a child learn what to expect from their environment and how to understand the world around them.

Take Care of Yourself

You need care too. When you take good care of yourself, you are better able to give good care to your baby.

Encourage safe play and exploration

For a young baby, their parents are their whole world. As your baby grows and is able to crawl and walk, they will begin to explore and learn about their world. Encourage this exploration and follow your baby's lead in play.

Use discipline as an opportunity to teach

Limit-setting is an essential part of love. As an older baby explores their world they need limits and consistent, loving adult supervision. Redirect, distract, and use humour to help your older baby as they explore, ensuring their environment is safe.

Recognize that each child is unique

Your baby is different than any other. By being sensitive to your baby's unique cues and temperament, you will help them to develop good self-esteem.

Choose quality childcare and stay involved

It is not only parents who have an impact on their children, but anyone who is involved in their care. Ensure that any childcare arrangements provide a loving, nurturing, and safe environment for your baby.

Leave TV watching out of baby's routine

Television does **NOT** teach language or communication skills. It is **NOT** recommended before the age of two years.

The First Years Truly Last Forever! For more information on Attachment and Early Brain Development visit these sites: www.beagreatparent.ca, www.ontarioearlyyears.ca, and www.zerotothree.org.

Positive Parenting: Ways to Show Your Baby That You Care

Talk to Your Baby

Talking with your baby while feeding, bathing, and playing encourages early speech development.

Respond When Your Baby Cries

Consistently responding to your baby helps to build trust.

Read Your Child's Cues

Your baby will let you know when they need to be changed or fed, or when they are sick, tired, or over-stimulated.

Get To Know Your Child

Understand that even as infants children have a unique temperament and personality.

Sing/Read to Your Baby

Sing and read to your baby daily. Make interactive play a part of your baby's routine.

Play Games

Play games such as Peek-a-Boo and Pat-a-Cake.

Provide a Safe Environment

Baby-proof your home and provide a safe sleep environment for your baby.

Give Your Undivided Attention

A positive smile with eye-to-eye contact tells your baby that they have your attention.

Praise and Encourage

Give positive feedback when your baby is learning new skills.

Provide Age-Appropriate Toys

Pick toys that match your baby's age or skill level so they can develop fine and gross motor skills.

Massage

Learn to touch your baby in a gentle way to stimulate muscles.

Imitate Sounds

Repeat the sounds that your baby makes, and help them to take turns in "conversation."

Encourage Independence

Let your baby explore their environment and safe objects. As your baby gets older allow them to practise eating using a spoon.

For more information on positive parenting, visit www.beagreatparent.ca.

Limit-Setting For Your Older Baby:

- You will need to start setting limits for your baby once they begin to crawl and explore their environment.
- Babies need to explore: keep your baby safe by making their environment safe.
- Setting limits for your child under age two involves redirection and distraction. Redirect your older baby if they are doing something you don't want them to do.
- Get up, go to the child and remove them from whatever it is you don't want them to be doing, then provide a new, acceptable activity.
- You need to be consistent and persistent: babies need lots of repetition as they do not understand the difference between what is okay and what is not okay to do.
- It is important to be positive with your child; they need your gentle guidance to teach them; praise them when they do something right and they will want to do it again.
- Never spank your child; you could hurt them, and it is not an effective way to teach them.

Body language and tone of voice are important; get down to your child's level and speak gently

Growth and Development

Every baby is unique and will develop differently than any other baby. A good tool to help keep track of babies' development is called the Nipissing District Developmental Screen (NDDS)[™].

The Nipissings:

- Are checklists to help parents keep track of their child's development.
- Were designed to be done at the same times the child will get their vaccinations. There is a different checklist for each developmental stage up to age 6.
- Include a list of ideas of activities parents can do with their child that are appropriate to their age and will help them with their development.
- Parents can complete the Nipissing at home and then take it with them when they take their child to the doctor for their regular check-ups. This gives parents a chance to tell the doctor if they have any concerns with their child's development.
- Parents can also call the Parent Talk Information Line to ask any questions or talk about concerns they have about their child's development with a public health nurse.



The Nipissings for ages 1-2 months, 6 months and 12 months are included here. Nipissings for other ages (4, 9, 18, 24 and 30 months and 3, 4, 5 and 6 years) can be found at your local Ontario Early Years Centre or by calling the Parent Talk Information Line. You may also visit www.ndds.ca to download copies.

The Nippising Developmental Screens can be found at
<http://www.ndds.ca/>

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<http://www.ndds.ca/>

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<http://www.ndds.ca/>

Infant Play

As infants grow they are constantly learning about themselves and their world through their five senses – seeing, hearing, touching, tasting and smelling. It is important to play with your baby throughout the day and offer them opportunities to learn through their senses. Parents can play with their infant in many ways:

- Sing, read and talk to your baby even if he doesn't seem to be listening
- Hold your baby, smile and tell him how wonderful he is
- Take your baby for walks around your neighbourhood or go to a park – talk about the things you see and hear
- Play music and gently move your baby's arms and legs to the beat
- Hang brightly coloured objects near your child – mobiles, mirrors, pictures
- Try short periods of “tummy time” with your baby



As Baby Grows

- Offer him toys he can hold – rattles, bells, plastic rings
- Play during bath time – gentle splashing, floating toys, cups
- Play simple games – peek-a-boo and pat-a-cake
- Offer larger toys in bright colours and ones that move or can be pushed and pulled
- Play with your baby on the floor and encourage him to crawl by placing a favourite toy just out of reach
- Continue to sing and read to your baby

Early Literacy

How Parents Can Support Language Development

From the beginning, babies make their needs and interests known through body language and cooing and babbling sounds. As parents, we interpret their sounds and actions as communication. We take turns “talking” with them, even though they may not be using real words yet. We acknowledge their efforts to make sounds and encourage them with smiles and nods to do it again.

Families and caregivers can make a difference in a child's language development by:

- Staying face to face at your child's level when talking together
- Naming objects and actions during everyday routines or while looking at books with your child
- Talking to your child about what you are doing

These simple actions will give your child good models to help her speak and understand different words. Most importantly, have fun interacting and playing together with your child.

How Parents can Prepare their Child to Read



Although children are not born with the ability to learn to read, through natural interaction and exposure to print, they learn the skills to become fluent readers later on. Parents play an important role in helping their children learn the skills that they need before reading begins. Research shows that knowing the letters of the alphabet and having a large vocabulary are two of the best predictors of later reading success.



To help your child develop the skills to become a successful reader:

- Read simple books with your child by naming and pointing to the pictures.
- Babies will look at books but also chew on and bang them. Choose books that have large, simple pictures. Cloth and vinyl books are good because they do not fall apart when they become wet, and can be cleaned.
- Point out pictures in their surroundings and let babies see writing and reading as a part of their everyday life (making grocery lists, checking the calendar, reading newspapers, magazines and mail, and pointing out street signs).
- Sing songs, say rhymes and play games like Pat-a-Cake, Peek-a-Boo, and This Little Piggy, because they are fun for babies and allow them to hear and sense patterns of language.
- For more information regarding emergent literacy development, contact Speech Services Niagara at 905-688-3550 or 1-800-896-5496.

Immunization: Your Child's Best Protection



What is immunization?

Immunization means vaccination, or getting a needle. When children are immunized, they receive an injection that will protect them from serious childhood diseases such as whooping cough, diphtheria, tetanus, measles, mumps, and rubella.

How does it work?

Vaccines trigger your child's immune system to produce antibodies to fight certain diseases. For immunization to work best, children should have all their vaccinations on schedule.

Is it safe?

Yes, immunization is very safe. Before any vaccine is approved for use in Canada, it must go through careful testing to show it is safe and effective. Once a vaccine is in use, its safety is continually monitored. The benefits of immunization greatly outweigh any potential risks.

Are there any side effects?

The most common side effects are mild pain, swelling and/or redness where the needle was given. Some infant vaccines may cause a low-grade fever (approximately 38°C) or fussiness for a day or two after the needle. Talk to your child's doctor about how reactions can be prevented or minimized. Serious side effects are rare.

When should I have my child immunized?

Immunization begins in early infancy and continues throughout life. Your child will receive the majority of his/her immunizations between the ages of 2 months and 6 years of age. The Recommended Immunization Schedule for Publicly Funded Vaccines in Ontario shows when your child should be immunized. If your child was not immunized in infancy, talk to your child's doctor about a recommended catch-up schedule. For more information on the Immunization Schedule, speak with your child's doctor or visit www.niagararegion.ca to download a copy.

Where do I go for more information about childhood immunization?

A good starting point is to get a copy of the pamphlet called "Immunization: Your Child's Best Protection" which is available at all of our Public Health offices. You can also visit www.niagararegion.ca to download a copy and obtain more information about immunization. Always discuss any questions or concerns you have about immunization with your child's doctor. You can also call the Vaccine Preventable Disease Program at 905-688-8248 or 1-888-505-6074 ext. 7425 and ask to speak to a public health nurse.



Did you know it is the responsibility of a parent/guardian to report immunization information to Niagara Region Public Health each time his/her child is vaccinated?

The importance of having this up-to-date information on file helps us to protect all children in case of an outbreak of a vaccine preventable disease in the community.



**Please report your child's immunization(s) to
Niagara Region Public Health using one of the following:**

INTERNET

www.niagararegion.ca

TELEPHONE

Immunization Report Line

905-688-8248 or 1-888-505-6074 ext. 7459

FAX

(a copy of the immunization record)

905-688-8225

Public Health Immunization Clinics

**Please call 905-688-8248 or 1-888-505-6074 ext. 7425
to book an immunization appointment for your child
at one of our Public Health offices.**

Thorold · Welland · Niagara Falls · Fort Erie

Oral Health

Babies can get cavities just like older children and adults.

Baby teeth are important! Baby's first teeth help them to eat, speak and smile. They also help the adult teeth come in straight. Your child may have some of their baby teeth until age 12 so it is important to start healthy habits early.

- Clean your baby's mouth as often as possible after feedings. Before teeth appear, wipe your baby's mouth with a clean cloth moistened with water only. This will help your baby get used to having their teeth brushed. Find a position that is comfortable for you and your baby. On your lap, in your arms or on a change table. Talk to your baby while you are cleaning.
- As soon as teeth appear brush your child's teeth twice a day using a soft baby toothbrush and a slight smear of fluoridated toothpaste (Figure 1). Be sure to rinse any remaining toothpaste from the mouth using water on the toothbrush.
- A bedtime bottle with juice, pop, sugar-water, milk, formula or breast milk contains sugars that remain on your child's teeth throughout the night and can cause cavities. Avoid putting baby to sleep with a bottle, if you do fill it with water only.
- Offer a soother, blanket or toy to help break the habit of falling asleep with a bottle.
- When your baby can sit up alone, offer a cup to drink from instead of a bottle.
- Sipping on a bottle or cup for long periods of time during the day can cause cavities. Offer water between meals. Your baby produces more saliva (spit) while eating which helps to wash away sugars.
- Baby's first visit to the dentist should occur by the age of one year, or when the first teeth appear.



Early Childhood Tooth Decay (ECTD)

Early childhood tooth decay is a serious preventable dental disease which can destroy the baby teeth. Your baby is at risk for ECTD if they go to bed with a bottle filled with anything other than water. Formula, milk, breast milk, and fruit juice all contain sugars. When your baby falls asleep these liquids remain on your child's teeth throughout the night and can cause cavities.

What is Early Childhood Tooth Decay?

It is a serious dental disease which can destroy the baby teeth.

It can cause...

- Pain
- Many cavities
- Crooked permanent (adult) teeth
- Ear and speech problems

To prevent ECTD

- Gently wipe baby's teeth and gums after feedings and avoid letting your baby fall asleep with a bottle.
- **Check your baby's teeth often.** If you notice white or brown spots on the teeth or changes to the gums contact your dental professional or Niagara Region Public Health immediately. This may be a sign of "early childhood tooth decay"

Baby's First Dental Visit – Have Fun with It!

Baby's first visit to the dentist should occur by the age of one year, or when the first teeth appear. Before the first visit:

- You may want to take your child along with you and/or an older sibling when they go for a checkup to get them used to the office.
- Your child may want to bring along their favourite toy or book.

Fluoride

- Fluoride helps to strengthen tooth enamel (the hard outer layer of teeth). When teeth are stronger they are less likely to get cavities. Fluoride occurs naturally in tooth enamel, bone and our environment.
- Currently, the drinking water in the Niagara region does **NOT** contain fluoride.
- If your child is at risk for cavities your dental professional may recommend fluoride. A fluoride treatment in the form of a varnish that is applied directly to the teeth provides even more protection and may also be recommended.
- Fluoride at optimal levels is not a health concern. Swallowing too much fluoride between the ages of 3 months and 8 years can result in a dental condition called fluorosis. Fluorosis is a cosmetic condition that appears as white chalky spots on the permanent teeth. Children under 3 years should have their teeth brushed by an adult using only a slight smear (Figure 1) of fluoridated toothpaste.



Figure 1. A smear of toothpaste (left) is a very thin amount covering about a quarter of the surface of the surface of a child's toothbrush. A pea-sized portion of toothpaste is shown on the right. Image and text: Copyright ©2008 Canadian Dental Association.

Pacifiers (Soothers)

If you are using a soother for your child, make sure it is the correct size for your child's age. Also, be aware of these important points:

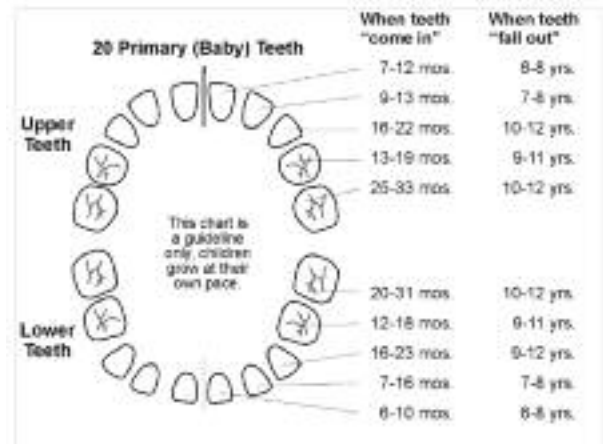
- Never dip the soother into honey, syrup or any other sweeteners as this can lead to cavities.
- Make sure the soother is clean before it goes into the baby's mouth. Wash with warm water.
- Avoid wetting the soother in your own mouth, as this could pass harmful germs to your baby.
- Throw a soother away immediately if you notice a change in colour, texture, or if it becomes sticky, cracked or torn. Soothers should be replaced after three months.
- Examine the soother often - give a strong tug on the nipple to make sure it is firmly attached to the shield.
- Never tie a soother around a baby's neck. This could cause injury or death.
- For babies, the need to suck is natural and helps relax and comfort. By age two or three years of age this need to suck is less and becomes more of a habit. It may be easier to wean your child from a soother rather than thumb sucking. This is because you can control when and how a soother is used.

Teething

Once teething starts, it continues for about two years. Each child has his or own schedule for “cutting” teeth. Expect the first tooth to come through when your baby is about 6 months old. Some babies seem to have no problem with teething while others may be fussy and you may notice drooling, biting, gnawing and some swelling of the gums.

How you can help relieve your baby’s sore or tender gums:

- Gently massage baby’s gums with a clean damp cloth.
- Give your baby a clean, chilled teething ring to chew on.
- Teething cookies are **NOT** a good choice as they contain sugar and may lead to cavities.
- Extra love and patience will help your baby through the teething process.
- Fever, rash and diarrhea are not symptoms of teething. Contact your baby’s doctor immediately as these could be signs that your child is ill.



Eruption times refer to teeth on both the right and left side of mouth. Eruption chart courtesy of Durham Region Department of Health.

Teething gels or ointments are NOT recommended because they may numb baby’s throat and cause choking.

Did you know?

- If your child has an urgent dental condition, Niagara Region Public Health Dental Program may be able to help. The Children In Need Of Treatment (CINOT) program provides dental coverage to eligible children.
- Once your child goes to school, Public Health dental professionals visit Niagara Region schools once a year to provide students with a dental assessment and offer families the opportunity to receive FREE preventive services for their children.
- There are 4 Public Health Dental Clinics located within the Niagara Region that provide preventive services to children.
- Public Health dental professionals, in partnership with local agencies conduct educational workshops and presentations on oral health.

For more information on oral health and programs that may be available for your child visit www.niagararegion.ca or call the Niagara Region Public Health Dental Program at 905-688-8248 ext. 7201 or speak to your dental professional.

When Your Baby is Ill

All About Fever

- Fever is a symptom, not a diagnosis.
- **Fever is defined as a temperature greater than 37.4° C or 99.4° F when taken under the arm.**

Call your doctor or go to the hospital if:

- Your baby is **less than 6 months of age**
- Your child appears unusually ill
- The fever is higher than 39.0° C or 102.0° F
- The fever doesn't get better within 48 hours
- Your child is more cranky or fussy than usual
- Your child is more sleepy, lethargic, or does not respond
- Your child has a fever with a rash or any other signs of illness that worry you

A Bit About Thermometers

- A digital thermometer can be used for oral (under the tongue) or axilla (armpit) temperature taking. It is made of unbreakable plastic, is easy to read, and measures temperature quickly.
- Do **NOT** use a mercury thermometer, if it breaks you and your baby might be exposed to this toxic material.
- Taking your baby's temperature in the armpit is the safest and easiest method.
- Ear thermometers are **NOT** recommended for babies under 6 months.
- Fever strips are **NOT** recommended because they do not give accurate readings.



What To Do If Your Child Has A Fever

- Keep your child comfortable and offer lots of fluids.
- Remove extra blankets and clothing so heat can leave the body and help lower the body temperature.
- Don't take off all the child's clothes, because they may become too cold and start shivering, which makes more body heat causing the temperature to rise again.
- Do not sponge your child with lukewarm water, alcohol baths, or rubs.

When Your Baby Needs Medicine

- **Acetaminophen is the best medication for a fever.**
- Unless your doctor says otherwise, parents can give the dose recommended on the package every 4 hours until the child's temperature comes down.
- The temperature usually comes down in 1.5 to 2 hours and then may rise again, in which case the medication may have to be repeated.
- Do not exceed 5 doses in 24 hours.
- **You can also use ibuprofen.**
- Be sure to follow the directions on the package. Ibuprofen can be given every 6 to 8 hours - up to 4 times in a 24-hour period.
- Do **NOT** exceed the recommended dose.

Do not give acetaminophen and ibuprofen at the same time.

A child with a fever should NOT be given aspirin. Taking aspirin can increase the risk of Reye's Syndrome. This is a very serious condition that can damage the liver and brain.

Common Cold

The common cold is the most common and mildest type of infection. Typical symptoms may include:

- Runny or stuffed-up nose
- Sneezing and coughing
- Watery eyes
- Low-grade fever (less than 38.5° C or 101.0° F)
- Mild sore throat
- Poor appetite
- Mild tiredness

The common cold is usually caused by a virus that is in the nose and throat. The cold usually gets better within 5-7 days.

Flu – Like Illness

Typical symptoms may include:

- Sore throat and/or hoarseness
- Sore or watery eyes
- Loss of appetite
- Body aches
- Sudden onset of fever

Some Things You Can Do:

- For the relief of pain or fever, give children's acetaminophen or ibuprofen. Follow the directions on the package carefully.
- Encourage extra fluids and rest.
- Encourage frequent hand washing for everyone in the household.
- Elevate the head of the bed 5-10 cm (2-4 in).
- Try a cold mist vaporizer/humidifier.

Complications with Cold and Flu

Children with **nasal congestion** may have difficulty feeding and/or breathing through their nose. Take baby with you into a steamy bathroom or shower. Do this at least 4 times a day for 15 minutes each time. Use of a cold air vaporizer/humidifier may also help to moisten membranes and act as a natural decongestant. Saline nasal drops and/or a nasal suction bulb may help to clear baby's

nose. Babies who are having difficulty breathing, have a fever, poor appetite, or vomiting should be seen by the doctor.

Colds can lead to **middle ear infections**. Signs can be rubbing and pulling at the ear, crankiness, vomiting, high fever, and/or pus draining from the ear. See the doctor.

Chest colds can be complicated. Children should be seen by the doctor if they have:

- Difficulty breathing
- Blue-tinged lips
- Noisy breathing
- Choking or coughing up a lot of yellow phlegm
- Coughing that causes the child to vomit

Croup is a harsh, barking (like a seal) cough and hoarse voice that worsens at night time. Croup can occur with other cold symptoms or cause the child to have difficulty breathing. Seek immediate medical attention.

Vomiting & Diarrhea

Diarrhea is defined as stools that are more watery and are more frequent than usual.

- 2 or more watery stools in 24 hours for babies who are not breastfed, OR...
- 3 times the normal number of stools in 24 hours

Vomiting and diarrhea can be dangerous if not taken care of properly. Call your doctor or go to the hospital if...

- Your child has diarrhea and is less than 6 months of age
- Your child has bloody stools
- Your child starts to vomit and is still vomiting after 4-6 hours
- Your child has a fever
- Your child has decreased urination, (less than 4 wet diapers in 24 hours), no tears, dry skin, dry mouth, dry tongue, sunken eyes, greyish skin, or sunken soft spot on top of the head

Your doctor may recommend you give your baby Pedialyte or Gastrolyte in frequent, small doses to replace lost glucose and electrolytes. Avoid juice and sports drinks such as Gatorade.

Postpartum Mood Disorders

What are the “baby blues”?

- Baby blues are considered normal
- Affect up to 80% of new mothers
- Usually occur 3-4 days after birth
- Can last up to 2 weeks
- No treatment required

You may:

- Feel sad/tearful
- Feel irritable
- Feel exhausted
- Have changes in your sleep/diet

With good physical care and emotional support, you WILL get better.

The #1 complication of childbirth is depression.

What is postpartum depression?

Postpartum depression is a mood disorder that may affect up to 20 percent of new mothers anytime within the first year following childbirth.

You may:

- Experience “baby blues” for longer than 2 weeks
- Experience more intense and longer lasting symptoms of the baby blues
- Have difficulty sleeping
- Feel overwhelmed and have difficulty concentrating
- Lose interest in previously enjoyable activities
- Feel hopeless or frustrated
- Feel restless/irritable/angry
- Feel anxious
- Feel guilty and ashamed
- Have repeated scary thoughts about the baby or thoughts of harming yourself or your baby

If you or someone you know is experiencing symptoms of postpartum depression . . . get help NOW!

**Contact your health care provider (family physician/midwife/public health nurse).
For immediate help please call:**

Community Crisis Care (24 hour access) at (905) 378-4647

Niagara Falls
Ext. 54919

St. Catharines
Ext. 43230

Welland
Ext. 33407

Distress Centres of Niagara (24 hour access)

Fort Erie
(905) 382-0689

Grimsby and Beamsville
(905) 563-6674

St. Catharines
(905) 688-3711

Welland
(905) 734-1212

or Emergency 9-1-1 as needed

**To speak with a public health nurse about your concerns please call
the Parent Talk Information Line (905) 688-8248 or 1-888-505-6074 ext. 7555**

What can you do?



- Do **NOT** blame yourself.
- Ask for help.
- Take care of yourself.
- Take time for yourself.
- Seek one-on-one counselling/support group.
- Consider medication.

What can your partner/family do?



- Listen and support her feelings.
- Encourage her to seek professional help.
- Develop relationship with the baby.
- Ask her how you can help.
- Educate yourself about postpartum depression.
- Encourage her to take time for herself.
- Find someone to talk to.

For more information, visit:

www.lifewithnewbaby.ca • www.oursistersplace.ca
www.depressionafterdelivery.com • www.niagararegion.ca

Remember . . . this is NOT your fault. There is help. Know where to turn.

Sexual Activity After the Baby

When Can I Start to Have Sex Again?

Some couples wait until 6 weeks (or more) have passed and the woman's body has healed from birth. Sexual intercourse can be started earlier if the vagina feels healed from a tear or stitches, and bleeding has stopped. Each woman will have to decide for herself when she feels comfortable and ready to resume sex.

When Will I Feel Like Having Sex Again?

When there is a new baby in the house, a woman and her partner may often feel very close to each other. However, they may feel they have neither the time, interest, nor the energy for sex. Hormonal changes after birth can also make a woman feel less interested in sex. There are other ways to show love for each other besides sexual intercourse. In the first weeks after baby, cuddling, kissing, and mutual touching are some other ways to feel close.

Will I Notice Any Changes After Birth

A woman's vagina may be drier, especially if breastfeeding. Using a lubricant, like KY jelly, spermicidal foam, cream or jelly, or saliva can help. More foreplay before sex can also help. Vaginal muscles may feel loose. Kegel exercises will help with this (see physical activity page).

How Soon After Birth Can I Get Pregnant Again?

Ovulation occurs **BEFORE** the first period, so pregnancy can take place **BEFORE** this first period. Women who breastfeed will usually not have their first period until later. Discuss your birth control options with your partner, doctor, public health nurse, or staff at the Public Health Sexual Health Centre.

5 Great Tips for keeping your relationship healthy

- Keep lines of communication open.
- Plan regular, private time with your partner: Share breakfast while baby is sleeping or create a monthly date night.
- Planning romance and being spontaneous are both needed in keeping your relationship exciting: begin with a walk hand-in-hand around the block.
- Remember, it is quality not quantity - so don't rush into things.
- You are both learning how to be a parent, so be patient with one another.

Sexual Health Centres

| | |
|--|--|
| <p>Fort Erie Sexual Health Centre 43 Hagey Street Fort Erie ON L2A 1W4 Phone: 905-871-5320 Fax: 905-871-3333 Monday to Friday 9:00am - 12:00pm</p> | <p>Niagara Falls Sexual Health Centre 5710 Kitchener Street Niagara Falls ON L2G 1C1 Phone: 905-358-3636 Fax: 905-358-2717 Monday to Friday 1:00pm - 4:30pm</p> |
| <p>St. Catharines Sexual Health Centre 277 Welland Avenue St. Catharines ON L2R 2P7 Phone: 905-688-3817 or 1-800-263-5757 Fax: 905-688-6063 Monday to Friday 8:30am - 12:00pm and 1:00pm - 4:30pm</p> | <p>Welland Sexual Health Centre 200 Division Street Welland, ON L3B 4A2 Phone: 905-735-5697 Fax: 905-735-4895 Monday to Friday 1:00pm - 4:30pm</p> |

Resuming Physical Activity

Before you begin any physical activity program, check with your physician first, especially after a difficult delivery or caesarean section.

Begin Slowly

Start with light activities, i.e. walks with your baby, or light household chores then gradually increase frequency, intensity, and duration to desired levels. This way endurance, flexibility, and strength can be regained without risk of injury. It is important to firm and strengthen the stressed areas of your body – the pelvic floor muscles (that support your bladder, uterus, and bowel), the tummy, and the back.

Advantages of Being Physically Active

Physical activities are important for physical, social, and emotional health. They also recondition your body after the birth of your baby.

REMEMBER: Plan physical activities as family events. Include your baby (i.e. walks in the stroller) or have your baby watch you exercise. Fit this into your daily routine.



Warning

See your doctor immediately if you have any of the following symptoms during physical activity:

- Chest pain
- Difficulty breathing
- Racing heart
- Severe headache
- Dizziness

Tips for Physical Activities:

- Move slowly and smoothly.
- Relax and breathe deeply between movements. Don't hold your breath.
- Avoid long, tiring sessions.
- Wait to jog, or participate in vigorous activities until after your postpartum checkup.
- If it hurts, do **NOT** do it. You should be able to carry on a normal conversation while being physically active.

The following simple, but important activities, strengthen muscles, improve blood flow, and help healing to take place. With caesarean section deliveries, the first three activities can be started two days after giving birth.

1. Deep Breathing and Tummy Tightening for Post C-Section Deliveries

Why?

- Improves air flow in lungs
- Tightens tummy muscles
- Increases blood flow to help your incision heal

How to: (Lying on back with knees bent, rest hands on tummy).

- Breathe in deeply, letting tummy rise
- Relax
- Repeat 5 – 10 times

2. Pelvic Tilt

Why?

- Firms tummy muscles
- Relieves backache
- Improves posture

How to: (Lying on back with knees bent. Can also be done standing or sitting).

- Tighten tummy muscles
- Push small of back into floor
- Hold for a count of 5
- Relax
- Repeat 8 – 10 times

3. Pelvic Floor Tightener (Kegel exercise)

Why?

- Helps bladder control
- Strengthens muscles that support bladder and uterus
- Tightens muscles used during sex

How to: (Lying, standing, or sitting).

- Gradually tighten pelvic floor muscles as if to stop the flow of urine
- Hold for count of 5 (work up to 10)
- Relax
- Repeat 5 times (work up to 20-30 times throughout the day)

4. Tummy Trim (Curl Ups)

Start when comfortable (usually 6 weeks). Check with your doctor/midwife to make sure you don't have "abdominal muscles separation"

Why?

- Tightens tummy muscles
- Helps prevent backache

How to: (Lying, standing, or sitting).

- Lie on your back with knees bent and feet flat on the floor
- Stretch arms toward knees
- Tighten tummy muscles
- Lift your head and shoulders, keeping chin tucked in
- Hold to count of 3
- Slowly uncurl to relax
- Gradually increase to 2 sets of 10 repetitions

As you feel stronger, stretch your right arm to your left knee and vice versa. Also, try raising your upper back off the floor, to increase the level of difficulty.

Regular physical activity can make you feel better, look better, and sleep better. It gives you more energy and can help you cope with the stresses in your life. DON'T STOP NOW... THESE ACTIVITIES ARE JUST THE BEGINNING!

Recovering from a Caesarean Section (C-section)

It usually takes 6 weeks to fully recover from a C-section as it is a major surgery.

Here are some helpful tips for a full recovery:

- Take pain medicine as prescribed by your physician as needed
- Do not lift anything over 10 pounds
- Walk carefully so you don't stretch your belly; have someone help you use the stairs
- Eating lightly and walking will help with gas pains and constipation; drinking plenty of water will also help with constipation
- When breastfeeding, using a pillow under your baby will protect your incision, as will using a "football hold"
- Avoid driving during the first few weeks
- Have someone help you with baby care and housework. You will be very tired while recovering from surgery.

See your doctor if you have any of the following symptoms:

- Increased abdominal pain
- Fever
- Signs of infection around the incision area
- Pain in your calves
- Vaginal bleeding heavier than a regular menstrual period
- Anything else that you're worried about



Breastfeeding after Returning to Work

You can still continue to breastfeed after returning to work. As long as children are breastfed, they are getting important vitamins and minerals that help to keep them healthy. In fact, studies have shown that breastfed toddlers get sick less often than their peers do.

Before You Return to Work:

- Choose a pump that suits your needs – one that works well and is effective.
- Create a breastfeeding plan: You may want to meet with a lactation consultant or public health nurse who can talk to you about your concerns. Openly talk about work site flexibility, breastfeeding, pumping and storage of milk.
- Meet with your employer to talk about your hours of work and breastfeeding breaks. It is your right to breastfeed and no employer can stop you from doing so.
- Check to see that your workplace has a private and clean area with an electrical outlet and water source for nursing or pumping.

Several Weeks before Returning to Work:

- Express milk by hand or pump; begin in the morning when you have lots of milk and express following feeding.
- You may wish to express from one breast while your baby drinks from the other breast.
- Some mothers like to give expressed milk in a cup with a soft spout.

After Returning to Work:

- If possible, try to return to work gradually.
- Talk to your caregiver about how to handle your expressed breastmilk.
- If you work 8 hours or more per day, you may need to express milk at least 2-3 times while at work (the younger the baby, the more often you'll have to pump).
- Wear clothes that make it easier to express milk .
- If your workplace doesn't have a fridge, bring a cooler for safe storage of breastmilk.
- Nurse your baby before you leave for work and when you get home.
- Expect that you may feel tired as this is a time of change.

For Information About Child Care In The Niagara region.



| | |
|--|--|
| Niagara Region Community Services/ Children's Services | Financial Assistance |
| For licensed child care programs view: www.niagararegion.ca or call 905-984-3810 , or toll-free 1-800-263-7215 ext 3894 to inquire about supports and services available to you and your family. | Financial support for child care. For information, call 905-984-3750 or 1-800-263-7215, ext. 3897 . |
| Early Childhood Community Development Centre | Adolescent Family Support Services of Niagara |
| Choosing quality child care is one of the most important decisions a parent/guardian will make. For more information on a program called Quality Child Care Niagara, contact Children's Services at 905-984-3750 or the Early Childhood Community Development Centre at 905-646-7311 . www.eccdc.org | For young moms planning to continue school. Call 905-735-2566 . |

A word about Grandparents and extended family:



As baby grows, allow Grandma and Grandpa (or Auntie or Uncle) to have time with baby. This will help build baby's 40 Assets, allow baby to build memories with their grandparent, and provide grandparents the opportunity to share their life-long learned wisdom with their grandchild. As well, extended family members who are willing and able can help with child care. Check out www.grandparenting.org

Resource List

Important: Remember your baby must be registered for the following:

| | |
|---|--|
| 1 | Birth Certificates – 1-800-461-2156 or www.serviceontario.ca |
| 2 | Health Cards – 1-800-664-8988 or www.health.gov.on.ca |
| 3 | Social Insurance Card – 1-800-206-7218 or www.servicecanada.gc.ca NOTE: Must show birth certificate |
| 4 | Universal Child Care Benefit – 1-800-959-2221 or www.universalchildcare.ca |
| 5 | Canada Child Tax Benefit – 1-800-387-1193 or www.children.gov.on.ca — Based on income Ontario Child Benefit – 1-866-821-7770 or www.ontariochildbenefit.ca |

Be a Great Parent
www.beagreatparent.ca

Best Start
Ontario's Ministry of Children and Youth Services program that is committed to helping young children get the best start in life.
www.beststart.org

Canadian Paediatric Society
www.cps.ca

Child Care

- **Regional Municipality of Niagara Region**
905-984-3810 or 1-800-263-7215, ext. 3894
- **Community Services Department Children's Services**
905-984-3750 or 1-800-263-7215, ext. 3897
- **Early Childhood Community Development Centre**
www.eccdc.org or call 905-646-7311
- **Adolescent Family Support Services of Niagara (AFSSN)**
905-735-2566

College of Physicians and Surgeons of Ontario
(for assistance in securing a family doctor)
www.cpsso.org

Fatherhood
www.fatherhood.org
www.cfii.ca

First Aid/CPR Courses
Canadian Red Cross - 905-680-4099
Heart Niagara - 905-358-5552
St. Johns Ambulance - 905-685-8964

Health Canada
www.hc-sc.gc.ca

Invest in Kids Foundation
www.investinkids.ca

Multiple Births Canada
1-866-228-8824 or www.multiplebirthscanada.org

Niagara Health System
Niagara area hospitals-one central number
905-378-4647 or www.niagarahealth.on.ca

Nutrition
1-877-510-5102 or
<http://www.eatrightontario.ca/en/askDisclaimer.aspx>

Ontario Poison Centre
1-800-268-9017

Safe Kids Canada
www.safekidscanada.ca

Speech Services Niagara
905-688-3550 or 1-800-896-5496

Services For Parents



Niagara Region Public Health Parent Talk Information Line (PTL)

Speak to a public health nurse about any parenting concern.
905-688-8248 or 1-888-505-6074 ext. 7555
www.niagararegion.ca

Telehealth Ontario: 1-866-797-0000 TTY: 1-866-797-0007

The government's Telehealth Ontario program is a free, confidential telephone service you can call to get health advice or general health information from a Registered Nurse, 24 hours a day, 7 days a week. A call to Telehealth Ontario does not replace 911 – that is always the first number you should call in emergency situations.

www.health.gov.on.ca

Motherisk: 1-416-813-6780

Motherisk - Canada's expert on the safety of medications, infections, chemicals, personal products and everyday exposures during pregnancy and breastfeeding.



Ontario Early Years Centres

offer parenting programs, workshops and interactive play for parents/caregivers and children 0-6 years of age.

Please visit www.ontarioearlyyears.ca or call for hours of operation:

| Erie Lincoln Service Area | Niagara Centre Service Area | Niagara Falls Service Area | St. Catharines Service Area |
|---|-----------------------------|---------------------------------------|-----------------------------|
| (Fort Erie, Port Colborne, Wainfleet, Lincoln & West Lincoln) | (Welland, Pelham & Grimsby) | (Niagara Falls & Niagara-on-the-Lake) | (St. Catharines & Thorold) |
| 905-834-9071 | 905-734-3563 | 905-357-2398 | 905-938-9392 |

Parenting Classes, Clinics, and Groups are available through Public Health

Clinics

- Breastfeeding Clinics
- Travel Clinics
- Dental Clinics

Classes

- Baby Talk Classes
 - Car Seat Information Classes
 - Breastfeeding Workshops
 - Positive Parenting Program
 - Parenting Workshops (e.g. Healthy Eating, Toilet Training)
- Online registration will be coming soon in 2010.**

Support Group

- M.O.M.S – Moms Offering Moms Support

For more information on these services please visit www.niagararegion.ca or call the Parent Talk Information Line.

OTHER AVAILABLE PARENTING RESOURCE GUIDES



Getting Ready for Parenting



18 Months-3 Years



4-13 Years



14-19 Years



2201 St. David's Rd., Campbell East, Thorold, ON
Tel: 905-688-8248 Toll Free: 1-888-505-6074 Fax: 905-688-5100
Mailing Address: P.O. Box 1052, Station Main, Thorold, ON L2V 0A2

www.niagararegion.ca
www.beagreatparent.ca