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A healthy baby

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Véronique Michon

Most of the time your baby is perfectly healthy. Your daily care, presence, and love and affection enable her to flourish. Little by little, you get to know her needs, behaviour, and habits. If she's not feeling well, you notice it quickly and do what you can to make her feel better right away.

There are plenty of ways to help keep your little one stay healthy. And, remember, there are health professionals available to help you.

Before taking care of your baby (e.g., feeding, changing diapers), wash your hands to reduce the risk of transmitting an infection (see [How to do a good hand washing](#), page 640). This is especially important if you are sick.

If you have COVID-19, you need to take certain precautions. COVID-19 is contagious for 10 days. During this period, wear a face covering (preferably a medical mask) when caring for your baby. Always wash your hands before taking care of your child.

Holding your newborn

Until your baby is about 3 months old, his neck muscles are not strong enough for him to hold up his head by himself. It's important to always support his head and back when you pick him up. That way you prevent his head from wobbling and causing injury.

You may choose to swaddle your newborn in a blanket when you hold him, because some babies like to feel bundled up. However, make sure that he's not too hot and the blanket isn't too tight.

Carrying and hugging your baby stimulates him and helps him develop. You won't "spoil" a child by giving him the comfort and love he needs. On the contrary! Hold your baby in your arms as often as you want, whether it's because he's crying or not feeling well, or just to give him a cuddle.



Holding your baby in your arms is one way to spend some quality time with him.

Babies like to be carried and rocked. Carrying your baby in a baby carrier (see [Baby carriers](#), page 758) or rocking him in your arms is a wonderful way to spend some quality time with him. These intimate moments help your baby develop the feeling of confidence that is so essential for establishing and maintaining the attachment bond.



Don't worry, your baby is less fragile than he looks. He just needs to be handled gently and lovingly.

Caring for the umbilical cord

The umbilical cord is white at birth, but darkens as it dries. It drops off by itself between the 5th and 21st day.

Gently clean around the umbilical cord (the folds) every day until it drops off and the belly button is healed.

Here are a few tips for cleaning the umbilical cord and keeping it dry:

- Gently clean the area with a cotton swab (Q-Tips®) soaked in warm water. Don't use alcohol because it delays the cord dropping off.
- Dry with another cotton swab. Rub the cotton swab around the umbilical cord.
- Avoid covering the cord with the diaper or a compress. It must always stay dry. Fold the diaper under the belly button to prevent irritation.



Clean around the umbilical cord every day until it drops off and the belly button is healed. Don't worry, this doesn't hurt your baby.

Remember to dry around the cord after bathing your baby.

The cord may remain half attached for 2 to 3 days. Don't try to pull it off. It can also leave traces of blood on your baby's diaper or clothes. Once the cord has fallen off, a few drops of blood may flow from the scar. This isn't dangerous; the belly button will heal on its own.

Talk to a health professional if

- redness appears or becomes more intense
- the belly button oozes fluid
- the belly button smells bad
- you have any other concerns



Bathing your baby

Most children love bath time. It's a special moment with mommy or daddy. It's also enjoyable and relaxing. These private moments will help you get to know your baby. With time you'll become more and more sure of yourself.

The ideal moment

You can bathe your baby at any time of day. There's no ideal time. It's really a matter of when your baby appears willing. Bath time will be less pleasant if your baby is hungry or tired. You'll get to know when the ideal moment is for your baby.

Frequency

There's no need to bathe your baby every day.

However, some parts of the body do need to be cleaned daily. Use a damp washcloth to wash your baby's face and neck. Add a little soap to clean the hands, genitals, and bottom.

Getting ready

Gather together all the items you need before undressing your baby. Do not leave her side during bath time. Being prepared is essential for making sure your baby's safe and comfortable.

Here are a few items you might need:

- Washcloth and towel
- Mild, unscented soap and baby shampoo
- Clean clothes
- One or two diapers
- One or two cotton swabs for cleaning her belly button
- Small nail scissors or a nail clipper and nail file
- Zinc oxide ointment for her bottom
- Unscented moisturizing cream or lotion (for places where her skin is dry)
- Brush or comb

Adjust the room temperature if you can, ideally to 22 to 24°C.

Soap: mild and unscented

Children, especially newborns, have sensitive skin. Soap removes the natural protection of your baby's skin and can irritate it. So it's best to use mild, unscented soaps.

Use a small amount of soap and apply it only to your baby's hands, bottom, and genitals. The rest of her body doesn't need soap.

Avoid antibacterial soaps because they contain alcohol. Scented products such as bubble bath and bath oils are unnecessary and can cause irritation.

Bathing

You can wash your baby in an ordinary bathtub, a baby bath, or the bathroom or kitchen sink if it's clean. You may also choose to take her in the bath with you. If so, put a nonskid bath mat in the bottom of the bath tub to reduce the risk of slipping.



Health Canada advises against using bath seats to ensure the safety of babies in a bath tub. They give adults a false sense of security, which can lead to drowning.



Illustration: Santé Canada

A few centimetres of water in the tub are enough to wash your baby. For older children, the water level in the tub should not be higher than their belly button when they're seated.

Run the hot and cold water at the same time. The water should be warm, i.e., at your body temperature (34 to 37°C). To avoid burning your baby, always check the water temperature with your elbow or wrist.

Undress your baby only when everything's ready so she doesn't get cold. Put her slowly in the water, starting with her feet. Then gently immerse the rest of her body. Hold her head, supporting her neck with your forearm and sliding your hand under her armpit (see picture page 601).

How to bathe baby

Whether you wash your baby with a washcloth or in a tub, here are a few practical tips.

- Clean her face first with a wet washcloth:
 - Clean her eyes starting from the inside corner (near the nose) toward the outside corner. Use a different corner of the washcloth for each eye.
 - With another corner of the moistened washcloth, gently clean outside and behind her ears. Avoid going too far inside the ear. Don't use cotton swabs (Q-Tips®), because they can injure the eardrum and push earwax even farther into the ear.
- Then carefully wash all the folds of the body:
 - Don't forget the folds of the neck, armpits, thighs, and bottom. Rinse well.
- Wash the genitals and bottom last:
 - **For baby girls**, gently wash the vulva by separating the outer lips. Wipe from front to back. That way you avoid traces of fecal matter from coming in contact with the entrance to the vagina and urethra. Rinse well.
 - **For baby boys**, wash the penis and scrotum. Rinse well. The foreskin is not detached from the tip of the penis at birth. Avoid doing anything that will detach it. It's not necessary to dilate it to clean it.
- After the bath, dry your baby well without rubbing. Dry all the folds well to prevent redness and dampness. Remember also to dry around the umbilical cord. It's not a good idea to use powder because it can cause breathing problems.

If the baby is still covered in *vernix caseosa*, you don't need to rub it off. It will be reabsorbed within a few days.



Never leave your baby alone in the bath, for whatever reason, even for just a second. A baby can drown in as little as 2.5 cm (1 in.) of water. If the telephone or doorbell rings, take your baby with you. You can also simply choose not to answer.

Hair

You don't need to wash your baby's hair every day. Once or twice a week is enough. Avoid rubbing when using shampoo, and be gentle over the fontanelle (soft spot). Then rinse well with clean water and gently pat it dry.



When you bathe your newborn, hold her head, supporting her neck with your forearm and sliding your hand under her armpit.



Karelle TB

Nasal irrigation

Babies and young children can't blow their noses properly. You can use nasal irrigation to clear their nose.

This technique involves gently rinsing your child's nostrils with saline solution (salt water). The solution is easy to make at home (see [Saline solution \(salt water\) recipe to treat stuffy noses](#), page 603). Or you can buy it at your local pharmacy. Make sure to get saline solution and not medicated nasal drops or sprays (such as decongestants). Ask your pharmacist for advice.

Nasal irrigation reduces congestion and hydrates the nasal passages. It reduces the frequency and duration of colds and helps prevent ear infections.

Some parents use nasal irrigation every day to help keep their children's noses clear. Others use it only when their children have nasal congestion or cold symptoms (see [Stuffed-up or runny nose](#), page 656).

How it works

Nasal irrigation requires saline solution and syringes, which are available at drugstores. It's best to use a different syringe for each child and change them when they become hard to use or clean.

The table on the next page shows one way of doing nasal irrigation. You can also ask your healthcare professional to show you how it's done.



If you feel strong pressure is needed to get the solution into the nostrils, or if your child complains about ear pain, empty push out the saline solution more gently (1 ml per second).

Child under 6 months	Child 6 months and over
Wash your hands.	
Fill a syringe with 3 ml to 5 ml of saline solution.	Fill a syringe with 5 ml to 10 ml of saline solution.
Lay the child on her side. Swaddle her if she moves around too much.	Sit the child on your lap. Swaddle her if she moves around too much. Hold her jaw to stabilize her head. Lean forward slightly.
Carefully insert the tip of the syringe into the upper nostril and gently push out the saline solution. The child's secretions will come out through her nostrils and mouth.	
Turn your child on her other side and repeat for the other nostril.	Repeat for the other nostril.
Wipe your child's nose or encourage her to blow her nose if she's able. If necessary, use a nasal suction device. You can repeat these steps until your child's nose is clear.	

Saline solution (salt water) recipe to treat stuffy noses

There are several recipes for saline solution (salt water) for the nose. Here is one:

Add 10 ml (2 tsp.) of iodine-free salt (sea or pickling salt) and 2.5 ml (½ tsp.) of baking soda to 1 L (4 cups) of cooled boiled water.

Store the solution in the fridge in a sealed glass container for up to 7 days. Take the desired amount out of the fridge and let it come up to room temperature before using. Do not rinse your child's nose with cold water.

Baby's teeth

Your baby's teeth start to form during pregnancy. At birth, she has 20 baby teeth, or primary teeth, that are still growing under the gums.

The formation of baby teeth and permanent teeth is influenced by diet in early childhood and by the mother's diet during pregnancy.

Teething

Teeth grow gradually until they break through the gums. It is known as tooth eruption.

First teeth

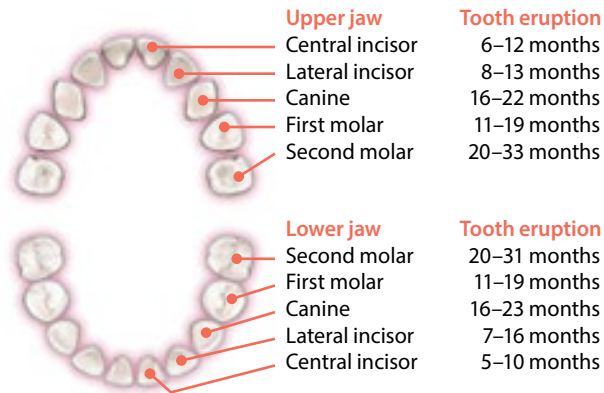


Illustration: Bertrand Lachance

Baby teeth generally appear at around 6 months. But they can come in earlier or later, even as late as 12 months. The lower front teeth (incisors) usually break through first.

Teething may go unnoticed or may cause discomfort. When your baby is teething, she may drool more and feel the need to chew on something.

Your baby may also have red or irritated skin on the face and may fret more than usual or refuse to eat.

In some babies a blue swelling (known as an eruption cyst) appears on the gum up to two months before the tooth breaks through. This cyst usually needs no treatment.



Don't immediately assume that your baby's fever, diarrhea, and red bottom are related to teething. Even if these symptoms occur at the same time, they are often caused by something else. For more information, see **Fever**, page 643; **Diarrhea**, page 662; and **Redness on the bottom (diaper rash)**, page 630.

What to do during teething

If necessary, give your baby a clean washcloth soaked in cold water or a teething ring. You can cool the teething ring in the refrigerator, but don't freeze it: your baby could injure her mouth.

You can also rub her gums with a clean finger.

Give her acetaminophen, if needed (see **First choice: acetaminophen**, page 650).

If your child is in serious discomfort, contact a health professional. You can also call Info-Santé at any time by dialing 8-1-1.



Teething necklaces, syrups, and gels pose serious risks to your baby's health.

Products to avoid

Various products are available to relieve the discomfort of teething. However, they have not been shown to be effective and can be dangerous:

- Teething necklaces: Babies can choke on the wooden beads or other parts of a teething necklace, or can strangle themselves with it.
- Teething syrups and gels: These products contain an ingredient that can increase the risk of developing a serious blood condition. They also increase the risk of choking.
- Natural and homeopathic health products (e.g., belladonna): The exact contents of these products are not always clearly indicated on the packaging.
- Teething biscuits: These products do not relieve your baby's discomfort. What's more, they contain sugar and can therefore cause tooth decay (see **Tooth decay**, page 609).
- Certain pieces of raw fruit or vegetables can also be a choking hazard if given to baby to chew on (see **Choking risk: Be extra careful until age 4**, page 530).

Brushing

The purpose of brushing is to clean your baby's teeth as well as possible using a fluoride toothpaste.



Using a fluoride toothpaste helps prevent cavities.

As soon as the first teeth start to appear, brush them at least twice a day.

Before bed is the most important time to brush your baby's teeth. Ideally, a toothbrush should be the last thing to come in contact with your baby's mouth before bedtime. There is less saliva in your baby's mouth when she's sleeping, which means tooth decay can develop and progress more easily.

If your child wants to brush her teeth herself, encourage her, and then do a final brushing. Since children love to imitate, you can also brush your teeth at the same time.

Toothbrush

- Use a children's toothbrush with soft bristles. Change it as soon as the bristles start to bend.
- Rinse the toothbrush after every use.
- Let it air dry upright. Do not put a cap on it.
- To prevent the spread of germs, make sure it doesn't touch other toothbrushes.
- Make sure your child has her own toothbrush and doesn't share it with anyone.

Toothpaste

As soon as you start brushing your child's teeth, you can use the toothpaste of your choice as long as it

- Contains fluoride, an effective protection against cavities
- Is recommended for children under 6



Anne-Marie Turgeon



As soon as the first teeth appear, brush them at least twice a day. Brushing before bed is the most important time to brush.

Since children tend to swallow toothpaste, use only a very small amount, about the size of a grain of rice.

To prevent children from ingesting too much toothpaste, store it out of their reach.

Sugar

Sugars occur naturally in fruits, juices, and milk (e.g., breast milk, commercial infant formula, and cow's milk). Sugar is often added to drinks, food, and drugs for children.

The more your child's teeth are in contact with sugar, the more your child risks developing cavities.

Baby bottle

Prolonged contact between your child's teeth and her bottle containing milk or sweet liquids can cause tooth decay.

Don't let your baby drink from or suck on her bottle for long periods of time. Don't let her sleep with or carry around a bottle or sippy cup containing juice or any other liquid except water.



Use only a small amount of fluoride toothpaste: the size of a grain of rice is enough.

If your baby has gotten into one of these habits, gradually dilute the contents of the bottle or cup with water until it contains nothing else. To reduce the risk of tooth decay, it's best to wean her off the bottle when she's about a year old.

Pacifier

Don't dip your baby's pacifier in honey, corn syrup, or any other sweet product.

Tooth decay

Tooth decay (also known as cavities or dental caries) can occur when your child is small, even before age 2. Once it appears, it can quickly get worse. The decay is caused by bacteria producing acid that attacks the structure of the tooth. It can cause pain and may interfere with your child's sleep or feeding.

If you see dull white, yellowish, or brownish stains on your child's teeth, it is advisable to see a dentist or dental hygienist. It could be the start of tooth decay. It's important for the health of young children to have tooth decay treated, even though they will eventually lose their baby teeth.

Visits to the dentist

It's a good idea to schedule a first visit to the dentist for your child after her first birthday.

Régie de l'assurance maladie du Québec covers the cost of dental exams and some treatments for children under 10.

Cutting your baby's nails

During the first week of life, your baby's nails are stuck to the skin. Don't try to cut them because you could hurt him. The tips of the nails will come away from the skin after a few days. When his fingernails are long enough for him to scratch himself, they will need to be trimmed or gently filed.

You can trim or file your baby's nails after his bath, when they're softened by the water, or when he's sleeping. Try to cut his toenails straight across with small scissors or a nail clipper. This will prevent the nails from piercing the skin (becoming what are known as ingrown toenails). However, it's better to trim fingernails around the curve of the finger to prevent scratches.

Nails grow quickly, so you will need to trim or file them regularly.

Choosing diapers

Diapers will be part of your baby's wardrobe until he's potty trained. Disposable or cloth diapers? It's a matter of choice. Opt for the ones that work best for your baby's skin and fit best with your values, needs, budget, and situation.

Disposable diapers

Disposable diapers come in a variety of brands, sizes, and types (e.g., regular and overnight).

These diapers contain crystals that safely transform urine into a gel and separate it from the stool. This eliminates the mix of urine and stool that can irritate your baby's skin.

Some disposable diapers contain perfume, which can also be irritating for your baby's skin.

Cloth diapers

Cloth diapers are available in a wide variety of styles that fit well and are easy to use and care for.

Some brands offer extra-absorbent nighttime models or allow you to insert a second absorbent pad.

It's important to follow the manufacturer's instructions (e.g., some recommend soaking before washing) to keep cloth diapers in good condition.

Various organizations and specialty shops can answer any questions you may have.



How to change diapers

Whether you're using disposable or cloth diapers, it's important to change your baby on a regular basis, and right away after she poops. Changing her diaper regularly helps prevent irritation.

To change a diaper

- Remove the soiled diaper.
- Wash your baby's genitals and bottom with soap and water, whether he's a newborn or older (see [Genitals](#), page 276).
 - If soap and water are not readily available, use disposable wet wipes. It's best to use wipes only if your baby's skin is healthy. Choose unscented wipes to avoid irritating your baby's skin.
- Dry your baby's bottom before putting on the new diaper.
- Put your baby down in a safe place and wash your hands.

You don't need to apply a protective cream to prevent irritation. If her skin is irritated, you can apply a layer of zinc oxide ointment (see **Redness on the bottom (diaper rash)**, page 630).



Be careful your baby doesn't fall! Never leave your child unattended on the changing table. Always keep one hand on him if you need to reach for something. You can also change him on a towel or mat on the floor.



France Laliberté



Most newborns need frequent diaper changes. So why not make it a fun and enjoyable time for you and your baby?

Medical checkups

Regular checkups with a doctor or nurse allow you to discuss your child's health and development. These checkups are also an opportunity to ask questions about her growth, feeding, vaccination, or any other subject concerning your child's health.

To find a family doctor for your child, you can put her on the waiting list using the Québec Family Doctor Finder.

Québec Family Doctor Finder

quebec.ca/en/health/finding-a-resource/registering-with-a-family-doctor

Friends, family members, or other health professionals you're already seeing can also guide you in your search.

Consulting health professionals

Your CLSC is the gateway to a number of services including vaccination, breastfeeding clinics, and referrals to other resources. It can also provide information on available services and explanations on how to access services elsewhere, if necessary.

When you want to make an appointment with a health professional for your child, contact the child's family doctor. If the doctor isn't available, ask to see another doctor or health professional at the same clinic.

You can also get an appointment the same day or the next day using the Québec Medical Appointment Scheduler. This service is available for children who don't have a family doctor or whose doctor is unavailable.

Québec Medical Appointment Scheduler

rvsq.gouv.qc.ca/en

When your child is not doing well or if you're worried, it can be hard to know where to turn. Here's a tip: Start by calling Info-Santé or Info-Social (8-1-1). These services are available 24 hours a day, 7 days a week. You can talk to a health professional, who will evaluate the situation with you.

If necessary, the Info-Santé or Info-Social health professional can help direct you to a clinic or hospital where you can take your baby.

Info-Santé and Info-Social services are available throughout Québec by dialing 8-1-1, except in certain remote regions. In these areas, your healthcare professional can tell you the local number to call.

In case of emergency, call 9-1-1.



If your child is not doing well or if you are worried, you can call Info-Santé (8-1-1) 24 hours a day, 7 days a week to speak to a nurse.

Baby's growth

A variety of factors can influence the speed at which a child grows, including gender, diet, and genetic makeup. Your baby is unique, and will grow at his own pace. He may be bigger or smaller than other babies his age.

Growth spurts

During your baby's first months, he will experience periods of rapid growth called "growth spurts."

Growth spurts occur most frequently around

- 7 to 10 days
- 3 to 6 weeks
- 3 to 4 months

Children of the same age don't necessarily have their growth spurts at the same time.



Claude Fortin



Your child is unique, he will grow at his own pace.

Tracking baby's growth

To track a baby's growth, a health professional will weigh him and measure his height and head circumference from time to time. The health professional will record the results on a growth chart. There's no need to measure or weigh your child at home unless a health professional recommends it.

If you have questions about your child's growth, don't hesitate to talk to a health professional.

Vaccination

When a person gets sick from a germ, their body reacts by naturally producing **antibodies** to get rid of the germ. It is the **immune system**. It fights against the thousands of germs present on objects and in food, water, and air.

Vaccines stimulate the immune system. They help your child make his own antibodies against certain diseases without catching the disease himself.

Vaccination is one of the most effective ways of protecting your children's health. It prevents a number of serious illnesses.

All children should receive the recommended vaccines, even healthy children with a good diet. Breastfed children also need to be vaccinated, even though breast milk protects them against some infections.



By having your child vaccinated, you are providing him with the best possible protection against a number of serious diseases.

Vaccines are not only effective, they are very safe. If you have any questions about vaccination, feel free to talk to a health professional or visit the following website: quebec.ca/en/health/advice-and-prevention/vaccination/.

Where and when should you get your child vaccinated?

You can get your child vaccinated for free at any CLSC. Some doctor's offices also offer vaccinations.

It is recommended that your child get his first vaccinations at the age of 2 months, in order to follow the regular schedule. Premature babies should also receive their first vaccine 2 months after birth.

Vaccination schedule

Since it's important to follow the vaccination schedule, it is advised to make an appointment as early as possible to avoid delays.

The chart on the next page shows the regular vaccination schedule for children up to two years of age. For more information, visit the "Recommended immunization schedule" section of the following website: quebec.ca/en/health/advice-and-prevention/vaccination/.

You can also consult the "Reducing the Pain and Anxiety of Vaccination in Children" page in the "Preparing children for vaccination" section of the previous website, for some tips and tricks.

Regular vaccination schedule for children 2 and under

Child's age	Suggested vaccine
2 months	DTaP-HB-IPV-Hib vaccine Pneumococcus vaccine Rotavirus vaccine
4 months	DTaP-HB-IPV-Hib vaccine Pneumococcus vaccine Rotavirus vaccine
12 months*	DTaP-IPV-Hib vaccine Pneumococcus vaccine MMR-Var vaccine
18 months	HAHB vaccine Meningococcal C vaccine MMR-Var vaccine

* It is recommended that your child receive these three vaccines on his first birthday or as soon as possible after this day.

Protection offered by vaccines

Vaccine	Protection against
DTaP-HB-IPV-Hib vaccine or DTaP-IPV-Hib vaccine or DTaP-IPV vaccine	<ul style="list-style-type: none"> • Diphtheria (D or d) • Tetanus (T) • Whooping cough (aP or ap) • Poliomyelitis (IPV) • Serious <i>Hæmophilus influenzae</i> type b (Hib) infections • Hepatitis B (HB)
Pneumococcus vaccine	<ul style="list-style-type: none"> • Serious pneumococcal infections (meningitis, bacteremia, pneumonia)
Rotavirus vaccine	<ul style="list-style-type: none"> • Rotavirus gastroenteritis
MMR-Var vaccine	<ul style="list-style-type: none"> • Measles (M) • Mumps (M) • Rubella (R) • Chickenpox (Var)
HAHB vaccine	<ul style="list-style-type: none"> • Hepatitis A (HA) • Hepatitis B (HB)
Meningococcal C vaccine	<ul style="list-style-type: none"> • Serious meningococcal C infections (meningitis, meningococemia)

Your child may be given several vaccines for different diseases during the same visit. Administering multiple vaccines in a single visit is recommended because it will protect your child more quickly against infections. This method will not increase the frequency or severity of undesirable side effects to vaccines. It will also reduce the number of visits you need to make to the clinic or CLSC.

Your child will require several doses of certain vaccines in order to produce enough **antibodies** to fight the disease.

By having your child vaccinated at the recommended age in the vaccination schedule, you are providing him with the best possible protection.



It is recommended that all children, including premature babies, start being vaccinated at the age of 2 months. This ensures them the best protection when they need it most and prevents them from falling behind in their vaccination schedule.

Possible reactions to vaccines

Vaccines are very safe. Most of the time they cause no undesirable reactions. Sometimes they can cause short-lived reactions that are not serious, such as a mild fever, redness, or discomfort at the site of the injection.

To reduce redness and discomfort, apply a cold water compress. A small bump may appear, but it's not dangerous and will disappear within a few weeks.

Today's vaccines are very well tolerated. It is not suggested that the child be given acetaminophen or ibuprofen before the injection.

If your child seems to feel unwell or has a fever after receiving a vaccine, acetaminophen may make him feel better. Ibuprofen can also be used if he is over 6 months (see **Fever medication**, page 649). In the case of the MMR-Var vaccine (measles, mumps, rubella, chickenpox), children can come down with a fever 5 to 12 days after the vaccination.

If your child cries abnormally or if you're worried about him, follow the advice you were given at the time of vaccination. If necessary, talk to a health professional or call Info-Santé (8-1-1).

Serious allergic reactions to vaccines are very rare. If such a reaction occurs, it will start within minutes after the vaccination. That's why you are advised to stay at the vaccination clinic for at least 15 minutes after your child has received the vaccine. If there's a reaction, the health professional who vaccinates him will be able to treat it immediately.

Contraindications

There are few cases in which a child cannot be vaccinated. A cold, an ear infection, a runny nose, or the fact that he's taking antibiotics are not reasons to put off a vaccination.

If your child is ill to the point of being feverish or irritable or crying abnormally, call the vaccination site and discuss the situation with the health professional.

Vaccination record

This important document is a record of your child's vaccinations. You must bring it with you to the vaccination appointment. The health professional who vaccinates him will record the dose and date in it.

It's also worth bringing it along to your child's medical checkups. It may be used to record the child's growth (weight and height), as well as other information related to vaccination and your child's health.

Keep it safe, because it will be useful to your child all his life.



Bring the vaccination record to each checkup, whether it's for a vaccination or not. Some parents like to always keep it handy—in the diaper bag, for example.

Common health problems

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Dominic Roy

The large majority of children go through infancy in good health.

However despite all your care, your child will sometimes become ill. You will probably want to find a way to make her feel better.

This chapter discusses common health problems among children age 2 years and under. It is not intended to provide information on rarer illnesses or those that affect only a handful of babies.

It gives you

- Tips on preventing some common health problems
- Assistance recognizing signs that help you decide if and when to call a health professional
- Advice on how to care for your baby

In some situations, you'll need a health professional's help to identify your child's problem. Don't hesitate to consult one (see [Consulting health professionals](#), page 614).

A well-stocked medicine cabinet

There are a few items that can be handy when it comes to caring for your child. Consider stocking your medicine cabinet with the following:

- Digital thermometer
- Acetaminophen (e.g., Tempra®, Tylenol®, or any generic brand for pediatric use)
- Oral rehydration solution (ORS)
- Zinc oxide ointment
- Over-the-counter antibiotic ointment
- Vaseline
- A sweet oil (e.g., olive oil)
- Saline solution for the nose
- Adhesive bandages and dressing
- Unscented moisturizing cream

Before adding an item to your medicine cabinet, such as an over-the-counter medication (available without a medical prescription) or a natural health product, ask your pharmacist if the product is safe for your baby.

Never give your child medication prescribed for someone else.



Keep medications and natural health products in their containers with a child-proof lid. Store them in a cabinet with a lock or safety catch or in a place children cannot get into.

Newborn jaundice

Jaundice, also known as icterus, is common in newborns. It causes the whites of the eyes and the skin to turn yellow. This colouration is due to the accumulation of an orange pigment called bilirubin in the blood.

In full-term babies, jaundice generally starts 2 to 3 days after birth and is gone by the end of the first week. In premature babies, it can last a few weeks.

Bilirubin is partially eliminated in the baby's stools. This means jaundice is worse in babies who don't drink enough and whose intestines are not very active.

It is possible for a breastfed baby to develop a type of jaundice that lasts up to 2 months. If your baby is growing well, gaining weight, and pees and poops normally (see [Stools](#), page 279), this form of jaundice is not serious and requires no treatment. Breastfeeding can continue normally.

The best way to prevent jaundice is to make sure your newborn drinks enough milk (see [Is your baby drinking enough milk?](#), page 370).

What to do?

It isn't easy to tell how yellow a newborn is. Check her skin and the whites of her eyes.

Make sure she drinks enough.

If you're worried about the colour of your baby, or if she is drowsy, irritable, or isn't feeding well, consult a doctor, a CLSC nurse, or the hospital or birthing centre where you gave birth.

In most cases, no treatment is necessary for jaundice.

Thrush in the mouth

Thrush is an oral yeast infection caused by the fungus *Candida albicans*. It is usually not painful and often disappears by itself. White patches appear in your baby's mouth, especially inside the lips and cheeks. These patches do not disappear when rubbed.

What to do?

See a health professional.

Candida albicans is easily passed from a baby's mouth to the breasts during breastfeeding (see [Nipple thrush](#), page 488). If you're breastfeeding, tell your health professional.

The fungus that causes thrush can remain on objects. Sterilize objects that come into contact with your baby's mouth (bottle nipples, pacifiers, rattles) in boiling water (see [Cleaning bottles, nipples and breast pumps](#), page 507) and replace them regularly.

Pimples, redness, and other skin problems

Small pimples, redness, and other types of skin rashes are common in babies. They are seldom serious and usually disappear on their own.

However, some skin problems can be a sign of more serious problems, in which case you should see a health professional.

Contact Info-Santé (8-1-1) or your doctor if

- Red, raised, very itchy patches appear suddenly on your baby's body

- The rash bleeds or seems infected. It becomes very red, cracks, runs or becomes covered with a thin, yellowish crust
- The rash doesn't disappear after a few days and your baby seems unwell and has a fever (see [Fever and skin rashes](#), page 652)
- You have any other concerns

Common skin problems in newborns

Pimples and spots often appear in the first days of life. In most cases these problems are not serious and disappear within a few weeks without treatment.

Dry skin

Your baby's skin is very fragile and sensitive. It can become very dry. Newborns' skin can peel and crack around the joints. This problem usually goes away within a few weeks.

What to do?

- Bathe your baby less often.
- Use only a small amount of mild, unscented soap. Soap and hot water tend to dry the skin.
- If you wish, moisturize the dry areas with an unscented lotion or cream.

If your baby has a rash or redness as well as dry skin, he could have eczema. Talk about it with a health professional.

Heat rash (prickly heat)

Heat rash is characterized by small, round, sometimes raised red spots on the forehead, around the neck, and in the folds of the skin. This is a normal reaction when it's hot out or when your baby has a fever.

What to do?

If it's hot out, don't overdress your baby. The heat rash will disappear once your baby is in a cooler environment.

Crusty patches on the scalp (cradle cap, seborrhea)

Many babies have yellowish or greyish crusty patches on the scalp. They can be in the form of scales or small patches that peel and can sometimes cause itchiness. These crusty patches occur when a surplus of oily secretions (seborrhea) is produced or the baby's hair is frequently washed without being rinsed properly. This is a very common problem and is not a sign of infection, allergy, or lack of hygiene.

What to do?

A simple hair wash can get rid of the crusty patches. Apply the shampoo, massage it in, and leave it for 10 to 15 minutes to soften the crust. Rinse well with warm water.

If crusty patches remain, apply a vegetable oil (e.g., olive oil) or mineral oil to your baby's scalp. After a few hours, gently peel off the crusts with a soft brush or fine comb. Then wash again with warm water, rinse, and dry. If necessary, repeat the treatment once a day for a few days.

If this treatment doesn't work or if the crusty patches spread, you can use a medicated shampoo sold in drugstores. Talk to a pharmacist or another health professional.

Redness in the folds of the skin (intertrigo)

The skin becomes irritated when two skin surfaces rub against each other. This can occur under the chin, on the neck, under the arms, on the thighs, under the scrotum, or behind the ears. Redness appears in areas that are damp from perspiration, stool, or milk, which encourages germs to develop.

What to do?

Clean the affected areas with a mild and unscented soap and dry them well by gently patting the skin with a towel. If the redness persists, see a health professional.

Redness on the bottom (diaper rash)

Your baby's bottom can become red. The redness can spread to the thighs, vulva, or scrotum. Your baby may be more irritable, especially when he or she pees.

These symptoms of **diaper rash** are very common. They are mainly caused by the skin coming in contact with urine or stools. Irritation can therefore occur when diapers are not changed often enough.

What to do?

Leave your baby with a bare bottom as much as possible. Your baby will feel better and the diaper rash will heal faster.

Change your baby's diaper as soon as it's wet or soiled. Make sure the diaper is not too tight.

If you use cloth diapers, make sure to follow the manufacturer's instructions when you wash them.

Some disposable diapers can be irritating for the skin. If necessary, you can choose unscented diapers or change brands.

Wash your baby's bottom gently with water or a mixture of water and unscented oil, then pat dry with a towel, without rubbing.

Avoid using baby wipes because they can also irritate your baby's skin. They should be used only occasionally and should not contain alcohol or perfume.

If redness is minimal and not widespread, apply a generous layer of a protective ointment containing 10% to 20% zinc oxide. The ointment protects the skin and doesn't have to be wiped off completely at each diaper change.

If redness is more severe and widespread, use a protective ointment containing 20% to 40% zinc oxide. It's best to avoid ointments that contain allergenic ingredients like lanolin or irritating ingredients such as fragrance. Ask your pharmacist which product may be best for your baby.

If the redness persists for a few days and your baby seems unwell, see a health professional.



Illustration: Bertrand Lachance



Tears are secreted by the tear gland. They spread across the surface of the eye, then flow through small openings from the eye to the nasal cavity via the tear duct.

Eye problems

Children under two can sometimes have eye problems. Most commonly, their eyes can be red, sticky, or watery, or they can be cross eyed.

Red, sticky, or watery eyes

A red, sticky, or watery eye can have a variety of causes:

Blocked tear duct – Normally, tears flow from the eye to the nose via the tear duct. If the duct is blocked or not fully open, tears build up, causing the eye to water.

Your baby may wake up with a crusty eye, but with no pain, redness, or swelling of the eyelid. You can gently wash the eye with a clean washcloth soaked in warm water.

If the tear duct is not already open at birth, it usually opens by itself during the first year of life. Massaging can help the tear duct open more quickly. To learn how to perform this massage or if the problem persists after one year of age, talk to the nurse or doctor at your next visit.

Foreign object in the eye – If one of your baby's eyes becomes red all of a sudden, tears up a lot, or if your baby refuses to open his eye or is uncomfortable, he may have a foreign object in his eye. To find out what to do, read the section on **Foreign object or chemical product in an eye**, page 718.

Allergies – If your baby's eyes are itchy, irritated, or watery, and the redness is mild to moderate, an allergy may be the cause (see **Allergies**, page 635).

Infection – These are the signs of an eye infection:

- Red eye
- Swollen, sticky eyelids
- Yellowish secretion (pus)
- Trouble opening the eyes and looking at a light

Eye infections can be caused by a bacteria or a virus. They can sometimes occur after a cold, flu, or sore throat caused by a virus.

What to do?

If your baby has one or more of the signs of eye infection just mentioned

- Wash your hands often to avoid spreading the germs
 - Gently wash the eye with a clean washcloth soaked in warm water
 - See a doctor or optometrist, if necessary
-

Vision problems and crossed eyes (strabismus)

Very few young children complain of vision problems because they tend to think their vision is normal. To prevent vision problems from becoming permanent and having long-term consequences, they should be corrected as soon as possible.

Your newborn's eyes may occasionally be crossed. Don't worry, this happens to many babies. This phenomenon, called strabismus, often disappears by the time the baby is 2 or 3 months old when he develops the ability to focus and move both eyes in the same direction.

You can be attentive to early signs that may indicate that your baby has a vision problem. See a doctor or optometrist if your baby

- Is constantly cross eyed from birth
- Appears to be cross eyed after the age of 3 months
- Has a white reflection (not red) in the **pupil**
- Doesn't follow moving objects with his eyes
- Blinks frequently
- Is very sensitive to light and has very watery eyes
- Cries when one of his eyes is covered
- Knocks into things and has trouble orienting himself

Allergies

An allergy is an excessive sensitivity to normally harmless substances. These substances are called "allergens." Allergens can come from a number of sources:

- Food (see **Food allergies**, page 571)
- Tree and grass pollen
- Animal fur and secretions
- Dust
- Molds and dust mites
- Insect stings (e.g., wasps or bees)
- Medications (e.g., penicillin)

Any number of the following signs in your child can indicate an allergy, depending on the area affected:

- Skin: redness, swelling, itchiness
- Respiratory system: sneezing, runny nose, cough, shortness of breath
- Digestive system: vomiting, diarrhea, mucus or blood in the stool, stomach pain
- Eyes: redness, itching, watering

What to do?

Allergies are not common in young children so they are hard to diagnose. If you suspect that your child has an allergy, you can consult your doctor.

Sudden and severe reactions can occur after your child eats food, takes medication, or is stung by an insect. See the red box for the most common symptoms.



Call 9-1-1 if your child develops

- Red patches on the skin
- AND one or more of the following:
- Sudden and severe change in her general condition (e.g., irritability, drowsiness, loss of consciousness)
 - Swollen lips or tongue
 - Difficulty breathing
 - Sudden vomiting

She could be having a severe allergic reaction.

Common childhood infections

Many parents have the impression that their youngster is always sick. Young children are very vulnerable to germs (viruses and bacteria) that cause infections like the common cold and gastroenteritis (stomach flu). Why? Because their **immune system**, which protects them against germs, is not developed enough yet—and because they are always touching things!

Most infections in young children are not serious, don't last long, and go away by themselves. These infections often occur more frequently in the first year of day care. They gradually diminish as children get older and their immune systems develop.

Transmission of infections

Infection-causing germs are everywhere (e.g., on toys, floors, door handles, and more). They are found in the nose, mouth, and stools, as well as on the skin. They can also be carried by animals.

It's impossible to completely avoid germs. In fact, some exposure to germs is essential for the proper development of the immune system. It helps your child build up a personal supply of **antibodies** for the future.

Usually, germs are spread by the hands. They can also be spread in other ways, such as through saliva and secretions (e.g., kissing or sneezing) or contact with contaminated surfaces or objects.

Preventing infections

There are several ways to reduce the transmission of infections.

Washing your hands

Usually, germs are spread by the hands. Properly washing your and your child's hands can help reduce the spread of infections (see [How to do a good hand washing](#), page 640).

Getting vaccinated

Vaccination is one of the most effective ways to protect children against various serious diseases. It is recommended that you have your child vaccinated according to the regular schedule (see [Vaccination](#), page 617).

Sneezing into your elbow or a tissue

Whenever possible, cough or sneeze into a tissue or your elbow, not into your hands. Teach your child to do the same. Throw out paper tissues right after using them and wash your and your child's hands.

Good to know ●●●

Masks (face coverings) are not recommended for children under 2.

Washing objects and surfaces

Thoroughly wash toys and other objects (e.g., cups, utensils) that you use regularly, especially anything your child puts in her mouth.

Avoiding contact with saliva

Don't share toothbrushes or utensils with other people, even with your child. Don't clean your baby's pacifier by putting it in your mouth. Also, avoid kissing your child on the mouth.

Avoiding contact with sick people

As much as possible, prevent children, especially babies under 3 months old, from coming into direct, prolonged contact with people who have **contagious diseases**.

If your child has a contagious disease, fever, cold, or diarrhea, or if she is coughing a lot, it's preferable that she stay home. If you have to go out or have visitors, it's also a good idea to notify them or people you are intending to visit that your child is sick.

If you are pregnant, see **Contact with people with a contagious disease**, page 133.

Childcare services

Childcare services usually have clear policies about keeping sick kids at home. Reading and understanding these rules is important to help keep everyone healthy (other children, the staff, and other parents).

If your child is sick, tell your childcare provider about your child's symptoms and ask if she can attend that day.

Your sick child may not have the energy to engage in her usual activities. If necessary, keep her at home.

How to do a good hand washing

The best way to reduce the spread of infections is to wash your hands with soap often throughout the day, especially when you are sick.

When should you wash your hands?

- **Before** preparing meals, eating, breastfeeding, and feeding or giving medication to your child
- **After** using or accompanying a child to the toilet, changing a diaper, caring for someone who is ill, cleaning up vomit or diarrhea, coughing or sneezing into your hands, wiping a nose, throwing out a soiled tissue, touching or playing with a pet, or cleaning an animal cage or litter box or visiting a public place

Wash your children's hands as often as necessary, especially

- **Before** meals and snacks
- **After** they use the potty or toilet and after they play outdoors, in the sandbox, or with pets, and after they visit a public place

How should you wash your hands?

- Wet your hands in warm running water. Water that is too hot dries out the skin and is no more effective.
- Rub your hands together with mild soap (bar or liquid) for 20 seconds, including your fingernails and thumb, and the area between your fingers.
- Rinse your hands well in warm running water.
- Dry hands thoroughly with a clean towel.

If necessary you can use a moisturizing lotion or cream to prevent chapping.

If your child is too small to reach the sink

The above method is the most effective but is not always easy with small children. In that case

- First wash your child's hands with a paper towel or clean washcloth soaked in warm water and soap during 20 seconds
- Rinse her hands with a washcloth soaked in warm water
- Dry her hands well

Waterless hand sanitizer

Washing thoroughly with soap and water remains the best option. If water is not available, you can use a towelette or alcohol-based waterless hand sanitizer. These products should only be used when no alternative is available.



The best way to prevent infections is to wash your hands often throughout the day.

If you use a hand sanitizer, choose one that contains alcohol. Place a small amount in the palm of your hand and dip your nails in the product. Rub your hands together, including the nails, thumbs, and area between your fingers, until the product completely evaporates.

Since the hand sanitizer contains alcohol, make sure to keep it out of the reach of children.

Fever

Fever is an increase in body temperature above normal levels. It's the body's way of defending itself against infection.

Fever is very common in young children.



The child has a fever if his rectal temperature (in the rectum) is 38.0°C (100.4°F) or higher.

Rectal temperature is the only reliable measurement for children age 2 and under (see [How to take the temperature](#), page 644).

When to take your child's temperature

You don't have to check the temperature of a child who is in good health.

If your child looks ill, is hot, red, irritable or whiny, take his temperature. Record the temperature and the time you took it, so you can tell Info-Santé (8-1-1) or your doctor, if need be.

What thermometer to use

The best choice is an unbreakable plastic digital thermometer without glass or mercury. Digital thermometers can be used to take temperature using the rectal (in the rectum), armpit (under the arm), and oral (in the mouth) method.

Mercury thermometers are not recommended because if they break the mercury can poison both you and the environment.

How to take the temperature

In the rectum

Rectal temperature is the only reliable measurement for children age 2 and under. Here's how to take it:

- Wash your hands.
- Clean the thermometer in cool, soapy water, then rinse.
- Cover the end of the thermometer in petroleum jelly (e.g., Vaseline).
- Place your baby on his back, with his knees bent.
- Gently insert the thermometer about 2 cm ($\frac{3}{4}$ in.) into the rectum.
- Keep the digital thermometer in place until it beeps.
- Take it out and read the temperature.
- Clean the thermometer and wash your hands.

You can also cover the thermometer with a disposable plastic tip (probe cover) sold in drugstores. Follow the manufacturer's directions for using and lubricating it.



Rectal temperature is the only reliable measurement for children age 2 years and under.

Under the arm

Taking a child's temperature using the armpit method is not as accurate as with the rectal method. The armpit method is convenient for checking if your baby has a fever. However, your child's temperature must be confirmed using the rectal method if

- It is above 37.5°C (99.5°F)
- It is equal to or less than 37.5°C (99.5°F), but your child is hot to the touch and seems sick

Here's how to take it:

- Wash your hands.
- Clean the thermometer in cool, soapy water and rinse.
- Place the tip of the thermometer in the centre of the armpit against the skin.

- Make sure that the child's arm is held snugly against his body.
- Keep the thermometer in place until it beeps.
- Remove it and read the temperature.
- Clean the thermometer.

In the ear

Taking a child's temperature in the ear is very quick but is not recommended because it's less accurate.

In the mouth

Taking a child's temperature in the mouth is not recommended for children under five.

What to do if your child has a fever

Baby under 3 months old – See a doctor promptly or take your child to the emergency room.

Baby 3 to 5 months old – Consult Info-Santé (8-1-1) or a doctor. They will advise you.

Baby 6 months of age or older – Observe your baby: if she is feeding well and seems healthy to you, you can treat her at home.

If the fever lasts more than 72 hours (3 days), your baby should be examined by a doctor.

If you think he might have COVID-19, contact Info-Santé (8-1-1).



In some cases, you should promptly see a doctor or go to the emergency room if your child is feverish. See the red box on page 647.

Make sure your child is dressed comfortably and is neither too cold nor too hot. Don't undress him completely because he may get cold. To prevent him from becoming dehydrated, have him drink often.

Cool or lukewarm baths and alcohol rubs are not recommended. They are stressful for a feverish child and their effect doesn't last.

If your child is unwell or irritable, medication may help (see [Fever medication](#), page 649).

Has your child recently been vaccinated?

Your child may be feverish after being vaccinated. In this case, the fever does not necessarily mean he has an infection. It's better to assess his general condition. Review the advice you were given when he was vaccinated. If necessary, consult a health professional or Info-Santé (8-1-1).

When to consult a health professional

High fever does not always mean a serious illness. Keep a close eye on your child's general condition, behavior, and other symptoms. It's normal for a feverish child to need more cuddling and be less hungry than usual.

Contact Info-Santé (8-1-1) or a doctor in any of the following cases:

- You're worried about your child's condition.
- He has a fever and is less than 6 months old.
- He's had a fever for more than 72 hours, regardless of his age.



See a doctor right away or take your child to emergency if he has a fever and has one of the following characteristics:

- Is less than 3 months old
- Has had a seizure (see page 648)
- Is vomiting a lot
- Cries constantly and won't calm down
- Is hard to wake or much sleepier than usual
- Is pale or has abnormal color
- Responds very little to others
- Has difficulty breathing or is breathing rapidly
- Has other symptoms that are worrying you

An Info-Santé nurse is always on hand to advise you on what to do: just dial 8-1-1.

Call 9-1-1 if the situation seems serious and urgent enough that you need an ambulance.

Febrile seizures (convulsions caused by fever)

From 2 to 5% of children age 6 months to 5 years are affected by febrile seizures, which are convulsions caused by fever. During a fever, their arms and legs twitch and jerk and they may faint.

Febrile seizures can be terrifying for parents, but they generally have no lasting effect on the child. Most of the time they last for a few seconds to a few minutes and stop by themselves. Afterwards, the child may appear to be asleep for a short period before recovering and returning to how she was before the seizure.

What to do?

During the seizure, lay your child on her side, on a flat surface in a safe spot. Do not try to stop her movements. Do not put anything in her mouth.



Call 9-1-1 in one of the following situations:

- Your child is under 6 months old.
- The seizure lasts more than 3 minutes.
- Your child's condition worsens (e.g., trouble breathing, bluish skin).
- Your child does not fully recover within a short period of time.

After the seizure: In all cases, see a doctor quickly (within a few hours) or go to the emergency room. The doctor will check that your child is alright and does not have any other problems.

An Info-Santé nurse is always on hand to advise you on what to do: just dial 8-1-1.

Fever medication

Medication is more useful for easing discomfort than for bringing down the fever. A feverish child who doesn't look ill doesn't necessarily need medication.

You can give him either acetaminophen or ibuprofen (see **First choice: acetaminophen** and **Second choice: ibuprofen**, page 650), unless a doctor, nurse or pharmacist makes a specific recommendation for your child. Don't give both types of medication at the same time, unless your health professional advises it.



Never give aspirin to your child.

It's a good idea to record the type of medication, the dose you give, and at what time.

You need to know your child's weight in kilograms in order to give the right dose. If you don't know his exact weight, use the last weight recorded on his vaccination record or check the age indicated on the medication packaging. Be sure to follow the manufacturer's recommendations on the packaging.

Measure the dose with the tool provided with the medication (dropper or syringe). You can also ask your pharmacist for a graduated syringe. Kitchen teaspoons and tablespoons and dosage cups are not accurate enough.



Keep medications and natural health products in their containers with a child-proof lid. Store them in a cabinet with a lock or safety catch or in a place children cannot get into.

First choice: acetaminophen

Acetaminophen (e.g., Tempra®, Tylenol®, or any generic brand for pediatric use) has been used for a long time and should be your first choice. Calculate 15 mg per kilogram. You can give one dose every 4 to 6 hours, but not more than five in any 24 hour period. Your pharmacist or Info-Santé (8-1-1) can help you calculate the right dose.



Don't give acetaminophen to a baby under 3 months old. Talk to your doctor first.

Second choice: ibuprofen

Ibuprofen (e.g., Advil®, Motrin®, or any generic brand for pediatric use) can also be used provided certain conditions are met. Calculate 10 mg per kilogram. As its effect lasts longer than that of acetaminophen, you can give it every 6 to 8 hours, but no more than 4 doses per 24 hours. Your pharmacist or Info-Santé (8-1-1) can help you calculate the right dose.

Do not give ibuprofen in the following situations:

- Your child is under 6 months old.
- Your child is dehydrated due to severe gastroenteritis (stomach flu) or is not drinking.
- Your child has chickenpox.
- Immediately before or after an operation (unless a doctor recommends it).

Good to know●●●

Both acetaminophen and ibuprofen will usually make your child more comfortable and will bring down the fever within 30 to 60 minutes. After a few hours, the temperature may go up again and your child may once again seem unwell. You may have to give him another dose. But it's important to avoid exceeding the recommended dose and frequency.

What to do if your child spits out or throws up the medication

If your child **immediately** spits out the medication, you can give him another dose.

If he vomits heavily **less than 15 minutes** after taking the medication, wait an hour, and then take his temperature again. If he's not feeling well and still has a fever, give him the same dose. If he throws up the medication again, do not repeat the dose and consult a health professional.

If your child vomits **more than 15 minutes** after taking the medication, don't give him another dose. He has probably already absorbed the medication.

When in doubt, consult a health professional.

Fever and skin rashes

Many children develop fever and a rash (pimples or red patches, or both) at the same time. This could be a sign of a **contagious disease**. Most of these infections are caused by viruses and last a few days. They go away by themselves and have no long-term effects.

The most common infections are roseola and hand-foot-and-mouth disease. They generally don't require treatment.

There's also fifth disease and scarlet fever, but they rarely occur in children under two.

Thanks to vaccination programs, measles, rubella, chickenpox, and certain forms of meningitis are now very rare.

A child with fever and a rash may be contagious. For information on how to prevent the transmission of infections to others, see **Preventing infections** on page 638.



Childcare services usually have clear policies about keeping kids at home in the event of illness. Read these rules or ask the childcare provider if your child can attend daycare.

What to do?

The presence of a rash (i.e., pimples or red patches on the skin) with fever does not necessarily indicate a serious illness.

It's usually better to consider the child's general condition rather than the presence of a rash or how high the fever is. Keep a close eye on your child's behavior and any other symptoms.

See a doctor right away or take your child to the emergency room if

- your child's general condition deteriorates rapidly, or
- he has one or more of the characteristics listed in the red box on page 647

In other cases, follow the recommendations in the **What to do if your child has a fever** section on page 646.

You can contact Info-Santé (8-1-1) at any time for advice from a nurse.



Carol-Anne Pedneault



You can let your child continue his normal activities and playing if he feels well enough.

Colds and flu

Colds and flu are caused by viruses.

Children under 2 can catch up to 10 or so colds per year. If they do catch the flu, it generally will be only once a year.

A child's cold symptoms include a stuffy or runny nose, sneezing, coughing, mild sore throat, loss of appetite, and mild fever. Usually these symptoms will last one to two weeks.

Cold and flu symptoms can be similar, but flu is a much more serious illness. There is a flu vaccine available that your child can be given.

If you think he might have COVID-19, contact Info-Santé (8-1-1).

What to do?

There is no cure for the common cold or the flu. They will go away by themselves.

You can let your child continue his normal activities and playing if he feels well enough. Make sure he drinks enough.

If necessary, gently clean out his stuffed-up or runny nose (see [Stuffed-up or runny nose](#), page 656).

If your child has a fever, see [What to do if your child has a fever](#), page 646.

There are many over-the-counter cough and cold medications on the market. These medications should not be given to children under 6. They are not effective and can be dangerous for them.

Using a humidifier is no longer recommended. If the humidity is too high or the humidifier poorly maintained, harmful molds can develop.



Health Canada advises against giving cough and cold medications (syrups, suppositories, etc.) to children under the age of 6. They are not effective and can be dangerous for young children.

Stuffed-up or runny nose

There are various reasons why a child may have a stuffed-up or runny nose: crying, environmental factors (e.g., heat, humidity, dust, animal hair, tobacco smoke), or colds or other infections.

What to do?

Clearing the nose

If your child has a stuffed-up or runny nose, you can clear it using nasal irrigation (see [Nasal irrigation](#), page 602).

You can also use a nasal suction device according to the manufacturer's instructions. Bulb syringes are less effective and may injure your child's nose.

It may be helpful to thin out your child's secretions before clearing his nose.

Thinning out nasal secretions

Here are two methods:

- Take a long shower or bath with your child or let him play in the bath. The water can help thin out the secretions.
- Use saline solution (salt water) with a dropper or nasal spray bottle. If you are using a nasal spray bottle, choose one that's suitable for your child's age and follow the manufacturer's instructions.

Always use saline solution (salt water) and avoid medicated nasal drops and sprays (such as decongestants). Ask your pharmacist for advice.

If the skin on your child's nose is irritated, you can apply Vaseline or unscented moisturizing cream.



It's best to use a different syringe, dropper or spray bottle for each child.

When to see a doctor

Call your doctor if your child has a runny nose for more than 10 days and his secretions are yellow or green or you are concerned about his health.

Cough

Coughing is a defence mechanism. It's the body's way of getting rid of mucus. For example, children may cough when they have a respiratory infection such as a cold or flu (see **Colds and flu**, page 654).

Coughing is also a way to dislodge a foreign body (small object or other). Foreign bodies can cause a cough immediately after being drawn into the **airway**, or several days later.

What to do?

If your child seems to have a lot of mucus, you can clean out her nose (see **Stuffed-up or runny nose**, page 656).

If she has a fever, see **What to do if your child has a fever**, page 646.

Make sure she drinks enough fluids. Some children prefer warm drinks when they are sick.

If your child has a hoarse voice or barking cough that sounds like a barking dog, this usually indicates laryngitis (also known as “false croup”). To relieve your child’s cough, have him breathe cold air for a few minutes: bundle him up warmly and take him outdoors, or open a window or the freezer door. Cold air will calm the inflammation in the throat (larynx).



Health Canada advises against giving cough and cold medications (syrups, suppositories, etc.) to children under the age of 6. They are not effective and can be dangerous for young children.

When to consult a health professional

See a doctor if your child

- Coughs a lot and is less than 3 months old
- Is coughing to the point of choking or vomiting
- Has had a cough for more than 10 days

See a doctor right away if your child is coughing and also shows any of the following signs:

- He has trouble breathing or his breathing is laboured.
- He has chest retractions (the skin pulls in between his ribs or beneath his rib cage).
- He is wheezing or breathing noisily and rapidly.
- You think his cough might be caused by a foreign body in his **airway**.
- You are concerned about his overall health.

Call **9-1-1** if the situation seems serious and urgent enough that you need an ambulance.

An Info-Santé nurse (**8-1-1**) can advise you at any time.

Call Info-Santé (**8-1-1**) if you think your child may have COVID-19.

Sore throat

If your child has a sore throat, she may eat and drink less. She may drool more or have a hoarse voice. So long as she is able to breathe easily, it's not serious.

In children 2 years and under, sore throat is usually caused by viruses (cold and flu viruses, for example). In this case, antibiotics are not effective, but there are several things you can do to make your child more comfortable.

What to do?

Make sure she drinks plenty of liquids. It may be easier for her to drink with a straw or sippy cup when she has a sore throat. She may also prefer to eat cold foods.

Acetaminophen may provide her some relief. Ibuprofen may be given if she's over 6 months. (See [Fever medication](#), page 649).

Consult your doctor if she has trouble breathing or swallowing. If your child has a fever, see [What to do if your child has a fever](#), page 646.

If you think your child might have COVID-19, contact Info-Santé ([8-1-1](#)).

Good to know...

Don't give lozenges to children age 4 and under because they could choke.

Don't give honey to children under 1 year. They can catch a very serious infection called botulism (see [Honey—never for babies under age 1](#), page 532).

Ear infection

Otitis media is an ear infection of the inner ear. It is not visible from the outside. Most ear infections develop following a cold.

Children with an ear infection may have a fever. They may sometimes cry, roll their head on the bed, or touch their ears. They may seem to have less appetite. They may also vomit or have diarrhea. In some cases fluid can run out of the ear.

What to do?

Ear infections do not always require medical treatment. However, if your child is unwell or irritable, there are medications that may help (see [Fever medication](#), page 649).

If your child has a fever, see [What to do if your child has a fever](#), page 646.

If your child is crying a lot, has a discharge from the ear, or seems to be in pain, see a doctor.

An ear infection can temporarily affect your child's hearing. If you think your child is not hearing as well as normal a few weeks after the ear infection, see a doctor.



Diarrhea

The frequency, quantity, consistency and colour of stools vary from child to child. Stools also change as children grow older and depending on what they eat (see [Stools](#), page 279). You will learn to recognize what is normal for your child.

When children have diarrhea, their stools change from what is normal for them: Bowel movements are more frequent and more liquid than usual. Most diarrhea is caused by germs, like viruses.

What to do?



The germs that cause diarrhea can be contagious. For information on how to prevent the transmission of these germs to others, see [Preventing infections](#), page 638.

If your child's stools suddenly become more liquid, it may be a sign of a transient trouble. If your child is healthy, continue to feed him normally.

If your child seems to be behaving unusually, eating or drinking less than normal, or seems ill, keep an eye on him to see if the situation improves. If your child has a fever, see [What to do if your child has a fever](#), page 646.

A child with diarrhea can become dehydrated. Take steps to prevent dehydration (see [Preventing dehydration](#), page 667) and watch for the signs of dehydration described on page 668.

If your child's bottom becomes red or irritated, see [Redness on the bottom \(diaper rash\)](#), page 630.

When to consult a health professional

Call Info-Santé (8-1-1) or a doctor if the situation worsens or persists, or you have concerns about your child's condition.

If you think your child may have COVID-19, call Info-Santé (8-1-1).

If your child loses weight or the diarrhea continues for more than 1 or 2 weeks, consult a doctor.

See a doctor right away if your child has diarrhea and is showing any of the following signs:

- There is blood in her stools (red or black stools).
 - She seems to be in pain (e.g., she is very irritable, constantly cries, or curls her legs up against her belly).
 - She exhibits unusual behaviour (e.g., is difficult to wake, sleepier than usual, or responds very little to others).
 - She vomits often for a period of more than 4 to 6 hours.
 - She shows signs of moderate to severe dehydration (see [Dehydrated baby](#), page 668).
-

Gastroenteritis (stomach flu or “gastro”)

A child with diarrhea often has gastroenteritis. Gastroenteritis spreads easily from person to person, especially among children.

It is a very common childhood infection. Almost all children come down with it at least once in their first year.

A child with gastroenteritis is visibly ill: she has diarrhea and she might vomit and have fever. You can refer to the recommendations in the sections on [Diarrhea](#), page 662, [Vomiting](#), page 665 and [Fever](#), page 643.

Most gastroenteritis cases clear up on their own within a few hours or days.



Don't give your child anti-nausea or anti-diarrhea medication if you have not been advised by a doctor. This type of medication can have serious side effects and is rarely recommended for young children.

Vomiting

It can be hard to tell the difference between vomiting and regurgitation (spitting up), especially in babies (see [Regurgitation](#), page 374). A baby who vomits will appear to be making an effort. The quantity of vomit produced also tends to be larger than regurgitation. The child may also appear to have a stomach ache.

What to do?



Vomiting can be a sign of infection. For information on how to prevent the transmission of infections to others, see [Preventing infections](#), page 638.

Most vomiting does not require any special action.

But a child who vomits repeatedly can become dehydrated. Take steps to prevent dehydration (see [Preventing dehydration](#), page 667) and watch for the signs of dehydration described on page 668.

If you suspect a food allergy, see [Food allergies](#), page 571.

If your child also has a fever, see [What to do if your child has a fever](#), page 646.

When to consult a health professional

Most vomiting does not require medical treatment. Contact Info-Santé (8-1-1) or your doctor if vomiting persists for more than

- 12 hours, for a child under 3 months old
- 24 hours, for a child between 3 months and 2 years old

See a doctor right away if your child vomits and shows any of the following signs:

- She appears to be in pain (e.g., she is very irritable, constantly cries, or curls her legs up against her belly).
- She exhibits unusual behaviour (e.g., is difficult to wake, sleepier than usual, or responds little to others).

- She shows signs of moderate to severe dehydration (see **Dehydrated baby**, page 668).
- She has green or blood-tinged vomiting (red or brown).
- There is blood in her stools (red or black stools).
- She projectile vomits several times a day.
- She vomits more than once following a blow to the head.

Call 9-1-1 if your child develops red patches accompanied by sudden vomiting: this may be a severe allergic reaction.

An Info-Santé nurse (8-1-1) can advise you at any time.

Dehydration

When a child vomits or has diarrhea, she may become dehydrated. Dehydration occurs when your child doesn't get enough water and minerals from what she eats and drinks to replace those lost due to diarrhea and vomiting.

If your child vomits or has diarrhea but does not show any of the symptoms described in the chart on page 668, be sure to take steps to prevent dehydration.

Preventing dehydration

What to do?



To prevent dehydration in your child, have her drink more often than usual.

If your child hasn't started eating solid food, keep giving her the usual amount of milk, and offer to feed her more often than usual. If she has difficulty nursing or isn't taking her bottle well, use a sippy cup, spoon, dropper, or straw.

If she has started eating solid food, offer her food that she particularly likes and is able to keep down. Also have her drink more often than usual.

If your child has heavy diarrhea or vomiting and refuses to drink or eat, you can give her small amounts of oral rehydration solution. For example, you can give her 5 to 15 ml (1 tsp to 1 tablespoon) of oral rehydration solution every 5 to 15 minutes (see [Oral rehydration solutions \(ORS\)](#), page 670).

Watch for the signs of dehydration described on page 668. An Info-Santé nurse ([8-1-1](#)) can advise you at any time.

Dehydrated baby

Certain signs indicate if your child is dehydrated. The following table lists the signs of mild and moderate to severe dehydration, and what to do if your child is dehydrated.

Signs of dehydration	What to do?
Mild dehydration	
<ul style="list-style-type: none"> • Mouth and tongue slightly drier than usual • Increased thirst • Fewer wet diapers than usual 	<p>First, call Info Santé (8-1-1) or a doctor to assess the situation.</p> <p>You can start dehydration treatment at home (see Treatment of mild dehydration, page 669).</p>
Moderate to severe dehydration	
<ul style="list-style-type: none"> • Lack of tears when child cries • Drowsiness or irritability • Sunken eyes • Less than 4 diapers wet in 24 hours 	<p>See a doctor or take your child to the emergency room right away.</p>

Treatment of mild dehydration

To treat mild dehydration, you should give your child small quantities of liquid very often. Breast milk or oral rehydration solutions (ORS) are the best choices (see [Oral rehydration solutions \(ORS\)](#), page 670).

Babies who have not started eating solid food

Breastfed baby

Breastfeed more often, for shorter periods at a time. If your baby has difficulty nursing, give her small quantities of expressed breast milk using a sippy cup, spoon, dropper, or straw. Between feedings, give her small quantities of oral rehydration solution (ORS).

Continue breastfeeding and giving your child ORS, even if she throws up her milk. You can increase the quantity of ORS if it is well tolerated. If vomiting persists, see [Vomiting](#), page 665.

Baby fed commercial infant formula

Stop giving her commercial infant formula for around 4 hours. Give her small quantities of oral rehydration solution (ORS) in a bottle, sippy cup, spoon, dropper, or straw.

Return to her usual preparation after 3 to 4 hours.

Babies who eat solid food

If your child vomits, stop feeding for about 4 hours. Give her small amounts of oral rehydration solution (ORS) regularly, using a spoon.

Gradually start reintroducing her usual food when the vomiting becomes less frequent. After 24 to 48 hours (1 to 2 days), most children are able to return to their normal diet.

For example, you can offer 5 to 15 ml (1 teaspoon to 1 tablespoon) of breast milk or oral rehydration solution every 5 to 15 minutes. Once your baby is feeling a little better, gradually increase the quantities, according to her tolerance.

Avoid giving her juice, soft drinks (even flat), sports drinks, or rice water. If your baby has diarrhea or severe vomiting, avoid giving her only water as well. None of these drinks contain the right quantities of sugar and salt your child needs to rehydrate.

Oral rehydration solutions (ORS)

Oral rehydration solutions (ORS) contain precise ratios of water, salt, and sugar to replace what has been lost through diarrhea and vomiting.

You can find ORS in various flavours and forms at the drug store:

- Ready-to-serve
- Packets of powder
- Ice pops



Your pharmacist can help you choose the right product and use it as directed. The Canadian Paediatric Society suggests that parents always keep ORS on hand.

Keeping baby safe

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There are many laws, codes, and regulations designed to protect children's health and safety. These include the Québec Highway Safety Code and Canada's *Cribs, Cradles and Bassinets Regulations*. Organizations such as the Canadian Paediatric Society and the Québec Lifesaving Society also make recommendations.

Injuries are a leading cause of doctor's visits and death among children. It is essential to be vigilant and never underestimate the natural curiosity that constantly drives children to explore their environment. You can reduce the risk of injury by following basic safety principles and taking a few precautions.

This chapter includes

- Babyproofing tips
- Advice on preventing accidents and using your safety reflexes
- Information about protecting your child from natural elements like the sun and insect bites

Travelling safely: Car seats



Car seats are mandatory for all car travel with your infant, right from birth.

An appropriate car seat, when used properly, can reduce the risk of death and injury by 70% in the event of a collision.

Car seat use is divided into three consecutive phases, starting from the birth of your child and changing with weight and age. The phases are presented on pages 676 to 679.

Types of car seats

The type of car seat you should use depends on your child's weight and height. There are four types of children's car seats:

- Infant car seats used from birth until around 10 kg (22 lb.).
- Child seats for children who weigh around 10 kg (22 lb.). Most child seats go up to 29.5 kg (65 lb.).
- Booster seats for children who weigh at least 18 kg (40 lb.). Booster seats are mandatory for children up to 145 cm in height or 9 years of age.
- Convertible seats, which can be used from birth and during the three phases described on pages 676 to 679.

Where to install a car seat in a vehicle



For your child's safety, his car seat must always be installed on the back seat of the vehicle.

Your child should always sit in the back seat until age 13.

Good to know ●●●

If you need to sit your child in the front seat due to exceptional circumstances (e.g., the vehicle has no back seat or your child has a health issue that requires close supervision), you must first submit an airbag deactivation application to the Société de l'assurance automobile du Québec (SAAQ).

For more information, go to saaq.gouv.qc.ca/en/road-safety/modes-transportation/automobile/safety-devices/airbags/airbag-deactivation.

Car seat direction

Rear-facing car seats: as long as possible



For safety reasons, Transport Canada recommends children stay rear facing for as long as possible. This position provides better protection for their spinal column and brain in the event of a collision.



In Québec, use of a rear-facing seat is recommended until your child is at least two years of age.

Your child should stay rear facing until he reaches the car seat manufacturer's recommended weight and height limits, even if his legs are bent. There must be a space of at least 2.5 cm between the top of the child's head and the top of the seat.

Good to know...

Convertible seats can generally be used in the rear-facing position longer than regular child car seats (up to age 4, on average).

Front-facing car seats

If your child becomes too tall or heavy for his rear-facing seat (see owner's manual for height and weight limits), he can switch to a forward-facing seat. Depending on his weight and height, your child may use a child car seat, a convertible seat in child car seat mode, or a booster seat.

Booster seats and convertible seats used as booster seats must always face forward.

How to install a car seat and secure your child

To properly secure your child in his seat, you'll need to consider the type of seat and the direction it faces (front or rear). Car seat use is divided into three consecutive phases, starting with the birth of the child.



Read the manufacturer's instructions very carefully before putting your child in a car seat.

Phase 1



Types of seats: Infant seat, child seat or convertible seat (see [Types of car seats](#), page 674)

Direction: Facing the rear of the vehicle

Installation:

- The harness straps must go through the slots in the back of the seat at the height of your child's shoulders or a little lower.
- The chest clip connecting the two harness straps must be placed at armpit level (middle of your child's chest).
- The harness straps must be tightened as close as possible to your child's body. Don't leave more than a finger's width between your child's body and the harness.

Good to know ●●●

During baby's first month of life, try to avoid taking him on trips of more than one hour at a time. If you must take your newborn on a long trip, it is a good idea to take frequent breaks. Newborn babies have very little muscle tone and they tend to slide down in their seats, which can constrict their breathing. Stop every now and then to take your baby out of his seat and move him around.



In Quebec, use of a rear-facing seat is suggested until your child is at least two years of age.

Phase 2



Société de l'assurance automobile du Québec

Types of seats: Child seat or convertible seat (see [Types of car seats](#), page 674)

Direction: Facing the front of the vehicle

Installation:

- Attach the tether strap located at the top of the car seat back to the anchor bolt in the vehicle. The anchor bolt is usually located behind the rear seats.
- The harness straps must go through the slots in the back of the seat at the height of your child's shoulders or a little higher.
- The chest clip connecting the two harness straps must be placed at armpit level (middle of your child's chest).
- The harness straps must be tightened as close as possible to your child's body. Don't leave more than a finger's width between your child's body and the harness.

Phase 3

Types of seats: Booster seat or convertible seat used as a booster seat (see [Types of car seats](#), page 674)

Booster seats raise your child so that the seatbelt is properly aligned to protect him in case of accident.

Direction: Facing the front of the vehicle



It's the law.

In a moving vehicle, your child must be secured in a car seat that is appropriate for his height and weight until he is 145 cm or 9 years old.

For more information

- Read the section on “Car seats” in the vehicle manual. It contains useful information.
- Consult the *Secure Them for Life* brochure at saaq.gouv.qc.ca/fileadmin/documents/publications/secure-them-life.pdf.
- Watch the video clips on the SAAQ website explaining in detail how to use the appropriate car seat for each of the three phases at saaq.gouv.qc.ca/en/road-safety/behaviours/child-safety-seats/. Click on the “Choosing the right seat at the right time” tab, and select the type of seat (e.g. rear-facing seat, forward-facing seat or booster seat) to view the video.
- Visit the Transport Canada website at tc.gc.ca/en/services/road/child-car-seat-safety/installing-child-car-seat-booster-seat/stage-1-rear-facing-car-seats.html.

Car seat safety



All car seats sold in Canada meet Transport Canada standards. Make sure the car seat bears a compliance label before you use it. It is illegal to use car seats purchased in other countries because safety standards may vary from one country to another.

Expiry date

An expiry date is usually engraved on the plastic part of car seats sold in Canada. If you can't find the expiry date, see the seat's user manual or contact the seat manufacturer. Be sure to have the following information on hand: serial number, date of manufacture, and date of purchase of the seat.

Accidents

If your child's car seat is in an accident, check the seat owner's manual to see if the collision was serious enough to require seat replacement. If in doubt, it is recommended that you replace the car seat, even if it does not look damaged.

Manufacturer recalls

Every year, car seat manufacturers issue a number of recalls. That's why it's a good idea to register your car seat. You can register your seat on the manufacturer's website or fill out the product registration card that came in the original box and return it to the manufacturer by mail. Once your car seat is registered, you'll be able to receive recall notices from the manufacturer.

To find out if a car seat has been recalled, visit the Transport Canada website at tc.gc.ca, click on “Child car seat safety,” and go to the section “Safety alerts and notices for child car seats”.

Used car seats

Parents are strongly advised not to get a used car seat because you need to know the full history of seat your child will use.

If you do decide to get a used car seat, make sure it meets the following criteria:

- It is in good condition and has all its parts.
- It has the Transport Canada compliance label (the one with the maple leaf).
- It has not been in an accident.
- It is not past its expiry date.
- It has not been recalled by the manufacturer.

Taxis and rideshare services

For safety reasons, taking a taxi or rideshare service with your child is not recommended unless you can put him in a car seat suitable for his weight and height.

If you must take a taxi with your child and don't have a car seat, the *Highway Safety Code* requires him to wear a seat belt, unless he is unable to sit up on his own. If your child can't sit up on his own, it is recommended that you put your own seatbelt on first, then hold the child in your lap.



Babyproofing

Your babyproofing checklist will change as your child grows and develops. Take electrical outlets, for example. Though they are not dangerous for newborns, babies who are crawling could suffer electrical burns if they touch them. So from time to time you need to reassess the dangers that may be present in your child's surroundings.



Is your baby growing, becoming more mobile, and exploring everything by touch? Reassess the home environment regularly, to make sure it is still safe.

As soon as your baby can turn over, pick up objects, and move about, you need to pay special attention to his surroundings.

Get in the habit of looking around your home from your child's vantage point. See what could be done to reduce the risk of accidents. A good tip for inside the home is to physically get down to your child's level and examine every room from his perspective. Are there any toxic products within reach? Store them in a secure location your child can't get to. Don't forget the outside of your home, either. For example, swimming pools must be kept safely secured.

The nursery

Your baby's room must have a window and be well ventilated. If the temperature in the room is suitable for you, it's suitable for your baby, too. A temperature between 20°C and 22°C (68°F and 72°F) is appropriate. When it's cold out, humidity should ideally be kept between 30% and 45%.

Wood and vinyl floors are best because they are easier to keep clean than carpeting, which absorbs moisture from the air and traps dirt. If you have carpets, vacuum regularly to eliminate dirt and dust mites.



You should regularly check the crib to make sure it is in good condition.

Crib, cradle, and bassinet

The safest place for a baby to sleep is in a crib that meets Canadian safety standards. This type of bed can be used until your child is 90 cm (35 in.) tall or is able to climb out of the crib, whichever happens first.

Once your baby is able to sit up or crouch on his hands and knees, place the mattress in the lowest possible position and remove all mobiles and toys suspended over the crib.

Cribs made before September 1986 do not comply with Canada's Cribs, Cradles and Bassinets Regulations. They can no longer be sold, and should not be used. Since December 2016, this regulation has also prohibited the sale, import, and manufacturing of drop-side cribs. Neither new nor secondhand drop-side cribs should be used.

You should regularly check the crib to make sure it is in good condition. Make sure all the parts are secured and undamaged. The mattress must be firm and fit the crib. There should be no more than 3 cm (1 $\frac{3}{16}$ in.) between the mattress and the sides of the crib. The side slats should not be more than 6 cm (2 $\frac{3}{8}$ in.) apart.

If you are thinking of using a bassinet or cradle instead of a crib during your baby's first months, make sure the products you choose meet Canadian regulations. Carefully read the manufacturer's instructions before use, and follow all directions.

Bunk beds are dangerous because children can fall out of them. Children under the age of 6 should not use them.

If you use a hand-me-down crib, cradle, or bassinet, make sure it is in good condition and meets current safety standards. Health Canada recommends using cribs that are not more than 10 years old.

For more information, consult the pamphlet *Is Your Child Safe? Sleep Time* at canada.ca/content/dam/hc-sc/migration/hc-sc/cps-spc/alt_formats/pdf/pubs/cons/child-enfant/sleep-coucher-eng.pdf.

You can also contact Health Canada toll-free at 1-866-662-0666 or by email at cps-spc@hc-sc.gc.ca.

Bedding

The only bedding your baby needs is a fitted sheet for the mattress. If necessary, use a light blanket or sleep sack. If you use a sleep sack, make sure it is the right size for your baby. It is recommended to thoroughly wash and rinse blankets and sleep sacks before use.

Do not place cushions or crib skirts around the bed, or put pillows, positioners, or stuffed toys in the bed, as they present a choking hazard. These items could also cover your baby's head. When he gets older, he could use them to climb out of bed and could hurt himself if he falls.

Wash bedding regularly with hot water to kill dust mites, which feed on dead skin and live in warm, moist beds.

The kitchen

When your baby starts to crawl, you must be even more vigilant in the kitchen. It's best not to use a tablecloth because your baby could pull on it, bringing everything crashing down on herself. Pot and cup handles should be turned toward the centre of the table, buffet, or counter.

Don't leave utensils lying about, and always keep knives and other sharp objects out of the reach of children.

The risk of getting burned is also highest in the kitchen. When cooking, turn pot and pan handles inward on the stove, and use the back burners whenever possible. Also, keep your child away from the hot oven: they could place their hands on it.

If you are frying food, keep your child away so she doesn't get splattered with grease or oil. See [Preventing burns](#), page 699, for additional safety tips.

High chair

The high chair should be kept away from counters and tables because your child could push off with her feet and tip over. Belt your child into the high chair so she cannot slide out or climb over the backrest or the tray.



Keep an eye on your child at all times. Some babies manage to get out of their high chair even if they are belted in.

When you use a portable booster chair, your child must be belted in at all times. Even if she is belted in securely, avoid putting the chair on a table or counter. This will help reduce the risk of falls.

Stairs

A gate must be installed at the top of every set of stairs. It's also preferable to install one at the bottom of the stairs. Gates must be securely attached to the doorframe or hallway walls.

If the gate is second-hand, make sure it meets current safety standards by checking the Health Canada website at canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/is-your-child-safe.html.



A gate must be installed at the top of every set of stairs.

Blinds and window coverings



Since May 1, 2022, the sale of blinds and window coverings with reachable long cords (over 22 cm) has been prohibited in Canada. It is recommended to replace all such window coverings.

Cords used to operate blinds or window coverings are dangerous for children: playing with them is a strangulation hazard.

Since May 1, 2022, the sale of blinds and window coverings with long accessible cords (over 22 cm) has been prohibited. It is recommended that such blinds and window coverings be replaced, especially in children's bedrooms and any rooms where they play.

If you cannot immediately replace blinds or window coverings with long accessible cords, take measures to reduce the strangulation hazard until you can.

- Install your baby's crib away from the window.

- Secure blind and curtain cords very high up, out of your child's reach.
- Make sure your child cannot reach the blinds by climbing on furniture or anything else near the window.
- Follow the manufacturer's instructions and read all warnings.

Health Canada recommends against using low-cost PVC mini-blinds from China, Taiwan, Indonesia, Hong Kong, and Mexico manufactured before 2009 because they may contain lead.

Furniture, appliances, and televisions

Children sometimes climb or grab onto furniture and appliances. They can then fall or be crushed under the weight of the furniture. Dressers, bookcases, cabinets, and other furniture should always be secured to the wall. The same holds for appliances and televisions.

Always read assembly instructions, and ensure furniture is correctly assembled. Furniture with a wide and sturdy base is less hazardous than furniture on legs or wheels.

Secure furniture to the wall using the anchors provided at the time of purchase, and always follow manufacturer's instructions when installing anchors. If you do not have an anchor, obtain straps or anchors to secure furniture to the wall.

Electrical cords and outlets

Appliance and extension cords can be dangerous if they are left within reach. They can cause electrical burns if children put them in their mouth. Your child could also pull on a cord, causing an appliance to fall on him. Some appliances, such as irons or kettles, can also cause burns.

To keep your baby from getting an electrical shock (e.g., by inserting something in an electrical outlet), ensure all outlets are secured with a snug-fitting outlet cover.

Toxic products

Keep toxic products (e.g., cleaning products, certain plants, personal care products), prescription drugs, and natural health products out of children's reach. Store them in cabinets or drawers with safety latches or in places children cannot get into.

Objects dangerous to children

Many objects can be dangerous for babies and young children.

Kitchen knives and other sharp objects must be kept out of children's reach. For example, make sure that tacks, nails, or screws are inaccessible.

Small items that could be swallowed or cause choking should also be stored out of children's reach. Once your baby begins to move around, make sure to never leave small objects on the floor (see [Preventing suffocation and choking](#), page 697).

Living in a smoke-free environment

Babies and children are more sensitive to tobacco smoke and aerosols (airborne substances) because their organs are still developing.

Asthma, otitis, bronchitis and pneumonia are more common in children exposed to tobacco smoke. Exposure to tobacco smoke also increases the risk of **sudden infant death syndrome (SIDS)** (see **Sudden infant death syndrome (SIDS)**, page 298).



Tobacco, vaping, and cannabis products give off smoke or other substances that are dangerous, especially for babies and young children.

Smoking outdoors

Smoking in the home poses a threat to the health of everyone who lives there. The dangerous products in smoke spread throughout the air, settle on the ground and on objects, and stay there for months. Opening the windows, turning on the range hood, or smoking in a designated room are not effective solutions. Even a high power ventilation system like the ones you sometimes see in public places cannot eliminate all cigarette smoke.

That is why you should not smoke in the home, even when your children are not there. For your child's health, do not smoke in your home or car.

Choosing toys

Safe toys are

- Washable
- Non-toxic (check the label)
- Unbreakable
- Non-flammable (flame-resistant)
- Big enough so children cannot swallow them
- Compliant with Canadian government safety standards (canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/play-time.html)

It's best to avoid soft vinyl (PVC) toys and rattles because some substances used to make them more flexible are toxic. Children can absorb these substances by chewing on them. In the bath and wading pool, avoid rubber toys that retain water because they can breed germs.

Before you buy a toy

- Read the label to find out the recommended age.
- Examine the toy to see if it is easy to handle.
- Check that there are no sharp edges or pointed tips.
- Make sure it doesn't have any small parts that can break loose or come unstitched. Parts on large toys should not come off easily.
- Avoid toys with cords, especially elastic cords that could get wrapped around the child's neck.
- Be careful with small items, small parts, and button cell batteries (the kind used in watches), as the child could put them in his nose or mouth and swallow or choke on them.
- Make sure baby toys like rattles and teething rings are large enough so they cannot get caught in your baby's throat and choke him.

- Musical toys are great because they stimulate baby's sense of hearing and sight, but check the gears and make sure small parts do not come apart.
- Be careful however with toys that are too noisy as they can damage children's hearing and irritate parents. Try them out before you buy them.

If you acquire used toys or other items, make sure they are in good condition and meet current safety standards.

For more information, read the brochure *Is Your Child Safe? Play Time* at: canada.ca/en/health-canada/services/consumer-product-safety/publications/consumer-education/your-child-safe/play-time.html.

You can also contact Health Canada toll-free at 1-866-662-0666 or by email at cps-spc@hc-sc.

Packaging, batteries, and magnets

- Throw away all plastic, cellophane, and polystyrene (Styrofoam) packaging.
- Properly install the right type of batteries in toys to prevent leaks. Battery fluid is corrosive and should not come into contact with your child's skin, let alone his mouth, nose, or eyes.
- If your baby's toys have batteries, they should be difficult to access (e.g., in a screwed compartment).
- Don't let your child play with small magnets. He could put them in his nose or in his mouth and swallow or choke on them.

Preventing falls

Babies fall a lot, even when you think they are in a safe place. Supervision is needed whenever falls are likely and your baby could hurt herself. Here are some examples:

- A child is left alone in her high chair. She tips over her high chair or falls trying to get out.
- An adult is changing a baby's diaper on a changing table and steps away to get something.
- A child falls out a window that does not have a window guard preventing it from opening more than 10 cm.

Stairs

A gate must be installed at the top of every set of stairs. It's also preferable to install one at the bottom of the stairs. (see [Babyproofing - Stairs](#), page 687).

Baby walkers

Baby walkers are prohibited in Canada because children can fall down the stairs in them, causing head and other injuries. Health Canada recommends using stationary activity centres for babies instead. They are safer than walkers because they do not have wheels.



Make sure your child uses age-appropriate play structures.

Play structures

Playground equipment and slides

Make sure your child is under adult supervision whenever she uses play structures like playground equipment and slides. Teach your child how to play safely on this kind of equipment.

Falls are the leading cause of injury on playground equipment and slides. The risk of injury is linked primarily to two factors:

- The height of the play structure (the higher it is, the more dangerous it is)
- The type of material under and around the play structure (e.g., falling on concrete is riskier than falling on sand)

Make sure your child uses age-appropriate play structures. If you install a play structure at home, follow the manufacturer's installation instructions.

Deaths are rare on playground equipment and slides. When they do happen, they usually result from a child's head, neck, or clothing (e.g., cords or scarves) getting stuck in a play structure opening. For this reason, when your child uses these play structures, make sure she is not wearing any clothing with cords, have her wear a neck warmer instead of a scarf, and remove her bike helmet, if she is wearing one.

Trampolines

Because so many trampoline injuries are reported, Health Canada recommends that children under 6 not be allowed to play on trampolines, even with supervision.

Preventing drowning

A child can drown in a matter of seconds, even in a small amount of water like in a bathtub. A drowning child doesn't necessarily make any noise.



Never leave a child in a bathtub, pool, wading pool, or natural body of water without adult supervision.

Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR). It's a good idea to know CPR in case you ever need to use it. Your municipality or CLSC can tell you about the courses available in your area.



Audrée-Jeanne Beaudoin



Never leave a child near a bathtub, pool, wading pool, or body of water without adult supervision.

Bathtub

Children can drown in a bathtub if they slip or lose their balance. Bath seats and infant inner tubes cannot prevent this kind of accident. They give adults a false sense of security, which can lead to drowning.

To learn more about bathing your infant and safety during bath time, see [Bathing your baby](#) on page 597.

Pools

Fatal and non-fatal swimming pool drownings occur most often when no one is actually swimming and a child accidentally falls in the water. Oftentimes this type of accident happens when a child living at the home or in the neighbourhood is able to gain access to the pool when no adults are present.

To find out how to secure all types of pools (above ground, inground, and inflatable), contact your city or town.

For more information and safety tips, visit the Lifesaving Society's Perfect Swim website: perfectswimming.com.

Bodies of water

Your child must be constantly supervised around lakes, rivers, oceans, and other bodies of water. It only takes a moment for a child to slip away and risk drowning.

When you go out on the water, always wear a life jacket. Make sure children and the other people with you wear one, too. Life jackets must be appropriate for the person wearing them and for the type of activity. Fasten life jackets properly. If the boat capsizes, life jackets can save the lives of everyone onboard.

Water gardens and features

Since children can drown in even a very small amount of water, caution should also be exercised around shallow ponds, like water gardens and other landscaping water features.

Preventing suffocation and choking

Small objects

Young children tend to put everything they touch in their mouth. Small objects can be swallowed easily and cause choking. It is best to keep them out of your child's reach.



The Canadian Paediatric Society advises that if an object can fit in a toilet paper roll, it represents a choking hazard.

Some types of food can also become lodged in your child's throat or block her **airways**. Read **Choking risk: Be extra careful until age 4**, page 530, for more information.



Pascale Turcotte



When young children choke, it's usually on small everyday objects and food.

Your child can also suffocate on objects (like a plastic bag), that risk covering her mouth and nose preventing her from breathing. It is a good idea to put a knot in used plastic bags before storing them out of the reach of children or putting them in the recycling bin or the garbage.



Latex balloons are dangerous for young children because they can choke on them. Make sure balloons (both inflated and uninflated) and pieces of popped balloon are always kept out of children's reach.

Cords

Caution must also be exercised with hanging cords and toys, like mobiles. Cords on clothing, curtains, and toys should be no longer than 20 cm (around 8 in.).

Preventing burns

Electrical outlets and wires

To keep your baby from being burned or getting an electrical shock, make sure his environment is safe. Ensure all outlets are secured with a snug-fitting outlet cover, and never leave appliance or extension cords hanging (see [Babyproofing - Electrical cords and outlets](#), page 689).

Fire

It is essential that you install a smoke detector on every floor and replace the battery periodically, for example when you change your clocks in the fall and spring.

Keep matches, lighters, and candles out of the reach of children.



Ensure all outlets are secured with a snug-fitting outlet cover. That way, your baby will be safe from electrical shock.

Hot liquids

Children have thinner skin than adults, so they can be burned more easily by a hot liquid. Some accidents can easily be avoided. For example, don't eat soup or hot beverages when you are holding your baby or leave a hot liquid unattended. Also beware of steam and hot electrical appliances.

Hot water

Québec's *Building Code* requires that home water heater thermostats be set so that the water in the tank is no cooler than 60°C (140°F). This reduces the risk of water contamination by bacteria. At that temperature, however, water can cause second- and even third-degree burns in children within a second.

Burns caused by hot tap water occur most often at bath time. To prevent the risk of burns, always check the water temperature with your elbow or wrist before putting your child in the tub. Water should be warm, i.e., body temperature.

You should ideally have a device installed on the faucet you use to bathe your child (e.g., bathtub or sink faucet) to keep the water temperature at or below 49°C (120°F). This device can be installed on the pipe or near the faucet. You can also purchase faucets with this device built in.

Some children are capable of turning on the hot water tap and burning themselves. Never leave your child in a bathtub or sink without adult supervision.



Never leave your child in a bathtub or sink without adult supervision.

Preventing dog bites

Children are unpredictable and unable to recognize the signs of aggression in an animal. For this reason, they are susceptible to dog bites, even from your own dog or the neighbour's dog.

Remember that a dog that is gentle with your child may show aggression toward other children. Take signs of aggression seriously. If the dog bares its teeth, growls, or pretends to bite, see your veterinarian or a dog trainer.

When you are at someone else's home, be especially vigilant if the household dog does not know your child.



Never leave a child alone with a dog, even if the animal knows the child and does not seem dangerous.

Preventing poisoning

Every year, thousands of children are poisoned in Québec by ingesting a toxic product, getting a toxic product in their eyes or on their skin, or inhaling toxic vapours.

These products are everywhere: in kitchen cabinets, in the bathroom, bedroom, or garage, even in your purse.

Many household products and plants can be toxic to children (e.g., vitamins, medications, cleaning products, fuel, houseplants, mushrooms, pesticides, and personal hygiene, car maintenance, and renovation products).

Québec Poison Control Centre has published a number of poisoning prevention pamphlets. To learn more, visit their website:

Québec Poison Control Centre

ciusss-capitalnationale.gouv.qc.ca/antipoison/

(Mostly in French)

1-800-463-5060

Medications and toxic products: tips on poison prevention

- Keep toxic products, medications, and natural health products out of children's sight and reach.
- Store these products in cabinets and drawers with safety latches or in places children cannot get into.
- Keep these products in their original containers with a childproof cap.
- Never transfer hazardous products to food containers (e.g., gasoline in a water bottle).
- Keep children away from ashtrays and glasses containing alcoholic beverages.
- Carefully read the instructions before you give your child any medicine and measure out the exact dose. See your pharmacist if you need help.
- Never leave medication on the changing table or near the crib.

Plants

Many indoor and outdoor plants have toxic leaves and fruits that can cause conditions such as skin irritation, swelling, trouble swallowing, dry mouth, diarrhea, vomiting, and hallucinations.

To prevent exposure to toxic plants, it's worth checking to see if your indoor and outdoor plants are toxic. As soon as your child can crawl or walk, keep these plants out of her reach.

Keep plants in their original container so you can easily identify them later. If you don't know the name of your plants, ask at a garden centre or florist. It may be useful to bring along some photos so they can help identify them.

Outdoor mushrooms

Some outdoor mushrooms can cause poisoning. This can result in serious damage to a child's liver and digestive system.

To prevent poisoning caused by outdoor mushrooms, it's a good idea to pick or destroy them before children can find them. Since they grow quickly, be vigilant and keep a watchful eye out for them.

Protecting your baby from the sun

Little ones should not be exposed to the sun without protection because their skin is very thin and burns easily. This means you'll need to protect your child from the sun's rays, which can cause sunburn, dry skin, and allergic reactions. Children with dark skin must be protected from the sun, too. It is important to keep children out of direct sunlight between 11 a.m. and 3 p.m. This is especially important around noon when the sun is most intense.

Under 6 months – It is best to keep your baby in the shade and to protect him with clothing and a hat. Skin is very delicate at this age and applying sunscreen could cause allergic reactions.

6 months and up – Whenever your baby is outdoors, dress him in a hat and clothing that covers his arms and legs. About 30 minutes before going out, apply sunscreen to exposed body parts. Reapply every two hours and after swimming.



It is always good to cover your child as much as possible (lightweight clothing and hat) and to keep him in the shade to protect him from the sun's rays.

Up to 85% of UV (ultraviolet) rays can pass through clouds, so sunscreen is a must even when it's cloudy. Choose a sunscreen with a high sun protection factor (SPF 30 or 50). Your pharmacist can help you find an appropriate one.

Eyes and the sun

The sun's UV rays are dangerous to the eyes and can be reflected by sand, water, and snow.

The best way to protect your child's eyes is to put a large brimmed hat or cap on his head.

Never seat your child in facing the sun. Shade is best.

If you decide to put sunglasses on your child, make sure they protect against UV rays before you buy them. Look for the words "100% UV protection" or "UV 400."

Protecting your baby from insect bites

To protect children under age 2 from insect bites, you can

- Put a mosquito net over your child's stroller
- Dress your child in light or khaki coloured lightweight clothing made of a closely knit fabric that is closed at the neck, wrists, ankles, and waist
- Put a hat or cap on her head and cover the back of her neck if necessary
- Keep your child indoors when mosquitoes are most active (sunrise and sunset)

Insect repellent must be used with caution and only if there is a high risk of insect bite complications. For instance, you may decide to use it if your child is allergic to bites or there is a chance she could contract a mosquito-borne disease while travelling abroad.

Under 6 months – Do not use any insect repellent.

6 months to 2 years – Do not use products containing more than 20% icaridin, 10% DEET, or 2% soybean oil. These products protect against mosquito bites. Those containing 20% icaridin also protect against tick bites.

Apply a small amount once daily to body parts exposed to the air. Do not apply to the face or hands. The product may be applied to your child's hat or cap, depending on the fabric.

When protection is no longer needed, wash all skin that was in contact with insect repellent with soap and water.

Good to know ●●●

The duration of action (between 90 minutes and 10 hours) varies depending on the product's ingredient and concentration. Your pharmacists can advise you.

Avoid combination insect repellent/sunscreen products because sunscreen should be applied more generously and more often than insect repellent.

Start with sunscreen, wait 30 minutes to let it absorb, then apply the insect repellent to limit its absorption into your skin.

Citronella and lavender oil-based repellents as well as citronella-scented eucalyptus products are not recommended for children under 2 because they are not effective for very long.

To learn about insect bite first aid, see [Insect bites](#), page 721.

First aid

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Anne-Marie Turcotte-Tremblay

As a parent, you will at some point have to care for and provide comfort to your child when he injures himself. Here are a few first aid basics that may come in handy in case of an accident.

Keep in mind, however, that these basics cannot replace a first aid course.



Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR). It's a good idea to know CPR in case you ever need to use it. Your municipality or CLSC can tell you about the courses available in your area.

You may also need the opinion or assistance of a health professional. Don't hesitate to call [9-1-1](#) in an emergency, or Info-Santé ([8-1-1](#)) if you need advice.

Bites

If your child has been bitten by an animal or another child, clean the wound with soap and running water for several minutes.

Contact Info-Santé ([8-1-1](#)) or a doctor in the following situations as treatment may be necessary (stitches, antibiotics, or vaccines):

- The teeth went through the skin and caused bleeding or a wound.
- Redness develops around the bite in the days that follow.
- You think your child has been in contact with a bat.
- Your child was bitten by a pet displaying unusual behaviour (e.g., aggression or fearlessness) or by a wild animal.



Once the scrape or cut has been cleaned, watch for signs of infection.

Scrapes and cuts

For a minor, superficial cut or scrape that is not bleeding profusely

- Wash your hands with soap and water before caring for the wound
- Clean the wound with water and mild, unscented soap
- Rinse the wound under running water for 5 minutes and remove any foreign objects (e.g., dirt or gravel)
- Dry the affected area. You can apply an over-the-counter antibiotic ointment
- Place an adhesive or gauze bandage over the wound, depending on how large it is
- Watch for signs of infection around the wound (redness, pain, warmth) in the days that follow. See a doctor if you notice any signs of infection



If your child has not been vaccinated or is not up to date on her shots, she may need a vaccine. You can check this with a health professional or Info-Santé (8-1-1).

If the cut is large or is bleeding profusely, put a bandage or clean towel over it and apply pressure to stop the bleeding. Usually, 5 to 15 minutes of pressure is enough. While doing so, call Info-Santé (8-1-1) to find out if your child needs to see a doctor to have the cut looked at or to close the wound.

Small object in the nose

Even if your child is well supervised, she can put all sorts of things in her nose like buttons, pebbles, pieces of foam, dry peas, and peanuts, for example.

If the object is sticking out of the nostril and can be easily grasped with your fingers, you can try to remove it. Otherwise don't try to remove it because you could push it in further: take your child to the doctor immediately.



If your child has a cell button battery (i.e., watch battery) in her nose, go right to the emergency room. The chemical products in the battery could leak and cause serious burns.



Alexandra Linteau



If your child has a nosebleed, have him sit down and lean his head forward slightly, pinch his nostrils, and maintain pressure for about 10 minutes.

Nosebleeds

Bleeding can occur when the nose is irritated after a cold or when a child has put a finger or object in a nostril. Nosebleeds are generally harmless.

If your child is bleeding from the nose, follow these steps:

- Reassure him.
- Have him sit down and lean his head forward slightly.
- Make sure he is breathing through the mouth.
- If your child is able to blow his nose (rare in children under 2), have him blow it into a tissue to clear out any blood clots.
- Pinch his nostrils, just below the bony part of his nose, between your thumb and index finger.
- Maintain constant pressure for about 10 minutes; that should stop the bleeding.
- If bleeding persists, contact Info-Santé (8-1-1) or a doctor.

Oral and dental injuries

Tongue or lip bites

Gently clean off the blood with a clean, dry cloth. To stop the bleeding, apply direct pressure to the wound. Apply a very cold wet washcloth to keep swelling down.

If the wound is still bleeding after 10 minutes, go to the emergency room.

You can call Info-Santé (8-1-1) to assess the seriousness of the wound or if you have concerns.

Knocked out baby tooth

Don't put the tooth back into the gum. Keep it so a dentist can take a look at it.

Apply light pressure to the wound with a clean cloth. See a dentist.

Broken or displaced tooth

See a dentist as soon as possible.

Blow to a tooth

After a blow or a fall, if a tooth seems to have been pushed into the gums or if the lips and gums are bleeding profusely, see a dentist or doctor as soon as possible.

The tooth can turn greyish in the months following the accident. If this happens, see a dentist.

Bumps and blows to the head

Active young children hit their heads frequently, for example when they fall down. Most of the time these bumps and blows to the head are not serious and cause no harm. However, sometimes a more severe blow can lead to complications. These complications can arise immediately, or up to 72 hours after the bump or blow to the head.



You can also call Info-Santé at any time by dialling 8-1-1 if you have any concerns.

What to do?

If any of the situations described in the red box on the next page apply to your child, see a doctor or go to the emergency room right away.

If your child is behaving normally and is not displaying any of the symptoms listed in the red box, keep a close eye on him.

In the first 6 hours after the blow to the head – If your child wants to sleep, let him. But wake him up every two to three hours to make sure he is reacting normally. If he is still reacting normally after six hours, you can let him sleep as he usually would.

In the first 72 hours after the blow to the head – If your child has any of the symptoms described in the red box, see a doctor.



See a doctor or go to the emergency room right away in any of the following situations:

- Your child is less than 3 months old.
- Your child has lost consciousness.
- He is semi-conscious, disoriented, or behaving strangely (e.g., he is difficult to wake, very irritable, does not make eye contact, or displays some other behaviour you find troubling).
- He is having a convulsion, is very agitated, or is shaking.
- He has trouble moving an arm or a leg, has trouble walking, or lacks coordination.
- He has a lump or deformation in the scalp area (on the top, back, or side of his head).
- He fell from a height of more than 0.9 metre (3 feet) or 5 steps.
- His head was hit very hard or hit by a fast moving object.
- He has vomited more than once.
- A bruise appears behind his ear or under his eye.
- There is a clear or reddish discharge from his ear.

Call **9-1-1** if the situation seems serious and urgent enough that you need an ambulance.



If your child's clothing is on fire, lie her down and quickly roll her entire body except her head in a blanket to extinguish the flames.

Burns

In the event of a burn caused by fire, boiling liquid, or steam, run cool water over the burn or immerse it in cool water for 10 minutes.

If you cannot put the burn under water, apply a cool, clean wet cloth to the burned area. Do not rub it. Wet the cloth again when it is no longer cool.

If the clothing your child was wearing is stuck to the skin, do not remove it. Apply a cool, clean wet cloth and go to the emergency room.



Go to the emergency room if the clothing is stuck to your child's skin, the burn is extensive, or it affects the face, neck, hands, feet, genitals, or a joint.

If the burn is small and superficial, you can apply an over-the-counter antibiotic ointment and put a bandage on it. Other substances like baby oil, vinegar, butter, and toothpaste can make the burn worse.

If there is a blister, do not pop it because doing so could cause pain and lead to infection.

If the burn does not heal or shows signs of infection (e.g., redness around the burn or drainage), see a health professional.



You can call Info-Santé (8-1-1) to determine the severity of the burn or get information if you have any concerns.

Electrical shock

If your child gets an electrical shock and is still touching the electrical source, cut the electricity before you pull your child away.

If your child is no longer touching the electrical source, you don't have to wait before touching him.

If your child is unconscious, yell for help and have someone call 9-1-1. If no one can help, call 9-1-1 yourself. See [Loss of consciousness](#), page 726.



Electricity can cause serious problems (e.g., internal burns and heart problems). Always call Info-Santé (8-1-1) or take your child to the emergency room.

Foreign object or chemical product in an eye

To remove a foreign object (grain of sand, small insect, blade of grass, eyelash, etc.), gently rinse the eye under a slow stream of warm water at the faucet.

If you see a foreign object in the inside corner of her eye, try to remove it with the corner of a wet tissue. If you cannot remove the foreign object, the eye continues to tear, or your child's condition does not improve

- Don't insist
- Keep your child from rubbing her eye and apply a cold wet washcloth to the eye to relieve the pain
- See a doctor or optometrist right away

If your child got splashed in the eye with a product that can cause burns (household cleaning product, pool chlorine, etc.), rinse the eye immediately. Be careful not to contaminate the other eye when rinsing. Rinse for a long time, from 15 to 30 minutes. Exact rinsing time depends on the product that caused the burn.

As soon as you start rinsing, contact the Québec Poison Control Centre for further instructions at [1-800-463-5060](tel:1-800-463-5060). They will instruct you how to proceed.



If your child is too young to cooperate while you rinse her eye under the tap, place her on her back, keep her eye open, and pour water right into her eye with a cup.

Poisoning and contact with hazardous products

Poisoning is the second leading cause of hospitalization in children 4 and under. It often occurs at home. The most common source of poisoning in small children is medication (vitamins, antibiotics, cold and fever medication) and household products (cleaning products, fuel, personal hygiene products, plants, mushrooms, pesticides, etc.).



If you suspect your child has ingested or come into contact with a hazardous product and he is not breathing or is unconscious, call 9-1-1. See Loss of consciousness, page 726.



Always have the product that caused the poisoning with you when you call the Québec Poison Control Centre so you can read the label to the person who assists you.

What to do?

Ingested product

- Clean out and rinse your child's mouth.
- Do not induce vomiting.
- Do not try to neutralize the product by giving him milk or anything else.
- Call the Québec Poison Control Centre at 1-800-463-5060. Do not administer treatment unless instructed to do so by a Poison Control Centre nurse or a health professional.

Product in the eyes or on the skin

- Rinse the affected area with warm water for at least 15 minutes.
- Keep your child's eye open while you rinse it (see **Foreign object or chemical product in an eye**, page 718).
- Call Québec Poison Control Centre at **1-800-463-5060**.

Inhaled product

- Take your child out into the fresh air.
 - Call Québec Poison Control Centre at **1-800-463-5060**.
-

Good to know ●●●

Québec Poison Control Centre is a 24-hour emergency helpline. Staff will explain what to do based on your child's condition, the product involved, and how it was ingested or what organ it came into contact with (mouth, lungs, skin, or eyes).

Québec Poison Control Centre has a number of prevention publications available on its website at ciuss-capitale.nationale.gouv.qc.ca/antipoison/ (Mostly in French).

Insect bites

If you see a stinger, remove it. Then, whatever the type of insect bites it is, clean the bite with soap and water.

To help relieve itching or reduce swelling, use a cold compress, lemon juice, or a paste made of equal parts baking soda and water.



Call 9-1-1 if your child develops

- Red patches on the skin

AND one or more of the following:

- Sudden and severe change in her general condition (e.g., irritability, drowsiness, loss of consciousness)
- Swollen lips or tongue
- Difficulty breathing
- Sudden vomiting

She could be having a severe allergic reaction.



Choking



The following information is not a substitute for a first aid course. Many organizations offer first aid training, including choking manœuvres. Your municipality or local CLSC can provide information on courses in your area.

Your child put a candy, nut, piece of grape, or some other small object in his mouth and it got stuck there.

Your child is breathing, coughing noisily, talking, or making sounds?

Do not intervene as long as your child is still coughing noisily. This means he is trying to dislodge the item on his own. Encourage him to cough vigorously (e.g., try coughing along with him so he'll imitate you).

Call [9-1-1](#) if you're worried about your child's breathing.

If your child is unable to breathe, cough, talk, or make sounds, see page 724.



Illustration: Audrey Malo



Think of the lungs as plastic bottles and whatever is blocking your child's breathing as a stopper. The manoeuvres aim to pop the stopper off by pressing firmly on the bottles.

Your child is unable to breathe, cough, talk, or make sounds?

1. Do the manoeuvres described below and onto the next page immediately.
2. Call for help and make sure someone calls 9-1-1.

Manoeuvres

Choking manoeuvres are intended to expel whatever is blocking your child's **airway**. Doing so requires you to press down firmly on the lungs.

The next page shows how to do it, depending on the age of the child.

Manœuvres

Child under age 1



1. Give **5 firm taps between the shoulder blades** with the palm of your hand.



2. Turn your child over and **push hard 5 times** with 2 fingers in the middle of their **chest**, just below an imaginary line between the nipples.

Alternate steps 1 and 2 until your child starts breathing, coughing, or crying.

If your child loses consciousness, see [Loss of consciousness](#), page 726.

Child age 1 or older



Perform abdominal thrusts: Place your fist on your child's stomach just above the belly button, then thrust firmly inward and upward (J-shaped movement).

Repeat the thrusts until your child starts breathing, coughing, talking, or crying.

If he loses consciousness, see [Loss of consciousness](#), page 726.



Take your child to the emergency room after a choking episode because there could be complications.

Loss of consciousness



The following information is not a substitute for a first aid course. Many organizations offer first aid training covering the steps to take when someone is unconscious (including cardiopulmonary resuscitation (CPR) with rescue breathing). Your municipality or local CLSC can provide information on courses in your area.

A child who has lost consciousness will be immobile, limp, and unresponsive when you touch her or call her name.

Your child is breathing?

1. **She suffered a blow to the head, neck, or torso**

- Don't move her;

She did not suffer a blow to the head, neck, or torso

- Turn her on her side.

2. Call 9-1-1. The operator will tell you what to do.

Your child isn't breathing

1. Call for help and make sure someone calls 9-1-1.
2. Do the manoeuvres described below. The 9-1-1 operator can guide you.

Manœuvres

1. Place your child **on her back** on the floor.
2. **Press her chest firmly** toward the floor, **then release** to allow it to return to its normal position.
3. Repeat the compression and release in a **rapid and continuous up-and-down** motion until your child responds or breathes or until help arrives.

The next page shows how to do it, depending on the age of the child.



A person trained in first aid should favor manoeuvres with ventilation.

Manœuvres

Child under age 1



Illustration: Audrey Malo

Press down on **the middle of the chest** with 2 fingers, just below an imaginary line between the nipples.

Child age 1 or older



Illustration: Audrey Malo

Press down on **the middle of the chest** with the palm of your hand, between the nipples.



Take your child to the emergency room when they regain consciousness because there could still be complications.