

From Tiny Tot to Toddler



A practical guide for parents
from pregnancy to age two

2018



What's New?

The document *What's new?* will give you an overview of the changes made to the 2018 edition. You can easily access the new content by clicking the [Hyperlinks](#) ►.

Minor changes that have little effect on content are not described here. They involve mostly rewording, redesign, or routine updates such as changes in financial aid, website address or new contact information for some organizations.

The page numbers in the guide have not changed

The 2018 update is in continuity with previous edition, so you will find the same section and chapter page numbering as in previous versions of the guide.

Modified pages are available at the end of this document

At the end of this document, you will find all the pages containing content-related changes. They are displayed in the same format as the guide and are ready to print. You are welcome to use them to replace the outdated pages in your guide.

Do you have suggestions for how to improve the document *What's new?*

Feel free to email us at tinytot@inspq.qc.ca. This document is intended to meet the needs of professionals and we hope it does just that. We'd be pleased to make changes to make it even more useful!

The *From Tiny Tot to Toddler* team

Pregnancy

Pregnancy

Pregnancy day to day

Personal care

Insect repellent

- Icaridin and soybean oil insect repellents added as products available for pregnant women. [Page 51](#) ▶

Nutrition during pregnancy

What's on the menu? Fish!

Revised to conform with an update of the Consommation de poisson et santé section on the Government of Québec's Portail santé mieux-être on August 7, 2017. [Page 62](#) ▶

- Title changed from "Essential nutrients: omega-3 fatty acids" to "What's on the menu? Fish!"
- Seafood added.
- List of fish that contain low levels of mercury and other contaminants modified.
- Information added about nursing mothers and young children (1 to 4 years old).

For more about nutrition

- Bullet point added about the *Canada's Food Guide* mobile app. [Page 77](#) ▶

Tobacco, alcohol, and drugs

Alcohol

- Fetal alcohol syndrome box removed because the term is outdated. The consequences of exposure to alcohol during pregnancy are already explained in the text. [Page 81](#) ▶

Travels and Trips

Car safety

- Sentence added specifically about pregnant women wearing seat belts: "It protects the mom-to-be and is the best protection for the unborn child." [Page 87](#) ▶

Overseas travel

- Information added saying that the healthcare professional monitoring the pregnancy could refer to a travel health specialist. [Page 88](#) ▶
- Attention box added. [Page 88](#) ▶

Attention

Before planning a trip abroad, you should talk to the health professional monitoring your pregnancy.

Zika

- Section added about Zika according to the recommendations of the Government of Canada and the Government of Québec's Portail santé mieux-être. [Page 88](#) ►

Insurance

- "Insurance" subtitle added. [Page 89](#) ►

Pregnancy**Health during pregnancy****Health care****Common discomforts of pregnancy**

- Commercial drug names (e.g., Diclectin™, Tums™) and product names (e.g., Metamucil™) removed from the entire section. [Page 101](#) ► [Page 102](#) ► [Page 104](#) ► [Page 105](#) ► [Page 106](#) ► [Page 107](#) ► [Page 109](#) ►
- Advice to consult a healthcare professional before taking over-the-counter drugs or using natural health products highlighted.

Contact with people with a contagious disease

- *Fifth disease (also known as erythema infectiosum or parvovirus B19 infection)*: removal of sentence "There are no known cases of congenital defects due to fifth disease." [Page 111](#) ►
- *Other contagious diseases*: Sentence modified to conform with the Guide d'intervention : La coqueluche (2017) : "If you've been in contact with someone who has pertussis (whooping cough) in the 4 weeks before your due date, see a doctor." [Page 113](#) ►

Prenatal care**Frequency of prenatal visits**

- Clarification of when to schedule the first prenatal visit from "Before 12 weeks" to "As soon as you know you are pregnant until 11 weeks after your last period." [Page 115](#) ►

Description of prenatal visits

- *Physical and gynaecological examinations*: Explanation about the full physical exam, which includes a gynaecological exam. [Page 117](#) ►
- Clarification of the recommendation on screening for sexually transmitted infections updated. [Page 118](#) ►

- Sentence added: "If you think you may have had contact putting you at risk for an STI after your initial screening, don't hesitate to talk to your health professional about repeating the tests." [Page 118](#) ►

Warning signs

- Bullet point changed from "Absence of baby movement for several hours during the third trimester of pregnancy" to "Not feeling the baby move after 24 weeks of pregnancy". [Page 124](#) ►
- Bullet point added: "Contractions before 37 weeks". [Page 124](#) ►
- Titles of subsections changed:
 - "Bleeding during the early months of pregnancy" becomes "Vaginal bleeding during the early months of pregnancy". [Page 124](#) ►
 - "Bleeding after 14 weeks" becomes "Vaginal bleeding after 14 weeks". [Page 127](#) ►
 - "Severe headaches or stomach pain" becomes "Severe headaches, severe upper abdominal pain, or vision change". [Page 128](#) ►
- *Severe headaches, severe upper abdominal pain, or vision change*: Text modified to remove all references to preeclampsia and to specify symptoms to watch for. [Page 128](#) ►
- *Contractions before 37 weeks*: Clarification added about regular or frequent contractions (more than seven in one day) before 37 weeks. [Page 130](#) ►

Pregnancy

Preparing for the birth

Stripping the membranes

- Text added about a membrane sweep. [Page 164](#) ►

Breech presentation

- Sentence about the need to have a C-section reworded to include more nuance.
- Sentence added: "Talk to your health professional about your options." [Page 165](#) ►

Delivery

Delivery

The start of labour

When should I go to the hospital or birthing centre?

- Distinction made about when to go to the birthing centre depending on whether or not it's a first delivery. [Page 172](#) ▶

Delivery

The stages of labour

Possible interventions during labour

Inducing labour

- *When should labour be induced?* Explanation added that labour is induced for medical reasons. [Page 188](#) ▶
- *Methods used to induce labour:* Information added about hormone pills taken orally to induce labour. [Page 188](#) ▶

Monitoring the baby's health

- Text rearranged to make a clearer distinction between intermittent monitoring and continuous monitoring. [Page 189](#) ▶

Delivery

The first few days

Your stay at the hospital or birthing centre

Caring for your newborn

- New text added about care provided for newborns during the hospital stay. It discusses vitamin K shot, antibiotic eye ointment, physical exams, and blood screening. [Page 201](#) ▶

Sexuality after birth

- Title changed from "Sexual desire" to "Sexuality after birth". [Page 217](#) ▶
- Text reworded to take into account comments from parents. [Page 217](#) ▶

Birth control

- Text reworded to make it easier to read [Page 218](#) ▶
- The *Breast-feeding and the lactational amenorrhea method (LAM)* section was moved to page 218.

Birth control methods

Birth control methods table

- The table was moved to page 220. [Page 220](#) ►
 - Birth control methods are listed in a different order to match the new paragraph on page 221.
-
- Paragraph added about birth control methods and their effectiveness. [Page 221](#) ►
- ### Emergency contraception
- *Emergency oral contraception (EOC; the morning after pill)*: Information added about the importance of telling the healthcare professional if the woman is breast-feeding. [Page 222](#) ►

Baby

Baby

The newborn

Stools

- Discoloured stools (white, grey, or beige) added as a reason to consult with a doctor immediately. [Page 233](#) ►

Baby

Your child's development

To interact is to stimulate

- Information about when babies need adults to help them relate to objects and the world around them updated. "After 6 months" changed to "From birth". [Page 269](#) ►

Questions about language

His pronunciation is wrong; what do I do?

- Modification of age when different sounds should be pronounced correctly. [Page 273](#) ►
- Text changed from "And keep your conversation enjoyable by not repeating too often. What he says is so much more important than how he says it." to "Don't force him to repeat the word. Indirectly encourage him by asking follow-up questions." [Page 274](#) ►

When should I see a professional?

- Information added: "Your child's hearing can be tested from birth." [Page 274](#) ►
- Information added: **At about 24 months** - "He says less than 100 words." [Page 274](#) ►
- Update of situations that can increase the risk of language problems. The list now includes speech, language, or learning difficulties in the family; hearing problems in the family; drug or alcohol consumption during pregnancy, and your child speaks loudly or needs things repeated often. [Page 275](#) ►

Setting limits

Teach patience

- Sentence changed from "Between 9 and 12 months, you can start teaching your child that he can wait a few minutes before getting what he needs." to "By around 12 months, you can start teaching your child that he can wait a few minutes before getting what he needs." [Page 280](#) ►

Feeding your child

Feeding your child

Milk

The composition of human milk

What influences the composition of milk

Fish

- Certain repeated information was removed. Reference added to the [What's on the menu? Fish!](#) section on page 62. [Page 332](#) ►

Alcohol

- Millilitres (ml) and percentages (%) adjusted. [Page 334](#) ►

Drugs

- Commercial drug names removed (e.g., Atasol™, Tylenol™, Advil™, Motrin™). [Page 337](#) ►
- Information added about how some drugs can lower the amount of breast milk produced or cause other problems. [Page 337](#) ►
- Second bullet point removed. [Page 337](#) ►

Feeding your child

Breast-feeding your baby

How often to nurse—and how long?

The information on pacifiers was adjusted to reflect Canadian Paediatric Society recommendations. [Page 380](#) ►

Pacifiers (soothers)

- The first bullet point was modified.

2017 edition text:

"Never start using a pacifier until breast-feeding is fully established. Talk to your doctor or lactation specialist if you feel your baby needs to use one at this early stage. An exception is for premature or sick babies in the hospital. They may use one for comfort."

Replaced in 2018 by:

"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."

- Second bullet point removed.

Feeding your child**Water****Municipal tap water**

- Phrase “especially if it has been sitting for several hours in the pipes” removed from under the photo. [Page 458](#) ►

Feeding your child**Foods****How should I introduce foods?****A word about food allergies**

- List of food most likely to cause allergies modified. [Page 467](#) ►
- Explanation added that a child is at greater risk of developing food allergies if a member of his immediate family (mother, father, brother, or sister) has an allergic disorder or the child suffers from severe eczema (shows signs of eczema most of the time). [Page 467](#) ►
- “Don’t hesitate to consult a doctor if you have any concerns.” replaced by “Talk to your doctor.” [Page 467](#) ►

Fish

- List of fish removed and reference to the [What’s on the menu? Fish!](#) section on page 62 added. [Page 491](#) ►
- Box titled “Be careful about certain fish!” removed and reference to the [What’s on the menu? Fish!](#) section on page 62 added. [Page 492](#) ►

Milk and dairy products

- Sentence removed: “However, introducing dairy products isn’t urgent because your baby is already drinking his milk.” [Page 501](#) ►

Feeding your child**Food-related problems****Food allergies****Is my child at risk of developing a food allergy?**

- Clarification added that a child is at greater risk of developing food allergies if she suffers from severe eczema (shows signs of eczema most of the time). [Page 515](#) ►

Preventing allergies?

- First paragraph removed. [Page 516](#) ►
- Sentence added: "Don't hesitate to consult a doctor if you have concerns." [Page 516](#) ►

Health

Health

A healthy baby

First teeth

Beware of sugar

- Information added about the naturally occurring sugars in breast milk, commercial infant formula, and cow's milk. [Page 559](#) ▶
- Sentence about breast-feeding removed. [Page 559](#) ▶

Vaccination

Where and when should you get your child vaccinated?

- Information removed about the fees some doctor's offices used to charge for vaccination. [Page 561](#) ▶
- Paragraph added: "There are a number of ways to make getting a shot less stressful and painful for your child. Talk to your doctor or the CLSC nurse, ideally before the first vaccination appointment." [Page 562](#) ▶

Health

Keeping baby safe

Travelling safe: Car seats

- Clarification added that some car seats can be used until the baby weighs more than 22 lb. Sentence added: "Check the car seat manufacturer's maximum weight recommendations." [Page 617](#) ▶

Warning regarding air bags

- Information about deactivating air bags modified: "If you need to sit your child in the front seat, under exceptional circumstances (e.g., the vehicle has no back seat or your child has a health issue that requires close supervision), you must disable the airbag".
If there is no way to disable the airbag in your vehicle, contact Société de l'assurance automobile du Québec (SAAQ) to request deactivation of the airbag." [Page 621](#) ▶

Babyproofing the nursery

Blinds

- Sentences added: "The best way to keep your child safe is to remove any window blinds with cords. Many stores sell cordless blinds." [Page 624](#) ▶

Protecting your baby from the sun

Information updated to match guidelines that deal with the topic. [Page 643](#) ►

- Hours modified for when it is important not to expose babies' skin to direct sunlight. Changed from between "11 a.m. and 4 p.m." to "11 a.m. and 3 p.m."
- Apply sunscreen 30 minutes before exposing children to the sun.
- The phrase "at least" was removed from the sentence "Reapply at least every two hours and after swimming."

Protecting your baby from insect bites

- Icaridin and soybean oil insect repellents added as products available for children 6 months old and up [Page 645](#) ►
- Wait 30 minutes after applying sunscreen before applying insect repellent to match the changes made on page 643. [Page 645](#) ►

Health

First aid

Oral and dental injuries

Knocked out baby tooth

- Information removed that said to place the baby's tooth in milk to preserve it. [Page 651](#) ►

Useful information

Useful information

Becoming a parent

Organization names, services, Internet addresses, and phone numbers have been updated. Some texts were reworded to make them easier to understand.

Before birth

Tax credit for the treatment of infertility (Revenu Québec)

2017 edition text:

"The tax credit is equal to 50% of all eligible expenses paid by you or your spouse prior to November 11, 2015. For expenses paid after November 10, 2015, the tax credit corresponds to a percentage of these costs, which vary depending on the family income. The maximum credit is \$10,000 per year."

Replaced in 2018 by:

"This tax credit is equal to a percentage of eligible expenses paid by you or your spouse during the year. The percentage varies according to family income. Eligible expenses are limited to \$20,000."

[Page 720](#) ►

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

Hair products

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

Insect repellent

If you are unable to avoid situations where you will be exposed to insects and you are obliged to use insect repellent, it is best to use one that contains DEET, icaridin, or soybean oil.

DEET- and icaridin-based products protect against both mosquitos and ticks, but soybean oil-based products do not protect against ticks.

Do not use products containing more than 30% DEET, 20% icaridin, or 2% soybean oil. Be sure to read the label to know how long the protection will last.

What's on the menu? Fish!

Eating fish and seafood during pregnancy provides important nutrients, including protein, vitamin D, magnesium, and iron. Fish is also high in omega-3 fatty acids, which contribute to the development of baby's brain and eyes.

But some species of fish contain contaminants such as mercury. Women who are pregnant or plan to become pregnant, women who are breast-feeding, and young children can still enjoy fish if it is chosen carefully.

To limit exposure to contaminants:

- Opt for fish and seafood that are low in mercury and other contaminants: shad, smelt, trout (except lake trout), Atlantic tomcod, salmon, lake white fish, haddock, anchovies, capelin, pollock (Boston bluefish), herring, mackerel, hake, flounder, sole, sardines, redfish, canned light tuna, tilapia, oysters, mussels, clams, scallops, crab, shrimp, and lobster.
- Limit your consumption of:
 - Certain marine fish to 150 grams per month (75 grams per month for children 1 to 4 years old): fresh or frozen tuna, shark, swordfish, marlin, and orange roughy;
 - Canned white tuna to 300 grams per week. Canned light tuna is a better choice. For children, see [Fish](#), page 490.
- Avoid regular consumption of sport fish most vulnerable to contamination: bass, pike, walleye, muskellunge, and lake trout.

For more about nutrition

Eating Well with *Canada's Food Guide*

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

Being active

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

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

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

Alcohol

Pregnant women are advised to avoid drinking alcohol.

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

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

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

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

Travel and trips

Car safety

The Highway Safety Code stipulates that all occupants of a vehicle must wear a seat belt.

A properly-worn seat belt can prevent trauma (injury) in the event of an accident. It protects the mom-to-be and is the best protection for the unborn child.

Overseas travel

Before planning a trip abroad, you should talk to the health professional monitoring your pregnancy about your destination, how long you plan to stay, and any vaccines that may be required. Your prenatal care can be adjusted as needed.



Dominique Belley



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

Your health professional may also refer you to a travel health specialist.

For more information on safe travel and destination-specific advice: travel.gc.ca/travelling/advisories.



● Before planning a trip abroad, you should talk to the health professional monitoring your pregnancy.

Zika

Before traveling abroad, get information on the risk of infection by the Zika virus. It is recommended for pregnant women to put off travel to Zika-affected areas.

The Zika virus is transmitted through bites from infected mosquitoes. It can also be transmitted between sexual partners via the sperm or vaginal fluid of an infected individual. Most people who are infected don't realize it because they have no symptoms.

Zika infection during pregnancy poses a serious threat to the baby. It can cause birth defects like microcephaly (abnormally small head), resulting in severe mental retardation.

Women who are pregnant or planning to become pregnant and their sexual partners must take precautions if they are staying in a Zika-affected area. That means using a condom, for instance, or abstaining from sexual contact until the risk of transmission has passed.

To find out how long the transmission period is and get recommendations on the Zika virus, consult your health professional and the following websites: sante.gouv.qc.ca/en/chroniques/virus-zika/ and www.canada.ca/en/public-health/services/diseases/zika-virus.html.

Check back often because these sites are updated regularly to keep up with the latest scientific research.

Insurances

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

This coverage is even more essential in the event of a premature birth, as a stay in intensive care can be very expensive.

Régie de l'assurance maladie du Québec reimburses the equivalent of the cost of the care you would have received in Québec. Since such care can be more costly overseas, you (if you and your baby are not insured) or your insurer could end up with a big bill to pay.

Air travel

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

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

Fatigue

Description	What to do?
<ul style="list-style-type: none"> • When: <ul style="list-style-type: none"> – Common from the beginning of pregnancy until the end of the 1st trimester – May come back in the 3rd trimester • Likely causes in the 1st trimester: <ul style="list-style-type: none"> – Increased progesterone – Waking to urinate – Diminished nutrition due to nausea and vomiting – Mood swings and anxiety – Decreased caffeine intake • Likely causes in the 3rd trimester: <ul style="list-style-type: none"> – Lower back pain – Heartburn and acid reflux – Leg cramps – Difficulty finding a comfortable position – Waking to urinate – Emotions and concerns about the delivery 	<ul style="list-style-type: none"> • Try to get more sleep at night (8–10 hours) • Take naps if possible • Eat a balanced diet • Drink enough water • Try to get some exercise • Get help doing routine tasks if you can.
	<h4>Not feeling better?</h4> <p>Talk to your health professional.</p>

Nausea and vomiting

Description	What to do?	Not feeling better?
<ul style="list-style-type: none"> • Likely cause: hormonal changes • Frequency: <ul style="list-style-type: none"> – Nausea: 70% to 85% of pregnant women – Vomiting: 50% of pregnant women • When: <ul style="list-style-type: none"> – They generally appear between the 4th and 8th week after the start of the last period – They often peak around the 9th week of pregnancy – They are rare after the 20th week 	<ul style="list-style-type: none"> • Try to rest • Eat what you want • Avoid getting hungry (going a long time without eating) • See if it helps to: <ul style="list-style-type: none"> – Eat smaller amounts more often (small meals and snacks) – Avoid strong odours and food textures that make you queasy – Avoid drinking when you are eating or feeling nauseated <ul style="list-style-type: none"> – drink between meals instead – Eat a little bit before you get up in the morning – pregnant women are often advised to eat crackers or toast – Get out of bed slowly 	<p>Talk to your health professional if:</p> <ul style="list-style-type: none"> • The nausea or vomiting is interfering with your daily life. Your health professional may recommend taking over-the-counter or prescription medication • You are losing weight <p>See your health professional right away if:</p> <ul style="list-style-type: none"> • You show signs of dehydration: dry mouth and nose, dark urine • You have severe, persistent vomiting

Heartburn and acid reflux

Description	What to do?	Not feeling better?
<ul style="list-style-type: none"> • Possible cause: Hormonal changes associated with pregnancy which slow digestion, causing stomach fluids to move up into the esophagus. • When: From the start of pregnancy. They can get worse as the pregnancy progresses. 	<p>You can:</p> <ul style="list-style-type: none"> • Avoid lying down after meals • Sleep with your head elevated • Wear loose clothing • Change your diet: <ul style="list-style-type: none"> – Eat smaller amounts more often (small meals and snacks) – Reduce your intake of fatty foods – Avoid stomach irritants like caffeine and spices – Avoid eating or drinking a lot before going to bed 	<p>Not feeling better?</p> <ul style="list-style-type: none"> • You can temporarily take an antacid. Your health professional or pharmacist can advise you. • Talk to your health professional if: <ul style="list-style-type: none"> – Relief is only temporary – Symptoms persist despite taking antacids – You have to take antacids regularly over the course of several days – Your symptoms are accompanied by fever, nausea, and severe vomiting or headaches

Constipation and hemorrhoids

Description	What to do?
<ul style="list-style-type: none"> • Causes of constipation: <ul style="list-style-type: none"> – Pregnancy-related hormonal changes that slow digestion – Iron supplements – Hemorrhoids • Cause of hemorrhoids: the growing uterus puts pressure on the veins, which makes them swell • When: mostly in the 2nd and 3rd trimesters of pregnancy 	<ul style="list-style-type: none"> • Eat fibre-rich foods: bran and wholegrain cereal has a lot of fibre • Eat dried fruit and fresh fruits and vegetables and drink prune juice • Increase your daily water intake • If you have hemorrhoids, you can take sitz baths. Applying zinc cream or witch-hazel compresses on hemorrhoids can sometimes relieve the pain
	Not feeling better?
	<p>Talk to your health professional, who may prescribe a more effective hemorrhoid ointment or suggest that you:</p> <ul style="list-style-type: none"> • Take dietary fibre or psyllium supplements. If you do, make sure to drink plenty of fluids to avoid making the constipation worse • Take a stool softener

Numbness and pain in the hands

Description	What to do?
<ul style="list-style-type: none"> • Likely causes: fluid retention in the body (oedema or swelling), which pinches the median nerve in the wrist • Frequency: 25% of pregnant women • When: especially in the 3rd trimester and mostly at night • Distinctive feature: often affects both hands 	<ul style="list-style-type: none"> • These problems are harmless and will go away after the baby is born • If symptoms are bothersome or painful, you can try an orthotic device or a wrist protector like the ones worn for rollerblading. Wear them whenever you feel pain or swelling, a few hours a day or at night
	Not feeling better?
	<p>Talk to a doctor if:</p> <ul style="list-style-type: none"> • You experience weakness in your hand • The problem persists after the birth of the baby

Back pain

Description	What to do?
<ul style="list-style-type: none"> Likely causes: <ul style="list-style-type: none"> – Lordosis, i.e., arching of the back to compensate for abdominal weight – Ligamentous hyperlaxity: all the body's ligaments are more relaxed during pregnancy, including pelvic ligaments Frequency: about 75% of pregnant women 	<p>The following exercises, when done regularly, can help prevent or relieve back pain during pregnancy. You can:</p> <ul style="list-style-type: none"> Exercise in the pool, e.g., aqua fitness or swimming Exercise at home or during your daily activities: pelvic tilts while lying down or standing, round back stretch (see illustrations page 108)
	Not feeling better?
	<ul style="list-style-type: none"> Ask your health professional or pharmacist if you can take acetaminophen for a few days If the pain returns, persists, increases, or spreads to your legs, talk to your health professional If you are at the end of your pregnancy and you are having back pain that spreads to your abdomen or comes and goes regularly, you may be experiencing your first contractions (see Recognizing the start of labour, page 169)

Common health problems

Problem	Possible solutions	Talk to your health professional if:
Cold Nasal congestion Sore throat	You can: <ul style="list-style-type: none"> Use a nasal saline solution If this does not help, use a nasal decongestant spray for up to three days. Your health professional or pharmacist can advise you. Extended use of this product could make nasal congestion worse Gargle with salt water If you are in a lot of pain, ask your health professional or pharmacist if you can take acetaminophen for a few days 	<ul style="list-style-type: none"> Your cough or sore throat lasts for more than three days You have a fever (see page 129) Your general health worsens You have any concerns
Headache	<ul style="list-style-type: none"> Rest If you are in a lot of pain, ask your health professional or pharmacist if you can take acetaminophen for a few days 	<ul style="list-style-type: none"> Your headaches last for more than three days You have a fever (see page 129) Your headaches are accompanied by other symptoms like stomach pains, vision problems, nausea or vomiting, or drowsiness Your general health worsens You have any concerns

Contact with people with a contagious disease

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

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

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

If an unprotected pregnant woman contracts fifth disease, there is a chance the fetus may become infected. In rare cases, the fetus could become severely anaemic and the mother could miscarry.

The risk of complications is more of a factor before the 20th week of pregnancy, and much lower after.

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

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

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

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

Other contagious diseases

If you've been in contact with someone who has pertussis (whooping cough) in the 4 weeks before your due date, see a doctor. He or she will evaluate the situation and will prescribe antibiotics if need be.

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

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

Flu (influenza) vaccine

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

Prenatal care

Prenatal care includes

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

Regular visits allow you to check that your pregnancy is going well and to get screened for potential problems. These visits also give you the opportunity to get answers to your questions and help you prepare for delivery and the arrival of your newborn.

Remember, at any time you can

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



Pregnancy checkups are a good opportunity to ask any questions you might have.

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

Frequency of prenatal visits

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

- As soon as you know you are pregnant until 11 weeks after your last period: first visit
- Between 12 and 30 weeks: one visit every 4 to 6 weeks
- Between 31 and 36 weeks: one visit every 2 to 3 weeks
- From 37 weeks until the baby is born: one visit per week

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

Physical and gynaecological examinations

A full physical exam, including a gynecological exam, will be performed at your first visit.

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

It is also recommended that pregnant women be tested for sexually transmitted infections (STIs) like chlamydia and gonorrhoea. Many of these diseases can go undetected and affect your health and that of your baby. If you think you may have had contact putting you at risk for an STI after your initial screening, don't hesitate to talk to your health professional about repeating the tests.

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

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

Blood tests and urine analyses

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

Blood tests and urine analyses are used to determine

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

Warning signs

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

- Vaginal bleeding
- Loss of amniotic fluid
- Severe headaches, severe upper abdominal pain, or vision change
- Fever
- Not feeling the baby move after 24 weeks of pregnancy
- Contractions before 37 weeks

The warning signs are explained on the following pages.

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

Vaginal bleeding during the early months of pregnancy

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

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

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

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

Vaginal bleeding after 14 weeks

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

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

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

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

Loss of amniotic fluid

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

If you think you are losing amniotic fluid, or if you are unsure, call the delivery room or your midwife or go to the hospital to find out for sure.

Possible types of discharge

Type of discharge	Description	Amount
Vaginal secretions	<ul style="list-style-type: none"> • Heavier and runnier in the final months of pregnancy • May wet your underwear, but not leak through • May soak a panty liner 	<p>The amount of discharge is another factor that can help you distinguish between leaking amniotic fluid, vaginal secretions, and urine. To estimate the amount</p> <ul style="list-style-type: none"> • Wear a sanitary pad • Check the pad in 30 minutes • If you are really losing amniotic fluid, the pad will be soaked and heavy
Urine	<ul style="list-style-type: none"> • More common after physical exertion, movement, coughing, and sneezing • Leaking stops when the bladder is empty 	
Amniotic fluid (waters)	<ul style="list-style-type: none"> • Continuous loss of a clear, odourless fluid 	

Severe headaches, severe upper abdominal pain, or vision change

Contact your health professional right away if you are experiencing any of the following symptoms: severe headaches, severe upper abdominal pain, vision change

(e.g., spotty or blurred vision), or general discomfort. Also consult your health professional if you notice that your blood pressure is high.

Contractions before 37 weeks

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

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

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

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

Stripping the membranes

Toward the end of your pregnancy, your health professional may suggest stripping your membranes (also called a membrane sweep). The procedure can trigger uterine contractions within a few days so you don’t have to be artificially induced after 41 weeks (see [Possible interventions during labour](#), page 188).

A membrane sweep can be done during a vaginal exam to check the dilation and consistency of your cervix. It can be an uncomfortable, sometimes painful, procedure and may cause some spotting for the first 24 hours.

Breech presentation

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

Your doctor or midwife will place her hands on your abdomen to try to move your baby into a head down position. Version is usually attempted after the baby’s position has been verified through ultrasound. In some cases the procedure is not possible or is contraindicated, for example if there are low levels of amniotic fluid.

After version, a fetal non stress test (monitoring) will be done to make sure your baby tolerated the procedure without a problem. There are fewer risks associated with version than with a C-section.

If your baby cannot be turned, you can discuss the possibility of attempting a vaginal birth with your doctor or midwife.

Vaginal delivery of a breech baby requires a special evaluation and certain conditions must be met. Not every hospital may offer it. A caesarean will be considered in most cases of breech presentation. Talk to your health professional about your options.

Breech presentation



Illustration: Maurice Gervais

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

- For a first delivery, you are having regular contractions every five minutes or less for one hour.
- If this is not your first delivery, you are having regular contractions every five minutes or less. If you live more than 30 minutes away, you should head to the hospital or birthing centre when your contractions occur every ten minutes.
- Your membranes have ruptured (your water breaks).
- You are losing blood.
- You no longer feel your baby move (see [Your baby doesn't seem to be moving](#), page 129).

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



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

Possible interventions during labour

Inducing labour

When should labour be induced?

Labour will be induced if there is a medical reason to do so, e.g., if your water has broken but you're not having contractions yet, or if you are past 41 weeks of pregnancy. In other rare situations the health of the mother or baby may justify inducing labour. Talk to your health professional about the reasons for induction and its potential effects.

Methods used to induce labour

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

First the ripeness of the cervix is evaluated. If your cervix is still closed or only slightly effaced (meaning it is still thick), you may be given hormones vaginally (via tampon or gel) or orally (via a pill). This will soften the cervix and it will begin to efface (thin). The cervix will then dilate, or open, a few centimetres.

Sometimes a catheter with a small balloon attached is inserted into the cervix. The balloon can then be inflated inside the cervix to open it. These methods may sometimes cause discomfort but they help prepare your cervix for the next stage of the induction process.

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

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

Stimulating labour

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

The frequency and strength of contractions are increased with the administration of continuous intravenous oxytocin. Once the oxytocin starts to take effect, you may need to continue taking it until your baby is born.

Monitoring the baby's health

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

If your baby needs to be watched more closely, continuous electronic fetal monitoring will be done. This means you will be connected to an electronic fetal monitor for a prolonged period. Two sensors are strapped to your abdomen and connected to a machine that produces a monitoring strip. One sensor tracks your baby's heartbeat and the other records your contractions and the baby's movements.

If the monitor bothers you or you would like to move around more, ask if you can take monitoring breaks to allow you more freedom of movement.

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

Caring for your newborn

During your stay at the hospital or birthing centre, the nurses, doctors, or midwives will provide care to your baby to make sure she is thriving and to prevent or screen for health problems.

If you have concerns or questions about the care provided to your newborn, feel free to talk to these health professionals.

Preventive care

In the hours following delivery, the staff will recommend giving your newborn a vitamin K shot to prevent bleeding. Newborn bleeding is rare but can be severe and even fatal.

An antibiotic ointment will be applied to your baby's eyes to prevent serious infections that can cause blindness.

Physical examination

During your stay at the hospital or birthing centre, a health professional will also give your newborn a thorough physical examination to make sure he is healthy and identify any potential issues.

Blood screening

Within a few days after birth, the staff will suggest that a blood screening be done and will take a few drops of blood from your baby's heel. The purpose of screening is to detect diseases that, while rare, can pose serious risks to your baby's health. If a problem is detected, treatment must begin before symptoms appear. This can help prevent severe, permanent complications.

For most children, the screening results will be normal. The parents will not be contacted. No news is good news!

If the screening results are abnormal, you will be contacted and directed to a specialized centre for additional tests. If these analyses confirm a diagnosis, you will be offered appropriate monitoring and treatment.

For more information on screening, go to www.msss.gouv.qc.ca/sujets/santepub/depistage-neonatal/ and www.chudequebec.ca/patient/maladies,-soins-et-services/m-informer-sur-les-soins-et-services/programme-quebecois-de-depistage-neonatal-sanguin.aspx (french only).

If you notice these changes in yourself or in your partner, consult your family doctor or your midwife. You can also contact your CLSC or a psychologist. Psychological treatment and drug treatments are available for depression.

Sexuality after birth

Some people say they feel less sexual desire after the birth of the baby. Fatigue, adapting to parenthood, time and energy invested in caring for the baby, physical or emotional complications, and hormonal changes can all lead to a decreased interest in sexual activity.

Many parents aren't sure when to resume sexual activity after the delivery. If there are no medical reasons to put it off, the people can engage in sexual activity without fear when they feel the desire. The timing of intercourse involving penetration will vary depending on individual needs and preferences.

While breast-feeding, the body releases hormones that can prevent the vagina from producing sufficient lubrication. If that happens, you can use a water-based lubricant to facilitate genital fondling and penetration.

Don't pressure yourself. Let your sex life adapt to your new reality.

Birth control

During your pregnancy, you should start thinking about what kind of birth control you will use after birth.

You can still get pregnant even if you haven't had your period yet. Ovulation can occur as soon as the third week after vaginal delivery or C-section. Use an effective birth control method to prevent an unplanned pregnancy.

Breast-feeding and the lactational amenorrhea method (LAM)

If you breast-feed exclusively, ovulation may be delayed. To use breast-feeding (lactation) as a birth control method, you have to understand the principle behind the lactational amenorrhea method (LAM).

LAM is only effective during the first six months after the baby is born. For it to work, LAM requires:

- Breast-feeding exclusively (the baby should not be given any commercial infant formulas, food or water)
- Not having a period for those first six months

Birth control methods

Method	When you can start if there are no contraindications	Possibility of a slight drop in milk production
Hormonal IUD (Jaydess®, Kyleena®, Mirena®)	Any time after a vaginal delivery or C-section	✓
Copper IUD	Any time after a vaginal delivery or C-section	
Contraceptive injection (Depo-Provera®)	Any time after a vaginal delivery or C-section	✓
Progestin-only pill (Micronor®)	Any time after a vaginal delivery or C-section	✓
Combined hormonal contraceptives that contain an estrogen and a progestin: <ul style="list-style-type: none"> • Pills • Contraceptive patch • Vaginal contraceptive ring 	<ul style="list-style-type: none"> • 6 weeks after vaginal delivery or C-section • Depending on your situation, your health professional may recommend you start as soon as you resume sexual activity 	✓
<ul style="list-style-type: none"> • Diaphragm • Cervical cap 	6 weeks after vaginal delivery or C-section	
Condom	From the start of sexual relations	

The IUDs, contraceptive injection, progestin-only pill (Micronor®), and combined hormonal contraceptives are the most effective types of birth control. The withdrawal method, or coitus interruptus, and the calendar method are not effective.

When using the progestin-only oral contraceptive (Micronor®), be sure to take it at the same time every day. If you deviate by more than three hours from this time, it becomes less effective. Use condoms during sex until you are back on your regular schedule for at least two days.

Don't stop your current birth control method before starting another. To avoid unprotected sex, keep a supply of condoms handy.

If you use hormonal contraceptives and you are breast-feeding, it's possible you will experience a slight drop in milk production. These methods do not affect the quality of your milk or the health of your baby. If you notice a problem, contact a lactation consultant your midwife, your doctor, or a CLSC nurse.

Learn about birth control methods by visiting the website prepared by the Society of Obstetricians and Gynaecologists of Canada: www.sexandU.ca/.

Emergency contraception

If you have had unprotected or poorly protected sex, there are emergency contraception methods you can use.

Emergency oral contraception (EOC; the morning after pill) – It works up to five days after unprotected or poorly protected sex, at any time after a vaginal delivery or C-section, whether or not you're breast-feeding. The sooner it is taken after poorly protected or unprotected sex, the more effective it is. You can get it from a pharmacist without a doctor's prescription.

If you're breast-feeding, be sure to mention it to your health professional. They can prescribe an EOC that you can take while you're breast-feeding.

Copper IUD – Provided it is not contraindicated for you, your doctor can insert a copper IUD up to seven days after unprotected or poorly protected sex at any time after a vaginal delivery or a C-section.

Stools

During the first 2 or 3 days, the stools will be very dark, green or even black, and sticky. This is meconium; your baby is eliminating the residue remaining in his intestines from before he was born. Colostrum, the mother's milk during the first few days, has this cleaning function.

Then during the first year, the frequency and consistency of defecation will vary depending on what the baby is fed. You will gradually learn to recognize your child's normal feces.

See your doctor if his stools are red or black because this may indicate blood. Also, if the baby's stool is discoloured (white, grey, or beige), consult a physician immediately because it could be a sign of a serious liver problem.

During breast-feeding, stools may range from mustard yellow to yellow-green. They are liquid or semi-liquid and smell of sour milk.

During the first 6 weeks, newborns may have up to 10 bowel movements a day. After that, most babies have 2 to 5 plentiful movements a day as long as they're breast-fed; others have only one movement a week. If your baby is defecating infrequently but the stools remain soft, there should be no problem.

If your baby's stools suddenly change from soft to liquid, there may be a transient trouble. Some medications can cause a change; for example, an iron supplement may cause black or dark brown stools.

If your baby is healthy and developing normally, don't worry about his stools.

To interact is to stimulate

Children need a lot of contact with the people around them, especially their parents. From the time they're born they have everything they need to interact: sight, hearing and touch. As they grow, their ability to interact improves.

You can enjoy great times with your baby while caring for and playing with him. Use those times to stimulate your child's abilities. Interaction with your child creates a happy relationship that allows your baby to get to know you and learn to predict what comes next. From birth, he needs you to be able to relate to objects and the world around him. You are introducing him to life outside the womb.

Your baby understands language several months before knowing how to express himself. Speak to him, use words to describe what you are doing and your actions. "Look, Mummy's going to feed you now." "Daddy is giving you a bath." Don't be afraid of repeating yourself; he is taking in what he hears and learning to remember.



Philippe Chouinard



By playing with your child, you help his development.

- Try to avoid responding to his needs before he asks. Wait for him to indicate what he wants using gestures, words, or a look;
- Ask questions that require more than a yes or no answer. For example, "What would you like to eat?";
- Offer a choice when he points to what he wants: "Would you like an apple or a banana?";
- Say the beginning of the word or sentence: "You want the ba..." (balloon); or "You want the..." (balloon);
- Place things out of reach so he has to ask for them;
- Encourage all his attempts at using a new word and congratulate him.

I don't understand what he's saying. What do I do?

Without blaming him, tell him that you don't understand.

It's important to encourage all his attempts to communicate, even if you don't understand. If you understand a few words, try to ask about the rest of the sentence: "Something happened to your teddy bear?" If you have no idea, ask him to show you.

His pronunciation is wrong; what do I do?

When a child learns to speak, some sounds come early, like *p, b, m, t, d* and *n*, while others develop later. Children should be able to correctly pronounce the sounds *f, v, k, g, h, s*, and *z* by age 3 or 3 ½. The *l* sound can usually be articulated by age 4. Mastery of the sounds *ch, j*, and *r* may not come until age 5, and the *th* sound usually comes at about age 6.

The *sh* and *j* sounds appear at around 3 ½ years and may be learned at only 7 years in some children – no reason to worry before then. Many children replace *sh* with *s* and *z* (e.g., shoe → soe, jam → zam).

To help your child learn to say sounds correctly, repeat the words in the right way, emphasizing the sound he mispronounced. For example, if he says "woud" for "loud," help him by stretching the correct sound and saying it louder: "LLLLLoud." Don't force him to repeat the word. Indirectly encourage him by asking follow-up questions.

When should I see a professional?

Remember that to speak your child needs first to be able to hear. If you're worried about your child's hearing, talk to your doctor. Your child's hearing can be tested from birth.

Some aspects of learning to speak and communicate are very important. We encourage you to ask for advice from a health professional if:

At about 6 months, your child does not react to your voice or noise. He doesn't babble and doesn't smile.

At about 12 months, he stops making sounds. He doesn't react to familiar words, like his name and the names of people close to him, his teddy bear and favourite games. Your child doesn't look you in the eye, and doesn't seem interested in communicating through gestures or sounds.

At about 18 months, he isn't using any words. He doesn't point. He doesn't understand simple and familiar instructions, such as "give" or "come here."

At about 24 months, he doesn't combine two words, and expresses himself mainly with gestures. He doesn't imitate sounds or words. He says less than 100 words.

At about 3 years, strangers are unable to understand him. He doesn't speak in sentences. He doesn't try to communicate. He doesn't understand simple sentences. He's not interested in other children.



Recommended
by a health
professional

Some situations can increase the risk of language problems. You should talk to a health professional about such situations, which are listed below. Together, you will be able to decide if a special consultation is required.

- Speech, language or learning difficulties in the family;
- Hearing problems in the family;
- Drug or alcohol consumption during pregnancy;
- Your child speaks loudly or needs things repeated often.

Should he see a speech-language pathologist?

Language is essential to your child's growth and ability to communicate. When he gets to school, he will need to be able to express himself and be understood. If you notice that he has specific troubles, it would be worthwhile to see a speech-language pathologist. Your doctor can help you find one.

The local CLSC, hospital or rehabilitation centre might offer such services. Schools also offer support, but it's better to help your child before he gets to kindergarten. Waiting times for seeing a speech-language pathologist lead some parents to pay for one through the private sector.

A complete list of speech-language pathologists and audiologists in your region is available through the Ordre des orthophonistes et audiologistes du Québec.
[514-282-9123](tel:514-282-9123) / [1-888-232-9123](tel:1-888-232-9123)
www.ooaq.qc.ca (in French only)



Don't hesitate to acknowledge your child's good behaviour and to congratulate him on it.

Teach patience

By around 12 months, you can start teaching your child that he can wait a few minutes before getting what he needs. But be sure to be reassuring during these first waiting periods. Keep talking with him, saying for example, "Mommy's on the phone; I'll be with you in two minutes," or offer him a toy.

This will help him learn to be patient little by little in daily situations, for example, while you're making supper, taking care of another child or answering an important phone call.

The terrible twos

During this infamous time of no-no-no, which is usually between about 18 months and 3 years, children experience the need to go against anything asked of them. They are in fact going through their first assertiveness crisis. They are testing what they've learned and learning more.

There aren't any foods that increase milk production. Eat regularly and eat enough. You can also have snacks if you're hungry.

Some foods can have a slight effect on the taste of the milk you produce, but your baby will adapt. Some studies suggest that it can help babies develop their taste for food if mothers eat a varied diet while breast-feeding.

Most breast-feeding mothers can eat whatever they like, including foods deemed risky during your pregnancy (sushi, deli meats, cheese).

If you think your baby is having a reaction to something you're eating, read [Breast-fed babies and allergies](#), page 518.

If you are a vegan (i.e., you don't eat any animal products, that is, meat, fish, eggs or milk products) and you are breast-feeding, you should take a Vitamin B₁₂ supplement. Eat foods rich in protein, iron, calcium and Vitamin D. It might be a good idea to consult a nutritionist.

Fish

Fish belongs on your menu. However, some fish species absorb pollutants that make their way into breast milk and could harm a baby. To take advantage of the benefits of eating fish while minimizing the risk from contaminants such as mercury, read [What's on the menu? Fish!](#), page 62.

Alcohol

Any alcohol you do drink goes into your breast milk and into your bloodstream. Depending on your weight, it takes your body two to three hours to eliminate the alcohol from one drink from your blood and milk. Once the alcohol is gone from your bloodstream, there is none in the breast milk for the next feeding.

Even though a breast-feeding baby only receives a tiny share of the alcohol his mother drinks, he eliminates it more slowly than an adult and his system is more sensitive to its effects.

Avoid drinking large quantities of alcohol while breast-feeding. Alcohol can interfere with milk production and reduce the amount of milk your baby drinks. It may also have harmful effects on his motor development and sleeping habits.

Breast-feeding mothers can enjoy the occasional alcoholic beverage. The benefits of breast-feeding outweigh the risks of occasional light alcohol consumption (around two drinks a week or less). This level of consumption has not been shown to harm a nursing baby.

If you do have a drink, you can reduce your baby's exposure to alcohol in one of these ways:

- Breast-feed your baby right before having a drink.
- Or wait 2 to 3 hours per serving of alcohol before nursing again. After waiting, simply nurse normally at the next feeding.

If you have more than one serving, feed your baby milk you expressed in advance (frozen or refrigerated) while the alcohol remains in your system. You may need to express milk to relieve engorgement of your breasts, but this milk should be discarded because it contains more alcohol.

Medications

Most medications pass into breast milk, but in very small amounts. Some medications are a better choice because more is known about their effects on nursing babies.

Many medications may be taken while breast-feeding, including acetaminophen, ibuprofen and most antibiotics.

Decongestants containing pseudoephedrine can reduce milk production. It's best to ask your pharmacist to recommend another product.

Talk to a health professional before taking any medication or natural health product. Some medications may decrease your milk supply or cause other problems.

It's very rare to have to stop breast-feeding because of medical treatment. If a health professional advises you to stop breast-feeding because of a medication, here's what you can do:

- Say that breast-feeding is important to you and your baby.
- Ask if there are any medications that can be taken while breast-feeding instead.

Pacifiers (soothers)

A crying baby is trying to tell you something. He may need food, sleep, comforting or contact; it's not always easy to know exactly which.

Breast-feeding is more than a way to provide your baby with nourishment. Don't worry; letting your baby nurse for comfort won't create bad habits. In many cultures, breast-feeding is used as much to calm infants as it is to nourish them.

The Canadian Paediatric Society makes the following recommendations about pacifiers:

- "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".

Babies also find the warmth of skin-to-skin contact with their fathers soothing. Rocking or carrying your baby in your arms is another great way to provide comfort and reassurance.



Geneviève Colpron



When using tap water, let it run until the water is cold. This gets rid of possible buildup of lead, copper, and certain bacteria.

Private well water

You can use water from a private well (surface or artesian well) provided recent tests show that it meets quality standards. If it is a new well, the water should be tested for chemicals and bacteria by a lab accredited by ministère du Développement durable, de l'Environnement et de la Lutte contre les changements climatiques. For the names of accredited labs in your region, call 1-800-561-1616 or log onto www.caeq.gouv.qc.ca/accreditation/PALA/Ila03.htm.

If you own a private well, it is recommended that you have your well water tested at least twice a year. Tests can detect undesirable bacteria like E. coli and chemical compounds such as nitrites and nitrates. For more information, visit: www.mddelcc.gouv.qc.ca/eau/potable/depliant/index-en.htm.

When concentrations of chemical substances in drinking water exceed allowable levels, use another source of drinking water, like bottled water.

A word about food allergies

The foods most likely to cause allergies are eggs (see [Eggs](#), page 493), peanuts and other nuts (see [Peanut and nut butters](#), page 493), fish and seafood (see [Fish](#), page 490) and foods that contain cow's milk protein (see [Milk and dairy products](#), pages 501-503).

In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that delaying the introduction of these foods does not prevent allergies, even in children with a greater risk of developing food allergies.

A child is at greater risk of developing a food allergy if:

- A member of his immediate family (mother, father, brother, or sister) has an **allergic disorder**.

or

- The child suffers from severe eczema (shows signs of eczema most of the time).

Talk to your doctor.

New foods

It is often suggested to introduce one new food at a time to your baby, and to wait 2 or 3 days before adding something new. That way, if your baby shows signs of discomfort or allergies, it will be easier to identify the food that is responsible.

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

Don't hesitate to make fish a regular part of your baby's diet.

You can serve your baby many of the types of fish available at the supermarket and in fish markets. See [What's on the menu? Fish!](#), page 62.

Canned fish is usually very salty. However, you can occasionally serve unsalted canned fish like salmon or light tuna (but not white tuna).

! Don't give raw or smoked fish to your child, since young children are more sensitive to the parasites they sometimes contain.

Legumes and tofu

Legumes and tofu are a nutritious and inexpensive. They are a good source of vegetable protein and iron. Legumes are also rich in fibre.

There are many kinds of legumes, including lentils, chickpeas, kidney beans, black beans, white beans, etc. Serve them in purées, mashed with a fork, or in soups.

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

Tofu can easily be mashed with a fork or crumbled and mixed with vegetables.

Milk and dairy products

This section covers cow's milk, yogurt, and cheese. Breast milk, commercial infant formula, and other milks are covered in the first chapters of [Feeding your child](#).

Milk, yogurt, and cheese contain protein and minerals, including calcium. They help build and maintain healthy bones and teeth. Cow's milk is also enriched with vitamin D, which helps the body use calcium more efficiently.

You can give your baby yogurt and cheese once he has started eating iron-rich foods at least twice a day.

Choose high-fat milk and dairy products rather than "light" or low fat options. Your child needs these fats to grow and develop properly. Make sure that milk and dairy products are pasteurized (see [Why serve pasteurized milk](#), page 357).

Food allergies

When a child's immune system reacts to a particular food that he eats, he is said to suffer from a food allergy. Some allergies are permanent and very serious. A child with a known allergy to a particular food must never eat that food. It's important to always take allergies seriously.

Some children may not be able to tolerate certain foods, but are not necessarily allergic to them. This is known as a food intolerance. The difference between food intolerance and food allergy is that food intolerances do not trigger an immune system reaction.

Is my child at risk of developing a food allergy?

A child is at greater risk of developing a food allergy if:

- A member of his immediate family (mother, father, brother, or sister) has an **allergic disorder**.
- or
- The child suffers from severe eczema (shows signs of eczema most of the time).

Talk to your doctor.

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

Preventing allergies

In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that delaying the introduction of these foods does not prevent allergies, even in children with a greater risk of developing food allergies (see [A word about food allergies](#), page 467).

Don't hesitate to consult a doctor if you have concerns.

How do I recognize allergies?

An allergic reaction can be sudden and severe, or it can be delayed.

Sudden and severe reactions (known as anaphylaxis) usually occur anywhere from a few minutes to two hours after eating the food in question. Such reactions are rare. See the red box (page 517) for the most common symptoms.

Toothpaste

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

- Contains fluoride (a natural substance that effectively protects teeth against decay)
- Is recommended for children under 12

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

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

Beware of sugar

The more your child's teeth are in contact with sugar, the more your child risks developing tooth decay. Beware, sugar is often added to drinks, food, and drugs for children. Sugars also naturally occur in fruits, juices and milk (e.g., breast milk, commercial infant formula and cow's milk).

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

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

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

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

Vaccines are not only effective, they're very safe. If you have any questions or concerns about vaccination, talk to a health professional or visit the following website: sante.gouv.qc.ca/en/conseils-et-prevention/vaccination.

Where and when should you get your child vaccinated?

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

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



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

Since it's important to follow the vaccination schedule, it is best to make an appointment as early as possible to avoid delays. Your child will require several doses of certain vaccines so that he can produce enough antibodies to fight the disease. By having your child vaccinated at the recommended age in the vaccination schedule, you are providing him with the best possible protection against a number of serious diseases.

If your child needs to receive several injections at the same time, it is recommended he has them all at once to protect him more quickly against infection. This will not increase the or severity of undesirable side effects. It will also reduce the number of visits you need to make to the clinic or CLSC.

There are a number of ways to make getting a shot less stressful and painful for your child. Talk to your doctor or the CLSC nurse, ideally before the first vaccination appointment.



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

Travelling safe: Car seats

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

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

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

There are three types of children's car seats:

- Infant seats, from birth until children weigh 10 kg (22 lb.), although some car seats can be used beyond that weight. Check the car seat manufacturer's maximum weight recommendations.
- Child seats for children who weigh at least 10 kg (22 lb.)
- Booster seats for children who weigh at least 18 kg (40 lb.)



It's the law.

In a moving vehicle, your child must be secured in a car seat that is appropriate for her height and weight until she is 63 cm (25 in.) tall when seated, as measured from the seat to the top of the child's head.



Used car seats

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

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

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

To find out if a car seat has been recalled, visit the Motor Vehicle Safety Recalls Database on the Transport Canada website at www.tc.gc.ca.

Warning regarding air bags

Never put a child of 12 years or less in the front seat if your vehicle has a passenger-side front airbag.

If you need to sit your child in the front seat, under exceptional circumstances (e.g., the vehicle has no back seat or your child has a health issue that requires close supervision), you must disable the airbag.

If there is no way to disable the airbag in your vehicle, contact Société de l'assurance automobile du Québec (SAAQ) to request deactivation of the airbag.

Babyproofing the nursery

Your baby's room should be bright and well ventilated. It should also have a window. When it's cold out, the room should be kept around 20°C (68°F). At that temperature, if your child is sweating it's because he has too many covers on.

When it's cold out, the humidity should ideally be kept between 30% and 45%.

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

Blinds

Cords used to operate blinds should be kept out of your child's reach because they are a strangulation hazard. Blind and curtain cords in the nursery and throughout the house should be secured high up so your child cannot reach them. The best way to keep your child safe is to remove any window blinds with cords. Many stores sell cordless blinds.

Install your baby's crib away from the window. Make sure your child cannot reach the blinds by climbing on furniture or anything else near the window.

The sale of blinds containing lead has only been regulated since 2009 in Canada. Low-cost PVC mini-blinds from China, Taiwan, Indonesia, Hong Kong, and Mexico made before 2009 may contain lead, which can cause lead poisoning and neurological problems in children. Health Canada recommends throwing out such blinds to avoid this type of problems.

Protecting your baby from the sun

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



Dominique Belley



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.

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 – Icaridin-, DEET-, and soybean oil-based products protect against mosquito bites. Icaridin and DEET also offer protection against ticks. Do not use products containing more than 20% icaridin, 10% DEET, or 2% soybean oil.

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...

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 the [Insect bites](#) section on page 657.

Oral and dental injuries

Tongue or lip bites

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

If the wound looks deep or if it continues to bleed profusely, see a health professional right away. He or she will determine if stitches are needed.

Knocked out baby tooth

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

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

Broken or displaced tooth

See a dentist as soon as possible.

Blow to a tooth

After a blow or a fall, if a tooth seems to have been pushed into the gums or if the lips and gums are bleeding profusely, see a dentist or doctor as soon as possible. If a tooth turns greyish a few months after the accident, see your dentist.

Special pregnancy benefit

Ministère du Travail, de l'Emploi et de la Solidarité sociale

If you are pregnant and receive benefits under the Social Assistance Program or the Social Solidarity Program, you are eligible for a special pregnancy benefit of \$55 per month in addition to your monthly financial assistance.

This special benefit, which is paid each month until you give birth, is designed to help you buy healthy food during your pregnancy.

To receive the special pregnancy benefit, you must, as soon as possible, provide your local employment centre (CLE) or to a Services Québec office with a written attestation signed by a physician, a midwife, or a clinical nurse, certifying that you are pregnant and indicating the number of weeks of pregnancy and the expected date of delivery.

You are also eligible for this special benefit if you have a dependent child who is pregnant and you receive benefits under the Social Assistance Program or the Social Solidarity Program.

Tax credit for the treatment of infertility

Revenu Québec

You may be able to claim the refundable tax credit for the treatment of infertility if you incurred expenses for *in vitro* fertilization treatments. Certain conditions apply. This tax credit is equal to a percentage of eligible expenses paid by you or your spouse during the year. The percentage varies according to family income. Eligible expenses are limited to \$20,000.

To claim this tax credit, you must enclose the duly completed *Tax Credit for the Treatment of Infertility* form and required documents with your Québec income tax return.

A refundable tax credit is an amount that may be granted to you even if you have no income tax payable. As a rule, the amount of the tax credit is determined on the basis of your annual income tax return.