

## What's New?

*What's New?* summarizes the main changes in the 2025 edition of *From Tiny Tot to Toddler: A practical guide for parents from pregnancy to age two*.

Only changes that affect the content of the guide and are of interest to perinatal and early childhood specialists are indicated. We have not highlighted new wording or updates of a practical nature (e.g., changes to phone numbers or names of organizations, programs, and services).

### Updated Baby section

The 2025 edition provides an update to part of the chapter **Your child's development**. Everything related to a child's temperament, the parent-child relationship, and structure has been reviewed in light of current scientific knowledge. Information on play, reading, and screen time has also been updated. The part of the chapter in question runs from pages 311 to 331.

### The importance of the environment

This year, the environment is in the spotlight. Not only are the pages of the *From Tiny Tot to Toddler* guide printed on paper made from recycled materials and sourced from well-managed forests, but additions have also been made to reflect parents' environmental concerns. For example, a section on public transit has been included and references have been added throughout concerning choices (e.g., food, consumption) that support environmental protection. Lastly, a section dedicated entirely to the environment has been included: **Being environmentally aware** mentions a few things parents can do to help protect the environment.

### Got suggestions for our team?

Your work with parents and your knowledge of their questions and information needs are invaluable to us. Please feel free to share your suggestions for improving *From Tiny Tot to Toddler* with us.

Also, contact us if you have any suggestions on how we can better keep you informed of changes to new editions of the *From Tiny Tot to Toddler* guide.

Please email your comments to [mieuxvivre@inspq.qc.ca](mailto:mieuxvivre@inspq.qc.ca).

*The From Tiny Tot to Toddler team*

## Pregnancy

### Pregnancy

#### Everyday life during pregnancy

#### Physical changes

##### The perineum and pelvic floor [Page 43](#) ▶

- A section has been added on the perineum and pelvic floor during pregnancy, including changes that can lead to urine leakage. Certain lifestyle habits and physical activities can reduce the risk of urine leakage.

#### Emotional changes

##### For the pregnant woman [Page 50](#) ▶

- The resource *You, Me, Baby* has been added [toimoibebe.ca/en](http://toimoibebe.ca/en).

### Pregnancy

#### Nutrition during pregnancy

#### On the menu: variety, colours, and flavours

##### Legumes, nuts, and seeds [Page 87](#) ▶

- The notion of ecological choice when it comes to plant-based food has been added.

#### Preventing food-borne infections

- The notion of “beverage” has been added in a few places in the text to make explicit that it’s not only food but also beverages that can be a source of contamination.

##### Cooking and serving [Page 107](#) ▶

- Two bullet points have been added:
  - Follow the cooking instructions on frozen food packages (e.g., frozen products containing precooked meat, poultry and fish).
  - Heat leftovers until they reach an internal temperature of 74°C (165°F).

#### Prevention tips for pregnant women

##### Listeriosis and foods [Page 111](#) ▶

- Information on cross-contamination has been added.

#### Safer choices and choices to avoid for pregnant women

- In the section Eggs and egg-based products, “runny omelette or scrambled eggs” has been added to the list of choices to avoid during pregnancy [Page 114](#) ▶

## Delivery

### Delivery

#### The first few days

#### Your stay at the hospital or birthing centre

##### Neonatal screening [Page 244](#) ▶

- A new subsection on hearing screening has been added.

#### The body after birth

##### The perineum and pelvic floor [Page 257](#) ▶

- The section on the perineum and pelvic floor has been enhanced, particularly to address urine leakage.

#### Baby blues

- The resource *You, Me, Baby* has been added [toimoibebe.ca/en](https://toimoibebe.ca/en) [Page 261](#) ▶

## Baby

### Baby

### Sleep

#### Preventing a flat head [Page 299](#) ►

- The section has been updated and improved.
- Several tips and tricks have been added to help prevent or reduce flat head.

### Baby

### Your child's development

The chapter on child development is under construction. For this edition, most sections have been reviewed, except for [Stages of growth](#) and [Toilet training](#). The changes are designed to bring the content into line with current scientific knowledge.

See the updated chapter [Your child's development](#) here.

#### Highlights of the changes

- **Temperament** has been moved to the beginning of the section. It has been updated to avoid categorizing children according to their temperament.
- A section on the importance of interaction with the parent for the child's development has been created. It is called **The parent-child relationship**.
  - It covers attachment and communication, two fundamental aspects of the parent-child relationship.
  - A box on separation anxiety has been added to address parents' concerns.
  - Issues related to language development are now addressed when talking about communication.
- **Structure** is the subject of a longer section, which answers many questions parents frequently ask, such as "What should you do when your child doesn't respect limits?"
  - The content has been adjusted to reflect current practices recommended by experts.
  - A box on physical punishment has been added.
- The **Play** section focuses on the importance of interaction in play and exploration. It draws on issues outlined in the [Canadian Paediatric Society's position statement on outdoor risky play](#).
- A **Books** section has been added to emphasize the importance of introducing books to children at an early age, in line with the latest results of the [Québec Survey on the Preschool Path of Kindergarten Students](#).
- The **Screens** section has been updated on the basis of the brief submitted by INSPQ to the Commission spéciale sur les impacts des écrans et des réseaux sociaux sur la santé et le développement des jeunes, [Mieux vivre avec les écrans – réflexions pour une régulation favorable à la santé publique](#), and the [Canadian Paediatric Society's position statement on screen time](#).

## Feeding your child

### Feeding your child Feeding your baby

#### Is your baby drinking enough milk?

##### Weight gain [Page 371](#) ►

- The information on weight gain in the first few days has been corrected. The notion of a gain of 30 grams a day has been removed, particularly so that parents don't start weighing their child unnecessarily on a daily basis.

"Once your baby regains his birth weight, he should continue to gain weight steadily. That's a good sign that he's drinking enough. If you think your baby isn't drinking enough or you're worried about his growth, contact a CLSC nurse, your midwife, or your family doctor (see [Tracking baby's growth](#), page 616)."

### Feeding your child Milk

#### Which milk is best? [Page 383](#) ►

- Statistics on the initiation of breastfeeding and breastfeeding at age 6 months or older have been updated based on [Flash Surveillance: L'allaitement en quelques chiffres](#) by the Ministère de la Santé et des Services sociaux.

#### Other types of milk [Page 409](#) ►

- The section has been reorganized to clearly separate cow's milk, goat's milk, and soy beverages.

#### Cow's milk [Page 409](#) ►

- The section has been simplified to focus on the conditions for introducing cow's milk, how to introduce cow's milk, and the type of cow's milk to introduce.
- A heart-shaped box has been added to encourage parents to seek support if they encounter difficulties with breastfeeding or commercial infant formula.

### Feeding your child Breastfeeding your baby

#### Breastfeeding basics

##### Getting settled for a feed [Page 422](#) ►

- Examples of breastfeeding positions have been added that are not illustrated by photos on the following pages (e.g., football hold, straddle or koala hold).

#### How often to nurse—and how long?

##### Comfort nursing [Page 436](#) ►

- The old section on pacifiers has been modified to put forward information on comfort nursing.

**Feeding your child** Water

**Water treatment devices** [Page 517](#) ▶

- The section on water treatment devices has been simplified and updated.

**Feeding your child** Foods

**Meat and alternatives**

**Legumes and tofu** [Page 552](#) ▶

- The notion of ecological choice when it comes to legumes and tofu has been added.

## Health

### Health

#### A healthy baby

### Choosing diapers

#### Cloth diapers [Page 610](#) ▶

- Information about subsidies and emphasis on the environmental friendliness of cloth diapers have been added.

“To encourage parents to make this environmentally friendly choice, some municipalities provide financial assistance to buy cloth diapers. Check with your municipality.”

### Vaccination

#### Where and when should you get your child vaccinated? [Page 618](#) ▶

- Information regarding vaccination appointments on Clic Santé has been added.

#### Recommended vaccination schedule [Page 619](#) ▶

- A single table containing information on the vaccination schedule has been added, including the child's age, diseases covered by vaccines or preventive treatment, and the names of recommended vaccines or preventive treatment.
- Preventive treatment for the respiratory syncytial virus (RSV) has been added.

#### Possible reactions to vaccines [Page 620](#) ▶

- The paragraphs have been reorganized.

### Health

#### Common health problems

### Common childhood infections

#### Preventing infections

- The subsection *Aerating your home* has been added [Page 639](#) ▶

“Regularly opening windows and doors allows air to circulate. This helps reduce the number of microbes in your home. If you have a ventilation system (e.g., air exchanger), keep it turned on and make sure the filters are well maintained.”

#### Getting vaccinated [Page 638](#) ▶

- Information on adult vaccination has been added.

“Adults are also encouraged to get vaccinated. Make sure your vaccinations are up to date. Parents of babies under 6 months should get the flu vaccine.”

## Health

### Keeping baby safe

#### Travelling safely

- The section now includes public transit options.

#### On public transit [Page 682](#) ▶

- Information on safe travel by bus, train, or metro has been added.



## Family

### Family

#### Being parents

- The title of the chapter has been changed to **Being parents**. The previous title, Parenting together, referred to co-parenting. The concept of co-parenting, increasingly used in the public arena, is now explicitly used.
- The title **Co-parenting** has been added.

### Family

#### Growing as a family

- The chapter **Growing as a family** is under construction. The pagination has been changed: the chapter now runs from pages 750 to 777.
- The chapter's general introduction has been rewritten to consider the plurality of families [Page 751](#) ▶

#### **Reaction of older children** [Page 752](#) ▶

- Information has been added on how to prepare an older child for the arrival of a new baby.

#### **Being environmentally aware** [Page 771](#) ▶

- A new section on the environment has been added. It contains some concrete things parents can do to help protect the environment in terms of transportation, food, and baby items.

### Bladder and kidneys

Bladder function changes during pregnancy. The kidneys increase in volume and filter more liquid. This can trigger a more frequent or urgent need to urinate. Later in pregnancy, the uterus expands as the baby grows, putting pressure on the bladder. This increases the urge even more.

You will probably feel the need to urinate more often at night, too. During the day, your body tends to accumulate water in your tissues. When you go to bed, these water reserves are sent to your kidneys and you feel the urge to go—again!

### The perineum and pelvic floor

During pregnancy, numerous changes (e.g., hormonal changes, weight gain) impact the perineum and pelvic floor. This can increase the risk of urine leakage.

Exercises to keep the pelvic floor in shape can help reduce the chance of leakage. In addition, certain pelvic floor muscle stretches can reduce the risk of tears and pain after childbirth. Talk to your prenatal care provider about it.

Reducing caffeine intake, staying well hydrated, exercising, and eating a high-fibre diet are all lifestyle habits that can help reduce the risk of urine leakage.

Everyday life during pregnancy

Pregnancy

Everyday life during pregnancy

Pregnancy

## Emotional changes

### For the pregnant woman

Along with the physical changes, pregnancy can also trigger emotional, psychological, and social changes. Preparing for motherhood and the arrival of a baby can give rise to numerous questions and cause stress for some women. Take the time you need to adapt to these new realities (see [Being a mother](#), page 738).

For many women, the changes associated with pregnancy can give rise to what may seem like conflicting emotions. For example, you may find yourself swinging between joy, worry, denial, excitement, and even sadness. The important thing is to acknowledge your emotions rather than fight them. Let your emotions come and let yourself feel them.

Talking about your emotions with those close to you can do you good and help you get the support you need.

You can also talk to other pregnant women or those who have recently given birth. This can help you realize that you are not alone in experiencing some of the changes and emotions you are going through. Most regions have places where pregnant moms-to-be can meet (see [Prenatal activities](#), page 123).

You may also notice that you don't share the same emotions or concerns as others. Remember, every woman—and every pregnancy—is unique.

To adapt to these changes, some women prefer doing activities by themselves, such as meditating or walking. Try to find what is most helpful or does you the most good.

During pregnancy, it's important to find ways to support your emotional well-being. The online tool *You, Me, Baby* provides various strategies to help you take care of yourself. Visit [toimoibebe.ca/en](https://toimoibebe.ca/en).



Pregnancy can be a very emotional time. Don't hesitate to share what you're feeling with people you trust. If you need more support, talk to your prenatal care provider.

During pregnancy, women may attract more attention. Family, friends, and even strangers will often make comments, sharing remarks on your weight or appearance or offering all sorts of advice.

Some women are comfortable with and appreciate the extra attention. Others may feel pressured and prefer to avoid the comments. If you feel this way, don't hesitate to say so and set your limits. You can always choose not to respond to questions and comments about your pregnancy.

Soy products like soybeans (edamame) and tofu are a good way to add variety to your diet. For example, you can use tofu like meat or poultry in most recipes.

**Legumes, nuts, and seeds**

Legumes, nuts and seeds are nutritious foods that are appealing for their flavour and variety. These plant-based protein foods are also rich in fibre.

Legumes such as lentils, chickpeas and beans are both environmentally friendly and inexpensive, and can be regularly included in your diet. They make an easy addition to soups, salads and stewed dishes, for example.



Legumes like lentils, chickpeas, and beans are affordable and nutritious foods.

- Don't defrost foods at room temperature. Instead, put them in the fridge or microwave, or defrost them in the oven while cooking.
  - Items that are too big to be defrosted in the refrigerator (e.g., turkey) can be immersed in cold water in their original wrapping. Change the water every 30 minutes, to ensure it stays cold.
- Cook food right away after thawing in the microwave.
- Do not refreeze foods, unless you cooked them after thawing.
- Don't let raw foods like meat, poultry and fish come into contact with cooked or ready-to-eat foods. For example, make sure ready-to-eat foods don't come into contact with dishes or utensils previously used for raw meat.
- Follow food label instructions on food preparation and storage.

**Cooking and serving**

- To make sure food has been cooked safely, you can use a digital food thermometer to check their internal temperature. The table on page 108 shows the minimum safe temperatures for destroying germs by food category.
- Frozen vegetables must be cooked, even if they are eaten cold. Cool the vegetables in cold water if necessary.
- Follow the cooking instructions on frozen food packages (e.g., frozen products containing precooked meat, poultry and fish).
- Serve food hot (above 60°C) or cold (4°C or less).
- Heat leftovers until they reach an internal temperature of 74°C (165°F).

Nutrition during pregnancy

Pregnancy

**Listeriosis and foods**

The bacteria that causes listeriosis is present in the environment and can also be found in facilities where food is processed. It survives and can develop in cold temperatures, for example in household refrigerators or the refrigerated section at the grocery store.

The bacteria can contaminate certain raw foods, but it can also contaminate cooked or pasteurized foods through cross contamination due to contact with raw food or a contaminated surface. Foods and beverages contaminated by the *Listeria monocytogenes* bacteria usually look, smell, and taste normal.

To destroy the bacteria that causes listeriosis, food must be cooked or reheated to a safe temperature (see [Safe internal cooking temperature](#), page 108).

Foods most likely to transmit listeriosis are low-acid foods containing a lot of water and not very much salt that:

- Have not been cooked or industrially processed to destroy the bacteria.
- or
- Are already cooked or pasteurized, but:
    - Are at high risk of being contaminated during handling or storage after cooking or pasteurization.
    - Are ready-to-eat foods kept for a long time in the refrigerator.
    - Are eaten without being cooked again.

The table on page 112 presents [Safer choices and choices to avoid for pregnant women](#).

Nutrition during pregnancy

Pregnancy

|   |                             |  |  |
|---|-----------------------------|--|--|
| Nutrition during pregnancy<br><br>Pregnancy | Safer choices               | Choices to avoid during pregnancy  |  |
|   | Eggs and egg-based products | <ul style="list-style-type: none"> <li>Eggs that are well-cooked, with firm yolks and whites (e.g., omelet, boiled, scrambled)</li> <li>Pasteurized vinaigrettes, mayonnaise, and salad dressing</li> <li>Pasteurized eggs and egg whites for raw egg-based recipes</li> <li>Egg-based dishes cooked to a safe internal temperature, like quiche (see page 109)</li> <li>Homemade eggnog heated to 71°C (160°F)</li> </ul> | <ul style="list-style-type: none"> <li>Raw or runny eggs (e.g., sunny side up, soft-boiled, poached, runny omelette or runny scrambled eggs)</li> <li>Recipes made with raw or undercooked eggs (e.g., unpasteurized mayonnaise or Caesar salad dressing, homemade eggnog, mousse, cookie or cake dough eaten raw, some sauces)</li> </ul> |
| Pregnancy                                   | Vegetables and fruits       | <ul style="list-style-type: none"> <li>Pasteurized fruit juice</li> <li>Unpasteurized fruit juice that is brought to a boil, then cooled</li> </ul>  | <ul style="list-style-type: none"> <li>Unpasteurized fruit juice</li> </ul>  |
|   | Vegetables and fruits       | <ul style="list-style-type: none"> <li>Fresh fruits and vegetables that have been thoroughly washed</li> </ul>   | <ul style="list-style-type: none"> <li>Unwashed fruits and vegetables</li> </ul>   |
|   | Vegetables and fruits       | <ul style="list-style-type: none"> <li>Frozen vegetables cooked according to the instructions on the package</li> </ul>  | <ul style="list-style-type: none"> <li>Raw frozen vegetables</li> </ul>  |
|   | Vegetables and fruits       | <ul style="list-style-type: none"> <li>Cooked or canned sprouts</li> </ul>   | <ul style="list-style-type: none"> <li>Raw sprouts (e.g., alfalfa, clover, radish, mung bean, and bean sprouts)</li> </ul>   |

|                                    |  |  |                 |  |
|------------------------------------|--|--|-----------------|--|
| The first few days<br><br>Delivery | Neonatal screening   | <p>The purpose of screening is to detect rare diseases that are generally not apparent at birth but can pose serious risks to a baby's health. If a child has one of these diseases, treatment must begin as soon as possible, before symptoms appear. Early detection can help prevent or attenuate severe, permanent consequences.</p> | Blood screening | <p>Within a few days after birth, the staff will suggest that a blood screening be done. To do so, they will take a few drops of blood from your baby's heel.</p>  |
|                                    | Hearing screening  | <p>After your baby is born, you will be offered a hearing screening. A small plug is inserted into your baby's ear. It's linked to a device that emits sounds and records the ear's response. The test is painless for your child.</p>   | Urine screening | <p>Urine screening is done when your baby is 21 days old. During your stay at the hospital or birthing centre, you will receive a kit to collect a small quantity of urine from your baby, as well as a leaflet with instructions on what to do.</p> |
| Delivery                           | <p>For more information on screening for hearing loss, visit <a href="http://quebec.ca/screening/">quebec.ca/screening/</a> and click on "Newborn hearing screening" or call 1-877-644-4545.</p> |  |                 |  |

### Urine

After the delivery, you may feel a burning sensation when urinating. If you do, try spraying your vulva with warm water while you urinate.

For information on urine leakage, see [The perineum and pelvic floor](#) section below.

### The perineum and pelvic floor

Seen from the exterior, the **perineum** is the part of the body located between the vulva and the anus (see [Female anatomy](#), page 26). Inside, the muscles of the perineum form a “hammock”—the pelvic floor. The muscles of the pelvic floor support your internal organs, including the uterus, bladder, and rectum. Among other things, the perineum helps prevent leakage of urine and feces.

During pregnancy and childbirth, the perineum adapts to facilitate the birth. After the baby is born, the pelvic floor muscles are stretched. It is also normal that the vulva looks different, e.g., the labia are more open.

After a vaginal birth, the perineum may remain sensitive for a while. In some cases, it may also be sensitive after a caesarean.

It can take several weeks or months before the pelvic floor muscles regain adequate muscle tone. Exercises for the pelvic floor muscles and the deep abdominal muscles can help restore proper muscle tone. It's advisable to talk to your healthcare provider to find out when to start doing these exercises and how to do them properly.

In the first few months after childbirth, a third of all women experience urine leakage. This is especially the case for women who has perineal tears or delivered a large baby.

If you have urine leakage, pain during sexual relations, or any other concerns, don't hesitate to talk to your healthcare provider. If necessary, he or she can give you advice about specialized resources in perineal and pelvic floor rehabilitation (e.g., physiotherapy, sexology).

The first few days

Delivery

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Here are few tips to help you feel better during this time:

- Talk about how you feel.
- Let the tears flow without trying to resist or worry too much about the cause.
- Get your family and friends to help out a little more.
- Allow yourself to take a break or nap.
- Take care of yourself (see [Taking care of yourself](#), page 740).
- Practice skin-to-skin contact with your baby.
- Talk to other parents.

The online tool *You, Me, Baby* provides strategies to support your well-being. Visit [toimoibebe.ca/en](https://toimoibebe.ca/en).

If your baby blues last for more than two weeks or if you feel more and more sad or irritable, you may be experiencing depression.

You can call Info-Santé or Info-Social at any time by dialling **8-1-1** or contact your CLSC or a psychologist.



Hormonal changes and fatigue are largely responsible for baby blues.

The first few days

Delivery

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## Preventing a flat head

When babies sleep, they should be on their back (see [Sleeping safely](#), page 295). But if your baby always lies on the same spot on her head, she may end up having a “flat head.” It’s because the bones of her skull are still soft. The medical term for this phenomenon is “positional plagiocephaly.”

Therefore, it’s important that your baby not always lie on the same spot on her head to avoid creating a flat area.

A slight flattening of the head may improve on its own. A more pronounced flatness may be permanent, but it will not harm your baby’s brain development.

By varying your baby’s position throughout the day (e.g., sitting in her little chair, in your arms, on the floor on her stomach and back, in the baby carrier [see [Taking baby for a walk](#), page 762]), you avoid having her head always resting on the same spot.



Delphine Descamps



Your baby needs to spend some time on his tummy every day.

Sleep

Baby

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Sleep

Baby



Jean-Claude Mercier



Many babies love this position. It’s soothing and counts as tummy time.

Babies focus their gaze on what interests them (e.g., your face, the window). When you change your baby’s position, she may turn her head to continue watching you or the object she’s interested in. That way, her head won’t stay resting on the same spot.

When they’re awake and under supervision, it’s important for babies to spend time on their stomach. From her very first days of life, lay your baby on her tummy. You can lay her on a flat surface, on your stomach, or on your arm. Start with a few minutes, several times a day, for as long as she feels comfortable. Do this until she’s spending at least 60 minutes total per day on her tummy.

Some tips to help prevent or reduce a flat head are shown in the box next page.

If you notice that your child has a flat head, turns her head to one side more than the other, or you have questions, talk to your healthcare provider.

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### Some tips to help prevent or reduce a flat head

- Make sure your baby can turn her head equally in both directions.
- Change your baby's position in her crib every day (e.g., one day, place your baby's head at the foot of her crib, then at the head of her crib the next day).
- Regularly move your baby's rocker, bouncer, or other chair to vary the directions she looks towards.
- Switch sides each time you give her a bottle.
- Regularly place your baby on her tummy.
- Limit the amount of time she spends with her head resting on a hard surface (e.g., on a play mat or in her car seat).

## Sleep in the first weeks

Your baby will sleep and wake according to her needs and feelings. Some babies wake almost only to nurse. Others are awake longer from their first days out of the womb. The amount of time they stay awake will be longer as the weeks pass.

As with adults, newborn babies go through different sleep cycles: drowsiness (light wakefulness), calm sleep and agitated sleep. When your baby is in her agitated sleep cycle, she may make sucking movements, frown, cry, smile, jump, tremble, groan, breathe hard or move. This is normal. No need to wake and comfort her. However, you may want to wake her if she needs to be encouraged to feed.

## Weight gain

Even if your newborn is drinking enough, he will nonetheless lose a little weight (about 5 to 10% of his birth weight) over the first few days. He will start putting it back on again around the fourth day and will regain his birth weight by around the second week (between 10 and 14 days).

Once your baby regains his birth weight, he should continue to gain weight steadily. That's a good sign that he's drinking enough. If you think your baby isn't drinking enough or you're worried about his growth, contact a CLSC nurse, your midwife, or your family doctor (see [Tracking baby's growth](#), page 616).

If you think your baby isn't drinking enough or you're worried, contact a CLSC nurse, your midwife or your family doctor.

For more information on urine, stools and the size of your infant, see [The newborn](#), page 272.



The number of times your baby pees and poops every day is a good way to tell if she is drinking enough.

### Signs that your baby is drinking enough

- He is putting on weight.
- He feeds well and often (8 times or more per 24 hours for breastfed babies and 6 times or more per 24 hours for formula-fed babies).
- You can see or hear him swallowing.
- He seems full after drinking.
- He pees and poops in sufficient quantities.
- He wakes up on his own when hungry.

### Signs that your baby is not drinking enough

- He is very drowsy and very difficult to wake for feeding.
- His urine is dark yellow or there is very little of it.
- There are still orange stains (urate crystals) in his urine after the first two days.
- His stools still contain meconium (dark, sticky stools) on the 4<sup>th</sup> or 5<sup>th</sup> day.
- He has fewer than one bowel movements per 24 hours between the age of 5 days and 4 weeks.



In the first year of life, milk plays a crucial role in your baby's diet. In fact, it's the only food you will give your baby in the first months. In this chapter, you'll find everything you need to know about which milk to give your newborn or older baby.

## Which milk is best?

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

In Québec, 9 out of 10 mothers breastfeed their newborn at birth, and about 3 out of 10 mothers continue for up to 6 months or more. You can decide to breastfeed for a few days, a few months, or over a year. It's up to you.

Some women find that breastfeeding doesn't work for them, despite the benefits. Others find that breastfeeding is not what they'd expected or hoped and decide to give their babies commercial infant formula.

Milk

Feeding your child

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## Other types of milk

### Cow's milk

Cow's milk should not be given to a baby under 9 months old. It contains too much protein and too many minerals for the baby's kidneys to handle. Cow's milk does not provide the necessary elements for your baby to develop properly.



Cow's milk is not suitable for infants under 9 months old.

Before babies are 9 months old, cow's milk often causes **anemia** because it contains very little iron, and it reduces intake of other foods. Cow's milk can also cause light bleeding in the intestine and that bleeding is often invisible to the naked eye.



If you're having problems with breastfeeding or commercial infant formula, contact your CLSC for information about support available to you.

However, cow's milk can be used in recipes that will be given to your baby, such as muffins or pancakes. Other dairy products such as yogurt and cheese can also be given to your baby if she's started eating iron-rich foods twice a day (see [Milk and dairy products](#), page 560).

Milk

Feeding your child

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Milk

Feeding your child

**Conditions for introducing cow's milk**

Your child can start drinking cow's milk if:

- she is 9 months or older,
- her diet is varied, meaning she eats iron-rich foods (e.g., meat, meat alternatives, iron-enriched baby cereals) and vegetables and fruit every day.

Otherwise, wait till your baby is 12 months old before introducing cow's milk. If you have any concerns about your baby's diet, contact your healthcare provider.

**How should I introduce cow's milk?**

Once your child is 9 months old, you can gradually introduce cow's milk. For example, you can replace some of the breast milk or commercial infant formula with cow's milk. Then you can gradually increase the proportion of cow's milk at each feeding.

You can give your child up to 750 ml (25 oz) of cow's milk a day. Feeding more than that could reduce her appetite for other foods, including iron-rich foods.

Milk

Feeding your child

**What milk should I give?**

If you give cow's milk to your child, choose pasteurized cow's milk with 3.25% milk fat. It can be:

- Ordinary homogenized milk, enriched with vitamin D

or

- Unsweetened evaporated milk, enriched with vitamins C and D, diluted in an equal quantity of water

Never serve sweetened concentrated milk.

**Milk with fat**

Young children need fat for growth and brain development. It's better to avoid giving them 2% milk before age 2. Do not serve 1% or skimmed milk to your child.

You can continue serving whole milk (3.25% milk fat) to your child throughout early childhood, up to school age.

Do not serve 2% or skimmed milk to young children.

Milk

Feeding your child


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**Pasteurized milk**

It is essential to pasteurize animal milk. In fact, the sale of unpasteurized milk is prohibited in Canada. Many diseases can be transmitted through raw or unpasteurized milk (e.g., salmonella, poliomyelitis).

Industrial pasteurization consists of heating the milk very rapidly to very high temperatures, and then cooling it equally rapidly. Dangerous microorganisms are destroyed. The pasteurized milk sold in food stores is just as nutritious as raw milk and poses no risks to your child's health.

It is not recommended to try to pasteurize milk at home.

 **Do not give raw (unpasteurized) milk to your child, even if the milk comes from a perfectly healthy herd.**

**Pasteurized goat's milk**

For babies less than 9 months old, goat's milk has the same disadvantages as cow's milk: It doesn't provide the necessary elements for proper development and can cause iron deficiency. You can start serving goat's milk to your child between the ages of 9 and 12 months. Choose pasteurized whole goat's milk (3.25% milk fat), and choose milk that's been fortified with folic acid and vitamin D.

Some people recommend goat's milk for preventing or treating allergies to the proteins in cow's milk. Unfortunately, goat's milk often causes the same reactions. Many children who are allergic to cow's milk are also allergic to goat's milk.

Breastfeeding your baby

Feeding your child

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**Getting settled for a feed**

Take the time to settle in with everything you might need during feeding (e.g., glass of water, snack).

Finding a breastfeeding position that is comfortable for you and your baby is essential for enjoyable, pain-free feeding.

If you are sitting, support your back and keep your spine and shoulders aligned. Your elbows should rest close to your body. You can use one or more cushions for support. Your feet should be flat on the floor or on a small stool.

Your baby's body should be turned toward you and nestled against yours. Her head should be aligned with her body. Her hands should be on either side of your breast.

Position your baby so that her chin touches your breast, and your nipple is against her upper lip; this will make her open her mouth. Her head will be tilted back slightly, and her nose will be free of the breast.

There are several different breastfeeding positions. Here are some that are frequently used by mothers. Note that there are other possibilities (e.g., football hold, straddle hold). You don't have to master all the positions. One or two are often enough.

**Laid-back position**

In this position, you are lying back far enough that your baby won't slip off when lying on your stomach.

The laid-back (or back-lying) position can help babies latch onto the breast more effectively, slow the flow of milk if it flows fast, and be more comfortable for you and your baby.

**Cradle position**

In this position, you are seated. Your baby lies on her side, with her body facing you. You use the arm on the same side as the breast your baby is feeding from to support her body and head (e.g., if you are breastfeeding from the left breast, you support your baby with your left arm).

This position can be used to breastfeed anywhere.

### Comfort nursing

Breastfeeding is more than a way to provide your baby with nourishment. Letting your baby nurse for comfort won't create bad habits. In many cultures, breastfeeding is used as much to calm infants as it is to nourish them.

In addition to nursing your baby to comfort him, you can provide skin-to-skin contact, rock him, or carry him in your arms to soothe him.

Some parents also give their children a pacifier (soother) to comfort them.



The Canadian Paediatric Society makes the following recommendations about pacifiers:

- "It's best not to start using a pacifier until breastfeeding is going well. Talk to your doctor or lactation specialist if you feel your baby needs to use one at this early stage. One exception is for premature or sick babies in the hospital who can benefit from using one for comfort."
- "Always see if your baby is hungry, tired or bored before giving him the pacifier. Try solving these things first".

## Water treatment devices

Some people use home water treatment devices to make water potable or improve its aesthetic quality (taste, odour, colour). These devices must be certified. They must also be used and maintained according to the manufacturer's recommendations. It's best not to give water treated with these devices to a baby under the age of 6 months.

Despite their effectiveness, here are a few known issues related to some of these devices:

- Water softeners increase the amount of **sodium** (salt) in the water.
- Charcoal filters (with or without silver) can increase the quantity of certain bacteria if they are not used, maintained, or replaced according to the manufacturer's recommendations.
- Some of these devices can be difficult to clean.

If you use one of these devices for your family, in addition to cleaning it properly, you need to remember to change the filter or membrane regularly, according to the manufacturer's instructions.

## Water problems

Water can change colour, smell, and taste. Got doubts about the quality of your water?

- If you are connected to a municipal water supply, contact the municipality or waterworks operator.
- If you are connected to a private well, contact your local municipality, a local well specialist, or a laboratory accredited by Ministère de l'Environnement et de la Lutte contre les changements climatiques at [1-800-561-1616](http://1-800-561-1616) or visit [ceaeq.gouv.qc.ca/accreditation/PALA/Ila03.htm](http://ceaeq.gouv.qc.ca/accreditation/PALA/Ila03.htm) (in French only).

As a last resort, you can contact the regional office of the Ministère de l'Environnement et de la Lutte contre les changements climatiques or your regional public health department.

Feeding your child

Foods

Legumes and tofu

Legumes and tofu are nutritious. They provide plant protein and iron. Legumes are also rich in fibre. These foods are both environmentally friendly and inexpensive.

There are many kinds of legumes, including lentils, chickpeas, kidney beans, black beans, white beans, etc. You can offer them as puree, mash them with a fork, or add them to soup or other dishes.

Opt for regular tofu (firm, semi firm, or extra firm) rather than soft tofu. Soft tofu contains more water, and therefore has less protein and iron.

Tofu can be easily mashed with a fork, crumbled and mixed with vegetables, or cooked and served as sticks.

Eggs

Eggs are nutritious, convenient, and inexpensive.

Serve them hard-boiled, poached, scrambled, or as an omelette. Eggs must be thoroughly cooked, never raw or runny.

Worried about allergies? You can read [A word about food allergies](#), page 524.

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A healthy baby

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.

To encourage parents to make this environmentally friendly choice, some municipalities provide financial assistance to buy cloth diapers. Check with your municipality.

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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/vaccination](http://Quebec.ca/vaccination).

**Where and when should you get your child vaccinated?**

You can get your child vaccinated for free. Depending on your region, you can make an appointment on Clic Santé or book one through your CLSC.

By having your child vaccinated at the recommended age in the vaccination schedule, you are providing him with the best possible protection. The vaccination schedule also applies to premature babies.

**Recommended vaccination schedule**

The chart on the next page shows the recommended 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/vaccination](http://Quebec.ca/vaccination).



For some tips and tricks, consult the "Reducing the Pain and Anxiety of Vaccination in Children" page of the following website: [Quebec.ca/vaccination](http://Quebec.ca/vaccination).

**Recommended vaccination schedule up to age 2**

| Child's age                | Vaccines or preventive treatments  |
|----------------------------|--|
| Birth (in fall and winter) | <ul style="list-style-type: none"> <li>• Respiratory syncytial virus</li> </ul>  |
| 2 months                   | <ul style="list-style-type: none"> <li>• Diphtheria-pertussis-tetanus-hepatitis B- poliomyelitis-Hib infections [DTaP-HB-IPV-Hib]</li> <li>• Pneumococcus</li> <li>• Rotavirus (oral)</li> </ul>           |
| 4 months*                  | <ul style="list-style-type: none"> <li>• Diphtheria-pertussis-tetanus-hepatitis B-poliomyelitis-Hib infections [DTaP-HB-IPV-Hib]</li> <li>• Pneumococcus</li> <li>• Rotavirus (oral)</li> </ul>            |
| 12 months**                | <ul style="list-style-type: none"> <li>• Diphtheria-pertussis-tetanus-poliomyelitis-Hib infections [DTaP-IPV-Hib]</li> <li>• Pneumococcus</li> <li>• Measles-mumps-rubella-chickenpox [MMR-Var]</li> </ul> |
| 18 months                  | <ul style="list-style-type: none"> <li>• Measles-mumps-rubella-chickenpox [MMR-Var]</li> <li>• Hepatitis A–Hepatitis B [HAHB]</li> <li>• Meningococcal C</li> </ul>  |

\* It may be recommended for some children to receive additional doses of vaccine at 6 months of age.

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

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 vaccination appointments.

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



Following the recommended vaccination schedule ensures the best protection when the child needs it most.

**Possible reactions to vaccines**

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.

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.

If your child seems to feel unwell or has a fever after receiving a vaccine, follow the advice you were given at the time of vaccination. In the case of the vaccine against measles, mumps, rubella, and chickenpox [MMR-Var], 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, talk to a health professional or call Info-Santé (8-1-1).

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

**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, 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.

**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).

Adults are also encouraged to get vaccinated. Make sure your vaccinations are up to date. Parents of babies under 6 months should get the flu vaccine.

**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.

**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 symptoms of **contagious diseases** (e.g., fever, cough, nasal congestion, sore throat, skin rashes).

If your child has a contagious disease, fever, cold, or diarrhea, or if she is coughing a lot, it's preferable that she stays 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.

**Wear a mask (face covering)**

To reduce the transmission of infections, you can wear a mask when you have symptoms of contagious diseases (e.g., fever, cough, sore throat, runny nose), especially when you need to be in contact with vulnerable people.



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

**Aerating your home**

Regularly opening windows and doors allows air to circulate. This helps reduce the number of microbes in your home. If you have a ventilation system (e.g., air exchanger), keep it turned on and make sure the filters are well maintained.

**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.



Keeping baby safe

Health

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Nadine Dubé



Some types of transit even have reserved spaces for strollers.

**On public transit**

Whether by bus, train, or metro, you can take public transit with a baby or young child. Some types of transit even have reserved spaces for strollers.

Public transit is also an environmentally friendly and economical choice. In most municipalities, children ride free with an accompanying adult.

Check with the transit company or your municipality for more information.

Consult [Taking baby for a walk](#), page 762, to learn more about active transport such as cycling, or walking with a baby carrier or stroller.

In Canada, families with children, whether biological and adopted, come in many shapes and forms, including families with heterosexual, gay, transgender, or non-binary parents, single-parent families, and blended families. And there are many others! There are as many family models as there are families.

The same family can also change over time, depending on events. The arrival of a child is one such life-changing event. Change requires adaptation.

If you need support, contact your CLSC or community resources in your area.



Josua Gaumond Lacerre



There are as many family models as there are families. Every family is unique.

Growing as a family

Family

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Mélanie Viana



Make sure that friends and relatives show as much interest in the older child as the new baby. A little special attention will make her feel better.

## Reaction of older children

A child of any age can be worried about and jealous of the arrival of a new baby in the family. This is a normal reaction. You can help older children get ready for their new role and reassure them that they'll always have a big place in your heart.

You can talk to them about the baby several months in advance. Reading them stories on the subject or looking at photos of them when they were born are good ways to familiarize them with the new family reality.

You can also explain that little babies sleep a lot and cry from time to time, and that they won't be able to play with the baby right away. Also, let them know you'll be away during the birth, and who will be looking after them during that time.

Even so, your child may behave differently around the time of the baby's arrival. They may fall back into phases of behaviour they had previously grown out of (e.g., bedwetting, thumb-sucking, asking to be breastfed). These are normal reactions. Don't scold them, and continue to show your affection.

Your child may need time to bond with the baby. It's important not to rush them, and to listen to their feelings. If they want, you can give them little chores that make them feel good about helping you. You can tell them that what you're doing for the baby is the same as what you did for them when they were little. If they want, sing to them and rock them. Tell them you love them as much as ever.

## Grandparents

Becoming a grandparent is a unique new opportunity to relive a child's first moments. It's also an occasion to witness firsthand the birth of a family. The role played by Grandma and Grandpa in this new family will depend on a host of factors: distance, work, the relationship with the new parents, and the grandparents' desire to be involved.

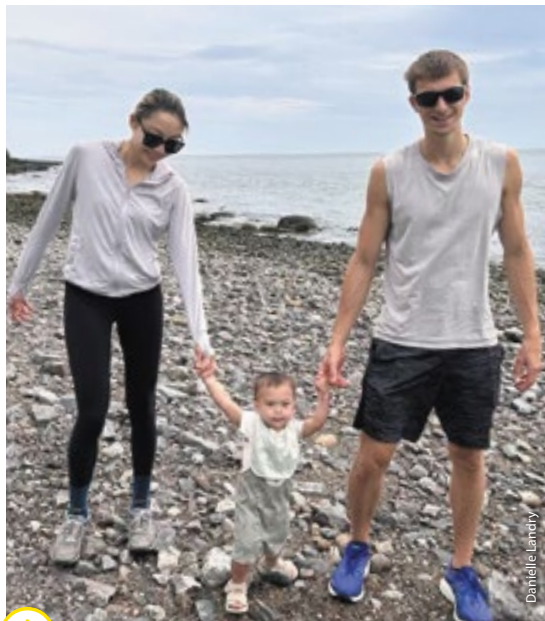
Pregnancy is a good time to talk about the grandparents' new role. Do you want them to be present during the baby's first days? How will they be involved in his education? How can they best help the new parents?

## Being environmentally aware

Having a child and making green choices can seem complicated. Yet, through small, everyday actions, parents can help protect the environment.



If the environment is important to you, parenthood can be a time to reaffirm your values. However, you don't have to put pressure on yourself. Do what you can and what's important to you.



Through small, everyday actions, parents can help protect the environment.

Growing as a family

Family

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Growing as a family

Family

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### Active and public transport

If possible, you can get around using active transport like walking or cycling (see [Taking baby for a walk](#), page 762). In addition to being environmentally friendly, this type of transportation can increase your physical and mental well-being.

You can also use public transport (e.g., bus, train, subway) or carpool. For more information, see [Travelling safely](#) on page 673.

### Nutrition

At the table, you can focus on seasonal and local foods as well as plant-based proteins such as legumes and tofu (see [Protein foods](#), page 85 and [Legumes and tofu](#), page 552). These choices help limit pollutants related to producing and transporting meat.

The overpackaging of individual portions can also be avoided by buying regular sizes. The contents can then be put in reusable pouches or small containers (e.g., yogurt, purée).

### Baby products

It's possible to get a variety of items while being environmentally aware.

**Buy truly useful items** – While there are an impressive number of baby products on the market, very few are truly essential.

**Opt for used items** – Because babies grow rapidly, most of the items intended for them will only be suitable for a short period of time.

You can use second-hand baby items (e.g., stroller, crib, high chair). However, it's important to make sure that they're in good condition and meet current safety standards (see [Babyproofing](#), page 683). If you're thinking about buying a used car seat, see [Used car seats](#), page 681.

Also, when you no longer need your baby items, you can give them to other parents or to organizations, if the items are in good condition.

**Borrow toys and books and use them in rotation –**

Instead of always buying new toys or books, you can go to a toy or book library if there's one nearby. You can also exchange books and toys with other families.

Give your child just a few toys and books at a time, and put the others away. That way, they'll seem new to him when you pull them out of their hiding place!

**Choose items that will grow with your child –** Some children's items can be adaptable, meeting your child's needs as he grows. That's the case for some car seats, high chairs, and clothing, for example. Sometimes those items are a bit more expensive, but because they don't need to be replaced often, they end up being more cost-effective and environmentally friendly.

**Prioritize washable and reusable items –** You can also opt for washable and reusable items (e.g., nursing pads, diapers, washcloths) rather than single-use items that must be thrown out. Several municipalities offer subsidies for purchasing washable items.



It is possible to borrow games and toys in most libraries.

Growing as a family

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