



## What's New?

The document *What's new?* will give you an overview of the changes made to the 2019 edition. You can easily access the new content by clicking the [Hyperlinks](#) ►.

Only changes that affect the contents of the guide are mentioned in the *What's New?* document. Rewording, redesigns, or usage updates such as website addresses or new contact information for various organizations are not described.

### **The page numbers in the guide have not changed**

The 2019 update is in continuity with previous edition, so you will find the same section and chapter page numbering as in previous versions of the guide.

### **Modified pages are available at the end of this document**

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 You are welcome to use them to replace the outdated pages in your guide.

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

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

## **The *From Tiny Tot to Toddler* team**

# Pregnancy

## Pregnancy

## Health during pregnancy

### Health care

#### Pertussis (whooping cough) vaccine

- Information added about the pertussis vaccination in accordance with the Comité sur l'immunisation du Québec (CIQ): "Avis sur la pertinence de mettre en place la vaccination contre la coqueluche chez toutes les femmes enceintes au Québec". [Page 111](#) ►

#### Contact with people with a contagious disease

- Box added to distinguish between pregnant women who think they have been in contact with someone who has a contagious disease and those who experience symptoms. [Page 111](#) ►

If you feel sick or have any physical signs that suggest you've caught one of these diseases, see a doctor promptly. As a precautionary measure, inform the healthcare facility before you arrive.

- Subheader added: "Pertussis (whooping cough)". [Page 111](#) ►
- Information removed on the nature of interventions. Health care professionals will explain interventions to women on an individual basis, after assessment. Information on when to consult a health professional was retained.
  - Fifth disease (also known as erythema infectiosum or parvovirus B19 infection)*: sentence removed: "If needed, he or she may order tests to see if you are protected against the disease and monitor you more closely." [Page 112](#) ►
  - Measles*: paragraphs removed: "If you are not considered protected against measles, you may receive an antibody injection. These antibodies may prevent measles or reduce the severity of the disease if administered within seven days of contact with a contagious person. If you get measles while pregnant, see a doctor immediately. He or she will be able to assess your situation and monitor you. Treatment mainly consists of lowering fever and minimizing complications." [Page 112](#) ►
  - Measles*: clarification added about the importance of seeing a doctor promptly, "if you think you have measles or have been in contact with a person with measles." [Page 112](#) ►
  - Chickenpox*: sentence removed: "Chickenpox is generally a harmless disease found in children." [Page 112](#) ►
  - Chickenpox*: bullet point removed: "Depending on your situation, you may be vaccinated after you give birth." [Page 112](#) ►

## Baby

### Baby

### The newborn

#### Urine

- Text reorganized. [Page 232](#) ▶
- Clarification added about urate crystals. "These crystals are normal and not dangerous. But if they are still present two days after birth, it may be a sign that your baby is not drinking enough. If you are still seeing orange spots in your baby's diaper after a week, consult a doctor." [Page 232](#) ▶
- Clarification added about what to do if the child's urine is dark and has a distinct smell. [Page 232](#) ▶

#### Stools

- Text reorganized to briefly describe the colour, consistency, and frequency of normal stools. [Page 233](#) ▶

### Baby

### Talking with your baby

#### Crying

- Section updated to include new knowledge about crying. [Page 235](#) ▶
- Section heading changed from "Colic or excessive crying" to "Excessive crying (colic)". [Page 236](#) ▶
- Text reorganized so the section on excessive crying (colic) is now a sub-section of the Crying section. [Page 236](#) ▶
- Box added on "When to be concerned about a baby's crying". [Page 238](#) ▶

In general, excessive crying is only something to be concerned about if it is accompanied by other signs. For example, you should see a health care professional if, in addition to being inconsolable, your baby:

- Behaves differently
- Won't eat or sleep
- Has a fever (see Fever, pages 586-595)
- Is vomiting or has abnormal stools (see Stools, page 233)
- May have been injured
- Is showing other signs that worry you

- Box added on shaken baby syndrome. [Page 239](#) ▶

Never shake an infant or young child: shaking can cause permanent brain damage or even death.  
Put her down and get help.

- Subheader added on "Breath-holding spells". [Page 239](#) ▶

## Feeding your child

### Feeding your child

### Feeding your baby

#### Excessive crying (colic)

- Title of the "Colic" section changed to "Excessive crying (colic)" to match the text with the same name in the Baby section. [Page 321](#) ►
- Reworded to match the text on intense crying (colic) in the Baby section. [Page 321](#) ►

#### Allergies and intolerances

- Subheader added: "Allergies and intolerances". [Page 321](#) ►
- Text reworded to be consistent with the text on intense crying (colic) in the Baby section. [Page 321](#) ►

### Feeding your child

### Milk

#### Commercial infant formula (commercial milk)

##### Soy-based infant formula

- The word "colic" was changed to "intense crying". [Page 345](#) ►

##### Special infant formulas

- Title of the "Specialized infant formulas" section changed to "Special infant formulas". [Page 346](#) ►
- Sentence removed: "If your baby seems to have colic, changing the type or brand of commercial infant formula will not solve the problem." [Page 346](#) ►
- Information added about formula-fed babies who have trouble tolerating their milk. Suggestion added to discuss the matter with a doctor. [Page 346](#) ►

## Health

### Health

### A healthy baby

#### Vaccination

Information reorganized to be more concise. [Page 560](#) ▶

##### Vaccination schedule

The regular vaccination schedule for children will be updated in 2019. During this transition period, few changes have been made.

- Subheader added: "Vaccination schedule". [Page 562](#) ▶
- The "Regular vaccination schedule for children 6 and under" and the "Protection offered by vaccines" table were removed. [Page 562](#) ▶
- Replacement of the schedule and table by a link to the Government of Québec's Vaccination for Children website. [Page 562](#) ▶
- Information added informing readers that they can consult the "Reducing the Pain and Anxiety of Vaccination in Children" section of the Government of Québec's Vaccination for Children website. [Page 562](#) ▶

#### Fever

The entire Fever section was reorganized to make it easier to read. The order of the subsections was changed. [Pages 586 to 595](#) ▶

- Information about a child's normal body temperature was replaced by information about temperature that indicates a child has a fever. [Page 586](#) ▶
- Clarifications added to information about fever. [Page 586](#) ▶

##### 2018 edition text:

A child is feverish if her rectal temperature is 38.1°C (100.6°F) or higher.

##### Replaced in 2019 by:

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

##### How to take your child's temperature

- Information about how far to insert the thermometer into the rectum changed from 2.5 cm (1 in.) to 2 cm (¾ in.): "Gently insert the thermometer about 2 cm (¾ in.) into the rectum." [Page 588](#) ▶

- Information added about taking a child's temperature under the arm: "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."[Page 589](#) ▶
- Subheaders created to distinguish between taking the temperature in the ear and in the mouth. [Page 589](#) ▶

### **What to do if your child has a fever**

- Information reorganized based on the child's age. [Page 590](#) ▶
- Subheader added: "Has your child recently been vaccinated?" [Page 590](#) ▶

### **Febrile seizures (convulsions caused by fever)**

- "Febrile seizures" header changed to "Febrile seizures (convulsions caused by fever)". [Page 592](#) ▶
- Details added to the information regarding the characteristic signs of febrile seizures: "During a fever, their arms and legs twitch and jerk and they may faint." [Page 592](#) ▶

### **Fever medication**

- Text reworded to make it simpler. [Page 593](#) ▶
- Subheader added: "Good to know..." [Page 594](#) ▶

### **Stuffed-up or runny nose**

Introductory sentences added: "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." [Page 602](#) ▶

- Removal of the information "but it costs more" regarding nasal mist.
- Saline solution (salt water) recipe to treat stuffy noses modified to match the recipe from the Québec Association of Otorhinolaryngology and Head and Neck Surgery. [Page 603](#) ▶
- Information added about how to store saline solution. [Page 603](#) ▶

## Useful information

Useful information

Becoming a parent

Before birth

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

### Childcares services in Québec

- Section revised to match changes made by Ministère de la Famille. [Pages 722 to 729](#) ►

Useful information

Becoming a parent

After birth

### Financial assistance

#### Financial assistance for multiple births: triplets or more

##### 2018 text

"You have no special steps to take to receive this financial assistance. The hospital where the children were born notifies the Ministère de la Santé et des Services sociaux of the event and provides it with the relevant information as soon as you take the babies home.

You will receive the financial assistance approximately two months later. In the case of delays, check with the hospital to see whether the application was duly submitted to the Ministère."

##### Replaced in 2019 with:

"There is nothing you have to do to receive this financial assistance. After verifying that the mother is a resident of Québec, the hospital where the children were born sends the required information to the Ministère de la Santé et des Services sociaux using the form provided for that purpose. This is done when you take the babies home.

You will receive the financial assistance approximately two months later. In the event of a delay, check with the hospital to ensure that the information was duly sent to the Ministère." [Page 739](#) ►

### Adoption

- Inclusion of the notion of children at risk of abandonment under the Banque-mixte programme. [Page 744](#) ►

### Services Québec

- Header "Portail Québec" replaced with "Services Québec." [Page 747](#) ►

## Flu (influenza) vaccine

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

## Pertussis (whooping cough) vaccine

Pertussis (whooping cough) is a contagious disease of the respiratory tract that can be serious for young babies. It is recommended that pregnant women be vaccinated against pertussis. The vaccine is usually given when women are between 26 and 32 weeks pregnant. The vaccine can be given for each pregnancy. It protects the woman and her baby during the first few months of baby's life.

## Contact with people with a contagious disease

Some pregnant women may come into contact with people, especially children, who have contagious diseases.



If you feel sick or have any physical signs that suggest you've caught one of these diseases, see a doctor promptly. As a precautionary measure, inform the healthcare facility before you arrive.

If you don't feel sick but you think you have been in contact with someone who has a contagious disease, here is some advice for how to deal with certain diseases.

### Pertussis (whooping cough)

If you've been in contact with someone who has pertussis (whooping cough) in the 4 weeks before your due date, see a doctor.

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

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

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

The risk of complications is more of a factor before the 20<sup>th</sup> week of pregnancy. The risk is much lower after.

If you come into contact with someone with fifth disease, talk to your health professional. He or she will be able to assess your situation.

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

## Rubella (German measles)

Thanks to the rubella vaccination, German measles is very rare in Québec and the rest of Canada. It's unlikely that you'll come into contact with someone who has this disease. If you think you have been, see a doctor (see also [Blood tests and urine analyses](#), page 118).

## Measles

Measles is a very contagious disease. Pregnant women with measles can have a more serious form of the disease. They also are at greater risk of miscarrying or not carrying their baby to term. There have been no reported cases of congenital defect due to measles, however.

If you think you have measles or have been in contact with a person with measles, promptly contact your doctor, CLSC, or Info-Santé to have someone assess your situation.



## Urine

A baby who is drinking enough will urinate regularly (see [Is your baby drinking enough milk?](#), pages 316-317). His urine is pale yellow and has no detectable smell. During the first week of life, he will urinate more and more often. By day 5, he will be wetting at least 6 diapers a day.

During the first couple of days, you may notice orange spots (urate crystals) in your baby's diaper. These crystals are normal and not dangerous. But if they are still present two days after birth, it may be a sign that your baby is not drinking enough. If you are still seeing orange spots in your baby's diaper after a week, consult a doctor.

Is your baby urinating less often than usual? Does his urine look darker and have a distinct smell? It may be because he's very hot or overdressed and is a little dehydrated. Here are some things you can do:

- Remove a layer or two of clothing
- If he is breastfeeding, increase the number of feedings
- If you're using a commercial baby formula, make sure it is prepared correctly, because a mistake during mixing (dilution error) can result in dehydration (see [Handling commercial infant formula](#), pages 346-350). Make sure he is drinking enough milk. You can then give him a little water in between feedings.

If the situation persists, call Info-Santé (8-1-1) or consult a health professional.

A baby with a fever may also have darker urine that has a smell. You may need to check his temperature (see [Fever](#), pages 586-595).

## Stools

During the first 2 or 3 days, your baby will eliminate the residue remaining in his intestines from before he was born. The stools will be very dark and sticky: this is meconium.

Afterwards, the stools will be yellowish, greenish or brownish.

If your baby is drinking enough (see [Is your baby drinking enough milk?](#), pages 316-317), his stools will be liquid or very soft.

During the first 4 to 6 weeks, your baby may have 3 to 10 bowel movements per day. If your baby doesn't have at least one bowel movement per day, he might not be drinking enough.

After 4 to 6 weeks, some babies fed with breast milk will have fewer bowel movements even if they are drinking enough (e.g., one bowel movement every 3 to 7 days). If your baby is defecating infrequently but the stools remain soft, it is not a problem.

During the first year, the frequency, consistency, and colour of the stools will vary depending on what your baby is fed. You will gradually learn to recognize your child's normal stools.

If your baby's stools suddenly change from soft to liquid, it may be a sign of a transient trouble. If your baby is healthy, continue to feed him normally. If you think he is sick, call Info-Santé (8-1-1) or consult a health professional.

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

Your baby starts “talking” to you from birth onward. She cries, moans, babbles, wriggles and sometimes sucks intensely. By paying attention to all this, you are communicating with your baby. You can also talk to her with loving words; tell her what you are doing as you take care of her. She will feel safe and secure just at the sound of your calming words.

Your baby will listen more than talk during her first two years of life. This is normal because her brain is still growing. She is absorbing what she hears. She will learn to talk by repeating the sounds and words that she hears.

## Crying

Babies can’t communicate with words, so they use crying as one way of expressing themselves.

All babies cry and it’s normal. Some cry more than others.



She feels safe and happy when she hears your voice.

Anne-Marie Fortin

Crying tends to increase starting in the second week of life. It reaches a peak around the sixth week and usually decreases by the third or fourth month.

It can be hard to understand why a newborn is crying. By spending time with her, you will learn to recognize what her different cries mean. For example, you’ll know if she is hungry or tired, needs to burp, needs affection, wants your attention, or has a dirty diaper.

You will also learn how to soothe your baby’s crying. Her reactions will help you understand what makes her feel better and what she doesn’t like.

Sometimes, despite your efforts, you won’t understand why your baby is crying. When that happens, stay with her and try to remain calm. This will teach her that she can trust you.

During her first nine months, your baby doesn’t have any sense of time. She needs you to respond quickly when she cries. Comforting a baby when she cries will not spoil her. It teaches her that you are attentive to her needs. She will feel loved.

That said, even if your baby cries, she can be put down in a safe place if you need a bit of time to yourself.

### Excessive crying (colic)

All babies can cry heavily at times, whether they are full-term or premature, breast-fed or bottle-fed, or boy or girl.

Some babies cry for more than three hours a day, especially at the end of the day, and seem inconsolable. During a crying spell, your baby may appear to be in pain: her face is red, her fists are clenched, and her legs are curled up on her tight belly. She may have gas because when babies cry, they swallow air.

These episodes of excessive crying, often called colic, are completely normal. They are rarely associated with a health problem and have no long-term consequences for the baby.

Keep in mind that if the method you use to soothe your baby works once, it may not work the next time.

If you've tried these various techniques for several days and nothing is working, or if you have any concerns, do not hesitate to consult a health professional. He or she can reassure you about your baby's health and suggest other options if necessary.



In general, excessive crying is only something to be concerned about if it is accompanied by other signs. For example, you should see a health care professional if, in addition to being inconsolable, your baby:

- Behaves differently
- Won't eat or sleep
- Has a fever (see [Fever](#), pages 586-595)
- Is vomiting or has abnormal stools (see [Stools](#), page 233)
- May have been injured
- Is showing other signs that worry you

Medication and natural health products for "colic" are usually not recommended.

### If your baby is inconsolable

Bouts of excessive crying is hard on the whole family. It's normal to feel perplexed, helpless, irritated, or even frustrated.

When you are feeling tired or impatient, it's good to have someone you can trust who can give you a hand. You can ask someone to look after the baby for you so you can rest. When you come back, you will be able to pass along your sense of calm.

Are you feeling overwhelmed and have no one to replace you? Put your baby in a safe place, like her crib, close the door and leave the room for a few minutes. It's normal to need a break. Check on your baby every ten minutes to make sure she is still safe, but don't pick her up again until you have calmed down.

Don't be afraid to seek help from a babysitter, relative, doctor, CLSC, or volunteer centre. You can also phone the LigneParents help line, at [1-800-361-5085](tel:1-800-361-5085).



Never shake an infant or young child: shaking can cause permanent brain damage or even death. Put her down and get help.

### Breath-holding spells

Starting at 6 months of age, some babies may cry until they stop breathing for several seconds and briefly lose consciousness. They may turn blue or pale. An episode like this is called a breath-holding spell. Babies do this unintentionally when they are experiencing something unpleasant.

It's normal to be worried if this happens, but don't worry: your child's health is not in danger. Remain calm, stay with your baby, and reassure her. She will quickly start breathing again on her own. However, if a breath-holding spell occurs before the age of 6 months or lasts for more than one minute, it's a good idea to talk to her doctor.

As long as your baby is in good spirits and gaining weight, there's no reason to be concerned. Most of the time, regurgitation is perfectly harmless.

It is best to see a doctor if your baby:

- seems to be in pain;
- projectile vomits several times a day;
- wets his diapers less than before;
- isn't gaining enough weight.

## Excessive crying (colic)

During the first few months, a healthy baby may cry very hard and for a long time (see [Excessive crying \(colic\)](#), page 236). Most of the time, excessive crying is completely normal and is unrelated to diet.

If your baby drinks too fast, chokes and starts to cry, she may swallow lots of air. This can make her feel bloated and uncomfortable. Burp your child or take feeding breaks to soothe her.

## Allergies and intolerances

Babies cannot be allergic to their mother's milk. In rare situations, they may react to certain proteins ingested by their mothers and passed on to them in her milk (see [Breast-fed babies and allergies](#), on page 518).

In rare cases, babies fed with commercial infant formulas may be intolerant to them and require a special formula. A doctor can recommend a formula adapted to your baby's needs.

Read the label carefully to make sure you buy the desired product. It is easy to confuse concentrated liquid formula with the ready-to-serve variety. If you do, you run the risk of giving your baby undiluted concentrate, thinking it is a ready-to-serve product.

### "Transition" formulas

There is a range of commercial infant formulas on the market for babies 6 months and over. There are even products for babies age 12 to 36 months. These products are cheaper than commercial infant formula, but much more expensive than cow's milk.



● "Transition" formula is not suitable for babies under 6 months because it contains too much calcium.

Compared to commercial infant formula, transition products can be a cheaper alternative for babies age 6 to 12 months, but they are not necessary. You can continue using your regular formula until you start feeding your baby cow's milk around the age of 9 to 12 months. For babies over 9 months who eat a varied diet, transition formula is no better from a nutritional point of view than cow's milk.

### Soy-based infant formula

Commercial infant formula made from soy protein is suitable for babies whose families don't consume dairy products or for babies with certain health problems.

However, using soy-based infant formula does not reduce excessive crying in infants.

## Special infant formulas

In rare cases, babies fed with a commercial infant formula may have trouble tolerating formula. Talk to a doctor if this seems to be the case. The doctor can recommend a special formula for your baby.

Special formulas are intended for babies with specific problems, such as allergies or severe intolerances. Medical insurance plans reimburse the cost of certain products when purchased with a prescription.

If your baby has trouble tolerating commercial infant formula, you can also go back to breast-feeding (see [Restarting milk production](#), page 395).

## Handling commercial infant formula

Diluting commercial infant formula requires care and certain precautions. It is important to avoid mistakes so as not to contaminate the milk with bacteria.

Among the different types of commercial formulas, powdered products require the most care because they are not sterile and may contain bacteria. Bacteria may get into powdered formula at the factory where it was manufactured, or at home when you use the container and the measuring scoop provided. Some babies have gotten sick after drinking milk made from powdered formula contaminated with bacteria.

To avoid contamination, you can do two things:

- Destroy bacteria
- Prevent bacteria from developing and multiplying

## 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.

## 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/](http://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.

## 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.

## 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.

### 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.

To find out more on the subject, you can contact Aide financière aux études or consult its website.

#### Online

[www.afe.gouv.qc.ca](http://www.afe.gouv.qc.ca)

#### By telephone

Québec area: 418 643-3750

Montréal area: 514 864-3557

Elsewhere in Québec: 1 877 643-3750

## Childcare services in Québec

*Ministère de la Famille*

In Québec, there are different types of early childhood education and care service and applicable standards vary depending on the type of service chosen by the parents.

### Recognized childcare services

Certain childcare services are recognized under the *Educational Childcare Act*. They must:

- hold a permit issued by the Ministère or be recognized by the home childcare coordinating office
- comply with the Act and its regulations
- apply an early childhood educational program fostering the overall development of young children

Permit holders are inspected by Ministère staff members. In the case of home childcare providers, they receive compliance visits by home childcare coordinating office staff members.

### Non recognized childcare services

Some childcare services are not recognized under the Act. These services:

- are not required to hold a permit issued by the Ministère or to be recognized by a home childcare coordinating office
- are not obliged to apply an educational program
- are not inspected by the Ministère, except in the event of a complaint, or given compliance visits by a home childcare coordinating office

For example, community drop-in day care centres and nursery schools are non recognized childcare services. A childcare service that cares for no more than 6 children may also be non recognized. It must still meet certain legal and regulatory requirements, but does not have to comply with those that apply only to recognized childcare services.

### Illegal childcare services

Unless certain requirements are met, it is illegal to provide childcare services in exchange for remuneration without having obtained recognition from a home childcare coordinating office or a permit issued by the Ministère.

Parents who have doubts regarding the legality of a childcare service are invited to contact the Service des renseignements of the Ministère.

#### Online

[www.mfa.gouv.qc.ca](http://www.mfa.gouv.qc.ca)

#### By telephone

Ministère de la Famille

Throughout Québec: 1 855 336-8568

The following table presents the characteristics of childcare and day care service facilities. On page 726, you will find a table presenting the characteristics of home childcare service providers.

Childcare centre (permit holder)	Reduced-contribution spaces	Service recognized under the Act	Cost Calculation tools proposed at <a href="http://www.budget.finances.gouv.qc.ca/budget/outils/garde_en.asp">http://www.budget.finances.gouv.qc.ca/budget/outils/garde_en.asp</a>
Childcare centre (a non-profit organization or a cooperative)	Yes	Yes	<ul style="list-style-type: none"> <li>• Basic contribution per day payable to the childcare centre</li> </ul> and
Subsidized day care centre (a natural or legal person, usually non-profit)	Yes	Yes	<ul style="list-style-type: none"> <li>• An additional annual contribution depending on the family income*</li> </ul>
Non-subsidized day care centre (a natural or legal person, usually non-profit)	No	Yes	<ul style="list-style-type: none"> <li>• Contribution determined by the childcare centre</li> <li>• Costs eligible for the tax credit for childcare expenses</li> <li>• Possibility of obtaining advance payments on a monthly basis</li> </ul>

\* The additional contribution is paid to Revenu Québec when filing the annual income tax return.

	Main characteristics	Number of children	Parent participation	
	<ul style="list-style-type: none"> <li>• Premises set up specifically for the childcare service</li> <li>• Children usually divided into groups based on age</li> <li>• Presence of a number of educators</li> </ul>	<ul style="list-style-type: none"> <li>• 80 children maximum</li> <li>• Educator to number of children ratios depending on the children's age must be respected</li> </ul>	<ul style="list-style-type: none"> <li>• Board of directors composed of a majority of parents</li> <li>• Parent advisory committee</li> </ul>	Before birth
				Becoming a parent
				Useful information

	Home childcare providers	Reduced-contribution spaces	Service recognized under the Act	Cost Calculation tools proposed at <a href="http://www.budget.finances.gouv.qc.ca/budget/outils/garde_en.asp">http://www.budget.finances.gouv.qc.ca/budget/outils/garde_en.asp</a>
Before birth				
Becoming a parent	Recognized by a home childcare coordinating office	Yes	Yes	<ul style="list-style-type: none"> <li>• Basic contribution per day payable to the childcare centre</li> <li>and</li> <li>• An additional annual contribution depending on the family income*</li> </ul>
Useful information		No	Yes	<ul style="list-style-type: none"> <li>• Contribution determined by the childcare centre</li> <li>• Costs eligible for the tax credit for childcare expenses</li> <li>• Possibility of obtaining advance payments on a monthly basis</li> </ul>
	Not recognized by a home childcare coordinating office	No	No	

\* The additional contribution is paid to Revenu Québec when filing the annual income tax return.

	Main characteristics	Number of children	Parent participation	
	<ul style="list-style-type: none"> <li>• Self-employed worker</li> <li>• Private residence</li> <li>• Children in multiage groups</li> <li>• Presence of the person in charge and, sometimes, an assistant</li> </ul>	<ul style="list-style-type: none"> <li>• A person non-assisted by another adult: 6 children maximum (including his or her own), of which 2 may be infants (below 18 months of age)</li> <li>• Person assisted by another adult: 9 children maximum (including his or her own and those of the assistant), of which 4 may be infants</li> </ul>	<ul style="list-style-type: none"> <li>• Board of directors of the coordinating office, on which parents can sit</li> </ul>	Before birth
	<ul style="list-style-type: none"> <li>• Self-employed worker or business</li> <li>• Children in multiage groups</li> </ul>	<ul style="list-style-type: none"> <li>• 6 children maximum (including his or her own), of which 2 may be infants (under 18 months of age)</li> </ul>	<ul style="list-style-type: none"> <li>• No participation required</li> </ul>	Becoming a parent
				Useful information

Before birth	<p><b>Educational program</b></p> <p>Recognized early childhood education and care services have an obligation to apply an educational program. This program must promote the development of young children on all levels (physical, motor, emotional, social, language, and cognitive). It must also promote educational success and help children learn healthy lifestyle habits and adapt to communal life.</p> <p>The Ministère de la Famille's publishes the <i>Accueillir la petite enfance</i> program to serve as an inspiration to childcare service providers in designing their educational programs.</p>	<p>In order to take into account the particularity of early child development, educators and persons in charge of recognized home childcare services are invited to respect each child's learning speed, show appreciation for their playing style, help them as they explore their interests, and work in partnership with their parents.</p> <p>In so doing, childcare services prepare children for a good start in their schooling by enhancing their pleasure and capacity to learn.</p>
Becoming a parent		
Useful information		

### Finding a childcare service

Parents looking for a place in a recognized childcare centre (childcare centre, daycare or home childcare service) must register with La Place 0-5, single-window access to subsidized childcare service places.

To find a space with a home childcare provider that is not recognized by the Ministère, parents must contact the person in charge of the service directly.

#### Online

[www.laplace0-5.com](http://www.laplace0-5.com)

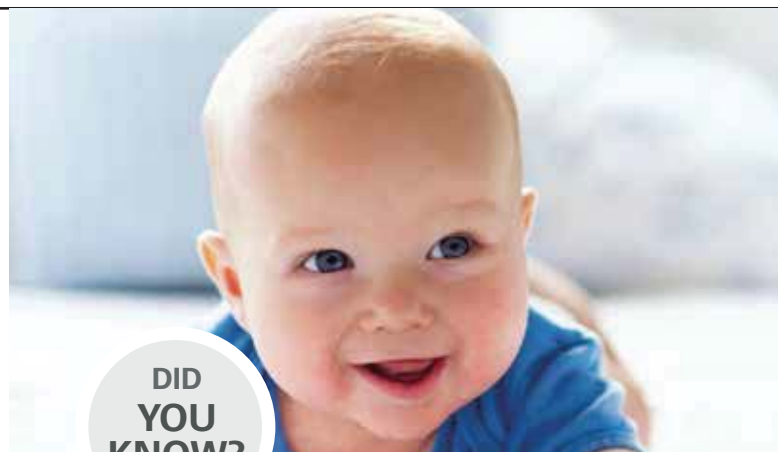
[www.mfa.gouv.qc.ca](http://www.mfa.gouv.qc.ca)

#### By telephone

La Place 0-5

Montréal area: **514 270-5055**

Elsewhere in Québec: **1 844 270-5055**



**DID  
YOU  
KNOW?**

You can't receive benefits under the Québec Parental Insurance Plan unless you apply for them.

You can apply online at

**[www.rqap.gouv.qc.ca](http://www.rqap.gouv.qc.ca)**

For assistance, call

**1-888-610-7727.**

Québec 

## After birth

### Financial assistance

#### Financial assistance for multiple births: triplets or more

*Ministère de la Santé et des Services sociaux*

If you give birth to triplets or more babies, your family will receive financial assistance to help you cope with the sudden, substantial increase in expenses.

The financial assistance for multiple births is granted for living children upon their discharge from the hospital. The amount granted is \$6,000 for triplets. A supplement of \$2,000 is paid for each additional child in a multiple birth. The cheque is issued in the mother's name.

In the event of the mother's death or incapacity, the assistance is paid to the father or to the person who has custody of the children. The amount awarded is not taxable. It may however be reduced if the recipient has contracted a debt with the Gouvernement du Québec.

There is nothing you have to do to receive this financial assistance. After verifying that the mother is a resident of Québec, the hospital where the children were born sends the required information to the Ministère de la Santé et des Services sociaux using the form provided for that purpose. This is done when you take the babies home.

You will receive the financial assistance approximately two months later. In the event of a delay, check with the hospital to ensure that the information was duly sent to the Ministère.

For more information, contact Services Québec.



## Adoption

The steps involved in adopting a child differ according to whether you are adopting in or outside Québec. Special rules apply depending on the type of adoption involved. The contact information for the agencies concerned are provided so that you can get more information.

Generally speaking, there are four types of adoption available in Québec:

- **Regular adoption:** adoption of a child whose biological parents voluntarily gave their consent to the director of youth protection to put their child up for adoption
- **Adoption through the Banque-mixte (foster-to-adopt) program:** adoption of a child who is at risk of being abandoned because the biological parents are grappling with personal problems that prevent them from assuming responsibility for the child's care, maintenance and education. The child is first placed in a foster home with a view to adoption, whence the name Banque-mixte (foster-to-adopt)

- **Adoption by special consent:** adoption whereby a parent or the parents of an underage child provide specific consent as to the person or couple entitled to adopt their child. Under the Civil Code of Québec, this must be a member or members of the family, such as the parent's spouse, or the child's grandparent, uncle, aunt, brother or sister
- **International adoption:** adoption of a child domiciled outside Québec

For more information on **regular adoption** and adoption under the **Banque-mixte program**, contact the youth centre in your area.

You can find the addresses and telephone numbers of youth centres in the telephone directory. Contact information for the youth centre of the region where you reside is also available online (in French only), at [www.rpcu.qc.ca/fr/sante-serv-soc-centres-jeunesse.aspx](http://www.rpcu.qc.ca/fr/sante-serv-soc-centres-jeunesse.aspx).

For all information regarding federal government programs and services, as well as the contact information for the departments and agencies concerned, contact Service Canada.

**Online**  
[Canada.ca](http://Canada.ca)

**By telephone**  
Throughout Québec: 1 800 622-6232  
TTY (Teletypewriter): 1 800 926-9105

**In person**  
At a Service Canada office near you.

## Services Québec

For information on Gouvernement du Québec programs and services, visit Services Québec at [Quebec.ca](http://Quebec.ca), or call 418 644-4545 (Québec area), 514 644-4545 (Montréal area) or 1 877 644-4545 (elsewhere in Québec).

**Note**  
The content of the *Becoming a Parent* chapter was up to date as of June 1, 2018. Changes affecting the names of ministries and the programs and services mentioned may have occurred since then.

The information provided in the *Becoming a Parent* chapter has no legal force.