What's New?

What's New? summarizes the main changes in the 2024 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 that are of interest to perinatal and early childhood specialists and that affect the content of the guide are mentioned. We have not highlighted new wording or updates of a practical nature (e.g., changes to phone numbers or names of organizations, programs, and services).

Updates on several topics in the Feeding your child section

The 2024 edition includes updates on several topics in the **Feeding your child** section. Specifically, there are changes to the **Breastfeeding your baby** and **Foods** chapters. The content is based on the latest scientific findings and current practices in Québec.

COVID-19 and other respiratory diseases

Information on COVID-19, adjusted annually since the 2021 edition, has been updated again. In the 2024 edition, COVID-19 is often treated the same as other respiratory diseases.

A shorter "Useful information" section

The **Becoming a parent** chapter in the **Useful information** section has been removed. New and future parents looking for general information on government programs and services are encouraged to visit the Government of Québec's Pregnancy and Parenthood page. A QR code has been added for quick access to the site.

Page numbers remain virtually unchanged, with the exception of the "Breastfeeding your baby" and "Foods" chapters.

Updates in **Breastfeeding your baby** (pages 414-495) and **Foods** (pages 518-559) mean that several headings are no longer on the same page as before. In addition, some topics have been removed and others have been added.

Since the **Feeding your child** section extends from pages 363 to 589, we have been able to keep the same page numbers for the other sections of the guide. Topics outside the **Feeding your child** section that have been moved are listed in this document.

QR code added for easy access to information online

A QR code has been added to the back cover of the guide so new and future parents can easily access the content online at inspq.qc.ca/en/tiny-tot.

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 proceed with any adjustments that make it even more useful.

Please email your comments to mieuxvivre@inspq.qc.ca.

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

Pregnancy

Pregnancy — Everyday life during pregnancy

Tobacco and electronic cigarette Page 65 ▶

- Additional sentence on smoking cessation:

  "Reducing the number of cigarettes can be a first step before quitting smoking altogether."

Pregnancy — Nutrition during pregnancy

Preventing food-borne infections

Prevention tips for the whole family Pages 104-107 ▶

- Additional information on food handling, cooking, and serving, consistent with Produce safety (Health Canada, 2023):

  "Wash all fruits and vegetables (including leafy greens sold in unsealed packages) under running potable water, whether they are to be eaten raw or cooked and with or without the peel."

  "Cut away and discard any damaged or bruised parts of fruits and vegetables, because bacteria may develop there. Cut products must be refrigerated, frozen or used right away."

  "Frozen vegetables must be cooked, even if they are eaten cold. Follow the cooking instructions on the package, then cool the vegetables in cold water if necessary."

Pregnancy — Prenatal care

Suivi de grossesse

Screening tests Pages 129-131 ▶

- Update to the information about the Prenatal Screening Program of Québec, consistent with changes to the tests conducted under the program.

Contact with people with a contagious disease Page 134 ▶

- Adjustment to the information about contact with someone who has COVID-19. It is no longer recommended to systematically consult Info-Santé (811) in case of contact; instead, contacting Info-Santé is advised if questions arise.

Pregnancy — Health during pregnancy

Warning signs

Fever Page 154 ▶

- Additional information about COVID-19 during pregnancy:

  "If you think you have COVID-19, call Info-Santé (811)."

Pregnancy — Preparing to breastfeed

Making the decision to breastfeed

Breastfeeding and health Page 172 ▶

- Adjustment to information about COVID-19 while breastfeeding. Having COVID-19 is replaced by the presence of respiratory symptoms:

  "If you're sick, breastfeeding is still recommended. However, if you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering while breastfeeding. Always wash your hands before feeding your child."

Delivery

Delivery The first few days

Birth control Page 265 ▶

- Additional information on very closely spaced pregnancies:

  "Closely spaced pregnancies may have an impact on the health of the baby and the course of the pregnancy. If you want to get pregnant again quickly, talk to your doctor."

Birth control methods Pages 266-267 ▶

- Addition of contraceptive implants and adjustment concerning the possibility of starting contraceptive injections after delivery (recommendation to follow a doctor's advice). These changes are consistent with the 2024 update to the Québec contraception protocol (forthcoming).

Baby

Baby Sleep

Sleeping safely Pages 295-296 ▶

- Addition of a subheading and information on sharing the room for the first six months.
- Warning about never letting the baby sleep *alone* in an adult bed when the family is sleeping away from home.

Sudden infant death syndrome

- This topic has moved from page 298 to Page 299 ▶.
- Additional point, consistent with new knowledge on the topic in recent years:

  "Make sure your baby is neither too warm nor too cold when sleeping (e.g., light clothing, room at a comfortable temperature)."

Feeding your child

Feeding your child — Feeding your baby

Is your baby drinking enough milk? Pages 370-371 ▶

- Adjustment to the information about signs indicating whether or not babies are drinking enough.
- Adjustment to the information about weight gain during the first three months of a baby's life (30 grams per day).

Feeding your child — Breastfeeding your baby

Introduction to the chapter Page 415 ▶

- Adjustment to the information about breastfeeding when the mother has COVID-19. The guidance now refers to the presence of respiratory symptoms:

  "If you're sick, breastfeeding is still recommended. However, if you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering while breastfeeding. Always wash your hands before feeding your child."

Your breasts during nursing

Milk leakage Page 419 ▶

- Inclusion of the subtopic **Milk leakage**, formerly under the heading **Breastfeeding problems and solutions**.

Producing a good supply of milk Page 420 ▶

- Part of this topic has been rewritten to include the importance of promoting skin-to-skin contact and of breastfeeding or expressing milk within three hours of delivery.

Breastfeeding basics (Pages 421-425 ▶, formerly Breastfeeding, step by step)

- Complete update to ensure consistency with Québec's breastfeeding training program. Several headings and subheadings have been adjusted.
- The laid-back position for breastfeeding has been added, and the football position has been removed.
- New photos show nursing positions.

How often to nurse—and how long?

Breast compression Page 435 ▶

- Adjustment to the part about how to compress the breast, and the inclusion of a new photo which makes it easier to understand.

Expressing milk

How to do a "gentle massage" Page 454 ▶

- The "How to do a breast massage" box has been replaced by the "How to do a gentle massage" box, consistent with new knowledge on the topic in recent years.

Bottle-feeding your breastfed baby (Page 462 ▶, formerly Combining breast and bottle)

- Additional details on how to hold the baby and bottle, how to present the nipple, and how to give the bottle:

  "
  - Hold your baby in a stable position with her head tilted back slightly.
  - Place the nipple against her upper lip and wait until she opens her mouth wide before giving her the bottle.
  - Hold the bottle horizontally to slow the flow of milk and respect your baby's pace.
  - Observe your baby and take breaks as needed by tilting the bottle up or down or removing it from her mouth."

Breastfeeding challenges Page 466 ▶

- The information has been rearranged to normalize breastfeeding challenges before addressing the difficulties, and ending with weaning.

Common difficulties (Pages 467-490 ▶, formerly Breastfeeding problems and solutions)

- Complete update to ensure consistency with Québec's breastfeeding training program. Several headings and subheadings have been adjusted.
- The paragraph on **Counter pressure** was added to introduce this technique, which can help a baby take the breast in certain circumstances. A photo has also been added Page 471 ▶.
- The subtopic **Worried you don't have enough milk?** has been merged with the subtopic **Insufficient milk production**, so that all the relevant information is in the same place Pages 475-476 ▶.
- The subtopic **You have more milk than your baby needs (overproduction)** has been added Page 477 ▶.
- A **Breastfeeding difficulties** table has been added, on Pages 478-482 ▶. It describes common difficulties and suggests possible solutions, with references to the appropriate subtopics.
- The tables on painful nipples and painful breasts, now on Pages 484-486 ▶ and Pages 488- 489 ▶, have been replaced. The new tables present information based on observable signs. Readers will learn about potential problems and ways to solve them. In some places, the tables also refer to related subtopics.
- The **Muscle pain** subtopic has been added to provide information about this type of pain when it's related to breastfeeding Page 490 ▶.

Breastfeeding accessories Page 491 ▶

- Consolidation of information on breastfeeding accessories, formerly presented in a box in the **Pregnancy** section Page 178 ▶ and in the former subtopic on **Nipple shields**.
- Addition of information on lactation aids.

When breastfeeding doesn't go as planned Page 492 ▶

- Information that was formerly in a subtopic under **Breastfeeding problems and solutions** has been rearranged.

Discouraged and thinking of weaning your baby? Page 493 ▶

- Information that was formerly in a subtopic under **Breastfeeding problems and solutions** has been rearranged.

Weaning Pages 494-495 ▶

- Section moved to pages 494 and 495, after the information about breastfeeding problems.

Feeding your child Foods

- The entire chapter has been rearranged to include a section on baby-led weaning (BLW), an approach to introducing new foods.

How should I introduce foods? Pages 522-528 ▶

- Change to the order of subtopics.
- Addition of a subtopic on **Food quality** Page 524 ▶.
- The **Progression of textures** subtopic (formerly **Texture**) has been updated and moved to the **Baby food basics** topic Page 532 ▶.

New foods Page 523 ▶

- Addition of a paragraph to explain that foods can be added to your baby's diet without any waiting period between each.

A word about food allergies Page 524 ▶

- Adjustment to the information about introducing foods likely to cause allergies, consistent with the position statement Dietary exposures and allergy prevention in high-risk infants (Canadian Paediatric Society, 2021):

  "In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that it's best to introduce these types of foods at the same time as other solids.

  When your baby tries a new food that could cause an allergy, watch her. To learn about the signs of an allergic reaction and what to do, see **Food allergies**, Page 571 ▶. If she tolerates the new food, continue to offer it several times a week, in normal quantities for her age."

Choking risk: Be extra careful until age 4 Page 530 ▶

- Addition of a photo and information on using a high chair:

  "Belt your child into the high chair so she cannot slide out or climb over the backrest or the tray. This also helps her maintain good posture while eating."

Baby food basics

- Addition of the subtopic **How much to serve?** Page 539 ▶, which has information previously found in **6 to 12 months—your baby's first foods**.

Baby-led weaning (BLW) Pages 540-543 ▶

- Addition of a topic on baby-led weaning (BLW). The topic explains the criteria for BLW, as well as which foods to offer and how to prepare them. It also includes information on how much babies eat and on BLW for babies who attend a childcare centre.

6 to 12 months—Your baby's first foods Pages 545-558 ▶

- The entire topic has been rearranged to take BLW into account. Information that applied to just one approach (baby food or BLW) has been removed, moved, or adapted. The following adjustments have been made:
  - Information on how to start cereals has been removed.
  - Information on how much food to serve in **Baby food basics**, the **How much to serve?** subtopic Page 539 ▶ and in **Baby-led weaning (BLW)**, the **How much does my baby eat?** subtopic Page 543 ▶ has been moved.
- Information on nitrates in vegetables has been removed. The risks associated with nitrates in vegetables apply to very young children (younger than three months), whereas *From Tiny Tot to Toddler* recommends the introduction of solid foods at around six months, as recommended in the Joint Statement on Nutrition for Healthy Term Infants (Health Canada, 2013) and by most health organizations.
- Removal of references to previous recommendations on introducing foods likely to cause allergies in the following subtopics: **Fish**, **Eggs**, and **Peanut and nut butters**.

Food allergies

Preventing allergies Page 572 ▶

- Adjustment to the information about introducing foods likely to cause allergies, consistent with the position statement Dietary exposures and allergy prevention in high-risk infants (Canadian Paediatric Society, 2021):

  "In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that it's best to introduce these types of foods at the same time as other solids."

Health

Health A healthy baby

Introduction to the chapter Page 593 ▶

- Adjustment to the information about adults who have COVID-19 when caring for a baby. It has been replaced with information about the presence of respiratory symptoms.

  "If you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering when caring for your baby."

Nasal irrigation

- This topic has moved from page 602 to Page 603 ▶.
- The information has been updated. Instructions on how to perform nasal irrigation have been removed, as the information was being revised when *From Tiny Tot to Toddler* was sent to print.

Baby's teeth

Brushing Page 606 ▶

- Additional information on gum cleaning:

  "Even before the first tooth appears, you can gently rub your baby's gums with a clean, moist washcloth. This cleans your baby's mouth and gets her accustomed to the brushing to come."

Vaccination

Regular vaccination schedule for children up to two years of age Page 619 ▶

- Addition of a note explaining that it may be recommended for some children to receive additional doses of vaccine at six months of age.

Health Common health problems

- Adjustment to the information about contacting Info-Santé (811) when parents think their child may have COVID-19. This information is included in **What to do if your child has a fever** Page 646 ▶ and in **Colds and flu** Pages 654-655 ▶, **Stuffed-up or runny nose** Pages 656-657 ▶, **Cough** Pages 657-658 ▶, **Sore throat** Page 659 ▶ and **Diarrhea** Pages 662-663 ▶:

  "If you think he might have COVID-19, and you have questions, contact Info-Santé (811)."

Thrush in the mouth Page 626 ▶

- Addition of a box on gentian violet:

  "In the past, gentian violet was recommended as a treatment for thrush. However, it is now known that exposure to this product may increase the risk of cancer, and its use is no longer recommended. If you have any concerns about this issue, talk to a health professional."

- Removal of information on the transmission of *Candida albicans* from the mouth to the mother's breast, consistent with new knowledge in recent years.

Common childhood infections

Preventing infections Page 639 ▶

- Addition of a paragraph, *Wear a mask (face covering)*:

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

How to do a good hand washing

Waterless hand sanitizer Page 641 ▶

- Addition of the fact that these products are not recommended for children under two years of age.

Stuffed-up or runny nose Page 656 ▶

- The information has been rearranged, consistent with the changes made in the **Nasal irrigation** topic Page 603 ▶.

Health — Keeping baby safe

Travelling safely: Car seats

Car seat safety
Accidents Page 680 ▶

- Additional information about car seats involved in an accident:

  "Your child's car seat may be damaged if a car accident occurs, whether your child was in the car seat at the time of the accident or not."

  "Replacement of a car seat involved in an accident is often covered by automobile insurance companies."

Preventing poisoning Page 702 ▶

- Additional examples of products that are poisonous for children: cannabis and nicotine products, cosmetics, hand sanitizers.
- Addition of two ways to prevent poisonings, based on updated information from the Québec Poison Control Centre:

  "Keep purses and other bags that may contain toxic products (e.g., cosmetics, drugs, hand sanitizers, nicotine products) out of reach of children."

  "Return expired medications to the pharmacy. This keeps them from accumulating at home and ensures they are not stored in unsafe locations or thrown out in the garbage."

Family

Family Growing as a family

Taking baby for a walk

In the stroller or carriage Page 761 ▶

- Addition of information on the use of strollers and carriages when it is hot, consistent with new knowledge in recent years:

  "Strollers and carriages retain the heat. When it's very hot, make sure your child stays comfortable. You can install a stroller umbrella or a small fan."

  "When it's very hot, do not put a blanket over the stroller, even if it's to shield your baby from the sun. The temperature inside the stroller increases rapidly."

Useful information

Useful information Becoming a parent Before birth

- Removal of the chapter **Becoming a parent** (previously pages 772 to 811). Parents are directed to the government website, Pregnancy and Parenthood: https://www.quebec.ca/en/family-and-support-for-individuals/pregnancy-parenthood. A QR code has been added so new and future parents can easily access the content online.

Modified Pages

If you have friends and family who smoke, ask them to smoke outdoors so that you and your baby won't be exposed to tobacco smoke.

It's never too late to quit smoking. Your baby will benefit, regardless of when during your pregnancy you actually quit.

For most smokers, smoking is an addiction that can be hard to kick. Reducing the number of cigarettes can be a first step before quitting smoking altogether. Talk to your health professional, he can help.

A telephone helpline, website, and numerous quit-smoking centres offer their services free of charge to the public. To access the helpline service and find the centre nearest you:

iQuitnow
1-866-527-7383
tobaccofreequebec.ca/iquitnow

Electronic cigarette

Use of electronic cigarettes (aka e-cigarettes, vapes, or vaping products) during pregnancy is not recommended, as very few studies have been conducted to assess their effects on pregnant women and the fetus.

For pregnant women who want to quit tobacco cigarettes, there are effective options that are safer than electronic cigarettes. Don't hesitate to talk to a health professional.

Preventing food-borne infections

There's no such thing as a world without germs. They are in the air, water, and soil, in animals, and in fertilizers and gardens. Therefore, they can also be found in the food and water we consume. Germs can cause food-borne infections.

However, most of the germs found in food aren't dangerous, and your digestive system and **immune system** are there to defend you. What's more, basic hygiene habits can help protect you against food-borne infections.

Prevention tips for the whole family

On the following pages, you'll find advice on how to choose, store, handle, and cook food to prevent food-borne infections. These measures are applicable at all times by everyone involved in food preparation.

Some foods pose a greater risk to pregnant women. You'll find specific advice related to pregnancy in the section Prevention tips for pregnant women, page 110.

Cleanliness

- Wash your hands thoroughly with soap before and after handling food (see How to do a good hand washing, page 640).
- Use hot soapy water to wash all plates, utensils, cutting boards, surfaces, and sinks used to prepare food.
- Disinfect everything that has been in contact with raw meat, poultry or fish using a commercial kitchen disinfectant or a solution containing 5 ml (1 tsp.) of bleach in 750 ml (3 cups) of water. Rinse well. Material can also be disinfected by washing it in the dishwasher.
- Wash your refrigerator and your reusable grocery bags and boxes regularly. Use a separate bag for meat and poultry.
- Change or wash your kitchen towels several times a week. When scrubbing dishes, opt for a washable sponge or cloth.

Storage, and preservation

- Make sure that your fridge is set at 4°C (40°F) or colder, and the freezer at -18°C (0°F) or colder.
- Do not leave foods that should normally be kept cold or hot at room temperature for more than two hours. In very hot weather, the maximum time should be one hour.
- Store raw meat, poultry, and fish on the bottom shelves of the fridge to prevent their juices from leaking onto other foods.
- Use refrigerated perishable foods by the best-before date, which applies before the package or container is opened. After opening, refer to the *Thermoguide* for information on how long you can safely store the product. The *Thermoguide* is available at mapaq.gouv.qc.ca/SiteCollectionDocuments/ConsommationPortail/Thermoguide_imprimable_8.5x11.pdf (in French only).
- Refrigerate leftovers without delay. Don't keep them any longer than four days in the fridge, or freeze them right away.

Handling

- Wash all fruits and vegetables (including leafy greens sold in unsealed packages) under running potable water, whether they are to be eaten raw or cooked and with or without the peel. A vegetable brush can be used for fruits and vegetables with a firm peel, such as carrots, potatoes, melons, and squash.
- Cut away and discard any damaged or bruised parts of fruits and vegetables, because bacteria may develop there. Cut products must be refrigerated, frozen or used right away.

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

Cooking and serving

- To make sure food has been cooked safely, you can use a digital food thermometer to check their internal temperature. The table on page 108 shows the minimum safe temperatures for destroying germs by food category.
- Frozen vegetables must be cooked, even if they are eaten cold. Follow the cooking instructions on the package, then cool the vegetables in cold water if necessary.
- Serve food hot (above 60°C) or cold (4°C or less).

Screening tests

Screening tests for **chromosomal anomalies** may be offered to you as part of your prenatal care.

Prenatal Screening Program of Québec

At your first prenatal appointment, your health professional will ask if you want to take part in the Prenatal Screening Program of Québec. This program screens for **trisomy** 21 but may also detect trisomy 18 or 13.

Prenatal screening is not mandatory. It is up to you to choose whether or not to do the screening tests and whether or not to use their results. The decision is yours at every step. The steps are:

1. Biochemical test, with or without **ultrasound** (see page 130)

2. A genomic test (fetal DNA test) or a diagnostic test (see page 131) if the biochemical test shows the probability is high

The genomic test may also be offered right away if you meet one of the following criteria:

- You will be over 40 years old at the time of the birth
- You have already had a pregnancy with trisomy 21, 18, or 13
- You are pregnant with twins
- You recently had a prenatal genetic consultation where the test was recommended to you.

In Québec, most of the tests under the screening program are free for women who choose to participate.

These tests are described on the following pages.

Before you have these tests, think about the decision you will have to make if you find out the baby has a trisomy.

Biochemical test
The biochemical test involves testing your blood during pregnancy.

The test takes into account your age and the blood test results to determine whether your probability of having a baby with **trisomy** 21 is low or high. Depending on the results, the test may also indicate a high probability of your baby having trisomy 18. At this stage, it isn't possible to distinguish between trisomy 18 and trisomy 13.

If your probability of having a baby with trisomy 21 or 18 is high, you will be offered the genomic test (fetal DNA test). In certain specific situations, you may be offered a diagnostic test right away.

Good to know...

If the results of the biochemical test, with or without ultrasound, show a high probability, this does not necessarily meant that your baby will have trisomy 21 or trisomy 18.

Ultrasound
Along with the biochemical test, you may be offered an **ultrasound** between weeks 11 and 13 of your pregnancy. There may be a fee charged for this test.

This ultrasound is used to measure nuchal translucency, i.e. the space between the skin of the neck and the spine of the **fetus**. A higher than normal measure of nuchal translucency may indicate a high risk of trisomy 21, other **chromosomal abnormalities**, or fetal malformations.

Genomic test
The genomic test is designed to screen for trisomy 21, 18 and 13. If the biochemical test shows a high risk of trisomy 21 or 18, the genomic test can also be used to better determine the risk level before offering a diagnostic test.

This test is offered because it is reliable and safe. It is done by a blood test on the pregnant woman.

Diagnostic test
If the genomic test shows that risk is high, a diagnostic test will be offered to you.

The diagnostic test is a reliable way to determine whether the baby has a **chromosomal anomaly**, but it does carry some risk of complication, including **miscarriage**.

If you are faced with the difficult choice of continuing or terminating your pregnancy after completing these tests, you may need help. Don't hesitate to discuss this with your loved ones or the healthcare professional who is monitoring your pregnancy.

It is normal for you and your partner to feel anxious if you choose to have these tests done. Be sure to ask for all the information you need and take your time to decide.

You may also want to contact **trisomy** 21 parent groups. They can help you better understand their reality and make the decision that is best for you. To find groups in your area, contact your CLSC.

For information about the program, visit quebec.ca/en/health/advice-and-prevention/screening-and-carrier-testing-offer and click on Québec Prenatal Screening Program.

Other screening tests

After the birth, you will be given the option of testing your baby's blood and urine for diseases that are rare, but require early monitoring or treatment (see Neonatal screening, page 244).

COVID-19

If you think you have been in contact with someone who has COVID-19 and have questions, call Info-Santé (8-1-1).

Pertussis (whooping cough)

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

Cytomegalovirus (CMV)

CMV can cause a number of problems in unborn children. It is mainly transmitted by young children, even if they don't appear to be sick. You can reduce the risk of infection by following the guidelines on page 638. For more information, visit cmvcanada.com.

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

About half of the adults in North America contracted fifth disease in their youth, which protects them against reinfection later in life. If an unprotected pregnant woman contracts fifth disease, there is a chance the fetus may become infected. In rare cases, a miscarriage may occur as a result of this infection.

The risk of complications is greatest before 20 weeks of pregnancy. The risk is much lower after. If you come into contact with someone with fifth disease, talk to your health professional. He or she will be able to assess your situation.

Rubella (German measles)

Thanks to vaccination, rubella is very rare in Québec. If contracted, however, rubella can cause complications for the pregnancy and the fetus. If you think you have been in contact with someone with the disease, see a doctor.

Severe headaches, upper abdominal pain, or sudden changes in vision

Contact your health professional right away if you are experiencing any of the following symptoms:

- Severe headaches
- Upper abdominal pain
- A sudden change in vision
- A general feeling of being unwell

Also consult your health professional if you notice that your blood pressure is high (more than 140/90).

Fever

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

An adult has a fever if their body temperature (taken orally) is 38°C or higher.

If you have a fever while you are pregnant, it could be dangerous for your pregnancy or indicate that you have an infection that needs to be treated.

When to consult a health professional
If you have a fever of 38 to 38.4°C and your overall condition is good, you can wait a while to see how the situation evolves. You can take acetaminophen to lower your temperature and relieve pain.

However, you should see a doctor or your prenatal care provider if

- Your fever of 38 to 38.4°C lasts more than 24 hours
- You have a fever of 38.5°C or higher
- You feel unwell or have any other concerns

If you think you have COVID-19, call Info-Santé (8-1-1).

You can contact an Info-Santé nurse for advice at any time by calling 8-1-1.

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're sick, breastfeeding is still recommended. However, if you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering while breastfeeding. Always wash your hands before feeding your child.

However, sucking at the breast isn't the same as drinking from a bottle. Milk usually flows faster from a bottle than from the breast, and the baby's mouth movements are different. As a result, using a bottle, especially for a prolonged period of time, can lead to problems with breastfeeding.

A trained breastfeeding support person can show you an alternative to bottle-feeding, if you wish.

If your baby uses a pacifier, it can be difficult to recognize her hunger signs. Your baby may end up skipping a feeding, which can affect milk production. To maintain milk production at a level that meets your baby's needs, check first to see if she's hungry or needs to be changed or cuddled before giving her the pacifier.

Breastfeeding accessories

There is an ever-expanding array of breastfeeding accessories on the market—everything from breast pumps and nursing bras and pillows to nursing pads and more. None of them are essential, although reusable or disposable nursing pads can be useful if your breasts leak milk. A nursing bra isn't necessary either, but it can be very practical. If you do decide to wear one, it is best to get it toward the end of your pregnancy so that it fits your breast size.

Community groups are good sources of information when the time comes to choose a breast pump or other breastfeeding accessories.

Birth control

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

Very closely spaced pregnancies may have an impact on the health of the baby and the course of the pregnancy. If you want to get pregnant again quickly, talk to your doctor.

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

Breastfeeding and lactational amenorrhea method (LAM)

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

To be effective, LAM requires the following conditions:

- Your baby is less than six months old.
- You breastfeed exclusively (no commercial infant formulas, food, or water is given to the baby)
  - Breastfeeding is on demand and not according to a set schedule (see Breastfeeding on demand or often enough to meet baby's needs, page 177). For LAM, feedings should be no more than four hours apart during the day, and six hours apart at night.
- You haven't had any bleeding or started having your period again.

Before using LAM or another natural method of birth control (e.g., Billings or symptothermal), it's a good idea to contact the Serena organization for further information and support.

Serena
Organization promoting natural family planning methods
514-273-7531 / 1-866-273-7362
serena.ca

You can also visit the following website:

World Alliance for Breastfeeding Action (WABA)
waba.org.my/resources/lam

Birth control methods

Your choice of a birth control method depends on your preference and your personal situation, which should be assessed with your health professional. This assessment can be done at the end of pregnancy or before you leave the hospital or birthing centre.

The table on page 267 describes the birth control methods available.

Contraceptive implants, IUDs, contraceptive injections, the progestin-only pill, and combined hormonal contraceptives are the most effective types of birth control. Don't stop your current birth control method before starting another. To avoid unprotected sex, keep a supply of condoms handy.

The withdrawal method, or coitus interruptus, and the calendar method are not effective.

Learn about birth control methods by visiting the website prepared by the Society of Obstetricians and Gynaecologists of Canada sexandu.ca.

Birth control methods

Method	When you can start if you have no contraindications
Contraceptive implants	Any time after giving birth, depending on your state of health
Hormonal IUD	Any time after giving birth, depending on your state of health
Copper IUD	Any time after giving birth, depending on your state of health
Contraceptive injection	Depending on your doctor's advice and your state of health
Progestin-only pill	Any time after giving birth
Combined hormonal contraceptives that contain estrogen and progestin: • Pills • Contraceptive patch • Contraceptive vaginal ring	• 6 weeks after giving birth • Depending on your situation, your healthcare provider may recommend you start three to four weeks after giving birth
• Diaphragm • Cervical cap	6 weeks after giving birth
Condom	From the start of sexual relations

Sleeping safely

Starting from birth, your baby should sleep on her back. Once she begins turning over on her own, you can let her sleep in the position she prefers without any danger.

Your baby should always sleep on a firm mattress and in a crib, cradle, or bassinet that meets Canadian government safety standards (see Crib, cradle, and bassinet, page 684). Aside from a tight fitted sheet, there should be nothing on the bed (e.g., comforters, pillows, bumper pads). If you think your child needs to be covered, use a light blanket or a sleep sack suitable for the child's height. Make sure your baby isn't too hot.

Sharing your room

Recommended by the Canadian Paediatric Society

The Canadian Paediatric Society and Health Canada recommend that babies sleep in their own beds in their parents' bedrooms for the first six months of their lives. It is the safest place for a baby to sleep.

Aurélie Maheux-Dubuc

For her own safety, your baby should sleep on her back, in her own crib.

If you are unable to sleep well when you're in the same room as your baby, you could have her sleep in a secure crib in another room (see Crib, cradle, and bassinet, page 684). The quality of your sleep is very important.

Do you sleep with your baby?

Every year there are reports of deaths of babies who were sharing a sleep surface with their parents.

To avoid an accident, never sleep with your baby

- on a couch or similar furniture (eg., upholstered chair)
- if you have been drinking, taking medication that makes you drowsy or using drugs
- if you are extremely tired (more than usual)

In these cases, it is much safer for your baby to be in your room, but in her crib.

To safely share your bed, make sure that you

- Always lay your baby on her back
- Use a firm mattress (no soft surfaces or water beds)
- Remove soft bedding and other items (e.g., pillows, comforters, stuffed toys)
- Leave enough distance between the mattress and wall that your baby can't get stuck
- Never let your baby sleep alone in an adult bed

Sleeping away from home

Your baby must sleep in a safe place, even when you are away from home. Never, under any circumstances, put your baby to bed alone in an adult bed and don't use pillows. If you don't have a crib, a blanket placed directly on the floor can act as a temporary safe bed for a baby who is less than 6 months old. Using a mattress placed on the ground or a playpen are two other potential solutions for putting your baby to bed when you are travelling. If using a playpen, do not add mattresses or padding.

Sudden infant death syndrome (SIDS)

The sudden death of an infant under the age of one occurs while the baby is sleeping. We still do not know the cause of **sudden infant death syndrome** (crib death).

The main risk factors for sudden infant death syndrome (SIDS) are:

- Exposure to maternal tobacco use or other sources of tobacco smoke during pregnancy and after birth (see Tobacco and electronic cigarette, page 64).
- Sleeping on the stomach
- Blankets or bedding that can end up completely covering a child's face

Babies who are breastfed and properly vaccinated have a lower risk of SIDS.

Here are the recommendations to reduce the risk of sudden infant death syndrome:

- Make sure your baby sleeps safely (see Sleeping safely, page 295 and The nursery, page 683).
- Eliminate smoking as much as possible during pregnancy and make sure no one smokes near your baby.
- Put your baby to sleep on her back. Tell anyone who looks after your baby to do the same. Babies who usually sleep on their backs and are then put to sleep on their stomachs are at greater risk for SIDS.
- Make sure your baby is neither too warm nor too cold when sleeping (e.g., light clothing, room at a comfortable temperature).

Using a baby monitor does not mean you can disregard these safety precautions. They must be followed even when using a monitor.

Is your baby drinking enough milk?

Before you go back home, make sure you can tell if your baby is feeding well and getting all the milk he needs. Talk to your midwife or a nurse at the hospital if in doubt.

When your baby is feeding enough, the appearance and quantity of his stools and urine will change. Here are a few signs to help you determine if your newborn is getting enough milk.

Urine

Urine is darker and more concentrated over the first 2 or 3 days. Your baby may also have orange stains (urate crystals) in his diaper: this is normal for the first 2 days. In the first week, the number of times your baby pees will increase by one every day:

- Day 1 = 1 time
- Day 2 = 2 times
- Day 3 = 3 times, etc.

After the first week, your baby will pee at least 6 times in 24 hours if she drinks enough milk. Each pee generally contains 30 to 45 ml of urine. The urine is clear and odourless.

Stools

Over the first 2 or 3 days of your baby's life, stools will be dark and sticky; this is called meconium. Digesting milk will bring about a change in stool appearance. Gradually, they will become less sticky and a dark green colour. If your baby is drinking enough, there will be no meconium at all left in his digestive system by the fifth day. Stools will be yellow or green if he is drinking breast milk, or greenish beige if he is being fed commercial infant formulas.

If your baby is drinking enough, his stools will be liquid or very soft. He may have 3 to 10 bowel movements per day over the course of the first 4 to 6 weeks. If your baby doesn't have at least one bowel movement per day, he might not be drinking enough. After 4 to 6 weeks, some babies fed with breast milk will have fewer but very substantial bowel movements even if they are drinking enough (e.g., one bowel movement every 3 to 7 days).

Weight gain

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

Once your baby regains his birth weight, he can gain about 30 grams a day until 3 months of age. Regular weight gain is a good sign that your baby is drinking enough. There's no point weighing your baby every day to see if he is drinking enough.

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

For more information on urine, stools and the size of your infant, see The newborn, page 272.

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

Signs that your baby is drinking enough

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

Signs that your baby is not drinking enough

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

Health professionals all over the world 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.

Human milk is unique and perfectly adapted to children's needs. It is the only milk that meets all of their nutritional and immunity requirements. Breastfeeding is more than a matter of ensuring baby is well nourished. It offers mother and child a moment of intimacy that provides baby with a feeling of warmth and security.

If you're sick, breastfeeding is still recommended. However, if you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering while breastfeeding. Always wash your hands before feeding your child.

Breastfeeding promotes a closer mother-child bond.

If you use nursing pads, choose cotton or disposable ones without a plastic lining and be sure to change them often.

A daily shower or bath is all you need to keep your breasts clean. Creams, ointments and other products are not necessary. Washing your hands with soap and water before nursing is the best way to prevent infections.

When your milk comes in

Having your milk "come in" is a normal phase of milk production. Between the second and the fifth day after delivery, your breasts become warmer, the appearance of the milk changes and production increases rapidly. Most women also find that their breasts become larger.

Some women experience no discomfort when their milk comes in. But for most women it can be uncomfortable, especially if their breasts become engorged and firm to the touch. To ease the discomfort, which generally lasts from 24 to 48 hours, thorough and frequent feedings (8 times or more during a 24-hour period) are recommended at regular intervals, both day and night.

Your baby will generally want to nurse more often during this phase, which will ease the discomfort in your breasts and help him gain weight.

What if he has difficulty latching on because the breast is too firm, or your breasts become painful? You'll find advice in the table entitled Painful breast, page 488.

Milk leakage

Milk may leak from your breasts between feedings or during the night. This is normal. It's a natural mechanism that helps relieve pressure in your breasts.

If it bothers you, you can protect your bed with a towel at night. During your daily activities, you can wear absorbent cotton pads in your bra or a camisole with a built-in bra.

Producing a good supply of milk

Milk production is a matter of supply and demand: the more milk is removed from your breasts, the more milk they will produce.

To get milk production off to a good start during the first few days

- Encourage skin-to-skin contact at birth when possible by offering your baby the breast. Continue skin-to-skin contact regularly afterwards.
- Within an hour of your baby's birth, stimulate your breasts by nursing your baby or expressing milk if your condition allows. Breastfeeding or expressing milk within three hours of birth helps initiate breastfeeding. Afterwards, stimulate your breasts at least 8 times every 24 hours, day and night.
- Express your milk if your baby isn't sucking effectively or latching on properly. During the first few days, expressing manually is often more effective than using a breast pump.

Milk production fluctuates during the first 4 to 6 weeks, depending on demand. That's why it's important to stimulate the breasts during the day and at night during this phase.

Some women produce substantial milk. For others, however, milk production can be less reliable, decreasing as soon as stimulation lets up or becomes more infrequent. A person trained in breastfeeding can often help new mothers increase milk production, especially during the first weeks (see Insufficient milk production, page 475).

Let-down reflex

Stimulating the breasts also results in the release of **oxytocin** into the bloodstream. Oxytocin is a hormone that causes the breasts to contract and expel milk. This is known as the "let-down reflex."

This reflex might be triggered when you put your baby to your breast, or if you stimulate the nipple and **areola** when expressing milk. Just hearing your baby cry or thinking about him can trigger the let-down reflex, too. It ensures that milk will be available when your baby begins nursing.

It's not unusual to experience the let-down reflex several times while nursing. The results typically last from 30 seconds to 2 minutes. Some women feel a tightening or tingling in the breast; others feel no sensation. During the first few days after delivery, you may experience intense thirst and uterine contractions in conjunction with the let-down reflex.

During the let-down reflex, milk flows more rapidly and babies will swallow more quickly for several minutes. Sometimes the let-down reflex is so strong that your baby will need to let go of the breast to take a breath of air. Women expressing milk can see the pace quicken and even notice spurts during the let-down reflex.

Breastfeeding basics

This section outlines the basics of breastfeeding and explains what you can do to ensure your baby is feeding well and effectively. Whenever you feel breastfeeding-related difficulties or challenges arise, go back to these basics.

Over time, you and your baby will discover what works best for both of you.

Find the right time (signs of hunger)

It's hard to get a baby to nurse if she's asleep, she's crying or she's too hungry. As soon as you see signs that your baby is hungry, offer her your breast (see Hunger signs, page 367). That way she'll be more patient.

Getting settled for a feed

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

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

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

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

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

There are several different breastfeeding positions. Here are some of them. You don't have to master all the positions. One or two are often enough.

Laid-back position

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

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

Cradle position

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

This position can be used to breastfeed anywhere.

Cross-cradle position

In this position, you are seated as well. You support your baby's body and head with the arm opposite the breast he is nursing from (e.g., if you are breastfeeding from the left breast, you support your baby with your right arm). The palm of your hand should be placed on his upper back, not on his head.

This position is often used in the early stages of breastfeeding. It can help your baby latch on to the breast better. Like the cradle position, the cross-cradle position can be used to breastfeed anywhere.

Lying-down position

In this position, you and your baby both lie on your side, facing each other. Your bodies are nestled against each other. You should offer the breast closest to the mattress. Your baby's head should be placed at breast height.

Breastfeeding while lying down can be enjoyable and can give you a chance to rest. If you tend to doze or sleep while nursing, follow the recommendations in Sleeping safely, page 295, to keep your baby safe.

Laid-back position

Cradle position

Cross-cradle position

Lying-down position

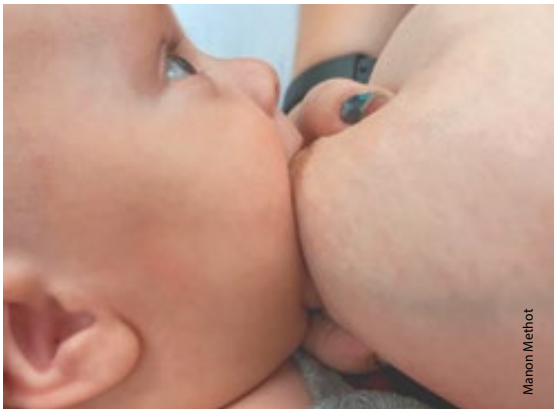
Breast compression

Breast compression is a technique you can use if your baby has trouble getting the milk he needs. It increases milk flow. Use this technique if your baby

- Falls asleep quickly when nursing
- Isn't gaining enough weight
- Wants to nurse very often or for long periods
- Seems dissatisfied after feeding

It's also a very good way to get your baby drinking colostrum during the first few days of life.

Position your thumb on one side of your breast and your fingers on the other in a squeeze position. Place your fingers close to the areola, but far enough away that you don't interfere with your baby's suction. Squeeze the breast with your whole hand without moving your fingers. This should not be painful or stretch the areola.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Maintain pressure for 5 to 10 seconds or as long as your baby continues swallowing. Release the pressure as soon as he stops drinking, then start again, continuing until he stops swallowing. Offer the other breast in the same way if your baby seems to want it. You can return to the first breast—and the second one again—if needed. You can stop using this technique once your baby starts drinking enough.

How to do a "gentle massage"

When your breasts feel heavy and tight (engorged), or you feel pain in one or both of them, a "gentle massage" can help reduce the swelling and pain.

To do this, gently stroke your breast, moving from the nipple toward your armpit (under your arm). Stroking stimulates liquid circulation and reduces swelling. Do not press hard. Deep massage could cause injury.

How to express milk by hand

Manual expression is a technique every mother should know. It's the most effective way to express colostrum, you can use it any time, anywhere to relieve an engorged breast, and it's free.

This technique is easier than it sounds. Ask hospital staff, your midwife, or a CLSC nurse to teach it to you.

- Wash your hands.
- Use a large, clean container.
- To prompt the let-down reflex, massage your breast gently.
- Lean forward slightly so the milk can flow into the container.

Bottle-feeding your breastfed baby

If you supplement your baby's diet with bottle feeding, it's preferable to use expressed (pumped) breast milk. Also, if you feed your baby commercial infant formula, it's a good idea to express your milk each time you do so as not to interfere with milk production.

To suck from a bottle or from your breasts is not the same. Here are the main differences:

- Your baby has to open her mouth wide to latch onto the breast properly, whereas this is not as important with a bottle.
- Milk flows from your breast at different speeds, but flows at the same rate from a bottle.
- Most bottles will drip into your baby's mouth even when she doesn't suck, which is not the case when she drinks from the breast.

Some babies easily switch from breast to bottle and bottle to breast. For others, it's more difficult.

When bottle feeding:

- Opt for a slow-flow bottle nipple.
- Hold your baby in a stable position with her head tilted back slightly.
- Place the nipple against her upper lip and wait until she opens her mouth wide before giving her the bottle.
- Hold the bottle horizontally to slow the flow of milk and respect your baby's pace.
- Observe your baby and take breaks as needed by tilting the bottle down or removing it from her mouth.

Teaming up with the other parent or someone close to you can be a big help.

Breastfeeding challenges

Giving birth and caring for a baby can be one of the most intense experiences you'll ever have.

In the first few weeks, fatigue and hormonal changes can sometimes lead to tears. Likewise, breastfeeding challenges can also bring along their share of emotions.

Learning how to nurse your baby takes practice. Early on, it's normal to feel awkward and experience some discomfort. As the days go by, you and your baby will figure it out together, and breastfeeding will go more smoothly. The adjustment period can take up to six weeks, so give yourself some time, go easy on yourself, and don't be afraid to talk about it.

Common difficulties

Moms who breastfeed may experience some difficulties, especially in the first few weeks. Fortunately, you can overcome several of them.

In the following pages, you'll read about the most common difficulties and several suggestions for dealing with them. You can also refer to the table Breastfeeding difficulties, page 478 for suggestions suitable to your situation. The key to overcoming most of the hurdles along the way is to go back to the basics (see Breastfeeding basics, page 421).

When to get help

It is better to consult a person trained in breastfeeding or a healthcare professional (see Getting help, page 416) if

- Your baby has difficulty latching on or is not actively sucking or regularly swallowing, even after you have followed the suggestions in this section (pages 468 to 481)
- You have nipple or breast pain or damage that doesn't heal or get better even after you have followed the suggestions in this section (pages 483–490)
- Your baby pees less and has fewer bowel movements than is normal or isn't putting on weight as expected for his age (see Is your baby drinking enough milk?, page 370)
- You're worried about how much your baby is drinking or whether he is gaining weight
- You don't notice a rapid increase in milk production between the 2th and the 5th day after your baby is born (see When your milk comes in, page 419)

If your baby still has dark, sticky stools (meconium) on the 5th day, see a health professional that same day.

You can call Info-Santé (8-1-1) at any time if you have any concerns.


Cécile Fortin

At all times, skin-to-skin contact can help babies regain their natural sucking reflex. Strip your baby down to her diaper, remove your bra, and lay her skin-to-skin between your breasts. Place a blanket over her. Wait until she starts seeking out the breast, then gently guide her.

Remember, it's normal for babies to cry (see Crying, page 282). It is also normal for your little one's sleep pattern to be different from yours (see Sleep in the first weeks, page 301). This doesn't mean that breastfeeding isn't satisfying your baby.

Your baby has trouble latching on

Newborns don't all develop at the same pace. Some take longer to learn how to latch on properly. If your baby cries and pushes on your breast, it's because she's hungry and can't latch on. Don't worry, she is not rejecting you.

Sometimes your baby won't nurse because she can't latch on. There can be a number of reasons for this, such as:

- You and your baby need to be better positioned (see Getting settled for a feed, page 422)
- You have
  - firm, heavy, and tight (engorged) breasts
  - flat or inverted nipples

- Your baby
  - – has difficulty sucking (e.g., a tight lingual frenum)
  - – has pain from the delivery (e.g., head, neck, collarbone)
  - – has had unpleasant experiences while breastfeeding (e.g., pressure on head, being forced to nurse)

In other cases, babies latch on but then let go. They don't breastfeed long enough to get the milk they need. There are a number of reasons why your baby might have difficulty breastfeeding. For example

- She has jaundice that puts her to sleep
- She's used to a bottle that flows faster
- You're not producing enough milk, and she finds that the milk doesn't flow fast enough

Most of the time, a combination of causes explains why your baby isn't able to latch on.

What to do?

See the table Breastfeeding difficulties, page 478, for suggestions specific to your situation.

Even if your baby can't breastfeed right away, you can give her milk that you've expressed. During the first few days of learning to breastfeed, you can offer milk from a spoon or a little cup (see Offering milk from a spoon or cup, page 470). As the amount of milk she drinks increases, you can try giving a bottle (see Bottle-feeding your breastfed baby, page 462).

Counter pressure is another technique that can help your baby latch on if your breast is heavy, firm and tight (engorged) or if your nipple is flat or inverted (see Counter pressure, page 470).

Most babies will eventually learn to latch on, especially if you're producing enough milk. Don't hesitate to contact a trained breastfeeding support person for help (see Getting help, page 416).


Sophie Cliche

If your baby isn't getting enough milk from your breasts, you can use a cup.

Offering milk from a spoon or cup

Before you give your baby milk from a spoon or small cup, make sure she is awake and calm. Hold her on your lap and support her head. Bring the cup (or spoon) to her bottom lip and tilt it toward her tongue. Do not pour the milk in her mouth. The important thing is to follow your baby's pace and appetite.

A trained breastfeeding support person can show you what to do and answer your questions.

Counter pressure

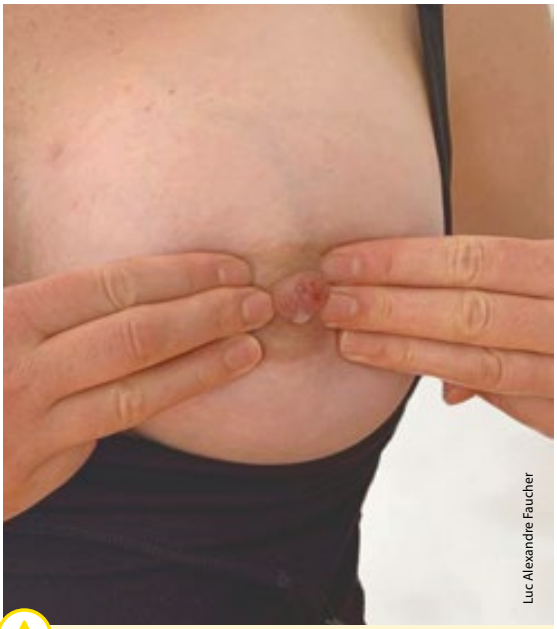
Counter pressure can also help your baby latch on if your breast is firm, heavy and tight (engorged) or if your nipple is flat or inverted. Counter pressure involves gently pressing on the areola below the nipple just before feeding. Press with your fingertips for about one minute. Repeat by placing your fingers elsewhere on the areola to soften the whole area. You shouldn't feel any pain.

Your baby used to nurse, but won't anymore

Sometimes a baby who breastfed easily won't nurse anymore. This can happen all of a sudden or come about gradually as he nurses less and less frequently.

If you know your baby is hungry, but he can't seem to latch on or simply won't take the breast, there are various possible explanations, such as:

- Your milk supply has decreased and your milk doesn't flow fast enough for your baby.
- Your baby increasingly prefers the bottle, which flows faster.
- Your breasts are firm, heavy, and tight (engorged), and your baby has trouble latching on.
- You have an abundant supply of milk, and it flows very quickly.
- Your baby is sick or has a stuffy nose.
- Your baby is experiencing temporary discomfort (e.g., teething, stiff neck).



Counter pressure involves pressing on the areola just before a feed.

What to do?

See the table Breastfeeding difficulties, page 478, for suggestions specific to your situation.

To compensate for the breastfeeding sessions he is skipping, you can continue to give him breast milk by expressing it. Try offering milk from a spoon or cup for the first few days (see Offering milk from a spoon or cup, page 470) or by bottle once he starts drinking larger quantities (see Bottle-feeding your breastfed baby, page 462).

If things aren't back to normal after a few more attempts at breastfeeding, contact a trained breastfeeding support person (see Getting help, page 416).

Your baby only takes one breast

Some newborns feed more easily from one breast or seem to prefer one breast over the other. This is common, and quite often temporary.

It's possible that

- Your baby has some minor pain or discomfort related to the delivery (e.g., head, neck, collarbone) and might be less comfortable feeding on one side
- Your milk supply or milk flow is different in each breast
- Your nipples are different

What to do?

See the table Breastfeeding difficulties, page 478, for suggestions specific to your situation.

It is preferable for your baby to take both breasts so she can drink as much milk as she needs. It's therefore recommended that you

- Keep breastfeeding on the side where your baby is most comfortable
- Continue to offer the breast she seems to like least, without forcing her
- Express milk from the breast your baby takes less easily, to keep her fed and maintain your supply

Your baby sleeps a lot: should you wake him up for a feed?

Some babies sleep a lot and skip feedings, especially in the first 2–3 weeks. This makes it difficult for them to get all the milk they need.

If your baby sleeps a lot, you can let him sleep if he

- Wakes on his own to nurse 8 or more times every 24 hours
- Sucks actively and swallows regularly while at the breast
- Pees enough and passes enough stools per day (see Is your baby drinking enough milk?, page 370)
- Regains his birth weight within the first 2 weeks of life (see Weight gain, page 371)

If, on the contrary, your baby does not show these signs, wake him up to feed.

What to do?

If you have to wake your baby to nurse, start by placing him skin-to-skin with you.

Is he moving in his sleep, making sucking motions, or moving his eyes beneath his eyelids? These are signs that he is in a light sleep phase. Now is a good time to nurse him.

Your baby is not drinking enough milk during feedings

If your baby isn't peeing enough or passing enough stools for her age, and especially if she isn't gaining enough weight (see Is your baby drinking enough milk?, page 370), it might be a sign that she isn't drinking enough breast milk. Consequently, she's not getting enough nutrition.

There are a variety of possible reasons:

- She doesn't nurse frequently enough or long enough.
- She sucks at the breast but doesn't swallow enough milk.

What to do?

Make sure she nurses often enough, in other words at least 8 times every 24 hours, day and night.

You can express your milk so you can continue giving her breast milk. You can offer milk from a spoon or cup for the first few days (see Offering milk from a spoon or cup, page 470) or from a bottle once she starts drinking larger quantities (see Bottle-feeding your breastfed baby, page 462).

Contact a trained breastfeeding support person if things don't quickly get better or if you have concerns (see Getting help, page 416).

You may need to supplement feedings with commercial infant formula to meet all your baby's milk requirements.

To maintain breastfeeding despite the use of commercial infant formula, it is important to express milk to stimulate or increase your production. It's a good idea to use a pump to express your milk every time you feed your baby with commercial infant formula.

Insufficient milk production

Many mothers think they don't have enough milk, especially when their baby cries and wants to nurse often and for long periods. Remember, newborns cry for all kinds of reasons (see Crying, page 282). It is also normal for babies to nurse frequently (8 or more times per 24 hours) and even more frequently during a growth spurt (see Growth spurts, page 372).

Your breasts will become softer at the end of the day or after a few weeks of breastfeeding. This doesn't mean you have less milk.

If your baby is peeing enough and passing enough stools and especially if he is gaining enough weight (see Is your baby drinking enough milk?, page 370), you can be sure that he is getting enough milk and that you are producing enough.

Sometimes, however, milk production is low right from the start of breastfeeding. In other cases, it can suddenly drop. This may or may not be temporary, and can be due to a number of different reasons:

- Your breasts are understimulated because:
  - the number of feedings or expressing of milk is not enough in 24 hours (less than 8 times)
  - there is a period of several hours (e.g., at night) when your breasts are not stimulated
  - your baby's suction is not strong enough
  - the pump you've chosen doesn't suit you or isn't being used effectively
  - your baby regularly takes a bottle
  - your baby regularly drinks commercial infant formula
- You've had breast surgery (see If you've had breast surgery, page 451)
- You have a health problem (e.g., hormone disorder)

- You're pregnant again (see If you're breastfeeding—and pregnant, page 452)
- You're taking oral contraceptives or a decongestant containing pseudoephedrin

Good to know

Regardless of how much breast milk you produce, the quality of your milk is always excellent. Even in small amounts, breast milk provides your baby with a host of nutritional and immune elements that are not found in commercial infant formula.

What to do?

See the table Breastfeeding difficulties, page 478, for suggestions specific to your situation.

Make sure your baby is well fed and continues to gain weight. Give him expressed milk or commercial infant formula. Even if you use infant formula, you can continue breastfeeding.

Generally speaking, the basic principle for maintaining or increasing your milk supply is to remove milk from the breasts at least 8 times every 24 hours, day and night. Some women need to get their milk out even more frequently. You can remove milk from your breasts by nursing your baby or expressing milk.

You can also talk to a trained breastfeeding support person who will help you assess your milk supply and determine how you can produce more, if you need to (see Getting help, page 416).

You have more milk than your baby needs (overproduction)

Once breastfeeding is established, some women produce more milk than their babies need. Even after feeding, their breasts are heavy and tight (engorged). There can be various reasons for an **overproduction of milk**. It may be related to factors such as

- The mother's personal characteristics (e.g., having multiple children, being able to produce an abundance of milk)
- Regular expression of milk that the baby doesn't need in addition to feedings

What to do?

Avoid expressing more milk than your baby needs.

Contact a trained breastfeeding support person (see Getting help, page 416). Overproduction can create difficulties.

Very fast milk flow (strong let-down reflex)

A few seconds after your baby starts nursing, you can hear her swallowing loudly. She may even choke a little, fuss or stop nursing and start crying as milk runs onto her face. Your baby is upset because the milk is flowing too quickly.

What to do?

If your milk starts flowing too fast, remove your baby from your breast for a few seconds and put her back on once the let-down reflex has passed.

Try different positions to see if there is one that suits you and your baby better. You can try laid-back position (see Getting settled for a feed, page 422). The milk will flow more slowly into your baby's mouth in this position.

Breastfeeding difficulties

You	What to do?
Are having difficulties finding the right position and bringing your baby to your breast	See Getting settled for a feed, page 422, and Bringing baby to your breast, page 426.
Have firm, heavy and tight (engorged) breast	• Before feeding, gently press the **areola** near the nipple with your fingertips (see Counter pressure, page 470). • You can also do a "gentle massage" to reduce swelling (see How to do a "gentle massage", page 454). • If necessary, relax the breasts by expressing milk.
Have flat or inverted nipples	• Before feeding, gently press the areola near the nipple with your fingertips (see Counter pressure, page 470). • Favour the laid-back position (see Getting settled for a feed, page 422). • Make sure your baby opens his mouth wide and takes the nipple far into his mouth. • As you nurse your baby, squeeze your breast to increase the flow of milk (see Breast compression, page 435).

You	What to do?
Have insufficient milk supply	• As you nurse your baby, squeeze your breast to increase the flow of milk and continue offering one or both breasts again (see Breast compression, page 435). • To boost milk production, remove milk from your breasts by nursing your baby or expressing milk frequently, at least 8 times every 24 hours, day and night. See Producing a good supply of milk, page 420.

Your baby	What to do?
Has jaundice (see Newborn jaundice, page 625)	• Make sure he is drinking enough milk. • You can increase the number of feedings (see Is your baby drinking enough milk?, page 370) or, if necessary, offer milk from a spoon or cup after he nurses (see Offering milk from a spoon or cup, page 470).
Has a tight lingual frenum that seems to be causing problems	• Consult a trained breastfeeding support person for an assessment. • Adjust your baby's position, or try a different one (see Getting settled for a feed, page 422). • Adjust how he latches on (see Make sure your baby is latching on correctly, page 428). • While you wait to see the specialist, you can try using a nipple shield (see Nipple shields, page 491).

Your baby	What to do?
Is experiencing pain or discomfort from the delivery (e.g., head, collarbone, tight neck muscles)	• Adjust your baby's position, or try a different one (see Getting settled for a feed, page 422). • Consult a muscle pain specialist (e.g., physiotherapist).
Has had unpleasant experiences at the breast	• Make skin-to-skin contact with your baby. • Favour the laid-back position (see Getting settled for a feed, page 422). • Avoid placing your hand on your baby's head while you are breastfeeding.
Nurses without swallowing	• Adjust your baby's position, or try a different one (see Getting settled for a feed, page 422). • Adjust how he latches on (see Make sure your baby is latching on correctly, page 428). • As you nurse your baby, squeeze your breast to increase the flow of milk (see Breast compression, page 435). • As soon as your baby stops actively nursing, change breasts. You can offer both breasts several times during each feeding. • Try to boost your milk supply. To do this, remove milk from your breasts by nursing your baby or expressing milk frequently, at least 8 times every 24 hours, day and night (see Producing a good supply of milk, page 420).

Your baby	What to do?
Has grown accustomed to bottle feeding	• See Bottle-feeding your breastfed baby, page 462. • Try bringing baby to your breast whenever he's due for a feed, but don't force him if he doesn't want to latch on. • As you nurse your baby, squeeze your breast to increase the flow of milk (see Breast compression, page 435). • To boost milk production, remove milk from your breasts by nursing your baby or expressing milk frequently, at least 8 times every 24 hours, day and night (see Producing a good supply of milk, page 420). • In addition, each time your baby feeds from a bottle, express your milk to maintain or increase your supply.
Cries while breastfeeding	• Make skin-to-skin contact with your baby. • Offer your baby the breast before he gets too agitated. Watch for signs that he's hungry (see Hunger signs, page 367). • If he seems too hungry, first offer a little milk from a spoon or cup to calm her down (see Offering milk from a spoon or cup, page 470). • Bring your baby to the breast for short periods of just a few minutes when he is calm and less hungry. • If your milk flows quickly, see Very fast milk flow (strong let-down reflex), page 477. • If your milk flows slowly, see Insufficient milk production, page 475.

Your baby	What to do?
Falls asleep or takes long breaks while breastfeeding	• As you nurse your baby, squeeze your breast to increase the flow (see Breast compression, page 435). • Stimulate your baby so that he sucks and swallows regularly for the whole feed (e.g., talk to her, massage the palm of her hands or the soles of her feet). • Switch breasts whenever your baby stops swallowing despite your use of compression.
Is sick or has a stuffy nose	• Clear your baby's nose before you start feeding (see Stuffed-up or runny nose, page 656, and Nasal irrigation, page 603).
Is experiencing temporary discomfort (e.g., teething, stiff neck)	• Find the cause of the discomfort and eliminate or reduce it, if possible. • Use your baby's favourite position and offer the breast, but don't force him to feed. • Offer the breast when your baby is sleeping lightly.

Painful nipples

Your nipples may be sensitive for the first few days, especially at the beginning of a feeding. Baby and mom are still in the learning period. After a few days, breastfeeding should not hurt.

Are you feeling pain after the first 30 seconds of breastfeeding or are you afraid to nurse your baby because of the pain? The most common cause of pain is a poor latch. Improving how your baby latches on can significantly reduce nipple pain and damage (see Make sure your baby is latching on correctly, page 428).

Persistent pain or damage is one of the main reasons why women decide to stop nursing. Any pain or discomfort deserves attention. If you need to, contact a trained breastfeeding support person (see Getting help, page 416).

For many years, women with nipple pain were assumed to have thrush or a fungal infection. These days, nipple pain is usually associated with vasospasms (see page 486) or muscle pain (see Muscle pain, page 490).

Painful nipples

What you notice	What it might be	What to do?
Red or cracked nipples or a sore spot that sometimes bleeds	Sore or cracked nipples	• Vary breastfeeding positions (see Getting settled for a feed, page 422). • Try to improve how your baby latches on (see Bringing baby to your breast, page 426). If you need to reposition your baby, gently break the suction (see Breaking the suction, page 430). • Start nursing with the less sensitive breast. • Take pain medication such as acetaminophen. A pharmacist can help you. • If nursing is too painful, you can **express** your milk to feed your baby. Expressing milk also prevents engorged breasts and maintains your milk supply. Consult a trained breastfeeding support person if the problem persists (see Getting help, page 416). Over-the-counter ointments, balms, and creams won't solve the problem, but may provide some relief.

What you notice	What it might be	What to do?
An unpleasant sensation (e.g., burning, itching) and redness on your nipples The sensation often persists between feedings and is more common in women who have eczema.	A skin reaction to a new product or to moisture	• Use washable nursing pads and avoid using disposable ones. • Change the pads as soon as they are damp. Wash the pads in mild, unscented detergent. • Stop applying creams, lotions, lanolin or other products on your nipples as you may be reacting to these products. • Apply a thin layer of over-the-counter 0.5% hydrocortisone after every feeding for 3 to 5 days. There is no need to remove the product before you feed your baby. Ask your pharmacist for advice. Consult a trained breastfeeding support person if the problem persists (see Getting help, page 416).

What you notice	What it might be	What to do?
An unpleasant sensation (e.g., burning, pinching) in the nipple or throughout the breast, and your nipple changes colour (blue, white, or red) This type of pain can occur after a feeding, between feedings, or upon contact with cold (e.g., getting out of the shower, grocery shopping in the frozen food aisle). Nicotine, caffeine, and certain medications can aggravate the problem.	A vasospasm	• Check and correct the latch as needed (see Make sure your baby is latching on correctly, page 428). • Keep your breasts and your body warm (e.g., dress warmly). • Apply dry heat, such as the palm of your hand or a reusable heat pack, to the nipple immediately after feeding or when you see a change in colour. Consult a trained breastfeeding support person if the problem persists (see Getting help, page 416).
A thin layer of skin or a small white dot on the nipple that blocks your milk You may also have intense pain in the nipple and sometimes throughout your breast, especially at the beginning of a feeding.	A blister	• Avoid touching or scratching it (with your fingers or a needle). • Continue to nurse. Your baby might pierce the blister as she feeds. Consult a trained breastfeeding support person if you feel any pain or if the problem persists (see Getting help, page 416).

Painful breast

For a long time, mothers were advised to "empty" their breasts when the breasts were engorged or in the presence of redness or a lump or hard area on the breast. We now know that it is better not to "empty" the breasts to avoid **overproduction of milk**.

Breast pain is often accompanied by redness or a lump or hard area on the breast. Any pain or discomfort warrants attention.

Some types of discomfort are associated with your milk coming in (see When your milk comes in, page 419) and with a normal level of engorgement during the first days or weeks of breastfeeding. Nursing effectively, frequently (8 or more times per 24 hours), and regularly (day and night) helps relieve discomfort, which typically lasts 24 to 48 hours.

Breast pain can affect breastfeeding and is one of the main reasons why women decide to wean their baby.

The following table shows the types of pain that lactating women may feel on one or both breasts, and some suggestions for relieving the pain.

Painful breast

What you notice	What it might be	What to do?	
Tight, heavy breast **Can be painful**	Engorgement caused by excess milk or swelling	Nurse your baby according to his needs.	• If your baby hasn't drunk very much and you are uncomfortable, express a little milk after the feeding. Express just enough to be comfortable, without trying to empty your breasts. • If your baby has difficulty latching on, express a little milk manually to soften the areola. • Try to relax your breast by pressing on the areola near the nipple (see Counter pressure, page 470).
A bump or hard or red area on the breast	Obstruction of one or more milk ducts caused by excess milk or swelling		If you are uncomfortable after the feeding, express a little milk. Express just enough to be comfortable, without trying to empty your breasts.
A bump or a hard, swollen, or red area on the breast; fever and flu symptoms (e.g., aches, chills)	Inflammation or infection (mastitis)	• Nurse your baby according to his needs. • Continue breastfeeding with the infected breast if you can; the milk is fine.	If your baby hasn't drunk very much and you are uncomfortable, express a little milk. Express just enough to be comfortable, without trying to empty your breasts.

			When to see a healthcare professional (see Getting help, page 416)
	• Apply cold (e.g., ice or a cold washcloth) for 10 to 15 minutes every 1 to 2 hours between feedings to help reduce swelling and pain. Avoid heat. • Massage your breasts lightly and gently (see How to do a "gentle massage", page 454). Avoid deep massage, which can injure the breasts.		
		• If needed, take ibuprofen (e.g., Advil®, Motrin®) to reduce redness, swelling, and pain. • Acetaminophen (e.g., Tylenol®) may reduce pain. Ask your pharmacist for advice.	
		• Take ibuprofen (e.g., Advil®, Motrin®) as needed to reduce redness, swelling, pain and fever. • Acetaminophen (e.g., Tylenol®) may also reduce pain and fever. Ask your pharmacist for advice.	• Your symptoms have not started to improve after 24 hours. • The situation is getting worse (e.g., the redness spreads, the skin texture changes, the hard area becomes very painful, fever lasts more than 24 hours or increases). You may require antibiotics.

Muscle pain

You might experience pain in the breasts or nipples if you have or have had problems with your back, ribs, neck, or shoulders. Why? Because the nerves in those parts of the body are the same ones that govern sensations in the breasts and nipples.

What to do?

When you breastfeed, take the time to get comfortable. Support your back and keep your elbows close to your body. Your feet are flat on the floor or on a low stool.

You can also get settled in a laid-back or lying down position (see Getting settled for a feed, page 422).

Keep your spine and shoulders aligned at all times. Always try to sit on both buttocks.

Avoid

- leaning on the armrest and crossing your legs
- leaning forward by turning your body
- carrying your baby on one hip while moving around with him

If the pain persists, consult a muscle specialist (e.g., physiotherapist).

Breastfeeding accessories

There is an ever-expanding array of breastfeeding accessories on the market—from breast pumps, nursing bras, and pillows to nursing pads and more. None of them are essential, and some can even interfere with breastfeeding.

However, reusable or disposable nursing pads may be useful if your breast milk leaks. A nursing bra isn't necessary either, but can be very practical. If you're thinking about getting a breast pump, community breastfeeding support organizations are an excellent source of information when the time comes to choose one.

If you experience breastfeeding difficulties, accessories such as nipple shields or a lactation aid might be suggested.

Nipple shields

Nipple shields are a silicone breastfeeding accessory designed to go over the nipple. They come in various models and sizes.

They are sometimes recommended when the baby does not take the breast or when the mother's nipples are painful.

If nipple shields seem to be the solution for you:

- Contact a trained breastfeeding support person for guidance (see Getting help, page 416)
- Choose the size that best matches your nipple
- If you are only having problems with one breast, use a shield on that side only
- Use it for part of the feed only, if possible
- Express your milk after each feeding several times a day to maintain your milk supply
- Clean the shield according to the manufacturer's instructions

Nipple shields are generally for temporary use. You should stop using yours as soon as the problem is solved. Long-term use of a nipple shield may make it difficult for your baby to nurse without one and may also reduce your milk supply.

If you're finding it hard to discontinue using nipple shields, talk to a trained breastfeeding support person (see Getting help, page 416).

In some situations, nipple shields can be used until your baby is weaned.

Lactation aid

A lactation aid is a small tube placed on the breast while you nurse. These types of aids can help you continue to breastfeed while stimulating milk production.

If you need a lactation aid, your midwife, a nurse at your CLSC, or a trained breastfeeding support person can supply the tubes and show you how to use them.

When breastfeeding doesn't go as planned

Breastfeeding is not always easy, and for some women it can be downright difficult. Even with excellent support and specialized assistance, your breastfeeding experience might not live up to your expectations. Some women cope well with these difficulties, while others feel sad and frustrated or even guilty because they cannot achieve the goals they set for themselves. Successful breastfeeding depends on a number of factors that you can't always control.

It's good to be able to talk about it with someone you trust and who will lend an ear. Every birth and breastfeeding story is unique.

Discouraged and thinking of weaning your baby?

When breastfeeding doesn't go as planned, many mothers will think about **weaning** their baby, even if they were originally very determined to breastfeed. This situation may lead you to experience different emotions, some even contradictory.

Before making a hasty decision, you can

- Talk to a trained breastfeeding support person (see Getting help, page 416).
- **Express** milk to reduce or stop nursing from one or both breasts either temporarily or permanently.
- Opt for partial (or mixed) breastfeeding by introducing commercial infant formula.

Jean-Claude Mercier

If you don't think you can continue breastfeeding and are considering weaning your baby, consult a trained breastfeeding support person (see Getting help, page 416).

Weaning

Weaning age varies from one child to another. Whether it's the mother or child who initiates the process, various factors affect weaning: the child's age and temperament, the mother's feelings and the approach used.

Give yourself time. Be attentive to your child's reaction and stay flexible. If possible, it's better to delay weaning a sick child. She needs her mother's milk and the comfort she gets from breastfeeding.

Weaning babies under 9 months old

Milk production declines gradually as breast stimulation is reduced. Gradual weaning helps you to avoid engorged breasts and reduces the possibility of **mastitis**. The time it takes to stop producing milk altogether varies from one woman to another, however it generally takes about four weeks to wean your baby completely. This gives your child time to adapt. Weaning faster may be hard on both you and your baby.

Start by replacing one daily breastfeeding with an iron-enriched commercial infant formula served in a baby bottle or cup. Between feedings you can empty your breasts by expressing some milk or letting it flow under a hot shower.

Once your breasts no longer feel engorged, replace a second feeding when you're ready. At first, don't skip two breastfeedings in a row. You can gradually replace as many breastfeedings as you want. Many mothers continue the main bedtime and morning feedings.

Some mothers will feel their breasts engorged with milk for a few days after the "last" breastfeeding. Don't hesitate to **express** some milk to ease the discomfort. You can also let your baby breastfeed for a few minutes.

At about the age of 6 months your baby can start drinking from a regular cup. At first, he will probably only drink a small amount of milk. This is perfectly normal. Finish up with a baby bottle if needed. Offer him the cup often, and make sure he's getting enough milk—it will remain his primary food for his first full year of life, providing the calcium and protein he needs to grow.

Weaning babies older than 9 months

As your child gets older, you can decide how quickly you wish to wean her. Gradually encourage her to develop other ways of satisfying her needs for nutrition and contact. Many children lose interest in the breast when they lose the need to suck.

For older babies, breastfeeding is often a moment of comforting contact. If you're trying to wean your child, it's a good idea to introduce other such moments—rocking, massage, back-rubs and so on. You will breastfeed less and less as your baby eventually starts going days at a time without wanting to nurse.

By about 9 months, provided she is eating a balanced diet, your baby can start to drink 3.25% homogenized milk instead of breast milk.

Here are a few suggestions to ease the transition:

- Don't refuse your baby the breast if she wants it, but gradually stop offering it.
- Delay feedings if she's not too impatient so they are spaced further apart and reduced in number.
- Offer her a nutritious snack.
- Distract her with a game or other stimulating activity.
- Reduce the length of feedings.
- Change your daily habits, e.g., don't sit in the chair you usually use to breastfeed her.

Consult a community breastfeeding support group, if needed.

Jean-Claude Mercier

Once your baby starts eating foods, continue breastfeeding as often as he wants. If you feed your baby commercial infant formula, give him at least 750 ml (25 oz) of milk a day.

How should I introduce foods?

Parents choose different ways to introduce solid food depending on their preferences, their family circumstances, and their baby's characteristics.

Most parents introduce solids in the form of purée, which they give to their baby with a spoon. Over time they gradually introduce food with other textures.

Other parents prefer to start with food in pieces, letting the baby feed himself. This method is known as baby-led weaning (or BLW).

For more information on these two methods, see Baby food basics (page 532) and Baby-led weaning (BLW) (page 540).

Some advice applies to all babies, regardless of how solid food is introduced. See, for example, the information on pages 523 to 531.

Order of introduction

The important thing is to start with iron-rich foods, then continue with a nutritious variety of foods.

The order in which foods are introduced varies from country to country, depending on customs and culture.

However, it is recommended to start with iron-rich foods, then to continue with nutritious and varied foods (see Start with iron-rich foods, page 545).

Good to know...

Cow's milk should not be introduced before 9 to 12 months.

New foods

You can add new foods to your baby's diet on a daily basis for several days in a row. There's no need to wait a few days between two new foods.

When introducing new foods, continue to give your baby the foods she already knows on a regular basis.

Don't insist if your baby refuses a new food for a few days. Try introducing it again later. You may have to present a food a number of times (up to 10 and sometimes even more) before your baby accepts it. This is how she learns to like new flavours.

A word about food allergies

The foods most likely to cause allergies are eggs (see Eggs, page 552), peanuts and other nuts (see Peanut and nut butters, page 553), fish and seafood (see Fish, page 551) and foods that contain cow's milk protein (see Milk and dairy products, page 560).

In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that it's best to introduce these types of foods at the same time as other solids.

When your baby tries a new food that could cause an allergy, watch her. To learn about the signs of an allergic reaction and what to do, see Food allergies, page 571. If she tolerates the new food, continue to offer it several times a week, in normal quantities for her age.

To find out if your baby has a higher risk of developing a food allergy or to learn more about food allergies, see Food allergies, page 571.

Food quality

Over time, solids will become more and more important in meeting your baby's nutritional needs. That's why the food you offer should be nutritious and varied.

The foods you add to your baby's diet can often be the same as what the rest of the family eats. For ideas on nutritious foods to offer your baby, see 6 to 12 months—Your baby's first foods, page 545.

However, it's best not to give foods containing added salt or sugar to your baby until she's at least one year old.

Quantity and frequency

Your baby has a small stomach, so he needs to eat small portions several times a day. At first, your baby will probably eat the equivalent of a few small spoonfuls once or more during the day.

Little by little, the amount of food and the number of meals and snacks will increase. Let yourself be guided by his appetite, which will vary depending on how much milk he drinks and his growth rate.

Your baby's appetite is your best guide to knowing how much food he needs. The quantity will depend on how much milk he drinks and will vary depending on his rate of growth.

You could, for example, start by giving him two or three meals a day. Then depending on how much he eats, you could add snacks in between meals.

By around 1 year of age, your child will be able to adopt a more regular schedule for meals (breakfast, lunch, supper) and snacks (between meals and at night, as needed).

Good to know...

When your baby starts eating foods, the number of breast or bottle feedings will generally stay the same. The amount of milk he drinks will not decrease by much. At around 8 or 9 months, he will gradually start drinking less.

Your baby can have his milk before or after foods, or you can give him some before and some after.

Appetite

A baby's appetite is like an adult's: it can vary from one day to the next. It's normal for babies to sometimes eat less, and it's possible that they may not like certain foods or textures.

By watching your baby for specific signals, you'll learn to know her appetite. If your baby shows interest in the food you give, it's because she is still hungry, and you can continue feeding her without hesitation. However, if she closes her mouth, refuses to eat, pushes her spoon away, turns her head, cries, or plays with her food, she is signalling that she has had enough to eat.

It's possible that your child will eat less when she starts eating independently. Don't insist: she is learning about foods and getting to know her own appetite. This will allow her to develop a healthy relationship with food.

Trust your baby: she knows when she's hungry and when she's full.

Independence

Babies love bringing food and objects to their mouths. Let your child start eating with her fingers as soon as possible. It's messier and often takes more time, but it's a lot more fun!

Eating with her fingers also helps develop her motor skills (see Fine motor skills, page 341). Encourage her, because that's how she learns to eat by herself—it's an important step to becoming more independent!

Even if she eats on her own, your baby should be supervised at all times during meals.

First meals

While some babies have no trouble adapting to meals, others find it difficult. To make things easier, choose a time when your baby is in a good mood.

The movements involved in eating are very different from those your baby uses for nursing. It takes time to learn. Your baby will need several weeks of practice to develop his abilities.

My baby refuses to eat

If your baby refuses to eat, she may not be ready. If you're not sure, see How do I know my baby is ready?, page 520.

If you think your baby is ready, but she still refuses to eat, try again at the next meal and keep trying for one or two more days. You can also offer her a different food: maybe she didn't like what you served.

If your baby is over 6 months and still refuses to eat after repeated attempts, consult a health professional.

Carolann Rioux-Beauchamp

By around 1 year of age, your child should be able to eat foods in a variety of textures.

France Tremblay

Your baby needs time to develop her sense of taste and adapt to change.

Gagging

When your baby starts eating, small amounts of food may lodge in his throat without being swallowed. This can cause your baby to gag, as if he were about to vomit.

Your baby will cough and spit up the food he was given. Don't worry, this is a normal reaction (gag reflex) that protects against choking.

However, if this happens at every meal for several days in a row, see a doctor.

Belt your child into the high chair so she cannot slide out or climb over the backrest or the tray. This also helps her maintain good posture while eating.

Toward age 2, you can start giving your child whole apples (peeled) and whole small fruit, except for grapes, which you should continue cutting into quarters.

Certain foods present a choking risk for your child up until the age of 4: peanuts, nuts, seeds, hard candy, cough drops, popcorn, chewing gum, whole grapes, raisins, sliced sausage, raw carrots or celery, food on toothpicks or skewers, ice cubes, etc.

Baby food basics

In this section, you'll find information about introducing pureed foods and moving on to other textures. You'll learn how to prepare homemade baby purées and purchase commercial baby food. You'll also see how to warm and store purées.

Remember that your baby will learn quite quickly to eat foods of varied textures. There's no need to stock up on large quantities of baby food!

Progression of textures

When first introducing foods, you can start by giving your baby smooth purées.

Some babies will be ready right away for thicker, lumpier purées blended for only a short time or mashed with a fork. Others will find it more difficult to adapt, in which case you can gradually alter the texture from one meal to the next.

Some babies will rapidly accept food that is finely chopped or cut into small, soft pieces. There is no need to wait until your child has teeth, since he can already chew with his gums and enjoys doing so.

The goal is to progress so that by around 1 year of age, your baby is able to eat foods in a variety of textures. But be careful with foods that present a risk of choking (see Choking risk: Be extra careful until age 4, page 529).

Microwave precautions

Microwaves do not heat food evenly. That's why it is important to take certain precautions:

- Warm the baby food in a small, microwave-safe dish.
- Stir it well once it is warm.
- Wait around 30 seconds. Before serving the purée, check the temperature using the back of your hand or the inside of your wrist.

How much to serve?

Start by offering your baby 3 to 5 ml (½ to 1 teaspoon) of purée. If she readily accepts it, continue until she is satisfied. Let her appetite be your guide.

As you introduce new foods, you can offer different types of purées at the same meal.

Gradually increase the quantity over time.

Storing baby food

Homemade and commercial baby food can be stored according to the storage life indicated in the table below:

Type of food	Refrigerator	Freezer
Vegetables and fruit	2 to 3 days	2 to 3 months
Meat, poultry, fish	1 to 2 days	1 to 2 months
Meat with vegetables	1 to 2 days	1 to 2 months

Do not refreeze thawed food.

Baby-led weaning (BLW)

Some parents choose to introduce solids by letting their baby eat pieces of food on their own. This practice is called baby-led weaning, or BLW, and it can work for most babies. However, certain criteria must be met before you start. Your baby must be

- At least 6 months old (for premature babies, use the corrected age)
- Healthy and developing normally for her age
- Able to sit in a high chair without support for the duration of a meal (about 15 to 20 minutes)
- Able to pick up an object, bring it to her mouth, and let go of it

Not sure if your child is ready? Don't hesitate to talk to your baby's healthcare professional.

Which foods to offer?

The order for introducing solids is the same for all babies, regardless of how you choose to do it. Start with iron-rich foods and move on to a variety of other nutritious foods (see 6 to 12 months—Your baby's first foods, page 545).

Families who practise BLW usually find it easier to feed their baby the same foods as the rest of the family. But your baby's portion should be made without salt or sugar.

Good to know...

When your baby eats food cut into pieces, his mouth and tongue movements are not the same as when he eats pureed food. For this reason, it's best not to offer both textures at the same meal.

The key is to start with iron-rich foods and then continue with nutritious and varied foods.

How to prepare food for BLW

For your baby's safety, avoid foods that are a choking hazard. Foods that are hard, small and round, smooth and sticky present the greatest risk. See Choking risk: Be extra careful until age 4, page 529.

Texture

The food you offer your baby must be soft in texture. She must be able to mash food against her palate with her tongue.

Some foods that are naturally soft (e.g., ripe bananas, pears, and peaches) can be served raw. Be sure to wash raw food thoroughly before offering it to your child.

Other foods, such as meats, fish, and certain fruits and vegetables, must be cooked first. Grains and legumes can be used in recipes (e.g., muffins, pancakes) or served as spreads.

Size and shap

Offer pieces large enough for your baby to hold in one hand and bring to her mouth. The pieces must be long enough to extend past her closed fist (e.g., large strips of chicken or sticks of tofu). Over time, your baby will become more skilled and able to handle shorter pieces or other shapes.

Babies who feed themselves are no more at risk of choking than babies fed on purées. However, they may gag more often (see Gagging, page 528).

How much does my baby eat?

Some parents worry about the amount of food their baby eats once she starts feeding herself.

Rest assured, your baby knows her appetite better than anyone. To learn how to recognize her signals, see Appetite (page 526). Keep in mind that milk will still be her main source of nutrition until she is about 1 year old.

At your childcare centre

Some childcare centres are receptive to BLW, but that's not always the case. Ask the people in charge at your centre what their practices are.

Babies who feed themselves can take a long time to finish a meal. That's normal; they're learning to become independent. If you're short on time at one of your baby's meals, you can spoonfeed her for that meal and continue with BLW next time.

If you have questions about BLW, you can check with your CLSC about the resources available in your area.

6 to 12 months—Your baby's first foods

Start with iron-rich foods

Your baby's first foods should be rich in iron. Why? Because iron plays a number of key roles in her development.

Iron is found in

- Iron-enriched baby cereal
- Meat and poultry
- Fish
- Tofu
- Legumes
- Eggs

Choose foods based on your baby's preferences. Give her iron-rich foods at least twice a day.

A vegetarian diet may be suitable for your baby if it is well balanced. However, if too many foods are excluded, your baby's diet may be lacking in certain **nutrients**. It's best to see a nutritionist about this.

Between 6 months and 1 year, give iron-rich foods to your baby at least twice a day. Afterwards, serve some at each meal.

Good to know...

Fruits and vegetables are rich in vitamin C, which helps the body absorb iron. Introduce them early into your baby's diet.

Continue with a variety of foods

After your baby has been eating one or more iron-rich foods for several days, it's time to add a growing variety of foods into her diet.

You can introduce new foods in whatever order you please. Remember, however, that your baby should not drink cow's milk before the age of 9 months.

You don't need to introduce all of the foods from the same food group before starting on the next group. For ideas on foods to give your baby, see Food ideas for your baby on page 562. A tear-off version of this table can be found after page 576.

Ideally, your baby will be eating foods from all the food groups within a few weeks.

Toward the age of 1 year, your child will be eating a wide variety of foods.

In the upcoming pages, you'll find practical information about the four food groups:

- Grain products
- Meat and alternatives
- Vegetables and fruit
- Milk and alternatives

Grain products

This food group includes grains like oats, wheat, barley, rice, buckwheat, rye, millet, and quinoa. It also includes pasta and bread.

Iron-enriched cereals

Iron-enriched baby cereals not only contain iron, but several vitamins and minerals as well. They are among the first foods that should be introduced.

How to choose cereal

Start by giving cereals containing only one type of grain (e.g., barley).

At the beginning, opt for cereals containing no fruit, vegetables, or other additions.

Choose sugar-free cereals. Carefully read the ingredients list on the packaging. Sugar hides behind many names, including dextrose, maltose, sucrose, inverted sugar, glucose polymers, fructose, syrup, and honey.

As time goes on, you can add fruit to baby cereals or buy a variety of cereal mixes.

Iron-enriched baby cereals are among the first foods you should introduce to your baby.

How to prepare cereal

To prepare cereal, use breast milk or infant formula. Some cereals already contain powdered milk, in which case all you have to do is add water.

It's important not to add sugar to cereal.

Serving cereal or any other food in a baby bottle is not recommended.

Other grain products

Once your baby is eating iron-rich foods at least twice a day and has a varied diet, you can introduce other grain products.

It's best to opt for whole grain products like whole wheat bread and pasta. They contain more fibre, which ensures your baby has regular bowel movements. To help you choose, read the list of ingredients: the first ingredient must be a whole grain (e.g., whole grain oats or whole wheat flour).

If your baby accepts different textures, offer her foods like toast, pita bread, naan bread or chapati, tortillas, breadsticks, unsalted crackers, unsweetened oat ring cereal, and all types of pasta.

Be careful with rice because your child can choke on it. It's best to start with sticky, short-grain rice and mash it with a fork.

Meat and alternatives

This food group is made up of foods that are rich in proteins: meat, poultry, fish, and alternatives such as legumes, tofu, and eggs. Since they're also rich in iron, they're among the first foods you should offer.

Meat and alternatives are rich in iron. They are among the first foods you should introduce to your baby.

Meat and poultry

Meat (beef, pork, veal, lamb, etc.) and poultry (chicken, turkey, etc.) provide protein. They also provide vitamins and certain minerals, especially iron and zinc.

All meat and poultry must be thoroughly cooked before being given to babies. Bones must also be removed.

Game meat

You can also serve game meat, though it's preferable to serve game killed with lead-free ammunition. Lead can negatively affect children's development.

Do not give your child organ meats (e.g., liver, heart) from game animals, as they are often contaminated.

Deli meats

It's best to avoid deli meats (e.g., ham, sausage, pâtés, salami, bologna, mock chicken, bacon) because they contain nitrates, and nitrites that can be harmful to your child's health.

Fish

Fish is a source of protein, iron, vitamin D, and good fat. Don't hesitate to make fish a regular part of your baby's diet.

Are you concerned about allergies? Read A word about food allergies on page 524.

You can serve your baby many of the types of fish available at the supermarket and in fish markets. See Fish and seafood, page 88.

All fish must be thoroughly cooked before being given to children. Bones must also be removed.

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

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

Legumes and tofu

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

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

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

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

Eggs

Eggs are nutritious, convenient, and inexpensive.

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

Are you concerned about allergies? Read A word about food allergies, page 524.

Peanut and nut butters

Peanut and nut butters are convenient and nutritious.

You can serve your child smooth nut butters, spread thinly on warm toast.

Crunchy nut butters, peanuts, and nuts should not be given to children under age 4 because they present a choking hazard. It is not safe to give your child nut butter by the spoonful either.

Marie-Eve Bergeron-Gaudin

Peanut and nut butters are convenient and nutritious.

Sophie Roy

Once your baby is eating iron-rich foods every day, you can add fruits and vegetables to her diet.

Vegetables and fruit

Vegetables and fruit are vital for good health. Not only do they add a wide variety of flavours to your baby's diet, they also provide minerals and vitamins like vitamin C. They are rich in fibre, too, which helps your baby have regular bowel movements.

After a certain time, you can make fruits and vegetables a part of every meal. For example you can serve vegetables at lunch and supper, and give your baby fruit at breakfast and for dessert. Fruits and vegetables also make good snacks.

Vegetables

Give your baby a variety of vegetables. Their colour indicates what kind of **nutrients** they contain. That's why experts recommend adding fruits and vegetables of all different colours to your baby's diet. For example, try vegetables that are orange (e.g., carrots, squash, sweet potatoes) or dark green (e.g., broccoli, peas, green beans, bell pepper, okra).

You can serve frozen or canned vegetables, but make sure they don't contain salt, sauce, or seasoning. You can rely on the ingredients listed on the label. Frozen vegetables must be cooked first.

Pascale Turcotte

Give your child a variety of vegetables.

Pascale Turcotte

Give your child a variety of fruits.

Fruit

Give your child a variety of fruits. You can use fresh or frozen fruit. Commercial canned fruit and compotes are also convenient. Choose brands without added sugar and don't add sugar if you prepare fruit.

How to prepare fruit

Berries like strawberries, raspberries, blueberries and blackberries can also be mashed with a fork or cut into small pieces.

Later on, you can serve your baby firmer fruits like melon, plums, or cherries cut into small pieces. You can also give your child grapes cut into quarters, small pieces of orange, grapefruit, or clementine, and grated or lightly cooked apples.

What about fruit juice?

To quench your child's thirst between feedings, water is the best choice. In fact, fruit juice is not essential. Unlike fruit, it doesn't contain fibre and is not as nutritious.

Fruit juice is not essential. To quench your child's thirst between feedings, water is the best choice.

Good to know...

Fruit juice has a number of disadvantages:

- It increases the risk of early childhood tooth decay, since it naturally contains sugar.
- There is a risk of it replacing milk and foods essential to your child's health and development if given in too great a quantity.
- It can spoil your child's appetite if served within an hour of mealtime.
- It can cause diarrhea if it is served in too great a quantity.

If you give your child fruit juice…

Here are a few helpful tips:

- Wait until your child is at least 1 year old and limit the quantity of juice to a maximum of 125 to 175 ml (4 to 6 oz) per day.
- Never serve juice in a baby bottle.
- Don't let your child drink juice for prolonged periods. This will help protect her teeth.
- Serve juice no more than once or twice a day.

Choose pasteurized, 100% pure fruit juice with no added sugar. There's no need to buy special juice for babies, since it's the same as regular juice only more expensive. Avoid fruit drinks, cocktails and punches, as well as fruit-flavoured powders—they are made with sugar.

Avoid unpasteurized juice. Freshly squeezed juice bought directly from the producer is not pasteurized. Certain chilled juices sold in the grocery store are not pasteurized either. They may contain harmful bacteria. Young children are very sensitive to these bacteria.

Avoid giving your child unpasteurized juices.

Does your child like juice too much? See Sugar on page 608.

Food allergies

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

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

Is my child at risk of developing a food allergy?

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

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

or

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

Talk to your doctor.

Preventing allergies

In the past, it was recommended that parents wait until their babies had reached a certain age before introducing foods more likely to cause allergies. We now know that it's best to introduce these types of foods at the same time as other solids (see A word about food allergies, page 524).

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

How do I recognize allergies?

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

Sudden and severe reactions (known as anaphylaxis) usually occur anywhere from a few minutes to two hours after eating the food in question. Such reactions are rare. See the red box (page 573) for the most common symptoms.

Holding your newborn

Most of the time your baby is perfectly healthy. Your daily care, presence, 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 available 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 640). This is especially important if you are sick.

If you have a fever, cough, sore throat, or nasal congestion, you should take certain precautions. While your symptoms last, wear a medical mask, if possible, or a face covering when caring for your baby.

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 and the blanket isn't too tight.

Carrying and hugging your baby stimulates him and helps him develop. You won't "spoil" a child by giving him the comfort and love he needs. On the contrary! Hold your baby in your arms as often as you want, whether it's because he's crying or not feeling well, or just to give him a cuddle.

Nasal irrigation

Babies and young children can't blow their noses properly. Nasal irrigation is a technique that involves slowly rinsing the nostrils with saline solution (salt water) to clear the nose.

The solution can be homemade (see Saline solution (salt water) recipe to treat stuffy noses) or purchased from your local pharmacy. It is important to get saline solution and not medicated nasal drops or sprays (such as decongestants). Ask a pharmacist for advice if necessary.

Some parents use nasal irrigation when their children have nasal congestion or cold symptoms (see Stuffed-up or runny nose, page 656).

There are several techniques for doing nasal irrigation. You can talk to your healthcare provider for more information.

Saline solution (salt water) recipe to treat stuffy noses

There are several recipes for saline solution (salt water) for the nose. Here is one:

Add 10 ml (2 tsp.) of iodine-free salt (sea or pickling salt) and 2.5 ml (½ tsp.) of baking soda to 1 L (4 cups) of cooled boiled water.

Store the solution in the fridge in a sealed glass container for up to 7 days. Take the desired amount out of the fridge and let it come up to room temperature before using. Do not rinse your child's nose with cold water.

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.
- Natural and homeopathic health products (e.g., belladonna): The exact contents of these products are not always clearly indicated on the packaging.
- 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 609).
- 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 529).

Brushing

Even before the first tooth appears, you can gently rub your baby's gums with a clean, moist washcloth. This cleans your baby's mouth and gets her accustomed to the brushing to come.

As soon as the first tooth starts to show, start brushing at least twice a day using fluoride toothpaste. Fluoride toothpaste helps prevent cavities.

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

Regular vaccination schedule for children 2 and under

Child's age	Suggested vaccine
2 months	DTaP-HB-IPV-Hib vaccine Pneumococcus vaccine Rotavirus vaccine (oral)
4 months*	DTaP-HB-IPV-Hib vaccine Pneumococcus vaccine Rotavirus vaccine (oral)
12 months**	DTaP-IPV-Hib vaccine Pneumococcus vaccine MMR-Var vaccine
18 months	HAHB vaccine Meningococcal C vaccine MMR-Var vaccine

* It may be recommended for some children to receive additional doses of vaccine at 6 months of age.
** It is recommended that your child receive these three vaccines on his first birthday or as soon as possible after this day.

Protection offered by vaccines

Vaccine	Protection against
DTaP-HB-IPV-Hib vaccine or DTaP-IPV-Hib vaccine or DTaP-IPV vaccine	• Diphtheria (D or d) • Tetanus (T) • Whooping cough (aP or ap) • Poliomyelitis (IPV) • Serious *Hæmophilus influenzæ* type b (Hib) infections • Hepatitis B (HB)
Pneumococcus vaccine	• Serious pneumococcal infections (meningitis, bacteremia, pneumonia)
Rotavirus vaccine	• Rotavirus gastroenteritis
MMR-Var vaccine	• Measles (M) • Mumps (M) • Rubella (R) • Chickenpox (Var)
HAHB vaccine	• Hepatitis A (HA) • Hepatitis B (HB)
Meningococcal C vaccine	• Serious meningococcal C infections (meningitis, meningococcemia)

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.

In the past, gentian violet was recommended as a treatment for thrush. However, it is now known that exposure to this product may increase the risk of cancer, and its use is no longer recommended. If you have any concerns about this issue, talk to a health professional.

What to do?

See a 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.

Common childhood infections

Many parents have the impression that their youngster is always sick. Young children are very vulnerable to germs (viruses and bacteria) that cause infections like the common cold and gastroenteritis (stomach flu). Why? Because their **immune system**, which protects them against germs, is not developed enough yet—and because they are always touching things!

Most infections in young children are not serious, don't last long, and go away by themselves. Theses infections often occur more frequently in the first year of day care. They gradually diminish as children get older and their immune systems develop.

Transmission of infections

Infection-causing germs are everywhere (e.g., on toys, floors, door handles, and more). They are found in the nose, mouth, and stools, as well as on the skin. They can also be carried by animals.

It's impossible to completely avoid germs. In fact, some exposure to germs is essential for the proper development of the immune system. It helps your child build up a personal supply of **antibodies** for the future.

Usually, germs are spread by the hands. They can also be spread in other ways, such as through saliva and secretions (e.g., kissing or sneezing) or contact with contaminated surfaces or objects.

Avoiding contact with sick people
As much as possible, prevent children, especially babies under 3 months old, from coming into direct, prolonged contact with people who have **contagious diseases** (e.g., fever, cough, nasal congestion, sore throat, diarrhea).

If your child has a contagious disease, fever, cold, or diarrhea, or if she is coughing a lot, it's preferable that she stays home. If you have to go out or have visitors, it's also a good idea to notify them or people you are intending to visit that your child is sick.

If you are pregnant, see Contact with people with a contagious disease, page 133.

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

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

Childcare services
Childcare services usually have clear policies about keeping sick kids at home. Reading and understanding these rules is important to help keep everyone healthy (other children, the staff, and other parents).

If your child is sick, tell your childcare provider about your child's symptoms and ask if she can attend that day.

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

If your child is too small to reach the sink
The previous 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


Anne-Marie Turcotte-Tremblay

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

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 and are not recommended for children under 2 years of age.

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.

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

If you think he might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

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).

Carol-Anne Pedneault

You can let your child continue his normal activities and playing if he feels well enough.

Colds and flu

Colds and flu are caused by viruses.

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

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

Cold and flu symptoms can be similar, but flu is a much more serious illness. There is a flu vaccine available that your child can be given.

What to do?

There is no cure for the common cold or the flu. They will go away by themselves.

You can let your child continue his normal activities and playing if he feels well enough. Make sure he drinks enough.

If necessary, gently clean out his stuffed-up or runny nose (see Stuffed-up or runny nose, page 656).

If your child has a fever, see What to do if your child has a fever, page 646.

If you think he might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

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

Using a humidifier is no longer recommended. If the humidity is too high or the humidifier poorly maintained, harmful molds can develop.

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

Stuffed-up or runny nose

There are various reasons why a child may have a stuffed-up or runny nose: crying, environmental factors (e.g., heat, humidity, dust, animal hair, tobacco smoke), or colds or other infections.

What to do?

Clearing the nose

In order to clear your child's nose, it is sometimes useful to thin out the secretions.

Here are two methods:

- Take a long shower or bath with your child or let him play in the bath. The water can help thin out the secretions.
- Use saline solution (salt water) with a dropper or nasal spray bottle that is suitable for your child's age. Use them according to the manufacturer's instructions.

Always use saline solution (salt water) and avoid medicated nasal drops and sprays (such as decongestants) (see Saline solution (salt water) recipe to treat stuffy noses, page 603). Ask your pharmacist for advice.

If necessary, you can also use a nasal suction device. Follow the manufacturer's instructions. Bulb syringes are less effective and may injure your child's nose.

If the skin on your child's nose is irritated, you can apply Vaseline or unscented moisturizing cream.

You can ask your healthcare provider if there are other methods of clearing the nose that may suit your child (see Nasal irrigation, page 603).

It's best to use a different dropper or spray bottle for each child.

When to see a doctor
Call your doctor if your child has a runny nose for more than 10 days and his secretions are yellow or green or you are concerned about his health.

If you think he might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

Cough

Coughing is a defence mechanism. It's the body's way of getting rid of mucus. For example, children may cough when they have a respiratory infection such as a cold or flu (see Colds and flu, page 654).

Coughing is also a way to dislodge a foreign body (small object or other). Foreign bodies can cause a cough immediately after being drawn into the **airway**, or several days later.

What to do?

If your child seems to have a lot of mucus, you can clean out her nose (see Stuffed-up or runny nose, page 656).

If she has a fever, see What to do if your child has a fever, page 646.

Make sure she drinks enough fluids. Some children prefer warm drinks when they are sick.

If your child has a hoarse voice or barking cough that sounds like a barking dog, this usually indicates laryngitis (also known as "false croup"). To relieve your child's cough, have him breathe cold air for a few minutes: bundle him up warmly and take him outdoors, or open a window or the freezer door. Cold air will calm the inflammation in the throat (larynx).

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.

When to consult a health professional
See a doctor if your child

- Coughs a lot and is less than 3 months old
- Is coughing to the point of choking or vomiting
- Has had a cough for more than 10 days

See a doctor right away if your child is coughing and also shows any of the following signs:

- He has trouble breathing or his breathing is laboured.
- He has chest retractions (the skin pulls in between his ribs or beneath his rib cage).
- He is wheezing or breathing noisily and rapidly.
- You think his cough might be caused by a foreign body in his airway.
- You are concerned about his overall health.

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

An Info-Santé nurse (8-1-1) can advise you at any time.

If you think he might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

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.

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 531).

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.

Acetaminophen may provide her some relief. Ibuprofen may be given if she's over 6 months. (See Fever medication, page 649).

Consult your doctor if she has trouble breathing or swallowing. If your child has a fever, see What to do if your child has a fever, page 646.

If you think your child might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

Diarrhea

The frequency, quantity, consistency and colour of stools vary from child to child. Stools also change as children grow older and depending on what they eat (see Stools, page 279). You will learn to recognize what is normal for your child.

When children have diarrhea, their stools change from what is normal for them: Bowel movements are more frequent and more liquid than usual. Most diarrhea is caused by germs, like viruses.

What to do?

The germs that cause diarrhea can be contagious. For information on how to prevent the transmission of these germs to others, see Preventing infections, page 638.

If your child's stools suddenly become more liquid, it may be a sign of a transient trouble. If your child is healthy, continue to feed him normally.

If your child seems to be behaving unusually, eating or drinking less than normal, or seems ill, keep an eye on him to see if the situation improves. If your child has a fever, see What to do if your child has a fever, page 646.

A child with diarrhea can become dehydrated. Take steps to prevent dehydration (see Preventing dehydration, page 667) and watch for the signs of dehydration described on page 668.

If your child's bottom becomes red or irritated, see Redness on the bottom (diaper rash), page 630.

When to consult a health professional
Call Info-Santé (8-1-1) or a doctor if the situation worsens or persists, or you have concerns about your child's condition.

If you think he might have COVID-19, and you have questions, contact Info-Santé (8-1-1).

If your child loses weight or the diarrhea continues for more than 1 or 2 weeks, consult a doctor.

See a doctor right away if your child has diarrhea and is showing any of the following signs:

- There is blood in her stools (red or black stools).
- She seems to be in pain (e.g., she is very irritable, constantly cries, or curls her legs up against her belly).
- She exhibits unusual behaviour (e.g., is difficult to wake, sleepier than usual, or responds very little to others).
- She vomits often for a period of more than 4 to 6 hours.
- She shows signs of moderate to severe dehydration (see Dehydrated baby, page 668).

Car seat safety

All car seats sold in Canada meet Transport Canada standards. Make sure the car seat bears a compliance label before you use it. It is illegal to use car seats purchased in other countries because safety standards may vary from one country to another.

Expiry date

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

Accidents

Your child's car seat may be damaged if a car accident occurs, whether your child was in the car seat at the time of the accident or not. Check the seat owner's manual to determine if the collision was serious enough to require seat replacement. If in doubt, it is recommended that you replace the car seat that was involved in an accident, even if it does not look damaged. Replacement of a car seat involved in an accident is often covered by automobile insurance companies.

Manufacturer recalls

Every year, car seat manufacturers issue a number of recalls. That's why it's a good idea to register your car seat. You can register your seat on the manufacturer's website or fill out the product registration card that came in the original box and return it to the manufacturer by mail. Once your car seat is registered, you'll be able to receive recall notices from the manufacturer.

Preventing poisoning

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

These products are everywhere: in kitchen cabinets, in the bathroom, bedroom, or garage, even in your purse.

Many household products and plants can be toxic to children (e.g., vitamins, drugs, cosmetics, cleaning products, cannabis and nicotine products, fuel, plants, mushrooms, pesticides, and personal care, car care, and renovation products).

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

Québec Poison Control Centre
ciusss-capitalenationale.gouv.qc.ca/antipoison/
(Mostly in French)
1-800-463-5060

Check the seat's maximum weight capacity and make sure it is compatible with your bike. If you use a bike trailer, install the safety flag on the back to make it more visible. Be sure to read the recommended safety precautions in the user guide that comes with the bike seat or trailer.

Never leave your child in the seat when you're not on the bicycle as it could tip over and injure her.

With the extra weight behind you, it takes longer for the bike to stop when you brake, so take it easy the first few times out until you get used to the feeling.

In the stroller or carriage

There are many styles of strollers and baby carriages to choose from. Models that convert from carriage to bed to stroller are practical year-round. Those with reclinable seats are an excellent way to get around. Umbrella strollers are handy but light, and can tip over.

Always buckle up the safety harness and keep a close eye on your baby. While it's convenient to hang a few shopping bags from the stroller or carriage handles, be careful not to overload it, which can cause it to tip over.

Strollers and carriages retain the heat. When it's very hot, make sure your child stays comfortable. You can install a stroller umbrella or a small fan.

When it's very hot, do not put a blanket over the stroller even if it's to shield your baby from the sun. The temperature inside the stroller increases rapidly.