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A healthy baby

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

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

**Holding your newborn**

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

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

Nowadays, people agree that you won’t “spoil” a child by giving him the comfort and love he needs. On the contrary! Carrying and hugging your baby stimulates him and helps him develop. So hold your baby in your arms as often as possible, when he cries or is not feeling well, or just to give him a cuddle.
Babies like to be carried and rocked. It probably reminds them of the movements they felt in the womb. Carrying your baby in a baby carrier or rocking him in your arms is a wonderful way to spend some quality time with him. These intimate moments help your baby develop a feeling of confidence, which is so essential for his emotional well-being.

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

Holding your baby in your arms is one way to spend some quality time with him.
Caring for the umbilical cord

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

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

- Clean around the umbilical cord every day until the belly button heals.
- Gently clean the area with a cotton swab (Q-Tips™) soaked in warm water. Don’t use alcohol because it delays the cord dropping off.
- Dry with another cotton swab. Rub the cotton swab around the umbilical cord (in the folds). You won’t hurt your baby, and that way you make sure that the cord is properly dried.
- Avoid covering the cord with the diaper or a compress. It must always stay dry. Fold the diaper under the belly button to prevent irritation.

Remember to dry around the cord after bathing your baby.

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

If redness appears and becomes more intense, if the belly button oozes fluid and smells bad, or if you have doubts, talk to your health professional.
**Bathing your baby**

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

**The ideal moment**

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

**Frequency**

You can clean your baby’s face, neck, genitals, and bottom with a washcloth every day.

In the first few weeks, there’s no need to bathe your baby in the tub more than two to three times a week.

Older babies don’t need to bathe every day either. Let your baby’s individual needs be your guide.

**Getting ready**

Being prepared for bath time is essential for making sure your baby’s safe and comfortable. Before undressing her, gather together all the necessary items. That way, everything will be within reach so you don’t have to leave your baby’s side during her bath.
Here are a few items you might need:

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

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

**Soap: mild and unscented**

Children, especially newborns, have sensitive skin. Soap removes the natural protection of your baby’s skin and can irritate it. So it’s best to use mild, unscented soaps. Avoid antibacterial soaps because they contain alcohol and aren’t necessary.

Use a small amount of soap and apply it only to your baby’s hands, bottom, and genitals. The rest of her body doesn’t need soap. Scented products such as bubble bath and bath oils are unnecessary and can cause irritation.
Bathing in the bathtub

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

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

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

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

Health Canada advises against using bath seats for babies. They give adults a false sense of security, which can lead to drowning.
Baby bathing technique

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

- Clean her face first with a wet washcloth (without soap):
  - Clean her eyes starting from the inside corner (near the nose) toward the outside corner. Use a different corner of the washcloth for each eye.
  - With another corner of the moistened washcloth, gently clean outside and behind her ears. Avoid going too far inside the ear. Don’t use cotton swabs (Q-Tips™), because they can injure the eardrum and push earwax even farther into the ear.

- Then carefully wash all the folds of the body:
  - Don’t forget the folds of the neck, armpits, thighs, and bottom. Rinse well.

When you bathe your newborn, hold her head, supporting her neck with your forearm and sliding your hand under her armpit.
• Wash the genitals and bottom last:
  – **For baby girls**, gently wash the vulva by separating the outer lips. Wipe from front to back. That way you avoid traces of fecal matter from coming in contact with the entrance to the vagina and urethra. Rinse well.

  – **For baby boys**, wash the penis and scrotum. Rinse well. The foreskin is not detached from the tip of the penis at birth. Avoid doing anything that will detach it. It’s not necessary to dilate it to clean it.

• Dry your baby well without rubbing. Dry all the folds well to prevent redness and dampness. It’s not a good idea to use powder because it can cause breathing problems.

Babies are covered in vernix at birth, a white paste that protected their skin in the amniotic fluid. This paste is reabsorbed within a few days so you don’t need to rub it off.

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**Hair**

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

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**Never leave your baby alone, for whatever reason, even for just a second. A baby can drown in as little as 2.5 to 5 cm (1 to 2 in.) of water. If the telephone or doorbell rings, take your baby with you. You can also simply choose not to answer.**
Cutting your baby’s nails

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

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

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

Choosing diapers

Diapers will be part of your baby’s wardrobe for about two and half years. Disposable or washable diapers? It’s a matter of choice. Opt for the diapers that correspond best to your values, needs, and situation, and to your baby’s skin.

Washable diapers can be less costly than disposable diapers in the long term, but your initial investment will be higher.
Disposable diapers

Disposable diapers contain crystals that convert the urine into a safe gel and separate it from the stools. This eliminates the mix of urine and fecal matter that can irritate your baby’s skin. Some scented disposable diapers can also irritate the skin. If this happens, try another brand.

Disposable diapers should be changed regularly because they can seem dry even if they’re not. The accumulated urine, when in contact with your baby’s skin, can cause irritation.

Washable diapers

There is a wide choice of washable diapers available that are easy to use and clean and that fit your baby’s bottom well.

Washable cloth diapers are less absorbent than disposable diapers so they have to be changed more often. Some brands of washable diapers offer a more absorbent, nighttime diaper or a second, absorbent layer you can insert in the diaper.

To keep the diapers in good condition, it’s important to follow the manufacturer’s directions carefully. For example, some suggest you soak them before washing, while others don’t.
Ariane Dubé-Lafrance

Health

A healthy baby

A healthy baby
Changing diapers

Whether you use disposable or washable diapers, it’s important to change your baby regularly, and as soon as possible after she poops. Changing her diaper often helps prevent irritation.

To change a diaper:

• Wash your baby’s genitals and bottom with water and soap every time you change her diaper, whether she’s a newborn or older (see Genitals, page 230).

  – If you don’t have water and soap handy, use baby wipes (moist disposable towelettes). It’s best to use them only on healthy skin. Opt for unscented types to avoid irritating her skin.

Most newborns need frequent diaper changes. So why not make it a fun and enjoyable time for you and your baby?
• Dry her bottom well before putting on another diaper.
• You don’t need to apply protective cream as a preventative measure. If her skin is irritated, you can apply a layer of zinc oxide ointment (see Redness on the bottom (diaper rash), page 574).

Wash your hands after putting your baby down in a safe place.

! Make sure she doesn’t fall! Never leave your baby alone on a changing table. Always keep one hand on her when you have to reach for something. You can also change her on a towel or change pad on the floor.
Medical checkups

Regular visits to a doctor or nurse allow you to discuss your child’s health and development. They are also an occasion to ask questions about her growth, feeding, vaccination, or any other subject that you’re wondering about.

You can ask your parents and friends, or the health professionals you’re already seeing, to help you find a family doctor or other health professional you need to consult for your baby.

Consulting health professionals

If your child is well but you would like to see a health professional, you should contact your CLSC. Your CLSC is the gateway to a number of services including vaccination, breast-feeding clinics, and referrals to other resources. It can also provide information on available services and explanations on how to access services elsewhere, if necessary.

When your child is ill, it can be hard to know where to turn. Here’s a tip: start by calling Info-Santé. This service is available 24 hours a day, 7 days a week. You can talk to a nurse, who will evaluate the situation with you. Then you can decide whether it’s better to:

• See a nurse or doctor at the CLSC
• Go to a clinic, with or without an appointment, or
• Go to emergency
The Info-Santé nurse can help you locate the clinics and hospitals where you can take your baby.

Info-Santé is available across Québec by dialing **8-1-1**, except in northern Québec (Terres-Cries-de-la-Baie-James and Nunavik).

**For health advice from a nurse 24 hours a day, 7 days a week, call Info-Santé.**

### Your baby’s growth

Your baby is unique! He will grow in spurts, at his own pace. All children of the same age don’t necessarily have their growth spurts at the same time. A variety of factors, such as gender, method of feeding, and genetic makeup, can influence the speed at which a child grows. For more information on weight gain in newborns, read Weight gain, page 317.
One of the best ways to make sure your baby is growing properly is to measure his weight and height at regular intervals, for example at his regular checkups. The health professional will record your baby’s measurements on a growth chart and compare his development to that of other children.

But more than anything, the measurements allow you to check that your baby's development is proceeding at a pace that is normal for him. Your baby may be much bigger or smaller than other children of his age. Provided he continues to grow at his own pace, there’s no need to worry.

Your child is unique! He will grow at his own pace.
First teeth

Your baby’s teeth start to form during pregnancy. At birth, she has 20 baby teeth, or primary teeth, that are still growing under the gums. Young children’s diet influences the formation of their baby teeth as well as their permanent teeth.

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

Teething may go unnoticed or may cause discomfort. Starting at 4 months, it’s normal for your baby to drool a lot. When she’s teething, she may drool more and feel the need to chew on something.

Your baby may also have red cheeks or irritated skin around the mouth or on the face, she may fret more than usual or refuse to eat. When their molars (back teeth) come in, some babies touch their ears more because they’re feeling pain in that area. If your child’s discomfort seems serious, contact Info-Santé.
In some babies a blue swelling (also known as an eruption cyst) appears on the gum just before the tooth comes in. This cyst usually needs no treatment. If necessary, talk to your health professional.

Fever, diarrhea, and a red bottom are not necessarily related to teething. They may be caused by something else.

Don’t immediately assume that your baby’s fever, diarrhea, and red bottom are related to teething. They may be caused by something else.

What to do during teething?

If necessary, give your baby a clean washcloth soaked in cold water or a teething ring to chew. You can cool the teething ring in the refrigerator, but don’t freeze it because your baby can injure her mouth with it. You can also rub her gums with a clean finger. Give her acetaminophen, if needed.

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

- Teething necklaces: Babies can choke on the wooden beads or other parts of a teething necklace, or can strangle themselves with it.

- Teething syrups and gels: They act superficially only and can decrease the swallowing reflex that allows your baby to swallow her milk and food. These products increase the risk of choking.
• Teething biscuits: They do not relieve your baby’s discomfort. What’s more, they contain sugar and can therefore cause tooth decay.

Don’t give your baby pieces of raw fruit or vegetables to chew. They can get stuck in her throat and choke her.

![Caution]

Teething necklaces are a strangulation and choking hazard for babies.

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**Brushing**

The purpose of brushing is to put fluoride toothpaste on your baby’s teeth and clean them as well as possible.

As soon as the first teeth appear, brush them twice a day. The evening brushing is the most important because there is less saliva in your baby’s mouth when she’s sleeping. So tooth decay can progress more easily if the teeth are not brushed.

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

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

As soon as the first teeth appear, brush them twice a day. The evening brushing is the most important.

Use only a small amount of fluoride toothpaste, about the size of a grain of rice.
**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.
**Tooth decay**

Tooth decay can occur when your child is small, even before age 2. Once it appears, it can quickly get worse. The decay is caused by bacteria producing acid that attacks the structure of the tooth. It can be painful and may interfere with your child’s sleep or feeding.

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

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

**Vaccination**

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

Vaccines stimulate the immune system. They help your child make his own antibodies against certain diseases without him suffering the ill effects of the diseases themselves.

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

All children should receive the recommended vaccines, even healthy children with a good diet. Breast-fed children also need to be vaccinated, even though breast milk protects them against some infections.
Vaccines are not only effective, they are very safe. If you have any questions or concerns about vaccination, feel free to talk to a health professional or visit the following website: quebec.ca/vaccination.

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

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

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

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

For information on the regular vaccination schedule for children, visit the “Immunization Schedule” section of the following website: www.quebec.ca/en/health/advice-and-prevention/vaccination/vaccination-for-children/.

You can also consult the “Reducing the Pain and Anxiety of Vaccination in Children” section of the same website for some tips and tricks.

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

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

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

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

Vaccines are very safe. Most of the time they cause no undesirable reactions. Sometimes they can cause short-lived reactions that are not serious, such as a mild fever, redness, or discomfort at the site of the injection. To reduce redness and discomfort, apply a cold water compress. A small bump may appear, but it’s not dangerous and will disappear within a few weeks.

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

If your child seems to feel unwell or has a fever after receiving a vaccine, acetaminophen may make him feel better. Ibuprofen can also be used if he is over 6 months (see Fever medication, page 593). If your child cries abnormally or if you’re worried about him, follow the advice you were given at the time of vaccination. If necessary, talk to a health professional or call Info-Santé. In the case of the MMR vaccine (measles, rubella, mumps), children can come down with a fever 5 to 12 days after the vaccination.

Serious allergic reactions 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 doctor or nurse will be able to treat it immediately.
Contraindications

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

If your child is ill to the point he is feverish or irritable, or crying abnormally, take him to his appointment anyway and discuss it with the health professional.

Vaccination record

This important document is a record of your child’s vaccinations. You must bring it with you to the vaccination appointment. The health professional who vaccinates him will record the dose and date in it. It’s also worth bringing it along to your child’s medical checkups. It may be used to record the child’s growth (weight and height), as well as other information related to vaccination and your child’s health. Keep it safe, because it will be useful to your child all his life.

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

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The large majority of children go through infancy in good health. Most of them will have occasional minor health problems, but very few infants develop serious illnesses.

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

This chapter discusses common health problems among children age 2 years and under. So it provides very little information on rarer illnesses or those that affect only a handful of babies.

It does however give you

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

Although this chapter describes the main signs and symptoms of certain illnesses, it is not intended to be used by parents to diagnose their baby’s health problems themselves.

In some situations, you’ll need a health professional’s help to identify your child’s problem. Don’t hesitate to consult one.
A well-stocked medicine cabinet

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

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

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

The products in this list, like any medication or natural health product, should be stored safely, i.e., out of the reach of children.

Newborn jaundice

Jaundice, also known as icterus, is common in newborns. It causes the whites of the eyes and the skin to turn yellow. This is due to an accumulation of an orange pigment called bilirubin in the blood.
In full-term babies, jaundice generally starts 2 to 3 days after birth, peaks at 3 to 5 days, and is gone by the end of the first week. In premature babies, it can last several weeks.

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

Some breast-fed babies develop a type of jaundice that lasts up to 2 months. If your baby is growing well, gaining weight, and pees and poops normally (see Stools, page 233), this form of jaundice is not serious and requires no treatment. Breast-feeding can continue normally.

The best way to prevent jaundice is to make sure your newborn drinks enough milk (see Is your baby drinking enough milk?, page 316).

**What to do?**

No treatment is necessary for most cases of jaundice. There is no benefit to exposing your baby to daylight in front of a window.

It isn’t easy to tell how yellow a newborn is. Check her skin and the whites of her eyes. If your baby looks yellow, is drowsy, or isn’t feeding well, consult your doctor, a CLSC nurse, or the hospital or birthing centre where you gave birth. They will measure your baby’s jaundice with a blood test or a device that evaluates skin colour. In some cases, treatment will be necessary.

If your baby looks yellow, is drowsy, or isn’t feeding well, consult a doctor, a nurse at your CLSC, or the hospital or birthing centre where you gave birth.
Thrush in the mouth

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

What to do?

You can see a doctor. He or she will decide whether it is necessary to prescribe oral drops for your baby.

To prevent thrush from coming back, sterilize objects that come into contact with your baby’s mouth (bottle nipples, pacifiers, rattles) in boiling water (see Cleaning bottles, nipples and breast pumps, page 451) and replace them regularly.

Candida albicans is easily passed from your baby’s mouth to your breasts during breast-feeding. If you feel symptoms in your breasts (see Nipple Thrush, page 432 and Thrush in the Breast, page 434), see a health professional.
**Pimples, redness, and other skin problems**

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

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

Contact Info-Santé or your doctor if

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

- The rash bleeds or seems infected. It becomes very red, cracks, runs or becomes covered with a thin, yellowish crust

- The rash doesn’t disappear after a few days and your baby seems unwell and has a fever (see Fever and skin rashes (contagious diseases), page 596)

- You have any other concerns

**Common skin problems in newborns**

Pimples and spots (milia, toxic erythema, newborn acne) often appear in the first days of life. In most cases these problems are not serious and disappear within a few weeks without treatment.
Dry skin and eczema

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

**What to do?**

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

If your baby has a rash or redness as well as dry skin, he could have eczema, in which case you may have to see a health professional.

Heat rash (prickly heat)

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

**What to do?**

If it’s hot out, don’t overdress your baby so she doesn’t sweat too much. The heat rash will disappear once your baby is in a cooler environment.
Crusty patches on the scalp (cradle cap, seborrhea)

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

What to do?

A simple hair wash can get rid of the crusty patches. Apply the shampoo, massage it in, and leave it for 10 to 15 minutes to soften the crust. Rinse well with warm water. If crusty patches remain, apply a vegetable oil (e.g., olive oil) or mineral oil to your baby’s scalp. After a few hours, gently peel off the crusts with a soft brush or fine comb. Then wash again with warm water, rinse, and dry. If necessary, repeat the treatment once a day for a few days.

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

Redness in the folds of the skin (intertrigo)

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

What to do?

Clean the affected areas with a mild soap and dry them well by gently patting the skin with a towel. If the redness persists, see a health professional.
**Redness on the bottom (diaper rash)**

Your baby’s bottom becomes red. The redness can spread to the thighs, vulva, or scrotum. Your baby appears uncomfortable and irritable, especially when he or she pees.

These symptoms of diaper rash are very common. They are mainly caused by the skin coming in contact with urine or stools and sometimes the diapers themselves. Washable diapers can irritate the skin if they are not rinsed well enough or are not changed often enough. Some brands of scented disposable diapers can also irritate your baby’s skin.

**What to do?**

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

If you use cotton diapers, rinse them well and avoid using strong laundry detergent. If you use disposable diapers, choose the unscented type.

Avoid using baby wipes because they can also irritate your baby’s skin. They should be used only occasionally and should not contain alcohol or perfume.
Change your baby’s diaper as soon as it’s wet or soiled. Make sure the diaper is not too tight.

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

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

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

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

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

Red, sticky, or watery eyes

A red, sticky, or watery eye can often be explained by an infection. Other causes are also possible:

**Blocked tear duct** – If your baby has a watery and crusty eye when he wakes up, but there’s no pain, redness, or swelling of the eyelid, it could be that the eye’s tear duct is not fully open.

Your baby’s tears, which normally flow into the nose, accumulate when the duct is blocked, causing the eye to water. You can gently wash the eye with a clean washcloth soaked in warm water.

Tears are secreted by the tear gland. Tears spread across the surface of the eye. They then flow through small openings, from the eye to the nasal cavity. When the tear duct is blocked, tears build up and the eye gets watery.
If the tear duct is not already open at birth, it usually opens by itself during the first year of life. Massaging can help the tear duct open more quickly. To learn how to perform this massage or if the problem persists after one year of age, talk to the nurse or doctor at your next visit.

**Foreign object in the eye** – If one of your baby’s eyes becomes red all of a sudden, tears up a lot, or if your baby refuses to open his eye or is uncomfortable, he may have a foreign object in his eye. To find out what to do, read the section on Foreign object or chemical product in an eye, page 656.

**Allergies** – If your baby’s eyes are itchy, irritated, or watery, and the redness is mild to moderate, an allergy may be the cause.

**What if it’s really an infection?**
Check for the following signs of infection:
- Red eye
- Swollen, sticky eyelids
- Yellowish secretion (pus)
- Trouble opening the eyes and looking at a light

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

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

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

Don’t use an anti-infective medication prescribed for someone else.

Vision problems and crossed eyes (strabismus)

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

Your newborn’s eyes may occasionally be crossed. Don’t worry, this happens to many babies. This phenomenon, called strabismus, often disappears by the time the baby is 2 months old when he develops the ability to focus and move both eyes in the same direction.
You can be attentive to early signs that may indicate that your baby has a vision problem. See a doctor or optometrist if your baby

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

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

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**Allergies**

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

• Food (see Food allergies, page 515)
• Tree and grass pollen
• Animal fur and secretions
• Dust
• Molds and dust mites
• Insect stings (e.g., wasps or bees)
• Medications (e.g., penicillin)
Any number of the following signs in your child can indicate an allergy, depending on the area affected:

- Skin: redness, swelling, itchiness
- Respiratory system: sneezing, runny nose, cough, shortness of breath
- Digestive system: colic, vomiting, diarrhea
- Eyes: redness, itching, watering

**What to do?**

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

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

- Call 9-1-1 if your child develops red patches on the skin accompanied by any of the following:
  - Sudden and severe change in her general condition (e.g., irritability, drowsiness, loss of consciousness)
  - Swollen lips or tongue
  - Difficulty breathing
  - Sudden vomiting

She could be having a severe allergic reaction.
Common childhood infections

Many parents have the impression that their youngster is always sick. Young children are very vulnerable to germs (viruses and bacteria) that cause infections. They easily catch colds, tummy bugs, and other infections. Why? Because their immune system, which protects them against germs, is not developed enough yet—and because they touch everything!

Infections in young children are most often caused by viruses. These viral infections are generally not serious, don’t last long, and go away by themselves. They often occur more frequently during the child’s first year in daycare. They gradually diminish as the child gets older and his immune system develops.

Preventing infections

Germs are everywhere in your child’s environment: on toys, floors and door handles, for example. They are present in the nose, mouth, stools, and skin, and in the adults and children your child is in contact with. They can also be carried by animals.

It’s impossible to completely avoid germs. In fact, some exposure to germs enables your child’s immune system to develop properly, helping her build up her own personal stock of antibodies for the future.

Germs can be spread to your little one in different ways. For example, someone with an infection may kiss her or sneeze around her, or your child can put a contaminated object in her mouth. But usually germs are spread by the hands.
Hand Washing

The best way to reduce the spread of infections is to wash your hands with soap often throughout the day.

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

Wash your children’s hands as often as necessary, especially
- **Before** meals and snacks
- **After** they use the potty or toilet and after they play outdoors, in the sandbox, or with pets

How should you wash your hands?
- Wet your hands in warm running water. Water that is too hot dries out the skin and is no more effective.
- Rub your hands together with mild soap (bar or liquid) for 15 to 20 seconds (there’s no need to use antiseptic or antimicrobial soap).
- Rinse your hands well in warm running water.
- Dry hands thoroughly with a clean towel.

If necessary you can use a moisturizing lotion or cream to prevent chapping.
If your child is too small to reach the sink

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

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

Waterless disinfectants

If water is not available, you can use a towelette or alcohol-based waterless disinfectant (hand rinse). These products should only be used as an alternative solution, however. When hands are very dirty, washing them thoroughly with soap and water is still the best option.

If you use a hand rinse, choose one that contains alcohol. A small amount in the palm of your hand is enough. Dip your nails in the product, then rub your hands together until the product completely evaporates.

Since the hand rinse contains alcohol, make sure to keep it out of the reach of children.
Other ways to prevent infections

Vaccination is one of the most effective ways of protecting your child’s health. You are advised to have your child vaccinated according to the suggested schedule (see Vaccination, page 560).

Cough or sneeze into a paper tissue or into your elbow rather than your hands. Throw out the paper tissue right after using it and wash your hands.

Thoroughly wash toys and other objects (e.g., cups, utensils) that other children put in their mouths before giving them to your child. Don’t clean your baby’s pacifier by putting it in your mouth.

As much as possible, prevent healthy children from coming into direct, prolonged contact with people who have contagious illnesses. If your child has diarrhea, a fever, or any other highly contagious illness, it’s best to keep her at home. If your baby is under the age of 3 months, take special care to keep her away from people with colds or other infections.

If your child has a cold, is coughing a lot, or has diarrhea, it’s a good idea to notify any visitors or people you are intending to visit.

Childcare services usually have clear policies about keeping sick kids at home and administering medication. Reading these rules beforehand will save you some unpleasant surprises and help keep everyone healthy (other children, the staff, and other parents).

If your child is sick, tell the staff about your child’s symptoms and ask if she can attend that day.

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

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

Fever is very common in young children.

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

The temperature of children under 2 years of age can be taken in the rectum or the armpit (see How to take your child’s temperature, pages 588-589).

Rectal temperature is the only reliable measurement for children age 2 and under.
When to take your child’s temperature

You don’t have to check the temperature of a child who is in good health. If your child looks ill, is hot, red, irritable or whiny, take his temperature. Record the temperature and the time you took it, so you can tell Info-Santé or your doctor, if need be.

What thermometer to use

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

Mercury thermometers are not recommended because if they break the mercury can poison both you and the environment.
How to take your child’s temperature

**In the rectum**

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

- Clean the thermometer in cool, soapy water, then rinse.
- Cover the end of the thermometer in petroleum jelly (e.g., Vaseline).
- Place your baby on his back, with his knees bent.
- Gently insert the thermometer about 2 cm (¾ in.) into the rectum.
- Keep the digital thermometer in place until it beeps.
- Take it out and read the temperature.
- Clean the thermometer.

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

Rectal temperature is the only reliable measurement for children age 2 years and under.
Under the arm
Taking a child’s temperature using the armpit method is not as accurate as with the rectal method. The armpit method is convenient for checking if your baby has a fever. However, your child’s temperature must be confirmed using the rectal method if:

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

Here’s how to take it:
- Clean the thermometer in cool, soapy water and rinse.
- Place the tip of the thermometer in the centre of the armpit against the skin.
- Make sure that the child’s arm is held snugly against his body.
- Keep the thermometer in place until it beeps.
- Remove it and read the temperature.
- Clean the thermometer.

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

In the mouth
Taking a child’s temperature in the mouth is not recommended for children under five.
What to do if your child has a fever

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

**Baby 3 to 5 months old** – Consult Info-Santé or a doctor. They will advise you.

**Baby 6 months of age or older** – Observe your baby: if she is feeding well and seems healthy to you, you can treat her at home. However, she should be examined by a doctor if her fever lasts more than 72 hours (3 days).

In some cases, you should promptly see a doctor or go to the emergency room if your child is feverish. See the red box on page 591.

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

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

If your child is unwell or irritable, medication may help (see Fever medication, page 593).

**Has your child recently been vaccinated?**

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

High fever does not always mean a serious illness. Keep a close eye on your child’s general condition, behavior, and other symptoms. It’s normal for a feverish child to need more cuddling and be less hungry than usual. Contact Info-Santé or your doctor in any of the following cases:

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

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

• Is less than 3 months old
• Has had a seizure (see page 592)
• Is vomiting a lot
• Cries constantly and won’t calm down
• Is hard to wake or much sleepier than usual
• Is pale or has abnormal color
• Responds very little to others
• Has difficulty breathing or is breathing rapidly
• Has other symptoms that are worrying you

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

Dial 9-1-1 if the situation seems serious and urgent enough that you need an ambulance.
Febrile seizures (convulsions caused by fever)

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

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

What to do?

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

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

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

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

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

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

You can give him either acetaminophen or ibuprofen (see page 594), unless your doctor makes a specific recommendation for your child. Don’t give both types of medication at the same time, unless your doctor advises it.

Never give aspirin to your child.

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

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

Measure the dose with the tool provided with the medication or with a graduated syringe you can get from your pharmacist. Kitchen teaspoons or soup spoons are not accurate enough.
**First choice: acetaminophen**

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

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

**Second choice: ibuprofen**

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

Do not give ibuprofen in the following situations:

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

**Good to know. . .**

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

If your child vomits within 30 minutes of taking the medication, don’t give him another dose. Wait an hour, and then take his temperature again. If he’s not feeling well and still has a fever, give him the same dose. If he throws up the medication again, do not repeat the dose. Consult your doctor.

If your child vomits more than 30 minutes after taking the medication, he has probably already absorbed the medication so you shouldn’t give him another dose right away.

Keep medications in their containers, with a child-proof lid. Store medications and thermometers out of the reach of children in a cabinet with a lock or safety catch.
Fever and skin rashes (contagious diseases)

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

The most common infections are roseola and hand, foot and mouth disease. There’s also fifth disease and scarlet fever, but they rarely occur in children under two.

Thanks to vaccination programs, measles and rubella are now very rare. Chickenpox is also becoming less common due to the recent introduction of a vaccine.

Roseola

Roseola is characterized by a high fever that stops after 3 to 5 days. Small pink spots then appear on the face, neck, and trunk. By the time the spots or redness appear, the child is almost healed.

Roseola is caused by a virus. It is common in children 3 to 24 months old.

We don’t know how it spreads. There is no vaccine to prevent it, but it’s not very contagious. Once better, the child is probably protected for life.

In most cases, the child’s general condition is good during the illness. She may return to her normal activities as soon as she’s feeling well enough.
What to do?

There is no treatment for roseola.

You can give your child acetaminophen if she’s not feeling well and is feverish. You can also use ibuprofen if she’s over 6 months old.

You don’t have to quarantine her. She can return to her usual activities as soon as she’s feeling better.

Hand, foot, and mouth disease

Hand, foot, and mouth disease is another type of viral infection. It usually occurs in the summer and generally affects young children.

It can cause fever, discomfort, and small, painful ulcers in the mouth. Small red pimples or little blisters may appear on the hands and feet, and sometimes on the rest of the body.

Hand, foot, and mouth disease is generally not serious.

What to do?

There is no treatment for this infection, which can last 7 to 10 days. Your child can continue to go to daycare if he feels well enough to join in the activities.
**Bacterial meningitis**

Children are vaccinated against the three main bacteria that cause meningitis: meningococcus, pneumococcus, and *Haemophilus influenzae*. As a result, these infections are now rare. They do occur occasionally because vaccines don’t cover all strains of the bacteria.

Children with meningitis quickly become very ill. They have fever, pain, and headache. They may become irritable and very sleepy. Red or blue spots may appear on the body.

Children with bacterial meningitis appear very ill, and parents will want to consult a doctor right away.

**Viral meningitis**

Various viruses cause this type of meningitis. There is no specific treatment. It is usually not dangerous and generally goes away without causing any lasting effects.

**What to do if your child has a fever and a rash**

Generally the presence of a rash (i.e., pimples or red patches on the skin) with fever does not indicate a serious illness. It’s usually better to consider the child’s general condition rather than the presence of a rash or how high the fever is.
Keep a close eye on your child’s general condition, behavior, and other symptoms. It’s normal for a feverish child to need more cuddling and be less hungry than usual. Contact Info-Santé or your doctor if your child has a rash and has been feverish for over 72 hours.

The Canadian Paediatric Society has a website for parents that provides more information on these contagious illnesses and on vaccination: www.caringforkids.cps.ca.

**Colds and flu**

Colds and flu are caused by viruses.

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

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

Cold and flu symptoms can be similar, but flu is a much more serious illness. There is a flu vaccine available that your child can be given as part of his regular vaccination schedule.
What to do?

There is no cure for the common cold. It will go away by itself.

You can let your child continue his normal activities and playing if he feels well enough. You can also try to ease some of the symptoms:

- If necessary, gently clean out his stuffed-up or runny nose (see Stuffed-up or runny nose, page 602).
- Make sure he drinks enough fluids, especially if he has a fever.
- If your child seems uncomfortable and has a fever, you can give him some acetaminophen. You can also use ibuprofen if he is over 6 months old. These medications will make your child feel better, but they won’t cure his cold.

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

Using a humidifier is no longer recommended. If the humidity is too high or the humidifier poorly maintained, harmful molds can develop. If there is water running down the windows, the humidity level is most likely too high.

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

A child may have a stuffed-up or runny nose for a number of reasons. It may simply be because she is crying, but it could also be because she has a cold or other infection. If this is the case, the color of the mucus is in no way related to how serious the infection is. Coloured mucus is not a sign of a bacterial infection.

If your child has a stuffed-up or runny nose, you don’t necessarily have to clear it. However, if she is having trouble feeding or sleeping because of a stuffy nose, you can try clearing it out. There are several ways of doing this:

• Take a long bath or shower with your child or let her play in the bath. The water and steam can make the mucus more liquid and help clear her nose.

• If the mucus is thick, use a saline solution (salt water) in nasal mist or nasal drop form.
  – When the bottle’s empty, you can make up another batch of saline solution yourself (see page 603).
  – Nasal mist works better to clear out a baby’s nose and some people find it easier to use, but it costs more. If you opt for nasal mist, choose one that’s appropriate for your child’s age and be sure to follow the directions on the bottle.
  – Always opt for a saline solution (salt water) rather than medicated drops or sprays (e.g., decongestant).
• When necessary, use a nasal suction device or bulb syringe to remove mucus from your child’s nose, being careful to follow the manufacturer’s instructions. A nasal suction device is more effective than a bulb syringe and is less likely to injure your child’s nose, and many parents find it easier to use.

You can also apply a non-medicated ointment (such as Vaseline) if the skin around the nose is irritated.

If your child has had a runny nose for more than 10 days and you are concerned about her health, call your doctor.

**Saline solution (salt water) recipe to treat stuffy noses**

There are several recipes for saline solution (salt water) to treat stuffy noses. Here is one: Add 10 ml (2 level tsp.) of salt and 2.5 ml (½ tsp.) of baking soda to 1 litre (4 cups) of cooled boiled water.

Store this solution in a glass container with a tight-fitting lid in the refrigerator for up to 7 days. Take the desired amount out of the refrigerator and wait until it reaches room temperature before using it.

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**Cleaning your child’s nose with salt water**

• Lay your child on her back.
• Insert a dropper with salt water (1 ml) into the nostril. Don’t push the dropper too far in: place it gently at the entrance of each nostril.
• Wipe the child’s nose or get her to blow it by breathing out through her nose if she’s able to.
• Repeat as necessary.
• Wash the dropper in hot water and wipe dry.
Cough

In most cases, coughing is simply the body’s way of getting rid of mucus.

What to do?

If your child has a cough, don’t give him cough syrup. Coughing is a defensive mechanism and cough syrups can actually be dangerous for young children.

Talk to your doctor if your child

• Has had a cough for more than 10 days
• Is coughing to the point of choking or vomiting
• Has a cough and is wheezing or breathing rapidly. This could be bronchiolitis or asthma. You should consult a doctor right away.

A hoarse voice or barking cough, like a barking dog, is usually a sign of laryngitis (previously referred to as “false croup”).

To relieve your child’s cough, have him breathe cold air: bundle him up warmly and take him outdoors or open the window. Cold air will calm the inflammation in his throat (larynx). You will likely notice an improvement within a few minutes. If it’s hot out, open your freezer door so he can breathe in the cold air. If he has trouble breathing, see a doctor right away.

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

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

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

What to do?

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

If your child appears to have a sore throat, acetaminophen may provide her some relief. Or ibuprofen may be given if she’s over 6 months.

Consult your doctor if she has trouble breathing or swallowing.

Good to know...

Don’t give cough drops to children under 5 because they can choke.

Don’t give honey to children under 1 year. They can catch a very serious infection called botulism (see Honey—never for babies under age 1, page 476).
Ear infection

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

Symptoms of ear infection include fever and crying. Your child may sometimes roll his head on the bed and be more irritable or less active than usual. He may seem to have less appetite. He may also vomit or have diarrhea. Some children touch the ear that hurts. In some cases fluid can run out of the ear.

What to do?

Consult your doctor if your child is crying a lot and has a fever or seems to be in pain.

If your doctor diagnoses an ear infection, he or she may suggest an antibiotic. If so, it’s important to continue giving the antibiotic right to the end of the treatment, even if your child seems better before then.

To relieve the pain, you can give your child acetaminophen. Ibuprofen can also be used for children over 6 months.

An ear infection can temporarily affect your child’s hearing. If you think your child is not hearing as well a few months after the ear infection, consult your doctor.
**Diarrhea and vomiting (stomach flu or “gastro”)**

Each child is unique, with their own particular bowel movement patterns. The frequency, quantity, consistency, and colour of their stools vary. For example, a baby may have up to 10 bowel movements per day in the first weeks of life and much fewer afterwards. Some babies have very soft, even liquid, stools. Breast-fed babies’ stools are often yellow or green. Babies fed commercial formula will tend to have greenish beige stools.

Some babies spit up a lot more than others. So it’s important to get to know your baby and what is normal for her.

You should worry only if her habits change, if she’s drinking or eating less, losing weight, or seems ill. If her stools are softer than usual, but not more frequent or abundant, and if she doesn’t seem ill, it’s probably not stomach flu (gastroenteritis). Keep an eye on her to see if the situation resolves itself within a few days. If not, consult your doctor.
Gastroenteritis (stomach flu or "gastro")

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

A child with gastroenteritis is clearly ill:

- She feels sick, is irritable, and eats and plays less.
- She has diarrhea: her stools are liquid (almost like water) and are more frequent and abundant than normal.
- She may also vomit (more abundantly and violently than usual).
- She may have a fever.

Gastroenteritis germs are easily spread from one person to another, especially from one child to another. To prevent spreading the infection, it’s important to wash your hands regularly, especially after handling dirty diapers, stools, or vomit, and before handling food.

What to do?

Most cases of gastroenteritis are caused by a virus and disappear on their own within a few hours or days. A calm environment and plenty of liquids can help your child feel better. The most important thing is to regularly offer her something to drink to prevent dehydration.

- Don’t give your child any anti-nausea or anti-diarrhea medication without your doctor’s advice. This type of medication can have serious side effects and is rarely recommended for young children.
Dehydration

Dehydration can occur when your child doesn’t get enough water and minerals from her food to replace those lost due to diarrhea and vomiting. When your child has gastroenteritis, it’s important to check for the following signs of dehydration:

- Dry mouth
- Lack of tears
- Increased thirst
- Less urine than usual
- Drowsiness or irritability

Preventing dehydration

If your baby is a bit fretful but otherwise seems ok, if her eyes and mouth are moist, and she wets her diaper regularly, she’s probably not dehydrated. Keep giving her the usual amount of milk and offer her a drink more often than usual if she’ll take it. A normal diet will help reduce the diarrhea.

If your child vomits or refuses to eat, keep giving her her usual milk. If she’s started eating solid food, offer her foods that she particularly likes and is able to keep down, then gradually reintroduce her normal diet when she feels better, ideally within 4 to 12 hours. Avoid giving her juice, even if it’s diluted, or soft drinks, even if they’re flat, because they’re too sweet and can sometimes even make the diarrhea worse.
## Preventing dehydration during gastroenteritis

<table>
<thead>
<tr>
<th>Breast-fed baby</th>
<th>Baby fed commercial infant formula or 3.25% milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep breast-feeding. If your baby only takes a little milk at a time, breast-feed more often. If she refuses to breast-feed, give her small quantities of expressed breast milk using a sippy cup, spoon, dropper, or straw.</td>
<td>Offer her her usual formula or 3.25% milk more often and in smaller quantities. If she isn’t taking her bottle well, use a sippy cup, spoon, dropper, or straw.</td>
</tr>
</tbody>
</table>

### Regardless of the type of milk, if your baby has started eating food

Offer her food she particularly likes and can keep down. Avoid juice and soft drinks.

### Dehydrated baby

One or more of the following signs indicate that your baby is somewhat dehydrated:

- Her mouth and tongue are a little drier than usual.
- She seems to be thirstier than usual.
- She is peeing a little less than usual.

One or more of these signs indicate that you need to start rehydrating her. You should frequently offer her small quantities of fluid. Breast milk or oral rehydration solutions (ORS) are the best choice, depending on the case.
Just as you would do to prevent dehydration, avoid giving her juice, even if it’s diluted, or soft drinks, even if they’re flat, or sports drinks like Gatorade™ because they’re too sweet and can sometimes even make the diarrhea worse. If the diarrhea is abundant, avoid giving only water because it doesn’t contain enough sugar and salt, which your baby needs to rehydrate.

Your child will probably not feel like eating if she has vomited a lot and is dehydrated. Keep her on a liquid diet and gradually phase in solid food when she feels a little better and has stopped vomiting.

### Treating dehydration

<table>
<thead>
<tr>
<th>Breast-fed baby</th>
<th>Baby fed commercial infant formula or 3.25% milk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep breast-feeding. Breast-feed more often, for shorter periods at a time. If she has difficulty nursing, give her small quantities of expressed breast milk using a sippy cup, spoon, dropper, or straw. If your baby vomits breast milk, offer her ORS, according to the instructions in the column on the right.</td>
<td>Stop giving her her usual formula or 3.25% milk for about 4 hours. Instead, give her small quantities of ORS in a bottle, sippy cup, spoon, dropper, or straw. ORS in the form of ice pops can be given to children 1 year and older.</td>
</tr>
</tbody>
</table>

**Regardless of the type of milk, if your baby has started eating food**

Keep her on a liquid diet, for only a few hours. If your baby vomits, gradually start reintroducing her usual food when the vomiting becomes less frequent. After 24 to 48 hours, most children are able to return to their normal diet.
It is particularly important to keep giving your baby regular fluids, according to what she can keep down. If the vomiting persists, give her small quantities of liquid, more often. For example, you can give her 5 to 15 ml (1 tsp. to 1 tbsp.) of breast milk or oral rehydration solution every 5 to 15 minutes. Once your baby is feeling a little better, gradually increase the quantities, so long as she can keep her food down.

**Oral rehydration solutions (ORS)**

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

You can buy ready-made ORS in drugstores, in various flavours of ready-to-serve drinks, ice pops, and packets of powder. Your pharmacist can help you choose the right product.

The Canadian Paediatric Society suggests that parents always keep ORS on hand. The powdered form, which you dissolve in cooled boiled water, is less expensive and more practical when you’re away from home, but you run the risk of making a measuring mistake when diluting it. The Canadian Paediatric Society therefore prefers pre-prepared ORS.

Encourage your child to drink as much of this solution as she can, using a bottle, sippy cup, spoon, dropper, or straw. She may prefer it cold or in the form of an ice pop if she’s over 1 year old.
The Canadian Paediatric Society does not recommend using homemade ORS because mistakes can be made in preparing them. However, if you can’t get hold of a store-bought ORS (late at night, for example), you can make a homemade, emergency ORS yourself using the following recipe.

Mix together the following ingredients:

• Ready-to-serve orange juice without added sugar: 360 ml (12 oz.)
• Cooled boiled water: 600 ml (20 oz.)
• Salt: 2.5 ml (½ level tsp.), never more

Follow this recipe carefully. Measure out the exact quantities, using a measuring spoon and measuring cup. Improper solution preparation can actually worsen dehydration.

Only use a homemade ORS as a last resort (while you’re waiting for the drugstore to open, for example) and never for more than 12 hours.

**When should you see a doctor?**

Gastroenteritis symptoms usually lessen over the course of a few days. If the diarrhea continues for more than 1 or 2 weeks, consult your doctor.

- Consult a doctor right away if your child is showing the following signs:
  - She is very irritable and constantly cries.
  - She shows signs of severe dehydration (she’s very drowsy, wets less than 4 diapers in 24 hours, cries without tears, has a dry, pasty mouth and tongue, and sunken eyes).
  - She vomits often for a period of more than 4 to 6 hours.
  - There is blood in her stools.
Keeping baby safe

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

Childhood injuries are a leading cause of death and doctor’s visits. It is essential that you be vigilant and never under-estimate your child’s natural curiosity, which drives him to constantly explore his environment. As soon as your baby can move about and pick things up, you need to pay special attention to his immediate surroundings. Any objects, big or small, can pique his interest.

Get in the habit of looking around your home from your child’s vantage point. See what could be done to reduce the risk of accidents. A good tip for inside the home is to physically get down to your child’s level and examine every room from his perspective. Are there any toxic products within his reach? Store them in a secure location he can’t get to. Don’t forget the outside of your home. Do you have a pool your child can access easily? Install a gate so children can’t get to it without your knowledge.

Babyproofing your home is well and good, but what about when your child is visiting grandparents or family and friends who don’t have small children? Is it best to teach babies about potential dangers?

Yes! If your baby doesn’t know the dangers, he is likely to stick his finger in the first uncovered electrical outlet he finds.
As soon as your child can move around on his own, you can teach him some basic rules (see Setting limits, page 276). That way your baby will be safe not just at home, but everywhere else too.

This chapter includes:

• Advice on keeping baby safe at all times, wherever you are
• Babyproofing tips

For more information, visit the following website: www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe.html.
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.
You will have to change seats as your child grows.


There are a number of convertible car seats on the market. This type of car seat covers more than one phase (infant, child, or booster).

**Good to know...**

Since September 2002, all new vehicles made in Canada must be equipped with a Universal Anchorage System (UAS). All infant and child seats made in Canada come with a strap that attaches to the vehicle’s UAS to make installation easier.

It’s for your child’s safety.

Kids taller than 63 cm when seated should still be using a booster seat until the seatbelt can safely be used alone.

A seatbelt should be used alone, without a car seat, only if the child is tall enough to sit in the back seat of the vehicle with her back against the backrest and her knees bent over the edge of the seat. Once fastened, the seatbelt should go across the middle of her shoulder (on the collarbone) and over her hips.
Installing a car seat

Read the manufacturer’s instructions very carefully before putting your child in a car seat. There is a video clip on the SAAQ (Société de l’assurance automobile du Québec) website for each of the three types of child safety seats. These clips explain:

• How to choose the right seat for your child’s height and weight
• How to correctly install the seat in your vehicle
• How to safely secure your child in the seat

To view the videos, go to www.childcarseat.qc.ca.

As you watch the videos, pay special attention to the following:

Chest clip (infant and child seats)

• Slide the chest clip connecting the two harness straps to armpit level (middle of the child’s chest).

• Don’t leave more than a finger’s width between the child’s body and the harness.

Forward or rear facing? (child seats)

• Install the seat so it is facing the rear of the vehicle until the child exceeds the manufacturer’s height and weight limits (some child seats can face the rear until the child weighs 20 kg or 45 lb.).
• Attach the tether strap to the anchor bolt only once you turn the child seat around so it faces forward.

Shoulder belt and lap belt (booster seat)

• Adjust the vehicle’s shoulder belt so it is over the child’s collarbone and the lap belt so it lies across the hips.
• Booster seats should only be used for children who weigh at least 18 kg (40 lb.).
Car seat safety

All car seats sold in Canada meet Transport Canada standards. Make sure the car seat bears a compliance label before you use it. It is illegal to use a car seat purchased in another country because safety standards in other countries are not the same as ours.

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

**Accidents** – After an accident, you must replace the car seat even if your child was not in it at the time of the collision. You should be able to claim the value of the car seat from your insurance company, so keep the receipt for your car seat.

**Manufacturer recalls** – Every year manufacturers issue a number of recalls, so it is important to fill out and return the manufacturer’s product registration card when you purchase a car seat. That way the manufacturer can notify you if there is a recall.
**Used car seats**

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

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

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

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

Network for the Inspection of Child Safety Seats

SAAQ, in partnership with CAA-Québec, offers a child safety seat inspection service as well as advice on how to use safety seats properly.

A network of members provides this service throughout Québec. If you would like to have your child’s car seat checked, make an appointment with a network member in your area. Member contact information is available at www.caaquebec.com/en/on-the-road/approved-services-networks/child-car-seat-verification-network/.

Taxis

By law, children traveling in a taxi must wear a seat belt unless they cannot sit up on their own. For children who are clearly incapable of sitting up on their own, parents must first put on a seatbelt and then hold the child in their lap.

For safety reasons, it’s therefore best to avoid using taxis with your child except in an emergency, unless you can put her in a car seat. Some taxi companies have car seats available—you just need to ask.
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.
Securing blind cords

Crib, cradle, and bassinet

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

Cribs made before September 1986 do not comply with Health Canada’s Cribs, Cradles, and Bassinets Regulations and should not be sold or used. Since December 2016, this regulation has prohibited the sale, import, and manufacturing of drop-side cribs. Neither new nor secondhand drop-side cribs should be used.

You should regularly check the crib to make sure it is in good condition. Make sure all the parts are secured and undamaged. The mattress must be firm and fit the crib. There should be no more than 3 cm (1 3/16 in.) between the mattress and the sides of the crib.

Do not use removable S or Z hooks to secure the mattress support as they are unsafe. It is illegal to sell cribs with these types of hooks.

Make sure the base of your baby’s crib is securely in place. It should not move. The side slats should not be more than 6 cm (2 3/8 in.) apart.

Be wary of hand-me-down cribs and cribs from consignment stores, flea markets, and garage sales.
If you are thinking of using a bassinet or cradle instead of a crib during your baby’s first month, make sure the products you choose meet Health Canada’s regulations. Carefully read the manufacturer’s instructions before using them.

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


### Bedding

The only bedding your baby needs is a fitted sheet and a blanket. It is best to thoroughly wash and rinse them before use.

Do not use bumpers, crib skirts, pillows, positioners, and stuffed toys as they present a suffocation hazard.

These items should also be avoided when your child starts to move around in his crib because he could use them to climb out and could hurt himself if he falls.

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

All kinds of accidents can happen in the kitchen. By taking a few simple precautions, you can protect your child from injury.

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

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

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

When your baby starts to crawl, you must be even more vigilant. It’s best not to use a tablecloth because your baby could pull on it, bringing everything crashing down on herself. Pot handles should be turned toward the centre of the table, buffet, or counter. Don’t leave utensils lying about.

The risk of getting burned is also highest in the kitchen. Turn pot and pan handles inward on the stove. When you are frying food, keep your child away so she doesn’t get splattered with grease or oil. Also keep her away from the oven when it is on so she can’t touch it. Use the back burners whenever possible. See the Preventing burns section on page 636 for additional safety tips.
Choosing toys

Safe toys are:

• Washable
• Non-toxic (check the label)
• Unbreakable
• Non-flammable (flame-resistant)
• Big enough so children cannot swallow them or put them in their mouth

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

Before you buy a toy

• Read the label to find out the recommended age.
• Examine the toy to see if it is easy to handle.
• Check that there are no sharp edges or pointed tips.
• Make sure the eyes and noses of stuffed animals are sewn on securely. Parts on large toys should not come off easily.
• Avoid toys with cords, especially elastic cords that could get wrapped around the child’s neck.
• Be careful with small items, small parts, and watch batteries-style, as the child could put them in his nose or mouth and choke.
• Make sure baby toys like rattles and teething rings are large enough so they cannot get caught in your baby’s throat and choke him.
• Musical toys are great because they stimulate baby’s sense of hearing and sight, but check the gears and make sure small parts do not come apart.

• Be careful however with toys that are too noisy as they can damage children’s hearing and irritate parents. Try them out before you buy them.

You can find all kinds of low-cost second-hand items for baby, including toys and furniture. Be aware, however, that more stringent regulations are in place now to safeguard children.

For more information, read the brochure *Is Your Child Safe?*  

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

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**Packaging and batteries**

• Throw away all plastic, cellophane, and polystyrene (Styrofoam) packaging.

• Properly install the right type of batteries in toys to prevent leaks. Battery fluid is corrosive and should not come into contact with your child’s skin, let alone his mouth, nose, or eyes.

• Do not let your child play with batteries.
Preventing falls

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

- A child is left alone in her high chair. She tips over her high chair or falls trying to get out.
- An adult is changing a baby’s diaper on a changing table and steps away to get something.
- A child climbs onto a bookcase, which then falls onto her because it is not secured to the wall.
- A child climbs on furniture and falls out a window that does not have a window guard preventing it from opening more than 10 cm.

Stairs

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


Baby walkers

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

Playgrounds and slides

Make sure your child is under adult supervision whenever she uses equipment like play structures and slides.

Teach your child how to play safely on each type of equipment.

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

• The height of the equipment (the higher it is, the more dangerous it is)
• The shock-absorbency of the material under and around the equipment

Make sure your child uses age-appropriate equipment and that there is enough shock-absorbing material (e.g., 15 to 30 cm of wood chips or sand). Play equipment should not be used in winter because shock-absorbing materials are likely to be frozen.

Deaths are rare, and are usually the result of a child’s head, neck, or clothing (e.g., cords or scarves) getting stuck in openings in play equipment. For this reason, when your child uses play equipment, make sure she is not wearing any clothing with cords, have her wear a neck warmer instead of a scarf, and remove her bike helmet, if she is wearing one.

Trampolines

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

A child can drown in a matter of seconds, even in a small amount of water like in a bathtub. That is why children should never be left in a bathtub, pool, or natural body of water without adult supervision. This applies to inflatable pools and wading pools as well.

Cardiopulmonary resuscitation (CPR) is effective on children 90% of the time, so it’s a good idea for parents to learn CPR in case they ever need to use it.

Bathtub

Children can drown in a bathtub if they slip or lose their balance. Bath seats and infant inner tubes cannot prevent this kind of accident. In fact, they can even increase the risk of drowning by leading parents to believe that they can leave their child alone in the bathtub for a few moments, which is not recommended.

To learn more about bathing your infant and safety during bath time, see Bathing your baby on page 542.

Pools

Swimming pool drownings and near-drownings occur most often when no one is actually swimming and a child accidentally falls in the water. Oftentimes this type of accident happens when a child living at the home or in the neighbourhood is able to gain access to the pool when no adults are present.
That is why it is important to put a fence or gate around the pool so children can’t get in from the patio, deck, house, or yard.

Children must not be able to open or climb over the fence or gate, which must be at least 1.2 m (about 4 ft.) tall. The gate or fence door must open from the inside (the pool side). The door must have a safety latch and spring hinges that close the door automatically.

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

The Lifesaving Society offers free safety advice and courtesy inspections of residential pools. Call 1-800-265-3093 or 514-252-3100 or visit their website, www.sauvetage.qc.ca/en.

Your child must be supervised at all times around lakes and rivers because he could wander off in the blink of an eye.
You can also learn how to respond in case of emergency by taking the Lifesaving Society’s Prevent Drowning at Home course.

**Water gardens and features**

Since children can drown in as little as 2.5 to 5 cm (1 to 2 in.) of water, caution should also be exercised around shallow water, like water gardens and other landscaping water features.

**Natural bodies of water**

Heightened supervision is a must around lakes and rivers as well. When you go out on the water, always wear a life jacket. Make sure children and the other people with you wear one, too. Fasten life jackets properly. If the boat capsizes, life jackets can save the lives of everyone onboard.

**Preventing suffocation and choking**

**Small objects and cords**

Young children tend to put everything they touch in their mouth. Since small objects can be swallowed easily and cause choking, it is best to keep them out of your child’s reach.

To help parents determine if an object is dangerous, the Canadian Paediatric Society uses the image of an empty toilet paper roll. If an object can fit in a toilet paper roll, a child could choke on it and it should not be left within a child’s reach.

Some types of food can also become lodged in your child’s throat or block her airways. The rules of thumb in the *Choking risk: Be extra careful until age 4* section on page 474 will help you steer clear of foods that pose a choking hazard.
Your child can also suffocate on objects that risk covering her mouth and nose (like a plastic bag), preventing her from breathing. It is a good idea to put a knot in used plastic bags before putting them away or throwing them in a recycling bin (if they can be recycled) or a garbage can out of children’s reach.

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

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

Young children often choke on small everyday objects and food.
Preventing burns

**Electrical outlets and wires**

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

The cords on electrical appliances (irons, kettles, etc.) can be dangerous if left hanging. When you are ironing, it is best to put your child somewhere safe, like in his playpen.

Don’t leave extension cords out. They can cause electrical burns if children put them in their mouth.

**Fire**

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

Keep matches and other smoking accessories out of the reach of children.

**Hot liquids**

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

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

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

Never leave your child in a bathtub without adult supervision (children love playing with faucets).

Ensure all outlets are secured with a snug-fitting outlet cover. That way, your baby will be safe from electrical shock.
You should ideally have a device installed on the faucet you use to bathe your child (e.g., bathtub or bathroom sink faucet) to keep the water temperature at or below 49°C (120°F). This device can be installed on the pipe or near the faucet. You can also purchase faucets with this device built in.

Preventing dog bites

Never leave a child alone with a dog, even if the animal knows the child and does not seem dangerous. Remember that a dog that is gentle with your child may show aggression toward other children. Take signs of aggression seriously. If the dog bares its teeth, growls, or pretends to bite, see your veterinarian or a dog trainer.

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

- Because they are small and unpredictable, children are susceptible to dog bites even from your own dog or the neighbour’s dog. Children are unable to recognize the signs of aggression.
Keeping baby safe

Asthma, earaches, bronchitis, pneumonia, and upper respiratory tract infections are more common in children exposed to tobacco smoke. Exposure to tobacco smoke also increases the risk of sudden infant death syndrome (SIDS), regardless of the number of cigarettes smoked in the child’s presence. Children are more vulnerable than adults because their organs are still developing.

Cigarettes, cigars, and pipes emit smoke that is very dangerous, especially to children.

Smoking outdoors

Smoking in the home poses a threat to the health of your loved ones. The dangerous products in smoke spread throughout the air and stay there for months, even if you open the windows, turn on the range hood, or smoke in a designated room. Even a high power ventilation system like the ones you sometimes see in public places cannot eliminate all cigarette smoke!

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


Preventing poisoning

Every year, thousands of children between the ages of 1 and 5 are poisoned in Québec by ingesting a toxic product, getting a toxic product in their eyes or on their skin, or inhaling toxic vapours.

These products are everywhere. You have them in your kitchen cabinets, bathroom, bedroom, garage, and even your purse.

Many household products and plants can be toxic to children, like vitamins, medications, cleaning products, fuel, houseplants, lawn mushrooms, and pesticides, as well as personal hygiene, car maintenance, and renovation products.

Centre antipoison du Québec is a phone emergency service available 24 hours a day, seven days a week. If your child as ingested a toxic product, they will assist you with the first aid care (see Poisoning and contact with hazardous products, page 664).

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

Centre antipoison du Québec
www.ciusss-capitalenationale.gouv.qc.ca/nos-services/en-cas-durgence/centre-antipoison-du-quebec (In French only)
1-800-463-5060
**Medications and toxic products**

Here are some smart ways to prevent poisoning:

- Keep toxic products and medications out of children’s sight and reach.
- Store these products in cabinets and drawers with safety latches or in places children cannot get into.
- Keep these products in their original containers.
- Never transfer hazardous products to food containers (e.g., gas in a water bottle).

Other simple precautions you can take to reduce the risk of poisoning in children:

- Keep children away from ashtrays and glasses containing alcoholic beverages.
- To prevent drug overdose, carefully read the instructions before you give your child any medicine and measure out the exact dose. See your pharmacist if you need help.
- When purchasing medication or hazardous products, choose childproof containers (although they aren’t 100% effective).
- Never leave medication on the changing table or near the crib.
- When you are at someone else’s home, give the house a once over to make sure your child will be safe.
Plants

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

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

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

Lawn mushrooms

Long considered harmless, lawn mushrooms are now an increasingly common cause of poisoning. Lawn mushrooms can cause serious damage to a child’s liver and digestive system.

To prevent poisoning caused by lawn mushrooms, they should be picked or destroyed before children can find them. Since they grow quickly, be vigilant and keep a watchful eye out for them.
Protecting your baby from the sun

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

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

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

It is always good to cover your child as much as possible (lightweight clothing and hat) and to keep him in the shade to protect him from the sun’s rays.
Up to 85% of UV (ultraviolet) rays can pass through clouds, so sunscreen is always a must even when it’s cloudy. Choose a sunscreen with a high sun protection factor (SPF 30). Your pharmacist can help you find an appropriate one.

**Eyes and the sun**

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

Pupils close naturally, reducing the intensity of the rays entering the eyes. However, the best way to protect your child’s eyes is to put a large brimmed hat or cap on his head.

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

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

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**Protecting your baby from insect bites**

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

- Put a mosquito net over your child’s stroller
- Dress your child in light or khaki coloured lightweight clothing made of a closely knit fabric that is closed at the neck, wrists, ankles, and waist
- Put a hat or cap on her head and cover the back of her neck if necessary
- Keep your child indoors when mosquitoes are most active (sunrise and sunset)
Insect repellent must be used with caution and only if there is a high risk of insect bite complications. For instance, you may decide to use it if your child is allergic to bites or there is a chance she could contract a mosquito-borne disease while travelling abroad.

**Under 6 months** – Do not use any insect repellent.

**6 months to 2 years** – 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.
# First aid

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

Keep in mind, however, that these basics cannot replace a first aid course. Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR) instruction. Your town, city, or CLSC can tell you what is available in your area.

You may also need the opinion or assistance of a health professional. Don’t hesitate to call 9-1-1 in an emergency, or Info-Santé if you need advice.

**Bites**

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

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

- If the bite broke the skin (teeth went through the skin and caused bleeding or a wound). Most bites do not break the skin. Tooth marks and bruises are not considered broken skin
- If redness develops around the bite in the days that follow
- If you think your child has been in contact with a bat
- If your child was bitten by a pet displaying unusual behaviour (e.g., aggression or fearlessness) or by a wild animal
Scrapes and cuts

For a minor, superficial cut or scrape that is not bleeding profusely, follow these steps:

• Wash your hands with soap and water.
• Clean the wound with water and mild soap.
• Rinse the wound under running water for 5 minutes, if possible.
• Dry the affected area and apply an antibiotic ointment.
• Place an adhesive or gauze bandage over the wound, depending on how large it is.
• Watch for signs of infection around the wound (redness, pain, warmth) in the days that follow. See a doctor if you notice any signs of infection.

For a large cut that is bleeding profusely, you can stop the bleeding by applying pressure to the wound with a bandage or clean towel. Call Info-Santé.
If the cut is large or is bleeding profusely, put a bandage or clean towel over it and apply pressure to stop the bleeding. Call Info-Santé to find out if your child needs to see a doctor to have the cut looked at or to close the wound.

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

**Small object in the nose**

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

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

- If your child has a watch batteries-style in her nose, go right to the emergency room. The chemical products in the battery could leak and seriously burn her.
Nosebleeds

Nosebleeds are rare in babies, but common in older children.

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

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

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

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

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

Knocked out baby tooth
Don’t put the tooth back into the gum. Keep it so a dentist can take a look at it.

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

Broken or displaced tooth
See a dentist as soon as possible.

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

Active young children hit their heads frequently, for example when they fall down. Most of the time these bumps and blows to the head are not serious and are harmless. However, sometimes a more severe blow can lead to complications.

Your child hits his head or is hit on the head:

• If your child is unconscious, call 9-1-1.

• If your child is under 3 months of age, see a doctor right away. It is more difficult to assess the condition of a baby this age, even if he seems to be doing fine after a blow to the head.

If your child is behaving normally and is not displaying any of the symptoms listed in the red box, watch him:

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

In the 24 to 48 hours following the blow to the head – If your child has any of the symptoms in the red box above, see a doctor.

You can also call Info-Santé at any time by dialling 8-1-1 if you have any concerns.
In children of all ages, the following situations require an immediate trip to the doctor or the emergency room:

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

Burns caused by fire, liquid, or steam

If fire, boiling liquid, or steam has come in contact with a clothed body part, do not remove the clothing before immersing the burn in cold water. Immerse the burn in water or pour cool water over it for 10 minutes.

If you cannot put the burn under water, put a clean, cool wet cloth on the burn. Do not rub it.

Only apply cool water to the burn. If the burn is small and superficial (on the surface only), you can then apply an antibiotic ointment and put a bandage on it. Other substances like baby oil, vinegar, butter, and toothpaste can make the burn worse.

If your child’s clothing is on fire, lie her down and quickly roll her entire body except her head in a blanket to extinguish the flames.
If there is a blister, do not pop it because doing so could cause pain and lead to infection.

You can call Info-Santé to determine the severity of the burn or get information if you have any concerns. They can tell you if your child needs to see a doctor.

**Electrical shock**

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

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

If your child is unconscious, yell for help and have someone call 9-1-1. If no one can help, call 9-1-1 yourself.

If your child is not breathing and help has not yet arrived, begin cardiopulmonary resuscitation (CPR) if you know how to it.

- Go to the emergency room if the clothing is stuck to your child’s skin, the burn is extensive, or your child’s face or neck is affected.

- Electricity can cause serious problems (e.g., internal burns and heart problems). Always call Info-Santé or take your child to the emergency room.
Foreign object or chemical product in an eye

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

If your child got splashed in the eye with a product that can cause burns (household cleaning product, pool chlorine, etc.), rinse the eye immediately. Rinse for a long time, from 15 to 30 minutes. Exact rinsing time depends on the product that caused the burn. Start rinsing immediately and don’t stop until you have contacted Centre antipoison du Québec at 1-800-463-5060. They will instruct you how to proceed. You should see a doctor afterward.

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

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

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

If you see a stinger, remove it. Then, whatever the type of insect bites it is, clean the bite with soap and water. To help relieve itching or reduce swelling, use a cold compress, lemon juice, or a paste made of equal parts baking soda and water.

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**Call 9-1-1 if your child develops red patches on the skin accompanied by any of the following:**

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

She could be having a severe allergic reaction.
Choking

If your child puts something in her mouth like a piece of candy, seed, or grape and it gets lodged in her throat, follow these steps:

**If she is coughing noisily and is able to speak or make sounds:**

- Stay by her side and watch her. Do not interfere as long as she is coughing noisily. This means she is trying to dislodge the object herself.
- If you are worried about her breathing, call 9-1-1.

**If your child cannot breathe, is coughing but not making any noise, or cannot speak or make sounds:**

- Call for help and ask someone to call 9-1-1.
- Begin first aid choking technique appropriate for your child’s age. The technique is different for babies under age one than it is for children over the age of 1.

**Baby under the age of 1 who is choking**

1. Quickly lay her face down over your forearm. Use your thigh for support. Make sure her head is lower than her body. Hold her head and jaw in one hand.

2. With the palm of your other hand, give up to 5 forceful blows between her shoulder blades.
If the object is not expelled:

3. Turn her over onto her back. Continue to hold her head and keep it lower than the rest of her body.

4. Place two fingers in the middle of her chest, just below an imaginary line between the nipples. Give 5 quick, forceful thrusts. Compress the chest at least 4 cm (1.5 in.), avoiding the tip of the **sternum**.

5. Continue giving 5 forceful back blows followed by 5 chest thrusts, and repeat until your child is breathing, coughing, or crying, or until she loses consciousness.

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Once the choking episode is over, take your child to the emergency room. A doctor will make sure there are no complications.

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**Sternum**: Flat bone in the middle of the chest.
If a choking baby under the age of 1 loses consciousness

1. Lay the infant face up on a hard, flat surface (e.g., a table).

2. Gently tap her foot and yell her name. If she does not react, she is unconscious.

3. Call for help and ask someone to call 9-1-1.

4. Check her breathing: if your unconscious baby is not breathing, follow the steps below.

5. Give 30 chest compressions:
   - Place two fingers in the middle of her chest, just below the imaginary line between the nipples. Avoid touching the tip of the sternum.
   - Push down the chest 30 times. Push hard and fast. Push straight down about 4 cm (1.5 in.) at a frequency of at least 100 times per minute. Let the chest return to its normal position after each push.
6. Open the airways and remove the object from her mouth if you can:
   - To open the airways, place one hand on her forehead to tilt her head back slightly and use two fingers to lift her chin.
   - Look in her mouth. If you see something that you can remove easily, take it out. Do not try a blind finger sweep (try to remove something you can’t see) because you could push it in further.

7. If she is still not breathing, give 2 breaths:
   - Keeping her airways open, take a breath, cover her mouth and nose with your mouth, and give 2 breaths (one second per breath). Your baby’s chest should rise with each breath.

8. Repeat series of 30 compressions and 2 breaths, checking to see if you can remove the object from her mouth after each series of compressions.

9. After two minutes or 5 series of 30 compressions and 2 breaths, call 9-1-1 if no one has done so already.

10. Repeat steps 5 through 7 until your baby regains consciousness or the ambulance arrives.
Child age 1 or older who is choking

1. Kneel down behind the child and wrap your arms around her waist.

2. Make a fist with one hand and put the thumb side against your child’s abdomen, just above her belly button.

3. Grasp your fist with your other hand and give quick inward and upward thrusts into your child’s abdomen.

4. Repeat the abdominal thrusts (Heimlich manoeuvre) until the object is expelled and your child can breathe, cough, or speak, or until she loses consciousness.

Once the choking episode is over, take your child to the emergency room. A doctor will make sure there are no complications.
If a choking child age 1 or older loses consciousness

1. Lay her face up on a hard surface.

2. Give her a gentle tap and yell her name. If she does not react, she is unconscious.

3. Call for help and ask someone to call 9-1-1.

4. Check her breathing. If your unconscious child is not breathing, follow the steps below.

5. Give 30 chest compressions:
   - Place the palm of one or both of your hands (one over the other) in the middle of your child’s chest, over the lower half of her sternum.
   - Push down the chest 30 times. Push hard and fast. Push straight down forcefully and quickly about 5 cm (2 in.) at a frequency of at least 100 times per minute. Let the chest return to its normal position after each compression.

6. Open the airways and remove the object from her mouth if you can:
   - To open the airways, place one hand on her forehead to tilt her head back slightly and use two fingers to lift her chin.
   - Look in her mouth. If you see something that you can remove easily, take it out. Do not try a blind finger sweep (try to remove something you can’t see) because you could push it in further.

7. Give 2 breaths:
   - Keeping the airways open, pinch your child’s nose closed.
   - Take a breath, cover her mouth with your mouth, and give 2 breaths (one second per breath). Your child’s chest should rise with each breath.
8. Repeat series of 30 compressions and 2 breaths, checking to see if you can remove the object from her mouth after each series of compressions.

9. After two minutes or 5 series of 30 compressions and 2 breaths, call 9-1-1 if no one has done so already.

10. Repeat steps 5 through 7 until your child regains consciousness or the ambulance arrives.

Poisoning and contact with hazardous products

If you suspect your child has ingested or come into contact with a toxic product, follow these steps:

- If your child is not breathing or is unconscious, call 9-1-1.
- Otherwise, call Centre antipoison du Québec at 1-800-463-5060 for help.

Always have the product with you when you call.

Centre antipoison du Québec is a 24-hour emergency helpline. Staff will explain what to do based on your child’s condition, the product involved, and how it was ingested or what organ it came into contact with (mouth, lungs, skin, or eyes).
Poisoning is the second leading cause of hospitalization in children 4 and under. It often occurs at home. The most common source of poisoning in small children is medication (vitamins, antibiotics, cold and fever medication) and household products (cleaning products, fuel, personal hygiene products, plants, mushrooms, pesticides, etc.).

Hazard symbols on products.
What should I do?

**Ingested product**
- Clean out and rinse your child’s mouth.
- Do not induce vomiting.
- Do not try to neutralize the product by giving him milk or anything else.
- Do not administer treatment unless instructed to do so by a Centre antipoison du Québec nurse or a health professional.

**Product in the eyes or on the skin**
- Rinse the affected area with warm water for at least 15 minutes.
- Keep your child’s eye open while you rinse it (see Foreign object or chemical product in an eye, page 656).
- Call Centre antipoison du Québec at 1-800-463-5060.

**Inhaled product**
- Take your child out into the fresh air.
- Call Centre antipoison du Québec at 1-800-463-5060.

Always have the product with you when you call Centre antipoison du Québec so you can read the label to the nurse.

Centre antipoison du Québec has a number of prevention publications available on its website at [www.ciusss-capitaleenationale.gouv.qc.ca/nos-services/en-cas-durgence/centre-antipoison-du-quebec](http://www.ciusss-capitaleenationale.gouv.qc.ca/nos-services/en-cas-durgence/centre-antipoison-du-quebec) (In French only).

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**If you suspect your child has ingested or come into contact with a hazardous product and he is not breathing or is unconscious, call 9-1-1.**