

## What's New?

*What's New?* summarizes the main changes in the 2022 edition of *From Tiny Tot to Toddler: A practical guide for parents from pregnancy to age two*. Use the [links](#) ► for quick access to the new content.

Only changes affecting the content of the guide are listed in *What's New?* Revisions and rewordings for improved readability and routine updates to items like telephone numbers are not included.

### **From Tiny Tot to Toddler and COVID-19**

The additions and changes made to the 2021 addition as a result of the COVID-19 pandemic have been preserved or updated. Given that scientific findings about COVID-19 continue to evolve, the text box added on the inside cover in 2021 remains in place for 2022. It indicates that any significant changes to knowledge about COVID-19 and pregnancy or children age 0 to 2 will be posted on the guide website: [inspq.qc.ca/en/tiny-tot](https://inspq.qc.ca/en/tiny-tot).

#### **COVID-19**

Knowledge about COVID-19 is changing fast. If there are any important changes in knowledge concerning pregnant women or children age 0 to 2, they will be posted on the Guide website at [inspq.qc.ca/en/tiny-tot](https://inspq.qc.ca/en/tiny-tot).

### **Page numbers stay the same**

Although some content has been revised, the 2022 update is not a major departure from the 2021 edition. All main sections and chapters and most subsections have kept the same page numbers. Three subsections are the exception: **Breastfeeding: A learned skill**, **Fever** and **Choking**. Changes in page numbering for these subsections are shown in the document.

### **Pages with changes enclosed here**

The 69 pages containing changes are included in print-ready format at the end of this document. This is intended to make it easier for you to print them out and replace the outdated pages with the new ones.



### Got suggestions for our team?

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

We also welcome your suggestions for improving *What's New?* It's designed to meet the needs of professionals and we will be happy to make any adjustments that make it even more useful.

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

*The From Tiny Tot to Toddler team*

## Pregnancy

### Pregnancy

### Nutrition during pregnancy

#### Essential nutrients

##### Vitamin and mineral supplements [Page 92](#) ►

- New information added under the subheading “A few tips” to take into account the introduction on the market of gummy prenatal vitamins.

#### Drinks

##### Herbal teas [Page 99](#) ►

- Adjustment of segment on herbal teas considered safe for pregnant women in response to publication of [Your Guide to a Healthy Pregnancy](#) (Public Health Agency of Canada, 2021):
  - “According to Health Canada, the following herbal teas are generally safe when consumed in moderation (no more than two or three cups a day): orange or other citrus peel, ginger and rosehip.”

#### Preventing food-borne infections

##### Safe internal cooking temperature [Page 108](#) ►

- Error corrected concerning the minimum safe temperature for cooking beef, veal, and lamb, in accordance with the document [Food safety for pregnant women](#) (Health Canada, 2015):
  - 77°C corresponds to 170°F.

### Pregnancy

### Health during pregnancy

#### Discomforts of pregnancy

##### Leg cramps [Page 142](#) ►

- Addition of bullet point on thrombophlebitis under the subheading “Not feeling better?” to be consistent with changes made to [Varicose veins and swelling](#) and [Warning signs](#):
  - “See a doctor right away if you have intense, persistent pain accompanied by swelling.”

##### Varicose veins and swelling [Page 146](#) ►

- Addition of bullet point on thrombophlebitis and generalized edema under the subheading “Not feeling better?” to be consistent with the changes made to [Leg cramps](#) and [Warning signs](#):
  - “See a doctor right away if:
    - You have swelling in one leg only
    - The swelling is accompanied by intense, persistent pain
    - The swelling spreads (legs, hands, and face)”

### Warning signs [Page 151](#) ►

- Addition of two warning signs to be consistent with the changes made to [Leg cramps](#) and [Varicose veins and swelling](#):
  - Swelling that spreads (legs, hands, and face)
  - Pain and swelling in one leg only

## Pregnancy

## Preparing to breastfeed

### Making the decision to breastfeed

#### Breastfeeding and health [Page 172](#) ►

- Information updated regarding COVID-19:
  - “If you have COVID-19 and you want to breastfeed, you will need to take certain precautions. Wash your hands before feeding your child. Wear a face covering while feeding, preferably a medical mask.”

## Feeding your child

### Feeding your child

#### Breastfeeding your baby

##### **Page 415 ►**

- Repetition in the chapter introduction of the breastfeeding recommendations on pages 171 ([Making the decision to breastfeed](#)) and 383 ([Which milk is best?](#)):
  - “Health professionals the world over recommend that babies be fed breast milk exclusively for the first six months of life. The Canadian Paediatric Society, Dieticians of Canada, and Health Canada all echo this recommendation. Once babies have started eating solid foods, it is recommended that they continue breastfeeding until the age of two years or more.”
- Information updated regarding COVID-19:
  - “If you have COVID-19 and you want to breastfeed, you will need to take certain precautions. Wash your hands before feeding your child. Wear a face covering while feeding, preferably a medical mask.

If you have COVID-19 and are already breastfeeding, it is recommended that you continue to do so. The same precautions are required: wash your hands before feeding your baby. Wear a face covering while feeding, preferably a medical mask.”

##### **Breastfeeding: A learned skill Page 416 ►**

- Section rewritten and reorganized to make space for changes on page 415.
- Section begins on page 416.

## Health

Several minor revisions have been made throughout this section. Those affecting the content are presented below.

### Health

#### A healthy baby

##### **Page 593 ►**

- Recommendation updated regarding COVID-19:
  - “If you have COVID-19, wear a medical mask (if possible) or a face covering when caring for your baby.”

### **Bathing your baby**

#### **Getting ready Page 598 ►**

- Emphasis added on the importance of remaining with the child during bath time:
  - “Gather together all the items you need before undressing your baby. Do not leave her side during bath time. Being prepared is essential for making sure your baby’s safe and comfortable.”

#### **Baby bathing technique Page 602 ►**

- Sentenced added on drying the umbilical cord:
  - “Remember also to dry around the umbilical cord.”

#### **Medical checkups Page 608 ►**

- Section completely rewritten.
- Addition of referral to the [Québec Family Doctor Finder](#).

#### **Consulting health professionals Pages 608-609 ►**

- Section completely rewritten.
- Addition of referral to Info-Social (8-1-1).
- Addition of referral to [Québec Medical Appointment Scheduler](#).
- Addition of referral to 9-1-1 in case of emergency.

### **Baby’s teeth**

#### **Brushing Page 613 ►**

- Clarification added regarding tooth brushing prior to bedtime:
  - “Ideally, a toothbrush should be the last thing to come in contact with your baby’s mouth before bedtime.”

## Vaccination

### Contraindications [Page 621](#) ►

- Recommendation adjusted regarding vaccination of a child who is ill:
  - “If your child is ill to the point of being feverish or irritable or crying abnormally, call the vaccination site and discuss the situation with the health professional.”

## Health

## Common health problems

### A well-stocked medicine cabinet [Page 624](#) ►

- Starred box added on the importance of keeping pharmaceutical products out of reach of children:



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

## Newborn jaundice

### What to do? [Page 625](#) ►

- Section has been rewritten.
- Addition of referral to a health professional in event of concern.

## Thrush in the mouth

### What to do? [Page 626](#) ►

- Section has been rewritten.
- Referral to a health professional.
- Suggestion added to inform health professional if baby is breastfed.

## Eye problems

### Red, sticky, or watery eyes [Pages 632-633](#) ►

- Information in this section has been reorganized.

**Vision problems and crossed eyes (strabismus) [Pages 634-635](#) ►**

- Information adjusted regarding age at which strabismus disappears:
  - “This phenomenon, called strabismus, often disappears by the time the baby is 2 or 3 months old when he develops the ability to focus and move both eyes in the same direction.”
  - “See a doctor or optometrist if your baby:
    - [...]
  - Appears to be cross eyed after the age of 3 months.”

**Common childhood infections****Preventing infections***How to do a good hand washing [Pages 638-639](#) ►*

- Removal of information on use of antiseptic or antimicrobial soap to be consistent with recommendations on preventing COVID-19.
- Adjustment to segment on hand washing method using waterless hand sanitizer to be consistent with recommendations on preventing COVID-19:
  - “Place a small amount in the palm of your hand and dip your nails in the product. Rub your hands together, including the nails, thumbs, and area between your fingers, until the product completely evaporates.”

**Other ways to prevent infections [Pages 640-641](#) ►**

- Addition of referral (for pregnant women) to the section [Contact with people with a contagious disease](#).

**Fever [Page 643](#) ►**

- Section starts on page 643.

**What to do if your child has a fever [Page 646](#) ►**

- Recommendation added for children age 6 months and over who have fever, due to guidelines on COVID-19 screening:
  - “If your baby is 6 months or older and has had a fever for more than 24 hours, she may need to be tested for COVID-19. Contact Info-Santé (8-1-1).”

**When to consult a health professional [Page 647](#) ►**

- Adjustment made to instructions on when to consult, consistent with the change to [What to do if your child has a fever](#):
  - “Contact Info-Santé (8-1-1) or a doctor in any of the following cases:
    - [...]
  - Your baby is 6 months or older and has had a fever for more than 24 hours: he may need to be tested for COVID-19.”



**Fever medication [Page 649](#) ►**

- Addition of examples of the tools manufacturers provide to measure the proper dosage (eyedropper or syringe).
- Addition of note indicating that dosage cups are not sufficiently accurate to measure proper dosage of children's medications.

**What to do if your child spits out or throws up the medication [Page 651](#) ►**

- Recommendation added for children who immediately spit out medication:
  - “If your child **immediately** spits out the medication, you can give him another dose.”
- Adjustment to the wait time for determining whether to give a second dose to a child who vomits after taking medication: reduced from 30 minutes to 15 minutes after receiving the dose.
- Addition of referral to a health professional in case of doubt.

**Fever and skin rashes [Pages 652-653](#) ►**

- Information in this section has been rewritten and reorganized.
- Removal of subsections on roseola, hand-foot-and-mouth disease, bacterial meningitis, and viral meningitis to prevent parents from attempting self-diagnosis.
- Addition of referral to the [Preventing infections](#) section due to the potential infectiousness of a child with fever and rash.
- Reorganization of “What to do?” section using a symptom-based approach.
- Guidance added about situations requiring a rapid consultation or emergency room visit.
- Referral to the section [What to do if your child has a fever](#) in other situations.

**Cough****What to do? [Page 660](#) ►**

- Addition of referral to a healthcare professional in the event of breathing problems:
  - “If he has trouble breathing, see a doctor right away.”

**Sore throat [Page 661](#) ►**

- Sentence added regarding COVID-19:
  - “If you think your child might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.”

**Diarrhea and vomiting (stomach flu or “gastro”) [Page 663](#) ►**

- Addition of referral to Info-Santé (8-1-1) if the situation persists.

**When to consult a health professional [Page 669](#) ►**

- Sentence added regarding COVID-19:
  - “If you think your child might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.”

**Health****Keeping baby safe****Travelling safely: Car seats [Page 673](#) ►**

- Box modified to emphasize that car seats are mandatory:



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

**Types of car seats [Page 673](#) ►**

- Definitions adjusted for infant car seats and child seats.
- Addition of convertible seats to the list of car seat types, increasing the number from 3 to 4.

**Car seat direction [Page 675](#) ►**

- This section has been completely revised.
- Recommendations revised regarding how long rear-facing seats should be used.
- Box added regarding how long rear-facing seats should be used:



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

- Information added about how long rear-facing convertible seats can be used.

***How to install a car seat and secure your child******Phase 1 [Page 677](#) ►***

- Box added regarding how long rear-facing seats should be used:



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

**Babyproofing the nursery****Crib, cradle, and bassinet [Page 686](#) ►**

- Recommendation added regarding the use of hand-me-down cribs, cradles, and bassinets:
  - “If you use a hand-me-down crib, cradle, or bassinet, make sure it is in good condition and meets current safety standards.”

**Choosing toys [Page 689](#) ►****Before you buy a toy**

- Adjustment of recommendation on the acquisition of used toys:
  - “If you acquire used toys or other items, make sure they are in good condition and meet current safety standards.”

**Packaging, batteries, and magnets**

- Recommendation added regarding magnets:
  - “Don’t let your child play with small magnets.”

**Preventing falls****Play structures**

*Playground equipment and slides [Page 691](#) ►*

- This section has been completely rewritten.

**Preventing drowning [Pages 692-693](#) ►**

- This section has been completely rewritten and reorganized.
- Information added indicating that a child who is drowning doesn’t necessarily make noise.
- Attention! box added:



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

- For consistency with the terminology used by the Lifesaving Society, the term “near-drowning” has been replaced by “non-fatal drowning.”
- Addition of message encouraging parents to take a first-aid class, including cardiopulmonary resuscitation (CPR).

**Preventing burns****Hot water [Page 698](#) ►**

- Box added:



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

**Preventing dog bites [Page 698](#) ►**

- This section has been completely rewritten.
- Change made to Attention! box:



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

**Living in a smoke-free environment****Smoking outdoors [Page 699](#) ►**

- Information added about the products found in tobacco smoke:
  - “The dangerous products in smoke spread throughout the air, settle on the ground and on objects, and stay there for months.”

**Preventing poisoning****Medications and toxic products: tips on poison preventions [Page 701](#) ►**

- Presentation of information has been revised:

**Medications and toxic products: tips on poison prevention**

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

**Outdoor mushrooms [Page 702](#) ►**

- The title “Lawn mushrooms” has been changed for “Outdoor mushrooms”.
- Information has been rewritten.

## Protecting your baby from insect bites

### Good to know... [Page 705](#) ►

- Information added about the duration of action of insect repellants:
  - “The duration of action (between 90 minutes and 10 hours) varies depending on the product’s ingredient and concentration. Your pharmacists can advise you.”

## Health

## First aid

### Scrapes and cuts [Pages 708-709](#) ►

- Recommendation added regarding the removal of foreign objects during cleaning.
- Adjustment to the recommendation regarding the use of antibiotic ointment.
- Clarification added regarding the length of time for applying pressure to stop bleeding:
  - “Usually, 5 to 15 minutes of pressure is enough.”

### Nosebleeds [Page 710](#) ►

- Addition of referral to Info-Santé (8-1-1) in the event bleeding persists.

## Oral and dental injuries

### Tongue or lip bites [Page 711](#) ►

- Clarification added regarding how long to wait before seeking medical attention:
  - “If the wound is still bleeding after 10 minutes, go to the emergency room.

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

### Burns [Pages 714-715](#) ►

- This section has been completely rewritten and reorganized.
- Change made to Attention! box:



Go to the emergency room if the clothing is stuck to your child’s skin, the burn is extensive, or your child’s face, neck, hands, feet, or genital organs are affected.

### Foreign object or chemical product in an eye [Page 716](#) ►

- Recommendation added about rinsing an eye that has been exposed to a product that can cause burns:
  - “Be careful not to contaminate the other eye when rinsing.”

**Choking Pages 717-718 ►**

- Section starts on page 717.
- Attention! box added at start of section:



The following text is not a substitute for a first aid course. Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR). It's a good idea to know CPR in case you ever need to use it. Your municipality or CLSC can tell you about the courses available in your area.

**First aid for a baby under the age of 1 who is choking Page 719 ►**

- Change made to Attention! box:



Take your child to the emergency room once the choking episode is over because there could be complications.

**First aid for a child age 1 or older who is choking Page 722 ►**

- Change made to Attention! box:



Take your child to the emergency room once the choking episode is over because there could be complications.

**Poisoning and contact with hazardous products****What to do? Page 726 ►**

- Recommendation added to contact the Québec Poison Control Centre.

## Useful information

Organization names, services, Internet addresses and phone numbers have been updated. Some passages have been rewritten to improve comprehension.

## Useful information

### Becoming a parent

### Before birth

#### Parental leave and preventive withdrawal

##### Leave under the *Act respecting labour standards* [Pages 775-776](#) ►

- Changes made to information about leave for parents, paternity leave, and parental leave.

##### For a Safe Maternity Experience program [Page 777](#) ►

- Information added regarding employer obligations.

#### Financial assistance

##### Québec Parental Insurance Plan [Pages 778 and 780-781](#) ►

- Information added regarding the possibility of obtaining higher benefits, based on income and the plan chosen.
- Clarification added regarding the various benefits available to parents after a child is born or adopted.

## Useful information

### Becoming a parent

### At birth

#### Financial assistance

##### Family Allowance [Page 792](#) ►

- Information added on the steps to take to apply for Family Allowance.

#### Registering and choosing a name for your child

##### Health insurance card and registration for prescription drug insurance [Page 801](#) ►

- Information added about registering a child whose parents are not eligible for public health insurance at the time of the child's birth.

# Modified Pages



## Essential nutrients

### Vitamin and mineral supplements

Pregnancy significantly increases your requirements for **nutrients** such as iron and folic acid.



Food is by far the best source of nutrients, even during pregnancy. But since it's hard to meet all of your requirements for iron and folic acid through diet alone, it is recommended that you take a prenatal multivitamin supplement.

It is recommended that you start taking a multivitamin containing folic acid two or three months before getting pregnant, and that you continue throughout pregnancy and after giving birth. The prenatal multivitamin should contain at least

- 0.4 mg of folic acid

AND

- 16 to 20 mg of iron

Some women's needs may differ. Your health professional will suggest an appropriate multivitamin for you.

#### A few tips

- Talk to your pharmacist or health professional before taking any vitamin or mineral supplements other than those that have been recommended to you.
- Some women may find it easier to take chewable or gummy prenatal multivitamins. Make sure they contain the recommended quantities of folic acid and iron.

Decaffeinated products are safe for consumption during pregnancy.

For more information, go to [canada.ca/en/public-health/services/pregnancy/caffeine.html](https://canada.ca/en/public-health/services/pregnancy/caffeine.html).

### Herbal teas

Certain plant-based products can have a negative effect on pregnant women, by triggering contractions, for example. For others, there isn't enough scientific evidence to determine whether they are safe for pregnant women.

According to Health Canada, the following herbal teas are generally safe when consumed in moderation (no more than two or three cups a day): orange or other citrus peel, ginger and rosehip.

Vary your herbal teas rather than drinking the same kind every day. Another tasty option is to add lemon juice or ginger slices to hot water.



Some mixed teas and herbal teas contain ingredients that are not recommended during pregnancy. Pay special attention to the ingredients when you buy such products.

## Safe internal cooking temperature

	Minimum safe temperature	Characteristics	
<b>Beef, veal, lamb</b> <ul style="list-style-type: none"><li>• Whole cuts (e.g., roasts) or pieces (e.g., steaks, chops)</li></ul>	63°C (145°F)	Medium rare	Mechanically tenderized beef and veal must be turned at least twice during cooking.
	71°C (160°F)	Medium	
	77°C (170°F)	Well done	
<b>Ground meat or meat mixtures (beef, veal, pork, lamb)</b> <ul style="list-style-type: none"><li>• E.g., hamburgers, sausages, meatballs, meatloaf, casseroles</li></ul>	71°C (160°F)	The centre of the meat and the juice that flows from it must not be pink.	
<b>Pork</b> <ul style="list-style-type: none"><li>• Whole cuts or pieces (e.g., ham, loin, ribs)</li></ul>	71°C (160°F)		
<b>Poultry (chicken, turkey, duck, and game birds)</b> <ul style="list-style-type: none"><li>• Ground or in pieces (e.g., legs, breasts, drumsticks)</li></ul>	74°C (165°F)		
<ul style="list-style-type: none"><li>• Whole bird</li></ul>	82°C (180°F)	Juice should run clear, and meat should easily separate from the bone.	

## Leg cramps

Description	Some suggestions
<ul style="list-style-type: none"> <li>When: during the second half of pregnancy</li> <li>Frequency: over 50% of pregnant women</li> <li>Cause: acid build-up (lactic and pyruvic acids) in the leg muscles. This build-up causes harmless but extremely painful cramps.</li> <li>Distinctive feature: they occur mostly at night.</li> </ul>	<p>When you have a cramp, you can</p> <ul style="list-style-type: none"> <li>Stretch your leg by pointing your toes upward</li> <li>Massage the affected muscles</li> <li>Get out of bed</li> <li>Walk around</li> </ul> <p>Don't worry if you feel a little discomfort or soreness the next day; it is nothing serious.</p>
	<b>Not feeling better?</b> <ul style="list-style-type: none"> <li>Talk to your health professional.</li> <li>See a doctor right away if you have intense, persistent pain accompanied by swelling.</li> </ul>

## Varicose veins and swelling

Description	Some suggestions
<ul style="list-style-type: none"> <li>• Likely causes:               <ul style="list-style-type: none"> <li>– Increased volume of blood and pressure from the uterus</li> <li>– Restricted blood circulation, which can cause fluid retention in the legs</li> </ul> </li> <li>• Distinctive features: varicose veins are primarily found on the legs, vulva, vagina, and anus</li> </ul>	<p>You can</p> <ul style="list-style-type: none"> <li>• Elevate your legs when possible</li> <li>• Sleep on your left side</li> <li>• Get regular exercise (see page 60)</li> <li>• Avoid sitting or standing for long periods without moving</li> <li>• Wear compression socks</li> </ul> <p>Varicose veins on the anus are called hemorrhoids. Tips on treating them are presented on page 145.</p>
	Not feeling better?
	<ul style="list-style-type: none"> <li>• Talk to your health professional</li> <li>• See a doctor right away if:               <ul style="list-style-type: none"> <li>– You have swelling in one leg only</li> <li>– The swelling is accompanied by intense, persistent pain</li> <li>– The swelling spreads (legs, hands, and face)</li> </ul> </li> </ul>

## Warning signs

Some problems during pregnancy require immediate attention from a health professional for evaluation. You can also contact your birthing centre or your hospital's obstetrics department directly.

Some of the warning signs listed in the red box are explained on the following pages.



See a health professional right away if your overall condition deteriorates or if you have any of the following problems:

- Vaginal bleeding
- Loss of consciousness (fainting)
- Severe headaches, upper abdominal pain, or sudden change in vision
- Swelling that spreads (legs, hands, and face)
- Fever
- Lack of baby movement after 26 weeks of pregnancy
- Contractions before 37 weeks of pregnancy
- Loss of amniotic fluid
- Heavy blow to the belly
- Severe abdominal (belly) pain
- Chest pain and sudden shortness of breath
- Pain and swelling in one leg only

### Breastfeeding and health

Breast milk contains **antibodies** and other substances that help baby's **immune system** fight off certain diseases. The more breast milk a baby gets, the more protection she has—protection that may even continue after she stops breastfeeding.

Breastfed babies are at lower risk of diseases such as diarrhea, ear infections, colds, and bronchiolitis. And when breastfed babies do get these illnesses, they are less severe. Breastfed babies are also at lower risk of **sudden infant death syndrome** and are better protected against certain chronic diseases such as obesity and diabetes.

Breastfeeding delays the return of menstrual periods. In the short term, women who breastfeed are therefore less likely to develop **anemia**. Over the long term, women who have breastfed have a lower risk of becoming diabetic or developing breast and ovarian cancer.

Most medications are compatible with breastfeeding. If you are taking medication, discuss it with your healthcare provider before your baby is born.

If you have COVID-19 and you want to breastfeed, you will need to take certain precautions. Wash your hands before feeding your child. Wear a face covering while feeding, preferably a medical mask.

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

If you have COVID-19 and you want to breastfeed, you will need to take certain precautions. Wash your hands before feeding your child. Wear a face covering while feeding, preferably a medical mask.

If you have COVID-19 and are already breastfeeding, it is recommended that you continue to do so. The same precautions are required: wash your hands before feeding your baby. Wear a face covering while feeding, preferably a medical mask.



Breastfeeding promotes a closer mother-child bond.

## Breastfeeding: A learned skill

Right after delivery, your baby will snuggle up to your breast and nurse for the first time. The act of nursing will soothe your baby and help stabilize his body temperature. Breastfeeding sustains the relationship that started between you and your baby during pregnancy.

The period when you start breastfeeding can be intense. While your milk will come in on its own, you will need to learn how to breastfeed.

The initial weeks of breastfeeding are a time of adaptation and learning. Mastering the technique of latching the baby to your breast can take a while at the beginning. Give yourself plenty of time and have confidence in yourself and your new baby.

As you gain experience, getting your baby to latch onto the breast will become easier. With time, you and your little one will come to enjoy the nursing experience more and more.



Learning to breastfeed is a little like learning to dance. At first, you focus on your steps, not the music. But with time and practice, you forget the technique and the music carries you away.

## Getting help

Breastfeeding, like giving birth, is totally natural. And just as it's normal to have assistance during delivery, it's normal to need help with breastfeeding, especially at the beginning.

There are many resources for breastfeeding mothers. Depending on where you live, you may be able to find IBCLC lactation consultants (International Board Certified Lactation Consultants) or clinics or doctors that specialize in breastfeeding. You also might discover that your local CLSC or local breastfeeding mentor group has the best-trained breastfeeding resources in your area.

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.

Before taking care of your baby (e.g., feeding, changing diapers), wash your hands to reduce the risk of transmitting an infection (see [How to do a good hand washing](#), page 638). This is especially important if you are sick. If you have COVID-19, wear a medical mask (if possible) or a face covering when caring for your baby.

## 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.

Carrying and hugging your baby stimulates him and helps him develop. Nowadays, people agree that you won't "spoil" a child by giving him the comfort and love he needs. On the contrary! 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.

## 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

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

- Wash the genitals and bottom last:
  - **For baby girls**, gently wash the vulva by separating the outer lips. Wipe from front to back. That way you avoid traces of fecal matter from coming in contact with the entrance to the vagina and urethra. Rinse well.
  - **For baby boys**, wash the penis and scrotum. Rinse well. The foreskin is not detached from the tip of the penis at birth. Avoid doing anything that will detach it. It's not necessary to dilate it to clean it.
- After the bath, dry your baby well without rubbing. Dry all the folds well to prevent redness and dampness. Remember also to dry around the umbilical cord. It's not a good idea to use powder because it can cause breathing problems.

Babies are covered in *vernix caseosa* 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.



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

### Hair

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

## Medical checkups

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

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

### Québec Family Doctor Finder

[quebec.ca/en/health/finding-a-resource/registering-with-a-family-doctor](https://quebec.ca/en/health/finding-a-resource/registering-with-a-family-doctor)

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

## Consulting health professionals

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

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

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

### Québec Medical Appointment Scheduler

[rvsq.gouv.qc.ca/en](https://rvsq.gouv.qc.ca/en)

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

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

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

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



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

## Baby's growth

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 371.

### Products to avoid

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

- Teething necklaces: Babies can choke on the wooden beads or other parts of a teething necklace, or can strangle themselves with it.
- Teething syrups and gels: These products contain an ingredient that can increase the risk of developing a serious blood condition. They also increase the risk of choking.
- Teething biscuits: These products do not relieve your baby's discomfort. What's more, they contain sugar and can therefore cause tooth decay (see [Tooth decay](#), page 616).
- Certain pieces of raw fruit or vegetables can also be a choking hazard if given to baby to chew on (see [Choking risk: Be extra careful until age 4](#), page 530).



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

### Brushing

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



Using a fluoride toothpaste helps prevent cavities.

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

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

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

A healthy baby

Health

613

### Contraindications

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

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

### Vaccination record

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

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

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



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

A healthy baby

Health

621



## A well-stocked medicine cabinet

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

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

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



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

## Newborn jaundice

Jaundice, also known as icterus, is common in newborns. It causes the whites of the eyes and the skin to turn yellow. This 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 and is gone by the end of the first week. In premature babies, it can last a few weeks.

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

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

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

## What to do?

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



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

In most cases, no treatment is necessary for jaundice.

## Thrush in the mouth

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

### What to do?

See a health professional.

*Candida albicans* is easily passed from a baby's mouth to the breasts during breastfeeding (see [Nipple thrush](#), page 488 and [Thrush in the breast](#), page 491). If you're breastfeeding, tell your health professional.

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

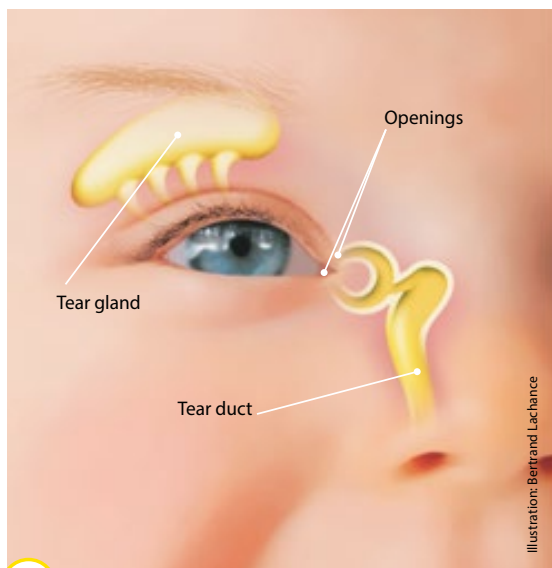


Illustration: Bertrand Lachance



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

## Eye problems

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

### Red, sticky, or watery eyes

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

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

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

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

**Foreign object in the eye** – If one of your baby's eyes becomes red all of a sudden, tears up a lot, or if your baby refuses to open his eye or is uncomfortable, he may have a foreign object in his eye. To find out what to do, read the section on [Foreign object or chemical product in an eye](#), page 716.

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

**Infection** – These are the signs of an eye infection:

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

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

## What to do?

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

- Wash your hands often to avoid spreading the germs
- Gently wash the eye with a clean washcloth soaked in warm water
- See a doctor or optometrist, 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 or 3 months old when he develops the ability to focus and move both eyes in the same direction.

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

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

## Allergies

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

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

Common health problems

Health

635

## How to do a good hand washing

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

### When should you wash your hands?

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

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

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

### How should you wash your hands?

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

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

Common health problems

Health

638

**If your child is too small to reach the sink**

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

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

**Waterless hand sanitizer**

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



Marie-Julie Martel



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

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

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

Common health problems

Health

639

Common health problems

Health

640

**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 616).

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.

Note that masks are not recommended for children under 2.

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

If your child has a contagious illness, fever, cold, or diarrhea, or if she is coughing a lot, it's preferable that she stay home. It's also a good idea to notify any visitors or people you are intending to visit.

If you are pregnant, see [Contact with people with a contagious disease](#), page 133.

### Childcare Services

Childcare services usually have clear policies about keeping sick kids at home 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.

Common health problems

Health

641

## Fever

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

Fever is very common in young children.



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

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

### When to take your child's temperature

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

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

### What thermometer to use

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

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

Common health problems

Health

643

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

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

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

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

If your baby is 6 months or older and has had a fever for more than 24 hours, she may need to be tested for COVID-19. Contact Info-Santé (8-1-1).

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



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

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

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

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

**Has your child recently been vaccinated?**

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

**When to consult a health professional**

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

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

- You're worried about your child's condition.
- He has a fever and is less than 6 months old.
- He's had a fever for more than 72 hours, regardless of his age.
- Your baby is 6 months or older and has had a fever for more than 24 hours: he may need to be tested for COVID-19.



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

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

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

### Fever medication

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

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



**Never give aspirin to your child.**

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

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

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

Common health problems

Health

649

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

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

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

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

When in doubt, consult a health professional.



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

Common health problems

Health

651



## Fever and skin rashes

Many children develop fever and a rash (pimples or red patches, or both) at the same time. This could be a sign of a contagious 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. They generally don't require treatment.

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

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

A child with fever and a rash may be contagious. For information on how to prevent the transmission of infections to others, see [Preventing infections](#) on page 637.



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

## What to do?

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

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

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

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

In other cases, follow the recommendations in the [What to do if your child has a fever](#) section on page 646.

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

## 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.



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.

If you think your child might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.

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 had a cough and a fever for 72 hours
- Has a cough and is wheezing or breathing rapidly. This could be bronchiolitis or asthma. You should consult a doctor right away

If he has trouble breathing, see 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.

## Sore throat

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

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

### What to do?

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

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 or has had a fever for 72 hours.

If you think your child might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.

### Good to know...

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

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

## 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. Breastfed babies' stools are often yellow or green. Babies fed commercial formula will tend to have greenish beige stools (see [Stools](#), page 279).

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. Consult Info-Santé (8-1-1) or a doctor if the situation persists.

If you think she might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.

Common health problems

Health

663

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 to consult a health professional

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.

If you think your child might have COVID-19, contact Info-Santé (8-1-1) or call a doctor.

Common health problems

Health

669

## Travelling safely: Car seats



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

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

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

### Types of car seats

The type of car seat you should use depends on your child's weight and height.



To choose the proper seat, check the car seat manufacturer's recommendations for maximum weight and height.

There are four types of children's car seats:

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

Keeping baby safe

Health

673

## Car seat direction

### Rear-facing car seats: as long as possible



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



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

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

## Good to know...

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

### Front-facing car seats


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

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

Keeping baby safe

Health

675

<p><b>Types of seats:</b> Infant seat, child seat or convertible seat (see <b>Types of car seats</b>, page 673)</p> <p><b>Direction:</b> Facing the rear of the vehicle</p> <p><b>Installation:</b></p> <ul style="list-style-type: none"> <li>• The harness straps must go through the slots in the back of the seat at the height of your child's shoulders or a little lower.</li> <li>• The chest clip connecting the two harness straps must be placed at armpit level (middle of your child's chest).</li> <li>• The harness straps must be tightened as close as possible to your child's body. Don't leave more than a finger's width between your child's body and the harness.</li> </ul> <p><b>Good to know...</b></p> <p>During baby's first month of life, try to avoid taking him on trips of more than one hour at a time. If you must take your newborn on a long trip, it is a good idea to take frequent breaks. Newborn babies have very little muscle tone and they tend to slide down in their seats, which can constrict their breathing. Stop every now and then to take your baby out of his seat and move him around.</p> <p> In Quebec, use of a rear-facing seat is suggested until your child is at least two years of age.</p>	<p>Keeping baby safe</p> <p>Health</p> <p>677</p>
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<p>Keeping baby safe</p> <p>Health</p> <p>686</p>	<p>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.</p> <p>Bunk beds are dangerous because children can fall out of them. Children under the age of 6 should not use them.</p> <p>If you use a hand-me-down crib, cradle, or bassinet, make sure it is in good condition and meets current safety standards.</p> <p>For more information, consult the pamphlet <i>Is Your Child Safe? Sleep Time</i> at <a href="https://www.hc-sc.gc.ca/cps-spc/alt_formats/pdf/pubs/cons/child-enfant/sleep-coucher-eng.pdf">hc-sc.gc.ca/cps-spc/alt_formats/pdf/pubs/cons/child-enfant/sleep-coucher-eng.pdf</a>. You can also contact Health Canada toll-free at 1-866-662-0666 or by email at <a href="mailto:cps-spc@hc-sc.gc.ca">cps-spc@hc-sc.gc.ca</a>.</p> <p><b>Bedding</b></p> <p>The only bedding your baby needs is a fitted sheet and a blanket. It is recommended to thoroughly wash and rinse them before use.</p> <p>Do not use bumpers, crib skirts, pillows, positioners, and stuffed toys as they present a suffocation hazard.</p> <p>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.</p> <p>Wash bedding regularly with hot water to kill dust mites, which feed on dead skin and live in warm, moist beds.</p>
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- Musical toys are great because they stimulate baby's sense of hearing and sight, but check the gears and make sure small parts do not come apart.
- Be careful however with toys that are too noisy as they can damage children's hearing and irritate parents. Try them out before you buy them.

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

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

You can also contact Health Canada toll-free at 1-866-662-0666 or by email at [cps-spc@hc-sc](mailto:cps-spc@hc-sc).

### Packaging, batteries, and magnets

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

Keeping baby safe

Health

689

### Play structures

#### Playground equipment and slides

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

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

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

Make sure your child uses age-appropriate play structures. Follow the manufacturer's installation instructions.

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

#### Trampolines

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

Keeping baby safe

Health

691

## Preventing drowning

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



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

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

### Bathtub

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

To learn more about bathing your infant and safety during bath time, see [Bathing your baby](#) on page 598.

### Pools

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

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

For more information and safety tips, visit the Lifesaving Society's Perfect Swim website: [perfectswimming.com](https://perfectswimming.com).

### Natural bodies of water

Heightened supervision is also a must around lakes, rivers, and other natural bodies of water like seas and oceans. Your child must be constantly supervised, because it only takes a moment for him to slip away.

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

### Water gardens and features

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



France Laliberté



Your child must be supervised at all times around lakes and rivers because he could wander off in the blink of an eye.



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

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

## Preventing dog bites

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

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

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



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

## Living in a smoke-free environment

Asthma, otitis, bronchitis and pneumonia are more common in children exposed to tobacco smoke. Exposure to tobacco smoke also increases the risk of sudden **infant death syndrome** (SIDS). Children are more sensitive to tobacco smoke than adults because their organs are still developing.



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

## Smoking outdoors

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

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



**Medications and toxic products: tips on poison prevention**

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

Keeping baby safe

Health

701

**Plants**

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

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

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

**Outdoor mushrooms**

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

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

Keeping baby safe

Health

702

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

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

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

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

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

### Good to know...

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

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

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

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

To learn about insect bite first aid, see the [Insect bites](#) section on page 717.

Keeping baby safe

Health

705

First aid

Health

708



Société de sauvetage



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 (8-1-1).

## Scrapes and cuts

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

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



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

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

## Small object in the nose

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

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



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

First aid

Health

709

First aid

Health

710



Alexandra Linneau



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

## Nosebleeds

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

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

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

## Oral and dental injuries

### Tongue or lip bites

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

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

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

### Knocked out baby tooth

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

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

### Broken or displaced tooth

See a dentist as soon as possible.

### Blow to a tooth

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

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

First aid

Health

711



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

## Burns

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

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

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



Go to the emergency room if the clothing is stuck to your child's skin, the burn is extensive, or your child's face, neck, hands, feet, or genital organs are affected.

First aid

Health

714

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

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



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

## Electrical shock

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

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

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

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



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

First aid

Health

715

## Foreign object or chemical product in an eye

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

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

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

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

As soon as you start rinsing, contact the Québec Poison Control Centre for further instructions at 1-800-463-5060. 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.

First aid

Health

716

## Insect bites

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



Call 9-1-1 if your child develops

- Red patches on the skin

AND one or more of the following:

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

She could be having a severe allergic reaction.

## Choking

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.

First aid

Health

717

### 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.



The following text is not a substitute for a first aid course. Many organizations offer first aid training, including cardiopulmonary resuscitation (CPR). It's a good idea to know CPR in case you ever need to use it. Your municipality or CLSC can tell you about the courses available in your area.

### First aid for a 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.



Danielle Landry

First aid

Health

718



**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 (chest 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 (see *If a choking baby under the age of 1 loses consciousness*, page 720).



Take your child to the emergency room once the choking episode is over because there could be complications.

First aid

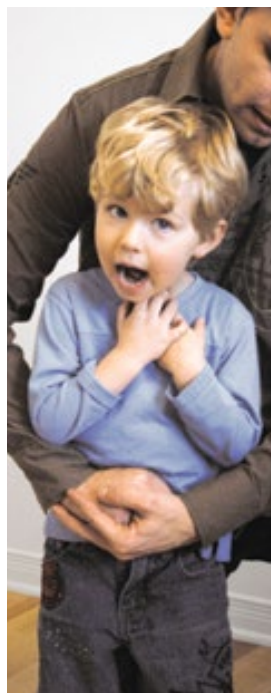
Health

719

First aid

Health

722

**First aid for a 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.



Take your child to the emergency room once the choking episode is over because there could be complications.

## What to do?

### Ingested product

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



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.

### 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 716).
- Call Québec Poison Control Centre at **1-800-463-5060**.

### Inhaled product

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

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

Québec Poison Control Centre has a number of prevention publications available on its website at [ciuss-capitalenationale.gouv.qc.ca/centre-antipoison-du-quebec/capq-accueil](https://ciuss-capitalenationale.gouv.qc.ca/centre-antipoison-du-quebec/capq-accueil) (Mostly in French).

## Maternity leave

Generally speaking, if you are a salaried employee and pregnant, you are entitled to take up to 18 consecutive weeks of maternity leave without pay. The maternity leave may begin in or after the 16<sup>th</sup> week preceding the expected date of delivery and end not later than the 20<sup>th</sup> week after the date of delivery. You can therefore distribute your leave before and after the week of delivery.

At your request, the maternity leave is suspended, divided or extended if required by your state of health or that of your child.

At least three weeks before you start your leave, or less if your state of health forces you to leave sooner, you must give written notice to your employer, stating the date on which your maternity leave will begin and the anticipated date of your return to work. The notice must be accompanied by a detailed medical certificate or a written report signed by a midwife.

At the end of your maternity leave, the employer must reinstate you in your former position and give you the same salary and benefits to which you would have been entitled had you remained at work.

## Leave for parents (birth or adoption)

You and your spouse may be absent from work for five days, the first two of which are paid, at the birth of your child, the adoption of a child or if there is a termination of pregnancy in or after the 20<sup>th</sup> week of pregnancy.

At your request, these five day of leave may be taken one day at a time, not necessarily consecutively. With your employer's consent, they may also be taken in hours.

This leave may not be taken more than 15 days after the child's arrival at home or after the termination of pregnancy, or if you already are on maternity or paternity leave.



Before birth	<p><b>Paternity leave</b></p> <p>You are entitled to take up to five consecutive weeks of unpaid paternity leave upon the birth of your child. You may not transfer your paternity leave to the mother of your child or divide it between you. Paternity leave is in addition to the five days of leave (see <a href="#">Leave for parents (birth or adoption)</a>, page 775). It may begin in or after the week of your child's birth and must end not later than 78 weeks after the birth.</p>	<p>Parental leave begins in or after the week of your child's birth or, in the case of adoption, the week the child is entrusted to your care, or the week in which you leave your work to go to a place outside Québec to pick up the child. Parental leave ends no later than 78 weeks after the birth of your child or, in the case of adoption, 78 weeks after the child was entrusted to your care.</p>
Becoming a parent	<p>At your request, the paternity leave is suspended, divided or extended if required by your state of health or that of your child. In other situations, at your request and with your employer's consent, the leave may be divided into weeks.</p>	<p>At your request, the parental leave is suspended, divided or extended if required by your state of health or that of your child. In other situations, at your request and with your employer's consent, the leave may be divided into weeks.</p>
Useful information	<p><b>Parental leave</b></p> <p>The mother and father of a newborn as well as anyone who adopts a child (including their spouse's child) are entitled to parental leave without pay of up to 65 consecutive weeks. Parental leave is in addition to the maternity leave of up to 18 weeks or, in the case of the father, paternity leave of up to 5 weeks.</p>	<p>You must give your employer at least three weeks' notice prior to taking parental leave, indicating the date on which your leave will begin and the date on which you will return to work. Notice may be shorter in certain cases.</p> <p>For more information, contact the Commission des normes, de l'équité, de la santé et de la sécurité du travail.</p> <p><b>Online</b>  <a href="https://cnesst.gouv.qc.ca">cnesst.gouv.qc.ca</a></p> <p><b>By telephone</b>            Throughout Québec: 1-844-838-0808</p>

776

<p><b>For a Safe Maternity Experience program</b></p> <p><i>Commission des normes, de l'équité, de la santé et de la sécurité du travail</i></p>	<p>If your duties or work station cannot be modified, if you cannot be assigned to other duties or if the danger cannot be eliminated at the source, you may stop working temporarily and receive compensation from the Commission des normes, de l'équité, de la santé et de la sécurité du travail.</p>	Before birth
<p>The purpose of the For a Safe Maternity Experience program is to enable pregnant and nursing women to continue working.</p>	<p>To avail yourself of this program, whose main objective is to allow you to continue working in a safe environment, you must ask a physician or a specialized nurse practitioner to complete the <i>Preventive withdrawal and reassignment certificate for a pregnant or breast-feeding worker</i> form.</p>	Becoming a parent
<p>If you are pregnant and your work duties are dangerous for your unborn child or for yourself, because of your pregnancy, you are entitled to be reassigned to duties that involve no such danger and that you are capable of performing.</p>	<p>For the certificate to be valid, your physician or the specialized nurse practitioner must consult the physician in charge of health services for the establishment where you are employed or the physician designated by the public health director of the region in which the establishment is located. There is no charge to obtain the certificate. You must give the certificate to your employer.</p>	Useful information
<p>The employer is required to eliminate the hazards present in the workplace and described in the <i>Preventive withdrawal and reassignment certificate for a pregnant or breast-feeding worker</i> form. The employer decides which means of action are appropriate:</p>		777
<ul style="list-style-type: none"> <li>• Eliminate at the source the hazards</li> <li>• Modify the worker's duties</li> <li>• Adapt the worker's workstation</li> <li>• Reassign the worker to duties that she is capable of performing</li> </ul>		

## Before birth

If you are nursing your child and wish to avail yourself of the For a Safe Maternity Experience program, you will need to obtain a new certificate, even if you were reassigned or benefited from preventive withdrawal while pregnant. In the case of nursing mothers, only conditions that could harm the child are taken into consideration.

## Becoming a parent

For more information, contact the Commission des normes, de l'équité, de la santé et de la sécurité du travail.

**Online**

[cnesst.gouv.qc.ca](https://cnesst.gouv.qc.ca)

**By telephone**

Throughout Québec: 1-844-838-0808

## Useful information

778

## Financial assistance

### Québec Parental Insurance Plan

*Services Québec*

The Québec Parental Insurance Plan (QPIP) pays benefits to all eligible **wage earners and self-employed workers** who take maternity, paternity, parental or adoption leave. Since this is an income replacement plan, you must have earned income from employment or a business in order to be eligible.

QPIP benefits equal up to 75% of your average weekly earnings calculated on the basis of your maximum insurable earnings, which cannot exceed the maximum insurable earnings in effect on the date when benefits begin. If your average weekly earnings (AWE) are less than the equivalent of a 40-hour work week at the general minimum wage, you may be eligible to receive increased benefits of up to 85% or 100% of your AWE, according to the plan you choose.

## Before birth

If you are a **self-employed worker**, you must also:

- have resided in Québec on December 31 of the year preceding the beginning of the benefit period
- have ceased your business activities or reduced the time spent on them by at least 40%

## Becoming a parent

If you are a **wage earner as well as a self-employed worker**, you must also:

- have resided in Québec on December 31 of the year preceding the beginning of the benefit period
- have ceased your business activities or reduced the time spent on them by at least 40% **and** have stopped working or seen a reduction of at least 40% in your usual weekly earnings

## Useful information

780

**Types of benefits**

A number of types of benefits are available under the QPIP.

**Pregnancy or delivery:**

- Maternity benefits for the mother only, in connection with a pregnancy or the delivery of a child

**Birth:**

- Paternity benefits for the father only or for the female spouse of the mother who gave birth, if she is acknowledged on the act of birth
- Shareable parental benefits which can be received by either parent or shared between them, simultaneously or successively. If the parents share a sufficient number of shareable parental benefit weeks, they may be eligible for additional shareable benefit weeks
- Exclusive parental benefits for each parent for the birth of more than one child as a result of a single pregnancy
- Exclusive parental benefits for the lone parent mentioned on the act of birth

**Adoption:**

- Shareable welcome and support benefits, relative to an adoption, which can be received by either parent or shared between them, simultaneously or successively. If the parents share a sufficient number of shareable parental benefit weeks, they may be eligible for additional shareable benefit weeks

- Shareable adoption benefits which can be received by either parent or shared between them, simultaneously or successively. If the parents share a sufficient number of shareable parental benefit weeks, they may be eligible for additional shareable benefit weeks
- Exclusive adoption benefits for each parent
- Exclusive adoption benefits for the adoption of more than one child at the same time
- Exclusive adoption benefits for the adoptive parent who welcomes a child for the purpose of adoption and who will be the lone parent on the child's certificate of birth or its equivalent

For the number of weeks applicable by type of benefit, consult the website [rqap.gouv.qc.ca/en](http://rqap.gouv.qc.ca/en).

The payment of maternity benefits may begin 16 weeks preceding the expected date of delivery. It ends not later than 20 weeks after the date of delivery.

Payment of paternity, parental, welcome, support or adoption benefits may begin the week of delivery or of the arrival of the child into the care of one of the parents for the purpose of the adoption. It ends not later than 78 weeks after the date of delivery or the arrival of the child into the care of one of the parents for the purpose of the adoption.

In the case of an adoption outside Québec, the benefit period may begin 5 weeks before the week of the child's arrival into the care of one of the parents for the purpose of the adoption.

#### **You have to choose between two plans:**

- the basic plan, which pays lower benefits over a longer period of leave
- the special plan, which pays higher benefits over a shorter period

The plan is determined by the parent whose application for benefits is received first. For more information on the terms and conditions applicable to the choice of plan or to learn more about the QPIP, visit the QPIP website at [rqap.gouv.qc.ca/en](http://rqap.gouv.qc.ca/en).

Before birth

Becoming a parent

Useful information

781

## At birth

## Financial assistance

### **Family Allowance**

*Retraite Québec*

The Family Allowance is a form of financial assistance that comprises, in addition to the Family Allowance *per se*, the supplement for the purchase of school supplies for children age 4 to 16, the supplement for handicapped children and the supplement for handicapped children requiring exceptional care.

#### **Family Allowance payment**

If your child was born in Québec, you do not need to file an application in order to receive the Family Allowance. Your newborn will be registered automatically when you declare the birth to the Directeur de l'état civil. Retraite Québec will contact you in the weeks following your child's birth.

However, if your child was adopted or was born outside Québec even though you live in Québec, you must file an application with Retraite Québec in order to receive the Family Allowance payment. To file your application for Family Allowance, access My file. It is easy, quick and secure. You can choose your preferences for receiving communications and documents in digital mode only or in a personalized manner. You can also enter your email address or cellphone number to receive notifications when changes are made to your file, for instance, when a document is filed or when you receive follow-up on an application.

You can also use the Application for Family Allowance online service on the Retraite Québec website. Finally, if one parent does not have a SIN, you must download the Application for Family Allowance form, complete it and send it to Retraite Québec using the Sending a document online service.

Becoming a parent

Useful information

792

If neither parent is eligible for the Québec Health Insurance Plan when the child is born, the Régie will contact you in writing in order to request the documents needed to register your child. That correspondence will include a certificate of temporary registration, which is the equivalent of a health insurance card and valid for period of 45 days. The certificate of temporary registration will permit you to obtain health services for your child free-of-charge until the registration process is completed.

#### **Child adopted or born outside Québec**

To register a child adopted or born outside Québec for the Health Insurance Plan, contact the Régie.

#### **Registering for the prescription drug insurance plan**

Once it has been determined that your child meets the eligibility requirements of the Health Insurance Plan, you must ensure that the child is covered by a prescription drug insurance plan. If you live in Québec on a permanent basis and either you or the other parent is eligible for a private group insurance plan that covers prescription drugs, you are obligated to extend that coverage to your child. Please contact your insurer to ensure coverage.

However, if you and the other parent are registered with the Public Prescription Drug Insurance Plan administered by the Régie, your child will be registered automatically under the plan.

With a few exceptions, if you are staying in Québec temporarily, you are not entitled to coverage under the public prescription drug insurance plan; however, your child is. Your child will therefore be registered automatically for the plan administered by the Régie. If you are covered for prescription drugs under a private group insurance plan and choose to extend that coverage to your child, you must contact the Régie in order to withdraw him or her from the public plan.

For more information, contact the Régie.

#### **Online**

[ramq.gouv.qc.ca](http://ramq.gouv.qc.ca)

#### **By telephone**

Québec area: [418-646-4636](tel:418-646-4636)

Montréal area: [514-864-3411](tel:514-864-3411)

Elsewhere in Québec: [1-800-561-9749](tel:1-800-561-9749)

At birth

Becoming a parent

Useful information

801