HEALTHY PARENTS, HEALTHY CHILDREN

The Early Years

2nd EDITION



Because they don't come with a manual

Alberta Health Services

healthyparentshealthychildren.ca

This book belongs to: _____

My important contact information

Health care provider

Name: _____

Phone: _____

Community or public health centre

Name: _____

Phone: _____

Other: _____

Name: _____

Phone: _____

Other: _____

Name: _____

Phone: _____

This book has lots of information about parenting and the early years of your child's life.

The content in this book reflects Alberta Health Services' (AHS) information at the time of printing. For more information and regular updates visit **healthyparentshealthychildren.ca**

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Important Contact Information

No cost services available in many languages

Emergency Services

Ambulance, Fire and Police

911

Available 24/7

Health Link

Health advice from a registered nurse.

811

Available 24/7

Addiction Services Helpline

Help for problems with gambling, alcohol, tobacco and other drugs.

1-866-332-2322

Available 24/7

AlbertaQuits Helpline

Tobacco cessation counsellors can help you make a plan to quit, manage cravings and stay on track.

1-866-710-7848

albertaquits.ca

8am–8pm

Bullying Helpline

Advice or support on bullying.

1-888-456-2323

bullyfreealberta.ca

Available 24/7

Child Abuse Hotline

Provides a 24 hour Hotline to report child neglect or abuse.

1-800-387-5437

Available 24/7

Family Violence Info Line

Provides information about family violence programs and services, as well as advice and support.

310-1818

Available 24/7

Income Support Contact Centre

Financial help for Albertans who do not have the resources to meet their basic needs (e.g., food, clothing, shelter).

1-866-644-5135

Available 24/7

Medication & Herbal Advice Line

Advice and information about medicine and herbal products from pharmacists and nurses.

1-800-332-1414

Available 24/7

Mental Health Helpline

Offers help for mental health concerns for Albertans.

1-877-303-2642

Available 24/7

Poison & Drug Information Service

Confidential advice about poisons, chemicals, medicine and herbal products.

1-800-332-1414

Available 24/7

Important Websites

ahs.ca

Alberta Health Services (AHS)

Canada's largest integrated health system, responsible for promoting wellness and providing health care across the province.

ahs.ca/options

Know Your Options

Get the care you need when you need it. The best place to start is with Health Link at 811 or your family doctor. There are other options depending on what you need.

covenanthealth.ca

Covenant Health

Catholic service provider within Alberta's healthcare system, with 17 facilities in 12 communities.

myhealth.alberta.ca

Your resource for non-emergency health information and tools.

alberta.ca

To find the Alberta Government services and information you need.

immunizealberta.ca

For information on Alberta's routine immunization schedule and the answers to frequently asked questions.

healthyparentshealthychildren.ca

Find information from *Healthy Parents, Healthy Children: Pregnancy and Birth* and *Healthy Parents, Healthy Children: The Early Years* online with many interactive features. Browse on a smart phone, tablet or computer.

readyornotalberta.ca

Deciding to become pregnant is a big decision for both women and men. Whether you're ready for another baby or not, it's healthy to have a plan.

teachingsexualhealth.ca

As a parent, it's never too early to talk about sexual health, or to learn more yourself. This website has helpful information, resources and communication strategies for parents of children from birth to 18 years.

Your Book

The first five years of a child's life can be both exciting and challenging. Children change quickly and learn more during the early years than at any other time in their lives. As a parent, you can help your child grow, learn, explore and be healthy.



Healthy Parents, Healthy Children is a made-in-Alberta resource that will give you suggestions for everyday care and activities. It will take you from the early stages of looking after your new baby, to the thrill of first steps and words, all the way to their first days of school.

There's a lot to know and learn about raising a child. We want to give you all the support we can to help you with this important work. Information about caring for a family is available on the Internet, in books and from other people. Everybody has advice about raising children. However, too much information can be confusing, especially when you hear different things from different sources.

This book is based on today's knowledge, evidence and best practices. We asked expectant and new parents what they wanted to learn and we asked health experts from across Alberta to help write this book. We encourage you to balance the information you find here with your own knowledge, values, skills and instincts to help guide you through parenting. This information will help you promote healthy child development and build strong parent-child relationships in your family.

Families are as unique as the people in them. Your family might include a mother and father, same-sex parents, adoptive parents, foster parents, grandparents, brothers, sisters, aunts, uncles or close friends. This book is for you and your family!

In this book, we'll use the term 'child' which will normally refer to all children. For information specific to certain age ranges under 1 year, we may use the terms 'newborn', 'young baby' or 'older baby'.

How to use this book

In this book, you'll find:

- **An Overview of Being a Parent** gives you a general look at parenting and some of the foundational information you need to know to begin your parenting journey whether you're parenting with a partner, on your own, or with other family members.
- **Healthy Growing Families** highlights important health, safety and development information for families with babies and young children.
- **Feeding Your Baby** gives you information about breastfeeding or feeding your baby commercial infant formula.
- **Newborns: Birth–2 Months** gives you information about caring for your newborn baby and ideas to help your baby grow, learn, play and be healthy.
- **Young Babies: 2–6 Months, Older Babies: 6–12 Months, Toddlers: 1 and 2 Year Olds, Preschoolers: 3 and 4 Year Olds** and **Young Children: 5 Year Olds** are separate chapters that give you practical ideas to help your child grow, learn, play and be healthy based on their age and stage of development during their early years.

Throughout this book, we will let you know when we have additional information available on our website. When you see ***Links***, ***Videos***, ***Tools*** or ***Printables***, simply visit healthyparentshealthychildren.ca/resources to learn more.

> ***"As a new mom, I have a lot to learn. Whenever I was in a pinch, I found myself looking to Google® to answer my questions. It often wasn't super helpful and I often found conflicting information. When I brought this information to my doctor, she advised me to stop 'Googling' and start looking for answers in the Healthy Parents, Healthy Children books. Ever since I started doing that, I have found the books to be a great resource and a wonderful reference. It gives me peace of mind to know the information is accurate and evidence-based."***
>
> *~ Farzana, mom of a young baby*

You'll also find:

- words that you may not know are green and have definitions at the bottom of the page
- *"quotes from Alberta parents"*
- text boxes that highlight:

Things to know

Helpful activities

If you're a partner

- text boxes that describe when to ask for help:

! Call Health Link at **811** or your health care provider within 4–6 hours

!! Call 911 or go to the Emergency Department **NOW**

- QR codes you can scan with your smart phone to link directly to more information. In some devices a QR reader is built into your phone's camera.

1. Open a QR code reader on your smart phone.
2. Hold your device over a QR code so that it's clearly visible within your screen. You may need to cover other QR codes if there is more than one on the page.
3. If necessary, press the button to scan.

Healthy Parents, Healthy Children: Pregnancy and Birth book

We've also written another book for you called *Healthy Parents, Healthy Children: Pregnancy and Birth*. It's filled with many things that expectant parents want and need to know about pregnancy and birth—from the 3 trimesters of pregnancy, to labour, birth, and the first 6 weeks after birth. You can get a copy from a community or public health centre.

Thank You!

We want to thank the many expectant and new parents who shared their ideas and experiences with us. We also want to thank the health care providers and experts from across Alberta for their dedication and valuable contributions to the content development and review of the *Healthy Parents, Healthy Children* resources.

We looked to many experts (past and present) for their knowledge and suggestions for healthy child development and parent and child relationships including: M. Ainsworth, A. Bandura, H.G. Birch, J. Bowlby, S. Chess, E. Erikson, H. Harlow, A. Mazlow, J. Piaget, A. Thomas and L. Vygotsky, as well as more recent experts in their respective fields: R. Barr, T. B. Brazelton, S. Brown, J. I. Clarke, B. Coloroso, C. Dunst, J. Durrant, T. Gordon, S. Greenspan, S. Landy, F. Mustard, J. MacDonald, G. Mahoney, NCAST, J. Nelsen, B. Perry, E. Satter, S. Shanker, M. Sheedy Kurcinka, J. Shonkoff, P. Steinhauer and C. Trivette.

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- Health Canada
- Government of Alberta
- Society of Obstetricians and Gynaecologists of Canada
- *Managing Mental Health Conditions During Pregnancy and Early Parenthood—A guide for women and their families* (Beyond Baby Blues, Australia)
- Palix Foundation



An Overview of Parenting



An Overview of Parenting

Whether you're a new parent, or have been a parent for a while, you're likely to have many questions. With your child growing and changing so quickly, in the time between now and when your child starts school, you'll probably have many more questions. It may seem hard to believe, but there are only about 2,000 days between your child's birth and their first day of kindergarten. As a parent, you have a huge impact on your child's development during these first 2,000 days. It's your relationship with your child, and what you do every day, that really makes a difference.

In this chapter, you'll learn how children develop and grow and how this is influenced by their developing brain. You'll also learn what you can do to support your child's healthy growth and development.

In the age-specific chapters that follow, you'll learn how to apply these parenting concepts to help your child gradually learn the skills they'll need for a lifetime.

Being a Parent

There are all kinds of parents: birth parents, adoptive parents, foster parents, step-parents, same-sex parents and people who became parents through new relationships or for other reasons. Some parents live together, while others do not. Some children have extended family such as grandparents, aunts or uncles who may act as parents. Some adults have lots of experience with children, while others have very little. Learning to be a parent takes time.

How parents learn and grow

Parenting is the art of raising a child. You already have the basics of what you need to be a parent: your love for your child, instincts and common sense. All parents bring their own skills, attitudes, experiences, beliefs, values and culture to their families. As time goes on, you'll continue to build these skills.

Every family has their own way of raising a child. What works for one child or family may not work for another. Research tells us it's important for you to:

- know how a child typically grows and learns, so that you can be sensitive to, and understanding of, your child's needs
- keep your child safe and healthy
- provide **warmth** in your everyday **interactions** with your child
- give your child **structure** through day-to-day **routines**, experiences, guidance and teaching
- value the differences in each child
- be a positive role model
- try your best and get the support you need



> *"Be okay asking for help. You don't need to do it all if you have a partner or someone to rely on."*
>
> *~ Ali, parent*

warmth: the love and support parents give their children. Warmth helps children feel understood, loved, safe and secure. It helps them want to learn and to try to do their best.

interaction: an action or communication that goes back and forth between two people

structure: the guidance and information parents give their children. Structure gives children guidelines with reasons and gives them the information they need to learn, make good decisions and fix their mistakes.

routines: doing something in a regular and consistent way

Research is clear about what children need from their caregivers to thrive. Growing children need two essential things from their parents and caregivers: warmth and structure throughout each stage of development.

Loving, supportive care

The most powerful thing you can do for your child is to provide loving, supportive care. Nothing gives your child more confidence and security than knowing that you love them, will take care of them, and will keep them safe from harm.

Provide warmth	Provide structure
▪ Make sure your child feels safe. ▪ Make sure your child feels loved, no matter what. ▪ Show your love with words and actions. ▪ Think about how your child feels and thinks at each stage of development. ▪ Keep your child's needs in mind.	▪ Have predictable routines. ▪ Give guidelines for behaviour and clearly explain reasons. ▪ Give information and support to help your child succeed. ▪ Be a positive role model. ▪ Encourage your child's own thoughts and ideas. ▪ Problem-solve together.

> ***"My best advice about parenting is to stop and use your intuition and common sense. You know what is best for your baby."***
>
> *~ Ameera, parent of two children*

Raising a child is one of the most important things you'll ever do. When children are young, it's very common for parents to focus on what happens day-to-day. However, parenting is not a sprint—it's a long-distance run. Take a few minutes to think about your long-term goals for you and your child.

development: changes in your child's physical abilities, thinking, communicating, and emotional and social skills

Long-term goals

What kind of person do you hope your child will grow up to be? What qualities and characteristics do you hope to see when your child is an adult?

What kind of relationship do you want to have with your child when they're an adult?

What kind of a parent do you want to be—today and when your child is grown?

If you parent with someone else, ask about their goals. How will you work together?

When you have an idea of what you wish to achieve, list a few things you can do to help get you there.

> *"Parenting goals? I'm sure this changes as your kids get older. But right now, with little kids, we want to protect them, give them confidence and ensure they're kind people."*
>
> *~ Andres, dad of two toddlers*

Learning to be a parent takes time

Knowing how to parent does not happen overnight—it's an ongoing process.

The way you interact with your child every day makes a difference. Take care of your relationships with others as well. Your child learns how to relate to people by watching and playing with you.

You were not born knowing how to be a parent. You'll learn as you go. This book will help you understand the basics of parenting and help you build your child's skills, as well as your relationship at each stage of their development. As you learn and grow with your child, you'll soon become the parent you want to be.



Keep in mind that nobody is perfect. All parents have times when they wish they had done something differently with their children. Look at these times not as mistakes but as something you can learn from. Ask yourself what you could do differently the next time. This way, you'll learn and grow as a parent and be able to help your child be everything they can be.

To watch videos about connecting with your baby, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Community of support

Your child's relationship with you is at the centre of their world. Relationships with grandparents, other relatives, siblings, friends, caregivers and teachers are also very important and affect your child's growth and development. Beyond these relationships with other people, there are also supports, services and groups within your community. A sense of belonging and connectedness to your community are important for your child's development.

> ***"We have to let each other parent the way that's best for our kids. We're all different, but for the most part, we have the same goals."***
>
> *~ Alex, parent of two young children*

growth: changes in your child's body (e.g., height and weight)

> *I felt alone when my daughter was born. None of my friends had babies and my family lived far away. I found a mom and baby group at my local community centre, and it was everything to me in those first few months. I'm still friends with those families, even three years later.*
>
> *~ Jenna, mom of two children*



Children need nurturing care and stable relationships. To provide this, you'll need support for your own health, happiness and well-being. Building a community of support contributes to a family's overall health and development.

There are many places in your community where you can find support and services. Your local community association or Parent Link Centre are good places to start. To learn more about programs, services and resources that support families of young children, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

How Children Grow and Develop

By understanding children's typical growth and development, you and other caregivers can better support your child at each stage. While each child grows and develops at their own pace, their overall development follows a pattern. As your child develops, you'll see changes in:

- their size and shape
- what they can do
- how they think, talk, learn and understand
- what they know about, how they recognize, and what they do to manage their feelings
- how they interact with and get along with others

nurturing care: when you provide care for your child that supports and encourages their growth and development

Child development is often described in terms of stages, tasks and milestones. Development happens within a certain period of time or age range (stage) when your child is learning a new set of skills (tasks) or getting better at the ones they already have. Each stage of development builds on the stages that came before it, and sets the foundation for the stages to come.

> ***Children develop at their own pace*** ★
>
> All children will develop through similar stages, tasks and milestones, but at their own rate and time. This development can also be impacted by your child's social and cultural environment.

Every stage of development also has specific markers (milestones) that tell you how children will usually develop during that period of time and whether they're developing as expected. Your child will typically reach milestones at any time in that stage.

You'll find developmental charts in each of the age-specific chapters in this book. These charts give you information on stages, tasks and milestones to expect for each age.

Children's development occurs in four main areas (domains):

- Physical: how the body grows and functions
- Cognitive: thinking, learning and language
- Emotional: feelings and emotions
- Social: getting along with others



All of the areas of development are linked and development in one area affects all the others.

Your child cannot learn and develop on their own. Their relationships with you and others are what makes learning and development happen. For example, your child cannot learn to read by just being given a book and left on their own. They need caring adults to help them read by being with them and providing warmth and structure (see pages 11–12). So, when you're reading with your child, know that you're helping them learn about words and so much more.

language: understanding and using words by listening, talking, singing, reading and writing

You're also helping your child develop:

- enjoyment for reading
- coordination of their vision and movement of small muscles (e.g., in their hands and fingers) when they look at and point to pictures and turn the pages
- language skills, creativity and memory when you retell and act out the story together
- a strong emotional attachment when you hold them close
- enjoyment in being with others when you spend time together

Development may not happen at a steady pace

Your child may sometimes become more emotional or quit doing the things they used to do for a short time when they're learning new things. For example, a toddler may cry more often when they're learning to walk, while a 4 year old may have trouble sleeping when they first start preschool.

Some parents feel frustrated at these times. It helps to remember that this is a normal part of development, and it's likely to get better soon. Be patient and try to keep to a predictable routine during developmental spurts. This will help your child from being overwhelmed as they adapt to changes.

You know your child best. If you have questions about your child's development or if you have any concerns, call Health Link at 811 or talk with your health care provider.

Your child's development

Find out more about your child's development by filling out an *Ages and Stages Questionnaire (ASQ)*:

- Get a copy of the *ASQ* at your local Parent Link Centre.
- After answering the questions in the *ASQ*, talk to someone at the Parent Link Centre about the results.
- Your local Parent Link Centre also has supports and resources for the early years.

> ***"I have a fantastic doctor who went over some development milestones. You need to go with your gut and have some support to know what signs to watch for."***
>
> *~ Elena, parent of one child*

attachment: a two-way emotional connection between you and your baby

Children with differing abilities

Not all children will follow a typical pattern of development. Some children are born with medical conditions that may affect their development. Other children's development may be affected by an illness or injury before or after birth.



Each child is unique and will develop at their own rate. Children with differing abilities may not reach all the milestones as outlined in the developmental charts in this book. They'll move forward according to their own abilities and timelines, and each will have their own strengths and challenges. Each sign of achievement is a reason for celebration. You may find the strategies listed in this book helpful and some may need to be adapted for your situation. All children need to be provided with warmth and structure to support their growth and development.

All parents need a system of supports, which may include extended family, your health care team and other care providers. Parents of children with differing abilities may require additional supports such as medical and educational specialists. Your family, community and others who can relate to your experience can also provide support and encouragement.

You may be worried about asking for help, but there are many supports and resources available to help you. The sooner you connect, the sooner you and your child will benefit. Your child may also be eligible for early intervention supports and preschool programs. Talk with your health care provider for more information.

To learn about Government of Alberta programs and services for families who have children with disabilities, call toll-free at 1-877-644-9992 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Factors that affect child development

Three main factors affect your child's development:

- brain development
- child's temperament
- care they receive from you and others



The developing brain

Recent brain research has helped us better understand what kind of care growing children need. When you know how the brain works, it's easier to understand what you can do to support your child.

Just like a house needs a strong foundation to support the walls and the roof, your child's brain needs a good base to support all future development. The most important time for your child's brain development is during pregnancy and the early years. This is when the foundation for future learning, behaviour and health is set.

Things to know about your child's developing brain:

- Their brain starts to form very early in your pregnancy—babies are learning even before they're born.
- Your child's brain development is affected by both nature and nurture.
- At birth, your baby's brain is completely formed, but it's only about ¼ the size of an adult's brain.
- Even though your newborn's brain contains billions of neurons, only a small number of them are connected.
- These neurons must be connected (or 'wired') together for the many parts of your child's brain to communicate with each other, and for their brain to be able to communicate with other parts of the nervous system throughout their body.

---

temperament: a person's nature; it's present from birth and shows up in the way they behave or react to situations or people

nature: what your child is born with; their inherited traits and abilities

nurture: what your child experiences, the care they receive, and the relationships they have with people

neurons: nerve cells in the brain and nervous system

nervous system: a system of nerves and cells which carry messages to and from the brain and spinal cord from different parts of the body

- Your child's everyday experiences and relationships are what creates these brain connections. Messages are sent to their brain through all of your child's senses—sight, sound, taste, smell, touch, balance and movement. The more often an experience happens, the stronger the brain connections become.
- Simple connections form first. These develop into pathways that are more complex. The connections make it possible for your child to grow, think and learn.
- A natural process removes brain connections that are not used often, so your child's brain can work faster and in a more organized way. This process is called synaptic pruning.



© Palix Foundation: Alberta Family Wellness Initiative, www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-of-brain-development

- The wiring of your child's brain follows a predictable order and the process takes about 25–30 years. Their brain keeps adapting for the rest of their life.

The early years are critically important because they set the foundation for all the brain development that follows. A solid foundation is the best start to life.

To learn more about brain development, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Serve-and-return

Relationships form through everyday interactions. For healthy brain development, your child needs positive relationships with you, your partner, as well as other important people in their lives.



Brain cell connections become healthier and stronger when you and your child have positive serve-and-return interactions. Serve-and-return interactions are like a game of tennis or volleyball, where the goal is to 'keep the ball in the air'.

When your baby is little, they 'serve the ball' when they coo or lock eyes with you. You 'return the serve' when you smile back, talk gently and return their gaze. This game continues until your baby loses interest and turns away for a rest, then starts all over again when they are ready.

Your child's serve-and-return interactions with you and other people are important throughout your child's life. These type of interactions build and strengthen the brain cell connections your child needs to learn new skills in all areas of development. When you take time to:

- cuddle and care for them, they learn to trust
- watch, listen and respond to your child, they learn that they're important
- read, sing and talk to them, they learn language skills
- play with them, they learn social skills and how to relate to others



Serve-and-return interactions will naturally become more complex as your child gets older. In each of the age-specific chapters in this book, you'll find a chart with examples of serve-and-return interactions you might see during your child's different developmental stages. Once you know what to look for, you'll add many more examples of your own.

By spending time with your child, and learning what their cues and actions mean at every age, you'll continue to find ways to build a healthy relationship with them. To learn more, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Executive function

Imagine an air traffic control centre at an airport that keeps track of all of the incoming and outgoing planes so that everything runs smoothly. Executive function works just like an air traffic control centre. Your child needs executive function skills to help them keep track of everything going on around them, pay attention to things that are important, and keep them from feeling overwhelmed. As a result, these skills help your child to:

- focus their thinking
- make sense of and use information
- change more easily from one activity to another

---

cues: movements, sounds and facial expressions your baby uses to communicate their needs and emotions

executive function: the mental processes we need to be able to successfully plan, focus our attention, remember instructions and juggle multiple tasks

When your child has strong executive function skills by the end of the early years, they're typically able to:

- take turns
- share
- calm themselves when they're upset, so they can think about what to do next
- focus their attention and ignore distractions, most of the time

Your child needs help to develop executive function. These skills take years to develop, but the foundation is set in the early years. As executive function helps your child to think and learn, having a strong foundation will help them be more successful with all of the learning that follows.

Healthy executive function skills also depend on your child's ability to self-regulate. When your child can stay calm, focused and alert, they're much more likely to be able to learn. These skills also develop over time. You can help your child develop executive function skills by:

- making sure your child feels safe and loved
- watching for and responding to their cues
- creating daily routines
- playing games where you take turns
- helping them learn about their feelings and how to manage them
- helping them learn ways to cope with stress



- making sure they have lots of time to play and be active every day
- providing them lots of opportunities to connect with other children and adults to develop social skills
- modelling positive social behaviour, such as smiling, saying hello and helping others

To learn more about executive function, visit the ***Links*** and ***Videos*** sections at healthyparentshealthychildren.ca/resources

self-regulate: the ability to monitor, manage and adjust one's emotions and behaviours in ways that are appropriate for the situation

Stress affects the brain

Some stress is part of everyone's healthy development—it's needed to help your child learn how to adapt and helps to prepare them for future challenges. A typical example of a stressful situation for your child may be their toy being taken away by a playmate or when they receive an immunization. You support your child during times of stress when you:

- let them know you love them and are there to support them, no matter what
- help them learn ways to cope
- limit your child's continued exposure to stress, when possible



Toxic stress is a different kind of stress. It's the result of ongoing hardships—things like abuse, neglect or addiction. Toxic stress can negatively affect your child's brain, memory and life-long health, especially when it's constant and intense, and your child has no support to deal with it.

You and your child need to be supported during periods of stress and protected from toxic stress, particularly during pregnancy and throughout the early years. If you're living with toxic stress, there are people who can help.

> ***Managing your stress***
>
> Taking care of yourself during stresses in your life helps you and your family. For more information, see page 27.

To learn more about how stress affects the brain, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

> **!** Call Health Link at **811** or your health care provider if:
>
> - your family is under stress and it's not going away
> - you have limited support to deal with your stress

immunization: the process by which a person is given a vaccine that will tell their body to develop antibodies to protect against a disease

Temperament

Your child's development is influenced by their temperament. Everyone has a temperament—it's part of our personality. Temperament affects how your child thinks, behaves and responds to the world around them. It's what makes your child unique.

Your child's temperament starts to show right from birth. Some babies are quiet and don't cry very often. Others are more vocal and cry a lot. Some toddlers are always on the go. Others seem happy to stay and play in one place. Some preschoolers greet anything new with smiles and excitement. Others respond with tears and anxiety.

> ***"I wish I'd known how much my children's personalities would influence my parenting. With my first child, I thought it was so easy and that I was an excellent parent. None of my parenting 'tricks' seemed to work with my second child. I had to start over to try and figure out how to work with my daughter's personality. Each child is so different."***
>
> *~ Simran, mom of two children*

Your child will approach the world in different ways depending on their temperament. There is no good or bad temperament in children—it's just who they are. You cannot change your child's temperament, but you can help them learn to work with it. For example, a child who is very persistent (one of the temperament traits) will continue to do a task, no matter what. This might create a challenge for you when it's time to go. However, you may find that same child may have much more patience than other children to stick with a task until it's done.



Knowing about your child's temperament can help you figure out strategies to work with them. In the example above, it would be helpful to let your child know that it will soon be time to go, before you actually have to leave.

Your child's way of approaching the world may be similar or different from your own. Try to understand their point of view and learn to work with your child's temperament rather than trying to change it. Find different ways to balance your child's needs with your needs. Here are a few ideas:



- If you like being with people but your child has a hard time adapting to new situations, give them time to warm up. Don't force them to go to someone before they're ready. Offer gentle encouragement.
- If your preschooler is very regular in their daily routines, such as eating, sleeping and going to the bathroom, then try to work around their schedule, as much as possible. Realize that it may take your child time to adjust to any changes in their routine.
- If your toddler is very sensitive to textures and touch, even things like a scratchy label on their shirt will make it very difficult for them to concentrate. You can help by cutting the labels off of their shirts and waistbands.

Your child's basic temperament will not change. Value your child for who they are. Over time, you can help them to learn things they can do to adapt to the world around them. When you understand and work with their temperament, you'll create a stronger relationship with your child.

The care you provide

You influence your child's development through the care you provide by:

- building a strong attachment with your child
- role modelling and supporting self-regulation
- parenting with positive discipline

Attachment

Your child needs to know they can count on you. Even before birth, you and your child started building attachment. When your child has a secure attachment with you, they learn to trust. This makes them feel safe and loved. Trusting you helps them build trust and form attachment with others as they grow.



Attachment between you and your child becomes stronger when you:

- Spend time together.
- Respond to their needs with love, support and nurturing care.
- Comfort them when they need you, especially when they're sick, hurt or upset.
- Let them know they're loved, that you're there for them and that they're important to you.

> ***"Show lots of love, be patient…build their trust early."***
>
> *~ Nikki, mom of a toddler*

A secure attachment in the early years is much more likely to continue to grow and get stronger throughout your life together. It will also help your child form attachments with other important people in their lives in the future.

Role modelling and supporting self-regulation

The stress response



Being a parent can feel stressful at times. How you handle that stress matters. When your body thinks you're in a dangerous situation, it prepares you to react. This is called the stress response and it starts deep in your brain. When you feel a threat, your brain signals your body to send blood and energy to your muscles, heart and lungs so that you can respond faster. At the same time, it shuts down the connection between the emotional and the thinking parts of your brain so that you can make quick decisions. All of these things make it possible for you to fight off or run away from the threat.

The stress response is helpful in emergencies but it's not very helpful when it comes to responding to your child. During stressful times, if you respond automatically, you can injure your relationship with your child.

When you're stressed, your reaction can be scary for you and your child. Yelling, hitting or shaming children will set off their stress response. They may then yell even louder, further triggering your stress response. The whole situation can quickly spiral out of control and you may end up saying or doing things you later regret. You can, however, learn how to respond in a calm and thoughtful way. The first step is knowing when you're stressed.

It's helpful to know how your body feels when you're stressed and when you're calm. This chart will help you figure out if your stress response has been triggered.

What's happening to your	When you're stressed	When you're calm
Body	▪ heart is pounding ▪ muscles are tense ▪ fists and/or jaw are clenched	▪ heart is beating normally ▪ muscles are relaxed ▪ hands and jaw are relaxed
Breathing	▪ breaths are shallow, only going into the upper chest ▪ breathing is faster than normal	▪ breaths are deep, going to the bottom of lungs or abdomen ▪ breathing is slow to normal
Voice	▪ loud, sharp, high-pitched or yelling ▪ talking fast ▪ using harsh words	▪ tone is normal ▪ speaking calmly ▪ using kind words

Self-regulation

Learning how to manage your stress response is called self-regulation, and it's one of the most important things you can do as a parent. By paying attention to your body, you'll learn to sense when your stress is rising.

You can then take action to help get to a calmer state, so the emotional and thinking parts of your brain can re-connect. Once you have calmed your body and your mind, you'll be better able to think about what your child needs and what you can do to help them get calm. Only then can you solve the problem—whatever it is, together.

> ***"Keep yourself (as a parent) at the top of your pyramid—if you need food, rest or relaxation, then find a way to get it in your day-to-day because it will make you a better and more relaxed parent."***
>
> *~ Mike, dad of two toddlers*

Getting to calm

When you're stressed, take a few moments to calm your body and mind before you respond to your child.

- Stop what you're doing.
- Make sure your child is in a safe place, and find yourself a calm, quiet spot.
- Imagine your mind has a gearshift like a car. Picture yourself shifting your mind from 'drive' into 'neutral'.
- Take a slow, deep breath. Breathe in through your nose and out through your mouth:
  - Fill your lungs to the very bottom.
  - Feel your breathing go right into your abdomen.
  - As you breathe in, imagine you're smelling a beautiful rose. As you breathe out, imagine you're gently blowing on a candle flame, without actually blowing it out.
- Bend down with your hands towards the floor, then reach up to the sky, stretching your muscles.
- Repeat the breathing and/or stretching cycle two or three times until you feel your body start to calm.
- Find what works for you. Some people find that breathing or stretching work on their own, while others find it works better to do them together.
- Remind yourself that your child needs you to help them get calm. They're not being 'bad'—they're upset and need your help. By watching you, they're learning what to do so that they'll be able to calm themselves on their own over time.
- When you have some quiet time, take a few minutes to think of other things you can do to take care of yourself. You'll find lots of ideas in the *Taking Care of Yourself* section of each chapter in this book.

Children learn by watching you

Your child learns how to manage their energy levels and emotions by watching you and by what you do to help them. This is how they eventually learn to self-regulate themselves, which takes many years. You can help your child learn this process by self-regulating to get yourself calm, then helping your child get calm.

Babies cry to tell you that they need something, and it's not always easy to figure out what that is. When you're able to self-regulate and get calm, you'll be better able to help your baby get calm. You'll find ideas on what you can do to soothe them in the *Newborns: Birth–2 Months, Young Babies: 2–6 Months* and *Older Babies: 6–12 Months* chapters ahead.



Toddlers are often trying to learn about how things work, and they don't always have the words to tell you what they need. They may have tantrums because they're easily overwhelmed. Unfortunately, tantrums can be a real stress trigger for parents. When you can self-regulate, you'll be in a better place to help your child. *The Toddler: 1 and 2 Year Olds* chapter will help you learn how to work with your child to help them manage new emotions. Over time, as they're able to tell you what they need, their tantrums will start to decrease.

Preschoolers are learning to get along with others. They need your help to learn social skills like sharing and taking turns. When you're able to self-regulate, you'll be able to model and teach these important life skills. The *Preschoolers: 3 and 4 Year Olds* and *Young Children: 5 Year Olds* chapters are full of ideas to help your child learn to self-regulate. This gets them ready to be able to focus, remember things, learn and get along with others in the years ahead.

Throughout the early years, your child will learn how to self-regulate with your nurturing care and support. Help them by making sure they feel safe and loved, and support them to meet their needs. As they grow, continue to provide warm, nurturing care, and give them the information, guidance and support they need so they can eventually start to meet their needs on their own.

Parenting with positive discipline

Positive discipline is an approach to parenting based on the true meaning of the word discipline—that is, 'to teach'. Teaching your child in a positive way means always ensuring your child feels safe and loved, and providing the information, guidance and support that matches their stage of development. This helps your child learn about the way things work and how to get along in their world.

You can help your child get off to the best start when you:



- Always keep your long-term goals in mind (see page 13). Think about what you're teaching your child. How will this help them today? What skills are you building for their future? If you want your older child to be respectful, treat them with respect when they're young. If you want your adult child to come to you for advice, listen and talk to them when they're little.
- Provide warmth and structure (see pages 11–12). This provides the best environment for learning.
- Understand how your child thinks and feels at every developmental stage. When you think about the world from your child's point of view and consider their thoughts and feelings, you're more likely to respond to situations in a way that teaches.
- Respond to problems with teaching instead of punishing. Your child is going to make mistakes. These are powerful learning opportunities for them. When there's a problem, help your child learn to solve it in a positive way so they can learn what to do the next time.
    - Babies cannot solve problems so they're completely dependent on you to solve their problems for them. You'll find lots of information in this book about sleeping, crying, feeding and separation anxiety in the *Newborns: Birth–2 Months, Young Babies: 2–6 Months* and *Older Babies: 6–12 Months* chapters ahead.
    - Toddlers are starting to learn about words and feelings. They can solve little problems without your help, but still need your help with the big ones. Learn about dealing with tantrums, toilet teaching and cooperation in the *Toddlers: 1 and 2 Year Olds* chapter.
    - Preschoolers are ready to begin solving their own problems with your help. Learn how to help them get calm and solve problems in the *Preschoolers: 3 and 4 Year Olds* chapter.
    - As your child starts school, they'll enter a whole new world. Making friends and getting along with others are skills that you can help them build. Learn how you can help in the *Young Children: 5 Year Olds* chapter.

It takes time and lots of practice before a child can solve problems on their own. When children learn how to solve problems when they're young, they'll have the skills that will last them a lifetime.

What about punishment?

Physical punishment and emotional punishment do not teach children how to behave. Punishment hurts your child and leads them to connect you with pain and distress, not love. Many years of research on physical punishment has shown that it has no positive outcomes for children. In fact, children who are physically or emotionally punished are more likely to:

- feel fearful, angry and powerless
- have trouble deciding what's right from wrong on their own
- have unhealthy relationships with their parents and other caregivers
- be aggressive, feel anxious or have other mental health issues, both as children and as adults

As a parent, you're your child's first and most important teacher. Help them learn the right things to do and encourage them when they are trying.

Parenting programs can help you learn approaches for building healthy relationships with your child. Parenting programs are helpful for everyone. For more information, talk with your health care provider or visit your nearest Parent Link Centre.

> ***Keep the positive things from how you were parented***
>
> You can choose to keep the positive things that you learned from being parented as a child—the things that helped you learn and grow. You can also choose to let go of things that you now realize might not have been very helpful. For example, things like spanking are no longer recommended because they put children at increased risk of poor mental health outcomes, just like all other types of physical punishment. Generations ago, parents did not know this, so spanking was quite common. Choose new ways that are better for your children's health today and in the future.

> ***"If you join a parenting class, get contact information for the other participants. Being able to talk to other parents going through similar experiences can be very helpful. Other new parents can also make for great walking partners during parental leave."***
>
> *~ Kalina, mom of two children*

physical punishment: using force (e.g., spanking, hitting, pinching, pulling hair, pinching ears) to cause pain in order to correct behaviour

emotional punishment: using words or actions (e.g., yelling, criticizing, shaming, isolating the person) to cause emotional pain in order to correct behaviour

Supporting healthy development

You support your child's development by helping them meet their needs. In this way, your child will learn healthy habits so that they'll be able to meet their own needs when they're older.

It's the things you do every day with your child that make a difference:

- Offer a variety of healthy foods.
- Encourage play every day.
- Help them get enough sleep.
- Have lots of serve-and-return interactions.
- Hold them and offer comfort.
- Be interested in what they're interested in at that moment.
- Talk, play, read, sing and have fun together.
- Provide warmth and structure.
- Take care of yourself so you have the energy to help your child.



When your child has their needs met, they're more likely to:

- feel good about themselves
- respect and care for themselves and others
- become responsible, confident and caring adults

> ***"You're everything for these little people right now. So, if it means that all you got done today is singing, dancing and baking and you're still in your pyjamas, that's okay. It's about your relationship and how connected you are with each other."***
>
> *~ Cate, mom of three children*

Your Family Through the Early Years

As a new parent, it's common to have a wide range of feelings—from joy, excitement and amazement to fear, sadness and frustration. You may have less sleep, freedom and time for yourself. Your life has certainly changed! The first few weeks and months are a big adjustment. The time it takes to adjust is different for every family.

It may help to talk about your feelings with someone you trust. Share your joys and challenges, and focus on solutions that will work for your family.

Helping an older child adjust

If your new baby is not your first, there will be even more to adjust to with other children at home. If you have a toddler, they may just be learning to share. Suddenly, with the arrival of a newborn, they must share the most important thing to them—your love and attention.



You can help your child adjust to your new baby by providing warmth and structure.

Provide warmth	Provide structure

▪ Tell and show your older child how much you love them.
▪ Spend some time alone every day with your older child, even if it's just for a few minutes.
▪ Tell your visitors to interact with your older child first and let them know how helpful they have been to you and your new baby.
▪ Tell your older child stories about their birth such as how you felt and what they were like when they first came home. Help them see how big they have grown.
▪ Read books about babies, big sisters and big brothers with your older child.
	▪ Give your older child information about how:
	  ▫ new babies need lots of care
	  ▫ they can help you by doing things like getting you a diaper or singing a song to the baby
	  ▫ to be gentle with the new baby
	  ▫ babies cannot do some things until they're older such as running, playing, climbing and reading books
	▪ Keep your routines such as bedtime and mealtime as normal as possible.
	▪ You may want to delay toilet teaching with your older child until you have settled in with your new baby and things are more predictable.

When you bring your new baby home, your other child may also have questions about where the baby came from. Answer your child's questions honestly and with simple words. A 3-year-old may be satisfied with, "*Babies grow in a special place inside a mom's body called a uterus.*" A 6-year-old may have more questions about how the baby grows or how it will come out. You could say "*A baby grows in the uterus and is born through the vagina.*"

For ideas about talking to your children about where babies come from and about other sexual and reproductive health topics, visit teachingsexualhealth.ca

Child care

If your family needs child care, there are different types you can choose from. A family day home is where child care is provided in the private home of a caregiver. Day homes may or may not be approved by a family day home agency. Approved day homes are monitored and must meet government standards for things such as:

- the number of children in care
- space needed
- health, safety and nutrition
- toys and equipment



Licensed child care programs offer care in centres for more than 7 children. They include day care, group child care, out-of-school care and preschool programs. Licensed child care programs may or may not offer care for infants. These programs are monitored to make sure they meet government standards for things such as staff training, number of children and staff, activities, safety and health.

If you have any concerns about the conditions of your child's approved or licensed child care, call Health Link at 811 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

What to look for in child care

Choosing child care is an important decision. You'll want to find a safe and healthy environment that supports all areas of your child's development. You'll feel more comfortable with your child care decision if you know that your child is safe and happy with warm and caring adults when you're not together.

Look for child care that has the best interest of your child as its goal and:

- is clean and safe
- has enough adults for the number of children in care in the centre or home
- has caregivers who are qualified with training including first aid, CPR and child care certification
- offers healthy meals and snacks
- has books, toys and activities for different ages
- has a variety of play spaces for indoor and outdoor activities, as well as for active and quiet play time
- follows a flexible yet predictable routine
- respects different languages and cultures
- is free from tobacco and tobacco-like products

It's a good idea to start looking for child care well before you need it. There may be a waitlist. Meet with your child care provider ahead of time and talk about any specific needs and considerations. Feeling comfortable with your child's caregivers makes it easier to work together as a team.

Make sure your child's immunizations are up to date. Children may have more illnesses during their first year in child care. Talk to your child care provider about their policy for children staying home when they're sick. For more information on immunizations, see page 82.

> ***"I must have visited five different day cares before I found one that worked for my child and our family. It was really stressful but we finally found one that was a great fit."***
>
> *~ Oksana, mom of one child*

tobacco: any product made from whole or parts of tobacco leaves. This can include cigarettes, cigarillos, cigars, pipe tobacco, snuff, chewing and dipping tobacco, and shisha or hookah. It does not include any regulated nicotine replacement therapy (NRT) products.

tobacco-like products: any product that mimics a tobacco product. This includes, but is not limited to, the following products that are vaped or smoked: cannabis (marijuana, hashish, hash oil), hookah, cigarillos, electronic cigarettes, vaping pens, tanks and mods.



Choosing child care

When choosing child care, trust your feelings. If it doesn't feel right, it probably isn't right for you and your child.

Supports are available to help you choose the child care that's right for you and your child. There's an online checklist and guide with questions to ask when you're interviewing child care providers. To learn more and for help finding child care options, contact the Government of Alberta, Alberta Human Services toll-free at 1-877-644-9992 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Helping your child adjust to child care

Going to child care can be a big adjustment for everyone in the family, but especially for your child. You can help your child adjust to child care by providing warmth and structure.

Provide warmth	Provide structure
▪ Spend time at the child care centre or day home with your child as they explore their new surroundings. ▪ Give them time to feel secure in their new routine. ▪ Act confident—even if you do not feel it. This helps your child know that they'll be safe and okay.	▪ Before you leave, say "*Goodbye*" and tell your child when you'll return. Leaving without telling them can damage the trust you've built with them. ▪ Acknowledge their feelings. You may want to say, "*I know you'll miss me. I'll miss you too. I'll be back.*" ▪ When you return to pick them up, tell them you came back just as you said you would. This will help build their trust and remind them that you do what you say. ▪ Have them take something such as a favourite blanket, stuffed animal or family picture with them to their child care.

Babysitters



There may be times when you need someone else to care for your child for short periods of time. Choose someone you can trust and someone who:

- is old enough and knows how to look after a child
- has first aid or babysitting training
- can handle an emergency
- does not smoke or vape or will not do it around your child
- will not use alcohol or other drugs before or while caring for your child
- will not bring over friends unless you're okay with them to do so

Spend time with new babysitters before they care for your child. Write down your phone number, full name and address, as well as any other emergency contact information. Leave this information in a place that is easy to find and show them where it's kept.



Always supervise

Never leave your baby unsupervised with other young children—whether they are siblings or a friend's children.

Taking Care of Yourself



Life is busier with a child in the family. It's really important, however, to take time for yourself and your relationships. Whether you parent with someone else or do it on your own, it can be easy to forget about your adult relationships. Having strong relationships and good communication with other adults is important for your mental health. It also helps create a healthy and supportive environment for your children and shows them what a healthy relationship looks like.

> ***"Take time out for each other. A healthy relationship with your partner is very important to keep your family healthy."***
>
> *~ Taylor, parent of two children*

Your relationships

Having a healthy relationship with your partner and other people in your life is important. Healthy relationships can offer support, comfort and improve overall health and well-being. By taking care of your relationships, you'll help develop a safe and secure place for your whole family.

All healthy relationships have boundaries. In a healthy relationship, each partner respects:

- physical boundaries, such as touching and personal space
- emotional boundaries, such as being able to keep personal information private
- sexual boundaries, such as being able to express their needs and limits

Setting examples

Your children will see how you are with others and learn by watching you. This is how they'll learn about how to have healthy relationships with others.

Respecting each other's boundaries is an important part of a healthy relationship. The next table gives examples of what a healthy relationship looks and feels like. Trust your

instincts. If something doesn't feel right in your relationship, and you feel safe to do so, think about making changes. All adults have times when they disagree, even in healthy relationships. However, abuse is not acceptable. There are many supports and resources available to help you and your children if you're in an abusive situation (see page 42).



Is my relationship healthy?

	Healthy	Unhealthy	Abusive
Sharing feelings	▪ You feel safe, comfortable and strong enough to tell each other how you really feel.	▪ One person feels uncomfortable telling the other how they really feel.	▪ One person feels afraid to tell the other how they really feel. They're scared of being rejected, abandoned, getting 'put down' or being threatened.
Communicating	▪ You listen to and respect each other's point of view. ▪ You make decisions together.	▪ One person ignores the other and does not respect their opinions.	▪ One person treats the other with disrespect. ▪ One person ignores the other's ideas and feelings or makes fun of them.
Disagreements	▪ You have equal say in the relationship. ▪ You show respect to each other even when you have disagreements. ▪ You work things out together, so you both get what you need.	▪ Disagreements often turn into fights that include yelling, criticism or harsh words.	▪ One person is afraid to disagree because they don't want the other to get angry or violent. ▪ The disagreement is used as an excuse for abuse. ▪ One person controls the money and prevents the other from spending money they've earned, accessing bank accounts, or being part of financial decisions.

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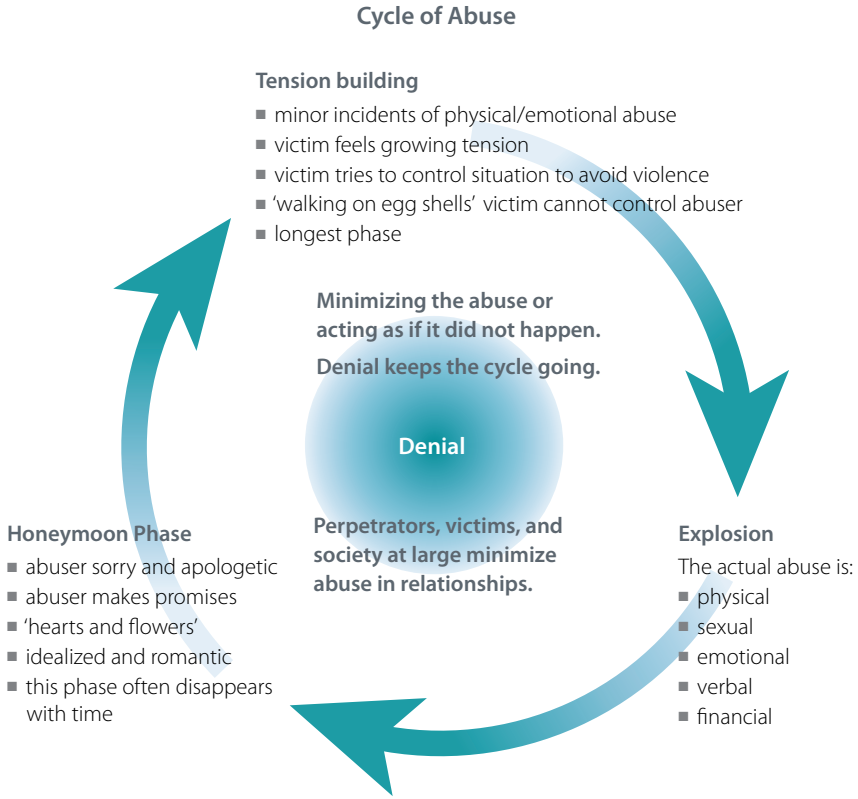
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Is my relationship healthy?			
	Healthy	**Unhealthy**	**Abusive**
Intimacy and sex	▪ You're honest about how you feel about being physical and having sex. ▪ Neither of you feels pressured to do anything you don't want to do.	▪ One person is embarrassed to say how they feel or what they need. ▪ One person may go along with things that they may not be comfortable with.	▪ One person ignores the other's needs and wants. ▪ One person may be pushed into doing things that makes them feel uncomfortable, afraid or ashamed.
Time alone	▪ You can spend time alone and think of this as a healthy part of the relationship.	▪ One person thinks there may be something wrong if the other wants to do things without them. ▪ One person tries to keep the other to themselves.	▪ One person doesn't let the other spend time doing things on their own because it's seen as a threat to the relationship. ▪ One person may monitor the other person's activities and isolate them from family and friends.
Verbal	▪ You value your differences and work to be non-judgmental. ▪ You both try hard not to talk harshly to or about each other.	▪ There have been a few times when harsh words are used, and one person felt at risk of harm. ▪ There's no clear pattern of abuse.	▪ There's a pattern of increasing or ongoing verbal or psychological abuse. This may include damaging belongings, name-calling, and threats to hurt or kill you, a family member or pet.
Violence	▪ There's no physical violence or threat of violence in the relationship. ▪ Neither person feels at risk of being hurt or harmed. ▪ Both partners behave in ways that keep the other safe (e.g., safer sex practices, being financially responsible).	▪ There have been a few times when one person felt at risk of harm. ▪ There's no clear pattern of abuse or violence.	▪ There's an increasing or ongoing pattern of pushing, slapping, shaking, choking, punching or forced sexual contact.

What is abuse?

Abuse is any behaviour used to control another person's actions. Abuse can happen to anyone, whether you've experienced abuse in the past or not. If you grew up with abuse, this behaviour might seem normal to you. However, abuse puts the person being abused and their children's health at risk.

If the violence or threat of violence has happened once, it's very likely to happen again. It often gets worse over time, happens more and more often, and is more intense. It often develops into a cycle of abuse. Not all abuse fits this cycle. Often, as time goes on, the 'honeymoon phase' disappears. If the image on this page seems familiar to you, there is help available.



It's okay for adults to disagree, but nobody deserves to be abused or to see abuse. Many people who are abused stay in a relationship to keep their family and home together. However, children who see abuse are harmed by it. No one has the right to abuse another person or child.

If you're experiencing abuse, talk with someone you can trust like a friend, family member or your health care provider.

There are programs for families and partners who have experienced abuse and for those who abuse. There's help for everyone in the family:



- If you're in danger, call the police at 911.
- If you're hurt or have health concerns, go to your health care provider, urgent care centre or emergency department. Tell them how you got hurt.



- Call Health Link at 811 for your local emergency shelter, available 24/7, when it's safe for you to do so.
- Call the Family Violence Info Line toll-free at 310-1818, available 24/7 in more than 170 languages. You can also call this number to get information to help you understand abuse, access financial supports, and find information about a place to stay, if you need one.



Visit the ***Links*** section at healthyparentshealthychildren.ca/resources to learn more about abuse, staying safe and getting support:

- Find a lawyer from the Law Society of Alberta Lawyer Referral Service who will answer your questions in confidence—the first consult will often not cost you anything.



- Call Legal Aid Alberta, toll-free at 1-866-845-3425 to find a lawyer to represent you.
- If you're new to Canada and want to find out about your rights, contact your local Citizenship and Immigration Canada Office.

What is neglect?



All parents or caregivers have times when they cannot respond to children right away. This is not neglect. As your child gets older, they'll learn that people are not always able to respond right away. When children are well looked after, they'll learn over time how to care for themselves and how to problem-solve more and more on their own.

Neglect happens when the people who are supposed to care for children do not:



- provide for their children things such as food, clothing, housing, medical and dental care, and education
- pay enough attention to and love them
- respond to or interact with them and show them affection
- give them the protection they need for their age and stage of development

It's a very serious problem when children are mostly ignored, given no attention and when no one knows where they are, what they're doing, or if they're safe. Neglect affects how children grow and develop.

If you and your children are in any of these situations, there are many people and agencies that can help. Call Health Link at 811 or talk with your health care provider to connect with people who can support you and your children.

Parenting together

Whether you're in the same home or live apart, parenting with someone else is a shared responsibility. Here are some tips to help you parent together:

- Focus on communication. Healthy communication is important. Try to hear the other person's point of view, even when you don't agree. Plan ahead and talk about how you'll share parenting responsibilities.
- Expect an emotional journey. You have your own physical and mental health and changing roles to think about. Talk about your successes, challenges, hopes and fears together.
- Appreciate your differences. When sharing parenting, you may not always share the same views or do things the same way. Even if you have different styles, what is important is to agree on the overall approach, the expectations you have for your child, and to be consistent as much as possible.
- Talk about your long-term goals for your child. If you have different ideas about a parenting decision, you can revisit these goals and use them as a way to re-focus the conversation on what's important to both of you.

There are many ways to raise a child

Parenting differs from child to child, parent to parent and family to family. It can also differ by generation, community, country and culture. How you choose to bring up your child may be similar to or different from how your parents raised you.

Parenting advice in this book is based on up-to-date information about raising children to help guide you in your decisions.

Talk it over

If you're sharing parenting with extended family, communication and relationship building are just as important. Be sure everyone is clear about who is responsible for what.

> *"Be patient with yourself, your child and your partner because you're all on this journey together, learning as you go. It does get easier. It takes time."*
>
> *~ Parth, dad of one child*

Parenting when separated or divorced

A separation or divorce is very stressful for the whole family. Each family member adjusts to the change in their own way. Although separation and divorce change a family's structure, it does not change your responsibilities and feelings for your children. Good communication becomes even more important when parenting happens between two families and two homes.

If you're in this situation, you'll need to work together to help prevent this from becoming toxic stress for your child (see page 23). Here are some ways you can support your child to feel safe and secure:

- Assure them that both parents love them and are still a part of their life.
- Help them understand that it's not their fault. Children sometimes think they're responsible for their parents' separation.
- Help them understand that they can't change decisions you and your former partner have made.
- Follow your family's regular routines as much as possible.
- Talk with your child about their feelings, and tell them you understand that they may feel angry and confused.
- Make a plan with your former partner on how you'll both handle transitions as your child grows, for example moving from a crib to a bed or starting school. Being as consistent as possible and keeping the best interests of your child in mind will help make it easier for them.

> ***Support for families when separating or divorcing*** ★
>
> Libraries, support groups and community or public health centres offer a wide range of resources for families going through divorce or separation.
>
> If you and your family are having a hard time, call Health Link at **811** to learn about agencies that offer marriage or divorce counselling.

If you're concerned about your child, ask for help from other family members or from a counsellor. Try to keep communication with your former partner as respectful as possible. If you and your former partner argue or fight often, it can have a serious and lasting effect on your child. Do not speak negatively about your former partner to your child and other people. If you need to share negative feelings, speak with a trusted friend or counsellor when your child is not there.

You may want to have a trained person who doesn't take sides or make decisions (mediator) help you make a plan that includes an agreement about parenting or child support that you and your former partner will be able to keep. To find a mediator, call the Alberta Family Mediation Society toll-free at 1-877-233-0143 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources



> ***"For those in two parent situations—you need to be on the same page. If you struggle, you have to open the lines of communication."***
>
> *~ Jessica, mom of two children*

Growing and learning as parents

As a parent, there's a lot to learn—and children don't come with a manual! Let this book be your guide to the most up-to-date information about parenting your child in the early years. As you get used to being a parent, you'll learn as you go and you'll learn something new with each child you have. No one expects you to have all the answers. When you have questions or concerns, don't be afraid to ask for help. Start with the people you trust. Friends, family, neighbours and your health care providers can all be sources of support and information.

Parenting programs, groups and classes are also available and can help you:

- learn ways to handle everyday challenges
- meet other parents
- share experiences
- have a break

Parenting programs are for everyone. Some programs are available at no cost to you and others have a cost. Many agencies offer subsidies for parents who are not able to afford classes, so be sure to ask if this is a concern for you. Ask if there is child care available while you attend the class. For more information, call Health Link at 811 or talk with your health care provider or your Parent Link Centre.





Healthy Growing Families



Healthy Growing Families

The early years are a time of rapid growth for your child and for you as a parent. Your family's health is a precious resource. In this chapter, you'll find information that applies to all children over these foundational years—how they grow, how they communicate and learn, and some of the emotional and social changes you'll see. You'll also find information about eating, sleeping, other everyday activities and common health concerns, as well as how to keep your child safe and prevent injuries. There is also information about taking care of yourself as a parent during your child's early years.

In the age-specific chapters that follow in this book, you'll find information for your child's specific age and stage of development.

Feeding Your Child

Food is important for everyone's good health. Eating healthy food gives your child the energy and nutrition they need to grow, learn and play. Their needs will change as they get older. For the first 6 months, your baby will need breastmilk or infant formula (see page 145). At about 6 months, your baby will be ready to start eating solid foods (see page 291) and, before long, you'll find your family will all be eating the same healthy foods.

The feeding relationship



The way you and your child relate to each other around feeding and eating is called the feeding relationship. Developing a healthy feeding relationship with your child during the early years is foundational, as it affects their eating behaviours for their whole life.

Babies are born with the ability to regulate their appetite, which means they'll eat when they're hungry and eat the amount of food they need. The feeding relationship starts with your baby's first feeding. Your baby connects with you when you respond to their feeding cues (see page 149) and take time to relax, snuggle and talk quietly with them while they feed. Responding to your baby's cues helps build a secure attachment and a trusting relationship. You're also teaching your baby to listen to their body and stop feeding and eating when they're full.

Your baby:

- lets you know when they're hungry
- needs to feed and eat when they're hungry
- lets you know when they're full

You need to:

- help your baby stay calm while feeding
- watch your baby for feeding cues and respond when they tell you they're hungry or full

infant formula: in this resource, infant formula refers to commercial, store-bought infant formula that is bought in Canada

As your child gets older, the feeding relationship will change. Your child is still responsible for how much they eat. You're still responsible for what food to provide for your child. By the time children are eating a wide variety of foods with different textures (between 6–12 months old), new roles will help your child learn to be a healthy eater.

You decide:

- what food and drinks are offered
- when food and drinks are offered
- where food and drinks are offered

Your child decides:

- whether or not to eat
- how much to eat

In the chapters ahead, you'll find suggestions about healthy eating for different age groups.

Family meals

Meals are important times for your family to connect with each other. Even your young baby will benefit from being with you during meals. Spending time together during meals helps your family:

- build strong family relationships
- develop healthy eating habits
- develop language and social skills

A strong family relationship helps your child feel secure. Try to have at least one meal together each day. Set some guidelines around where you'll eat as a family. Children learn by watching you—turn off all electronics so you can enjoy each other's company.



Healthy food for the whole family

Eating Well with Canada's Food Guide (Canada's Food Guide) recommends healthy foods for the whole family and is available in many different languages. Try to serve a variety of healthy foods and follow *Canada's Food Guide* every day. Eating the recommended amounts and types of food will help you and your family meet your needs for vitamins, minerals and other nutrients and will contribute to your family's overall health.

Here are some guidelines for the whole family based on *Canada's Food Guide*.

Canada's Food Guide – First Nations, Inuit and Métis

The food guide is available in Plains Cree and other Indigenous languages. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Recommended number of *Canada's Food Guide* servings each day

Age	Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives
1–2 years	up to 4	up to 3	up to 2	up to 1
2–3 years	4	3	2	1
4–8 years	5	4	2	1
9–13 years	6	6	3–4	1–2
Female 14–18 years	7	6	3–4	2
Male 14–18 years	8	7	3–4	3
Female 19–50 years	7–8	6–7	2	2
Male 19–50 years	8–10	8	2	3
Female 51+	7	6	3	2
Male 51+	7	7	3	3

> ***"My partner and I find that it's really important that we are both on the same page about feeding our daughters. Discussing and agreeing on our own family rules and boundaries for meal and snack times helped to create consistent expectations related to eating among our daughters."***
>
> *~ Craig, dad of two daughters*

	Examples of 1 serving	Make each serving count
Vegetables and Fruit	▪ fresh, frozen or canned vegetables 125 ml (½ cup) ▪ fresh, frozen or canned fruit 125 ml (½ cup) ▪ raw leafy vegetables 250 ml (1 cup)	▪ eat at least one dark green (e.g., broccoli) and one orange vegetable (e.g., sweet potatoes) ▪ choose vegetables and fruit prepared with little or no added fat, sugar or salt ▪ choose no more than 125 ml (½ cup) of 100% juice
Grain Products	▪ bread 1 slice (35 g) ▪ rice or pasta 125ml (½ cup) ▪ bannock 6 cm x 6 cm x 2 cm (2 ½ inches x 2 ½ inches x ¾ inch) ▪ pita or tortilla wrap ½ small (35 g) ▪ hot cereal 175 ml (¾ cup) ▪ cold flaked cereal 30 g, 250 ml (1 cup)	▪ choose whole grains at least half of the time ▪ choose grains that are lower in fat, sugar and salt
Milk and Alternatives	▪ milk or fortified soy beverage 250 ml (1 cup) ▪ cheese 50 g (1 ½ oz) ▪ yogurt or kefir 175 g (¾ cup)	▪ choose homogenized whole milk (3.25% milk fat) for children 9 months to 2 years of age (see page 297) ▪ choose skim, 1% or 2% or fortified soy beverages for children 2 years and older
Meat and Alternatives	▪ cooked fish, shellfish, poultry, lean meat or wild meat 75 g (2½ oz) or 125 ml (½ cup) ▪ 2 eggs ▪ cooked legumes, such as beans or lentils 175 ml (¾ cup) ▪ tofu 175 ml (¾ cup) ▪ peanut or nut butters* 30 ml (2 Tbsp) ▪ shelled nuts and seeds** 60 ml (¼ cup)	▪ choose meat alternatives such as beans, lentils and tofu more often ▪ eat at least 2 servings of fish every week ▪ choose lean meat and alternatives prepared with little or no added fat or salt

* To avoid **choking** risk for small children, spread peanut or nut butters thinly on bread or crackers and do not serve them right off a spoon.

** Choking risk for small children, see page 59.

choking: occurs when food (or another object) is inhaled into the airway and causes breathing problems

Offer a variety of foods from the four food groups, including some choices that have healthy fat such as fish and avocados. For young children, servings can be divided into smaller amounts and given throughout the day. For example, you can serve ½ of a vegetable or fruit serving at two different snack times to equal 1 full serving.

Vitamin D for all children

Vitamin D is an important part of your child's nutrition. It helps their body absorb calcium, promotes healthy bones and prevents rickets. Starting at birth, all children need a 400 IU vitamin D supplement every day.

Multivitamins are not recommended for babies and most children do not need them.

Some foods that are not healthy for your child are:

- Drinks with caffeine like coffee, tea and energy drinks—these can make children anxious and make it hard for them to fall asleep.
- Herbal teas—not enough is known about how they can affect your child. Some herbal teas may also have caffeine in them.
- Foods with sugar substitutes (e.g., aspartame, stevia and sucralose) and calorie-reduced foods—these may end up replacing healthier food choices that are needed for your child's growth and development.

If you offer foods that are high in unhealthy fats, sugar or salt, limit these to small amounts and offer only once in a while to your family, for example:

- sugary cereal and chocolate bars
- cookies and doughnuts
- sausages, wieners or hot dogs
- chips and pickles
- sugar-sweetened drinks such as pop, iced tea, sports drinks, fruit punches, fruit cocktails, fruit drinks, fruit 'ades' (e.g., lemonade) and flavoured vitamin or mineral water

To learn more about healthy eating for your whole family, visit the ***Printables*** and ***Links*** sections at healthyparentshealthychildren.ca/resources

rickets: a disorder caused by a lack of vitamin D, calcium or phosphorus that can lead to softening and weakening of the bones

What about fish?



Eating fish has many health benefits. However, some fish are high in mercury and should be eaten less often. Young children are more at risk for mercury exposure. Choose:

- fish that are low in mercury like anchovy, capelin, hake, herring, Atlantic mackerel, pollock (Boston bluefish), salmon (farmed and wild), smelt, rainbow trout, shrimp, clam, mussel and oyster
- canned 'light' tuna
- low-mercury lake fish caught in Alberta—some fish caught in Alberta are high in mercury.

To learn more, call Alberta Environment and Parks toll-free at 1-877-944-0313, or visit the *Links* and *Printables* sections at healthyparentshealthychildren.ca/resources

Tips to think about when feeding your child



- Plan regular meals and snacks—aim for 3 meals and 2–3 snacks per day.
- Give your child about 20–30 minutes to eat meals and 10–15 minutes to eat snacks.
- Offer food and drinks at meal and snack times. If your child is thirsty between meals and snacks, offer water.
- Serve drinks in an open cup. Limit the amount of juice you give to 125 ml (½ cup) a day at the most.
- Your child may not like a new food right away. Sometimes getting used to new foods takes time. Be patient and let your child explore their food. It may take 15 or more tries at different times before they accept a new food.

mercury: a naturally-occurring metal that can be toxic in high levels

- Limit distractions while eating. Turn off the TV and put away toys, phones and other electronics. This allows your child to pay attention to their hunger and fullness cues and learn good eating habits.
- Patience works better than pressure—offer healthy foods and let your child decide how much to eat.
- Let your child help—children may be more likely to try foods they help make or choose at the grocery store.
- Let your child pick which foods to put on their plate from the foods you're serving.
- Using food to trick, bribe, punish, comfort or reward your child can cause them to feel pressured and have negative feelings about eating.

Eating out

Eating away from home is sometimes convenient and can be fun for the whole family. Fast, takeout and restaurant foods are often much higher in fat, sugar, calories and salt than food made at home. Eating out may also create some other challenges for children and they may get:

- distracted and pay less attention to their cues of hunger and fullness
- overwhelmed by excitement, noise or having to wait
- used to larger servings and foods that are high in fat, sugar and salt

Eating out can also help your child learn how to behave in social settings. However, eating at restaurants often takes longer than eating at home, so you'll need to prepare yourself and your child so they don't get overwhelmed or become impatient. Here are some ideas to think about:

- Pretend play or practice at home first. This helps your child learn what to expect when eating out and what you'll expect of them.
- If your child is tired, let them rest or have a nap before going out to eat.

Tips for your family when eating out

- Choose restaurants that serve healthier food choices, such as lean or grilled meats, poultry or fish, steamed or stir-fried vegetables, and fruit for dessert.
- Order from the regular menu, not just the children's menu. Ask for a half-serving or share an adult-sized meal with your child.
- Encourage your child to try new foods.
- Limit foods that are high in unhealthy fat such as pan-fried and deep-fried foods. Ask for dressings and sauces on the side. Choose tomato-based sauces instead of cream sauces for pasta.
- Choose milk or water. You can make water special by asking for a slice of fruit to go with it.

- Bring a small bag with crayons, a notebook, a few small toys or books to help keep your child busy while they're waiting for their food.
- Pack vegetables or fruit so your child doesn't get too hungry before the meal arrives.
- Choose child-friendly restaurants that understand children's needs and have high chairs and booster seats.
- Be prepared to leave if your child becomes too overwhelmed.

Did you know?

Choices offered on the children's menu are often higher in fat, sugar and salt than choices on the regular menu.

Think about ordering a healthier item from the adult menu for your child and take the left-over food home.

It may take a few tries to get used to eating in a restaurant. Trying to get your child to behave or wait in a restaurant when they're overwhelmed can make things worse. If this happens, let them know it's time to go. Remind yourself that they're just learning. Remind your child that certain behaviours are expected in a public restaurant and reassure them that you can try again another day. When your child knows what to expect and what's expected of them, eating out will become more relaxed and pleasant for everyone.

Washing hands

The best way to stop spreading germs and to stay healthy is by washing hands often. Most germs that make people sick can be passed on to others by people touching each other or by touching things that a sick person has touched, like handles and doorknobs.

Everyone in the family, including your child, should follow these steps when washing their hands.

1. Use warm running water and plain soap—you don't need to use antibacterial soap.
2. Rub the insides and backs of both hands and between fingers until there are a lot of soap bubbles. This should be at least 20 seconds or long enough to sing the 'Happy Birthday' song twice.
3. Rinse hands under warm, running water.
4. Dry hands with a clean towel.

Antibacterial soaps

There are very few situations where antibacterial soaps or waterless hand gels such as the ones used in a hospital are needed. What makes the difference for handwashing is rubbing your hands with regular soap for at least 20 seconds. This will remove the germs that can make you or your child sick.

Waterless hand gels are not recommended for children under 6 years of age.

Anyone in the family who is sick should use their own separate, clean cloth and towel. Wash bathroom and kitchen towels often to prevent spreading germs.

Everyone in your family needs to wash their hands:



- before holding or feeding your baby
- before preparing or eating food
- after using the bathroom, changing a diaper or helping a child use the toilet
- after sneezing, coughing or wiping your nose or your child's nose
- after touching any animal or pet, cleaning a litter box or cage, or cleaning up animal and pet waste
- after working in the garden or handling pesticides or manure
- after coming back from a public place such as the mall, school or work, or coming indoors after being outside

Food safety

Keeping food safe

Food can carry germs such as bacteria, parasites and viruses that can make your family sick. Handling, preparing and storing food properly can reduce the chance of getting sick with food poisoning (food-borne illness). Food poisoning is very serious for any person, however, it can be especially harmful in early childhood.



Wash hands when handling food

Everyone in your family, including your child, should wash their hands properly before and after handling any food.

Here are some things you can do to help prevent food poisoning:

- Wash your hands with warm water and plain soap before and after handling any food. You don't need to use antibacterial soap.
- Wash your hands again after handling food such as raw meat, poultry and fish.
- Wash and sanitize any surface that is in contact with raw meat, poultry or fish. To sanitize, use a solution of 2 ml (½ tsp) of household bleach in 1 L (4 cups) of water. After sanitizing, change the dishcloth and wash your hands.
- Wash vegetables and fruits under cold, running water.
- Refrigerate or freeze perishable food, prepared food and leftovers within 2 hours.
- Check the temperature in your refrigerator using a thermometer to make sure it's at 4 °C (40 °F) or below.
- Check the temperature of your freezer to make sure it's at least -18 °C (0 °F) or colder.

Keep food safe by cooking meat, poultry and fish to a safe internal temperature using a probe thermometer:

- ground beef 71 °C (160 °F)
- wild game (deer, elk, small game) 74 °C (165 °F)
- poultry 74 °C (165 °F)
- fish 70 °C (158 °F)

To learn more about food safety, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

Water from a well

It's a good idea to test your water for bacteria twice a year to make sure it's safe to drink.

To learn more call Health Link at 811 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

probe thermometer: a thermometer that has a metal stem to check internal temperature of foods

Choking hazards and foods to avoid

As your child's chewing and swallowing skills keep developing into the preschool years, you'll need to be cautious with certain foods as they can cause choking. Some foods need to be modified for children under 4 years old to help prevent choking.

Foods that may cause choking	How to make them safer
Stringy or chewy foods, such as meat, long pasta or cheesy toppings	▪ Cut them up into small pieces.
Foods that stick to the roof of the mouth, such as peanut butter, cream cheese and cheese spread	▪ Spread them thinly on bread or crackers and do not serve them right off a spoon. ▪ For babies, mix with applesauce or infant cereal to make them less thick.
Small and round fruits, such as grapes or cherries	▪ Remove pits or seeds. ▪ Cut them into bite-sized pieces, such as into 4 parts.
Foods such as sausages, wieners or hot dogs	▪ Cut them lengthwise and then cut them again into bite-sized pieces.
Raw vegetables	▪ Cook to soften them or grate them into tiny pieces. ▪ Cut them into narrow strips.

These foods should not be offered to children under 4 years of age since they can cause choking:

- foods or candies that are hard, small and round or that are smooth or sticky
- whole nuts and large seeds
- popcorn or marshmallows
- fish with bones
- snacks with toothpicks or skewers
- raisins
- gum

These are some examples of foods that can contain certain bacteria that can make your family, and especially your young child, sick and should not be offered:

- raw or cooked sprouts such as alfalfa, radish or bean sprouts
- any food that has raw eggs in it such as cookie dough or Caesar salad dressing
- unpasteurized fruit juice, milk or cheese
- undercooked meats, poultry, fish or eggs
- food that hasn't been stored properly

Homemade canned foods

If giving your child homemade canned foods, ensure they are prepared properly as they can carry the bacteria that causes botulism.

To learn more about home canning safety, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Everyday Care

Helping your child develop good sleep habits and teaching them personal care will help them stay healthy. At first, they'll need you to help them. Gradually, they'll learn these skills for themselves.

Sleeping



Your child needs good sleep habits to grow, develop and be healthy. Our bodies are busy when we're asleep. The body heals and repairs itself and our brain uses this time to organize and store information. When your child sleeps, their body makes a growth hormone and releases chemicals that make their immune system stronger.

Babies and children need different amounts of sleep at different ages. Young babies wake and sleep throughout the day and night to meet their needs for food and rest. As they grow, they sleep longer and develop a more predictable daytime and nighttime pattern. Every child has their own sleep pattern. You can help your child learn good sleep habits by understanding typical sleep and wake patterns and how they change.

botulism: a serious illness caused by a toxin that is produced by bacteria that can grow in food and can grow inside the body of an infant

unpasteurized: not put through a heat process to destroy harmful bacteria

Bedtime rituals are an important part of a sleep routine as they help your child gradually shift from their busy day to getting ready for sleep. These rituals may include a bath, getting into pyjamas, brushing teeth, singing a song or reading a story, and cuddles before saying goodnight. Screen time before bedtime can disturb your child's sleep patterns as the light from the screens can make it harder for your child to fall asleep or stay asleep.

Getting ready for sleep

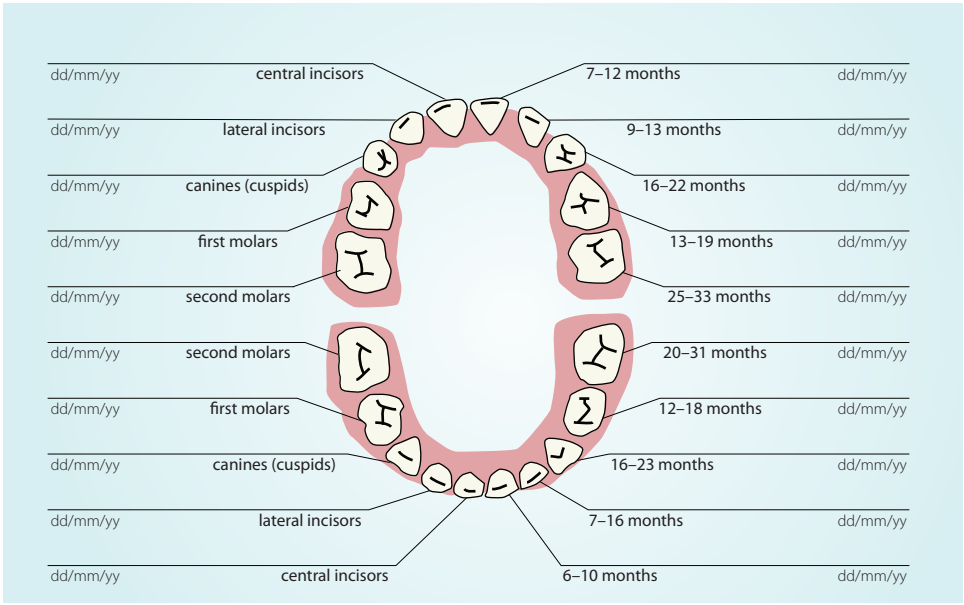
To help your child get calm and ready for sleep, turn off all electronics 1 hour before bedtime. Turning TVs and electronic devices off tells the brain it's time to go to sleep. For more information on screen time, see page 72.

There are special considerations for babies under 1 year of age to make sure they're safe while sleeping (see page 218). For more information on how much sleep your child needs at each age, see the sleep information in the age-specific chapters.

Teeth and mouth

Babies are born with teeth, but they're hidden under the gums. Your child's baby teeth (primary teeth) started to form in the first trimester of your pregnancy. Start good oral health habits right from birth to protect your child's mouth from tooth decay.

This chart tells you when you can expect your child's teeth to come in. It may be helpful to keep track of when your child's teeth come in. Use the chart below to note when each tooth first appears. You can bring this information to dental visits if you have any questions.



Preventing tooth decay

Start brushing your child's teeth with fluoride toothpaste when they get their first tooth. Fluoride is a safe way to prevent tooth decay. We also get fluoride from some foods, dental products and city and town drinking water. Children who use fluoride have healthier teeth as adults.

Role model good dental care

Set an example by flossing and brushing your own teeth with fluoride toothpaste so your child learns the importance of looking after their teeth. Get regular dental care for your whole family.

Here are some tips for healthy teeth and gums for your child:

- Brush their teeth twice a day.
- Use a small amount of toothpaste with fluoride.
- Floss their teeth once a day when their teeth start to touch each other.
- Visit the dentist by 12 months of age.



The amount of toothpaste you use with your child will change as they grow. You'll have to put the toothpaste on their brush and teach them to spit it out, not swallow it when using the pea size amount. Keep toothpaste out of reach when it's not being used.

Amount of toothpaste to use	
For children younger than 3 years, use fluoride toothpaste the size of a grain of rice.	
For children 3 years and older, use fluoride toothpaste the size of a pea.	

Keep fluoride toothpaste out of reach

Swallowing too much fluoride toothpaste while teeth are developing can cause lacy white marks on children's permanent teeth (fluorosis). Therefore, different amounts of fluoride toothpaste are recommended for children of different ages.

Most children don't need fluoride tablets or drops to prevent tooth decay. If you have any questions or concerns about your child's teeth, talk to your dentist or your health care provider.

fluoride: a mineral that helps prevent tooth decay

Mouth and teeth injuries

Mouth and teeth injuries are common in children. Teeth can be injured during a fall or sport activity. Use a mouth guard to help protect your child's teeth against injury during sports such as hockey, ringette, football and lacrosse. See your dentist right away for all tooth injuries. Bring any broken pieces or knocked out teeth with you. To find out what to do with this tooth or broken pieces, call your dentist's office or Health Link at 811.

Checking for tooth decay

Tooth decay is the most common preventable chronic disease in childhood. Untreated tooth decay can:

- cause pain and infection
- affect your child's sleep, learning and eating
- lead to problems with their permanent teeth



Healthy teeth

Be on the lookout for the first signs of tooth decay. Once a month, after brushing your child's teeth, gently lift their upper lip and look at the top and bottom teeth. Check along the gum line, where the teeth and gums meet. When your child has their back teeth (molars), also look at the chewing surfaces.



Lift the lip to check for tooth decay.

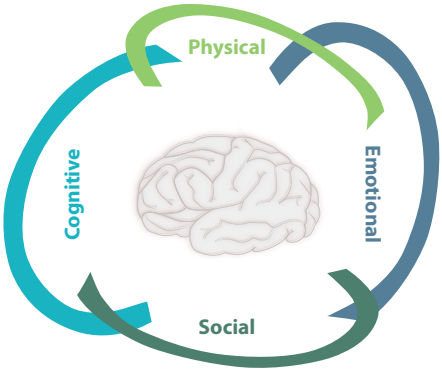
If you see		What it means	What to do
	White lines on the teeth close to the gum	First sign of tooth decay	See a dentist—prevention at this point can stop tooth decay.
	Brown areas or black spots that don't go away after brushing the teeth	Tooth decay	See a dentist as soon as possible for dental treatment. Untreated tooth decay can lead to pain and infection.
	Any swelling in the mouth or face	Sign of dental infection	See a dentist immediately for diagnosis and treatment.

To learn more about oral health, dental care and fluoride facts, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Growing and Learning Together

All areas of your child's development are interconnected—one area cannot develop without the others. Your child's development is guided by their brain.

Your child grows and learns in many ways through the early years. They learn when they communicate and play. They learn through their emotions and by interacting with other people. Understanding how your child grows and learns and giving them love and nurturing care, such as using warmth and structure (see pages 11–12), will help give your young child the strong foundation they need for a lifetime of learning and optimal health.



When you know how the brain works, it's easier to understand what you can do to support your child.

Communicating with your child

Speech, language, reading and writing skills develop in stages starting at birth:

- Even before your child uses words, they give you cues to tell you what they need. They cry when they need something, they gurgle and coo when they want to play, they yawn and rub their eyes when it's time for sleep.
- Early 'coos' and 'goos' become babbles, then words. Words grow into sentences, then stories.
- At first your child will just understand the tone of your voice. Soon, they'll know what a few words mean. With time, they'll understand directions and conversations.
- As their muscles and coordination develop, your child's scribbles turn into drawings, then letters and words.
- At first, your child will understand that pictures stand for objects, people and places. Later they'll realize that printed words do too.



speech: the ability to pronounce sounds and words

Your child learns language from the words you use during everyday activities such as eating and getting dressed. They learn to read by sharing books and stories with you.

Your child also learns through their own experiences. They need you to:

- talk, sing, play and read with them
- give them lots of chances to scribble and draw
- talk to them often so they can hear and practice the language or languages around them



To learn more about speech, language and hearing, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Learning more than one language

If you speak more than one language, use the language you're most comfortable with when talking with your child. You don't have to speak English with your child if it's not your strongest language. You'll likely speak and read more to your child when you use a language that you know well. This interaction will give your child the strong foundation they need to learn and use language.

Children can learn more than one language at a time. When your child is learning more than one language:

- It's normal for them to use words from all the languages they're learning, even in the same sentence.
- It does not affect their first-language skills.
- It boosts their mental ability and improves all areas of learning.

Hearing can affect speech

Healthy hearing will help your child interact with you and others and learn speech and language (see page 81). If you have concerns about your child's speech or hearing at any age, talk with your health care provider.

Let's play

Children are born curious—they want to learn and know about their world.



Play is one of the most important ways children learn. When your child plays, they learn about their world, themselves and others. By having time to play, their skills become stronger and they get ready to learn new ones. When you join your child in play, they learn new things. As your child plays, you can help them think of new ways to do things and solve problems. They learn best when you follow their lead and build on their interests.

Types of play

Play has an important role in building healthy bodies and healthy minds. Letting your child take the lead to create, build and explore through play helps their brain cells connect. Play lets your child learn:

- how their body moves
- to solve problems, cooperate and share
- to use language and be creative
- to think and use their imagination

Children need time to play

Play every day! Set aside time daily for your child to play with you and others.

Play is the foundation that helps your child build life-long skills and positive relationships with others.



Child's play includes active, creative and pretend play:

- **Active play** involves active, whole body movements such as tummy time, running, jumping, kicking, throwing and catching.
- **Creative play** uses hands and minds to build and create. This includes arts, crafts, blocks and puzzles.
- **Pretend play** uses language and thinking skills to learn about the world, develop imagination and solve problems. This includes acting out real-life and imaginary situations.

> *My kids love exploring everyday things and coming up with new ways of using them. We have a few bins with different materials (wood items, shiny items, natural/outdoor items, noisemakers) that both my kids love to play and pretend with.*
>
> *~ Dara, mom to two children*



Your child plays and explores their world through their senses (sensory play)—sight, sound, taste, smell and touch. When they use their senses, it helps them build strong brain connections and lays the foundation for play as they grow and develop.

We all have certain sounds, smells, sights, tastes and textures that we like better than others. Your child may like some sensations and not others, such as loud or quiet places and they may enjoy and engage in different types of play. As your child plays you'll get to know what they prefer. These preferences are often influenced by your child's temperament (see page 24).

Children learn through play

The more your child plays, the more they learn about themselves and the world around them. It helps build a healthy body and healthy mind.



There are no set rules for play—it should be unplanned, fun and led by your child. Keep it simple and fun. Let your child decide what they want to do and follow their lead. Watch what your child does, then wait and listen as they show you what to do. Play helps your child balance daily routines with the chance to unwind.

Play with your child every day. They want to spend time with you—they look up to you and want to learn from you. Playing together also makes the bond between you and your child stronger. Play is fun for the whole family and it helps you see the world through your child's eyes.

Hearing safety

Some toys may harm your child's hearing if they're too loud or used too close to their ears. If a noise is loud enough that you have to raise your voice to be heard, then it's too loud. Turn down the volume and reduce the time your child plays with noisy toys.

Active play

Basic movement skills develop in stages. In just a few short years, your child will go from movements they can't control to being able to:

- move their arms, legs and bodies with purpose
- roll, sit and crawl
- pull themselves up to stand and walk, then run, jump and kick
- put all these skills together to begin to play games and sports







Babies and children explore through active play by moving their arms, legs and bodies. They need many chances to grasp, crawl, walk, run, throw, kick and climb. These skills are the building blocks that give them the confidence to be active.

Active play can help your child:

- develop balance and strength
- cope with stress and learn to solve problems
- develop social skills such as flexible thinking, sharing, taking turns and learning to get along with others

You show your children how important it is to be active when you're active with them. Children of active parents are more likely to be active themselves. This is the foundation for life-long health.



> ***Obstacle courses are easy to set up inside or outside with items on hand like pillows, ropes, hoops, balls and pylons. My daughter and her friend love racing around the obstacle course and it's a great way to tire them out.***
>
> *~ Sean, parent of one child*

Active play guidelines

Active play can occur many times throughout the day. It's recommended that babies and children are active every day:

- Babies need to be active throughout the day with floor-based play like tummy time.
- Children 1–4 years old need 180 minutes (3 hours) of active play like crawling, fast walking or dancing every day.
- Children 5 years and older need 60 minutes (1 hour) of energetic, active play, like hopping, skipping and bike riding every day.

To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Creative play

Your child learns about their world by playing with the objects around them such as books, food, furniture, dishes, arts, crafts and toys. Creative play helps develop fine motor skills. Fine motor skills are finger and hand skills such as writing, cutting, opening lunch boxes and tying shoelaces. It also helps their hands and eyes start to better work together (hand-eye coordination).



Creative play can help your child learn how objects:



- look, move, taste, feel, smell and sound. Once your child notices how objects can be the same or different, they'll sort them into groups such as shapes and colours.
- can be used to do different things. At first, your child will bat, grasp and squeeze things to see what they do. As they get older, they'll learn to turn pages in a book, roll a ball, pour water and comb their hair.
- can be put together. At first, your child will stack or fit things together. Then they'll make towers and puzzles.
- are meant to be used. At first, your child will push buttons on toys, then roll balls and push cars. Later, they'll play cards, board games and sports.
- can be used creatively. Your child may create a picture with leaves, build a city with boxes, or make their favourite food.
- can be described, sorted and compared using words

Stories help your child talk about and solve problems in their world. This helps them learn how to prevent and solve problems in the future. Storytelling develops in stages. Over time, your child will:

- share their own stories by telling others what they did today or what they'll do tomorrow
- share detailed stories about their favourite storybook
- make up their own stories about real or imaginary people

Pretend play

Toddlers and preschoolers learn about life and develop their imagination and social skills by pretending. Your child may pretend to take a nap, feed their stuffed animals or give their doll a bath. At first, they use objects that look like the real thing, such as using a toy broom to sweep the floor.

Before long, your child's pretend play becomes more advanced, and objects can be anything they imagine them to be, like a broom becoming a horse. Then, they'll start to include adults and other children in their pretend play by taking and giving out roles such as, *"You be the baby and I'll be the grandpa."*

You may notice your child talking to themselves as they play. Talking out loud:

- helps your child start to organize their thinking
- helps your child learn to solve problems and cope with emotions
- becomes the inner speech (self-talk) that will help your child think things through



> *"We used a large cardboard box and cut doors and windows out of it. My sons and I love playing in their 'house'."*
>
> *~ Krystina, mom of two boys*

Tips to encourage play

- **Make the time:** Set aside time throughout the day for your child to play alone, with you and with others.
- **Follow their lead:** Let your child decide what they want to do and follow their lead. Watch what they do, then wait, listen and respond as they show you what to do next.
- **Meet them at their level:** Get close to your child and make eye contact when you play together. This shows them you're interested in what they're doing. If they're playing on the floor, sit beside them. When you take part in child-led play, it increases your child's self-esteem and confidence.
- **Have fun:** Focus on having fun and letting your child see how much you enjoy play time. Try to focus on playing with your child—even if you have a million other things to do.
- **Give encouragement:** Notice and comment on what your child is doing. If they're playing with a red car, instead of telling them what to do with the car, you could say, *"You put the toy inside the red car. Where is it going?"* Noticing, commenting and giving encouragement helps to improve children's self-esteem, imagination and language skills.
- **Make a play box:** Fill it with clothes, shoes, hats, gloves, purses, wallets and other household items your child can safely play with. Adult clothes are fun items for children to dress up in.
- **Keep a list of play ideas and supplies:** The variety helps keep your child interested and helps them practice different skills. Different play activities will help your child use their senses to explore. Try turning socks into hand puppets or into balls to play catch.

inner speech: the use of words in thinking without saying them out loud

self-esteem: a feeling of having respect for yourself and your abilities

Sit less, play more



When children are sitting or lying down for a long time when they're awake (being sedentary), it affects their growth and development. This includes effects on their language skills, ability to learn and sleep patterns.

Research tells us that children do best when they're active throughout the day and not sedentary for more than 1 hour at a time, unless asleep. Sedentary behaviour could include using things that have a screen (screen time), such as watching TV, playing video games or being on the computer, mobile phone or tablet for fun. Sedentary behaviour can also include sitting in a stroller or high chair for more than 1 hour at a time.

Some activities like playing with toys, reading, drawing or doing crafts are encouraged to help with your child's development, even though they're done while sitting or lying.

Age of your child	Screen time recommendation
Under 2 years old	No screen time
2–4 years old	Less than 1 hour every day
5 years and older	2 hours or less every day—this does not include time spent doing homework on a computer

When you're active, your child is more likely to be active too. Some things you can do to be more active as a family:

- Play together.
- Walk or bike to where you're going.
- Spend time outside playing and exploring.
- Limit the use of playpens and infant seats.

Role model screen time

Your child will learn screen time use and habits from you. Talk about screen time and develop a family plan together.

Internet safety

When your child is using a computer or cell phone, always monitor and guide how they use them. Keep these devices in areas where everyone has access and where using them will not interfere with other activities like sleeping and eating.

- Set limits on the amount of screen time for the whole family.
- Keep TVs, computers, tablets and electronic games out of bedrooms.

To learn more about sedentary behaviour, play and screen time, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Learning about emotions

Your child shows their emotions right from birth. It takes time for children to understand their emotions—and a lot of patience from parents. The skills your child learns in the early years are the basic building blocks for their life-long mental health and problem-solving skills.



To be emotionally healthy, your child must be able to:

- Experience all emotions so they know what emotions feel like, such as very happy and excited or feelings that might make you uncomfortable, such as anger, disappointment or jealousy.
- Learn how to show their emotions in ways that do not hurt themselves or others. Yelling, screaming, hitting and slamming doors are not healthy ways to cope.

Be a positive role model

If you have trouble managing your emotions, your health care provider can give you information about programs and supports that can help.

With your help, your child can:

- learn about their emotions and how to show them in healthy ways
- learn to care about others
- develop healthy self-esteem, which is what they think and feel about themselves



You're a powerful role model for your children. Your child learns how to manage their emotions by watching you and seeing how you interact with them and with other adults. If you yell and hit, your child will learn that yelling and hitting is the way to show their anger. You may feel frustrated and angry, but when you self-regulate to become calmer (see page 26), you can then solve problems with your child. Your child will learn these healthy coping skills by watching you and learning what it feels like to be calm and solve problems.

The way you respond to your child's emotions affects how they:

- get along with other children
- manage their emotions now and as adults

> ***Caring for others***
>
> Your child's emotional and social development helps them begin to understand and care about how other people feel. This is called empathy, a quality needed to get along with and care about others.

Living in a social world

As they grow, your child develops a sense of who they are and how they can get along with others. This social development happens in stages.

- **Newborns** begin to connect with you when you look into their eyes, talk gently and smile. Soon, they'll look into your eyes, and smile and coo back at you. This important connection gets them ready to interact with others. At this stage, they don't know that you're separate from them.



- **Babies** use sound, touch and sight to explore and play with their mouths, voices to make noises, their fingers, toes, arms and legs and when they make eye contact with you. Using their senses to explore and play are the building blocks for learning to play and interact with others.
- **Toddlers** will often play by themselves. This stage is called **solitary play**.
- **Preschoolers** will play beside other preschoolers, but usually not with them. They're starting to learn to share and do things with others. This stage is called **parallel play**.
- **Young children** start to spend more time with others, like to share ideas, and play with a common goal, such as 'let's pretend' games as well as games using simple rules. This stage is called **co-operative play**.





Sexual Health and Development

Your child sees you as a role model and a valuable source of information. They want to get health information from you because of the loving and trusting relationship you have with them. Teaching your child about sexual health, not just about sex, is part of your role. This will help them have the knowledge, skills and ability to protect their health and the health of others, now and when they're older.

Sexual health includes topics like hygiene, healthy relationships, sexuality and consent. You've been teaching your child about these things from the day they were born. Young children learn about love and trust through touching and holding and by living in a home where healthy relationships are modelled (see page 38). They'll soon realize that males and

Your child's body belongs to them

Teach your child that their body belongs to them. They have the right to tell people they do not want to be touched, kissed, hugged or tickled—even if it's by a friend or relative.

females are different. They may be very curious about their own body and other people's bodies. Talk with your child about the different body parts as they discover them. Your family may have names for body parts, however, it's also important for them to know their correct names like penis, testicles, breasts, vagina and vulva.

It's normal for your child to explore and touch their own body parts, including their genitals. This helps them discover how their body works. As your child becomes more curious, they may ask questions like *"Where do babies come from?"* or *"Why don't I have a penis?"* or *"How do girls go pee?"* You can answer their questions with simple, honest answers. For example, *"Babies grow in a special place inside a mom's body called a uterus."*

Some parents sometimes feel unsure or uncomfortable talking about sexuality with their children. There are helpful tips and information available. To learn more, visit teachingsexualhealth.ca

Health Checkups

Regular health checkups and routine immunizations are important for your child's health. There are many health care providers who will work with you to keep your child healthy. Many of these health care providers will be able to continue to provide care through infancy, early childhood, adolescence and even adulthood. Returning to the same health care provider for each visit will help them to get to know your child and your family and you'll get to know your health care provider too.

Help your health care providers care for your child and your family by:

- keeping notes about medical histories, problems and illnesses
- bringing a list of questions you want to ask
- asking about things you don't understand

The following section will introduce you to some of the health care providers who will provide health checkups for your family throughout the early years.

> ***"My daughter and I played 'doctor' before going to her 3 year old checkup. By acting out all the various procedures in a fun way, she was ready for the checkup and was excited to show the doctor her own stethoscope."***
>
> *~ Isla, mom of two children*

vagina: the birth canal that connects the uterus to the outside world

vulva: the female external genitals, including the clitoris, labia and vaginal opening

genitals: sexual organs which include the male's testicles and penis and the female's vulva (labia, clitoris and vaginal opening); the vagina is part of the female reproductive system and is inside the body

Doctor

Your doctor will want to see your child regularly. They'll monitor your child's health and development. Talk with your doctor about booking a health checkup the first few days after their birth and then again when they're 1–3 weeks old. At these visits, ask your doctor about how often your child should come for regular health checkup.



If you need help finding a doctor:

- ask friends, neighbours and your family for suggestions
- call Health Link at 811
- call the College of Physicians & Surgeons of Alberta toll-free at 1-800-561-3899

To find a doctor in your area, visit ahs.ca/options

Call Health Link at 811 or your health care provider if you notice that your child has any of the following:

- loses skills they've already learned such as words or movements
- repeats the same actions over and over again such as flapping hands, rocking and twirling
- doesn't seem to connect with other people, such as no eye contact, smiling or back and forth interactions
- keeps their head to one side more than the other
- has any other health or development issues that concern you

Public health nurse



In Alberta, all regular childhood immunization is provided by public health nurses at the well child clinics at your local community or public health centre. Public health nurses will offer immunizations to you and your child as well as other services for your family that promote wellness and prevent disease.

A public health nurse will call you soon after your baby is born. They'll talk with you about your health, your baby's health and how your family is doing. They can suggest community resources and arrange for follow up care if you need it.

You'll also visit with a public health nurse each time your child is immunized (see page 82). Call your community or public health centre to book your immunization appointments at least 4 weeks in advance. At your first visit, the public health nurse will also ensure that you're adjusting to all of the changes a new baby brings and will offer to screen you for postpartum depression (see page 261).

Like your family doctor, public health nurses support your family's health and can answer questions about many health topics including:

- your health after birth
- health of and caring for your baby and children
- breastfeeding and nutrition
- growth and development
- sleep and crying
- preventing injuries
- adjusting to being a parent
- attachment and your family's mental health
- sexual health, including birth control
- resources in the community like information or referrals to parenting classes, programs such as tobacco reduction, and other supports like food banks

Living on a low income

If you're living on a low income, contact the Alberta Supports Contact Centre for information and referrals for social benefits and services including the child care subsidy. Call toll-free at 1-877-644-9992 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

You can also call Health Link at 811 or talk with your health care provider to find out more about resources and programs in your area.

To find a community or public health centre near you, call Health Link at 811 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Dentist

Your baby should see a dentist by the time they're 12 months old or within 6 months of their first tooth coming in. During regular visits, the dentist will check the health and development of your child's mouth and teeth. They'll also talk with you about ways to prevent tooth decay. They'll answer any questions you have and let you know how often your child should come in for a checkup.

> ***Financial support for dental care***
>
> If you're living on a low-income and need support, you can apply to the Alberta Child Health Benefit. Call toll-free at 1-877-469-5437 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

To find a dentist in your area, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Optometrist

Your child learns a lot by watching you and the world around them. Their development can be affected when they're not able to see well. Vision problems can often be corrected or reduced if they're found early. Your child's doctor will check your child's vision during their regular health checkups.

Your child should have their vision checked by a doctor who provides eye and vision care (optometrist) by the time they're 3–5 years old, before they start kindergarten, and each year after that. Vision will need to be checked by an optometrist earlier in children:

- who have problems with their vision
- if there is a family history of childhood eye problems

For children 18 years and younger, eye exams by an optometrist are covered by Alberta Health. You can call and book an appointment. You may also be referred to a medical doctor who specializes in eye care (ophthalmologist) if needed.

If you're worried about your child's vision or think that your child may have an eye infection, talk with your health care provider. To find an optometrist in your area, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Call Health Link at 811 or your health care provider if you notice your child has any of the following:

- unusual eye movements, such as jiggling or wobbling
- an eye or eyes that cross either inward or outward, either some of the time or all of the time
- pupils that are not the same size or look white instead of black
- eyelids that are droopy, swollen, have discharge, or have bumps or sores around them
- does not fix on or follow faces or objects and explores by touch, without looking at objects
- does not like bright lights and squints, tears or closes their eyes

Other health care providers

Depending upon their health needs, you may meet many other health care providers over your child's life. Often these health care providers specialize in a particular area of children's health. A speech language pathologist, for example, can support your child's speech and language development and an audiologist can test your child's hearing.

If you have any concerns, you may want to discuss these concerns with your family doctor or public health nurse and they may recommend visits to these other health care providers. You can also self-refer to many of these other health care providers.

Recommended checkups

	Birth–2 months	2 months	4 months	6 months	12 months	18 months	2 years	3–4 years	5 years and beyond
Doctor	√	Check with your doctor to find out the checkup schedule at their office							
Immunization with public health nurse		√	√	√	√	√		√ (at 4 years old)	
Dental					√	Regular checkups as recommended by your dentist			
Vision	Early vision checkups with your doctor							√ (with optometrist at 3–5 years old)	
Other health care providers	As needed								

Hearing

Your child's hearing is important for many areas of development. Hearing loss can delay your child's speech, language and learning skills. Finding a hearing problem early can help give you and your child the care and support you both need.

No one is too young to have their hearing tested by a professional. Your baby may have had their hearing screening done soon after their birth. Even if their hearing was screened after birth, have your child's hearing re-checked by an audiologist as soon as possible if your child:

- does not seem to like sounds (e.g., they cry or cover their ears)
- does not respond to sounds and voices most of the time
- has any signs you're concerned about

Hearing tests are covered by Alberta Health. To learn more about hearing, call Health Link at 811, talk with your health care provider or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Helping your child during procedures

You play a key role in helping your child cope with stress or pain that might happen during appointments such as dental visits, vision checkups and immunizations.

Collect information you need about your child's procedure and ask questions ahead of time. Find out the steps, order and timing of the procedure and ask how you can best support your child before, during and afterwards. Talk with your health care provider if you have any concerns.

For babies, breastfeeding and skin-to-skin cuddling may help reduce pain during procedures such as heel pricks and immunizations.

Tell your child ahead of time about the procedure they're having. You can use pictures, stories and words if they cannot yet fully understand. Children

Talk to your child ahead of time

Children have active imaginations and may make up their own reasons for why a procedure needs to happen. It's common for your child to believe that they did something wrong and that the procedure is a punishment. Reassure your child that this is not the case:

- Listen to their concerns.
- Let them express positive or negative emotions before, during and after the procedure.
- Let them know that it's okay to cry—it can be a healthy way to relieve strong emotions and tension.

are usually less afraid when they know what to expect and what's expected of them. You know your child best and will be able to judge how much time your child will need to think about the procedure or ask questions before it happens.

Use simple words to explain what to expect. Let them know:

- why they're having the procedure
- where you'll be during the procedure
- that it's okay for them to ask questions at any time

Many children are worried that immunizations or other procedures will hurt. Let them know what to expect and that you'll be there for them—don't tell them it will not hurt if it will.

It helps your child feel more confident and secure when you reassure them. Research is clear that it can help and comfort your child when you distract them during stressful times. For example, it may help to use a favourite book, stuffed animal, singing or talking with them. Cuddling, comforting or encouraging your child may also help to reduce their discomfort, fear and anxiety. Plan to do something special together after the procedure, such as playing a favourite game or doing something you both enjoy.

Immunizations

Getting immunized helps protect you, your family and the people around you from becoming sick with a communicable disease. The more people who keep their immunizations up to date, the less chance there is for vaccine-preventable communicable diseases to spread. This will help fewer people get sick. By getting your child immunized, you're helping them to build their own natural protection (immunity) against these diseases before they're exposed to them.

Immunizations are effective and benefit your child's health throughout their lives. Other than having safe drinking water, no other health intervention works as well as immunization to reduce disease and death rates.

Influenza (flu) immunization ★

Get the seasonal influenza vaccine every year for you and your family.

Your baby can start getting their seasonal influenza immunization at 6 months old.

communicable disease: infectious disease that can be passed from one person to another

vaccine: small amount of a weakened or killed virus or bacteria given during an immunization that helps the immune system develop antibodies to protect against a certain disease

Immunization is not just for children

Common adult vaccines include:

- Influenza*
- Measles, mumps and rubella (MMR)*
- Pneumococcal*
- Tetanus, diphtheria and pertussis*
- Varicella*
- Shingles
- Human papillomavirus (HPV)

Many of the routine immunizations are available at no cost for adults who live, work or go to school in Alberta.

To learn more about adult immunizations, visit immunizealberta.ca

* Routine adult immunizations available at no cost

Vaccine-preventable diseases still exist. Some of these diseases are happening more often now because some people are choosing not to get themselves or their children immunized. Red measles, mumps and pertussis (whooping cough) are a few examples of vaccine-preventable diseases making a comeback in Canada. Many of these diseases have no treatment or cure if your child gets infected. Some of these diseases could lead to a life-long disability or even death. Vaccine-preventable diseases can cause severe health issues such as hearing loss, paralysis and brain or heart damage. In Alberta, routine childhood immunizations are available at no cost. For more information about vaccine-preventable diseases, see page 86.

To learn more about immunization and your child's immunization schedule, visit immunizealberta.ca

Vaccine safety

Vaccines are safe. Like all medicines, vaccines go through many steps to be approved for use in Canada. They must be shown to be safe and to prevent the diseases that they target. Health Canada is responsible for this approval process, which is done carefully and takes many years.

Once a vaccine is approved, health care providers monitor it to make sure it's safe. Children's hospitals across Canada review hospital records for any serious illness with a possible link to immunization.

Measles, mumps and rubella (MMR) vaccine is not linked to autism

Research has shown no link between the MMR vaccine and autism. Rates of autism are no different in children who have been immunized and those who have not.

Public health nurses also monitor if there are any reactions to the vaccines. They report reactions to Alberta Health. Alberta Health reports any severe or unusual reactions to Health Canada.

Vaccines that are used together (combination vaccines) have also been tested. Research shows that combination vaccines work and are safe. It's also safe for your child to get more than one vaccine at the same clinic visit. Your baby's immune system can respond to millions of different viruses and bacteria. Giving them more than one vaccine at the same time keeps your child safe by protecting them against more diseases sooner.

Immunization schedule

Public health nurses give vaccines according to a schedule which is based on scientific research. It's developed to make sure vaccines are given in a safe and timely way, giving your child the best protection.

Most vaccines need to be repeated (boosted) more than once to help your child's body build immunity. Vaccines protect best when they're given on time.

Immunizations are scheduled when your child is:

- 2 months
- 4 months
- 6 months
- 12 months
- 18 months
- 4 years old



If your child hasn't been immunized or their immunizations are not up to date, it's never too late to catch up. Do not put off or change your child's immunization schedule, unless it's recommended by your health care provider for medical reasons. The immunization schedule is designed to give your child the best protection and to build immunity that lasts.

Checklist for your child's immunizations

- ❑ Call your community or public health centre at least 4 weeks ahead of time to make an appointment.
- ❑ To learn more about the immunizations your child will get, visit immunizealberta.ca and go to Routine Immunization Schedule.
- ❑ Bring your child's Alberta Personal Health Care card. If you're getting an immunization, bring your card too.
- ❑ You'll get your child's immunization record at their first appointment. Bring it with you to each future appointment.
- ❑ If possible, set a date for your child's next immunization before you leave the community or public health centre.
- ❑ If you can't make your appointment, call the community or public health centre to cancel and book another appointment.
- ❑ If your address or phone number changes, let your community or public health centre know.

Expected side-effects from a vaccine

Reactions to vaccines are usually mild and go away within a few days. Some of the most common reactions include, redness, swelling or pain where the needle was given. These reactions can last up to 3 days.

In some cases, your child may:

- be fussy
- have a low fever
- be sleepy
- have vomiting or diarrhea

No Aspirin®

Do not give Aspirin® (ASA or acetylsalicylic acid) to children 18 years old and younger. It can cause serious health problems.

Your public health nurse will talk to you about possible reactions to the vaccines. As with any immunization or medicine, unexpected or unusual side-effects can happen, including a severe allergic reaction. This, however, is very rare.

If you think your child needs fever or pain medicine, talk with your pharmacist or doctor. If you're not sure or think your child is having a reaction, call Health Link at 811 or talk with your health care provider.

Vaccine-preventable diseases

Being immunized is much safer than getting the disease that it prevents. This table provides information on vaccine-preventable diseases and what they can do.

Quick facts	What could happen if my child gets the disease?
Diphtheria	
▪ A bacterial infection easily spread through sneezing or coughing and by direct contact with someone who is infected. ▪ Serious disease for babies and children. About 1 in 10 people who get diphtheria die. ▪ Babies are at more risk of complications from diphtheria than older children.	▪ Thick coating can form on the back of the throat which causes breathing problems. ▪ Can damage the heart and nervous system. ▪ Can cause paralysis or even death.
Tetanus	
▪ The bacteria lives in dirt, soil, manure or human stool. ▪ The bacteria gets into an open cut or wound. ▪ Can also be spread by animal bites.	▪ Causes very painful muscle spasms that are so bad that bones could break. ▪ Attacks breathing muscles. ▪ Can cause speech and memory problems. ▪ Can cause seizures and even death.
Pertussis (whooping cough)	
▪ A bacterial infection easily spread through sneezing or coughing and by direct contact with someone who is infected. ▪ The whooping cough bacteria can live for 2–5 days on dry objects like clothes, glass or paper. ▪ Is most dangerous for children less than 12 months old, especially if they have not been immunized or are behind on their immunizations.	▪ Causes very bad coughing spells in babies and children that can make it hard for them to breathe or eat for weeks or months at a time. ▪ Can cause pneumonia and convulsions. ▪ Can cause brain damage and even death.
Polio	
▪ A viral infection spread mainly through contact with human stool or food and water that has been contaminated with human stool. ▪ Most common in children under 5 years old. ▪ No longer a problem in Canada. There's still a risk that the virus may be brought here by travellers.	▪ Can cause breathing problems and paralysis. ▪ Can cause permanent disability and even death.

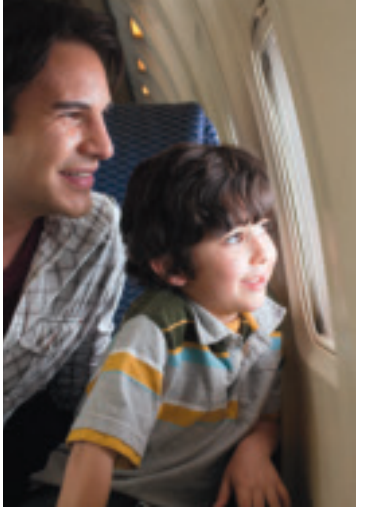
Quick facts	What could happen if my child gets the disease?
Haemophilus influenzae Type B (Hib)	
▪ A bacterial infection easily spread through sneezing or coughing and by direct contact with someone who is infected. ▪ Before immunization, Hib infected more than 500 people in Canada each year. It was the most common cause of bacterial meningitis in children.	▪ Can cause meningitis. ▪ Can cause pneumonia and swelling of the opening to the windpipe. ▪ Can cause infections in the blood, joints, bones, body tissues or in the outer covering of the heart. ▪ Can lead to deafness, life-long disabilities and even death.
Hepatitis B	
▪ A viral infection spread by contact with infected blood or body fluids.	▪ Can cause long-term (chronic) infection which can lead to liver damage, liver cancer and even death. ▪ People with chronic infection can have the disease forever and can spread it even if they don't look or feel sick. However, chronic Hepatitis B is now treatable and the ability to spread it can be reduced with treatment. ▪ Hepatitis B is the leading cause of liver cancer.
Rotavirus	
▪ A viral infection that is easily spread through contact with the stool of someone who is infected. ▪ Also spread by touching toys, change tables or other surfaces contaminated with the stool of someone who is infected. ▪ Often spread through diaper changing if proper hand washing and cleaning of the diaper change area are not done. ▪ 95% of children who are not immunized will get rotavirus at least once by the time they're 5 years old. ▪ In Canada, rotavirus infections are more common between December and May, but there is a risk of infection all year long.	▪ Fever, followed by very bad vomiting and watery diarrhea that can last up to 1 week. ▪ Children could become so dehydrated that they have to be admitted to the hospital.

meningitis: infection of the covering of the brain and spinal cord

Quick facts	What could happen if my child gets the disease?
Pneumococcal disease	
▪ A bacterial infection easily spread through sneezing or coughing and by direct contact with someone who is infected. ▪ Also spread through saliva found on food, toys or other objects. ▪ Serious disease for babies and young children.	▪ Can cause respiratory and middle ear infections, pneumonia, meningitis and blood infections. ▪ Can cause permanent damage to the brain, ears and major organs.
Meningococcal disease	
▪ A bacterial infection spread through direct contact with bacteria in droplets from the nose or throat of someone who is infected. ▪ Can be spread by saliva when sharing things such as water bottles, drinks and food as well as by direct contact such as kissing. ▪ Babies and children under 5 are most often affected.	▪ Can cause an infection of the covering of the brain and spinal cord (meningococcal meningitis) and blood infections. ▪ If not treated right away, brain damage and death could happen within a few hours. ▪ Can cause deafness, brain damage, seizures and problems that could result in amputation.
Red measles	
▪ A very contagious viral infection that is easily spread through the air by sneezing, coughing and contact with someone who is infected. ▪ Complications and deaths are most common in babies less than 12 months.	▪ Fever and red blotchy rash. ▪ Can cause a severe inflammation of the brain, which can lead to seizures and hearing loss. ▪ Can cause pneumonia. ▪ Increases the risk of miscarriage and premature delivery in pregnant women.
Mumps	
▪ A very contagious viral infection that is easily spread through sneezing, coughing and contact with someone who's infected.	▪ Swelling and pain in the head, neck, and the glands that are in the cheeks and below the jaw. ▪ Serious infection of the lining around the spinal cord and brain and severe inflammation of the brain. ▪ Can cause deafness. ▪ Can affect your child's ability to have children in the future.

Quick facts	What could happen if my child gets the disease?
Rubella (German measles)	
▪ A very contagious viral infection that is easily spread through sneezing, coughing and contact with someone who is infected.	▪ Fever, swollen glands and in some cases, a rash. ▪ Painful, swollen joints and, in rare cases, a bleeding disorder or a severe inflammation of the brain. ▪ Pregnant women could have a miscarriage or give birth to a child with severe complications including deafness, blindness, or heart or brain damage.
Varicella (chickenpox)	
▪ A very contagious viral infection that is easily spread through air by sneezing, coughing or contact with the lesions on someone who is infected.	▪ Itchy rash and permanent scarring. ▪ Can cause skin infections and pneumonia. ▪ Severe cases are rare but can cause swelling of the brain. This can lead to seizures, hearing loss or even death.
Influenza (flu)	
▪ A viral infection that is very contagious and easily spread through sneezing, coughing and contact with someone who is infected. ▪ Also easily spread through saliva on food, toys or other objects. ▪ Risk of getting influenza is highest between November and April.	▪ Severe tiredness, cough, fever and no appetite. ▪ Seizures or convulsions. ▪ Can lead to trouble breathing, pneumonia and even death. ▪ Babies and children are more likely than adults to get very sick and have to be admitted to the hospital.

Travel Safety



Travelling with children takes some planning. Help lower your stress and make your family's trip more enjoyable by planning ahead.

Think about how you'll travel, where you'll be staying, who you'll be travelling with and what you'll be doing throughout your trip. Thinking about all of these things before you leave home will help manage stress and can also help prevent any injuries or new health conditions that could affect you and your family. Remember to plan ahead for the entire trip, starting from the time you leave your doorstep to the time you return home. This includes any stop overs that you have before you reach your destination.

If you're planning on travelling out of the country, know the risks that can affect you and your family's health and safety. Other countries may have different standards of safety, sanitation and healthcare than in Canada. There may not always be safe food or clean water available.

Bring a travel bag for your child

Bring a bag with healthy snacks, a change of clothes, toys, music and books. These will help your child if there are unexpected delays.

Talk with your health care provider about any health conditions you or your child have to make sure that you can manage your health while you're away from home. If you or your child take prescription medicine, make sure you have the supply you need. Check your health insurance coverage.

There may also be other health risks to think about when you travel, such as local diseases and health conditions, the climate, and access to clean drinking water. Contact a travel clinic at least 2 months before you travel out of the country so that you and your family have time to get ready and think about information or services you may need such as:

- immunization against hepatitis, typhoid and other illnesses
- medicine to prevent malaria, gastrointestinal illnesses and other illness
- other actions or precautions that you can take to help prevent illness or disease (e.g., protection from mosquito bites, such as using netting, covering up, using repellent on exposed skin; thinking about where you'll stay ahead of time)

To learn more about travel safety and find a travel clinic, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Common Health Concerns

In this section, you'll learn about a number of health concerns for your child. Babies under 6 months may need different or earlier treatment for health concerns because of their age and size. If you have any questions or concerns about your child's health at any time, call Health Link at 811 or talk with your health care provider.

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Call 911 **NOW** for any of the following:

- your child's skin looks grey or blue
- your child is wheezing or having trouble breathing
- your child is breathing much faster or slower than usual or has stopped breathing
- your child is sleepy and not responding when you try to wake them

Caring for a sick child

When your child is sick, reassure them that you understand how they're feeling and calmly explain what you're doing to make them feel better. Here are some things that might help your child when they're sick:

- Wash your hands frequently when caring for your child (see page 56).
- Keep them comfortable, they'll need plenty of rest and sleep.
- Offer plenty of fluids so they don't become dehydrated.
- Give your child their normal diet—you may need to give them smaller amounts. Children who are fed normally get better faster than those who are given only liquids while they're sick.
- If they have a fever, see page 94.
- If your child was recently immunized and now has a fever, follow the instructions that were given by the public health nurse during your appointment (see page 85).
- Talk with your health care provider before using any medicine for your child and use it exactly as directed. Do not give Aspirin® (ASA or acetylsalicylic acid) to children 18 years old or younger. It can make them very sick.

To learn more about how to care for your sick child, visit the ***Links*** section in healthyparentshealthychildren.ca/resources

Body temperature

A child's body temperature rises and falls within a normal range depending on the time of day, activity, their age and other factors. A body temperature higher or lower than the normal range can be a sign that your child is sick.

Type of thermometer	Ages	Normal Ranges
Underarm (armpit, axilla)	All ages	36.5–37.5 °C (97.8–99.5 °F)
Rectal (bum)	Birth up to 2 years of age	36.6–38 °C (97.9–100.4 °F)
Ear (tympanic)	Children over 2 years of age	35.8–38 °C (96.4–100.4 °F)

When to take your child's temperature

Take your child's temperature if they:

- feel cool to the touch
- feel warm to the touch
- look red and warm (flushed)
- are fussier than usual
- are not eating well
- are sleeping more or less than usual
- have diarrhea
- are vomiting
- look or seem sick

How to take your child's temperature under their arm

One way to take your child's temperature is in their armpit with a digital thermometer. If they've just had a bath, wait at least 15 minutes before taking your child's temperature. Follow the manufacturer's instructions for using the thermometer. If there are no instructions, follow these simple steps and use simple words to calmly explain what you're doing to your child.

1. Clean the thermometer according to the manufacturer's instructions. If there are no instructions, clean the thermometer with warm, soapy water and rinse with cool water.
2. Loosen your child's clothing to the waist.
3. Turn on the thermometer by pressing the on/off button. You should hear a beep.
4. Place the thermometer horizontally under your child's arm with the tip in the centre of their armpit and the other end sticking out front.





5. Tuck your child's arm in snugly but gently against their body.
6. Leave the thermometer in place until you hear the beep. This can take up to 1 minute.
7. Remove the thermometer and read the temperature. Write down the temperature and the date and time you took it so you can tell your health care provider if they ask.
8. Turn off the thermometer by pressing the on/off button.
9. Clean and dry the thermometer.

How to take your child's temperature in their ear

When your child is 2 years or older, you can take their temperature using an ear (tympanic) thermometer. An ear thermometer is not recommended for children under 2 years as it may not give an accurate reading.

If your child has just had a bath or has been playing outdoors in cold or hot weather, wait 15 minutes before taking their temperature. Follow the manufacturer's instructions for using the thermometer. If there are no instructions, follow these steps as a guide.



Calmly talk with your child about what you're going to do. They can either sit on their own or on your lap.

1. Put a new, clean lens filter on the tip of the thermometer.
2. Turn the thermometer on by pressing the on/off button. It's ready to use once the 'ready' symbol appears.
3. Use your fingers to gently pull your child's ear up and back to straighten their ear canal and gently place the tip of the thermometer into their ear canal.
4. Leave the thermometer in place until you hear the beep. It only takes a few seconds.
5. Remove the thermometer, read the temperature and write it down. Note the date and time you took the temperature so you can tell your health care provider if they ask.
6. Turn off the thermometer by pressing the on/off button.
7. Throw the used lens filter away after use.

Fever

Body temperature is one way to tell if a person is unwell. When your child is sick, it's common for them to have a temperature that's higher than normal (fever).

A fever is not an illness. It's a sign that your child's body is trying to fight an infection. A fever usually goes away after about 3 days. How high a temperature is does not tell you how serious your child's illness is. The way your child is acting is a better sign. A child with a mild illness can have a high fever, while a child with a serious illness might have no fever at all.

Learn how to take rectal temperature

You can take a rectal temperature using a suitable thermometer.

To learn more about how to do this safely and the normal temperature range when taking a rectal temperature, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Glass and strip thermometers

A glass thermometer to take your child's temperature is not recommended as it may break. The broken glass and mercury inside it are both dangerous.

A plastic strip thermometer is also not recommended as it may not give an accurate reading.

> ***"For me I found that calling Health Link was very helpful. I would say 'here's what's happening, what should I do?' They are really good about assessing, giving you a game plan and helping you out."***
>
> *~ Daeun, mom of two children*

When your child has a fever:

- Keep them comfortable and offer plenty of fluids.
- Take off extra blankets and clothing so that heat can leave their body. This can lower their body temperature.
- Do not take off all their clothes or give them a lukewarm bath. This can make them too cold and start to shiver. This will create more body heat, making their temperature go up.
- Do not give your child alcohol baths or rubs as these can cause serious side-effects.
- If your child was recently immunized and now has a fever, follow the instructions that were given by the public health nurse at the visit (see page 85).

- Medicine is not usually needed to treat a fever but it may help to relieve aches and pains. Do not give Aspirin® (ASA or acetylsalicylic acid) to children 18 years old and younger. It can make them very sick. Talk with your health care provider about using medicine and use exactly as directed.

Babies under 6 months with a fever need to be seen by a health care provider right away because they can become sick very quickly. Children over 6 months old with a fever need to see a health care provider if their fever:

- does not go down and you've tried the suggestions above
- lasts more than 72 hours
- includes any other symptoms that concern you

> ***Check before using*** ★
>
> Talk to your health care provider before giving any medicine, supplements or natural health products to your child.

Vomiting (throwing up)

It's common for your baby to spit up a bit of milk after feeding. It's not common for a baby to vomit milk with force—enough that the milk hits the wall or is very forceful. A child who suddenly starts vomiting may be sick. Keep track of how often your child is vomiting. Vomiting can be very serious in a baby or young child as they can get dehydrated (see page 96) very quickly.

If your child is vomiting and showing signs of becoming dehydrated, call Health Link at 811 or talk with your health care provider.

Diarrhea

Diarrhea stools look much different from your child's usual stools. They can be very runny, watery with mucous or blood or be a different colour. Diarrhea bowel movements can happen more often, smell bad or come out with a lot of force.

Some children need special attention when they have diarrhea because they can easily become dehydrated:

- babies, especially those younger than 6 months
- children with health risks
- a child who has had repeated bouts of diarrhea—one after another

> ***If your child is sick*** ★
>
> If your child has vomiting or diarrhea, wash and disinfect any soiled surfaces and bathroom fixtures until the illness is over. Use a solution of 100 ml (just under ½ cup) of bleach mixed with 1 L (4 cups) of warm water. Wear gloves to mix and use the solution.

If your child has diarrhea and showing signs of becoming dehydrated, call Health Link at 811 or talk with your health care provider.

Dehydration

Babies and small children can get dehydrated more easily than adults. It can happen quickly and can be dangerous.

Here are some signs that your baby or child may be dehydrated:

- dry mouth or tongue
- no spit (saliva) or tears
- eyes look sunken
- peeing (urinating) less often
- weak or sleepy and does not want to do anything

If your child is showing signs of dehydration, call Health Link at 811 or talk with your health care provider.

Call Health Link at 811 or your health care provider **NOW** if you notice your child has any of the following:

- signs of dehydration
- vomiting with a rash or a fever
- a lot of pain in the abdomen or pain that is not going away
- any other signs that concern you

Constipation

Constipated stools are hard, dry and can hurt or be difficult to pass. Do not give your baby or child laxatives, suppositories, enemas, medicine or home remedies for constipation.

By the time your baby is 4–6 weeks old, they may have fewer stools. This is normal as long as their stools are soft and do not hurt to pass. Breastfed babies rarely get constipated.

If you think your baby or child is constipated, make sure they're getting enough to drink and call your health care provider.

To learn more about constipation, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

Skin rash

Children's skin is very sensitive, so rashes can develop easily. Most rashes will go away on their own in 1 week and don't require any special treatment or medicines. Rashes can be caused by:

- overheating
- illness or allergy
- products with perfume in them
- laundry soap, bleach or fabric softeners in clothing
- diapers worn for too long
- insect bites
- bath soaps

Call Health Link at 811 or your health care provider if you notice your child has any of the following:

- a rash that:
  - does not start to get better in 2 days
  - is bright red and in the deepest folds of the groin and buttocks
  - looks like blisters
  - comes with signs of infection, such as a temperature higher or lower than normal or your child being fussier than usual
- a cough or red eyes

Diaper rash

Diaper rash is the most common skin rash for babies and young children. It's often caused by leaving a wet or dirty diaper on too long or by the diaper rubbing against the skin. It can be very uncomfortable.

If your child develops a diaper rash:

- Change their diapers often.
- Use warm water and a clean cloth to gently and thoroughly clean and dry the area.
- Avoid using baby wipes unless you absolutely need to, such as when you're not at home.
- Try a different brand of disposable diapers.
- Use plastic pants (diaper cover) made from a breathable material, if you're using cloth diapers.
- Expose their diaper area to air for 10–15 minutes at least 3 times a day.
- Put on a thin layer of barrier cream before putting on a diaper.
- Wash your hands before and after each diaper change.

Call Health Link at 811 or your health care provider if you see a diaper rash that:

- lasts longer than 2 days
- looks like blisters
- looks like a burn or is bright red
- looks like red dots or bumps

Thrush

Thrush is a type of yeast infection that's common in babies. If your child has thrush, you'll see white patches on their mouth and tongue. These patches can look like milk curds. Thrush can make your child's mouth sore and affect how well they feed.

If your child's mouth or tongue are covered with a white coating that can't be gently wiped away with a wet cloth, call Health Link at 811 or talk with your health care provider. To learn more about thrush, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Colds

Colds are caused by many different viruses and are common in children. They cause runny noses, sneezing, coughing and fevers. Children often get a lot of colds when they're very young and fewer as they get older.

Colds get better on their own. Keep your child comfortable and hydrated. If your child has a cold:

- Wipe their nose if it's runny.
- Dress your child in comfortable clothing and help them get lots of rest.
- Wash your hands often, as the germs that cause colds are spread easily.
- Keep feeding your baby based on their feeding cues.
- Give your older baby or child extra fluids.

Respiratory syncytial virus (RSV) is both a common cause of colds and a cause of more severe colds that includes fevers, red eyes, sore ears, runny or stuffy noses, wheezing and fast breathing. If your baby is under 12 months old, was premature or has heart or lung disease, they may become much sicker with RSV. Most children have a mild cold caused by this virus by the time they're 2 years old.

To reduce the chances of your child getting RSV:

- Wash your hands with soap and water before touching your child or preparing anything for them.
- Keep people with a cold or fever away from your child.
- Stay away from crowded places.
- Keep your child away from smoke and vapour from tobacco

Cough

Cough is a common cold symptom and there is no medicine to make it go away faster. Coughing gets rid of mucous in the throat and lungs. The cough will get better as your child feels better. Teach your toddler to cover their mouths when they cough. When they're a little older, they can learn to cough into their inner arm so they do not spread the germs to others. Cough medicine is not recommended for children under 6 years of age—it can have harmful side-effects.



Call Health Link at 811 or your health care provider **NOW** if your child has a respiratory illness and any of the following:

- does not get better in a few days or is coughing all the time
- does not get better from one cold before getting another
- is not able to sleep or do their normal daily activities
- works hard to breathe or catch their breath
- sounds noisy, wheezy or different than usual when they breathe
- is under 6 months old and has a fever
- seems to have a stiff neck or cries when turning their head
- has any other signs that concern you

Croup

Croup can start suddenly, often after a cold or a runny nose. Children who get croup make a barking noise when they cough and have to work hard to breathe. It's caused by a virus, so antibiotics do not work on it.

Croup can be scary for parents, but it's usually mild and can be managed at home. Try wrapping your child in a warm blanket and take them outside—the cool air may help settle the cough.

Call Health Link at 811 or your health care provider **NOW** if your baby or child has any of the following:

- a fever
- breathing that doesn't get better after 15 minutes of cool air
- breathing, coughing or other symptoms that are getting worse
- any other signs that concern you

Ear infections

Ear infections are caused by an infection behind the eardrum in the middle ear. They're very common in children and not all ear infections need to be treated. They often happen after your child has had a cold. Children with an ear infection may have a fever. If they have an ear infection, your child may:

- seem generally unhappy
- have trouble sleeping
- have fluid coming from the opening of their ear
- pull at their ears
- cry or show signs of pain when their position is changed, such as when they lie down

Ear infections are a common cause of short-term hearing problems. While these hearing problems don't last long, even a short-term hearing loss can affect how your child listens and learns. To learn more about ear infections, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



Call Health Link at 811 or your health care provider if you think your child has an ear infection or if you think they're having trouble hearing. Some ear infections may need to be treated.

Second–hand smoke

When children are exposed to second-hand smoke, their risk of ear infections, asthma, bronchitis and pneumonia increases. Make sure no one smokes around your child. For information on quitting tobacco, see page 141.

Nosebleeds

Nosebleeds are common in children and are not usually serious. They're often caused by dry air. A cool mist humidifier can help if you have one. You can also increase the setting on your home humidifier if you have one.

If your child has a nosebleed:

1. Have them sit down and lean forward in a chair.
2. Use a tissue to pinch the soft, lower part of their nose, not the nostrils.
3. Pinch for about 10 minutes without releasing, firmly but gently. Pinching on and off will not stop the bleeding.

Call Health Link at 811 or your health care provider if your child has any of following:

- a nose that looks broken or will not stop bleeding
- 4 or more nosebleeds in a week
- any other signs that concern you

Head injury

Young children cannot control the movement of their heads as well as adults can. Because of this, your child may be likely to hit their head as they become more active. If your child hits their head, check for other injuries to the face, mouth, or teeth to see if you need more medical attention.

A concussion is a brain injury that can result from an impact to the head, but also to the face, neck, or body. Concussions can result from activities, such as sports, household or playground falls, and motor vehicle crashes.

To learn more about head injuries and concussions, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Healthy Homes

Cleaning and sanitizing

Keep your home clean with ordinary household cleaners. You do not need to use anti-bacterial products. Read labels on your household cleaners and follow the instructions for using, storing and disposing of them. If the label says to use the cleaner in a well-ventilated area, open a window while you use it. Inhaling the fumes can be dangerous for you and your child. Make sure cleaning products are securely stored in an area where your child cannot reach them.

To clean and sanitize household surfaces and toys:

1. Wash with a detergent and warm water or mix 2.5 ml (½ tsp) household bleach in 1 L (4 cups) of water.
2. Spray or soak for 2 minutes to kill germs.
3. Rinse with clean, warm water.
4. Let air dry.

Air quality

A clean and dry home helps limit **contaminants** in the air. Mould can cause many health problems such as wheezing, coughing or allergic reactions. Children are more sensitive to poor air quality then adults, this includes exposure to second-hand smoke.

Keep the humidity levels in your home no higher than 50% to reduce the risk of mould. Change your furnace filters as needed.

contaminants: things that make a place or substance such as water, air or food not pure

Carbon monoxide is a harmful gas that can cause health problems before people even know they're being exposed to it. It can cause headaches and make you feel tired. At higher levels it's more serious and can even cause death. Use a carbon monoxide detector to help protect your family.

To learn more about the air quality in your home, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Lead

Lead is a chemical found naturally in the environment. It can also be found in some manufactured products, household building materials, toys and jewellery. Lead can be dangerous for pregnant women, babies and young children. Lead is no longer used in water pipes but it may still be present in old pipes or soldered joints.

Here are some things you can do to help make sure your family is not exposed to lead:

- Read the manufacturer's labels on products you give to your child. Toys and jewellery made outside Canada or the United States may contain lead. If you're not sure, don't let your child play with the toy or wear the jewellery.
- Run the tap before using water that hasn't been run for a number of hours—especially if you live in an older home.
- Use cold tap water for drinking and cooking. It has less lead than hot tap water.
- Older homes may have lead-based paints in them. Look for and follow recommendations on how to complete renovations safely.
- Dusting, vacuuming and wet-mopping your house regularly will help keep down levels of dust that may contain lead.
- If anyone in your family works with or does hobbies with lead, such as working with stained glass, showering and changing their clothes afterwards will help reduce the amount of lead on their body.
- Store food or liquids in containers that are lead-free. Some food containers, such as crystal glass or glazed and ceramic dishes may also have lead in them.

To learn more about lead exposure, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Preventing Injuries

More children die each year from injuries than from all childhood diseases combined. Most injuries happen at home and can be prevented. Young children are at a higher risk of getting injured than adults. This is because young children do not have the physical or thinking abilities to understand and stay away from dangers.



Once your baby starts moving, they'll want to go everywhere and do everything. They're trying to figure out the world around them. They'll also explore by putting things in their mouth. Encourage your baby to discover, but watch closely while they explore to help them stay safe. As they grow older, keep your child safe by making sure they wear the right protective gear and get the right training for any sport or recreational activity they're doing.



It will take time for your child to learn how to stay safe and follow safety rules. Look for chances to talk about risks and to teach and model safety rules every day, such as looking both ways before crossing the street with them. Do not expect your child to follow these rules on their own right away or all the time—you'll need to repeat them many times and for many years. This is how children learn.



The following sections introduce many injury prevention topics and tips. To learn more about keeping your family safe from injuries, visit the ***Links*** and ***Printables*** sections at healthyparentshealthychildren.ca/resources

Falls

Falls are the leading cause for injury-related hospital visits for babies and children. Falls can be prevented.

Falls can happen before your baby can move much, even if you're in the same room. Babies can easily fall from furniture and other surfaces when they kick, wiggle, roll and push against things with their feet. Since a baby's head is large compared to their body their head will often hit the ground first and take the impact.

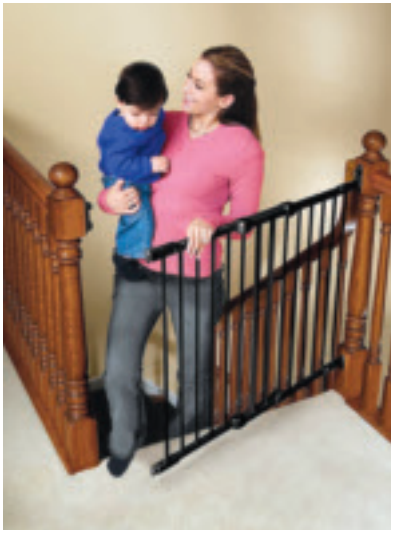
To keep your baby safe:



- **Be by their side.** Always be at your baby's side—never leave them alone on a raised surface. If you need to step away, even for a moment, take them with you or move them to a safe place such as their crib, cradle, bassinet or playpen.
- **Be hands-on.** Keep one hand on your baby when they're on any high surface, such as a change table, bed or counter, even if they're in a safety strap. To be safe, you can also change your baby's diapers on a clean pad on the floor instead of a raised surface. When carrying your newborn, use both hands and hold them close to your body.
- **Keep car seats and infant chairs off of raised surfaces** like furniture, counters or dryers.
- **Use safety straps.** Use the safety straps in your baby's stroller, high chair, change table, car seat, baby seat and baby swing as well as in shopping carts. Straps that go around your baby's waist and through their legs are the safest type, especially when your baby is learning to stand, as they cannot slide through.
- **Lay them down.** If you're holding your baby and feel sleepy, make sure you lay them down in a safe place so they don't fall if you fall asleep.
- **Stay awake while feeding or holding your baby.** To help you stay awake, try chewing gum, wiping your face and neck with a wet cloth or keeping the room lights, TV or music on.
- **Use the floor.** Place car seats, baby chairs and bassinets on the floor—not on a counter, bed or sofa.

Supervise for safety

Supervision is one of the best ways to prevent injuries in children.



Reproduced with permission from KidCo Inc. (2016).

Falls can also happen when your baby and child are climbing the stairs, on furniture or at the playground. To keep them safe:



- **Install sturdy, mounted stair gates** at the top and bottom of each stairwell before your baby starts to crawl. At the top of the stairs, use a gate that is permanently attached to the wall or banister. It's not recommended to use gates that stay in place using pressure (pressure gates) at the top of stairs. Your baby's weight could cause a pressure gate to fall over if they lean on it. Use pressure-mounted gates only at the bottom of stairs—never at the top.
- **Install and use window safety devices** on all windows higher than ground level. These windows should not open more than 10 cm (4 inches). Choose window safety latches that an adult can quickly open in an emergency.
- **Move furniture away from windows.** This includes your child's crib, bed and other furniture such as dressers.
- **Secure furniture.** Make sure furniture like dressers and bookcases are secured to the wall. Put the TV far back on a low, stable stand, attach it to the stand, or secure with a safety strap. Do not place items that may appeal to your child on top of the TV or furniture.
- **Move your baby's crib mattress** to its lowest position once your baby can sit.
- **Move your toddler from a crib to a bed** before they're tall enough to climb over the crib rails when the mattress is at its lowest height.
- **Do not use bunk beds** until your child is at least 6 years old.
- **Keep furniture off of balconies** so your child cannot climb on them and fall over the railings.

Falling from windows

Falling from an open window can seriously injure or even kill a child. The screens on windows are not strong enough to keep your child in. Be sure to move furniture away from windows, use window safety devices and close and lock all windows at all times.

Choking and poisoning

Your baby explores and plays by putting things in their mouth, which increases their risk of choking and poisoning. If something goes into your baby's hands, you can expect it to go into their mouth. Food is the most common cause of choking for children. To learn about foods to avoid, see page 59.



If an item can fit in a toilet paper roll, it's too small for your baby or young child.

If an item can fit inside an empty toilet paper roll, it's too small for your baby or young child—they could choke on it. To help prevent them from choking or being strangled:

- Keep small toys, latex balloons and items such as coins and jewellery away from them.
- Do not put a necklace, string, ribbon or chain of any kind around the neck of a child under 3 years old.
- Do not use clothing with drawstrings or cords as these can get caught around your child's neck or on other objects and strangle them.
- Do not use clothing with fixed hoods—choose clothing with break-away hoods instead.

Balloons

Latex balloons or pieces of broken balloons can be inhaled and block the airway. Keep them out of your child's reach—whether they're inflated or not.

You can find other potential dangers by looking at your home environment from your child's point of view. Get down on your hands and knees and crawl on the floor or walk around the room to look for possible safety concerns. Remove any tiny toys or objects from all of the rooms that they may be able to get into. Lock or install childproof latches on drawers in the kitchen and other rooms, as needed.

Young children are naturally curious and have the highest risk of poisoning from swallowing, inhaling or eating toxic substances, or getting them on their skin. Here are some things you can do to help prevent poisoning:

- Keep all prescription and over-the-counter medicine, alcohol, tobacco and tobacco-like products, cannabis and other drugs locked up, out of sight, and in their original containers. Child-resistant caps on medicine bottles help but they're not childproof.

- Keep items such as household cleaners, dishwasher and laundry pods or detergents, garden products and cosmetics locked away and out of reach and out of sight of your child.
- Keep houseplants out of your child's reach.
- When family or friends come to visit, put their purses, backpacks and coats out of your child's reach. This will help prevent your child from getting into things that are not safe.

!! Call 911 **NOW** if you have a poisoning or choking emergency.

If you have any questions or are not sure about a product's safety, call the Poison and Drug Information Services (PADIS) 24/7 toll-free at 1-800-332-1414 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Blinds and curtains

If you have window coverings with cords, always keep them short, secured and well out of your baby's and child's reach. Cords and loops can get around your child's neck and strangle them.

Cordless window coverings are the safest. If you cannot replace all of your window coverings with cordless ones, replace the window coverings in your child's bedroom and play spaces. If this is not an option, you can:

- Cut the loops on window blinds, drapery and curtain cords.
- Keep cords short, secured and well out of reach.
- Install a cleat or tie-down device up high on the wall and use it to keep cords out of reach.

Burns and scalds

Babies and children have thin, sensitive skin that burns easily. Burns are one of the most common injuries among children under 6 years of age. They can be caused by scalding, chemicals and contact with flames, hot objects and electrical sources.

To help prevent burns and scalds:

- Turn the temperature of your hot water heater down to no more than 49 °C (120 °F) or to the warm setting. Always test the water before putting them in the bath.
- Install safety gates around fireplaces. When outdoors, keep your child away from barbecue grills and campfires.

scalding: injury caused by very hot liquid or steam

- Keep chemicals such as toilet cleaner, bleach, oven cleaners and drain cleaners locked away, out of reach and out of your child's sight.
- Use safety covers on all electrical outlets and unplug electrical items that are in your child's reach.
- Do not use electric blankets, heating pads or hot water bottles on your child.
- Keep hot liquids away from your child. Use lids on your hot drinks, even at home.
- Cook on the back burner of the stove and turn pot handles towards the back of the stove.
- Do not hold your child while cooking.



To learn more about preventing burns and scalds, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

First aid

Many childhood injuries and common problems at home may just need basic first aid. It can help to be prepared. Taking a first aid and cardiopulmonary resuscitation (CPR) course will help you learn how to respond.

Keep first aid supplies such as bandages, gauze and tweezers on hand. Put emergency numbers in a place where everyone in your family can find them. To learn more about first aid, call Health Link at 811 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Fire safety

Here are some things you can do to help prevent fires and keep your family safe:

- Install a smoke and carbon monoxide detector on every level of your home. Test the batteries every month and change the batteries twice a year if the detector is not hardwired. It's easier to remember to change the batteries if you pick dates that are meaningful, such as when you change the clocks in the spring and fall.
- Keep lighters and matches locked up and out of your child's reach.
- Always monitor candles that are being used.
- Do not use items such as space heaters when you're asleep or away from home.
- Close bedroom doors at night to protect your family from fire and smoke.

- Use safety covers on all electrical outlets. Keep electric cords out of children's reach.
- When choosing your child's sleepwear, make sure it's made from materials that are harder to catch fire and burn slowly such as polyester or nylon fabrics. Tight fitting pyjamas are less likely to catch fire than loose fitting pyjamas. Day clothes for sleeping, like t-shirts, may not protect your child from getting burned so it's better to dress your child in actual sleepwear.

Safer sleepwear

Children's sleepwear sold in Canada must meet strict flammability requirements to be safe for sleep.

Requirements for daytime clothing are not as strict so these are less safe for your child to sleep in.

As your child gets older, they'll learn how to respond to fires through fire drills at school. Help your child learn about fire safety at home too. Plan and practice how your family will get out of the home if there's a fire as well as where to meet so that you're out of danger.

Teach your child to:

- Follow your family's fire plan.
- Get low and go—crawl along the floor to stay below the smoke.
- Climb out of a window safely.
- Stop, drop and roll if their clothes are on fire.

To learn more about general fire precautions, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



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Nightlights

A nightlight may be an attractive object to a young child. Some decorative nightlights such as a 'bubble' nightlight have dangerous chemicals inside that can be harmful for your child if they break.

If you use a nightlight, ensure that you protect your child from fire, electrical shock or poisoning by:

- using the nightlight as instructed by the manufacturer
- buying a nightlight that does not have decorative shapes or cartoon characters
- using a nightlight with child-safety features
- unplugging the nightlight when it's not being used and covering the electrical outlets after removing the nightlight
- buying a nightlight that says it's 'cool' and 'does not overheat'

Water safety

Babies and children should never be left unattended in, around or near water, not even for a few seconds. This includes bathtubs, toilets, pools or wading pools or even a bucket of water. Children under 5 years old can drown in as little as 2.5 cm (1 inch) of water, and this is especially true for babies as they do not have good head control.

> ***Never leave your child alone near water*** ★
>
> Even if your child knows how to swim, never leave them alone near water. Supervision is the best way to prevent drowning.

Here are some ways you can help protect your child from drowning:



- Stay with your child when you're bathing them.
- Never leave your baby alone in the bathtub with an older sibling. Bathtub rings are not safe for babies.
- Be within arm's reach when swimming—lifejackets and water wings are not a replacement for supervision.
- Keep toilet lids down and make sure that they're never left alone around toilets.
- Supervise children closely around water including lakes, rivers, ponds, wells, open postholes and irrigation or drainage ditches.
- Store coolers out of your child's reach. Empty coolers after you're done with them.
- If you have a backyard pool, install gated fencing around it. Fencing should be at least 120 cm (4 ft.) high.
- Learn how to swim, if you don't know how.
- Teach your child how to swim—swimming lessons alone will not prevent drowning. Supervision is always needed.

Pet and animal safety

Children can learn a lot about life and caring for others from having a pet. Teach your child to treat all animals gently and with respect—you'll need to remind them frequently to do so as it takes a long time for them to learn responsibility. Always supervise your child around pets and other animals.



Some pets such as turtles, snakes and lizards can carry salmonella, a bacteria that can make your child sick. Other pets and animals, such as cats, can pass on a parasite that can make your child sick (toxoplasmosis). Here are some ways to reduce the risk of your family being exposed:



- Make sure you and your child wash your hands well after touching and handling any pet or animal.
- Do not feed your pet raw meat.
- Do not let your child handle turtles, ducklings, baby chicks or small pets—they may want to kiss or lick them and could get very sick.
- Cover sandboxes so that cats and birds don't use them as litter boxes.
- Wear gloves when gardening so you don't touch pet or animal stool. Wash your hands well afterwards.
- Scoop your cat's litter box every day and wash your hands well after.

Wash hands well

Everyone in the family should wash hands well with soap and water after:

- touching or handling pets or animals
- doing any gardening
- scooping a cat's litter box

For more information on tips to help your pet adjust to a newborn, see page 257. To learn more about staying healthy around pets and animals, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Children are more at risk for dog-related injuries including dog bites. Teach your child not to tease or touch dogs in a way that might hurt them. Never let your child pull a dog's ears, tail or fur. They should not disturb dogs while they're sleeping, eating, chewing a bone, or playing with a toy.

Help protect your child from being bitten:

- Do not allow your dog to sleep with your child.
- Socialize and train your dog. Ask your veterinarian about dog training classes.
- Do not play aggressive games with your dog.
- Make sure you have a quiet and comfortable place for your dog to go to if they want to get away.

In addition, teach your child to:

- Always ask a dog owner if they can approach or pet their dog.
- Approach a dog cautiously and let the dog sniff them before they pet.
- Never run or scream if a dog comes up to them. Tell your child to stand still like a statue or a tree.
- Roll into a ball, be still and cover their face if a dog knocks them over.



Playing outdoors



Children are naturally drawn to playing outside. It helps them explore their surroundings, problem-solve, use social skills and build self-confidence. It also gives them a chance to practice skills, challenge themselves and be creative.

Your child can connect with nature by exploring playgrounds, climbing, jumping in puddles, building snowmen, running in open spaces or digging in the sand or dirt. They need to play in safe surroundings to reduce their risk of injuries while playing outdoors. Make sure your child dresses appropriately for the weather and wears protective gear for whatever sport or recreational activity they do.

Be ready for the weather

Protect your baby and child from the heat, cold, sun and insects when they're outside. Since children have smaller bodies, they're more at risk than adults of becoming too cold (hypothermia) or too hot (heat stroke). Make sure all of your outside doors are secure so that your child cannot get out on their own.

Be safe when doing winter activities ★

There are lots of fun winter activities you can do as a family, such as tobogganing and skating. To learn more about being safe while doing these activities, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



When it's cold outside

Children, especially babies, are more likely to suffer an injury from being exposed to the cold because they:

- have a large body surface area compared with their weight, which means they lose body heat faster
- do not regulate their body temperature well, which means they're not able to shiver
- do not have much fat under their skin, which means they cannot stay warm

In cold weather:

- Dress your baby or child in layers. Do not bundle them too tightly. As it gets warmer, remove layers.
- Use a hat.
- Wear a neck warmer instead of a scarf. Scarves are not recommended as they can hang down, catch and strangle your child.
- Put a blanket over your child for warmth after they're buckled into their car seat—be sure not to cover their face.



Keep children inside when the temperature or the wind chill drops to below -27 °C (-16.6 °F) or when the weather is extreme, such as during a snowstorm. At these temperatures exposed skin will freeze.

When it's warm outside

Try to stay out of the sun when the sun's ultraviolet (UV) rays are strongest—between 11 am and 3 pm. Before going outside, check the weather forecast for the daily UV index. Be extra careful to protect your child's skin on days when the UV Index is 3 (moderate) or more.

Babies under 12 months old are especially sensitive to the sun. They have thin skin and can burn easily. Keep them out of the sun.

The sun and vitamin D

Even though our body makes vitamin D when we're in the sun, it's not a safe or sufficient way to meet your child's vitamin D needs. Starting at birth, all children need a 400 IU vitamin D supplement every day. To learn more, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

To protect your child when it's warm outside:

- Keep them out of direct sunlight when possible.
- Teach your child to play in the shade.
- Use a light blanket to create shade over your baby. Be sure the blanket doesn't touch their face to prevent them from being smothered.
- Keep your child cool and protected with loose fitting and light coloured clothing. Keep their arms and legs covered when possible.
- Use a wide-brimmed hat to protect their face and neck.
- Make sure your child drinks extra water to prevent dehydration. Younger babies may need to feed more often.
- Use UV blocking sunglasses to protect your child's eyes from the sun's harmful UV rays.

Hot vehicles can kill

Never leave your child alone in a car. Every year, there are children in Canada that die from being left inside a car that has become too hot.

Wash it off

When sunscreen or insect repellent are not needed anymore, wash them off the skin well with soap and warm water.

If you're travelling to warmer climates, these precautions are even more important. It may be even warmer there and the sun may be more intense making it more dangerous for your child.

Never leave your child alone in the car. Your car can heat up quickly, even on days that do not seem very warm. The temperature can quickly become high enough to cause death.

Sunscreen

Using sunscreen on babies younger than 6 months old is not recommended. For babies over 6 months old, ask your health care provider before using sunscreen.

All children over 1 year old need to use sunscreen:

- Choose a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher. It should protect from UVA and UVB rays and be water resistant.
- Put on sunscreen 20 minutes before going outside.
- Use an SPF 30 lip balm on your child's lips.
- Re-apply sunscreen every 2 hours and after any activity that gets your child wet or sweaty.

To learn more about sun safety, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



Insect repellent

Depending on your child's age, you can use insect repellent to lower their chances of being bitten by an insect. There are many different kinds available and some work better than others. DEET gives the longest-lasting protection against mosquito bites.

- Do not use on babies **under 6 months old**. Use mosquito netting and try not to be outside when insect activity is high.
- For children **6 months to 2 years old**, use insect repellent only when there's a high risk of insect bites that can spread infections and diseases. Do not use more than once a day.
- For children **over 2 years old**, you can use insect repellent up to 3 times a day.

When using insect repellent for your child, use just enough of the least-concentrated formula of DEET (10% or less) on their exposed skin and clothing. Keep insect repellent away from their face, hands and any irritated skin.

To learn more about insect repellents, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Combined protection

When using both sunscreen and insect repellent:

1. Put on the sunscreen.
2. Wait 20 minutes.
3. Put on the insect repellent.

Combination sunscreen and repellent products are not recommended. The sunscreen or the repellent may not work as well when it has been combined.

Helmets



Bike helmets reduce the risk of head injury in a crash by 80%. In Alberta, anyone under 18 years old must wear a helmet when riding a bicycle or tricycle or when in a bike trailer or carrier—it's the law. Helmets are also strongly recommended for adults. Wearing your own helmet protects your brain and models the safety behaviour you want your child to learn. Make helmets a habit for your whole family.

Helmets are also recommended for activities such as tobogganing, skiing, snowboarding, and activities on ice such as hockey and skating. Use helmets that are designed for the activity, such as a hockey helmet when you're skating or a bike helmet when you're riding a bike. Wear helmets that meet approved helmet safety standards—look for a CSA, Snell or an ASTM sticker.

Your child's helmet needs to be worn properly. It needs to be checked often to make sure it still fits—children grow quickly. To learn more about bike helmets and to take the *Bike Helmet YES Test*, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

> ***Protect your head too!*** ★
>
> You're a role model. When you wear a helmet, you help make it a habit for your entire family.

Bike safety

Most children are ready to ride a push bike or tricycle by age 3. By age 5 or 6, children may have the physical skills to ride a bicycle. Fenced areas such as a backyard or a park are the safest places to ride. Driveways are dangerous because drivers may not see your child when they're pulling in or backing out. Children should always be accompanied by an adult when riding a bike, especially near traffic.

Your child is not ready to ride on the road until they're able to judge traffic and safety risks. Their ability to ride on the road is based on their experience, environment and development. Before they can ride on the road they will need to learn the rules of the road and to judge traffic safety.

> ***Bike trailers and carriers*** ★
>
> Children less than 1 year old don't have the neck and head control to ride safely in a bike carrier or trailer. Do not put your child under 1 year of age into a bike trailer or a carrier. For children over 1 year old, always use a properly fitting helmet and make sure they're safely secured.

They'll also need to learn to:

- Pay attention to where they're going.
- Watch for cars and traffic safety signs.
- Use brakes and signals.
- Pass pedestrians.
- Stay away from major risks such as busy intersections or hidden driveways.



Remember, children under 10 years old should always ride with you or an adult, even if they take the same route several times a week (e.g., between home and school). Ride with your child to teach them the safety rules they'll need to know, such as watching for pedestrians and stopping at all stop signs, even when they're on the sidewalk. Make sure they have basic skills before going on the road with them.

Is your child's bicycle in good condition?

If you think your child is ready for a bicycle, make sure it's in good condition. Here are some questions to ask:

- Is the bike the right size for my child? Bikes that are too big or too small are dangerous.
  - Can my child touch the ground with their feet? Have your child sit on the bike. Adjust the height of the seat until their toes can touch the ground on both sides.
  - Can my child reach the handlebars?
- Does the bike have a light, reflectors and a horn or a bell?
- Have I checked the **ABC**s?
  - Is there **A**ir in the tires?
  - Are the **B**rakes clean and working?
  - Is the **C**hain tight and oiled?
- Does my child use a helmet every time they ride?
- Does the bike helmet fit properly?

Pedestrian safety

Walking is great exercise and a fun family activity. As soon as you begin walking with your child, start teaching them the skills they need to be safe whenever they cross the street. When you teach your child about pedestrian safety, base it on your child's level of development. Children under 6 years old will not have the skills, awareness or judgment to understand the traffic around them and know when it's safe to cross the street. Continue to teach them as they get older.



As your child reaches the preschool age, they can be impulsive and may not want to hold your hand. Insist that they do and that they stay close to you around traffic, when crossing roads and in parking lots. While you're crossing the street, talk with your child about how you're crossing safely and what's happening on the street around you.

Teach and model pedestrian safety skills

- Walk with your child often and role model safe walking.
- Make sure that your child walks on the sidewalk. If there is no sidewalk, be sure that they walk far away from the road and are able to see the oncoming traffic.
- Teach your child to recognize traffic safety signals and the signals of a crossing guard.
- Stop before stepping onto the road.
- Look for traffic—left, right and left again before stepping onto the road.
- Wait to cross until traffic has stopped or the road is clear, even if there's a crossing guard, pedestrian signal or other traffic signal.
- Make it a rule to cross the street at pedestrian crosswalks or corners only, and to cross railway tracks at designated crossings only.
- Talk to your child about the dangers of being distracted while walking such as talking to friends while crossing the street.
- Make sure that your child knows that they should never play on the street or around or between parked cars.

Playground safety



Children enjoy and learn on different types of playground equipment depending on their age and stage of development. You can help prevent injuries at the playground by:

- making sure the playground equipment is the right size for your child—they should be able to reach and climb the equipment on their own
- check the ground under the equipment—it should be wood chips, rubber surfacing, sand or pea gravel (round, not crushed)
- check the barriers and handrails of the play structure—make sure they're secure and strong

Young children are still developing their balance and climbing skills. A general rule is that they should play only on equipment that they can reach by themselves. If they cannot reach it, they should not be on it.

Keep your child safe at playgrounds

- Dress your child for safe play. They should never wear items that can cause a fall or get caught and possibly strangle them. This includes items such as helmets, scarves, clothing with drawstrings, loose fitting clothing and backpacks.
- Teach your child to watch out for moving objects including other children on swings, coming off of slides, and on bikes and scooters.
- Ask your child to hold on with both hands when swinging or climbing.
- Have them take turns on a slide—one child at a time—and to go down feet first.
- Ask them to use equipment and toys only as they're meant to be used.
- Make sure your child plays with proper footwear on.
- Ask them to respect others on the playground—no pushing, shoving or tripping.
- Supervise your child and be close enough that you can help if you have to.

To learn more about playground safety and to take the *Playground Safety YES Test*, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Trampolines

Trampolines are not recommended to be used for play at home by children of any age. They can cause serious and permanent injuries and even death. Trampolines are not safe even if they have a net, padding and an adult is watching. Backyard trampolines are not recommended for children of any age.

Trampolines can cause:

- sprains, bruises and cuts
- broken bones
- injuries to the head, neck and back

To learn more about trampolines, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Play safe in rural areas

If you live in or visit a rural setting or a farm, be sure to:

- supervise children at all times
- create a safe play area for your child
- stay next to your child in animal pens or when around any animals
- put up barriers to keep your child out of swamps, dugouts, septic tanks, wells, lakes, grain storage areas and sand pits
- not let your child play on farm machinery such as trucks, tractors and grain wagons
- clearly mark electric and wire fences with flags or signs and teach your child to stay away from them
- properly ventilate root cellars
- always supervise your child around fire
- use a fire-safe container that has a grate on top when burning materials

To learn more about farm safety, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



No ATVs or snowmobiles

Children under 16 years old should not operate any size of ATV (all-terrain vehicle) or snowmobile.

Once they are 16 years old, they should only ride as passengers on models made for passengers.

Car seats and booster seats

A properly installed car seat is the best protection for your baby or child in a sudden stop or crash. Holding them in a vehicle, even when travelling at slow speeds, is not safe, no matter what their age.

Which car seat to use and when to use it:

Rear-facing car seat

- Your baby is safest in a rear-facing car seat until they're at least 2 years old or reach the manufacturer's recommended maximum weight or height limit of the rear-facing car seat.
- As your child gets older, you can get a larger car seat with higher rear-facing height and weight limits, if needed. This can keep your child in the safer rear-facing position beyond 2 years of age.

Forward-facing car seat

- Once your child outgrows the rear-facing seat, move them to a forward-facing car seat.
- Once your child reaches the maximum weight or height limit of their forward-facing car seat, move them into a booster seat.

Booster seat

- Once your child moves to a booster seat they're safe until they reach the maximum weight or height limit of the booster seat as recommended by the manufacturer.

Seat belt

- A child is ready to sit in the vehicle without a booster seat when the vehicle seat belt fits them correctly. This is usually when they're about 145 cm (4 ft. 9 inches) tall and between 8–12 years old. Children under the age of 13 are safest in the back seat.

Did you know?

Buying a used car seat is not recommended. Used car seats may be missing parts, damaged, recalled or expired and may not meet current safety standards. If you're thinking about borrowing a car seat, make sure you find out its history. If it was involved in a crash, it should not be used. There may be no signs of damage, but small cracks or weakened areas can make the car seat unsafe.

Winter clothing and car seats

Bulky winter clothing could affect the harness system of your car seat. In the winter, use thin, warm layers like fleece or a light snowsuit. Once your child is in the seat, and the straps are secure, a blanket or cover can be placed over them. Check that the straps are snug each time.



To install your child's car or booster seat, follow the car or booster seat instructions and your vehicle's owner's manual. The *YES Tests* can help you to choose the proper seat and make sure you're using the seat correctly.

There are three *YES Tests* included in this chapter: rear-facing car seat, forward-facing car seat and booster seat. Each *YES Test* has a list of questions that will help you properly install the car or booster seat in your vehicle and buckle your child correctly every time.

To learn more about car or booster seat recalls, keeping your child content in a car seat, and for tips on buying the proper car seat visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Using public transportation

If you have any questions about safety when travelling using public transportation, call Transport Canada at 1-800-333-0371.

Rear-facing Car Seat YES Test



A rear-facing seat provides the best protection for a child's head, neck and back in a sudden stop or crash. Using a car seat properly is required by law in Alberta. Use the *YES Test* to help you properly install the car seat in your vehicle and buckle up your baby correctly every time.

Push, pull and adjust the seat until you can answer *'Yes'* to each item that applies to your child's car seat.

Who should be in a rear-facing car seat?

- A child is safest in a rear-facing car seat until they're at least 2 years old or reach the maximum weight or height limit for the rear-facing seat (as stated by the manufacturer).
- Rear-facing car seats that have higher weight and height limits are preferred and will keep your child in the safer, rear-facing position beyond age 2.

Getting ready

- ❑ I've read the instruction booklet that came with the car seat.
- ❑ I've read the instructions in my vehicle's owner's manual on how to install a car seat.
- ❑ I've checked the labels on the seat to find the maximum rear-facing weight and height limits. My child's weight and height are under the limits.
- ❑ My child's car seat is in the back seat.
- ❑ I never place the car seat in front of an airbag.
- ❑ My child's car seat is approved to be used in Canada and has a Canada Motor Vehicle Safety Standards (CMVSS) label.

Securing the car seat

There are 2 ways to secure the car seat:

Either

- ❑ **I'm using the Universal Anchorage System (UAS) to secure the car seat.**
  - ❑ I've checked my vehicle's owner's manual for the correct UAS anchor locations.
  - ❑ The UAS belt goes through the rear-facing belt path on the car seat or base and is attached to the UAS anchors.

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Or

- ❑ **I'm using the seat belt to secure the car seat.**
  - ❑ I've checked my vehicle's owner's manual for how to lock the seat belt for use with a car seat.
  - ❑ The seat belt goes through the rear-facing belt path on the car seat or base and is buckled up.
  - ❑ If the seat belt does not lock, I've used a belt lock or locking clip.

For either UAS or seat belt installation

- ❑ I've pushed down on the car seat or base and pulled the UAS belt or seat belt tight.
- ❑ **The car seat moves less than 2.5 cm (1 inch) in any direction when pushed or pulled.**

Buckling your child in the car seat

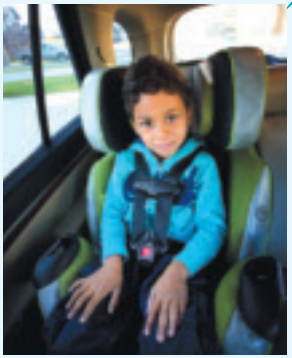
- ❑ The slots that the harness straps go through are at or just below my child's shoulders.
- ❑ The chest clip is at the level of my child's armpits.
- ❑ The shoulder harness is lying flat with no twists.
- ❑ The harness is snug—I cannot pinch a fold in the harness strap.

Being safe

- ❑ My child rides in the car seat every trip.
- ❑ If the car seat has a carry handle, I put it in the travel position.
- ❑ I've sent in the registration card for my child's car seat and checked for recalls. To learn more about car seats and recalls, call Transport Canada at 1-800-333-0510 or, visit the ***Links*** section at healthyparentshealthychildren.ca/resources
- ❑ If needed, I'll get a larger car seat, with higher rear-facing weight and height limits, so I can keep my child rear-facing as long as possible.
- ❑ When my child outgrows their rear-facing seat, I'll move them to a forward-facing car seat.

✓ If you answered *"YES"* to all of the statements, you're ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle's owner's manual for the exact installation instructions.

Forward-facing Car Seat YES Test



Proper use of a car seat can reduce the chances of your child being injured or killed in a crash by as much as 71%. Using a car seat properly is the law in Alberta. Use the *YES Test* to help you properly install the car seat in your vehicle and buckle up your child every time.

Push, pull and adjust the seat until you can answer *"Yes"* to each item that applies to your child's car seat.

Who should be in a forward-facing car seat?

- A child who is at least 2 years old or has reached the maximum weight or height limit of the rear-facing seat (as stated by the manufacturer).
- A child should stay in the forward-facing car seat until they reach the maximum weight or height limit of the seat (as stated by the manufacturer).

Getting ready

- ❑ I've read the instruction booklet that came with the car seat.
- ❑ I've read the instructions in my vehicle's owner's manual on how to install a car seat.
- ❑ I've checked the labels on the car seat to find the maximum forward-facing weight and height limits. My child's weight and height are under the limits.
- ❑ My child's car seat is in the back seat.
- ❑ My child's car seat is approved to be used in Canada and has a Canada Motor Vehicle Safety Standards (CMVSS) label.

Securing the car seat

There are 2 steps to install the forward-facing car seat in your vehicle.

1. **Secure** the bottom of the car seat.

Either

- ❑ **I'm using the Universal Anchorage System (UAS) to secure the car seat.**
  - ❑ I've checked my vehicle's owner's manual for the correct UAS anchor locations.
  - ❑ The UAS belt goes through the forward-facing belt path on the car seat and is attached to the UAS anchors.
  - ❑ I've pushed down on the car seat and pulled the UAS belt tight.

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Or

- ❑ **I'm using the seat belt to secure the car seat.**
  - ❑ I've checked my vehicle's owner's manual for how to lock the seat belt for use with a car seat.
  - ❑ The seat belt goes through the forward-facing belt path on the car seat and is buckled up.
  - ❑ I've pushed down on the car seat and pulled the lap belt tight.
  - ❑ If the seat belt does not lock, I've used a belt lock or locking clip.

2. Always use the **tether strap**

- ❑ My vehicle came with a tether anchor or I had a tether anchor installed by my vehicle dealer.
- ❑ The tether strap is hooked to the tether anchor in my vehicle. The tether strap is tight.
- ❑ **The car seat moves less than 2.5 cm (1 inch) in any direction when pushed or pulled.**

Buckling your child in the car seat

- ❑ The slots that the harness straps go through are at or above my child's shoulders.
- ❑ The chest clip is at the level of my child's armpits.
- ❑ The shoulder harness is lying flat with no twists.
- ❑ The harness is snug—I cannot pinch a fold in the harness strap.

Being safe

- ❑ My child rides in the car seat every trip.
- ❑ Recall information is available from Transport Canada at 1-800-333-0510, or visit the ***Links*** section at healthyparentshealthychildren.ca/resources
- ❑ When my child outgrows their forward-facing seat, I'll move them to a booster seat.

✓ If you answered *"YES"* to all of the statements, you're ready for travel! If not, check the instruction booklet for your car seat as well as your vehicle's owner's manual for the exact installation instructions.

Booster Seat YES Test



A booster seat provides the best protection for your child. An adult seat belt alone does not fit a child's body properly. Without a booster seat, an adult seat belt rides too high on your child's abdomen and neck. This can cause serious internal injuries to your child in a crash.

Use the *YES Test* to help you decide when your child is ready for a booster seat, and to learn how to use one correctly.

Who should be in a booster seat?

- A child who has reached the maximum weight or height limit of their car seat (as stated by the manufacturer).
- A child is safest in a booster seat until they reach the maximum weight or height limit of the seat (as stated by the manufacturer).

Getting ready

If you check YES to all of these points, your child is safest in a booster seat:

- ❑ My child has reached the manufacturer's weight or height limit for their forward-facing car seat.
- ❑ My child weighs more than 18 kg (40 lb).
- ❑ My child is less than 145 cm (4 ft. 9 inches) tall.

Choosing a booster seat

A booster seat can only be used with a lap-shoulder seat belt. To find the best booster seat for your child, decide where in the back seat your child will sit. Check to see if that vehicle seat has a head rest (head restraint):

- ❑ The vehicle seat **DOES NOT have a head rest**.

  Choose:

  - a **high back booster** to give your child head and neck support. Some car seats convert from a forward-facing seat with a 5-point harness to a high back booster seat. Some high back booster seats have a head and neck support that can be adjusted as your child grows.

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- ❑ The vehicle seat **HAS a head rest**.

  Choose:

  - a **high back booster**

  or

  - a **backless booster** that has a seat base with arm rests. This style of booster works well in a vehicle seat with a head rest.

Using a booster seat correctly

Use the booster seat for every ride. You're using the booster seat correctly when you can check YES to all of these points:

- ❑ I've read the booster seat instructions in my vehicle's owner's manual.
- ❑ My child's booster seat is in the back seat of the vehicle.
- ❑ The shoulder belt is across the centre of my child's chest and the lap belt is across my child's hips.
- ❑ My child's booster seat is never in the front of an airbag.

Moving to a seat belt

Your child is safest in a booster seat until they reach the maximum weight or height limit of the booster seat (as stated by the manufacturer). A child is ready to ride in the vehicle without a booster seat when the vehicle seat belt fits properly. This is usually when a child is 145 cm (4 ft. 9 inches) tall and between 8 and 12 years of age.

The seat belt fits your child properly when:

- ❑ They're at least 145 cm (4 ft. 9 inches) tall.
- ❑ Their knees bend comfortably at the edge of the seat when sitting all the way back.
- ❑ The lap belt stays low and snug across the hip bones.
- ❑ The shoulder belt crosses the chest and stays between your child's neck and shoulder.
- ❑ They can sit like this for the whole trip without slouching.

Until you can check all 5 boxes, your child should continue to use a booster seat.

Things to know about booster seats

- Booster seats are the safest choice for children who have outgrown their forward-facing car seats.
- Using a booster seat until the vehicle seat belt fits properly provides the safest ride.
- A child is 3½ times more likely to be hurt in a crash when using an adult seat belt alone than when buckled in a booster seat.
- **All children under the age of 13 are safest riding in the back seat.**

Taking Care of Yourself

Being a parent can be a wonderful time of your life. It can be an amazing experience to watch how children change over time as they grow and develop. Like other big changes in your life, however, it can also be challenging. You may find that you feel more tired—it takes a lot of energy to be a parent of young children. Some parents feel energized and excited while others may feel irritable or confused. Most parents, in fact, say they feel a little bit of both most of the time. Parenting is often an emotional journey so be kind to yourself. When you take care of your own needs, it helps create a healthy family environment for you and your child to grow and thrive in.

In the *An Overview of Being a Parent* chapter, there's information on how you can manage the stresses of having a young family so you can be the parent your child needs (see page 26). In the chapters to come, you'll find other ways for self-care as you grow into your parenting role. Look in the Taking Care of Yourself sections at the end of each chapter for ideas.

To become a parent is to sign up for a lifetime of learning—and you'll learn as you go. Be sure to access supports in your community. Parenting programs are for everyone and they're a great way to get new ideas and meet new friends.

Living on low income

If your family is living on a low income, you may qualify for supports for certain health services such as dental care, eyeglasses, ambulance services, diabetic supplies and prescription medicine. Contact the Alberta Adult Health Benefit program toll-free at 1-877-469-5437 or visit the ***Links*** section at healthyparentshealthychildren.ca You may also qualify for other resources and programs in your area. To learn more, call Health Link at 811 or talk with your health care provider.

"Every so often, my husband and I will eat a later dinner together after our kids are in bed. While we like our meals as a family, it's nice to connect with one another without the distraction of cleaning messes, making sure our kids are eating, and getting them to bed on time."

~ Alyssa, mom of two children

Healthy eating

Eating regularly and following *Canada's Food Guide* will help give you the energy you need to care for yourself and your growing family. Eating a variety of foods from each food group every day supports your health and well-being. Having a healthy, balanced pattern of eating can help support a healthy weight and decrease your risk for certain health conditions such as obesity, diabetes, heart disease, cancer and osteoporosis. For more information about making healthy food choices, see page 51. If you're breastfeeding, you may feel more hungry and thirsty. For more information on healthy eating when you're breastfeeding, see page 172.

Vitamin and mineral supplements

It's still important for women to keep taking a daily multivitamin with folic acid (0.4 mg) and vitamin D (400 IU).

It's also recommended that men take 400 IU of vitamin D from a supplement each day.



folic acid: folic acid (folate) is a vitamin added to foods (fortification) or vitamin supplements. It's also naturally found in foods, and helps to prevent neural tube defects

Staying active

Doing fun activities that move your muscles (raise your breathing and heart rate), help your body stay healthy. Getting enough regular physical activity and breaking up periods of sitting can improve your health and well-being.

Physical activity has many benefits, it:

- improves your strength
- gives you more energy
- helps you cope with stress
- improves your mood
- helps you sleep
- lessens the symptoms of postpartum depression or anxiety (see page 262)
- can help you reach or stay at a healthy weight

It's recommended that adults get at least 150 minutes of activity every week. Aim for activities that are moderate (e.g., brisk walk) to vigorous (e.g., jogging) intensity for at least 10 minutes at a time.

To learn more about physical activity, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Be a good role model

You show your children how important it is to be active when you're active with them. Children of active parents are more likely to be active themselves.



Protect your back

Taking care of and playing with your baby and child mean you'll be bending, lifting, carrying and moving in all sorts of different ways than your body may be used to. To help prevent injuries and keep your back safe, here are some things to consider.

Lift and carry safely

Take care when you **carry** your baby or child:

- Keep your back straight and try not to twist.
- Hold your baby as close to your body as possible, in an upright position in the centre of your chest.
- Keep your movements smooth.
- Change your position often when you're carrying your child on your hip or over your shoulder.
- Take your baby out of their car seat before carrying them, whenever possible.
- Never lift anything heavy above your shoulders.

Take care when you **lift** your baby or child:

- Keep your feet shoulder-width apart, with one foot slightly ahead of the other.
- Squat down, bending at the hips and knees only. If needed, put one knee to the floor and your other knee in front of you, bent at a right angle.
- Keep good posture. Look straight ahead, keep your back straight, your chest out and your shoulders back.
- Slowly lift by straightening your hips and knees, not your back. Keep your back straight and do not twist as you lift.

Be at the right height

The best height for a work surface such as a change table is near the level of your hip bone. To help prevent injury:

- Set your stroller or baby carriage handles high enough so you can stand up straight.
- Kneel or squat when working at floor level. Bend your knees, not your back.
- Keep supplies close by so that you can reach them easily.



Baby and child carriers

Using carriers properly will help prevent back and neck strain and will keep your baby safe. Follow the manufacturer's instructions carefully. During the first few months, when your baby has poor head control, they need to be carried on the front of you. After that, you may want to use a back carrier.

When carrying your baby on your front using a sling:

- Have someone help you the first few times.
- Choose a sling that holds your baby upright—they're safest in this position.
- Make sure your baby's face is not covered.

When carrying your baby on your front using a carrier:

- Have them sit high on your chest, with their head under your chin.
- Carry them up higher to prevent yourself from being pulled forward and down.
- Make sure nothing covers your baby's face.

Your baby needs to have good head control before you can use a back carrier. When carrying your baby on your back, place them low around your waist, close to your centre of gravity. You'll be more stable and it will put less strain on your muscles.



Bike carriers and trailers

Bike carriers and trailers are not safe for babies under 1 year old because of their poor neck and head control.

For children over 1 year old, make sure they're safely secured and always use a properly fitting helmet.

Some slings and carriers have been recalled and are not safe. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Mental health



Good mental health is important for your well-being and for your child's healthy development. Parenting is a 24/7 job on top of all your other work and activities. Your health can become a lower priority when you're a busy parent. Balance your needs and care for your relationships with the amount of care your child needs—it helps to take good care of yourself. Encourage and support your partner to do the same.

For more information about finding your balance, see page 258. Here are some more ideas that may help:

- **Take a break.** Take some time to do things you find fun and relaxing such as reading a book or soaking in the bathtub. Use relaxation (see page 260) or meditation techniques, try yoga or play calming music.
- **Get some fresh air.** Take your child along or leave them with a caregiver.
- **Make a date.** Try setting aside a time each day for yourself or with your partner. Start small—even going out for a short walk can be a welcome break.
- **Laugh.** Watch a funny movie. A good laugh can ease tension and improve your mood.
- **Accept help.** Ask for and accept offers of help from others.

> ***"Make sure you explore strategies with your partner to help you connect with your old self. Whether that is through exercise, alone time, going to the movies, volunteering, or spending time with friends, make sure you make a realistic plan that you and your partner can commit to. Oh, and leave the guilt at home. Feeling guilty about leaving your children will simply ruin your time out and defeats the purpose of the break."***
>
> *~ Safina, mom of two children*

Connecting with others

While being a parent can be very rewarding, sometimes parents can feel lonely. Meeting and talking with others gives you a chance to talk about your interests and share your parenting joys and frustrations, which can help you feel more connected and manage your daily stresses.



There are many ways you can connect:

- **Reach out.** Start with people who are most likely to be supportive, such as family, friends or neighbours.
- **Keep in touch.** Take time to connect with friends. Spend time, do things and have fun together.

> ***"Find a support program. You can get so much help and a network to help you."***
>
> *~ Liela, parent new to Alberta*

- **Look for programs.** Check with your community or public health centre, place of worship, family resource centre or family service agency about parenting and other community programs near you. Ask if there's child care available.
- **Sign up.** Parenting can be much easier when you talk to other parents about it. Alberta Health Services, Parent Link Centres and many community agencies have group programs for families. These programs are a great way to get out, meet other parents and make new friends.
- **Go online.** There are many blogs and online discussion forums with other parents. Look for reliable and unbiased sources. Try to be cautious about the information that is shared and remember everyone experiences parenting differently. Use all the information you learn to decide what makes sense for you and your family. If you're in doubt, check with someone you trust such as a family member or your health care provider.
- **Look for programs.** Many libraries and bookstores offer family story time and programs for all ages.

> ***"You're going to have down days, mediocre days, and great days as a new (or experienced) mom. When you're feeling blue, talk to another mom friend. The social connection will help you move through the challenging days. Also, this will not last forever. Know that you're normal and that people care about you."***
>
> *~ Morgan, mom of two children*

To find out about programs or services, call Health Link at 811, talk with your health care provider or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Be kind to yourself. If you feel sad, upset or if you're having mood changes, talk to someone you trust or your health care provider to get the help you need to be able to enjoy these early years. For more information, see page 258.

Alcohol, tobacco and tobacco-like products, cannabis and other drugs

Alcohol

For both males and females, alcohol can affect your overall health. Following *Canada's Low-Risk Alcohol Drinking Guidelines* can help reduce the risk of long-term health problems. To see the guidelines, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

Drinking alcohol can affect your ability to properly care for and supervise your child. Ask for help and support if you have concerns about yours or someone else's alcohol use. Here are some things you can do:

- Talk with your partner and make a plan to cut down or quit together.
- Talk with your health care provider.
- Call the Alberta Health Services Addiction Helpline toll-free, 24/7 at 1-866-332-2322 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

> ***Small steps matter*** ★
>
> Making changes in your life can take time. You may need to try many times. Each time you try, you'll learn new things that will help you for the next time. This may include learning what your triggers are. Just keep trying!

Tobacco and tobacco-like products

All tobacco and tobacco-like products, such as e-cigarettes or vapes, water pipes and cannabis (often mixed with tobacco) are harmful. Tobacco and tobacco-like products affect the health of those who use the products and also affect those who are exposed through second- and third-hand smoke or vapour.

> ***Quitting tobacco*** ★
>
> Quitting tobacco and tobacco-like products can be very challenging and takes time. Believe you can do it! If you don't think you can stop it all at once, start by cutting back the amount you use daily.

The harmful chemicals in tobacco and tobacco-like products can affect your baby's growth and development before birth and can cause them to be more likely to have health problems after they're born. These can include respiratory illnesses, ear infections, or behavioural concerns and learning disabilities like attention deficit hyperactivity disorder (ADHD). Being exposed to smoke before and after birth greatly increases your baby's risk of sudden infant death syndrome (SIDS).

Nicotine from tobacco and e-cigarettes affects the developing brain of babies, young children and teens. It also puts you at risk for gum disease and affects how well your body can heal itself. The best way to protect your family from being exposed to the harmful effects of nicotine and other chemicals is to keep your home, vehicle and workplace tobacco-free.

Different forms of tobacco and tobacco-like products have many health effects:

- **Smoke from tobacco, like cigarettes** contains about 7,000 different chemicals that cause illness such as heart and lung disease. At least 172 of these chemicals are toxic (poisonous). About 70 of these chemicals cause cancers, including lung and breast cancer.
- **Smokeless tobacco** (moist snuff, dip or chew) and tobacco that's used up the nose (dry snuff or snus) have more than 4,000 chemicals in it. Of these chemicals, more than 30 cause cancer, including mouth and throat cancers. Snuff products also have more nicotine in them than cigarettes. The average cigarette has 8.4 mg of nicotine while the average snuff product has 14.5 mg of nicotine.
- **Electronic cigarettes (e-cigarettes)** are battery-powered vapourizers that use liquid vapour to deliver mist into the body. This mist is often a mixture of chemicals and sometimes contains nicotine. E-cigarette vapours have at least 10 chemicals that are linked to cancer and birth defects. E-cigarettes could put you at risk of nicotine addiction and are not recommended as an aid to quitting tobacco. No government or agency regulates e-cigarettes, so there are no standards for making these products.

Is vaping safe?

It's not yet known how safe e-cigarettes or any other tobacco-like vaping products are. However, we know that they're not harmless. It's clear that vaping products, especially those containing nicotine, put you and your family's health at risk for nicotine poisoning, addiction or other harmful effects on health—the long-term impact of these products on health are not known. It's also not proven whether or not these products help with quitting tobacco.

sudden infant death syndrome (SIDS): a sudden and unexplained death of a seemingly healthy infant under 1-year-old during sleep

nicotine: a chemical found in tobacco or tobacco-like products that is colourless and toxic

Second-hand smoke or vapour

Second-hand smoke is the smoke that's exhaled or that comes from the burning end of a cigarette, cigar or pipe. Being exposed to second-hand smoke is a known risk for breast cancer, asthma and heart disease. For babies, being exposed to smoke from tobacco before and after birth is also a major risk factor for SIDS and other health problems such as respiratory illnesses and ear infections in childhood.

Second-hand vapour is the mist produced by e-cigarettes. The mist that comes from an e-cigarette or vaping device has a mixture of chemicals that are toxic to you and your family. Although the toxins are lower than with tobacco smoke, there are at least 10 chemicals that cause cancer and birth defects.

Inhaling second-hand smoke and vapour is especially harmful to babies and young children because they:

- breathe faster
- have smaller lungs that are more easily damaged by these toxic chemicals
- have less developed immune systems

Here are some ways to protect your child from second-hand smoke or vapour:

- Do not smoke or vape in your home or your car—even if your children are not there with you.
- Ask people not to smoke or vape in your home, your car or near your children.
- Put up 'no smoking or vaping' signs in your home and vehicles.
- Choose child care that's free from smoking, vaping or using other tobacco products. If this is not possible, ask caregivers not to smoke or vape around your children.

It's the law

As of November 2014, the Tobacco and Smoking Reduction Act states that it's illegal to smoke in a vehicle with anyone under 18 years old in it.

Keep tobacco and nicotine products away from children and pets

Eating tobacco, tobacco-like products or vaping products can cause poisoning because of nicotine or other chemicals they contain. Nicotine replacement therapy (NRT) products such as gum or lozenges can also make children and pets very sick and may even cause death. Lock up these products or throw away used products safely so your child cannot get to them.

Third-hand smoke

Third-hand smoke is the residue and gases that are left behind and build up over time in vehicles and on surfaces such as upholstery, clothing, draperies and carpets after a cigarette has been used. Babies and young children are more at risk of being exposed to third-hand smoke. This is because they crawl on the floor, touch surfaces with their hands and put their hands in their mouths. Although we do not yet know the impact of vaping related to third-hand exposure, early research suggests that it's a concern for children living in homes with e-cigarette use. For example, nicotine is a cancer causing chemical often found in e-cigarettes and has been shown to collect on surfaces in homes where children live and play.

> ***Airing out is not enough*** ★
>
> Opening a window, using air purifiers or ventilation systems or smoking in another room are not enough to protect you and your child from the harmful effects of second- and third-hand smoke or vapour.

If you have smoked, vaped or have been around smoke or vapour, here are some things you can do to limit your children's exposure. Before you hold or cuddle your child:

- Wash your hands and face to remove the smoke and chemicals.
- Change your shirt or jacket if you were smoking in it. It might help to keep a jacket that you can use outside to smoke in, away from your family. This way, the jacket can be left outside on the balcony, porch or garage to air out the toxins.



Support for quitting

Quitting tobacco and tobacco-like products improves your health right away and reduces your risk of cancer over time. It also reduces your chances of getting other diseases caused by using these products.

Quitting these products can be very challenging. You may need to try many times. It took a while to learn this behaviour, so it will likely take some time to work your way back out of it. There are more people who quit using tobacco than who use it—so you can do it.

> ***Getting ready to quit*** ★
>
> When you're ready to quit, you may want to have your teeth cleaned to remove tobacco stains. This will help your gums heal and may even help motivate you to stay tobacco-free.

Counselling is the first recommended treatment for quitting tobacco. There are also safe products to help you with cravings. Using NRT can help with the physical and emotional side-effects of quitting. There is also some non-nicotine prescription medicine that may help.

If you'd like help changing your tobacco use:

- Talk with your health care provider.
- Visit albertaquits.ca for online support, or call the AlbertaQuits helpline toll-free at 1-866-710-QUIT (7848) to talk with trained counsellors.
- Find a support person.
- Go to a tobacco cessation group in your area, like QuitCore.

Sometimes it's challenging to stay motivated and stick with your decision to quit. If you want to stop using these products or have quit already, it may help you stay on track if you:

- Think about why it's important for you and your family's health.
- Remember what you don't like about using tobacco or tobacco-like products.
- Know who you can count on for support.
- Try to limit time with the people, places or feelings that make you want to use tobacco or tobacco-like products.
- Find ways to cope with stress.
- Think about the financial benefits of quitting.

To learn more about quitting tobacco, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Cannabis

Using any type of cannabis (marijuana, hashish, hash oil), including edibles, affects the health of those who use it. The dried flowers, leaves, stems and seeds of cannabis are called marijuana, weed, pot and other names. Hashish and hash oil also come from the cannabis plant. The cannabis plant contains more than 400 chemicals. Tetrahydrocannabinol (THC) is the main active chemical in the cannabis plant that gives people a 'high'. THC affects areas of the brain that control memory, concentration and coordination. Cannabidiol (CBD) is an active chemical in the cannabis plant that's used for medicinal purposes.

Keep out of your child's reach

If your child eats or drinks cannabis, you need to seek medical attention right away. They could have problems with walking, sitting up or breathing, or they could become confused and sleepy. They could also have more serious problems such as breathing difficulties, seizures and coma.

Call 911 if it's an emergency or the Poison & Drug Information Service toll-free, 24/7 at 1-800-332-1414.

The levels of THC and CBD vary depending on the type (strain) of cannabis plant used. Some forms of cannabis can have very high levels of THC.

Using cannabis can also have other side-effects such as:

- impairing short-term memory
- affecting coordination
- decreasing ability to notice or recognize things
- increasing anxiety or paranoid thoughts

It's never too late

If alcohol, tobacco, cannabis or other drugs are part of you and your partner's life, encourage each other to cut down and quit.

These effects can lead to poor decision-making and impact your ability to care for your children, creating an unsafe environment. Using cannabis while breastfeeding is also not advised as it could affect your baby's developing brain. For more information, see page 175.

Marijuana smoke contains many of the same harmful chemicals that are found in tobacco smoke. Breathing in second-hand smoke from cannabis can cause your baby and young child to be sick and it can affect their level of alertness, understanding and judgment. If someone around you uses cannabis, don't let them smoke or vape cannabis in your home, vehicle or any closed spaces around your children.

People who use cannabis may also drink more alcohol or smoke more tobacco, which can lead to serious health effects. There may also be increased risk of other unsafe situations that can lead to physical injury and harm.

For information about cutting down, quitting or finding a safer alternative if you use cannabis for medical reasons, talk with your health care provider.

Thinking and decision making

Cannabis and other drugs can affect how you think and make decisions. There may also be an increased risk of overdose and unsafe situations that could lead to physical injury and harm.

To learn more about cannabis and other drugs or cutting back and quitting, call the Addiction Helpline toll-free, 24/7 at 1-866-332-2322 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Other drugs

Other drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl can be harmful, both mentally and physically and are not recommended. Using these drugs can affect a person's ability to think and make decisions, which can affect their ability to provide proper care for children. Using these drugs can create an unsafe family environment for your child.

If you're concerned about your own or someone else's use of other drugs, there is confidential help available at no cost to you. For information about cutting down and quitting, talk with your health care provider.

Ready or not for another baby?

Planning to become pregnant again—or not—is a big decision. Your body needs time to recover from a pregnancy and birth before you get pregnant again. Taking time to plan will help you be more ready, physically and emotionally.

Being as healthy as you can before pregnancy benefits both you and your partner. It also gives your baby the best start in life. If you're planning to become pregnant again, here are some things to think about:

- Continue taking a multivitamin with 0.4 mg of folic acid daily.
- Try to get to or maintain a healthy weight by eating well and being active.
- If you're using alcohol, tobacco, cannabis, other drugs, cut down or quit. If you're having trouble quitting, talk with your health care provider. They can help.
- Talk with your doctor and/or pharmacist about the safety of any medicine you're on, and whether you should continue to take it as you're planning a pregnancy.



To learn more about planning another pregnancy, talk with your health care provider or visit readyornotalberta.ca



Feeding Your Baby



Feeding Your Baby

Feeding gives your baby the nutrition they need every day to grow and develop. In this chapter, you'll learn about breastfeeding and feeding with infant formula. It's the only food your baby will need until they're about 6 months old, when they'll be ready to start eating solid foods.

You can find information about introducing solid foods in the *Older Babies: 6–12 Months* chapter.

Deciding How to Feed Your Baby

Deciding how you'll feed your baby is a personal choice that depends on many things, including your beliefs. It also depends on support from your partner, family, friends, and health care providers. Your feeding decision may also change depending on both your needs and your baby's needs at different stages.

Learn about your options and ask questions. You may decide to breastfeed, feed your baby infant formula, or both. Talk about it with your partner, friends, family and health care provider. Whatever your questions or feeding decision, there is information and support available. Attending parenting classes or a breastfeeding support group will also give you more information and help answer your questions.

There are many things to consider when deciding to breastfeed, formula feed or both. Even if you're not planning on exclusively breastfeeding your baby, you may choose to breastfeed or hand express colostrum so your baby can receive its protective benefits (see page 153). Colostrum has antibodies and gives your baby protection against infections and diseases.

For more information about breastfeeding, see page 151.
For more information about formula feeding, see page 193.

What is recommended?

Breastfeeding your baby exclusively for the first 6 months with continued breastfeeding up to 2 years of age and beyond is recommended.

Choosing how to feed your baby is your decision. If you decide not to breastfeed, feeding with infant formula can also provide your baby with the nutrition they need.

Vitamin D for all babies

All babies whether they are breastfed, infant formula-fed or both, need 400 IU of a liquid vitamin D supplement every day.

Vitamin D helps your baby's body absorb calcium, develop healthy bones and prevents rickets.



exclusively breastfeeding: no other liquids or solid foods except breastmilk, vitamins, vaccines and medicine are given

colostrum: a high-calorie, thick, yellow breastmilk that's produced during the first few days after birth

These questions may help you think about options for feeding your baby

Do you want to breastfeed? With the right teaching and support, most women who want to breastfeed are able to do so.

Do you know someone who can teach you about breastfeeding? Breastfeeding can take time and practice for both you and your baby. Your health care providers and breastfeeding support groups can help.

Are you comfortable with breastfeeding? If you're uncomfortable or have other concerns about breastfeeding, your health care providers can help.

Is anyone trying to convince you one way or the other? Do what is right for you and your baby. Don't let others make this decision for you.

How does your work or school situation affect your decision? Many women are able to provide breastmilk even when they're away from their baby. In Canada, women have the right to ask for and receive workplace accommodation while breastfeeding.

Are there any health problems that will affect your ability to breastfeed? Talk with your health care provider if you have any health concerns that may affect breastfeeding.

Is the cost of formula a concern for you in deciding how to feed your baby?

Adapted with permission from healthwise.org

To learn more about deciding how to feed your baby, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Feeding Relationship and Cues

Your baby is born with the ability to regulate and eat the amount of food they need. In the beginning, your role as a parent is to decide what your baby eats and to follow their cues for hunger and fullness (satiety). Your baby's role is to let you know when they're hungry and when they're full. By having a healthy feeding relationship right from the start, you'll help your baby develop healthy eating habits for life.

The early months with your baby are a time of learning for all of you. When you respond to your baby's cues, you're helping to build a secure attachment and a trusting relationship. You're also teaching your baby to listen to their body and to stop eating when they're full. Watch your baby for early hunger cues—babies feed best when they're quiet and alert. If you're having trouble reading your baby's cues, talk with your health care provider.

Babies need to eat day and night. Your baby feeds in their own way to meet their needs. For the first 6 months, your baby will likely wake up to feed during the night. Keep your baby close when they sleep—in the same room as you (room sharing), but on a separate sleep surface such as a crib, cradle or bassinet. This will make it easier to feed your baby, especially at night. It also makes it easier to learn and respond to your baby's cues. Once your baby is done feeding and is ready to sleep, always place them on their back in their crib, cradle or bassinet.



Baby feeding cues (signs)

Early cues *"I'm hungry."*


Stirring


Mouth opening


Turning head, seeking/rooting

Mid cues *"I'm really hungry."*


Stretching

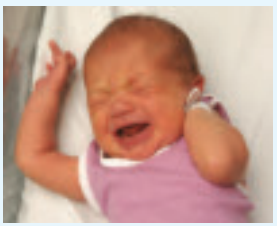

Increasing physical movement


Hand to mouth

Late cues *"Calm me then feed me."*


Crying


Agitated movement


Colour turning red

Time to calm crying baby

- cuddling
- skin-to-skin on chest
- talking
- stroking



For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: http://www.health.qld.gov.au/breastfeeding/

Queensland Government

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When your baby has had enough, they'll stop showing feeding cues and show signs of fullness that may include:

- slowing down or stopping their sucking and swallowing
- letting go of or turning their head away from your nipple
- looking relaxed (e.g., extending their arms and legs, extending or relaxing their fingers)
- pushing or arching away
- falling asleep at the end of the feeding

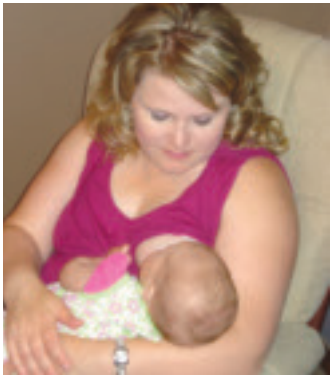


Breastfeeding Your Baby

Breastfeeding provides food, security and comfort for your baby. Your health care providers are there to help you with your breastfeeding goals, whatever they are.

> ***Breastfeeding goals*** ★
>
> Think about your breastfeeding goals and what support you need to meet them.

You can breastfeed whether you've had a vaginal or caesarean birth and no matter what size your breasts are. If you've had breast surgery, have concerns about your breasts or have a medical condition, talk with your health care provider.



Exclusive breastfeeding for the first 6 months of life and continued breastfeeding up to 2 years of age and beyond is recommended. At about 6 months, you can start giving your baby solid foods (see page 291).

Learning to breastfeed takes time and practice. You may find breastfeeding easy or you may find that sometimes it's not as easy as it looks, especially in the first few weeks. Take it one day at a time. It can sometimes take 4–6 weeks for you to feel comfortable and confident with breastfeeding.

> ***"Breastfeeding might take longer than you expect it to in the early days."***
>
> *~ Ayesha, mom of a toddler*

Getting encouragement and support from your partner, family, friends, and your health care providers can help you feel more confident and make breastfeeding easier. You can also get support by talking with other women who are breastfeeding or by joining a breastfeeding support group. Ask for help early and as often as you need it. To find out about programs in your area call Health Link at 811 or talk with your health care provider.

Breastfeeding benefits

Breastfeeding is healthy for you and your baby. Breastmilk has all the nutrition your baby needs in their first 6 months other than vitamin D. Give your baby a liquid vitamin D supplement of 400 IU every day.

Breastfeeding has many benefits for you and your baby. For your baby, breastmilk:

- is self-adjusting and changes to meet their needs, even during growth spurts
- is easy to digest
- gives them antibodies that may reduce the risk of some types of illnesses, infections and diseases
- may reduce the risk of SIDS

Skin-to-skin

Cuddling skin-to-skin with your baby is a great way to help you get started with breastfeeding. For more information, see page 209.

For you, breastfeeding:

- helps your uterus contract to its pre-pregnancy size
- may lower your risk of breast and ovarian cancer—the longer you breastfeed, the lower your risk
- may help you lose some of the weight you gained during pregnancy
- may stop menstrual periods during the first 6 months, and sometimes even longer, if you're exclusively breastfeeding
- helps you feel closer to your baby

There are also other benefits of breastfeeding. These include:

- having readily available food for your baby that is always the right temperature and concentration
- being an environmentally-friendly feeding method—you don't need containers or packages
- possibly saving you money because you don't need to buy infant formula, bottles or artificial nipples

growth spurt: a time when your baby is growing faster than usual and they may suddenly want to feed more often or longer

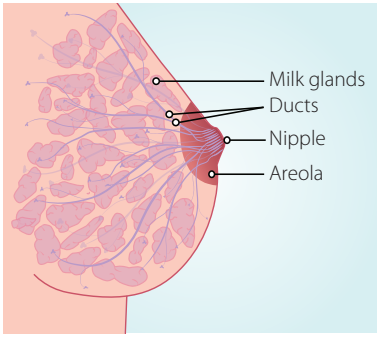
Breastfeed anytime, anywhere

You can breastfeed wherever you want. It's legal to breastfeed in public. Many shopping malls have parent rooms for breastfeeding and changing babies, if you're looking for comfortable chairs and more privacy.

If you want, you can also put a scarf or blanket over your shoulder for privacy or if your baby gets distracted.



How breasts make milk



Breasts are made up of clusters of milk-producing cells (milk glands) connected by a network of ducts. This network is close to the nipples, which have many tiny openings. Milk flows from the milk glands, through the ducts and nipple openings.

When your breasts release milk it's called a let-down or milk ejection reflex. Muscles around the milk glands contract to push milk into your ducts and out through your nipple.

You may feel tingling or pressure in your breasts as your milk is released. Not everyone feels this. You may also have a let-down when you hear your baby cry. When this happens, milk may leak from your breasts.

Your milk will change to meet your baby's needs. The milk you make in the first few days after your baby is born is called colostrum and you'll make very small amounts of it. Because colostrum has antibodies, it gives your baby protection against infections and diseases. Along with having important nutrients, colostrum also acts as a natural laxative to help your baby pass meconium. Colostrum is the only food your baby needs in the first few days.

meconium: greenish-black, sticky stool usually passed within the first 48 hours of birth

Your milk will gradually change from colostrum to transitional milk to mature milk over the first 2 weeks after your baby is born. You'll notice your breasts becoming fuller and heavier. They may also feel more tender. The colour of your milk will change from clear or yellowish (colostrum), to bluish-white or white (mature milk).

Breastmilk supply

Feeding your baby often and for as long as they want to feed, day and night, will help you establish your milk supply and meet your baby's needs. Your baby's stomach is small and they can only drink small amounts at a time at first. The amount your baby drinks changes at each feed, sometimes they'll want a 'full meal' and other times a 'snack'.

> ***Babies feed often***
>
> Your baby will feed often because:
>
> - breastmilk is digested more easily
> - at birth, your baby's stomach is small—it can only hold around 20 ml (4 tsp)

Your baby's sucking tells your body to make as much milk as they need. The more your baby feeds at the breast, the more milk your body makes. Nighttime feeds may seem challenging, however, these feeds play an important role in keeping your milk supply up.

Your breasts will feel full between 2–6 days after your baby's birth. After this time, it's normal for your breasts to start to feel softer. For the first 6 weeks, you'll notice your breasts feel full before feeds, become softer after feeds and begin to fill again between feeds. This is a good sign that your body is making milk to meet your baby's needs. Full breasts produce milk slower and drained breasts make milk faster. Feeding your baby as often as needed, and not delaying or timing feeds, will help keep your breasts soft and comfortable. It will also make sure that your baby gets the amount of milk they need. This also helps your baby develop healthy eating patterns and supports growth and development.

You may also find that your baby suddenly wants to feed more often, wants to feed longer or cries more. Babies who need to feed more often may be having a growth spurt. This usually happens when they're around 2–3 weeks, 6 weeks and 3–4 months old. Growth spurts only last a few days. As your baby breastfeeds, you'll make the amount of milk that matches what your baby needs.

> ***Twins, triplets and more***
>
> Many moms are able to breastfeed more than one baby at a time. Talk to your health care provider if you have any questions.

It's common to wonder if you're making enough milk. For more information on how often and how long to feed your baby, see page 161. Your health care provider will also help you to understand the signs that your baby is receiving the amount of breastmilk that they need.

If your baby is not able to breastfeed or is not breastfeeding well, make sure you ask for help. Your baby feeding at your breast is the best way to increase your milk supply and remove milk from your breasts. If your baby is not able to do this, you can establish and maintain your milk supply by removing the milk from your breasts often, either by expressing by hand or with a breast pump (see page 168).

You can feed your baby your expressed breastmilk (see page 166). If you supplement with infant formula, and don't express or pump your own milk, your breastmilk supply will decrease.



What about herbal products?

Some herbal products such as teas may claim to increase your milk supply. They may not be safe for you and your baby. To find out more about herbal products and if they're safe, talk with your health care provider or call the Medication & Herbal Advice Line toll-free at 1-800-332-1414. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Breastfeeding basics

With time and practice, you and your baby will become more comfortable with breastfeeding. Early skin-to-skin cuddling with your baby is important for getting breastfeeding started and will help you learn to read your baby's feeding cues. For more information on skin-to-skin cuddling, see page 209.



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Your health care provider will encourage you to breastfeed your baby soon after they're born. They will help you with positioning and latch. Some babies want to breastfeed right away and others may just want to cuddle. Most babies will have their first feed within the first hour after they're born.

If you're a partner

A baby needs a lot of attention during the first few months of life and they'll spend a lot of time breastfeeding. You can help support your breastfeeding partner by:

- giving her time to learn to breastfeed
- giving her time to cuddle together skin-to-skin
- having her rest when your baby sleeps
- bringing your baby to her for breastfeeding
- asking if you can help her with positioning your baby at the breast
- doing diaper changes, burping and bathing your baby
- doing extra household tasks
- limiting visitors and phone calls as needed
- bringing her water to drink



- preparing healthy foods and going grocery shopping
- finding her support if needed
- staying awake while she's feeding your baby, especially if your partner is tired or laying down, and help them by returning your baby to their crib or cradle when she's done feeding

Health care providers like public health nurses have information and skills to help you learn about:

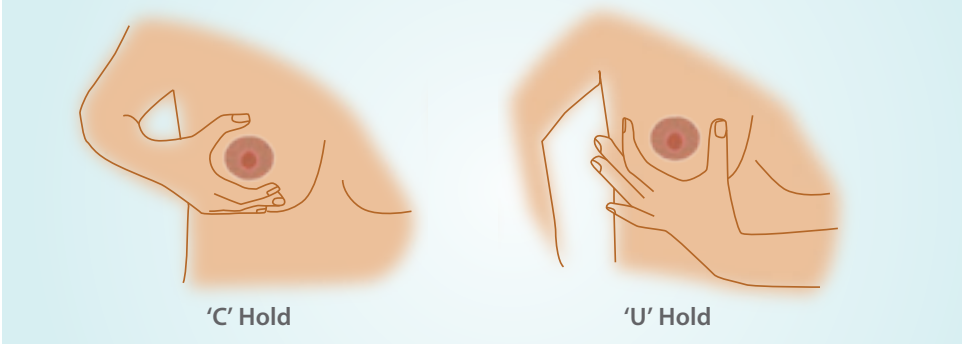
- your baby's feeding cues
- breastfeeding positions
- correct latch
- how to tell if your baby is getting enough breastmilk
- what you can do if you have breastfeeding challenges

> ***"Have supportive people around you who know what your plan is for breastfeeding and who are able to help set you up for success."***
>
> *~ Jasminder, mom of a toddler*

Positioning

You may need to try several positions before you find one that works for both you and your baby. Whatever position you breastfeed your baby in, make sure you use good posture and:

- Have the supports you need (e.g., cushions and pillows) to sit, lie or stand in a comfortable position.
- Bring your baby to your breast—not your breast to your baby.
- Keep your baby's hands free—their hands help them find their way to your breast.
- Support your baby across their shoulders and behind their ears at the base of their head with your arm and hand.



'C' Hold 'U' Hold

'C' and 'U' hold

Depending on the position you choose for breastfeeding, you may need to support your breast. You can use a 'C' hold or a 'U' hold:

- For the 'C' hold, gently grasp your breast with your fingers in line (parallel) with your baby's mouth.
- For the 'U' hold, place your fingers flat on your chest wall and hold your breast from below with your fingers and thumb.

Place your hand on your breast without covering the areola. This way, your hand does not interfere with your baby's latch. Don't apply too much pressure on your breast as this could cause a poor latch or blocked ducts.

areola: the dark area around the nipple of the breast

Common positions

Cross-cradle position



1. Sit up as straight and tall as you can.
2. Support your baby at the level of your breasts.
3. Lay your baby on their side on a pillow. Their ear, shoulder and hip should be in a straight line.
4. Use your hand that's on the same side that your baby is feeding on to support your breast. Make a 'C' shape with your hand to support your breast, if you need to.
5. Use your other hand to support your baby's head at the base of their skull. Place your arm along your baby's back and bring them close to your breast.

Cradle position



1. Sit up as straight and tall as you can.
2. Support your baby at the level of your breasts using the arm on the same side that your baby is feeding on.
3. Cradle your baby close to you.
4. Keep your other arm free.

If you prefer the cradle position and are having trouble latching your baby, start with a cross-cradle position. Then let go of your breast support (step 4 of cross-cradle) and move your arm into the cradle position.

Football or clutch position



1. Sit up as straight and as tall as you can.
2. Use a pillow at your side to support your baby at the level of your breast.
3. Hold your baby with your nipple pointed toward their nose. Your baby's head will be slightly tilted back, with them looking up at you.
4. Support your baby using the hand that's on the same side your baby is feeding on.
5. Use your hand to hold your baby's head at the base of their skull, and use your arm to hold them close to your body. When your baby opens their mouth wide, use your hand to quickly bring them to your breast.
6. Make a 'C' shape with your opposite hand to support your breast, if you need to.

Side-lying position

1. Lie on your side with one pillow under your head and another tucked behind your back. You may also like a pillow between your knees.
2. Lay your baby beside you on the bed tummy-to-tummy, with their nose touching your nipple.
3. Place the palm of your hand on your baby's upper back. When your baby opens their mouth wide, use your hand to quickly bring them to your breast.
4. Use your hand on your baby's back to keep them tucked in close while breastfeeding.



Reproduced with permission from Gray, K. (2017).

Laid-back position

1. Lie back so that you're semi-reclined in a chair or on a bed.
2. Use pillows to support your back and head, if you need to.
3. Lay your baby tummy-to-tummy on you, near your nipple. This position helps to move your baby's tongue and chin forward.
4. Make sure your baby's thighs and feet touch are touching a surface that helps them 'crawl' towards your nipple to latch.



Keep your baby safe

Taking your baby into bed for feeding or for comfort is risky if you fall asleep. Lying down to feed is an effective feeding position for many moms. However, it's easier to fall asleep if you're in this position, especially if you're tired. To stay awake while feeding your baby in your bed, try wiping your face and neck with a wet cloth or keeping the room lights, TV or music on. If you feel sleepy, put your baby in their own crib, cradle or bassinet.

If you choose to sleep on the same surface with your baby (bed share) or feel you may fall asleep while feeding your baby, follow the recommendations about bed sharing and how to do it as safely as possible to reduce some of the risks (see page 221). The safest place for your baby to sleep is on their back, in their own crib, cradle or bassinet.

Latch

A correct latch is important. It helps:

- your baby drink milk from your breast
- you make breastmilk
- you feel more comfortable during the feed

> ***"If you're not sure if your baby is latching correctly, ask a health care provider to watch you feeding your baby. I found this helpful at the beginning. I learned what changes I needed to make early on."***
>
> *~ Alexandra, mom of a baby*

Here are the steps to follow for a correct latch.

1. Once you and your baby have found a comfortable position, hold your baby's head at the base of their skull, below and behind their ears—the palm of your hand will be between your baby's shoulder blades. Try not to touch your baby's cheeks. Keep your baby's hands free—their hands help them find their way to your breast.
2. With your baby positioned at the level of your breast, tuck their body tightly to you so their lower lip touches the outer part of your areola. Your nipple should come in just under their upper lip. This helps your baby smell your breastmilk and get ready to feed.
3. Slightly tilt your baby's head back so that their chin touches your breast. Your baby's lower jaw is now under your breast which helps them take as much of your breast into their mouth as possible. This is a deep latch. Your baby's mouth opens wide, like a yawn, and their tongue cups and stretches out over their lower gum.

   You can encourage your baby to open their mouth wide by expressing a bit of your milk and slowly touching your nipple against their lips. You may need to do this a few times.
4. Use your hand to gently press on the back of your baby's neck and shoulders and pull them closer to your breast. Move your baby onto your breast with their chin touching first.
5. Your baby's cheeks will look full and round when feeding. At first their suck and swallow will be fast, and then it will slow down.







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Babies can easily breathe when breastfeeding, even with their nose close to your breast. If your baby's nose is too far into the breast and they cannot breathe, they'll naturally come off your breast. Re-adjust for the next latch by:

- pulling your baby's bottom closer to you
- tipping their head back a little bit
- bringing their chin in more deeply

> ***"My partner would place a snack pack next to my breastfeeding chair with apples, muffins and bottled water so when I got up to feed in the middle of the night they were already there."***
>
> *~ Chelsea, mom of a toddler*

When your baby latches on correctly, you'll feel a pulling sensation, not pain. If you have pain in your nipples, bruising, blisters or cracks, get help as soon as possible.

If you have any questions, call Health Link at 811 or talk with your health care provider.

The First Week and Beyond

The first week of your baby's life is full of changes for all of you. In the early days, it may seem like you're feeding your baby all the time, as one feed blends into the next. To help you prepare for these changes, set up a comfortable space and get ready to settle in. Keep a basket of healthy snacks and a water bottle within arm's reach. Also, keep a book, your phone, or access to a TV show or movie close by.

How often does my baby need to breastfeed?

Babies should feed at least 5 times in the first 24 hours after they're born. After that, they'll feed at least 8 times every 24 hours.

Your baby's feeding cues will tell you when they are hungry and full. This information gives you an idea of how much your baby takes in for the first few weeks:

- 2–10 ml (0.1–0.3 oz) at 24 hours old
- 15–30 ml (0.5–1 oz) at 48–72 hours old
- 30–60 ml (1–2 oz) at 4–7 days old
- 60–90 ml (2–3 oz) by 8–21 days old

You may find that your baby eats quite a bit more during growth spurts. They may also cluster feed. This can happen anytime, but is most common during the evening.

As babies get older, they become better at sucking and will continue to get the amount of milk they need to grow. Here's what you may see during your baby's first few days and beyond:

cluster feeds: frequent, small feeds within a short time

Age	Baby's behaviour	How often they feed	What you can do
Birth–24 hours old	▪ may be awake, alert and quiet during the first few hours ▪ may not want to feed right away, as they recover after birth ▪ may have a long sleep, waking up once in a while to feed or cluster feed	▪ will feed at least 5 times in the first day (24 hours) ▪ may have periods where they cluster feed 5–10 times over 3–5 hours then sleep for 4–5 hours	▪ watch for their feeding cues ▪ do skin-to-skin cuddling ▪ keep their hands free so they can touch your breast ▪ massage your baby gently to help them wake up to feed ▪ if you don't notice feeding cues or are not sure, ask for help
24–48 hours old	▪ will wake and show feeding cues ▪ feed as often as every 30 minutes to 3 hours ▪ by the 2nd or 3rd day, they'll be more alert during feedings ▪ they'll have a strong sucking reflex, with their lower jaw moving	▪ will actively feed at least 8 times in a day (24 hours) ▪ may have 1–2 long periods of cluster feeding ▪ by the 2nd or 3rd day, they'll feed at least 8 times in a day (24 hours), with no set schedule	▪ breastfeed your baby whenever they want—follow their feeding cues ▪ listen for their quiet swallowing noises
3 days–1 month old	▪ will wake and show feeding cues ▪ you'll be able to hear their swallowing during feedings ▪ by 4 days, their swallows are easier to hear and sound like *"ka, ka, ka"*	▪ will feed at least 8 times in a day (24 hours) ▪ feedings may not be spaced evenly. Your baby may feed every 2–3 hours mixed with 1 or 2 long periods of cluster feedings.	▪ breastfeed your baby whenever they want—follow their feeding cues
1–6 months old	▪ will wake and show feeding cues	▪ feed about 6–8 times in a day (24 hours)	▪ breastfeed your baby whenever they want—follow their feeding cues
6 months and older	▪ will wake and show feeding cues ▪ will drink more at a feeding so will feed less often	▪ feed about 5–6 times in a day (24 hours)	▪ breastfeed your baby whenever they want—follow their feeding cues ▪ start your baby on solid foods

How long should I feed my baby?

There's no set amount of time that your baby should feed. Let your baby feed as long and as often as they want to. Your baby's appetite may vary from day-to-day and from feeding to feeding. Follow your baby's cues.

You'll see that your baby has different patterns of sucking. At the start of the feed, they'll have short, quick sucks until there's more milk flow. Later, their suck becomes slower and deeper. Your baby will pause between these bursts of sucking and you'll hear and see them swallow.

Burp your baby after they've finished feeding on the first breast, then offer the second breast and burp them again if they feed on that side. For more information on how to burp your baby, see page 204.

Take care of your baby's mouth

Wipe your baby's mouth with a clean damp cloth after each feed. This will help them have healthy gums and prevent tooth decay.

If you need help keeping your baby awake, change their diaper before offering the second breast. Remember to wash your hands after the diaper change and before feeding your baby again.

Your baby may want to feed on the second breast for a shorter time or may not want to feed at all. Follow your baby's cues. It's usually time to change breasts when your baby:

- pulls off your breast and looks for more milk
- becomes restless at the breast
- is not sucking or swallowing as much

Hands and nails

Keep your nails short while you're breastfeeding. Make sure your hands and nails are clean when handling and breastfeeding your baby.

If your baby fed from both breasts, start the next feeding with the breast that your baby fed from last. If your baby fed from only one breast, start the next feeding with your other breast.

If your baby needs help coming off your breast, put a clean finger into the corner of their mouth and push down lightly to break the suction. Your nipples will get sore if you pull your baby off your breast without first breaking the suction.

Is your baby getting enough breastmilk?

You can tell if your baby is getting enough breastmilk by the number of wet and dirty diapers they have.

Age	Wet diapers in 24 hours	Stools in 24 hours
Birth–24 hours old	▪ at least 1 small, wet diaper ▪ small amounts of dark orange or rusty looking urine	▪ at least 1 meconium stool
24–48 hours old	▪ at least 2 small, wet diapers ▪ small amounts of dark orange or rusty looking urine	▪ at least 1 meconium stool, each the size of the palm of your baby's hand or larger
48–72 hours old	▪ at least 3 wet diapers ▪ small amounts of dark orange or rusty looking urine	▪ at least 3 black, green-yellow (transitional) stools, each the size of the palm of your baby's hand or larger
3–5 days old	▪ at least 4 large, heavy wet diapers every 24 hours ▪ amount of urine will increase and turn a light yellow and clear	▪ **Day 3:** at least 3 black, green-yellow stools, each the size of the palm of your baby's hand or larger ▪ **Day 4 and 5:** at least 4 yellow, seedy stools every day, each the size of the palm of your baby's hand or larger
6–7 days and older	▪ at least 6 large, heavy wet diapers every day	▪ at least 4 yellow seedy stools every day, each the size of the palm of your baby's hand or larger ▪ after 4 weeks, your baby's stools continue to be soft, yellow, seedy and easy to pass. After this, the frequency will vary with age.

Here are other ways to tell if your baby is getting enough milk after they're 72 hours old:

- Your breasts will feel smaller and softer after feeds.
- Your baby will wake on their own to feed at least 8 times in 24 hours.
- You can hear or see your baby swallowing and their jaw moving.



Call Health Link at **811** or your health care provider **NOW** if you notice any of the following:

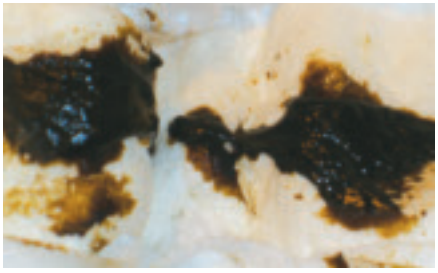
- your baby will feed if you wake them, but will not wake up on their own to feed
- your baby is always sleepy
- your baby will not feed or is not showing feeding cues

Call Health Link at **811** or your health care provider if your baby has any of the following:

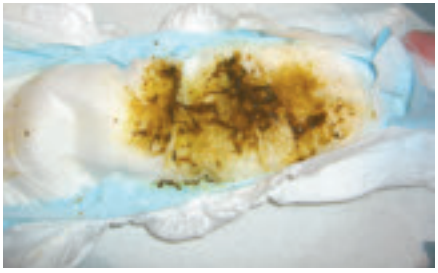
- green, watery bowel movements that smell bad
- white, light grey, or very light yellowish bowel movements
- blood in their stool or urine
- urine that still looks dark orange or rusty after they're 72 hours old
- vomits most, or all of their feeding, 2 or more times in a row
- does not have the recommended number of wet or dirty diapers
- is fussy during or after feeding
- wants to feed all of the time—this is different than cluster feeding
- any other signs that concern you

Bowel movements

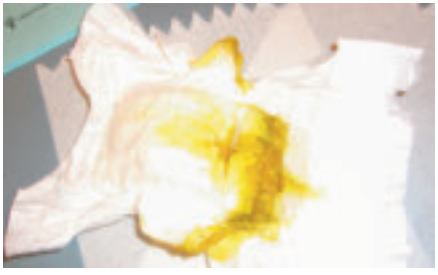
Here are what a breastfed baby's bowel movements look like in the first 72 hours after birth. Breastfed babies do not usually get constipated or need medicines like suppositories if they're getting enough breastmilk.



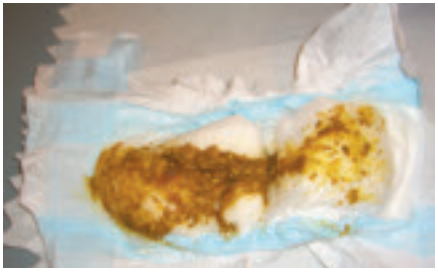
Meconium stool—birth to 48 hours old



Transitional stool—48 to 72 hours old



Stool—after 72 hours old



Stool—yellow, seedy stools

Expressed Breastmilk

Some women may want or need to use expressed breastmilk with their baby, while others may not need to express breastmilk at all. There are many reasons why you may want to express your breastmilk. Expressing your breastmilk will:

- help build and keep your milk supply
- collect breastmilk for your baby as needed
- help keep you more comfortable if your breasts are full or engorged

Other reasons you may need to express your breastmilk:

- your baby is not able to latch
- your baby is sick or born preterm
- you're going to be away from your baby for longer than 2 hours
- you go back to work before your baby has weaned

If you're a partner

Expressing and pumping can be a lot of work. Here are some ways you can help:

- Bring a warm moist cloth to your partner for their breasts before they begin pumping.
- Put music on to help them relax.
- Take care of your baby.

You'll find it easier to express your milk after:

- your baby has breastfed
- your baby's first feed in the morning—this is when you have more milk
- you put a warm, moist cloth on your breasts
- you use gentle breast massage
- you've touched or cuddled your baby



At first, you may only be able to express very small amounts of milk. One breast may make more milk than the other. As you become more comfortable with expressing by hand or with a breast pump, your milk will flow more easily. After a few days, your milk supply will increase. The amounts may be different each time you pump.

Tips when you express breastmilk:

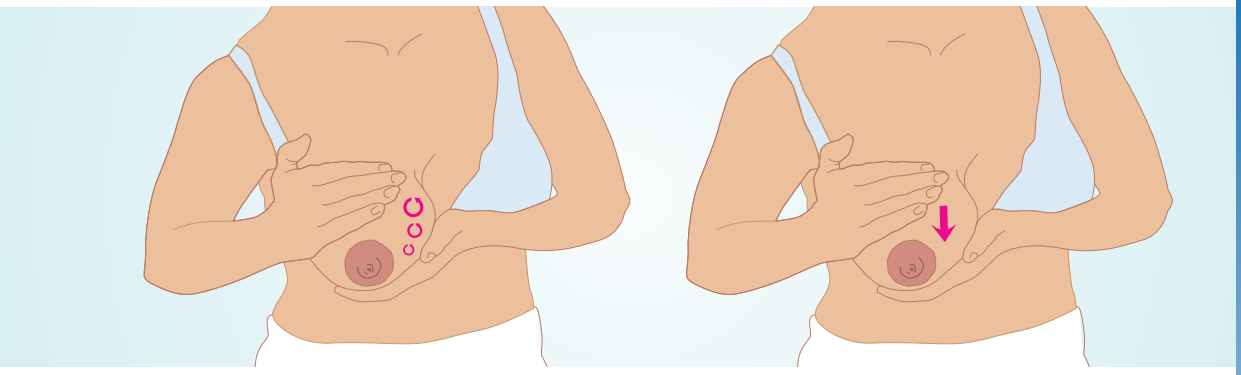
- Choose a comfortable place.
- If your baby is not with you, take reminders of them along, such as a piece of clothing with their scent or a recording of your baby that you can listen to or watch.
- Use relaxation techniques before and while expressing, such as music and deep breathing.

Breast massage

Massaging your breasts before expressing milk will help start your milk flowing, may help you express more milk and increase your milk supply. Massaging your breasts before breastfeeding can help with your let-down, if needed. You can also do breast massage before and while your baby is feeding.

When doing breast massage:

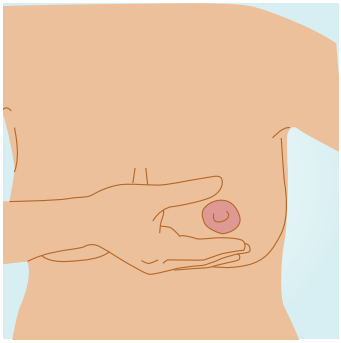
- Always handle your breasts gently so you don't damage the delicate tissue.
- Put a warm cloth on your breast before massaging.
- Support your breast with one hand and massage with the other.
- Place the flat part of your fingers palm side down on your breast.
- Massage your breasts in small circular motions, from your chest towards your nipple and massage your entire breast.



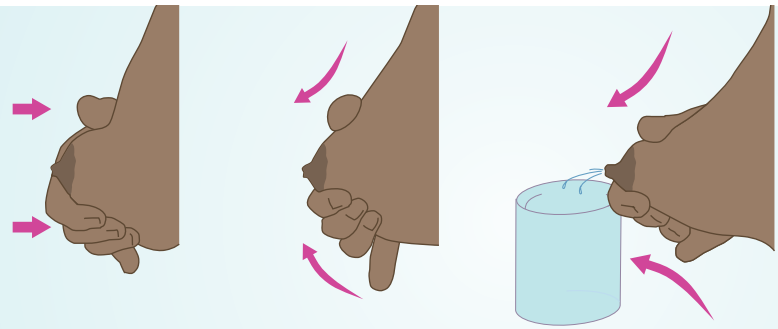
Expressing by hand

Expressing breastmilk by hand is a skill that takes practice. You may not get much milk at first. Even expressing a small amount of milk will signal your body to make more. It may be easier to practice in the bathtub or shower, or after breastfeeding your baby.

To express by hand:



1. Wash your hands with soap and warm water.
2. Put a warm cloth on your breasts, then gently massage them before starting to express.
3. Put your thumb on top of your breast, not too close to your nipple. Your thumb and index (pointer) finger need to be opposite to each other and about 2.5–4 cm (1–1½ inches) back from the edge of your areola.
4. Lift your breast slightly with the fingers that are under your breast. Push straight back in towards your chest and gently squeeze your thumb and fingers together, rolling them forward towards your nipple. Keep doing this until your milk starts to flow. Do not squeeze the base of your nipple, as it will stop the milk flow.
5. Repeat step 3 and 4 a few times in each position as you rotate your hand around your nipple and areola like a clock. If you're not getting any milk flow, move your fingers back a little. Keep doing this until the milk flow slows and your breast feels soft.
6. Repeat with your other breast.



Gently push in towards your chest

Squeeze your thumb and fingers together

Gently roll your fingers toward your nipple

To learn more about hand expression, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

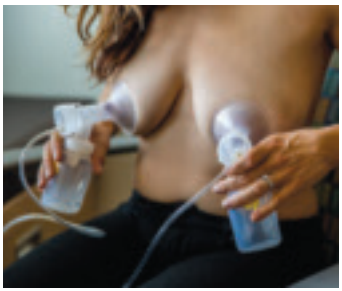
Expressing with a breast pump

Breast pumps work to express breastmilk by imitating your baby's sucks. There are different types of pumps you can use.

- Manual (hand), battery-operated or small electric pumps are used when you pump only once in a while and after your milk supply is established.
- Hospital-grade electric pumps are used when you're not able to breastfeed for some time, if your baby is not regularly breastfeeding, or if you're having problems with breastfeeding. These pumps are better for establishing and maintaining your milk supply than manual pumps. You can rent these pumps.



Manual breast pump



Electric breast pump

If you're expressing milk while in the birth centre, there may be hospital-grade electric pumps for you to use. Ask your nurse to show you where they are and how to use them.

Here are some tips for pumping breastmilk:

- Follow the manufacturer's instructions for using and cleaning your breast pump.
- Only use as much suction as needed to get your milk to flow—pumping should not hurt.
- Centre your nipple in the nipple tunnel—it should not press against the sides.
- It could take a few minutes for your milk to start flowing.
- If you're pumping one breast at a time, switch between your breasts several times.
- Pumping both breasts at the same time will help you pump more milk.

Expressing breastmilk

You may find that expressing your milk by hand works well for you or you can buy or rent a breast pump.

Storing and preparing expressed breastmilk

At the birth centre

When your baby is at the birth centre, your breastmilk needs to be handled safely. When storing breastmilk at the birth centre:

- Ask your nurse for bottle labels that have your baby's name and your birth centre identification (ID) number on them.
- Put your breastmilk into the bottles you're given.
- Write the time and date you expressed on the label.
- Ask your nurse to store the labelled breastmilk in a secure refrigerator or freezer right away.
- If you express breastmilk at home while your baby is at the birth centre, follow the guidelines below. Put your breastmilk in your refrigerator right away. Use ice or freezer packs to take your breastmilk to the birth centre.

To make sure your baby gets your breastmilk, check that the bottle you store it in has your birth centre ID number on it. The bottle label will be checked with your baby's birth centre ID bracelet at the bedside by 2 people before the breastmilk is given to them.

At home

Here are some guidelines for preparing and storing breastmilk at home:

- Always use clean feeding equipment (see page 191).
- Write the date you expressed your breastmilk on the container with a waterproof marker.
- Store your breastmilk in the amounts your baby needs for one feeding.
- Refrigerate or freeze freshly expressed breastmilk that's not going to be used right away.
- Do not mix warm expressed breastmilk with cooled or frozen expressed breastmilk.
- Chill fresh breastmilk for 1 hour in a refrigerator before adding it to a container with already chilled or frozen breastmilk.
- If freezing, leave a 1.5 cm (½ inch) space at the top of the container, as breastmilk expands when it's frozen.
- Keep your breastmilk cool or frozen while travelling.
- If you express breastmilk while you're away from home, store it in an insulated cooler bag with a frozen gel pack for no more than 24 hours.

Keep the original expressed breastmilk date on the container if you add more breastmilk to it on a different day. Always use the breastmilk that's been frozen the longest first, even if you have added fresh breastmilk to it.

> ***Check the date***
>
> Check the date on the container with expressed breastmilk. Use the one that's been stored the longest first. Throw out any that is past the storage time.

Storing expressed breastmilk

Here are some guidelines on where and how long you can store your breastmilk.

Where it can be stored	How long it can be stored
At room temperature	Up to 4 hours
In an insulated cooler bag with a frozen gel pack	Up to 24 hours at 4 °C (39.2 °F) or lower
In the refrigerator—not in the door	Up to 3 days (72 hours)
In the freezer of a 1-door refrigerator	Up to 2 weeks
In the freezer of a 2-door refrigerator or a side-by-side refrigerator	Up to 4 months
In the chest or deep freezer	Up to 12 months at -18 °C (-0.4 °F) or lower

Thawing breastmilk

To thaw breastmilk quickly, put it under cool or warm running water or in a pot of warm water. If you don't need it right away, thaw the milk in the refrigerator. When using thawed breastmilk:

- Gently shake the milk to mix it back together—the fat in breastmilk may separate during thawing.
- Refrigerate breastmilk after thawing and use it within 24 hours. Throw it out if it's not used within 24 hours or if your baby does not finish it.
- Don't re-freeze breastmilk that's already been thawed.

> ***Microwaves***
>
> Thawing or warming breastmilk in a microwave is not recommended. Microwaves heat liquids unevenly and form hot spots. This can burn your baby's mouth and destroy the immune components in breastmilk.

Warming breastmilk

Your baby may prefer warm breastmilk. If you're using frozen breastmilk, thaw before warming.

Here's how to safely warm breastmilk:

- Put the container of breastmilk in a pan of warm water for no more than 15 minutes.
- Do not cover the lid or nipple with water when it's being warmed. This can contaminate the breastmilk.
- Gently shake the container to mix it.
- Test the breastmilk on the inside of your wrist to make sure it's not too warm to feed your baby. It should feel lukewarm to the touch.
- Do not put the bottle nipple in your mouth to check the temperature or to clean it. This can pass germs to your baby.

Feed breastmilk using a dropper, spoon, cup or bottle. For more information on preparing feeding equipment, see page 191 and feeding your baby by bottle, see page 190.

Taking Care of Yourself While Breastfeeding

Eating

You may feel more hungry and thirsty while breastfeeding your baby. Eat a variety of foods from *Canada's Food Guide*. You only need an extra 2–3 servings, about 350–400 calories each day from any of the four food groups to meet your needs. Try to drink enough fluids to keep you from feeling thirsty.

Track your servings

My Food Guide Servings Tracker can help you keep track of the amount and type of food you eat while breastfeeding.

To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

If you're vegan, vegetarian, or on a restricted diet, you and your baby may need certain extra vitamins and mineral supplements. Call Health Link at 811 or talk with your health care provider to find out more.

Omega-3 fats are important for your baby to grow and develop. Eating fish high in omega-3 fats will increase these fats in your breastmilk. *Canada's Food Guide* recommends eating at least 2 servings of cooked fish and shellfish per week (see page 52).

Some fish are high in mercury, which can harm the developing brain and nervous system of infants and young children. For a list of fish that are higher in mercury as well as some safer fish alternatives, see page 54.

Small amounts of caffeine are fine for most people when breastfeeding. Try to limit your caffeine intake to 300 mg per day or less.

Caffeine is found in:

- coffee—about 150 mg of caffeine per 250 ml (1 cup)
- green and black tea—about 30–50 mg per 250 ml (1 cup)
- cola and some other carbonated beverages—about 23–40 mg of caffeine per 250 ml (1 cup)
- chocolate—about 3–50 mg of caffeine in 1 chocolate bar

Energy drinks ★

Many energy drinks have a lot of caffeine in them and are not recommended when breastfeeding.

Most breastfeeding babies are not bothered by what you eat. The only foods you should not eat are the ones you or your baby are allergic to. If you think something you're eating is bothering your baby, talk with your health care provider.

> ***"Every time you sit down to feed your baby, you can eat and drink and feed yourself too."***
>
> *~ Sara, mom of a toddler*

Medicine, supplements and herbal products

Before taking any prescription or over-the-counter medicine, supplements or herbal products, talk with your health care provider to ensure they're safe for you and your baby to take while breastfeeding. Many medicines may be safe to take when used as directed.

To learn more about medicine, supplements, herbal teas and products, call Health Link at 811, the Medication & Herbal Advice Line toll-free at 1-800-332-1414 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Alcohol

Drinking alcohol is not advised while breastfeeding. Alcohol passes into your breastmilk and then to your baby. The level of alcohol in your breastmilk is the same as the level in your blood. Alcohol in breastmilk can affect your baby's brain development. Drinking alcohol can also decrease the amount of milk your body makes.

If you choose to have an occasional alcoholic drink, breastfeed before you have a standard drink. A standard drink is 148 ml (5 oz) of wine, 341 ml (12 oz) of beer or 44 ml (1.5 oz) of liquor. After drinking, wait until the alcohol has left your breastmilk before breastfeeding again—this usually takes around 2–3 hours for a standard drink. Express your milk during this time if you're uncomfortable. This expressed breastmilk should not be fed to your baby.

You may want to plan ahead if you know that you're going to have an alcoholic drink. Have expressed breastmilk available in case your baby is hungry before the 2–3 hours are up.

If you choose to drink more than one occasional alcoholic drink, talk with your health care provider about how to reduce your baby's exposure to alcohol through your breastmilk. To learn more, call Health Link at 811 or talk with your health care provider.

Tobacco and tobacco-like products

Nicotine from tobacco passes into your breastmilk. It can make your baby more likely to refuse feedings, be fussy, sleep poorly and spit up. The best thing you can do for you and your baby's health is to cut down or quit using tobacco.

If you choose to use tobacco, it's still important to breastfeed as breastmilk has many benefits. Try to breastfeed your baby first before you use tobacco, so that less nicotine passes through your breastmilk to your baby. Before you use tobacco, put on clothing, like a jacket or sweater that acts as a barrier to smoke and vapour. Take it off after using tobacco. After you use tobacco, remember to wash your face and hands and remove or change your clothing before holding and cuddling your baby. This will reduce your baby's exposure to second- and third-hand smoke.

When your baby has periods of cluster feeding, often in the evening, do your best to try and skip a cigarette, but never a feeding. Be ready for when this happens. Make a list of ideas that help you cope with stress for when you plan to skip a cigarette. Put the list up somewhere easy to see so that it's there when you need it.

For help quitting tobacco:

- Ask for support from your partner, family or friends.
- Call the AlbertaQuits confidential helpline 24/7, toll-free at 1-866-710-QUIT (7848) or visit albertaquits.ca
- Make a plan for how you'll cope with stress.

Change takes time

Making changes in your life is a process that can take time. You may make changes, make progress, and then slip back to old habits again. Remember, each time you try to change, you learn more about what gets in your way and what helps you succeed. This means you're more likely to succeed the next time. Keep trying. Small steps matter.

For more information, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Cannabis

There is no known safe amount of cannabis (marijuana, hashish, hash oil) to use while breastfeeding. If a mom uses cannabis, it could affect her mood, judgment and how she supervises and cares for her baby. It could also affect her ability to breastfeed and respond to her baby's feeding cues.

THC from cannabis is passed into breastmilk and is stored there. If this breastmilk is given to the baby, the THC is passed to them. The THC is then taken into their brain and fat cells and can stay in the baby's body for weeks. There is limited research on the effects of cannabis on a breastfed baby. Some research shows that THC can affect a baby's brain development and cause them to have slower movements and reactions. More research is needed on the possible effects of cannabis use and breastfeeding. Until more is known about it, using cannabis while breastfeeding is not advised.

Cannabis smoke also has many of the same harmful chemicals as tobacco smoke. Second-hand cannabis smoke can cause babies and young children to be sick and it can affect their level of alertness, understanding and judgment. If someone around you uses cannabis, it's important for them not to smoke or vape cannabis in your home, in your vehicle, or in any closed spaces around your baby and other children.

For information about cutting down, quitting or finding a safer alternative if you use cannabis for medical reasons, talk with your health care provider. To learn more, you can also call the Addiction Helpline 24/7, toll-free at 1-866-332-2322, or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Other drugs

Using other drugs such as ecstasy, methamphetamines, cocaine, heroin and fentanyl is not recommended while breastfeeding. These drugs can be harmful, both mentally and physically, and can affect a person's ability to think and make decisions, which can create an unsafe environment for children. These drugs can pass through breastmilk to babies and could affect their health and well-being.



If you're concerned about your own or someone else's drug use, talk with your health care provider. To learn more, you can also call the Addiction Helpline 24/7, toll-free at 1-866-332-2322, or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Challenges and What To Do

If you have breastfeeding challenges, you're not alone. Challenges are common in the first few weeks. Be gentle with yourself as you learn and build confidence. Breastfeeding is a personal experience and there's no 'one size fits all' approach to handling challenges. Some of the common challenges that can happen while breastfeeding, and some tips you can try are included in this section. If you have any questions, call Health Link at 811 or talk with your health care provider.

> ***"I had different problems breastfeeding each of my two kids. With one, I was really engorged once my milk came in. With the other, I had thrush. Both times, my midwife helped problem-solve with me. I felt like I had amazing support from her. She had so much experience and had seen it all. She helped me to feel confident. I ended up breastfeeding until their first birthdays."***
>
> *~ Alisha, mother of two children*

Sore nipples

During the first week of breastfeeding, your nipples may feel tender, but breastfeeding should not hurt. While some tenderness is common during the first week, pain that does not go away is not normal. Cracked, bleeding or blistered nipples are not normal either. The most common reason for sore nipples is that your baby is not positioned or latched properly.

Sore nipples? ★
Check your baby's position and latch.

Sore nipples may also be caused by bacteria or a yeast infection (thrush). If you or your baby have a yeast infection, both of you will need to be treated, even if only one of you has symptoms. To learn more about thrush, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

! Call Health Link at 811 or your health care provider if your baby has white patches that stick to their mouth and tongue. This can look like milk curds.

To help prevent sore nipples:

- Check your baby's position and latch. If your baby is not getting a deep latch, take them off your breast by sliding a clean finger between their gums until the suction is released. Latch your baby again.
- Do not use creams or ointments on your nipples unless your health care provider tells you to.
- Do not use soap on your nipples. This can make them too dry.
- Use cotton breast pads, not plastic-lined ones.

! Call Health Link at **811** or your health care provider if you have any of the following:

- nipples that are red, itchy, burning or cracked
- sharp, shooting or burning pain in your breast during and after feeds
- nipples that are not feeling better within 1 or 2 days

If you have cracked or blistered nipples:

- breastfeed your baby as soon as they wake up and before they start to cry—it's okay to wait to change their diaper until after they feed
- check your baby's latch and try different feeding positions
- massage your breast before and during the feed to help your milk flow
- start breastfeeding on the side that's less sore
- use a warm face cloth or towel on your nipples
- put some of your expressed breastmilk on your nipples to help them heal

Talk with your health care provider before taking pain medicine, using a breast pump, or using a nipple shield.

nipple shield: breastfeeding equipment that fits over the nipple and areola

Breast fullness

It's normal for your breasts to feel full and heavy in the first few weeks as your body makes more breastmilk. Your breasts will become softer after each feeding.

Sometimes your breasts might become very full and make you feel uncomfortable. Your breasts may feel firm, warm or tender, but your milk will still flow and be easy to express. Your breasts will feel softer, less heavy and less tender after feeding.

If your breasts feel very full, here are some ways to help you feel more comfortable, help with milk flow and make it easier for you to breastfeed.

Before breastfeeding	While breastfeeding	After breastfeeding
▪ Take a warm shower or bath just before you breastfeed. ▪ Put a warm cloth or towel on your breasts. ▪ Express a small amount of milk.	▪ Massage your breasts. ▪ Position and latch your baby so that their chin and nose are pointing to different areas of the breast while feeding.	▪ If your breasts are tender, put a cool compress such as a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes.

Engorgement

Engorgement is more than breast fullness. It happens when milk does not flow easily from your breasts. Signs that you're engorged:

- Your breasts are hard, swollen, shiny, painful and red.
- Your nipples become flat.
- It's hard to express your milk.

How to prevent engorgement

Feeding your baby often is the best way to prevent engorgement. Other things that help include:

- good positioning and latch
- cue-based feedings—at least 8 feedings in 24 hours. Try not to miss any feedings.
- breastfeeding for as long as your baby wants
- expressing just enough milk by hand or by using a breast pump so you're comfortable. Pumping your breasts too much can make it worse as your body will make more milk.

How to manage engorgement

Here are some tips to help you feel more comfortable and make it easier for you to breastfeed:

Before breastfeeding	While breastfeeding	After breastfeeding
▪ Put a cool compress such as a moist towel, a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes. Do this as often as you can, then gently massage your breasts. ▪ Talk with your health care provider about pain medicine you can take while breastfeeding.	▪ Help your milk flow by gently massaging your breasts. ▪ If your baby is having trouble latching, you can express some breastmilk by hand, or pump some breastmilk to soften your breast. ▪ Position and latch your baby so that their chin and nose are pointing to different areas of the breast while feeding. ▪ Feed on one breast and offer your other breast if your baby is still hungry.	▪ If your baby does not feed on your second breast, express just enough milk to feel comfortable. Start the next feed on this breast. ▪ Put a cool compress such as a moist towel, a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for 5–10 minutes. ▪ If you're feeling uncomfortable between feeds, express a little milk until you feel better—expressing or pumping too much milk will make it worse as your body will make more milk.

! Call Health Link at **811** or your health care provider **NOW** if these tips do not help and your breasts are still engorged.

Blocked milk ducts

Blocked milk ducts happen when there is a build-up of milk in the breast ducts. These areas may be tender, lumpy, red and sore.

To help prevent blocked milk ducts:

- Position and latch your baby correctly.
- Get help if your nipples are sore and are not getting better.
- Try not to miss feedings.
- Wash your hands often.
- Breastfeed your baby often and try different feeding positions.
- Wear a well-fitting bra and comfortable clothing.
- Do not wear underwire bras or wear a bra to bed.

Here are some things you can do to help you clear the blocked duct:

- Feed your baby at least every 2–3 hours to keep your milk flowing.
- Put a warm cloth on your breasts for 5–10 minutes before breastfeeding, as this helps with let-down.
- Use your fingertips to gently massage your breast from behind the tender area all the way to your nipple before and during breastfeeding.
- Have your baby breastfeed on your tender breast first, then your other breast.
- Position and latch your baby so their chin and nose are pointing to the tender area.
- Try to rest—ask your partner, family and friends to help you at home.
- Drink enough fluids and eat well.
- Express or pump regularly, if your baby is not feeding every 2–3 hours and at least once at night. This will help regularly empty your breast if your baby is not able to breastfeed.
- Talk with your health care provider about taking pain medicine, if you need it.

Even though you may not feel well, your milk is safe for your baby. Continue to feed your baby to keep your milk flowing. If the lumps don't soften or decrease with feeding, talk with your health care provider as you may need additional treatment for mastitis.

Point baby's nose and chin to different areas

Your baby gets the most milk from the area where their chin and nose are pointing to. Changing the direction that they're pointing to will help relieve the pressure in the blocked duct and drain milk from different areas.

Mastitis

Blocked ducts that are not drained can lead to an inflammation of the breast tissue called mastitis. Mastitis can also be caused by an infection.

Signs that you may have mastitis:

- areas of your breast become inflamed and are red, painful, hard and swollen
- only one breast is affected
- you can feel a lump close to the skin
- your breast is tender or hurts around the lump
- flu-like symptoms that include a fever of 38 °C (100.4 °F) or more, chills and body aches

Here are some things you can do to help if you have mastitis:

- Feed your baby at least every 2–3 hours to keep your milk flowing.
- Put a cool cloth on your breasts for 5–10 minutes before breastfeeding, as this helps with let-down.
- Use your fingertips to gently massage your breast from behind the tender area all the way to your nipple before and during breastfeeding.
- Have your baby breastfeed on your tender breast first, then the other breast.
- Position and latch your baby so their chin and nose are pointing to the tender area.
- Try to rest—ask your partner, family and friends to help you at home.
- Drink enough fluids and eat well.
- Express or pump regularly, if your baby is not feeding every 2–3 hours and at least once at night. This will help regularly empty your breast if your baby is not able to breastfeed.
- Talk with your health care provider about taking pain medicine, if you need it.

Mastitis can be serious and may need to be treated with antibiotics if it's due to an infection. It usually clears up quickly once treated.

Your baby may refuse your breast because your milk may have a different taste when you have an infection. If this happens, your baby will need to be supplemented (see page 187). You'll need to express your breastmilk to maintain your milk supply during this time.

Call Health Link at **811** or your health care provider if you have any of the following when breastfeeding:

- trouble with, or are unable to breastfeed, express or pump
- flu-like symptoms such as headaches, aching muscles, chills, feeling tired or other signs of infection
- hard, red and painful breasts
- a fever of 38.5 °C (101.3 °F) or higher
- red, warm spots or streaks on your breasts
- hard, swollen breast that your baby has trouble latching to

Breasts leaking milk

After the first few weeks, when your milk supply increases, milk may leak from one breast while your baby is feeding from the other. You can either gently press a clean cloth or towel on your nipple to stop the flow or collect your breastmilk in a clean container.

Milk may also leak from your breasts between feedings. You may want to use cotton breast pads to protect your clothes. To help prevent infection, change your breast pads often.

Not enough milk

Women usually make enough milk for their baby. For more information on how to tell if your baby is getting enough milk, see page 164. There are some things that can affect milk production.

Your body may make less milk if your baby:

- is not positioned and latched properly
- is not breastfeeding often enough during the day or night
- is not breastfeeding long enough at each feeding
- is only offered one breast at each feeding
- is being supplemented and you're not pumping or expressing your milk
- is feeding with a nipple shield, but you're not using it correctly

Herbal product claims

Some herbal products such as teas claim to increase breastmilk supply. There is not enough research around their safety. To learn more, call the Medication & Herbal Advice Line toll-free at 1-800-332-1414.

Your body may make less milk if you:

- are in pain or stressed
- lost a lot of blood during or after birth
- have had breast surgery such as a breast reduction
- have certain health issues such as thyroid problems, diabetes or high blood pressure
- take certain medicines such as birth control pills, antihistamines or some herbal teas
- drink alcohol
- are pregnant

Call Health Link at **811** or your health care provider if your breasts don't feel full and heavy by the time your baby is 72 hours old.

Talk with your health care provider if you think any of the above or something else may be affecting your milk supply.

Here are some tips to help increase your milk supply:

- Spend more time skin-to-skin cuddling with your baby.
- Rest when your baby is sleeping. Ask for help with household chores.
- Feed your baby at least 8 times in 24 hours and watch for their feeding cues.
- Put a warm face cloth or small towel on your breasts and massage them before and during pumping, hand expressing or while your baby is feeding.
- Use breast compression when your baby's sucking slows down.
- Offer both breasts at every feeding. Let your baby finish the first breast before offering the other one.
- Express milk by hand or by using a breast pump after feedings. Using an electric pump together with expressing by hand will increase your supply more than pumping on its own.
- Use an electric breast pump if your baby is not breastfeeding well or you're not able to breastfeed. Set it at a comfortable setting and use it at least 6–8 times in 24 hours. Express at least once at night.

Call Health Link at 811 or talk with your health care provider if you have any concerns with not having enough breastmilk.

Breast compression



Breast compression is a way to gently squeeze your breast during feeding to increase milk flow. Increasing milk flow can encourage your baby to suck if they fall asleep after only a few minutes at your breast.

To do breast compression, gently massage and place your thumb on top of your breast and the fingers of the same hand below it. Apply gentle pressure behind your areola for a few seconds. Do not squeeze so hard that it hurts. You can do this throughout the feed or at the end, when your baby gets sleepy.

To learn more about breast compression, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Too much milk

Your milk supply is usually affected by your baby's appetite. Sometimes you may have a larger milk supply than your baby needs (oversupply).

Signs that you may have an oversupply include:

- leaking a lot of milk during and between feedings
- feeling your breasts are really full
- getting blocked ducts often

There may be other reasons for having too much milk. If you have any questions, talk with your health care provider.

If you have too much milk, your baby may:

- be fussy after or between feeds
- spit up a lot
- have explosive, watery, green stools
- want to feed often, even after taking large amounts of breastmilk
- be gaining weight well, but is fussy and always seems hungry

Donating breastmilk

If you have too much breastmilk, you may be interested in donating it to the milk bank in Alberta. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Here are some tips that may help if you have too much milk:

- Use different feeding positions, such as laid-back.
- Feed your baby as many times as they want.
- For 3–6 hours, offer only one breast at each feed. After 3–6 hours, offer the other breast at each feed. Let the breast you're not feeding from leak milk and express just enough milk for comfort. Once your symptoms are better, go back to offering both breasts at each feed.
- Use a cold face cloth or small towel, for no longer than 20 minutes at a time on the breast you're not feeding on.
- Burp your baby often.

Milk flows too fast

An overactive let-down is when your breastmilk flows too fast. Overactive let-down and oversupply are often seen together.

Signs that you may have milk that flows too fast include:

- pain with let-down at the start of the feed
- breastmilk spraying from one breast, while your baby feeds on the other breast
- painful nipples from your baby biting down to slow milk flow

If your milk flows too fast, your baby may:

- have a poor latch, suck and swallow
- push off the breast when your breastmilk sprays
- be fussy and cough, sputter or pull away during feeds
- come on and off the breast often
- refuse to breastfeed

Here are some tips to help with a fast milk flow:

- Use positions that put your baby above your breast, such as laid-back.
- Respond to your baby's feeding cues early, like when they're just waking up.
- Express or pump a little milk before latching your baby.
- Burp your baby often and take breaks so your baby can pace themselves during the feed.
- Release your baby's latch if they choke or sputter. Let your milk spray into a cloth before your baby latches again.
- Avoid using warm cloths or towels or taking long, warm showers or baths before breastfeeding.

Call Health Link at **811** or your health care provider for any of the following:

- concerns about your milk supply
- your baby pulls off your breast often and looks like they're having trouble breathing
- your baby chokes, coughs or sputters while feeding
- your baby has explosive, green, watery stools
- your baby spits up more than usual

Sleepy newborn

Some newborns are sleepier than others. A baby may be sleepy because of:

- a hard labour and birth
- medicine you're taking, if breastfeeding
- long periods of crying
- not getting enough breastmilk or infant formula
- too much light and noise (over stimulation)
- illness such as an infection
- jaundice or other health reasons

Here are some ways to wake up your baby to feed:

- Do skin-to-skin cuddling.
- Unwrap or undress your baby, or change their diaper.
- Hold your baby upright while supporting their neck and head, make eye contact, and talk to them.
- Gently stroke or massage your baby's body. Move their arms and legs, stroke their cheek, rub their back or circle their lips with your clean finger.
- Express breastmilk onto their lips. If feeding your baby infant formula, put it on their lips.
- Burp and put them on the same breast to feed until your breast feels empty or you hear less swallows.
- If your baby falls asleep after only a few minutes at the breast, use breast compression while breastfeeding to encourage sucking (see page 183). You can do this throughout the feed or at the end when your baby gets sleepy.



! Call Health Link at **811** or your health care provider **NOW** if you're having trouble waking up your baby.

jaundice: yellowing of the skin and whites of the eyes due to high bilirubin levels

Supplementing

There may be different reasons your baby needs to be supplemented. Talk with your health care provider if you have any concerns. If you need to supplement, you can use your own expressed breastmilk or infant formula, along with or in place of breastmilk. Although some hospitals may have pasteurized and screened donor human milk, there is a limited supply and it's used mainly for premature and very sick babies. For others, you may be able to buy it from a milk bank. To learn more, visit the *Links* section at healthyparentshealthychildren.ca/resources

When supplementing:

- Keep doing skin-to-skin cuddling with your baby during and after feeding.
- If possible, breastfeed first, then offer the supplement. Finish the feed at the breast. This helps your baby link the feeling of fullness with the breast.
- If you use a bottle, choose a nipple that has a slower flow rate and a single hole to help your baby coordinate their sucking, swallowing and breathing.
- If you're using infant formula, talk with your health care provider about the one that's right for your baby. Follow the manufacturer's formula mixing instructions exactly. Mixing and storing formula incorrectly could cause serious health problems for your baby (see page 194).
- Try to express your breastmilk to help keep your milk supply up. If you don't, your milk supply will decrease.

If your baby no longer needs to be supplemented, you can start exclusive breastfeeding again. Talk with your health care provider if you have questions or concerns.

What about feeding breastmilk donated from friends or bought online?

Feeding your baby unpasteurized donor human milk from friends or bought online is very risky. This breastmilk can carry communicable diseases that can make your baby very sick. There is also an increased risk of contamination with harmful organisms such as bacteria and viruses, and the possibility that your baby may be exposed to medicine, alcohol, cannabis or other drugs.

Call Health Link at **811** or your health care provider **NOW** for any of the following:

- your baby is not breast-feeding well or cannot breastfeed
- your baby falls asleep after only a few sucks
- your baby will not feed or is not showing feeding cues

Call Health Link at **811** or your health care provider if your baby has any of the following:

- trouble latching
- is fussy during or after breastfeeding
- wants to feed all the time
- fewer than the recommended number of wet or dirty diapers
- does not make noise when swallowing after they're 72 hours old
- has hard stools that are difficult to pass
- has any other signs that concern you

Weaning off the Breast

Weaning (stopping breastfeeding) is a process, not a single event. It starts when you offer your baby foods other than breastmilk, like formula or solid foods, and ends when your baby stops breastfeeding. Your baby will gradually begin to eat more solids, once solid foods are introduced around 6 months, and breastfeed less. This may take several weeks or months, depending on you and your baby. Just as each baby has their own schedule for feeding, they'll also have their own schedule for weaning.

Weaning may be led mostly by your baby, mostly by you or by both of you. All of these are okay. Listen to your own feelings and read your baby's cues and you'll know when it's the right time. When it's time to start weaning, make a plan so you can have a gradual stop that makes it easier for your breasts to adjust.

If you're introducing infant formula, replace only one feeding at a time. Begin by feeding your baby using a cup or a bottle at a time of day when they're not as hungry. They may refuse it at first—offer it again each day. When they're feeding well, you can start to replace other feedings.

If you're weaning when your baby is under 9 months:

- Use infant formula.
- At 6 months old, use a cup without a lid for small amounts of water or infant formula.

Babies over 9 months

When your baby is 9–12 months old, you can give them pasteurized, homogenized whole milk (3.25% milk fat), as long as they're eating iron-rich foods at each meal (see page 296).

Breastfeeding has provided food, security and comfort for your baby. Continue to offer skin-to-skin cuddles and hugs often during weaning to support your baby through this change and continue to build your attachment.

If you need to wean suddenly

If you and your baby need to be separated for a long time such as during an illness, breastfeeding may need to stop suddenly. Here are some things to help you feel more comfortable:

- Wear a supportive bra.
- Use a gel pack, frozen peas or ice that's wrapped in a dry cloth on your breasts for no longer than 20 minutes at a time to relieve fullness.
- Express a small amount of milk for comfort if needed. Taking a warm shower may also help your breasts leak.
- Your breasts may soften but will still produce milk for several weeks or months. You can wear breast pads if your milk leaks.

If you did not plan to stop breastfeeding, you may feel a sense of loss. Ask for emotional support from your partner, friends or family. You can also call Health Link at 811 or talk with your health care provider for information and support.

When Breastfeeding is Not Advised

In rare cases, it may not be safe to breastfeed, but you might still be able to feed your baby your breastmilk. This may happen if you have some types of infection such as herpes lesions on your breasts.

There may be times when your health care provider advises you not to breastfeed or give breastmilk to your baby. This may happen if:

- your baby has a rare metabolic condition such as phenylketonuria (PKU), galactosemia or maple syrup urine disease
- you're HIV positive
- you're on chemotherapy or taking other medicine that is not safe while breastfeeding

If you're advised not to breastfeed ★

This may be an emotional time. Whatever you're feeling, be gentle with yourself and ask for help if you need it.

- you're being given certain radioactive compounds
- you're misusing prescription medicine or alcohol, or using cannabis or other drugs such as ecstasy, methamphetamines, heroin or fentanyl

If you're advised not to breastfeed your baby, feed your baby infant formula (see page 193).

If you have questions, call Health Link at 811 or talk with your health care provider.

Feeding by Bottle

Whether you're feeding your baby expressed breastmilk or using infant formula, when you feed your baby from a bottle:

- Hold your baby almost upright in your arms, using skin-to-skin cuddling.
- Hold your baby's cheek to your breast to feed.
- Change the arm you use to hold your baby at each feed—just as you would when breastfeeding.
- Always hold your baby until they're finished their feed. Never leave your baby alone with a bottle in their mouth—they can choke.
- Choose a low flow nipple with a single hole.
- Tip the bottle so the liquid just fills the nipple.
- Let your baby seek the nipple. Follow their feeding cues.
- When they're ready, put the nipple deep enough into their mouth until they have a wide latch. They should not gag.
- Babies will usually feed for 15–30 minutes at each feed. If they drink too fast, tip the bottle down to slow their feed or remove it. Your baby should not gasp, cough or cry while bottle feeding.
- Burp your baby when they're finished feeding (see page 204).

Let your baby control the flow of milk and follow their feeding cues. You can tell if your baby is swallowing too fast when:

- They're not taking a breath between swallows.
- Their eyes are opened wider than usual.
- Their nostrils are flaring.
- Their arms and legs are stiffening as they struggle to breathe and feed at the same time.
- Breastmilk is leaking from the sides of their mouth.

Choose low flow nipples ★

Low flow nipples help your baby coordinate their sucking, swallowing and breathing.

Follow your baby's cues. When they've had enough they'll:

- stop or slow down their sucking or swallowing
- let go of the nipple
- look relaxed
- stop showing feeding cues
- fall asleep

Leftover breastmilk or formula

Throw away any breastmilk or formula left in the bottle after 2 hours. The breastmilk or formula can grow bacteria in it from your baby's saliva which can make them sick.

Feeding Equipment

You'll need preparation and feeding equipment if you're supplementing or formula feeding your baby. This includes things such as cups, bottles, bottle nipples, caps, tongs and spoons. Follow the manufacturers' instructions for use.

Use glass or BPA-free plastic containers. BPA is a chemical used in some plastics that may not be safe for children. Baby bottles purchased in Canada after 2010 do not contain BPA. If buying plastic baby bottles outside of Canada or any other plastic containers, make sure they're BPA-free. Check the package or call the manufacturer if you're not sure if it has BPA in it. To learn more about BPA-free plastic, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



Can you boil your feeding equipment?

Choose equipment, bottles and artificial nipples that can be boiled after each use. Bottles or nipples that warp, melt or become sticky after being boiled are a choking hazard and should not be used.

Check bottle nipples before each use for signs of damage such as tears, cracks, discoloration, swelling or stickiness. These can be a choking hazard for babies and should not be used.

Cleaning feeding equipment

To keep your baby safe, clean all of the feeding equipment you'll use like tongs, measuring cups, bottles and nipples. Young babies are at higher risk of getting sick because their immune systems are still developing. How you clean the equipment depends on if your baby is under or over 4 months old.

For babies under 4 months old

Clean feeding equipment before use. Feeding equipment is not fully clean until it has been boiled or cleaned in a dishwasher with the sanitation cycle.

If you don't use the cleaned bottles right away, wait until they are completely dry and then fully assemble them so the inside stays clean. Store all feeding equipment in a clean, protected area.

Clean by boiling



1. Wash your hands well with soap and water for at least 20 seconds.



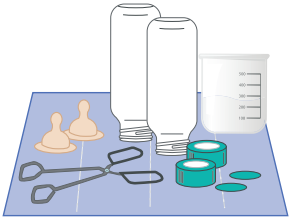
2. Clean feeding equipment and working area with hot, soapy water. Then rinse in clean water.



3. Put all the feeding equipment in a large pot. Cover the items with water.



4. Put lid on the pot. Bring to a rolling boil. Boil for 2 minutes.



5. Remove feeding equipment with tongs that have been boiled. Put items on a clean towel or paper towel. Let cool.

Clean by dishwasher

You can also use the sanitize cycle on a dishwasher to clean the feeding equipment if:

- There's a National Sanitation Foundation (NSF) symbol on your dishwasher. You can also check online to see if the dishwasher is NSF 184 certified.
- The dishwasher has a sanitize feature.

For babies 4 months and older

All feeding equipment should be cleaned before and after every use with hot, soapy water—boiling is no longer needed. You can also use your dishwasher—the sanitize cycle isn't needed.

To clean the equipment:

1. Wash your hands well with soap and warm water for at least 20 seconds.
2. Use hot soapy water to clean and remove any residue on the equipment. Rinse in clean water that's safe to drink. If using a dishwasher, use the longest, hottest wash and dry cycle.
3. Air dry the equipment on a clean paper towel or clean cloth.

If you don't use the cleaned bottles right away, fully assemble them once they are completely dry so the inside stays clean. Store all feeding equipment in a clean, protected area.

Formula Feeding

You may decide to feed your baby infant formula only or in combination with breastfeeding. Feeding your baby infant formula can provide them with the nutrition they need. Choose an infant formula that meets your baby's needs. A cow's milk-based infant formula is recommended until your baby is 9–12 months old.

> ***Allergies?***
>
> Your child may be at risk of an allergy if either parent or one of their siblings has a confirmed food allergy. Call Health Link at **811** or talk with your health care provider to find out what infant formula is right for your baby.

Infant formula has iron in it to help your baby grow and develop. Only use soy protein or other specialized formulas such as lactose-free or hypo-allergenic if your health care provider tells you to. Talk to your health care provider about the formula that's right for your baby.

Infant formula sold in Canada must meet Health Canada's safety and nutrition standards. Buying infant formula over the Internet or from stores outside of Canada is not recommended. These formulas may not be safe or have the right nutrition for your baby.

> ***Take care of baby's mouth***
>
> Wipe your baby's mouth with a clean damp cloth. This will help them have healthy gums and prevent tooth decay.

Types of infant formula

Infant formula comes in three forms:

- ready-to-feed
- liquid concentrate
- powder

Liquid concentrate or ready-to-feed formulas are the safest types because they're sterile until opened. Powdered infant formula is not sterile but can be used for healthy babies if it's prepared and handled properly.

> ***Do not give homemade formula*** ★
>
> Homemade formula does not offer proper nutrition and can make your baby very sick. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

No matter what type of infant formula you use:

- Check the expiry date on the can before you use it.
- Check the formula can label carefully to make sure it's the type of formula concentration you want to use (e.g., ready-to-feed or liquid concentrate).
- Before mixing, follow the preparation and handling instructions on the can.
- Add the correct amount of water to liquid concentrate or powdered infant formula so that your baby gets the right nutrition. For more information on how to prepare the water for babies under 4 months old, see page 196.

Preparing infant formula

When preparing infant formula, always follow the manufacturer's directions and use the right amount of water. Not mixing infant formula properly can be dangerous and can make your baby very sick.

For ready-to-feed infant formula, do not add water. You'll have to add water to liquid concentrate or powdered infant formula. It's very important to follow the directions and use the correct amount of water:

- adding **too much** water will dilute the formula—your baby will not get the right nutrients
- adding **too little** water makes the formula too strong and can damage your baby's kidneys

For babies **under 4 months old**, boil the water, equipment and containers that will be used to prepare and store formula (see page 192).

For babies **4 months and older**, the feeding equipment needs to be cleaned. Water no longer needs to be boiled (see page 193).

For more information on the preparation of feeding equipment, see page 191.

Water used to prepare infant formula

All water used to prepare infant formula for babies **under 4 months old** needs to be boiled to make it safe. Water does not have to be boiled for babies **over 4 months old**.

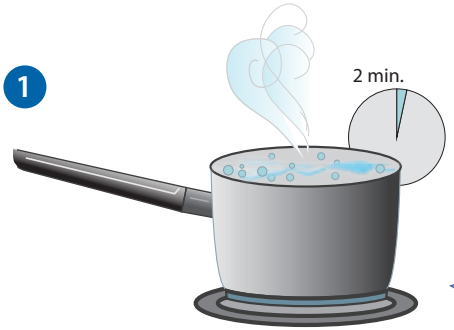
Here are some tips to make sure the water you use for your baby is safe:

- Use cold tap water. Hot tap water may have more metal contaminants from pipes such as copper or lead and should not be used.
- If the tap has not been used for more than 6 hours, run the water for 2–3 minutes before using it.
- Boil bottled water before using it, as it may contain disease-causing organisms.
- Do not use mineral, vitamin, carbonated or flavoured water to prepare infant formula.

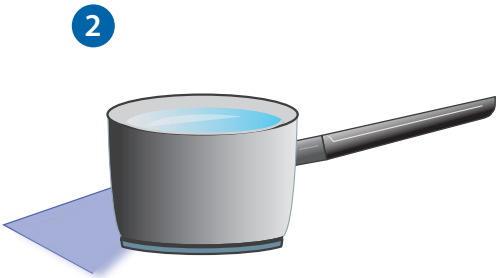
> ***Water***
>
> For babies under 4 months old, water used to make liquid concentrate or powdered infant formula must be boiled. Let the water cool before using it to prepare formula.

Well water, water from a cistern or water from other sources should be tested before you use it to prepare infant formula (see page 58).

Boiling water for babies under 4 months old



Fill a pot with cold tap water.
Bring to a rolling boil. Boil for 2 minutes.



Remove the pot from the heat.
Cool the boiled water.



Pour the boiled, cooled water into a container that has been cleaned by boiling or in a dishwasher using a sanitize cycle.



Store the boiled, cooled water in a tightly closed container for 2–3 days in the refrigerator or for 24 hours at room temperature.

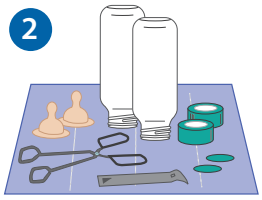
Preparing and storing ready-to-feed infant formula (do not add water)

You do not need to add water to ready-to-feed infant formula. Prepare the bottle using the steps below. If you're leaving the prepared infant formula at room temperature, use it within 2 hours. If not being used, put the formula in the refrigerator right away. If you store formula in the refrigerator, make sure you use it within 48 hours, unless the formula can has different instructions. You may want to have a bottle ready so that you can respond quickly to your baby's feeding cues.

Throw away any leftover formula from the feed—don't re-heat or re-refrigerate used formula. After 2 hours, your baby's saliva in the leftover formula can create growth of bacteria that can make your baby sick.



1. Wash your hands with soap and water for at least 20 seconds.



2. Use clean* feeding equipment.



3. Rinse the top of the can with water.



4. Shake the can.



5. Open the can with a clean* can opener.



6. Pour the amount of formula needed into the bottle. **DO NOT ADD WATER.**



7. Use the formula right away or store in the refrigerator.



8. Tightly cover the open can. Refrigerate and use within the time recommended on the can.

* For more information on cleaning feeding equipment, see page 191.

Preparing and storing liquid concentrate infant formula (add water)

You must add water to liquid concentrate infant formula. Read the directions on the can for the correct amount of liquid concentrate and water to use. Prepare the bottle using the steps below. Use formula within 2 hours of preparing it or put it in the refrigerator right away. If the formula is stored in the refrigerator, make sure you use it within 48 hours, unless the can has different instructions.

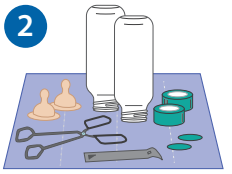
Once you have fed your baby, throw away any leftover formula from the feed after 2 hours—do not re-heat or re-refrigerate used formula. After 2 hours, your baby's saliva in the leftover formula can create growth of bacteria that can make your baby sick.

1



Wash your hands with soap and water for at least 20 seconds.

2



Use clean* feeding equipment.

3



Rinse the top of the can with water.

4



Shake the can.

5



Read the directions on the can for the correct amount of liquid concentrate and water** to use. Open the can with a clean* can opener.

6



Pour the correct amount of liquid concentrate into the bottle.

7



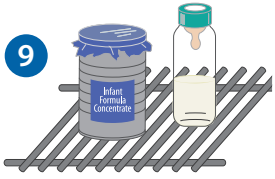
Follow the directions on the Infant Formula Concentrate can for the amount of water* to add.

8



Shake well to mix.
Use the formula right away or store in the refrigerator.

9



Store prepared formula in the refrigerator for up to 24 hours. Cover the open formula can and store it in the refrigerator. Use within the time recommended on the can.

* For more information on cleaning feeding equipment, see page 191.

** For more information on water to make infant formula with, see page 194.

Preparing powdered infant formula (add water)

You must add water to powdered infant formula. Read the directions on the infant formula can for the correct amount of powder and water to use. It's safest to prepare powdered infant formula and use it right away. If you're preparing more than one bottle for use later on, store it in the refrigerator and make sure that you use it within 24 hours.

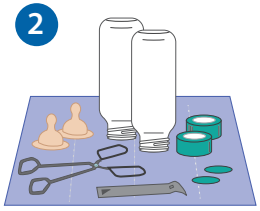
Once you have fed your baby, throw away any leftover formula from the feed after 2 hours—do not re-heat or re-refrigerate used formula. After 2 hours, your baby's saliva in the leftover formula can create growth of bacteria that can make your baby sick.

1



Wash your hands with soap and water for at least 20 seconds.

2



Use clean* feeding equipment.

3



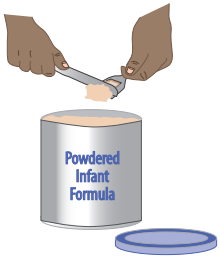
Read the directions on the can to find out the correct amount of powder and water** to use.

4



Pour cool water** into the bottle.

5



Use the scoop from the can. Level with a clean* knife. Use the number of scoops of powder as directed.

6



Add the powder to the bottle.

7



Shake to mix well. Serve right away.

8



Cover the can with the lid and store in a cool dry place. Use within 1month of opening.

* For more information on cleaning feeding equipment, see page 191.

** For more information on water to make infant formula with, see page 194.

If you need to prepare more than one bottle of powdered infant formula, follow these extra steps to stop any bacteria from growing:

- Use clean water (boiled for babies under 4 months old) that has been cooled to refrigerator temperature, 4 °C (39.2 °F).
- Put prepared formula that you're not going to use in the refrigerator right away and store for up to 24 hours.
- If you don't have access to a refrigerator, keep prepared formula cool in an insulated bag with an ice pack and use it within 2 hours.

Storing powdered infant formula:

- Store the powdered infant formula can in a cool, dry place with the lid tightly closed. Do not store the can in the refrigerator.
- Write the date you open the can on its lid. Throw out any unused formula 1 month after you open the can.
- Do not freeze the powdered infant formula. It can change the texture and may not mix well with water.

Warming infant formula

Your baby may prefer warm formula. Here's how to warm it safely:

- Put the prepared bottle in a container of warm water for no more than 15 minutes.
- Do not cover the lid or nipple with water when you're warming formula. This can contaminate the formula.
- Gently shake the bottle to mix the formula.
- Test the formula on the inside of your wrist to make sure it's not too warm for your baby. It should feel lukewarm to the touch.
- Do not put the bottle nipple in your mouth to check the temperature or to clean it. This can pass germs on to your baby.

Microwaves

Do not microwave formula. Microwaves heat liquids unevenly and form hot spots. This can burn your baby's mouth. Warm milk in a container of warm water instead.

Call Health Link at **811** or your health care provider if you're wondering about any of the following:

- what kind of formula to feed your baby
- how to prepare the formula
- allergies

The first week and beyond with infant formula

The first week of your baby's life is full of changes for all of you. Your baby may not follow the same feeding pattern every day. Feed your baby whenever they show signs of hunger and stop feeding when they show signs of fullness, even if there's formula left in the bottle.

In the first week or so, if your baby is sleepy, massage them gently to help them wake up to feed. You can also do skin-to-skin cuddling. As your baby grows, you'll get to know their feeding patterns. If you don't notice feeding cues, ask for help. For more information on feeding cues, see page 149.

How much formula and how often

Expect your baby to eat often and small amounts at a time in the first week. Watch their cues and gradually increase the amount of formula you offer. Talk with your health care provider if you have questions.

Here's what you may see during your baby's first few days and beyond:

Age	Baby's behaviour	How often they feed	What you can do
Birth–24 hours old	▪ may be awake, alert and quiet during the first few hours ▪ may not want to feed right away as they recover after birth	▪ will need to feed often because they have a small stomach ▪ feed at least 5 times in the first day (24 hours) ▪ drinks small amounts of formula at a time ▪ may only take 10–15 ml (⅓–½ oz) per feed	▪ follow your baby's feeding cues ▪ do skin-to-skin cuddling ▪ massage your baby gently to help them wake up to feed ▪ if you don't notice feeding cues or are not sure, ask for help
24–48 hours old	▪ will wake and show feeding cues ▪ will need to feed often ▪ by the 2nd or 3rd day, they'll be more alert during feedings ▪ they'll have a strong sucking reflex, with their lower jaw moving	▪ drinks small amounts of formula at a time ▪ feed about 6–8 times a day (24 hours), with no set schedule	▪ follow your baby's feeding cues ▪ slowly increase the amount of formula you feed your baby at each feed

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Age	Baby's behaviour	How often they feed	What you can do
48–72 hours old	▪ will wake and show feeding cues ▪ will need to feed often	▪ drinks small amounts of formula at a time ▪ feed about 6–8 times a day (24 hours), with no set schedule	▪ follow your baby's feeding cues ▪ slowly increase the amount of formula you feed your baby at each feed
3–7 days old	▪ will wake and show feeding cues ▪ will need to feed often	▪ drinks small amounts of formula at a time ▪ will feed about 6–8 times a day (24 hours), with no set schedule	▪ follow your baby's feeding cues ▪ slowly increase the amount of formula you feed your baby at each feed
1–2 weeks old	▪ will wake and show feeding cues ▪ will need to feed often	▪ drinks about 60–90 ml (2–3 oz) at each feeding ▪ feed about 6–10 times a day (24 hours)	▪ follow your baby's feeding cues
3–8 weeks old	▪ will wake and show feeding cues ▪ will need to feed often	▪ drinks about 90–150 ml (3–5 oz) at each feeding ▪ feed about 5–8 times a day (24 hours)	▪ follow your baby's feeding cues
2–5 months old	▪ will wake and show feeding cues	▪ drinks about 120–180 ml (4–6 oz) at each feeding ▪ feed about 5–7 times a day (24 hours)	▪ follow your baby's feeding cues
6–8 months old	▪ will wake and show feeding cues	▪ drinks about 120–240 ml (4–8 oz) at each feeding ▪ feed about 4–5 times a day (24 hours)	▪ follow your baby's feeding cues

Your baby's appetite may vary from day-to-day and from feeding to feeding. Babies who need to feed more often may be having a growth spurt. This usually happens around 2–3 weeks, 6 weeks and 3–4 months of age. Growth spurts only last a few days. Your baby may also cluster feed, which can happen anytime, but is most common during the evening. When your baby starts to eat solid foods, at around 6 months, they'll start to drink less formula.

Is my baby getting enough?

You can tell if your baby is getting enough infant formula by the number of wet and dirty diapers they have.

Age	Wet diapers in 24 hours	Stools in 24 hours
Birth–24 hours old	▪ at least 1 small, wet diaper ▪ small amounts of dark orange or rusty brown urine	▪ at least 1 meconium stool
24–48 hours old	▪ at least 2 small, wet diapers ▪ small amounts of dark orange or rusty brown urine	▪ at least 1 meconium stool, each the size of the palm of your baby's hand or larger
48–72 hours old	▪ at least 3 wet diapers ▪ small amounts of dark orange or rusty brown urine	▪ at least 1 green-brown (transitional) stool, the size of the palm of your baby's hand or larger
3–5 days old	▪ at least 4 large, heavy, wet diapers every 24 hours ▪ amount of urine will increase and turn light yellow and clear	▪ at least 1 yellow or pale green stool every 24 hours, each the size of the palm of your baby's hand or larger
6–7 days and older	▪ at least 6 large, heavy, wet diapers every day	▪ **Day 6:** at least 1 yellow or pale green stool, the size the palm of your baby's hand or larger ▪ **Day 7 and onwards:** an average of 2–3 stools every day for the first 1–4 weeks. After this, the number will change with age.

Call Health Link at **811** or your health care provider **NOW** for any of the following:

- your baby will feed if you wake them, but will not wake up on their own to feed
- your baby is always sleepy
- your baby will not feed or is not showing feeding cues

Call Health Link at **811** or your health care provider if your baby has any of the following:

- green, watery bowel movements that smell bad
- white, light grey, or very light yellowish bowel movements
- blood in their stool or urine
- urine that still looks dark orange or rusty after they're 72 hours old
- vomits most, or all of their feeding, 2 or more times in a row
- does not have the recommended number of wet or dirty diapers
- is fussy during or after feeding
- wants to feed all of the time—this is different than cluster feeding
- any other signs that concern you

Burping Your Baby







Babies often swallow some air when they're feeding and burping helps them get this air out of their stomach. There's more than one way to burp your baby.

Over your shoulder

- Hold your baby close to your body, facing over your shoulder.
- Put a cloth on your shoulder in case your baby spits up milk.
- Gently pat or rub their back.

Sitting on your lap

- Sit your baby in your lap and support their head with one hand under their chin.
- With your other hand, gently pat or rub their back.

Laying on their tummy

- Lay your baby on their tummy over your legs.
- Support their head as needed and gently pat or rub their back.



Newborns:
Birth–2 Months



Newborns: Birth–2 Months

Every new baby is a miracle and with their birth, your lives will be forever changed! In these first 2 months, you may feel many emotions all at the same time. You and your new baby are learning a lot and getting to know each other. Give your baby your time, love and attention.

In this chapter you'll learn about your baby's development and how to care for yourself and your newborn. You'll learn about common concerns many parents have and how to keep your baby safe. You'll also find information about some of the emotional changes that you might experience after the birth of your baby. Be patient with yourselves and take your time—you're learning a lot.

Your Newborn Baby's Development

Newborns change and grow every day and the changes are amazing! This chart gives you information about the developmental milestones and tasks your baby is working on over these two months. As your baby grows and changes during this period, this chapter will help you learn what you can do to help.

Birth–2 months: The 'being' stage

Tasks

During this stage, your newborn is learning to:

- **trust:** knowing that good, dependable and loving care is always there for them
- **form a secure attachment:** a close emotional bond between you and your baby, and how you relate to each other

Milestones

Physical

- ❑ kicks, grasps and sucks, based on reflexes
- ❑ has weak neck muscles and a heavy head. At first, their head turns by reflex. As your baby gets older, they'll turn their head with more control and purpose.
- ❑ feeds and sleeps with no set pattern—this becomes more predictable over time
- ❑ discovers their hands and brings them to their mouth
- ❑ starts to lift up their head when on their tummy
- ❑ starts to make smoother leg and arm movements

Emotional

- ❑ fusses or cries to tell you they need something
- ❑ begins to quiet more often when comforted, but may still have times when they cannot stop crying
- ❑ depends on you and others to cope with their emotions
- ❑ feels safe when their needs are met

Social

- ❑ smiles to show pleasure by 2 months
- ❑ begins to recognize familiar voices
- ❑ looks at faces and prefers familiar faces

Cognitive (thinking and communicating)

- ❑ continues the learning that began before birth
- ❑ is startled by loud noises
- ❑ begins to make pleasure sounds like 'coos' and 'goos'
- ❑ prefers people to toys
- ❑ starts to turn and follow things with their eyes
- ❑ begins to try to get and keep your attention

To use an interactive tool about your baby's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

If you have concerns about your child's development, call Health Link at 811 or talk with your health care provider. You can also visit your nearest Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)*. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Newborns



A new baby means many changes for parents, whether this is your first child or you've been a parent for a while. There's a lot to think about. The first few weeks of your baby's life will bring many surprises for you, like how fast your baby changes, how much they cry, and the feelings you have for them. A newborn needs gentle care and patience. At first it may seem that your days and nights are a continual cycle of feeding, sleeping, diapering and cuddling. You'll soon learn what your baby's cues mean, and begin to see their personality emerge. Over time, you'll start to feel more confident and comfortable in your role as a parent.

Right from the start, newborns are able to send you cues by fussing or crying to let you know when they're hungry, tired or need to be held. Newborns are able to hear you and see you. By the end of the first 2 months, your baby will be smiling and cooing and following you with their eyes. As you take care of your baby, you'll get to know each other better. Your baby needs to know that you're there to care for and comfort them when they need you. When you give your baby love, time and attention, they start to recognize you, learn to trust that you'll be there for them, and build an attachment with you. This is how you build a secure attachment with your child.

> ***"One thing I loved about my new baby was her smell. Surely there's a science to the pheromones of it all…but I'd rush home just to smell her."***
>
> *~ Khoi, dad of one child*

Attachment

Attachment is the close emotional bond that forms between you and your baby, which makes them feel safe and loved. You build a secure attachment with your baby when you:

- hold, hug and cuddle them
- use gentle care and handling
- offer skin-to-skin cuddling
- smile and talk gently
- sing and read
- comfort them when they cry

> ***A parent's touch***
>
> Your gentle touch is one way to help your baby feel safe and secure. In the first few weeks, skin-to-skin cuddling when you're awake helps your baby settle and gets them used to being in the world.

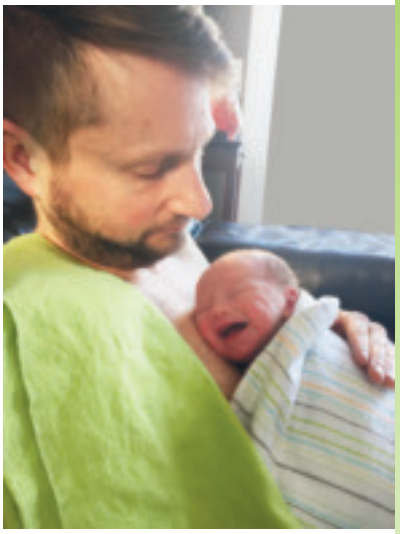
Skin-to-skin cuddling

Cuddling skin-to-skin with your baby is good for you and them. When cuddling skin-to-skin, your baby only needs to be wearing a diaper and have their back covered with a blanket for warmth. With their head on your chest, your baby can hear your heartbeat and smell you. Your partner can also do skin-to-skin cuddling.

Cuddle your baby this way as often as you want, especially in the first few weeks. For safety reasons, stay awake when cuddling skin-to-skin with your baby and keep your baby's head uncovered. For more information on safe sleep, see page 218.

Skin-to-skin cuddling helps you bond with and get to know your baby. For your baby, it can also:

- regulate their heart rate, breathing and blood sugar
- keep them warm if they're too cool—your body temperature can raise theirs by 2 °C
- cool them if they're too warm—your body temperature can lower theirs by 1 °C
- help them be calm and cry less
- help lower their stress
- help both premature and full-term babies gain weight



For moms, skin-to-skin cuddling, can:

- increase the hormones that make breastmilk and help milk flow
- promote breastfeeding and help your baby latch more easily to the breast

For both moms and dads, skin-to-skin cuddling can:

- help you feel relaxed and lower stress levels

How your newborn looks

You've been waiting a long time to meet your baby and you may notice some differences in how your baby looks compared to other babies you've seen. That's because newborns look quite a bit different than babies who are a few weeks old.

How big are full term newborns?

Most newborns weigh between 2500–4000 g (5 lb 8 oz–8 lb 13 oz).

Skin

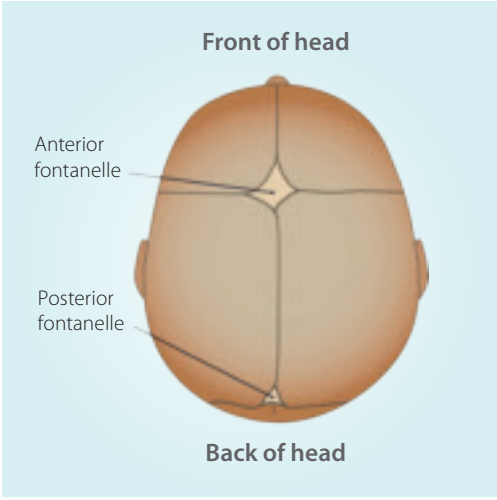


- **Slippery white coating (vernix):** Your baby's skin may be covered with vernix that protected their skin in your uterus. It will be absorbed or is washed off in the first 24–48 hours.
- **White spots (milia):** Your baby may have milia around their nose that may last a few months. These white spots will go away on their own—don't try to remove them.
- **Fine, downy hair (lanugo):** Your baby may have lanugo on their forehead, ears and shoulders. Lanugo usually disappears within 2 months.
- **Dry or peeling skin:** Your baby's skin may be dry and peeling, especially on their hands and feet. Talk with your health care provider about using any creams or lotion on your baby's skin if it's still dry after a few days.

- **Black or blue marks (congenital dermal melanocytosis):** You may see these marks on your baby's body, usually on the lower back or bottom. They look like a bruise, but they're not. They usually fade in the first or second year of life.
- **Reddish areas or stork bites (hemangiomas):** You may see these areas on your baby's forehead, eyelids, nose or the back of their neck. These usually fade and are gone by the time your child is 3 years old.

Head and face

- **Soft spots (fontanelles):** The anterior soft spot is found on the top of your baby's head and the posterior fontanelle is at the back of their head. The bones of your baby's skull have not joined yet, allowing their brain to continue to grow. The soft spots will join together as your baby gets older. Gently touching the soft spots will not harm your baby. The soft spot near the front closes between 6–24 months. The soft spot near the back might be very small and closes between 8–12 weeks.



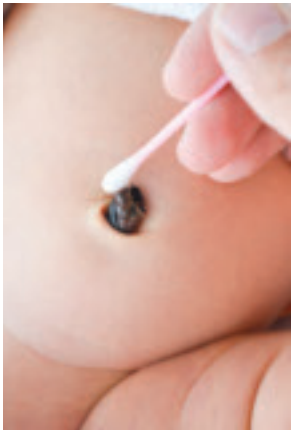
- **Head shape:** Few newborns have perfectly shaped heads. It may take up to 6 weeks for your baby's head to become round.
- **Hair:** Your baby may have lots of hair or no hair at all. Babies may lose some of their hair soon after birth. Their hair may also change colour.
- **Eyes:** Your baby's eyes may be swollen from the birthing process. Their eyes may be sensitive to bright lights in the first few days. This is because your baby is used to being in the dark. It's common for their eyes to change colour during the first year. Some babies look cross-eyed until about 3 months of age. If this does not go away as your baby grows, talk with your health care provider.
- **Nose:** Your baby's nose may be flat or bruised. It will return to its normal shape and the bruising will go away in time.
- **Mouth:** Your baby's mouth should be pink and moist.

Body

There are other normal changes you may notice with your baby. These temporary changes are caused by your baby being exposed to your hormones before birth.

- **Swollen breasts:** Your hormones may cause your new male or female baby to have swollen breasts that sometimes leak a milky discharge. This may last for a couple of weeks.
- **Swollen genitals:** Your baby (male or female) may have swollen genitals for the first few days.
- **Vaginal discharge:** Your female baby may have white, pink or red discharge from their vagina during the first week.

Umbilical cord



The umbilical cord joined mom and baby before birth. When your baby is born, the cord is clamped and cut, leaving a clamp and a small amount of cord attached to your baby. Your baby's umbilical cord will look bluish-white. As the cord dries, it's colour will change to a yellowish-brown then a greenish-black. A small amount of oozing or bleeding is normal when the cord starts to fall off.

The cord and clamp usually fall off on their own, about 1–3 weeks after birth. The cord will harden and turn greenish black as it dries. If the cord is still attached when your baby is 3 weeks old, talk with your health care provider.

How to care for your baby's umbilical cord:

- Keep the area around their cord dry. This will help it stay clean.
- Wash your hands before touching their cord.
- Keep their diaper folded below their cord so that the cord remains dry.
- Clean any discharge around the cord using a cotton-tipped applicator (a cotton swab) dipped in tap water, then dry it well with dry cotton-tipped applicators.
- You can give your baby a full bath before the cord falls off. After the bath, fully dry the cord with a cotton-tipped applicator or the tip of a clean cloth before dressing your baby.
- Cleaning with alcohol is not recommended.
- Do not apply coins, buttons, bandages and binders to the umbilical cord.

Feeding your newborn

During the first few months, babies can only feed small amounts at each feeding so they'll need to feed often. Watch for their feeding cues (see page 149), and feed your baby when they show you they're hungry.

You'll know your baby is getting what they need if they:

- are content after most feedings
- are gaining weight
- have enough wet and dirty diapers for their age (for breastfeeding, see page 164 and for formula feeding, see page 203)

Your baby will likely wake and need to feed during the night. In these early months, they can only suck and swallow liquids. They're not able to safely swallow solids and don't need them yet.

Your baby will not have a set schedule, but they'll begin to have more predictable feeding patterns as they get older. They may feed more often and longer during growth spurts. In the first 2 months, growth spurts usually happen at about 2–3 weeks and again at 6 weeks. Growth spurts usually only last a couple of days. During growth spurts your baby may:

- be fussier than usual
- cling to you when you go to put them down
- want to eat more often or for longer periods of time
- have a change in their sleep patterns

Vitamin D for newborns



Newborn babies should be given a liquid 400 IU vitamin D supplement every day. Follow the directions on the bottle. If you have questions, call Health Link at **811** or talk with your health care provider.

Weight gain

Children will grow at their own rate, but they tend to follow a general pattern of growth. They grow the fastest when they're babies.

Your baby's weight gain	
Birth–14 days old	▪ Babies usually lose weight during the first few days after birth. ▪ They're usually back to their birth weight by 2 weeks of age.
2–8 weeks old	▪ Once babies are back to their birth weight, they grow the fastest during the first 8 weeks after birth. ▪ Steady weight gain is a good sign that your baby is getting enough breastmilk or formula.

If you're concerned about your baby's weight, or you would just like to weigh your baby, you can go to your community or public health centre during clinic hours.

If your baby is not feeding well

Feeding issues in newborns can be challenging for you and your baby. Sometimes, these issues can become serious and your baby can become dehydrated. Some signs of dehydration are:

- dark urine
- fewer wet diapers than recommended for your baby's age and feeding method
- dry skin, mouth and tongue

For more information about how to tell if your baby's getting enough and when to call for help, see page 161 for a breastfed baby or see page 201 for a formula-fed baby.

Call Health Link at **811** or your health care provider **NOW** if you notice your baby has any of the following:

- hard stools that are difficult to pass
- urine that's still dark orange or rusty brown after they're 72 hours old
- dry skin, mouth or tongue
- vomits most, or all of their feeding, two or more times in a row
- frequent, green, watery bowel movements that smell bad
- will feed if you wake them, but will not wake up on their own to feed
- is always sleepy
- will not feed or is not showing feeding cues
- does not have the recommended number of wet or dirty diapers
- any signs of choking, coughing or sputtering while feeding
- is fussy during or after feeding wants to feed all of the time
- wants to feed all of the time
- has any other signs that concern you

Everyday Care

Taking care of your baby includes keeping them safe and healthy. By meeting their everyday needs, you're also setting the foundation for a lifetime of good habits.



Waking and sleeping

A newborn's sleep patterns are quite different from older children and adults. Once you understand these patterns, it's easier for you to read your baby's cues and respond to their needs. When you respond early to your baby's cues, you'll also help them learn good sleeping habits.

As your newborn's stomach can only hold a small amount of milk, they'll need to wake up to feed often. They'll usually sleep an average of 1–3 hours at a time, day and night.

For the most part, your baby will feed and sleep when they need to. They'll develop their own feeding and sleeping patterns that will change as they grow. As long as your baby is healthy, gaining enough weight and growing, you do not need to wake them to feed. Sometimes, if they become excessively jaundiced or they're not gaining weight as they should, your health care provider may give you different directions. Be sure to follow those instructions until your baby is no longer jaundiced or is gaining weight as they should.

> ***How long do babies sleep?*** ★
>
> As babies get older, they'll be able to sleep for longer periods at a time. For the first few months they'll usually sleep about 2 hours at a time, and seldom more than 3–4 hours, for a total of about 14–17 hours a day.

Waking

Newborns have 3 different states of being awake:

Quiet alert state: Newborns spend very little time in this state (only about 2½ hours per day). Your baby will be calm and relaxed, and their breathing will be regular. They'll often look at your face and may copy the movements of your face. This is a great time for you to gently talk and sing to your baby.

Active alert state: As your baby moves into this state, they'll wriggle, flap their arms and kick their legs. When your baby shows these cues, they may be trying to engage with you, or they may need a change in activity. Watch for their cues and think about what your baby might need, like a feeding, burping or diaper change. As your baby gets older, you'll also see this state when they're excited and having fun.

Crying state: Babies cry to tell you they feel upset. Your baby might be hungry, tired, over-stimulated, uncomfortable, afraid, lonely, sad or in pain. There are different kinds of crying for different feelings or needs. At first it may seem confusing, however, you'll soon learn what your baby's different patterns of crying mean. When you respond to your baby's cries, they'll learn to trust that you'll be there to help them and meet their needs.

Sleeping

A newborn's sleep pattern includes quiet sleep, active sleep and a transition state. Babies go back and forth between these 3 states every 30 minutes or so while sleeping.

Quiet sleep: Your baby lies very still during quiet sleep. Their heart rate and breathing is regular and their face is relaxed. This is the deepest level of sleep.

Active sleep: Your baby may move their arms and legs and make different faces during active sleep. This is the lightest sleep state so your baby can wake easily in this stage. You may think they're waking up, but if you wait a few minutes they may go back into a quiet sleep on their own.

Transition: This is the in-between state that happens when your baby is falling asleep, waking up or moving between quiet and active sleep. During transition, babies respond to voices and sounds by opening their eyes and starting to move. If you hear your baby moving around, listen quietly for a few minutes. They may go back to a quiet sleep on their own or they may be ready to get up. Either way they'll let you know!

Babies will continue to wake to be fed during the night for many months. You can help your baby start to learn that nighttime is also for sleeping. Here are some suggestions to help your baby learn the difference between day and night:

During the day	During the night
▪ keep your home light and bright ▪ don't worry about noises such as phones, music and dishwashers ▪ play and talk with your baby	▪ keep lights dim or off ▪ reduce noise ▪ keep feedings quiet and voices low

Having a general routine every day helps babies feel more secure. Follow your baby's cues for feeding and sleeping. Try to have a regular routine for your baby's care like bathing and play time. Aim to be predictable yet flexible when needed. Being too strict does not work well because babies' needs change from day-to-day.

Tips when putting your baby to sleep

- Put your baby to sleep when you first notice they're sleepy. The sooner you put them down to sleep, the better. If you wait too long, they may get overtired and have trouble relaxing and going to sleep.
- You'll know your baby is sleepy when they're fussy, rub their eyes, pull their ear or yawn. They may also have red rimmed eyes.
- It may take some time to learn your baby's sleep cues and patterns. Until you do, for the first 6–8 weeks, you can expect your baby to be tired and ready to sleep after being awake for about 2 hours.

Safe sleep

Babies spend a lot of time sleeping and need a safe sleep environment. Research tells us that creating a safe sleep environment will help reduce the risk of SIDS and prevent other sleep-related injuries and death in babies. Here's what you can do to protect your baby in their first year.



Put your baby on their back to sleep, for every sleep. Whether it's nap time or nighttime, at home or with their caregiver, the safest position for your baby to sleep is on their back. This helps lower their risk of SIDS. Even when your older baby can roll over on their own, research tells us it's safest to put them on their back to sleep. If they roll over, you don't have to move them back.

Use a crib, cradle or bassinet that meets Canadian safety standards. The safest place for your baby to sleep is in a crib, cradle or bassinet. For information on things to consider when buying cribs, cradles or bassinet, see page 222.

Playpens are for play

Playpens should not be used for unsupervised sleep—they don't meet the same safety requirements as cribs, cradles and bassinets.

Keep your baby's crib, cradle or bassinet free of clutter. A clutter-free space reduces your baby's risk of SIDS and helps prevent them from being trapped, strangled or suffocated. A safe crib, cradle or bassinet has:



- a firm, flat mattress that's in good condition and fits snugly into the frame
- a tight-fitting bottom sheet for the mattress that is designed to fit the crib, cradle or bassinet
- no soft items such as stuffed toys
- no plastic mattress cover or bumper pads, and no loose bedding such as pillows, heavy blankets, quilts, sheepskins
- no positioning devices such as wedges, towels, rolls or positioning pillows

Putting a blanket over top of the crib, cradle or bassinet to block out light is not advised, as it can cause the baby to overheat. If the blanket falls on your baby, it can also decrease airflow and could smother them.

A note about infants sleeping in car seats

Car seats are designed to keep babies safe during travel. It's not safe for babies to sleep in a seated position—their head can fall forward because their muscles are under-developed, and this can make it hard for them to breathe. When you get to where you're going, take your baby out of the car seat, and put them on their back to sleep on a safe sleep surface.

Keep your baby warm, not hot. When babies get too hot (overheat), it increases their risk of SIDS. Your baby is too hot if they're sweating or if their chest feels too warm to the touch.

Babies are safest when the room temperature is comfortable for an adult wearing light clothing. If your home is cool, choose a warmer sleeper for your baby. Try not to over-bundle or over-dress your baby. Babies don't need blankets. If you choose to use a blanket, make sure it's:

- light-weight
- firmly tucked under 3 sides of their mattress
- only reaches up to your baby's chest

A note about sleep sacks

Sleep sacks come in a variety of thicknesses and materials. Choose a lightweight sleep sack to reduce the risk of overheating. If you're using a sleep sack, you don't need a blanket. Make sure the sleep sack is an appropriate size for the baby's weight and fits properly around the neck and armholes. If the sleep sack is too large or loose, it could strangle and suffocate your baby.

Keep spaces smoke-free. Help keep your baby healthy by being smoke-free. Babies whose mothers smoked while pregnant are at a much greater risk of SIDS. Babies who are exposed to second-hand smoke, both before and after birth, are also at a greater risk of SIDS. Make sure no one smokes around your baby—at home, during travel or while being cared for by others (see page 138).

What about hats?

Babies don't usually need to wear hats when they're indoors. Your health care provider may have put a hat on your baby right after birth to keep their temperature stable. When you're at home however, your baby will not need a hat as it might make them too hot. For more information on using hats during warm or cold weather, see page 114.

For help to cut down or quit smoking, visit albertaquits.ca or call them toll-free at 1-866-710-QUIT (7848).

Share a room with your baby. Room-sharing means that your baby sleeps in the same room as you or another person, but on a separate sleep surface like a crib, cradle or bassinet. It's recommended that you share a room with your baby for at least the first 6 months.

Room-sharing:

- keeps your baby close and safe
- supports the bond between you and your baby
- makes it easier to learn and respond to your baby's cues
- makes it easier to feed your baby, especially at night. If you bring your baby into bed for feeding, put them back in their own crib, cradle or bassinet before you go to sleep.



Do not share a bed, sofa or any other sleep surface with your baby. Bed sharing means that a baby sleeps on the same surface, like a bed or a sofa, with another person. This includes a parent, caregiver, child or even a pet. Bed sharing increases your baby's risk of SIDS and other sleep-related injuries and death.

Bed sharing also creates risks related to falls, strangulation or suffocation if your baby gets:

- trapped between a mattress and headboard or footboard
- wedged against a wall or a person
- tangled in bedding, pillows or cushions

> ***Sleeping on the same surface is not safe*** ★
>
> Sharing a bed, sofa or any other surface with your baby while sleeping is not recommended. This has been a factor in a number of deaths related to SIDS.

Twins and other multiples are also safer when sleeping on their own and not sharing a sleep surface. The risk is that one infant may entrap the other causing them to suffocate, in the same way an adult or older child could if they were sleeping together.

If you choose to bed share:

- Never sleep with your baby on any soft or padded surface such as a sofa, upholstered chair, bed with a soft mattress or bedding, or water or air-filled mattress.
- Keep bed covers, blankets and pillows far away from your baby.
- Make sure you and your partner always know when your baby is in the bed with you.
- Never share a bed with your baby if you or your partner:
  - smoke
  - have used alcohol, cannabis, other drugs, or any prescription, over-the-counter or herbal medicine that makes you sleepy or less able to respond to your baby's needs
  - are overtired from stress or lack of sleep

If you choose to bed share, make sure you follow all the information provided. Remember that taking these steps may reduce some of the risk, but it does not make bed sharing safe.

Breastfeed your baby. Breastfeeding may reduce the risk of SIDS and other illnesses. Exclusive breastfeeding for the first 6 months of life is recommended.

Taking your baby into bed for feeding or for comfort is risky if you fall asleep. Lying down to feed is an effective feeding position for many moms. However, it's easier to fall asleep if you're in this position, especially if you're tired. To stay awake while feeding your baby in your bed, try wiping your face and neck with a wet cloth or keeping the room lights, TV or music on. Put your baby on their back in their own crib, cradle or bassinet if you feel sleepy. If you choose to sleep with your baby on the same sleep surface or feel you may fall asleep while feeding your baby, follow the recommendations on page 221 to reduce some of the risks.

A note about soothers and SIDS

Research tells us that using soothers (pacifiers) may help reduce the risk of SIDS. However, the research is not clear if soothers interfere with breastfeeding. For more information, see page 236.

To learn more about creating a safe infant sleep environment, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Cribs, cradles and bassinets

All new and used cribs, cradles and bassinets must meet Canadian safety regulations. If you're borrowing or buying one, make sure it comes with the manufacturer's instructions or that they're available online. The instructions should include the model, date of manufacture, assembly instructions and warnings. Always follow the manufacturer's instructions when putting it together.

Crib safety laws

Cribs made before September 1986 do not meet current Canadian safety regulations and should not be used. It's against the law to advertise, sell or give away such cribs.

Standards and recalls

To learn more about crib, cradle, bassinet and playpen standards and recalls, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Whether new or used, make sure your baby has a safe crib, cradle or bassinet. Here are some do's and don'ts to think about to ensure the safety of your baby's sleep surface.

Do use a crib, cradle or bassinet if it has:	Don't use a crib, cradle or bassinet if it:

▪ a mattress with the right thickness
  ▫ a crib mattress that's firm and not thicker than 15 cm (6 inches). Some crib mattresses have a soft side and a firm side—make sure the firm side of the mattress is facing up.
  ▫ a cradle or bassinet mattress that's firm and not thicker than 3.8 cm (1 ½ inches)
▪ posts that are not higher than 1.5 mm (1/16 inches)
▪ a tight-fitting mattress with a gap less than 3 cm (1 3/16 inches) between the sides and the mattress. Push the mattress firmly against the sides to test this.
▪ spacing between the bars that is 6 cm (2 3/8 inches) or less
	▪ has any missing, loose, worn, broken or damaged parts
	▪ is older than 10 years
	▪ has any fabric on its sides that does not attach securely to the frame
	▪ has any decorative cut-outs
	▪ posts that are higher than 1.5 mm (1/16 inches)
	▪ spacing between the bars that is more than 6 cm (2 3/4 inches)

As of December 2016, traditional drop-side cribs cannot be advertised, sold, imported or manufactured in Canada, because they're not safe. If you have a drop-side crib, consider replacing it. If you continue to use it, make sure it has not been recalled and that it meets current Canadian safety regulations. Ensure that both sides of the drop-side crib are in the up and locked position when your baby is in the crib. Stop using it if it has any loose or missing parts.

Move your baby from their cradle or bassinet to a crib when they reach the maximum weight recommended by the manufacturer or when they start to roll over—whichever comes first.

If being able to buy a suitable crib, cradle or bassinet for your baby is a concern for you, call Health Link at 811 or talk with your health care provider. They can help you find local organizations that can help.

To use an interactive tool on safe infant sleep, visit the *Tools* section at healthyparentshealthychildren.ca/resources

Playpens

Playpens are designed for supervised play, and are not meant to be used for unsupervised sleep. They don't have the same safety standards as cribs, cradles or bassinets.

Here are some things to think about to keep your baby safe when choosing and using a playpen:

- Choose a playpen with tightly woven mesh. Your baby's little fingers can get caught in mesh with large holes.
- Only use the mattress pad that comes with the playpen. Check that it's firm, not worn in any area, and fits snugly into the corners and sides.
- If the playpen comes with attachments like a change table or bassinet, always follow the manufacturer's instructions for putting it together and using it.
- Keep blankets, pillows, soft toys and extra mattresses out of the playpen as these can cause your baby to suffocate.
- Never put a baby to sleep on the change table attachment or put them in the playpen when the change table or bassinet is still attached. Their head can become trapped in the gap between this accessory and the playpen, and they can suffocate or get strangled.

Before you buy a used or new playpen, check online to see if there are any safety recalls on it. Always follow the manufacturer's instructions for putting the playpen together and for using it. If you're borrowing or buying a used playpen, make sure there are no tears in the vinyl rail coverings, mesh panels or mattress pad. Do not use the playpen if it's damaged or has broken or loose parts.

Head shape

In the first 2 months, flat areas on a newborn's head can develop very quickly. This is because their skull bones are soft, they have weak neck muscles, and they will usually rest their heads one way when lying on their back. These flat areas and possible neck stiffness can be prevented and treated.

Flat areas can be on the right or left side at the back of the head (plagiocephaly) or across both sides of the back of your baby's head (brachycephaly), depending on how your baby likes to rest their head. These flat areas can change the shape of your baby's head and face, and can be permanent if not treated early.



Normal head shape

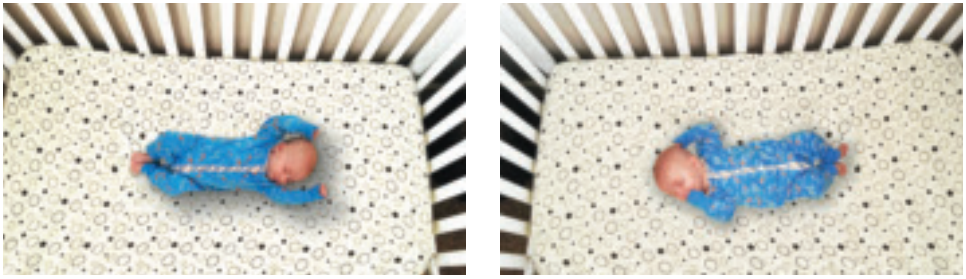
Positional plagiocephaly

Brachycephaly

Changes to head shape do not affect your baby's brain growth or development. The changes could make it more challenging for them to wear sports or safely helmets when they're older.

If your baby sleeps with their head turned consistently to one side, position them to encourage turning their head to the other side (their non-preferred side). Each night, place your baby in their crib with their feet in the opposite direction, as the previous night (see photos below). As babies tend to turn their head to look for you, positioning them in opposite directions will help them turn their non-preferred side to see you.

Continue to put your baby on their back to sleep. Do not use positioning devices during sleep, like wedges, towels, pillows or rolls as these can smother your baby.



When your baby is awake:

- Give them supervised tummy time every day, starting at birth (see page 245).
- Change the arm you use to carry your baby—right one day, left the next.
- Carry your baby close to your body, facing over your shoulder.
- Offer your baby both breasts at each feeding.
- Alternate the arm you use during feeds if you're feeding with a bottle.
- Limit the amount of time your baby spends in a car seat, bouncy seat or swing. If you use these, position your baby's head so it's supported and is not always turned to one side.

Back to sleep, tummy to play ★

When your baby is awake and with you, place them on their tummy to play several times every day.



If your baby always wants to look in one direction, use bright toys or the sound of your voice to encourage them to look in the other direction. If your baby always wants to look in one direction, they may have tightness in their neck muscles and may need treatment for this to improve.

Call Health Link at **811** or your health care provider if you notice any of the following:

- your baby only looks in one direction, or their head is tipped to one side
- your baby has ongoing trouble breastfeeding on one side
- you have trouble turning your baby's head to one side
- you notice a flat area on your baby's head

Swaddling

To swaddle a baby means to wrap them snugly in a light blanket. Swaddling is often used to calm and soothe a baby, but babies don't need to be swaddled for sleep. No matter which way you choose to swaddle, doing it properly can help reduce risks.

If you choose to swaddle your baby:

- Always place your swaddled baby on their back—never on their tummy or side. This helps reduce the risk of SIDS.
- Use a light-weight, breathable blanket to swaddle. Make sure your baby doesn't get too hot. If their skin feels warm or your baby is sweating, remove the swaddle. A baby who is too hot is at a higher risk of SIDS.
- Leave enough room for your baby's legs and hips to move. A swaddle that's too tight can cause problems with their hips, a condition called developmental dysplasia of the hip.
- The swaddle must be secure enough for the blanket not to come loose and cause your baby to suffocate or become strangled. It should not be so tight that it makes it hard for them to breathe. Once you're done swaddling, make sure you can fit your finger between your baby's chest and the blanket.

When to stop swaddling

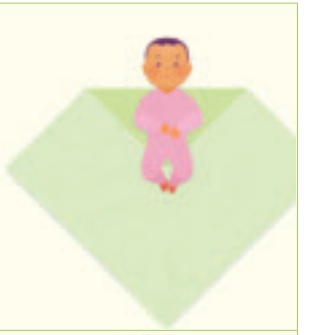
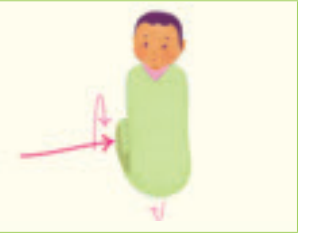
Swaddling must be stopped when your baby shows any of the following:

- they no longer need swaddling to settle or calm themselves
- they're able to roll over
- they've wiggled out of a swaddle even once—usually around 2–3 months of age

developmental dysplasia of the hip: a condition that causes the hips to not grow properly

How to swaddle your baby

There are different ways to swaddle your baby. One way is called the 'hands to heart' method. In this method, your baby's hands are tucked in to stop their arms from moving and startling themselves. Here's how to swaddle using the 'hands to heart' method:

1. Spread a light-weight, breathable blanket around 112 cm x 112 cm (42 inch x 42 inch) into a diamond shape. Fold the top corner in towards the centre. Place your baby on their back on top of the blanket. Their shoulders should be level with the folded edge so that the blanket is kept away from your baby's face and their head and neck can move. Make sure the swaddling blanket does not cover your baby's head.	
2. Move your baby's hands onto their chest into a 'hands to heart' position. Bring one side of the blanket over the chest and arms, covering your baby's hands, then tuck under the baby.	
3. Bring the other side of the blanket over your baby's chest and arms, and securely tuck it behind them. The weight of your baby will keep the blanket in place.	
4. Check to make sure you can fit your finger between your baby's chest and the blanket.	
5. Fold the blanket at the bottom and then lay it flat underneath your baby. This helps keep your baby flat on their back and reduces the chance of the blanket coming loose. Make sure there's enough room for your baby's hips and legs to move.	

To learn more about swaddling and the different ways to swaddle your baby, visit the *Videos* section at healthyparentshealthychildren.ca/resources

Crying



All babies cry and they cry for many reasons. Crying is a way your baby communicates with you and tells you that they need your help. It may mean they need a diaper change, to be fed, burped, held or cuddled. It may mean that they need sleep, or perhaps they don't feel well. Sometimes you won't know what your baby is trying to tell you. There may be times when your baby can't seem to stop crying, no matter how you try to soothe them. Try to make your baby more comfortable during this time. As a new parent, you'll soon learn your baby's cues and that your baby cries differently for different reasons.

It's more important for you to stay calm than to stop the crying. Know that even if you cannot calm your baby, they'll still know that you love them and that you're trying. Ask for help when you need it.

When your baby is crying, always take a moment to calm yourself first by using self-regulation strategies (see page 27) before you try to calm your baby. Remember that babies cannot calm themselves on their own. Your calm manner will help them learn, over time, how to calm themselves. This takes many years, although the process starts when they are tiny babies. Research has shown that when babies are consistently comforted when they are under 6 months of age, they cry less after 6 months of age.

Babies cry from birth and the amount they cry changes as they grow. You may notice that your baby's crying:

- starts to increase at about 2 weeks old
- peaks around 2–4 months old
- starts to lessen when they're 3–5 months old

> ***Cuddling does not spoil babies!***
>
> Holding your baby close and cuddling them helps them feel safe and secure.

On average, babies cry about 2 hours in total throughout the day. Some babies cry more and some cry less. Babies can:

- sometimes cry for 30–40 minutes at a time
- cry more in the afternoon or evening
- sometimes look like they're in pain when they're crying

Plan ahead so you're ready for the times when your baby's crying becomes too much. Talk to people you trust. Sometimes you need someone to talk to about how you're feeling. Make a plan to call them to come over right away if you're getting frustrated. Keep their phone numbers handy for yourself and for other caregivers.

> ***"Sleep—make sure you talk to your partner or a close family member if you're not getting enough of it. Without it, you lose your ability to think clearly, reason, and your emotional regulation goes out the window. If you're experiencing feelings of anger, rage or violence, it's really important to tell someone and get the support you need. Do not let the shame take hold."***
>
> *~ Maha, mom of two children*

Crying Plan—Take a break, don't shake

To soothe your baby, you can:

- check what they may need. Are they hungry, wet, bored?
- make them as comfortable as possible, neither too hot nor too cold
- feed them slowly and burp them often
- try to hold them in different positions like cuddling skin-to-skin, against your chest, in a carrier, or tummy down across your lap
- change their diaper
- take them for a walk
- play soothing music
- run the vacuum
- gently massage their tummy or back
- snuggle them against your chest
- gently rock them
- sing, read or talk softly
- put them in a baby swing
- carry them in a carrier or sling
- give them a warm bath
- encourage them to suck, such as using a soother
- reduce noise, light and movement
- check with a health care provider to see if they're sick or in pain

Never shake a baby for any reason.

Sometimes babies just need to cry. Keep trying. You may not be able to stop the crying, however, your baby will feel that you care.

Other ideas to soothe your baby:

Crying Plan—Take a break, don't shake

Asking for help…



It's okay to ask for help.

People you can call anytime during the day or night:

You can call Health Link at 811 to get health advice 24/7 from a nurse.

To calm yourself, you can:

- gently put your baby where they'll be safe, like in a crib, and leave the room
- listen to music
- call a friend or relative to come help
- take a shower or bath
- exercise
- do housework
- close your eyes and breathe deeply
- write down the 5 best things about yourself
- write down the 5 best things about your baby
- count to 100
- talk to someone about your feelings
- do an activity or hobby like a crossword puzzle or reading
- use positive self-talk, like *"I can calm myself,"* and *"My baby knows I'm trying."*

Remember, it's more important to stay calm than to stop the crying.

Do not pick up your baby until you feel you have calmed down.

Other ideas to calm yourself:

Here are some tips when leaving your baby with other caregivers:

- Write out a list of what usually works to help soothe your baby. Share your *Crying Plan* with your caregiver if you like.
- Leave instructions for feeding your baby.
- Tell caregivers that you'll come back, if they need you.
- Come home when you say you will.
- Tell caregivers to put your baby on their back in a safe place, like their crib, cradle or bassinet if they're starting to feel frustrated with their crying. That's the safest place for your baby.

Colic

Sometimes a baby will cry for longer periods of time, no matter what you do. This type of crying could be colic. Colic is when a healthy baby is irritable, fussy or cries for 3 hours or more a day, more than 3 times a week, for at least 1 week.

Take time for yourself

Try to take some time for yourself and get sleep when you can.

Colic tends to start when babies are between 3 weeks and 3 months old. It usually stops by the time your baby is 4–6 months old.

Colic tends to follow the same pattern of typical crying. It's at the high end of the normal range and is often louder, more frequent, and lasts longer. Colic can be very upsetting and exhausting for parents, so be sure to take good care of yourself. Take breaks when you can, and seek out help from other adults that you trust. See the *Crying Plan* on page 230 for things you can do for yourself and your baby.

Call Health Link at **811** or your health care provider **NOW** for any of the following:

- your baby cannot stop crying and you've done everything you can to soothe them
- your baby is crying and you feel stressed, frustrated, angry or alone

Sometimes talking with another person, especially in the middle of the night, can help.

Coping with crying

You may not be able to soothe your baby even if you're doing all the right things. When your baby cannot stop crying, you may find yourself feeling frustrated or angry as your stress level rises. If this happens:

- Put your baby in a safe place, like their crib, cradle or bassinet.
- Leave the room and gently close the door.
- Take time to calm yourself before you try to soothe them again.
- Ask your partner, friends or family for help.

> ***Take a break, don't shake*** ★
>
> Frustration when dealing with a crying baby is the number one reason for shaking. **Never shake your baby or child** for any reason.
>
> Babies and young toddlers have heavy heads and weak neck muscles. Even a few seconds of shaking can cause blindness, hearing loss, inability to walk, learning problems, and in some cases may even cause death.

Short periods of crying while you calm yourself will not hurt your baby. Holding your baby when you're frustrated or angry can lead to shaking. To learn more about your baby's cries or to make a plan to deal with the crying, visit the *Videos* section at healthyparentshealthychildren.ca/resources

Bathing

Babies do not need a full bath every day. Frequent full baths can dry out your baby's skin, so it's better to limit them to a few times a week. After your baby is 1 week old, a full bath in a sink or a baby bathtub 1–2 times a week is often enough.

In between full baths and before your baby is 1 week old, you can clean your baby using a sponge bath. While giving your baby a sponge bath, lay them on a clean towel, cover the areas of your baby that are not being washed to help keep them warm and dry the wet areas as you go. Wash your baby's face, hands, bottom and genitals with a warm, wet face cloth at least once a day and whenever needed.

Bathtime safety

Keep your baby safe during a bath by having your hands on your baby at all times in or around water. **Never** leave your baby alone around water, not even for a second. Babies do not have good head control, which means they can drown in as little as 2.5 cm (1 inch) of water in just a few seconds. If you're using a baby bath seat, ensure that you're with your baby at all times. Bathtub rings are not safe to use as they can tip over when the suction cups become loose and your baby will not be able to get out of the seat.

sponge bath: washing with a wet sponge or washcloth instead of in a sink, basin or baby tub filled with water

Getting ready for a bath

When getting ready to bathe your baby:

1. Make sure the room is warm.
2. Take off any jewellery that could scratch your baby.
3. Put everything you need within easy reach.
4. Lay out a blanket or towel next to the sink, basin or baby bathtub to lay your baby on.
5. Fill the sink, basin or bathtub with the least amount of warm water needed.
6. Check the temperature of the water with your wrist or elbow. The water should feel warm to touch, not cold or hot.

Bathing your baby

When giving a bath, support your baby's head and neck, and slowly lower them into the water. At first, your baby may not like it as it's a new experience, so sing or talk gently to your baby to help calm them. Always keep one hand on your baby. Use a clean washcloth and plain water. Babies don't need soap as it dries out the skin. You may use a small amount of baby shampoo once in a while if needed. Make sure to rinse it off.



Start by washing your baby's face and work your way down from the cleanest to the dirtiest parts of their body:

1. Wash your baby's eyes and outer ears and then the rest of their face. Be careful no soap gets on their face, if you're using soap.
2. Wash their scalp and hair.
3. Clean skin creases in their neck and underarms.
4. Wash the rest of their body.

5. Clean your baby's genitals and the skin creases in this area last:
   - **For baby girls**, wipe gently from front to back. This will help prevent spreading germs from their bottom to their genitals.
   - **For baby boys**, wipe their penis and then their bottom. If the penis is covered with skin (foreskin), do not pull it back. The foreskin will loosen on its own when your child is 3–5 years old. If your baby has had their foreskin removed (circumcision), your health care provider will explain how to care for the area. If you have any questions or concerns, talk with your health care provider.

> ***Circumcision*** ★
>
> Circumcision is a personal decision. It's not recommended as a routine procedure for all newborn males, but there may be benefits for some. For more information, talk with your health care provider or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

6. Gently dry your baby's skin, including the skin creases, with a soft towel.

You don't need to use lotion or baby powder after a bath as these can irritate your baby's skin. Baby powder can also cause choking and breathing problems for your baby.

Eyes, ears and nails

Your baby's eyes, ears and nails need gentle cleaning and care.

Eyes

Your baby's eyes may be swollen or have small amounts of discharge after birth. Sometimes the discharge can last up to a year if they have blocked or narrow tear ducts. This is normal. To care for your baby's eyes:

1. Wash your hands.
2. Use a clean, soft, wet washcloth to wipe from the inner corner to the outer corner of your baby's eyes—use a different part of the cloth each time you wipe.

> ! Call Health Link at **811** or your health care provider if you notice any of the following:
>
> - your baby has a yellow or white build-up in the corner of the eye
> - your baby's eyelids are sticking together
> - one or both eye(s) look red and swollen

Ears

Use a clean, damp washcloth to clean only the outside of your baby's ears. Never use a cotton-tipped applicator inside your baby's ears as it can poke a hole in their eardrum. It can also push wax into their ears and cause a wax build-up or blockage, which can cause temporary hearing loss.

Nails

Your baby's fingernails and toenails may be quite long when they're born. Your baby's skin is attached to the underside of the nail and can be easily damaged. The best time to care for your baby's nails is when they're asleep in the quiet sleep state.

> ***Your baby's nails*** ★
>
> Never bite your baby's nails as this could cause an infection.

To care for your baby's nails, use an emery board and gently file the nail. If you're using nail clippers, only use the ones made for babies. Push the pad of your baby's finger away from their nail so you don't cut their skin.

Mouth

A healthy mouth is important to a newborn's overall health. Here are some tips for keeping your baby's mouth clean:

- Clean your baby's gums with a soft, clean, damp washcloth every morning and night.
- Do not put bottle nipples or soothers in your mouth. If you share saliva with your baby, it can pass germs that cause tooth decay to them. This can be harmful even before your baby's teeth appear.



Reproduced with permission from Van Mierlo, A. (2017).

- Avoid propping up a bottle in your baby's mouth at any time as this can increase the chances of tooth decay. Take your breast or the bottle nipple out of your baby's mouth as soon as they stop feeding.

Soothers

Babies suck when they drink. Sucking is also a natural way for babies to comfort themselves when they're tired or upset. Sucking for comfort starts early in life. It usually decreases as children get older.

Your baby may suck their thumb, fingers or fist for comfort—or you may decide to use a soother. It's easier to stop a soother habit than a thumb-sucking habit.

Soothers (pacifiers) are often used to help babies calm and self-soothe. Research tells us that using a soother may help reduce the risk of SIDS. However, the research is not clear if soothers will interfere with breastfeeding or not. Soothers can be used if your baby is growing well and you use it once you know your baby is fed and no longer hungry. If you use a soother, and your baby falls asleep and it falls out, there's no need to place it back in their mouth.

Babies don't need a soother all the time. They need to be able to coo and babble. If you're using a soother:

- It should not replace feeding, holding, or comforting your baby.
- Never tie a soother around your baby's neck as it can strangle them. You can use a clip with a short ribbon (about 15 cm or 6 inches) to attach the soother to their clothing instead.
- Do not dip your baby's soother in sugar, honey or drinks with sugar or alcohol. This could make your baby very sick.

To keep your baby's soother safe and clean:

- Boil it in water for 2 minutes or according to the instructions on the package before using it for the first time. Cool it completely before using.
- Wash it often with hot, soapy water. Rinse it after each use.
- Check it regularly. Throw it away if it's cracked, has a hole or is torn.
- Replace soothers at least every 2 months.

Diapering

Whether you use cloth or disposable diapers, change them often to keep your baby comfortable and to prevent diaper rash. Babies use at least 10 diapers every day. Your baby may cry when you're changing their diaper. Talk or sing to them to help calm them, and to help them start understanding words and routines.

Make a separate area for diapering. If you can, set it up near a sink and away from areas where food is prepared, stored or eaten. Clean your diaper change area often.

---

self-soothe: being able to get to a calm state and fall asleep

To change your baby's diaper:

1. Wash your hands.
2. Place your baby on a safe, flat surface.
3. Take off the dirty or wet diaper.
4. Clean your baby's diaper area from front to back, with a warm, wet, soft washcloth or alcohol-free baby wipes.
5. Dry their diaper area with a dry cloth or leave the diaper off until the area dries to prevent diaper rash.
6. Put on an unscented barrier ointment or cream.
7. Put on a clean diaper.
8. Put disposable diapers in a covered diaper pail or garbage can right away, and empty it often. Keep dirty diapers out of reach of children and animals.
9. Clean and sanitize the diaper change area.
10. Wash your hands again.



Diaper rash?

If your baby has a diaper rash, you can use a small amount of a zinc-based cream. Talk to your pharmacist about which cream to use.

To keep your baby safe when diapering:

- Always keep one hand on them—even tiny babies can move.
- Never leave your baby alone, even for a second, on any surface where they could roll off and fall.
- If there are safety straps, use them when changing your baby on a table or raised surface.
- Keep all pins, creams and dirty diapers out of their reach.

Call Health Link at **811** or your health care provider if your baby has a diaper rash and you notice any of the following:

- it lasts longer than 2 days
- it looks like a burn or is bright red
- it looks like red dots, bumps or blisters

Here are some tips for cleaning cloth diapers:

1. Remove stool from the diaper if you can. Flush the stool down the toilet.
2. Fill the diaper pail ¾ full of water.
3. Put soiled washcloths, cloth diapers and diaper clothing in a covered diaper pail.
4. Wash these items in a washing machine in hot water, every 2–3 days, using the sanitize cycle, if you have one.
5. Put these items in a hot dryer or hang outside in the sun.
6. Wash your hands with soap and hot water after changing your baby's diaper, cleaning the cloth diapers, and after cleaning the changing area.

Dressing your baby

Newborn-sized clothing fits for a very short time, so get only what you need. Always choose sleepwear that fits your baby. Dress your baby to keep them warm, not hot—overheating can increase the risk of SIDS.

To keep your baby safe and comfortable, choose clothing that:

- fits well—if it's too big it can ride up and could suffocate your baby
- is non-flammable
- does not have small buttons, drawstrings or decorations that could come off
- is easy to put on such as clothing with a wide neck opening so it fits over your baby's head
- does not have a hood

When going outside in cold weather:

- Put a hat on your baby and cover their hands and feet.
- If you're choosing a warmer, hooded sleeper for outdoor use, make sure you choose one with a 'break-away' hood that is attached with Velcro® or snap attachments. Fixed hoods can catch on things and strangle your baby.
- Dress your baby with 1 more layer of clothing than you're wearing.
- Do not use scarves or anything with drawstrings, as they can strangle your baby.
- Do not stay outside for too long.

Winter clothing and car seats

Bulky winter clothing could affect the harness system of your car seat. In the winter, use thin, warm layers like a fleece or a light snowsuit with legs, not a bunting bag style. Once your child is in the seat, and the straps are secure, a blanket or cover can be placed over them. Check that the straps are snug each time.

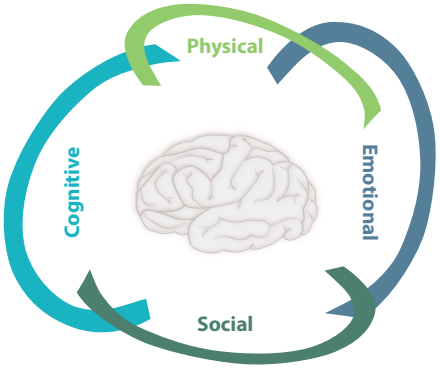
Washing your baby's clothes

How you wash your baby's clothes is important as they have very sensitive skin and can develop skin rashes. When washing your baby's clothes, blankets and other items that touch their skin:

- Wash with a mild soap before using items for the first time.
- Rinse twice or add 125 ml (½ cup) of vinegar to the rinse.
- Do not use fabric softeners or scented soaps as these can irritate your baby's skin.

Growing and Learning Together

Your baby is changing and growing daily. All areas of your baby's development are interconnected. Development in one area affects the development in all other areas. Your newborn baby's development is guided by their brain.



When you know how the brain works, it's easier to understand what you can do to support your child.



Your newborn's developing brain

Even though babies are born with billions of brain cells, only some of them are connected at birth. Every time your baby hears your voice, smells your scent, sees your face, feels your touch and is cared for, brain cell connections are formed. The more often an experience happens, the stronger the connection gets and the easier it is for signals to start passing from one part of the brain to another. These day-to-day interactions are also building attachment between you and your baby.

Whether you're a mom or a dad, your brain and your baby's brain are designed to work together. Your baby tries to get your attention by looking at you, cooing, and flapping their arms and legs. Parents all around the world, in every language and culture, try to connect with their baby by getting close to their baby's face, making their own face look happy and gentle, and by using a gentle, higher-pitched tone of voice. This is the way you get to know each other while your baby's brain starts its rapid development.

Brain cell connections become stronger when you and your baby engage in serve-and-return interactions. As this is a new experience for both of you, here are some ideas on how to start:

1. Watch your baby and notice what they are doing.
2. Copy your baby's movements and then wait for them to take a turn. Have fun and talk about what you and your baby are doing as you take turns.
3. Notice how your baby responds.
4. Repeat what you did if they seem to like it. After a few turns, try something new.
5. Stop when your baby tells you they've had enough (e.g., turns away, stops looking at your face, starts to squirm or fuss).
6. Let them have a rest, and wait for them to try to engage you again.

Examples of serve-and-return interactions: Birth–2 months

Your baby serves when they:	You return their serve when you:
▪ look at your face	▪ look at their face and smile while you're feeding and caring for them
▪ start to fuss and suck on their hands	▪ talk to them about how they're feeling. While you get ready to feed them say *"You're hungry, aren't you?"*
▪ kick their legs and flaps their arms	▪ push gently on the soles of their feet and let them push back against your hands ▪ dangle safe objects near their hands for them to touch or bat when you're playing together
▪ make contented noises like coos, gurgles, sighs and squeals	▪ copy the sounds they're making ▪ rub, pat and gently touch their tummy, back, arms and legs ▪ stop to see what they do. They'll let you know to stop or to do it again.
▪ pay attention to your voice	▪ talk to them about what you're both doing during the day ▪ notice whether they like a gentle voice or a lively voice

For more information about how the brain develops, see page 19.

Other things you can do to help your baby's development

How your newborn learns

Newborns learn through their senses—seeing, hearing, touching, tasting and smelling. Your baby has an excellent sense of smell and it's one of the main ways they get to know you.

Babies can see from birth and can:

- tell the difference between light and dark
- see shapes
- see best when objects are about 20–30 cm (8 ½–11 inches) away
- see your face, though at first, they may just scan around the outside edges of it or focus on your hairline



As they grow, they'll:

- turn their head to follow faces and bright objects
- gaze at objects
- start to focus on the centre of your face and then your eyes

Babies can hear even before they're born and they:

- enjoy hearing sounds with different tones like voices and soft music
- might stop moving to listen when they hear a sound
- will startle when they hear a sudden, loud noise
- are scared by angry, loud voices

Communicating with your newborn baby

Newborns communicate in many ways. One way is by crying (see page 229). As your baby grows, it becomes easier to understand what they're trying to tell you. Babies look at what interests them and will use sounds, facial expressions and gestures to show their awareness and excitement. Babies grunt, gurgle, coo and make small throaty noises. Later, these sounds will become words as their speech and language develop.



Babies need you to talk with them. When you talk to your baby, they learn to recognize the sounds and understand the words of your language.

- They'll learn to talk by hearing your words, songs and stories. Sometimes adults feel silly talking to a baby, but your baby needs to hear words many times before they'll understand and use them.
- Your baby loves voices and faces. Look into their eyes and smile. Talk or sing softly when you're holding, feeding and playing with them.
- Notice what interests them by what they're looking at, touching, smelling, hearing and tasting. Talk about what they're paying attention to so they can start to attach meaning to your words.

When you copy your baby's sounds, they realize that they're able to make noises that sound like your speech. At first you copy them and soon, they'll copy you. This helps build your baby's brain connections for speech and language.

Your voice is best

Your growing baby soon turns their head to look at you when you speak. When you comment on what they are interested in or looking at, you show them that what they are trying to tell you is important. This is how they learn to communicate with you. This will set the stage for them to come to you with their thoughts or problems when they are older.

gestures: actions, hand movements and facial expressions used to communicate, like waving to say 'bye'

Let's play

Play builds healthy bodies and healthy minds and is important for your baby's growth and development. Your baby plays by using their senses to interact with you through their everyday experiences, such as when they follow you with their eyes, feel your warmth, and listen to your voice. You're their favourite playmate.



How your baby explores and plays is influenced by their temperament (see page 24). They may be calmer or more active than other babies you know. They may have more or less fussy periods than other babies. Some babies like to look at you. Others prefer to look out at their surroundings. Every baby is different. Over time you'll get to know what your baby likes.

You can help your baby play by:

- relaxing and enjoying your new baby. They need nurturing, loving care and your smiling face.
- having serve-and-return interactions with them—follow your baby's lead.
- watching and talking about the objects and people they look at with interest.
- letting them wiggle and kick. Give your baby many chances to move freely when you're there to supervise.
- going for a walk to enjoy the fresh air. Be active and spend time together.

Your baby loves to play with you

You play with your baby when you interact with them and do things such as massaging them, holding and rocking them, and carrying them in different positions.

Your baby is also playing just by moving themselves. Babies are born with some simple reflexes. At first they cannot control their arm and leg movements. As your baby grows, they'll find their fingers, toes and other body parts and enjoy playing with them. They'll also smell and touch you, poke at your face and grasp your hair. In time, they'll be able to control how they move, and will purposefully reach for and touch things.

They'll look at you with interest and kick their legs when you talk, play or care for them. This is how your baby figures out how to control their movements and gets to know you. Your baby needs many chances to move freely as long as you're near them to keep them safe.

Active play guidelines

Newborns should be active every day. Make sure your baby:

- gets at least 30 minutes of supervised tummy time, spread throughout the day, while awake
- does not sit in places such as a stroller or high chair for more than 1 hour at a time

Tummy time

Your new baby needs play time right from birth, at least 30 minutes of supervised tummy time. One of the best ways to do this is to provide short periods of tummy time throughout the day and when your baby is awake.



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Tummy time helps with your baby's development and makes their body stronger so they'll be able to roll, sit and crawl. It also strengthens their neck muscles, and can help prevent flat areas on their head. It may take time for your baby to enjoy lying on their tummies.

Here are some ideas and things to think about to help your baby get used to tummy time:

- Start early by combining tummy time with skin-to-skin cuddling. Lay your baby on their tummy on top of your chest while you lean back.
- Try putting your baby on their tummy after every diaper change.
- You can put a small, rolled-up towel under your baby's chest, with their arms in front of it. This will help them hold their head up, so they can look in different directions.
- The safest place for tummy time is on the floor on a clean, flat blanket.



- Start slowly—most babies fuss at first when put on their tummy. Try it for 1–2 minutes. If your baby begins to fuss, turn them onto their back for the rest of the play time and try again later. Gradually increase tummy time as your baby gets used to it. Don't do tummy time when your baby is hungry, tired or upset.
- Lie on the floor beside your baby. Use the sound of your voice or bright toys to encourage them to look left and right and to try to lift their head up to look at you.
- Always stay with your baby whenever you put them on their tummy.

Learning about emotions

Babies show their emotions as soon as they're born. By 2 months old, your baby smiles and coos when they like something, and fusses or cries when they're not happy or tries to tell you they need your help. As they grow, it will become easier to tell when your baby is happy or sad.

Your baby cannot understand emotions yet, but when you give them loving care, they'll feel safe and secure. This gives them the strong base they need for life-long good mental health.

When you respond to your baby calmly and consistently, you help them learn to trust while you build a secure attachment. Your baby's strong attachment with you helps them form attachments with others as they get older.

If you're concerned that you're not feeling connected with your baby, or if you're feeling sad, angry or depressed, call Health Link at 811 or talk with your health care provider.

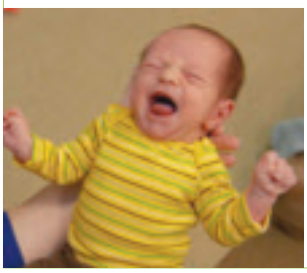


Help your baby learn to trust ★

- Respond to your baby's cues.
- Comfort them when they need you.
- Smile, sing, talk, read, play, hug and hold them often.

Understanding and responding to your baby

Even though your baby cannot talk, their body language can often tell you what they need. When you understand what your baby is feeling, it's easier to know how to respond.

What your baby is saying	How your baby shows it	Your baby needs you to
"I like it." 	▪ looks relaxed ▪ is quietly alert ▪ watches with interest ▪ looks excited and smiles	▪ talk ▪ play ▪ read ▪ sing or hum
"I don't like it." 	▪ tenses their face and body ▪ closes their eyes part way ▪ wrinkles their nose or lip ▪ whimpers ▪ turns away ▪ puts their hands up	▪ change activities ▪ put them down to sleep
"I need you." 	▪ fusses or cries ▪ looks at you or searches for you ▪ leans or moves toward you ▪ reaches for you	▪ feed them ▪ hold and cuddle them ▪ talk calmly and gently ▪ sing or hum ▪ rock gently ▪ check if they're sick or hurt ▪ change their diaper ▪ stay calm

> ***"That first and second month, when you're getting settled with your baby, can be quite stressful. I would call Health Link and ask my doctor and Public Health Nurse all kinds of questions every chance I got. I felt like I learned so much in such a short period of time. But I did it. He's thriving and it's getting better each day."***
>
> *~ Brittany, mom of one child*

Living in a social world

Your baby's world starts with you. Their world grows as they meet new people. Once you're comfortable with the day-to-day care, try taking your baby to new places. Try to plan your activities around your baby's usual feeding and sleeping times—be sure to take supplies with you as young babies are still unpredictable and may need to feed or sleep at different times.

Check out programs where you live

Your community may have programs for parents and babies. Your public library and Parent Link Centre are good places to start looking for some in your area.

What's in your diaper bag

Here are a few things you want to have in your diaper bag:

- ❑ Extra diapers
- ❑ Barrier cream
- ❑ Wipes
- ❑ Hand sanitizer
- ❑ Changing pad
- ❑ Plastic bag
- ❑ Bottles with breastmilk or formula
- ❑ Change of clothes
- ❑ Light blanket
- ❑ A few toys and books

Try to be open to having other people in your life care for and spend time with your baby. This helps your baby learn to adapt to and enjoy other people. Think of it as building a network of support for you and your baby. Others may not do things exactly the same way as you, however, there are many ways to care for a baby. As long as they're providing safe and nurturing care, your baby will be fine, and will learn that there are different ways to do things.



Health Checkups

You and your baby need to see your health care providers regularly during your baby's first 6 months. The health care providers you'll most commonly see at this age will be your family physician and your public health nurse. These visits will help support your baby's growth and development and your family's health and adjustment to parenting.

Health care providers will:

- ask how your baby is feeding
- check your baby's general health and development
- measure your baby's weight, length and head size
- track how much your baby has grown from one visit to the next on a growth chart

> ***What do the numbers mean?*** ★
>
> If your baby's weight and height are plotted on the growth chart at the 25th percentile, it means that out of 100 babies who are the same age, 25 are smaller than your baby and 75 are bigger.

Healthy growth is different for each child. Your baby will follow a growth pattern that's right for them. Children come in different shapes and sizes—they may be taller or shorter or heavier or lighter than others the same age. Things that affect a child's growth include their eating and activity habits, the environment and their genes. The growth pattern over time is more important than just one measurement.

For more information about keeping children healthy and safe at any age, see page 76.

Well child clinic visit

Your baby will have their first well child clinic visit and receive their first immunization when they're 2 months old. Immunizations give your baby the best possible chance of staying healthy. Contact your community or public health centre if you have not yet booked your baby's immunizations with the public health nurse.



To learn more about immunizations, see page 82.

genes: carry information that makes you who you are and determines what you look like. This includes your blood type, hair and eye colour and your risk for certain diseases. Genes are passed to you from your mother and father.

During your clinic visit, your public health nurse will also check things such as your baby's growth and how they're feeding. They will also ask how you're doing, offer to screen you for postpartum depression, answer any questions you may have, and provide you with information about other parenting supports in your community (see page 78).

To find a community or public health centre near you, call Health Link at 811 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Newborn hearing screening

You'll be offered to have your baby screened for permanent hearing loss by the time your baby is 1 month old. As your baby grows, permanent hearing loss can affect speech, language and learning skills. Have your baby's hearing checked early so that support and care can be given if needed.

Screening will not hurt your baby and can be done while they're quiet or sleeping. During the screening test, sounds will be played into your baby's ears and a computer will measure how well your baby hears the sounds.

For more information about newborn hearing screening, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Recommended checkups

<table>
<tr><th></th><th>Birth–2 months</th><th>2 months</th><th>4 months</th><th>6 months</th><th>12 months</th><th>18 months</th><th>2 years</th><th>3–4 years</th><th>5 years and beyond</th></tr>
<tr><td>Doctor</td><td colspan="2">√
Check with your doctor to find out the checkup schedule at their office</td><td colspan="7">Check with your doctor to find out the checkup schedule at their office</td></tr>
<tr><td>Immunization with public health nurse</td><td></td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td></td><td>√
(at 4 years old)</td><td></td></tr>
<tr><td>Dental</td><td colspan="2"></td><td></td><td></td><td>√</td><td colspan="4">Regular checkups as recommended by your dentist</td></tr>
<tr><td>Vision</td><td colspan="2">Early vision checkups with your doctor</td><td colspan="5">Early vision checkups with your doctor</td><td colspan="2">√
(with optometrist at 3–5 years old)</td></tr>
<tr><td>Other health care providers</td><td colspan="2">As needed</td><td colspan="7">As needed</td></tr>
</table>

Common Parent Concerns

New parents are often worried about how babies look and how they act in the first few weeks. Many of these concerns are common for babies. If you're worried about any of these, call Health Link at 811 or talk with your health care provider.

Newborn rash

Newborn rash is a blotchy, red, pinpoint-size rash found anywhere on your baby's body. You may see it within 1–2 days after birth. It usually goes away in a few days. It can also come back in the next few weeks. The rash may not look nice, but it's normal and doesn't need to be treated.

Newborn rash is not the same as diaper rash (see page 98) or other types of rashes that include other symptoms, like a fever. For more information on these other types of rashes, see page 97.

Cradle cap

Cradle cap is thick, waxy or flaky scales on your baby's scalp. It's caused by normal changes in their skin. It usually goes away on its own by the time your baby is 1 year old. You can also treat it:

1. Gently massage a small amount of baby oil or mineral oil into the scales on your baby's scalp.
2. Leave the oil on for about 1 hour.
3. Wash with a mild baby shampoo and rinse well.
4. Use a soft brush to gently brush out the scales.



Baby With Cradle Cap, Starfoxy~commonswiki. (2005). Retrieved from https://commons.wikimedia.org/wiki/File:Baby_With_Cradle_Cap.jpg. Creative Commons license https://creativecommons.org/licenses/by-sa/3.0

Spitting up

Some babies spit up small amounts of milk right after a feed or between one feed and the next. There's no need to be concerned if it's not forceful and if your baby is healthy and gaining weight. To help decrease spitting up, burp your baby during and after the feed (see page 204). You can also carry them in an upright position for 20–30 minutes after feeding to decrease spitting up.

Spitting up is not the same as vomiting. Vomiting is forceful and may mean your baby is sick. Vomiting can be very serious in a young baby as they can get dehydrated very quickly. If you're worried that your baby is sick, call Health Link at 811 or talk with your health care provider.

Sneezing

Babies sneeze to help clear their nostrils. This is common in the first few months and it can happen several times a day. It does not mean your baby has a cold. If your baby has a plugged nose that seems to make it harder for them to breathe or feed:

- Put 1–2 drops of saline nose drops into each of your baby's nostrils. This makes the mucous thinner and easier to sneeze out. You can buy saline nose drops or you can make your own.
- Use a cool mist humidifier to add extra humidity to your home. However, avoid direct contact with the humidifier's warm mist around children, as they can cause burns.

Recipe for saline nose drops

- Add 2.5 ml (½ tsp) of salt to 250 ml (1 cup) of water that has been boiled and cooled.
- Store in a clean container.
- Throw it out after 24 hours.

If you'd like to use a bulb-shaped nasal aspirator, talk with your health care provider to make sure you use it correctly as well as how often it should be used.

If using a humidifier, clean and disinfect it regularly. Using an unclean humidifier can lead to breathing problems, illnesses or allergies. Follow the manufacturer's cleaning instructions carefully. Empty the water from the humidifier reservoir when you're not using it and clean it before you re-fill and use it again.

Hiccups

Hiccups are very common and will not harm your baby. Sometimes they'll stop if your baby is cuddled, changes position or starts to suck on their fist, a soother, or when feeding.

Things to Watch for in Newborns

While most newborn babies are healthy, babies can get sick, and when they do, it can happen quite quickly. Unfortunately, they cannot tell you when they don't feel well, so you'll need to watch your baby for signs that tell you they're sick.

Sleepy newborn

It's normal for a newborn to be a little sleepy, and some newborns are sleepier than others. A baby may be sleepy for many reasons. If your baby is not able to wake up enough to feed, this creates a problem. For more information on sleepy newborns and what you can do to wake your baby up to feed, see page 186.

!! Call 911 **NOW** for any of the following:

- your newborn is breathing slowly or has stopped breathing
- your newborn is having trouble breathing or is wheezing
- your newborn has blue or grey skin
- your newborn is limp or not moving

! Call Health Link at **811** or your health care provider **NOW** if you're having trouble waking up your baby.

Jaundice



After birth, babies have more red blood cells than they need. As these cells break down, they release a substance called bilirubin. Your baby gets rid of bilirubin in the first few days through their bowel movements. If bilirubin builds up in their body, it causes jaundice. If your baby has jaundice you'll notice the whites of their eyes and skin look yellowish.

There are different types of jaundice. The most common type happens 2–3 days after birth, and sometimes it needs to be treated. If the jaundice needs to be treated, your baby may need to be in a hospital for a few days under

special lights (phototherapy). Putting your baby in the sun is not recommended. Sunlight is not strong enough to help with jaundice, and your baby could get a sunburn or become too hot.

At low levels, jaundice will not harm your baby. In rare cases, very high levels can cause brain damage. Babies with jaundice can become sleepier and may not feed well. To help reduce jaundice:

- Feed your baby often and for as long as they want to.
- If they are not waking on their own to feed, your health care provider may recommend waking your baby to feed at least every 3 hours, while they are jaundiced. In the first few weeks, babies should feed at least 8 times in 24 hours.
- Make sure they have a good latch when breastfeeding.
- Keep track of your baby's wet and dirty diapers and their weight gain.

Your health care provider will assess your baby's jaundice level. They may use a jaundice meter to tell how much bilirubin is in your baby's body. The jaundice meter is placed on your baby's forehead and uses a flash of light. Testing with the meter only takes a couple of seconds and does not hurt your baby. Some babies may also need a blood test to test their level of bilirubin.

A second type of jaundice can happen when your blood type is different from your baby's blood type. If this happens, your baby can become jaundiced in the first 24 hours of life.

A third and less common type of jaundice is caused by liver disease. It causes the urine to become dark brown and the stools to become white, light grey or very light yellow.

! Call Health Link at **811** or your health care provider **NOW** if your baby has any of the following:

- yellow skin and whites of the eyes in the first 24 hours
- gets more yellow and it's spreading to their feet and hands
- is not feeding well, is very sleepy or does not wake up enough to feed well
- fewer than the recommended number of wet and dirty diapers in 24 hours
- dark brown urine and white, light grey or very light yellow stool

Body temperature

Your baby needs help to keep their body temperature stable for the first couple of months. Their body is not able to cool down if they get hot, nor warm up if they get cold.

A normal underarm body temperature is 36.5–37.5 °C (97.8–99.5 °F). For more information on how to take your baby's temperature, see page 92.

Take your baby's temperature if they:

- feel cool to the touch
- feel warm to the touch
- look red and warm (flushed)
- are fussier than usual
- are not eating well
- are sleeping less or more than usual
- have diarrhea or vomiting
- look or act sick

If your baby's temperature is normal and they seem well, but feel cool to the touch, dress them enough to keep them warm, but not hot. You can also put a hat on your baby while you warm them up. If they still feel cool to the touch, remove all of their clothing except their diaper and cuddle them skin-to-skin, use a blanket to cover their back and put a hat on their head. Skin-to-skin cuddling helps your baby regulate their body temperature.

If your baby's temperature is normal and they seem well, but feel warm to the touch, take off some layers of clothing or blanket. If they still feel warm, cuddle them skin-to-skin in only a diaper and no hat, and use a light-weight blanket to cover their back.

Call Health Link at **811** or your health care provider **NOW** if your baby has any of the following:

- signs of being dehydrated (e.g., fewer wet diapers, dry mouth)
- dark, cloudy, or red urine
- a rash and fever
- many loose stools (diarrhea)
- a cough that's getting worse or is not going away
- red, irritated eyes that seem sensitive to light
- is vomiting
- seems to be in pain (e.g., cries more than usual, screams, rolls their head or rubs their ears)
- is twitching or shaking
- is sick and seems to be getting worse
- is very sleepy, weak or unusually irritable

!! Go to the Emergency Department **NOW** if your baby is **under 3 months** and has an underarm temperature that is lower than 36.5 °C (97.8 °F) or higher than 37.5 °C (99.5 °F).

!! Call 911 **NOW** if your baby has any of the following:

- blue, grey or pale skin
- noisy breathing

Preventing Injuries

Newborns are at risk of injuries even though they don't move much. Injuries often happen because parents are not aware of the risks to their baby. Wherever your baby is, there are many ways you can help keep them safe.

For their age and stage of development, here are some areas that need attention to keep your baby safe from injuries:

- **Falls**, see page 104
- **Safe sleep**, see page 218
- **Crying**, see page 229
- **Car seats**, see page 123

For more information about how to prevent injuries in the early years, see page 104.



Help your pet adjust to your newborn

Always be careful when bringing a newborn home when you have pets. Pets that have not been around children or have had your sole attention before your baby's birth, can become jealous, aggressive and defensive, and will try to protect their place in the family. As newborns don't act, smell, or sound like the adults or children your pet is used to, this may also confuse pets.

To help your pet adjust to your newborn, introduce them slowly, and:

- Give your pet a blanket or cloth with your baby's scent to smell before you bring your baby home. Animals have a very strong sense of smell that they use to get to know others. By giving your pet something that belongs to your baby, you'll help them get used to your baby's scent before they meet.
- Have someone else take your baby into another room while you give your pet a warm and calm welcome.
- Bring your pet to sit next to you and your baby, do not force them to be near your baby.
- Follow your pet's regular routines like walks and feedings.
- Continue to give your pet some of your attention regularly.
- Never leave your baby alone with your pet.

Pet safety classes

There may be pet safety classes available in your community. To learn more, contact your veterinarian or look online.

Make sure you wash your hands after handling or cleaning up after your pet, and before touching your baby. For safety, and to help reduce the risk of your pet's fur or dander bothering your baby's airways, keep pets out of your baby's sleeping area. When playing on the floor, put your baby on a clean blanket or mat to help keep dust, carpet fibres, fur and dander away.

Taking Care of Yourself



The first few days and weeks after your baby is born are often filled with many emotions. Feelings of excitement and joy are often mixed with feelings of worry and tiredness. Your sense of who you are may have changed throughout your pregnancy and birth of your baby.

You may find that you:

- have mixed feelings about no longer being pregnant, your birth experience, your baby and your role as a parent
- have a lot of energy or feel very tired
- have emotions that go from happy to sad and back again
- feel differently about how you look and the changes your body has gone through

Pay attention to your feelings and talk to your partner or a support person. You may be surprised to find that they also have mixed feelings.

Mental health

Coming home with your new baby is an adjustment. You're dealing with many changes and looking after many things in the first few weeks, and this can add up to a lot of stress. Caring for your baby as well as changes in your sleep, and emotions, can all affect how you feel and your ability to cope. Taking care of yourself, both mentally and physically, is one of the most important things you can do for yourself. This will help you have the energy you need to take care of your baby and family.

> ***"I found that going to bed shortly after dinner was helpful in the newborn stage. My partner would take care of the baby, unless she was hungry, and I could catch up on sleep."***
>
> *~ Shalza, mom of two children*

Self-care

Practicing self-care helps your mental health by reducing stress and giving you the energy you need to cope with change, solve problems and manage your feelings and emotions.

- Take things one step at a time and one day at a time.
- Drink plenty of fluids, eat regularly, and follow *Canada's Food Guide*.
- Be active. Even going for short walks can help boost your energy and mood.
- Take a nap or rest when your baby sleeps.
- Talk about how you're feeling with someone who will listen without judging and who can offer you support.
- Write down your thoughts or feelings in a journal.
- Take time for yourself, even if it's just for short periods of time to help you feel refreshed.
- Ask for and accept help from others.
- Practice simple relaxation techniques such as deep breathing and distraction (see page 260). Taking short relaxation breaks throughout the day can be really helpful.
- Say *"No"* to any household tasks that are not urgent.
- Spend time with your partner.
- Stay connected with your family and friends.
- Limit visitors if you're tired. Decide when visitors can come and don't be afraid to let them know when you're getting tired and need to rest.
- Go to parenting classes and support groups to meet others who may be going through the same things as you.

Be kind to yourself—caring for a new baby is a lot of work. No new parent has all the answers—you'll learn as you go. Take the time to enjoy getting to know your baby. It's your smiles, gentle voice, facial expressions and the gentle touch you provide as you help your baby meet their needs (e.g., feeding, sleeping, changing diapers) that build the connection needed for healthy attachment. Take your time and enjoy the journey.

Caring for yourselves

Remember that caring for your needs is important too. Your baby needs parents who take care of themselves to create a healthy family environment to grow and thrive in.

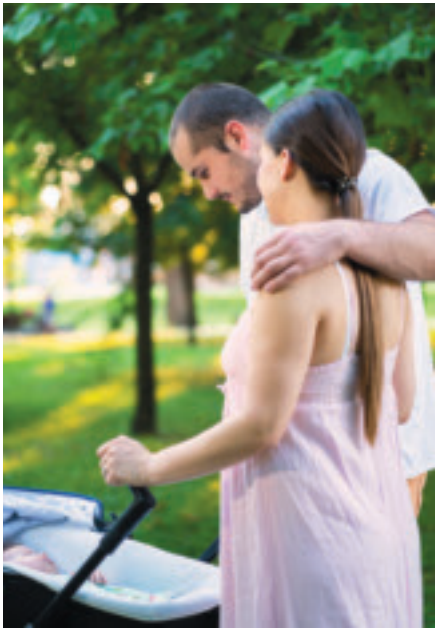
How to tell if you're stressed

When your body is stressed it may make you feel sad, worried, tense, nervous, or angry. Your body may react to stress with tiredness, headache, backache, stomach ache or a rash. By paying attention to these signs and learning ways to reduce and manage your stress, you'll have more energy to be the parent you want to be. For more information, including ways to cope, see page 26.

Relaxation technique

Get comfortable. Lie down or sit with your feet up. Then:

1. Take 4–5 deep, slow breaths—in through your nose, filling up your abdomen, and out slowly through your mouth. This is like pretending you're blowing on a candle, and trying to flicker the flame, but not blow it out.
2. Think about sending the tension out of your body each time you breathe out.
3. Starting with your toes, relax each part of your body. Relax your way up, from your toes to your head.
4. When you get to your head, breathe deeply 4–5 more times. Let go of all of your tension.
5. Now, imagine a favourite place. Imagine you're in that place and stay there a while. Enjoy the feeling in your body and the calm in your mind.
6. When you're ready, slowly bring yourself back to the present. Take a moment to enjoy how you feel.



You may be surprised that your life has changed significantly with your baby's birth. You'll find it takes time to adjust to this new normal. You may find that you're worried about your baby's health and safety, your ability to protect and care for them, or about yourself. You may also be worried about less income if one of you is staying home with your baby, or having less time for other activities and relationships. Talk about your concerns with your partner or someone else you trust. To learn more about what you can do for yourself in tough times and where to get help, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Over the next few months, as you get to know your baby better, you'll start to feel more confident in your abilities to take care of them and your family. However, you may continue to have mood changes. Any parent, including mothers, fathers and parents who adopt a baby, can have depression, anxiety or mood changes. If you or your partner have had depression, anxiety or other mental illness before or have these symptoms now, talk with your health care provider.

> *I knew because I had depression in pregnancy that I was high risk for postpartum depression. I did all I could and used all the supports that Alberta Health Services offered me, including support from the Public Health Nurse.*
>
> *~ Maggie, mom of one child*

Postpartum blues (Baby blues)

Many moms get the 'postpartum blues' around 3–5 days after their baby is born. Postpartum blues are linked with hormone changes associated with pregnancy and after childbirth. Getting support from people close to you and getting plenty of rest may help you deal with postpartum blues if you have it.

If you have postpartum blues, you may:

- feel a little sad, restless, anxious or overly sensitive
- cry for no reason
- be impatient and irritable
- have trouble concentrating
- feel overly tired or have trouble sleeping
- find your mood changes often, such as going from feeling happy to feeling sad

> **!** Call Health Link at **811** or your health care provider if you have symptoms of postpartum blues that last longer than 2 weeks after your baby is born.

Having postpartum blues is common and may last 1–2 weeks. If these feelings don't go away or if they get worse, it may be a sign of postpartum depression or anxiety. If you're struggling, you're not alone.

Postpartum depression, anxiety and psychosis

Postpartum depression or anxiety can happen anytime up to one year after your baby's born—even if it did not happen with your other births. If you've had depression or anxiety before or during your pregnancy, this can increase the chances of you having postpartum depression. Postpartum depression and anxiety are common after birth and often occur together. Your partner may be the first one to notice the symptoms.

> ***Supporting each other***
>
> Partners can help by watching for signs of mood changes and offering support. Your partner may be the first person to notice your mood changes.

When you take your baby to their first well child clinic and immunization appointment at 2 months, a public health nurse will offer to screen you for postpartum depression. Your mental health is as important as your physical health, and the earlier postpartum depression or anxiety is detected and treated, the better it is for you, your baby and your family. Untreated postpartum depression can affect your relationships with your baby, other children, partner and family. This includes your ability to take care of yourself and your baby. People may tell you to 'pull yourself together', but postpartum depression is not something that goes away on its own. Fortunately, there is help available. Call Health Link at 811 or talk with your health care provider about any concerns.

Symptoms of postpartum depression

Behaviours

- not coping with things that you used to be able to handle
- starting things and not finishing them
- avoiding places, people, family and friends
- not doing things you used to enjoy
- having trouble concentrating or making decisions
- using alcohol or drugs to feel better

Thoughts

- *"I'm a failure."*
- *"It's my fault."*
- *"Nothing good ever happens to me."*
- *"I'm worthless."*
- *"Life's not worth living."*
- *"People would be better off without me."*
- *"I wish I were dead."*

Feelings

- overwhelmed or hopeless
- useless or not good enough
- irritable, restless or agitated
- frustrated or miserable
- unhappy or sad
- empty or numb
- frequent mood changes

Physical symptoms

- tired all the time, sluggish or lethargic
- trouble sleeping—either too much or too little
- sick, run down or no energy
- headaches or muscle pains
- upset stomach
- changes in appetite—eating more or less

> *I knew that [my] crying all day, every day was not normal. When the public health nurse screened me, she gave me tips and tricks about coping with postpartum depression. The difference is that when you're in it, you feel like you're in a fog, but when you're out, you know you're out.*
>
> *~ Maheen, mom of one child*

Symptoms of postpartum anxiety	
Behaviours ▪ having trouble sleeping ▪ avoiding people, places or responsibilities ▪ starting things and not finishing them ▪ pacing, fidgeting or being restless ▪ re-checking things often such as if the house is locked ▪ using alcohol or drugs to feel better	**Thoughts** ▪ feeling scattered or having trouble concentrating ▪ thinking about the worst ▪ easily distracted ▪ having problems remembering things
Feelings ▪ tense, stressed or uptight ▪ panicky, unsettled or irritable ▪ things do not seem real or they feel strange ▪ feeling that something bad is going to happen	**Physical symptoms** ▪ tight or painful chest, feeling like your heart is pounding ▪ dizziness, sweating or shaking ▪ nausea or upset stomach ▪ body aches or tense muscles

You may think that this is not how you're supposed to feel or it's not what you expected. You may also be worried about talking to your partner or someone else about these feelings. If you feel this way, you're not alone and help is available so that you can feel better.

!! Call 911 **NOW** if you or your partner have thoughts of hurting yourself (e.g., suicide), hurting your baby, or hurting anyone else.

Get help when you first notice the symptoms of depression or anxiety. Asking for help does not mean you're weak, or that you're not a good parent. The earlier you ask for help, the sooner you can get the support you need, and the sooner you'll start feeling better. Seeking help and practicing self-care can decrease your symptoms.

To learn more about postpartum depression or anxiety, and getting help, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

> ***"At [the postpartum support program] I had group support. The program made the difference. I got to talk with other moms. It wasn't just me."***
>
> *~ Kerri, mom of a baby*

While postpartum psychosis is rare, it's very serious and can happen quickly—usually in the first month after your baby is born. It's important to get help right away as this is a medical emergency. There's a high risk of a mother with postpartum psychosis harming herself or her baby.

Symptoms of postpartum psychosis	
Behaviours ▪ unpredictable or unusual behaviour that's not like the mother at all ▪ being very agitated, talking very fast and not being able to focus ▪ seeing or hearing things that are not there (hallucinations)	**Thoughts** ▪ being very confused, forgetful and having mixed up thoughts ▪ beliefs that are not based in reality (delusions)
Feelings ▪ feeling super strong and powerful or very depressed ▪ feelings range from highest of highs to lowest of lows	**Physical symptoms** ▪ not being able to sleep ▪ often pacing, even for long periods of time

!! Call **911** **NOW** if your partner has any of the following:

- thoughts of suicide or hurting themselves, your baby, or anyone else
- symptoms of postpartum psychosis

Changes in your sexual relationship

Physical and emotional changes after the birth of a baby can affect both partners' sexual desire. For some people, the birth of their baby brings new joy to their sexual relationship. For others, they are not interested in sexual activity for the first few months. You can start sexual activity again when vaginal bleeding has stopped and you feel ready. Be sure you're both physically comfortable and emotionally ready.



Be gentle and patient with each other, and talk about your feelings. Expressing your affection is still needed, even without any sexual activity. Sexuality can be expressed in many ways and being intimate can include cuddling, hugging, kissing and showing tenderness towards each other.

Information on resuming sexual activity after having a baby, as well as birth control options, can be found in the book *Healthy Parents, Healthy Children: Pregnancy and Birth* or visit healthyparentshealthychildren.ca

Birth control

A woman can get pregnant when breastfeeding and before her period returns.

Talk to your health care provider about your choices for birth control before having sexual intercourse. To use an interactive tool about birth control, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources



It has been said that while babies are born, parents, in fact, are created. No one is born knowing how to be a parent. We learn over time. Worrying about parenthood can cause stress; learning to be a better parent can build confidence. Over the next few months, as you, your partner and your baby get to know each other better, you'll start to find out what works for your family. In the process, you'll start to feel sure of yourselves and more and more, you'll be able to enjoy your time together.

~ Unknown



Young Babies:
2–6 Months



Young Babies: 2–6 Months

Your young baby is becoming more interested in the people and things around them. As they grow during these four months, they'll interact more, become more active, and start to have more predictable routines. It's a busy time of change for both of you.

This chapter gives you information about your baby's stage of development and how to care for them. You'll learn more about how to communicate with your baby and how they love to play and interact with you.

Your Young Baby's Development

This is a time of rapid development for your young baby as they become more aware of their surroundings. These charts give you information about the developmental milestones and tasks your baby is working on from 2–6 months. In this chapter, you'll learn how you can help your baby achieve these milestones and tasks.

2–4 months: The 'being' stage	
Tasks	**Milestones**
During this stage, your baby is continuing to practice these tasks to learn to: ▪ **trust:** knowing that good, dependable and loving care is always there for them ▪ **form a secure attachment:** a close emotional bond between you and your baby and how you relate to each other	**Physical** ❑ holds their head more steady and starts to turn their head with purpose ❑ feeds and sleeps at more predictable times ❑ starts to follow moving objects with their eyes ❑ starts to reach for and hold a toy for a few moments ❑ starts to kick and squirm ❑ begins pushing up on their elbows when they're lying on their stomach ❑ might start to roll from their tummy to their back ❑ brings their hands to their mouth by 4 months
	Emotional ❑ cries in different ways to signal what they need ❑ starts to cry less at 3–4 months ❑ begins to learn how to self-soothe
	Social ❑ likes you to talk, sign and play with them ❑ smiles, especially at other people and when you smile at them ❑ copies some facial expressions ❑ likes the sound of your voice
	Cognitive (thinking and communicating) ❑ let's you know if they're sad or happy ❑ starts to laugh and copy some sounds they hear ❑ explores by looking around and looks at things that interest them ❑ begins to turn their head towards sounds ❑ starts to recognize familiar people and objects at a distance

4–6 months: The 'being' stage

Tasks	Milestones
During this stage, your baby is continuing to practice these tasks to learn to: ▪ **trust:** knowing that good, dependable and loving care is always there ▪ **form a secure attachment:** a close emotional bond between you and your baby and how you relate to each other	**Physical** ❑ starts to put things in their mouth ❑ may roll from tummy to back or from back to tummy ❑ tongue movements change to get ready for eating solid foods and making new sounds ❑ starts to pass things from one hand to the other ❑ puts their hands together ❑ doubles their birth weight by 4–5 months ❑ begins to sit for short periods of time with support by 6 months ❑ pushes up on their hands, lifts their chest and may start crawling backwards by around 6 months
	Emotional ❑ has different cries for different needs ❑ starts to settle themselves back to sleep during the night, but still needs you to comfort them ❑ shows emotions with their face, body, voice and actions ❑ forms an attachment to their main (primary) caregivers; begins to know who is a stranger
	Social ❑ looks at your face and smiles ❑ makes sounds, laughs and likes to be copied ❑ is aware of and prefers familiar faces ❑ starts to look at you when you call their name ❑ enjoys being near people ❑ responds to people's voices and facial expressions ❑ likes to play with people by around 6 months old ❑ looks at themselves in the mirror
	Cognitive (thinking and communicating) ❑ explores by reaching, grasping and putting things in their mouth ❑ turns their eyes and head to look for sounds ❑ starts to babble, makes lots of sounds, and may start to use the sound of letters such as 'm' and 'b'; may put letters together to make sounds such as 'ah' and 'oh' ❑ repeats actions and sounds to get a response from you and others ❑ starts to make different sounds for when they're happy or unhappy ❑ is more curious and tries to reach for things they want ❑ starts to get excited at the sight of food

To use an interactive tool about your baby's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

If you have concerns about your child's development, call Health Link at 811 or talk with your health care provider. You can also visit your nearest Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)*. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

> ***"Developmental milestones cannot be forced. Parents can worry if they compare their child too much to others."***
>
> *~ Alison, mom of two children*

Young Babies

Over these next few months, things will change as your baby develops and grows. Your days and nights may be starting to become more predictable and some routines are developing. You'll see that your young baby is starting to communicate more with smiles, babbles and by reaching. They're also beginning to learn how to soothe themselves. Your baby is still fragile in many ways and needs your gentle care, kindness and patience.



Looking after your baby's physical needs and building their trust is important during this time. Your baby needs to know that you'll care for and comfort them when they need you. This helps make your attachment with your young baby stronger (see page 209).

Feeding Your Young Baby

Young babies will continue to feed during the day, and will probably still wake up at night and need to be fed. In these early months, your baby can only suck and swallow liquids. Breastmilk or infant formula is all that your baby needs during this time.



How often will my baby feed?

Feed your baby whenever they show hunger cues and stop when they show signs of fullness (see page 149). Your young baby may also be telling you that they're full when they seal their lips together, get distracted or start paying attention to their surroundings more.

If you're breastfeeding, your baby will continue to feed at least 8 times in 24 hours. Around 3–6 months, they may feed less often, about 6–8 times in 24 hours. Around 6 months, when your baby starts to eat solid foods, they'll start to drink less breastmilk (see page 291).

What goes in a baby bottle?

Only put breastmilk or infant formula in your baby's bottle.

If you're formula feeding, between 2–5 months, your baby will feed about 5–7 times in 24 hours, 120–180 ml (4–6 oz) at each feeding. When they're about 6 months old, your baby may start to feed about 4–5 times in 24 hours, about 120–240 ml (4–8 oz) at each feeding. Around 6 months, when your baby starts to eat solid foods, they'll start to drink less formula.

Over time, your baby will begin to have more predictable feeding patterns. A growth spurt usually happens again around 3–4 months of age and only lasts a few days (see page 154). You may find that your baby wants to feed more often for longer during a growth spurt.

Thinking about solid foods

You may be thinking about when to start solid foods. At about 6 months old, your baby will need to start eating solid foods. Before eating solids, babies need to have good control of their head and neck and be able to sit up with little help. Before they're 6 months old, babies may not be able to chew and swallow solids safely. Your baby may not get enough breastmilk or infant formula if solids are introduced too early.

Vitamin D for young babies

Your young baby needs 400 IU of a liquid vitamin D supplement every day.

By 6 months, babies need the added iron that solid foods can give them. For more information about giving your baby solid foods, see page 294.

Weight gain

Your baby's growth will have its own pattern. Babies usually double their birth weight by the time they're 4–5 months old. If you'd like to weigh your baby, go to your community or public health centre during clinic hours. You don't need an appointment. Keeping track of your baby's weight over time will help you know how your baby is growing.

Everyday Care

Sleeping

Follow your baby's cues by letting them sleep and eat when they need to. They'll soon develop their own sleeping and feeding patterns. You do not need to wake your baby to feed as long as they are healthy, gaining enough weight and growing. Your health care provider will let you know if there is a reason to wake your baby to feed.

Young babies usually sleep:

- 3–4 hours at a time and sometimes as little as 2 hours at a time
- a total of 14–17 hours a day for the first 3 months, then after that 12–16 hours for infants 4–12 months old

Back to sleep, tummy to play

Always place your baby on their back to go to sleep.

Give them tummy time to play when they're awake and you're with them.

Babies' sleep patterns stay about the same until they're around 5–6 months old. Some babies may start sleeping longer at night by the time they're 3 months old. Every baby is unique, however, some babies are not ready to sleep longer at night until they're at least 6 months old.

By understanding and responding to your baby's waking and sleeping cues and patterns, you can help them learn good sleeping habits early (see page 215).

Learning to fall asleep on their own

Whenever you can, put your baby in their crib, cradle or bassinet when they're sleepy but still awake. Cuddle or feed your baby until they're close to falling asleep and then put them down. This will help them learn to fall asleep on their own. Babies learn from experiencing things over and over. When they go to sleep and wake up in the same place, they learn that this is where they sleep. Your baby is also starting to learn to self-soothe (see page 307).

> ***If your baby uses a soother***
>
> Check it regularly. Throw it away if it's cracked, has a hole or is torn. Replace the soother at least every 2 months.

> ***"It's a good idea to have someone other than you put your baby to sleep on occasion. This ensures that the baby doesn't only rely on you to fall asleep."***
>
> *~ Katherine, mom of two children*

Safe sleep

Put your baby on their back to sleep in their own crib, cradle or bassinet. Move your baby from a cradle or bassinet to a crib when they roll over or reach the maximum weight recommended by the cradle or bassinet manufacturer, whichever comes first.

Follow all of the recommendations for safe sleep until your baby is 1 year old (see page 218). This helps reduce the risk of SIDS and prevent other sleep-related injuries and deaths.



If you've been swaddling your baby, remember to stop if your baby:

- no longer needs swaddling to settle or calm them
- is able to roll over
- has wiggled out of a swaddle—usually between 2–3 months old

For more information about swaddling, see page 227.

Head shape



Flat areas on the back or side of your baby's head can develop until they're more mobile. To help prevent flat areas, keep giving your baby tummy time every day when they're awake and limit the amount of time your baby spends in a car seat, stroller or swing. Tummy time helps with your baby's development and makes their body stronger so that they can learn to roll, sit and crawl. For more information about head shape and tummy time, see pages 224 and 245.

If you have concerns about your baby's head shape, talk with your health care provider. Your health care provider may refer you for other services or recommend a special helmet to improve your baby's head shape.

Crying

Crying will peak when your baby is about 2 months old and then gradually decrease. Between 2–4 months, your baby's cry will change depending on what they need.

> ***"I had my mom, my grandparents, brother and sister who made it easier. If [my baby] could not stop crying for me when she was little, they would hold her or take her for a walk."***
>
> *~ Nikki, parent*

Sometimes no matter what you do, your baby may keep crying. Continue to try and soothe your baby to help them settle. If your baby cannot stop crying and you need some time to calm yourself, put your baby in a safe place, and take a short break. Have a cup of tea, take some deep breaths or walk around your home.

When you feel calmer, try again to soothe your baby. Holding them when you're frustrated or angry can lead to shaking them. Never shake your baby. For more information on the *Crying Plan*, see page 230.

Take a break, don't shake

Never shake your baby for any reason. Even a few seconds of shaking can cause blindness, hearing loss, life-long health problems or even death.

Teeth and mouth

Clean your baby's gums, even before they get their teeth.

- Clean the gums with a soft, clean, damp washcloth morning and night.
- Once teeth appear, brush them twice a day, especially at bedtime. Use a small, soft-bristled baby toothbrush with fluoride toothpaste the size of a grain of rice to help prevent tooth decay. Gum cleaners are not recommended at this age.

Teething

Baby's teeth usually start coming in at around 6 months old, although some babies may get their first teeth earlier or later. Teething may be uncomfortable and your baby will need lots of love and comfort from you.

To provide your baby comfort, you can:

- Gently rub their gums with your clean finger.
- Give them a cold, clean cloth to chew on.
- Give them a solid teething ring that can be cooled in the fridge to chew on.

Items that are not safe to give to your baby for teething relief are:

- biscuits
- rings filled with fluid
- raw vegetables
- fruit
- teething products such as numbing gels

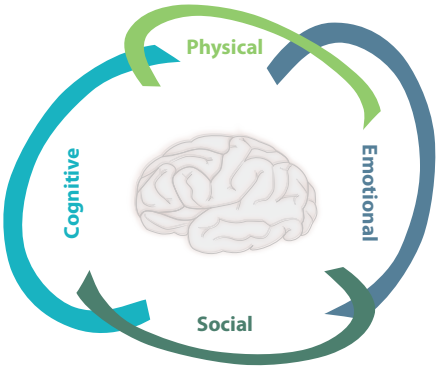
No teething necklaces, bracelets or anklets

Any kind of jewellery on babies is a choking and strangulation hazard. Teething necklaces can break and your baby could choke on the small pieces. Necklaces around your baby's neck can also catch on furniture, hooks or other objects and can strangle your baby.

For more information about how to help your baby when they're teething, see page 311.

Growing and Learning Together

Your baby continues to grow and change every day. All areas of your young baby's development are interconnected and the development in one area affects development in all other areas. Your baby's development is guided by their brain.



When you know how the brain works, it's easier to understand what you can do to support your child.



Your young baby's developing brain

Brain connections continue to be formed and become stronger with everyday experiences. These connections become stronger when you and your baby engage in serve-and-return interactions. Here are some examples of what this might look like with your young baby.



Peek-a-boo

'Peek-a-boo' is a game where you briefly hide your face with your hands or a blanket, then you remove your hands or the blanket and say *"Boo!"* or *"Peek-a-boo!"* It's a fun way to learn that you go away and come back.

Examples of serve-and-return interactions 2–6 months	
Your baby serves when they:	**You return their serve when you:**
▪ look at people, things and sounds that interest them	▪ talk about or give them the things they're looking at or reaching for
▪ try to move while on their tummy	▪ get down on the floor and copy them
▪ coo and babble with sounds such as 'uh', 'ah', 'ma' and 'buh-buh'	▪ copy your baby's sounds and actions
▪ smile at you when you talk and sing	▪ sing, talk and look at books with your baby
▪ laugh, giggle and shout	▪ keep doing the things that they're enjoying—play peek-a-boo, make funny faces, or stick out your tongue ▪ wait to see if they copy you, then do it again

For more information about how the brain develops and serve-and-return interactions, see page 19.

Other things you can do to help your baby learn

Communicating with your young baby

Young babies communicate in many ways. Your baby will still communicate with you by crying. However, their cries will become easier to understand. Between 2–6 months, your baby will also move from cooing and gurgling to babbling. Continue to talk and interact with your baby as much as possible. This will help to build the brain connections they need for speech and language development.



Here are some things you can do:



- **Engage:** Watch, listen and respond to your baby's cues.
- **Get face-to-face:** Talk, sing, smile and make faces together.
- **Tune in:** Some babies need energetic conversations to engage with you. Others will respond more to gentler tones. Some babies need both. Find what works for your baby.
- **Play with language:** Use finger games, nursery rhymes and songs with actions to help your baby understand words.
- **Read:** Start looking at books with your baby from birth and read with them every day. Point to and talk about the pictures in children's books. Choose books that are safe to chew. If your baby wants to flip the pages or play with the book, let them. You can also read anything that interests you out loud—even the newspaper sounds interesting to a baby.

To learn more about ways to help with your baby's speech and language development, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Let's play

Play builds healthy bodies and healthy minds. As your baby grows and develops new skills and abilities, the way you play with them will change. By copying and taking turns during play, you'll help your baby learn:



- to copy you and take turns
- to control their movements
- about the objects around them

Your baby will start to reach for and hold toys. They'll also play with objects with their mouth. It's a good time to play when they're smiling, cooing and looking interested. If your baby pulls away, looks frustrated or cries, they may be telling you they need to change activities or sleep.

Reduce sitting time

Try not to let your baby sit in a stroller or high chair for more than 1 hour at a time.

By 3 months, your baby will become more interested in the people and activities around them. They'll start to follow moving objects by turning their head. As your baby gets used to their surroundings and their daily routines, they'll begin to show that they recognize you and others by making sounds, reaching for you and becoming excited. For information on ideas to play with your baby, see page 244.

During play time, give your baby tummy time many times every day. Put a clean, flat blanket on the floor with some toys appropriate for your baby's age. Give them a chance to play on their tummy and side while awake (see page 245). Supervise your baby at all times and join their play to make it more fun. This will help your baby's development as they play by reaching for and grasping toys, pushing up on their hands, and rolling.

Back to sleep, tummy to play

Always supervise your baby during tummy time. The positions suggested for tummy time are not safe for sleeping. Turn your baby onto their back right away if they fall asleep during tummy time.



Prevent choking

If your baby can pick something up, they can put it into their mouth. If it can fit through a toilet paper roll, it's too small for your baby and they may choke on it.

Learning about emotions

By 6 months of age, your baby starts to show more emotions with their face, body, voice and actions. It becomes easier to tell when they're happy or sad. They also have different cries to express their needs. Sometimes your baby may become overwhelmed with things that usually make them feel good. They'll need your love and comfort to help them calm themselves. This will help them feel safe and secure to play and discover as they grow.



Living in a social world

You can help your baby build relationships with others by taking them to new places and meeting new people. This will help them learn to play and interact with others. As your baby gets older, they'll also learn from other people. It may take some adjusting to accept the way that other people interact with or care for your baby. As long as they're providing safe and nurturing care, it's okay. If you're not comfortable with the care being provided, talk with them about your concerns.



Babies this age are very portable—you can take them with you when you go out. Your baby will learn from these new experiences. It usually works best if you can plan your activities around your baby's usual feeding and sleeping times to keep their routine.



Your baby loves to play with you

Play, talk and sing together. Go outside and enjoy exploring new things with them.

Health Checkups

Your baby will continue to see their health care providers regularly during their first 6 months. These visits will continue to track and support your baby's growth and development.



For more information about keeping children healthy and safe at any age, see page 76.

Well child clinic visit

Your baby will have their routine immunizations at their well child clinic visit. Immunizations are scheduled when your baby is 2, 4 and 6 months old. During your immunization visit, your public health nurse will also check things such as your baby's growth, how they're feeding, and answer any questions you have (see page 78).



If your child has not been immunized or their immunizations are not up to date, talk with your public health nurse about how to get back on schedule. For more information about immunizations, see page 82.

To find a community or public health centre near you, call Health Link at 811 or visit the *Links* section at healthyparentshealthychildren.ca/resources

Recommended checkups

	Birth–2 months	2 months	4 months	6 months	12 months	18 months	2 years	3–4 years	5 years and beyond
Doctor	√	Check with your doctor to find out the checkup schedule at their office			Check with your doctor to find out the checkup schedule at their office				
Immunization with public health nurse		√	√	√	√	√		√ (at 4 years old)	
Dental					√	Regular checkups as recommended by your dentist			
Vision	Early vision checkups with your doctor	Early vision checkups with your doctor			Early vision checkups with your doctor			√ (with optometrist at 3–5 years old)	
Other health care providers	As needed	As needed			As needed				

Watch your baby closely for signs of illness

Watch your young baby more closely for signs of illness such as fever, vomiting, diarrhea, dehydration, rash, cough and ear infection. For more information, see page 91.

!! Go to the Emergency Department **NOW** if your baby is **under 3 months** and has an underarm temperature that is lower than 36.5 °C (97.8 °F) or higher than 37.5 °C (99.5 °F).

! Call Health Link at 811 or your health care provider **NOW** if your baby is **between 3–6 months** and has an underarm temperature higher than 37.5 °C (99.5 °F).

Preventing Injuries

The risk of injury goes up as babies grow and develop. Babies between 2–6 months move from kicking and squirming to rolling and sitting, and explore and play by putting things in their mouths. There's a lot you can do to help keep your baby safe.

Protect your baby from falls

Falls are the leading cause of injury to babies and children. Keep one hand on your baby when they're on any raised surface. Being at your baby's side is the best way to prevent falls.





Be safe around water

Never leave your baby unattended in or around water.

Here are some areas that need attention to keep your baby safe from injuries for their age and stage of development:

- **Falls,** see page 104
- **Safe sleep,** see page 218
- **Burns and scalds,** see page 108
- **Water safety,** see page 111
- **Choking and poisoning,** see page 107
- **Crying,** see page 229
- **Car seats,** see page 123

For more information about how to prevent injuries in the early years, see page 104.

Taking Care of Yourself



Eating well, being active and getting enough sleep can help you stay healthy and better able to manage the day-to-day stresses of parenting. Take time to do things you enjoy, even if it's only for short periods of time.

Pay attention to your feelings and talk to your partner or someone you trust. If you're parenting with a partner, you can help one another by looking for signs of mood changes and offering support. Your partner may be the first person to notice your mood changes.

Postpartum depression or anxiety can happen anytime within the first year after your baby is born and can affect both moms and dads. As a parent, your mental health is important because it affects not only your own health, but also your baby's health and development, and your relationships with your partner and your family. The sooner postpartum depression or anxiety are treated, the better you'll feel and the more energy you'll have to care for yourself and your family (see page 261). If you're concerned, talk with your health care provider as soon as possible as they can help you feel better so you can be the parent you want to be.

For more information about mood changes, self-care and supports available, see page 258.

Adjusting to life with a young baby

It's easier to cope with the day-to-day stresses of parenting if you can practice self-regulation to help you feel calm and relaxed throughout the day. This way, the stresses don't build-up and catch you by surprise when they get to be too much.

Over time, you'll find what works best for you. Here are a few suggestions that may help:

- **Breathe.** Take a deep breath and slowly release it to a count of 10. Concentrate on something you're thankful for.
- **Be positive.** Keep the big picture in mind. It may be hard to see any change hour-to-hour, but think about how amazing it is that your baby is growing, exploring and changing so much from one week to the next. You might enjoy keeping a journal about your baby's first year.

- **Take a break.** Ask a relative, friend or caregiver to give you a break, before you get to the point that you feel you can no longer cope. All parents need a little help sometimes. Remember that it's okay to put your crying baby in a safe place, like their crib, while you leave the room for a few minutes. You can try again to soothe your baby when you're calmer.
- **Look after yourself.** Try to enjoy some time outside every day. Even a short walk for 5–10 minutes can be refreshing for you and your baby.

Coping with your baby's crying

Dealing with a crying baby can be challenging. Remember that crying is communicating; your baby is telling you that they need something. Try to think about what your baby might need right now, such as rocking, a diaper change, a feeding, your calm and soothing voice, a song or some fresh air. Sometimes the crying doesn't stop no matter what you do. Keep trying—your baby may not be able to settle, but they can feel that you're trying. For more information about coping with crying, see page 229.

- **Ask for help.** If you're feeling overwhelmed or that life is getting out of control, talk to your partner or other support people. You can also call Health Link at 811 or talk with your health care provider for support.
- **Check out parenting programs in your community.** They are a great way to connect with other parents, make new friends and get some new ideas.





Older Babies:
6–12 Months



Older Babies: 6–12 Months

The time when your baby is 6–12 months old is a source of wonder. Your older baby will likely move from rolling to sitting and pulling up on furniture, to taking their first steps. Feeding also changes during this time, and by the time they're 1 year old, your baby will be eating many foods.

This chapter gives you information about your baby's growth and development at this age. There is information on feeding your baby solid foods and how they explore and play. You'll also learn about your baby's developing emotions and about how to keep them safe.

Your Older Baby's Development

At 6 months, your baby is more interested in and able to explore the world around them. This chart gives you information about the developmental milestones and tasks your baby is working on from 6–12 months. In this chapter, you'll learn how you can help your baby achieve these milestones and tasks.

6–12 months: The 'doing' stage	
Tasks	**Milestones**
During this stage, your baby is continuing to practice earlier tasks as well as learning to: ▪ **discover:** learn about their surroundings through touch, reach, grasp and taste	**Physical** ❑ sits with support, then sits up by themselves ❑ may help with or resist feeding, dressing and undressing ❑ teeth start to come in ❑ has more regular sleep patterns ❑ may be more able to settle themselves back to sleep during the night ❑ usually naps twice during the day ❑ may roll in both directions ❑ may crawl ❑ at first picks things up with their whole hand, then with their pointer finger and thumb ❑ pulls themselves up to stand and walks by holding furniture or your hands ❑ gains weight more slowly and often triples their birth weight by 12 months
	Emotional ❑ shows fear or anxiety over people and situations that didn't bother them before ❑ likes to stay close to you ❑ shows pleasure when you return ❑ looks for comfort when upset ❑ starts to read other people's emotions
	Social ❑ enjoys games such as 'peek-a-boo' and 'pat-a-cake' ❑ enjoys being around people but may be anxious around strangers ❑ cries or clings to you when you start to leave ❑ plays purposefully with toys

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6–12 months: The 'doing' stage	
Tasks	**Milestones**
	Cognitive (thinking and communicating) ❑ babbles a lot and copies sounds and actions ❑ makes more and different sounds ❑ explores by putting things in their mouth ❑ starts to recognize words and simple phrases; understands the word 'no' ❑ gets excited at the sight of food ❑ responds to their own name ❑ points to things they know ❑ starts to realize that people and things exist even when they can't see them ❑ likes having routines ❑ likes to stack, nest and put things in and out of containers ❑ says a few words but not always clearly ❑ searches for hidden toys ❑ claps

To use an interactive tool about your baby's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

To learn more about your child's development, visit your nearest Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)* or go to the ***Links*** section at healthyparentshealthychildren.ca/resources

> ***"It helped to check in with a developmental checklist."***
>
> *~ Grace, mom of a toddler*

Call Health Link at 811 or your health care provider if you have any concerns about your baby's development or if you notice any of the following:

- your baby does not respond to familiar voices and sounds around them
- your baby does not turn their head towards sounds
- your baby is not babbling and saying things such as 'baba' and 'dada'
- your baby does not notice people and objects over 1.5 m (5 ft.) away

Older Babies

Your relationship with your baby changes and grows as they move more and learn new ways to communicate. While your baby is still fully dependent on you, they're also becoming their own person and starting to explore the world around them. By the time they're 12 months old, your baby may be walking, swaying to music and saying a few words such as 'bye-bye'. This leads to many new adventures and discoveries.



Babies learn many things at the same time. You help your baby develop by doing things for them. For example, when you look at and read books together, your baby does much more than look at the pictures. They learn how the book feels, smells and tastes. They start to understand that the pictures stand for objects. They also start to understand new words and learn trust from snuggling with you.

Feeding Your Older Baby

Changes in feeding patterns

The nutrition your baby needs will change during their first year. Along with breastmilk or infant formula, most babies are ready to start solid foods when they're about 6 months old. As your baby eats more solid food, they'll start to drink less breastmilk or infant formula, although these still remain an important food for them.

Breastfeeding

After 6 months, your baby will usually breastfeed about 5–6 times a day (24 hours). Continue to breastfeed while you're starting solid foods. The longer you breastfeed, the more you and your baby will benefit. For more information on breastfeeding, see page 151. If you're breastfeeding, there is no need to give any other milk to your baby.

To watch a video on returning to work and breastfeeding, visit the ***Videos*** section at healthyparentshealthychildren.ca/resources

Infant formula

Between 6–8 months, your baby will formula-feed 4–5 times a day (24 hours), about 120–240 ml (4–8 oz) at each feeding. For more information on feeding your baby infant formula, see page 193.

Between 9–12 months, the number of times your baby feeds will go down, but the amount they drink may go up. You can also give your baby pasteurized, homogenized whole (3.25% milk fat) milk at this age (see page 297).

What about follow-up infant formula?

Your baby will get all the nutrition they need from the solid foods they eat starting at 6 months. Because of this, the extra calcium and phosphorous found in follow-up infant formula is not needed.

Using a cup

When your baby is about 6 months old, try offering a small amount of breastmilk, infant formula or water in a cup. Using an open cup without a lid helps with the development of your baby's teeth, mouth and speech. Cups with spouted lids or nipples like sippy cups or sports bottles are not recommended.



Start with small amounts of liquid in the cup as your baby is likely to spill. It takes time for them to learn to use a cup—help them until they're able to use it on their own. Using a cup will help your baby slowly give up their bottle, if they use one.

Here are some things to think about when offering drinks to your baby from a cup:

- Get your baby used to the taste of water. Try offering them a few sips from an open cup if you think your baby is thirsty. Water should not replace milk.
- Your baby doesn't need juice. If you decide to give them juice, choose 100% juice and offer it in an open cup as part of a meal or snack. Giving your baby more than 125 ml (½ cup) of juice per day can reduce their appetite, increase their risk of tooth decay and give them a lot of sugar they don't need. Unpasteurized juice is not safe for your baby.
- Avoid drinks that are labelled 'beverage', 'punch' or 'cocktail' as they have little or no real juice in them.
- Drinks such as pop, fruit drinks, lemonades, vitamin or flavoured water, sports drinks, coffee, tea or herbal tea may have added sugar or caffeine and should not be given to your baby.
- When introducing milk when your baby is around 9–12 months old, use pasteurized, homogenized whole milk (3.25% milk fat) for the first 2 years (see page 297). Unpasteurized milk is not safe for your baby.

Travelling with a cup

Choose a no-spill cup with a straw or a lid with an opening that doesn't have a spout or nipple.

Adding water to juice

Adding water to juice does not make it healthy or safe for your child's teeth. If given throughout the day, your child may get used to drinking sweet liquids and the sugar in it will increase their risk of tooth decay.

Weaning off the bottle

When you're weaning your baby from a bottle:

- Offer them sips of water from their own cup throughout the day.
- Over time, decrease the number of bottles you offer during the day. Continue to offer your baby an open cup for drinking.
- For many babies, a bottle is a source of comfort, especially at bedtime. Once they've weaned off most of their daytime bottles, instead of giving your baby a bottle before going to bed, try soothing them by holding or rocking them, singing, reading a story or gently rubbing their head or tummy.
- For good dental health, try to have your baby off the bottle by 12–14 months of age.

If you have any concerns about weaning your baby off of the bottle, talk with your health care provider.

Starting solid foods

Swallowing solids is different from swallowing milk. Before they are 6 months old, your baby's mouth is designed to suck and swallow. Around 6 months old, your baby will start to develop the ability to move food from the front of their mouth to the back so they can swallow safely. Solid foods are introduced gradually at this time.

> ***Feeding relationship***
>
> A healthy feeding relationship with your child during the early years is important. It helps them develop healthy eating behaviours for the rest of their life. For more information, see page 49.

Here are other signs that show your baby is ready for solid foods:

- They can sit up with little help.
- They have good head and neck control and are able to turn their head away if they don't want to eat.
- They can open their mouth when food is offered.

If your baby is around 6 months old and showing all of the signs that they're ready, it's time to begin introducing solids.

> ***Make mealtime family time***
>
> Mealtimes are a great time for your family to visit and talk. Your baby is learning about your family's eating habits and traditions. Set a good example by sitting together at the table. With time, your baby will learn how and what to eat by following your example.



Timing for starting solid foods is important. Introducing solids when you're baby is ready helps them:

- accept new foods and flavours more quickly
- have an easier time eating new textures
- get all the vitamins and minerals they need, such as iron

It may take several tries before your baby adjusts to eating solid foods. Remember, they're exploring and learning how to use their mouth, tongue and throat in a new way.

Changes in bowel movements

When your baby starts to eat solids, their bowel movements may become softer or more solid. They shouldn't be runny.

Starting solid foods can be a fun time, as well as a messy time, for you and your baby. Babies like to touch their food and try to feed themselves—this is how they learn. The more they can get to know about a food, the more likely your baby will be willing to try it. Use a wide bib and keep a warm, wet washcloth close by to make clean-up easier.

Here are a few tips to get your baby off to a good start with solids:

- **Start by offering solids once a day.** Soon, your baby will be ready to eat more often. Offer more food if your baby is still showing signs of hunger.
- **Give your baby one new food at a time.** You can introduce any healthy food as long as it's the right texture but wait 2 days before adding the next new food. This makes it easier to tell if your baby is allergic to the food.
- **Try new foods and flavours.** Offer new foods when your baby is alert and relaxed—they'll be more likely to try them. If your baby makes a face when you feed them, it doesn't always mean they don't like the taste. If they continue to reject a food, just try again another time—don't force them to eat it. Let your baby explore new foods more than once. They may need to see it, touch it and smell it many times before they try it (see page 54).



It's time to get messy

Let your baby touch and explore new foods and try to eat with their own spoon. Eating off a spoon is an important skill for them to learn.

- **Be patient.** Babies will make a mess as they learn to feed themselves, first with their hands and then with a spoon. Being able to use a spoon is an important developmental step. Eating with a spoon helps them move from sucking to chewing and biting. It helps your baby learn the skills they need to be able to feed themselves when they're older. It's also very common for babies to like a food one day and refuse it the next. Continue to offer small amounts of the food to your baby and let them decide when they want to try it.

Feeding cues

When you first start solids, wait for your baby's mouth to open and feed them with a spoon as slowly or as quickly as your baby wants. Stop feeding when they show signs of fullness.



You'll know your baby is hungry when they:	You'll know your baby is full when they:
▪ lean forward ▪ reach for food ▪ smack or suck their lips ▪ open their mouth when food is offered ▪ put their fist in their mouth	▪ turn their head away ▪ close their mouth when food is offered ▪ cover their mouth with their hand ▪ fuss or cry

Healthy food choices

Babies need iron to grow and develop. Your baby was born with a supply of iron, but around 6 months old, it's nearly used up. Therefore, your baby needs to get iron from their solid foods. They need iron-rich foods every day, offered at each meal—breakfast, lunch and dinner. For more information on what, when and how much to offer, see page 299.

Good sources of iron include store-bought baby cereals with iron and foods from the meat and meat alternatives food group. As you introduce solids, gradually increase the different types of iron-rich foods you offer to your baby.

Iron and vitamin C

Vitamin C found in vegetables and fruits helps your baby use the iron from their food. Remember to offer vegetables and fruits along with iron-rich foods.

Vitamin D for older babies

Your baby needs a supplement of 400 IU vitamin D every day to help meet their needs.

Once your baby is eating a variety of foods, include items from 3–4 food groups at each meal and 2 food groups at each snack from *Canada's Food Guide*. Your baby will enjoy many of the same healthy foods that your family is eating. Offer new foods, flavours and textures as your baby learns to eat. Change the texture of food as your baby grows and develops better eating skills. For more information about textures, see page 301.

Here are some suggestions for healthy foods to give to your baby:

Canada's Food Guide food groups	Healthy food choices
Vegetables and Fruit	▪ Fresh, frozen or canned vegetables and fruit without added salt or sugar. ▪ Broccoli, kiwi, mango, strawberry, peppers and sweet potato are good sources of vitamin C.
Grain Products	▪ Start with a store-bought, single-grain baby cereal with iron such as barley, oat, rice or wheat. ▪ Add foods such as barley, couscous, rice, quinoa, roti and toast strips when your baby is ready for these textures.
Milk and Alternatives	▪ Yogurt (2.5% milk fat or higher), plain or with fruit. ▪ Cheese such as cheddar or cottage cheese. ▪ When your baby is 9–12 months old, you can start giving them pasteurized, homogenized whole milk (3.25% milk fat), as long as they're eating iron-rich foods at each meal. Unpasteurized milk is not safe for your baby. By the time they're 1 year old, offer your baby 500 ml (2 cups) of milk each day. Drinking more than this amount of milk may take the place of iron-rich foods. Breastfed babies can continue to get all their milk needs from breastmilk. ▪ Low-fat milks such as 2%, 1% and skim don't have enough fat and energy and are not recommended until your child is 2 years old. ▪ Soy and other plant-based beverages such as rice, oat, almond, potato, hemp or coconut should not replace cow's milk in the first 2 years. These beverages don't have enough protein, energy and healthy fat to help your baby grow and develop. To learn more about plant-based beverages, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources
Meat and Alternatives	▪ Beef, chicken, fish without bones, lamb, pork, turkey and wild game are good sources of iron. ▪ Fish such as Atlantic mackerel, herring, rainbow trout and salmon are a good source of healthy fats. ▪ Meat alternatives such as black beans, chickpeas, kidney beans, lentils, split peas, eggs and tofu also have iron. ▪ Limit processed meats such as hot dogs, salami and bologna as they're high in salt.

Food allergies

Research shows that waiting to give your baby certain foods does not prevent an allergy. When your baby is around 6 months old, you can introduce any healthy food as long as it's the right texture. Once you start a new food, keep offering it. If you think your baby has an allergy to the food, stop giving it. Signs of a food allergy can happen right away or a few days after a food is introduced. Some signs of a food allergy are:

> ***Honey is not for babies***
>
> Do not give babies under 1 year old honey or foods with honey—even if the honey is pasteurized. It can make them sick with botulism (see page 60).

- mild redness around the mouth
- rash or hives
- vomiting, diarrhea or a lot of gas
- crying more than usual
- watery or swollen eyes
- stomach pain
- clear, runny nose that lasts a long time
- poor growth

If your baby shows any of the signs of a food allergy, stop offering the food and call Health Link at 811 or talk with your health care provider.

Call 911 **NOW** if your baby has any of the following:

- trouble breathing
- a swollen tongue or mouth
- is not able to swallow

What, when and how much food to offer

Every baby will like and eat different amounts of food from day to day. Continue to breastfeed or feed formula as you add more solid foods.

Start by offering 5–15 ml (1–3 tsp) of smooth or pureed food. Give your baby more food if they show you they're hungry, and stop feeding when they show you they're full. Some days, your baby will eat a lot, other days not as much. Here's a guide for what food and when to offer it in a day:

	Around 6 months old	6–7 months old	8–9 months old	10–12 months old
	Start offering solid foods once a day	**Gradually increase solid foods from 1–3 times a day**	**Offer solid foods 3–5 times a day**	**Offer 3 meals and 2–3 snacks a day**
	Continue with breastfeeding or formula feeding*			
Breakfast	▪ Single-grain baby cereal with iron or meat or meat alternative 	▪ Baby cereal with iron	▪ Baby cereal with iron ▪ Fruit	▪ Baby cereal with iron ▪ Fruit
Morning snack			▪ Baby cereal with iron	▪ Fruit ▪ Grain product
Lunch		▪ Baby cereal with iron ▪ Fruit	▪ Meat or meat alternative ▪ Vegetable ▪ Cheese	▪ Meat or meat alternative ▪ Vegetable ▪ Yogurt
Afternoon snack				▪ Vegetable ▪ Grain product
Supper		▪ Meat or meat alternative ▪ Vegetable	▪ Meat or meat alternative ▪ Grain product ▪ Vegetable	▪ Meat or meat alternative ▪ Grain product ▪ Vegetable
Nighttime snack			▪ Baby cereal with iron	▪ Baby cereal with iron ▪ Fruit

* When your baby is 9–12 months old, you can start giving them pasteurized, whole milk (see page 297).

As your baby gets older, slowly increase the amount of food you offer. Your baby may eat more or less food than what you offer; they may even like one food one day and not like it the next day. Let their feeding cues guide you. Examples are provided in the table below.

Examples of amounts of food to offer your baby	
Baby cereal with iron	30–60 ml (2–4 Tbsp)
Meat	30–60 ml (2–4 Tbsp)
Meat alternatives	30–60 ml (2–4 Tbsp)
Fruit	30–60 ml (2–4 Tbsp)
Vegetables	30–60 ml (2–4 Tbsp)
Grain products	45–120 ml (3–8 Tbsp)
Milk alternatives (cheese or yogurt)	30–45 ml (2–3 Tbsp)

Should I offer foods in a particular order?

You can choose any healthy foods to offer your baby after they've had their iron-rich meats or cereals. Research has shown that you don't need to offer solid foods in a certain order after starting the iron-rich foods.

Food textures

Babies need to try different textures to help them develop their eating skills over time. Start with smooth or pureed food—most babies only need pureed food for a short time before they move on to other textures. Start to offer lumpy textures before they're 9 months old. If your baby stays on pureed textures too long, they may resist different textures later.

> ***No teeth yet? No problem!*** ★
>
> Babies don't need teeth to start eating foods that are not pureed.

Every baby is different and will move through textures at their own rate. Introduce food textures that match your baby's development. Your baby might gag a bit as you offer new textures. This is a normal reaction for a baby learning to eat a new texture. Gagging is not the same as choking.

Here is a table to give you an idea of when to introduce new textures to your baby:

Baby's age	Developmental milestones	Food textures
Around 6 months old	▪ holds head up ▪ sits with little help ▪ begins chewing motion	▪ pureed ▪ smooth ▪ mashed 
	▪ sits by themselves ▪ shows interest in feeding themselves ▪ starts to feed themselves with their hands	▪ lumpy ▪ minced ▪ grated 
		▪ diced 
Around 12 months old	▪ starts to feed themselves using their fingers ▪ tries to use a spoon to feed themselves ▪ bites and chews	▪ cut-up soft foods ▪ cut-up cooked foods 

gagging: a reflex that happens when food slips to the back of the tongue before you're ready to swallow and is forced back into the mouth

Baby food

You can make baby food at home or buy it at a store. There are many things to think about when feeding your baby solid foods, such as making sure that it's the right texture and that it's healthy for your baby.



Homemade baby food

Making baby food at home is a healthy way to feed your baby as it can be made without added salt or sugar. You can use the same healthy foods the rest of your family is eating.

Making baby food at home can be easy. Use simple kitchen tools such as a fork, potato masher, blender or grater to prepare food in a way that matches your baby's eating skills. To learn more about making homemade baby food, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

Homemade baby cereal does not have the iron your baby needs to grow and develop, so use store-bought cereals that are fortified with iron.

Store-bought baby food

If you're buying baby food, choose foods without added salt, sugar or trans fats (hydrogenated or partially hydrogenated).

Keep all food and leftovers safe:

- Do not use the food if the safety seal is broken or if the safety seal button is up. You should hear a pop when you open the lid on a jar.
- Throw away any baby food that is past the 'best before' date.
- Feed your baby from a dish not directly from a jar or squeezable pouch. Food that has been in contact with your baby's saliva will spoil more easily.

Check the food labels

Always read the ingredient list to make healthy food choices. Ingredients are listed by weight from the most to the least. To learn more about food labels, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Squeezable food pouches

These pouches encourage babies to suck purees—they don't help them learn to accept lumpy foods or to chew. If you choose to give your baby a squeezable food pouch, squeeze the food onto a spoon to encourage development of spoon feeding skills. This will also ensure that any leftover food can be safely stored in the fridge and eaten at a later time.

If you have any questions about feeding your baby, call Health Link at 811 or talk with your health care provider.

Food safety

Compost or throw out any leftover food from your baby's dish after they have finished eating.

Finger foods

Finger foods are foods that your baby can pick up and put into their mouth themselves. At first, finger food needs to be grated or cut into small pieces or strips. By 8 months old, most babies can pick up foods with their fingers and feed themselves.



To prevent choking, only give your baby food while they're sitting down—not while they're playing or while you're driving. For more information on foods that can be a choking hazard and how to make them safe, see page 59.

Here are some foods to try as finger foods:

- small cooked pasta
- dry toast strips, bread crusts, plain rice cakes and unsalted crackers
- cooked vegetables such as carrots, broccoli and beets cut into small pieces
- soft, ripe, peeled fruit such as bananas, pears, peaches, plums and kiwis cut into small pieces
- hard cheeses grated or cut into small cubes
- tender cooked meat or hard-boiled eggs cut into small pieces
- tofu, cooked beans or other legumes
- mashed potatoes or casserole

For more information about healthy eating for your baby, see page 49.

A chart to track when you offer your baby a new food:

Your baby's new food record

Date	Age	Food	Comments

Everyday Care

Sleeping

From 6–12 months, babies begin to have a more predictable sleep pattern and sleep for 12–16 hours a day, including naps for healthy growth and development. Some babies will still wake up in the night to feed. Every baby's sleeping and waking pattern is different. Some may nap several times a day or sleep longer at night with fewer naps during the day. As your baby gets older, the number of hours they sleep at night will gradually increase. Look for the average amount of sleep your baby is getting over a 24 hour period.

6-month-old babies	12-month-old babies
▪ are usually able to sleep for longer stretches at night, about 5–8 hours ▪ have 2 or 3 naps during the day	▪ usually have consistent bedtimes and wake-up times ▪ nap for 1–2 hours, once or twice a day

Remember to put your baby on their back to sleep, for every sleep. If they roll over, you don't need to move them back. For more information about safe sleep for your baby's first year, see page 218.

Bedtime

A calming bedtime routine after your baby's last feeding helps them settle down before they go to sleep. When you follow a regular bedtime routine every night, your baby learns the signs of bedtime and comes to know what to expect. Bedtime routines work the best if they happen before your baby shows you signs that they are tired, around 7 or 8 pm. Waiting until a baby shows you signs that they're tired means they may be overtired before you get them ready and into the crib. An overtired baby may have trouble settling down for sleep and staying asleep.

Give your baby a little variety with a different book or song, but try to follow the same overall pattern before sleep. For example, to create a calming routine:

- Put on their pyjamas.
- Clean their gums and teeth (see page 236).
- Snuggle together for a song or a story.

Sing to sleep

Lullabies have been used for centuries in many cultures to help babies sleep.

- Put your baby down to sleep in their crib when they are drowsy but still awake. This helps them learn that their crib is the place to go to sleep.
- Say a warm 'goodnight' and let them try to settle on their own.

When you're away from home, try to maintain bedtime routines as much as possible. This can help to avoid big upsets to sleep routines when you're back home.

Every family is different. You may need to try a few things to find out what works best for you and your baby.



Naptime

Babies also need naps during the day. Naps let your baby's growing brain and body rest so they can be healthy and keep exploring, playing and learning. Day or night, your baby will give you cues that they're tired and ready for sleep. They may:

- lose interest in people or toys
- fuss, yawn or rub their eyes
- have glazed eyes
- become more quiet or lie down

If your baby does not get the opportunity to sleep when they show these signs, they may:

- have trouble falling asleep later
- become overtired and fussy
- find new energy and want to play again

Plan activities around your baby's naps. Taking naps around the same time each day will help your baby develop better sleep habits and make sure they get the sleep they need.

Baby clothes

Clothes that are too big can ride up around your baby's neck and can choke or smother them.

> ***"I needed to learn to sleep when my baby was sleeping. It was important to have the energy to enjoy him. The housework had to wait."***
>
> *~ Medina, mom of a baby*

Sleep patterns

Your baby's sleep patterns will change as they grow. Even after your baby starts sleeping more at night, they may have times when they have trouble going back to sleep because:

- they're teething or sick
- they're having a growth spurt
- they have separation anxiety (see page 321)
- they've learned a new skill, like rolling over or pulling themselves up to stand
- there's a change in your family's routine such as travelling, holidays, or a new work schedule

Sleeping through the night

No adult or baby sleeps through the night without waking.

Adults wake up several times a night. They go back to sleep because they've learned how to do that. With your help, your baby can learn to do this too.

It may take a few days or even weeks for your baby to go back to a regular pattern. Even though you might feel frustrated, try to be patient, comforting and consistent with your baby. Ask others to help you with cooking, laundry or other chores so you can rest and focus on helping your baby learn how to get back to a healthy sleep pattern.

> ***Moms, don't be afraid to wake your partner to help care for your baby in the night. There is such pressure to let the 'working' partner sleep. Caring for children all day is work too and there aren't always chances to catch up on needed sleep. Dad is a parent too and night parenting shouldn't be solely the mom's responsibility.***
>
> *~ Ryan, dad of two children*

Self-soothing

With time, your baby can learn to self-soothe. Self-soothing can help your baby get to sleep or get back to sleep when they wake during the night. It can also help them soothe themselves at other times.

You'll see your baby start to self-soothe when they:

- make sucking sounds or suck on their fingers, thumb or a soother. For more information about soothers (see page 236).
- rub the edge of their blanket with their fingers

separation anxiety: the anxious or upset feeling children get when separated from their parents

- stare at one spot or an object for a few minutes before closing their eyes
- grunt or fuss in bed without being completely awake

Here's how you can help:

- Make soft humming sounds that your baby can copy. Then they may start to make similar sounds as they start to settle.
- Gently take your baby's hand and help them softly pat or rub their cheek, tummy or leg when you're cuddling with them. Once they can control their arm movements, they'll start to use these movements by themselves when they're upset or tired. It may take your older baby several weeks to learn how to self-soothe, but it's an important skill for them to learn, so keep trying.
- If they begin to fuss or make sounds while they're sleeping, wait a few minutes to see if they settle down on their own.
- Wait until your baby is fully awake to go to them.

Teaching your baby to self-soothe is not meant to replace your loving attention and care. Your older baby will still need you to help them settle if they're sick, upset or scared. Learning self-soothing will help your baby get back to sleep as they move through the sleep stages during the night (see page 217).

Going to sleep

Put your baby on their back in their crib when they're drowsy, but not yet fully asleep. This helps them connect going to sleep with their crib. Calmly tell them it's time for bed.

Every baby is different when it comes to sleep. Some will go right off to sleep as soon as you put them in their crib, while others may fuss or cry. You don't need to rush in every time your baby cries. Often, if you wait a few minutes, you'll hear their fussing start to slow, and gradually taper off. Babies are just learning to settle themselves, and like all learning, it will take time.



As your baby explores and plays more, they may be more interested in their surroundings rather than going to sleep. Try to be consistent and patient. It may take time for your baby to learn when it's time to go to sleep.

Things to think about when helping your baby develop healthy sleep routines

- **Does my baby have a regular routine that tells their brain it's time to sleep?** If not, think about setting up a routine (see page 305).
- **Has my baby learned how to self-soothe or calm themselves?** Do you do all the calming and soothing? If you do, start teaching your baby to do it themselves, 1–2 weeks before you try to help them learn to sleep on their own in their crib. Some babies may take even longer to learn this skill. Lots of practice and warmth and structure from you will help.
- **What is my baby used to at bedtime?** For example, if your baby has always breastfed to sleep every night, they'll need time and support to learn how to go to sleep on their own. Start with tiny steps to help them get used to sleeping in the crib. Spend time in the daytime in the baby's room with them in the crib as you do jobs around them, talk, or sing to them. It's okay to help your baby settle in their crib if they seem upset. This can be as simple as patting them on their abdomen as they try to settle or it may mean picking them up and rocking them. Try to avoid breastfeeding or feeding the baby every time they go to sleep. This helps them learn that sleeping and feeding don't have to go together. Take your baby off the breast or bottle before it's empty and they're fully asleep. Cuddle and then settle them into the crib.
- **Do you have anyone else who can help with your baby's bedtime routine?** With practice, other caregivers can be a big help and give you a break.

If your baby is growing and gaining weight well, they don't need to feed at night. They may still want to feed at night because that's what they've always done. However, when your baby is going through a growth spurt, they may wake up to feed at night. This usually only lasts for a few days. While keeping things calm and quiet, feed your baby, then help them settle back to sleep.

When babies cry…

By 6 months, babies usually cry less than they did in their first few months. They may still have times when they cry more, such as when they're teething or sick. Your baby is now starting to communicate in other ways, but crying is still one of the ways they say *"I need you."*

For more information about crying, see page 229.

If your baby is crying and it's getting louder and more frantic, this means that they are not able to settle themselves yet and they need your help. When this happens, here are some ideas you can try:

- Gently stroke or pat their leg, tummy or cheek with your hand when you put them down.
- While keeping your hand on them, hum, sing or talk quietly to your baby.
- Slowly use a lighter touch with your hand.
- Calmly keep stroking or patting your baby, rather than picking them up, if they move around or seem to be waking up.
- Some older babies will settle once you leave the room; give them a few minutes to try to settle on their own. It won't hurt your baby if they cry for short periods of time as they learn how to settle to sleep on their own.
- If your baby cries loudly, pick them up and help them settle like you normally do.
- The next time they cry, try again to let them settle on their own. This may take many tries to help them learn how to go to sleep on their own.

If you're concerned about your baby's sleep and not getting enough sleep yourself, you may also be wondering about using sleep training to help your baby sleep longer. Sleep training is a term used for a variety of methods for helping babies to fall asleep and stay asleep. They come in many different forms. Some are universal (available to everyone and at no cost) and some have a cost. One method of sleep training is called the 'cry it out' approach where a baby is left alone for long periods of time. Many parents report that they find this upsetting and they can't follow through with it. Other sleep training methods might work better for some families.

Every baby can learn healthy sleep, it just takes time and the right approach for your baby and your family. No matter what you choose, you need to feel comfortable that it's right for all of you. Sleep is an important contributor to the health of babies, parents, and families. Call Health Link at 811 or talk with your health care provider about any concerns you have and how sleep may be affecting your family's health and well-being.

Teeth and mouth

Teething usually starts at about 6 months. It continues off and on until your child is around 3 years old, when they have all 20 of their baby teeth.

Teething is not an illness. It's a normal and temporary process. It does not cause diarrhea, fever or vomiting. These are signs that your baby is sick and are not related to teething. For more information on these concerns, see page 91.

Teething may be uncomfortable for your baby and you may find that they:

- are fussy and restless
- have more saliva and drool
- have swollen gums



When your baby is teething:

- Give them lots of love.
- Gently rub their gums with your clean finger.
- Give them a cold, clean cloth or solid teething ring to chew on—try the kind that can be cooled in the fridge.

Teething necklaces are not safe for babies

Teething necklaces can catch on furniture, hooks or other objects and can strangle your baby.

If you're thinking of using medicine for teething, talk with your health care provider. Teething products, such as gels, are not recommended. Some teething gels contain the medicine lidocaine or benzocaine, which can make your baby sick or numb their throat making it hard for them to swallow. If you choose to use natural teething products, choose products with a Health Canada Natural Product Number (NPN). To learn more about teething and teething products, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

If your baby seems very uncomfortable, call Health Link at 811 or talk with your health care provider. Something other than teething may be causing your baby's discomfort.

Keeping your baby's teeth healthy

Clean your baby's teeth every day to help keep them healthy and to prevent tooth decay. Remember to check for tooth decay regularly (see page 63). Many foods have natural or added sugars in them that can lead to tooth decay.

To keep your baby's teeth healthy:

- Avoid snacks that stick to teeth (e.g., teething biscuits and cookies).
- Offer water if your baby is thirsty between meals and snacks.
- Take your baby off of your breast or remove the bottle before they fall asleep. Propping a bottle in your baby's mouth is not advised. It can cause choking due to the presence of liquid in your baby's mouth. It can also cause serious tooth decay even before your baby's teeth come in.

Going to the dentist

- Take your baby to the dentist by their first birthday or within 6 months after their first tooth comes in—whichever comes first.
- Dental problems are easier and less expensive to treat when they're found early.
- Your dentist will set up a schedule for dental visits that best meets your family's needs.

Other habits such as sucking on soothers, blankets or toys can also affect the health of your baby's mouth and teeth. Most babies don't need to suck as much by the time they're around 6 months. This is a time when it might be easier to take away any soother—before your baby gets too used to using it to comfort themselves.

Brushing your baby's teeth

Brush your baby's teeth twice a day as soon as they appear—once in the morning and again before bedtime. At first, your baby may resist you brushing their teeth, but as you keep trying in a calm and gentle way, soon they'll get used to it. Start to floss teeth once they touch each other. Regular brushing and flossing is the best way to prevent tooth decay. Replace your baby's toothbrush when the bristles become flat.

When you brush your baby's teeth:

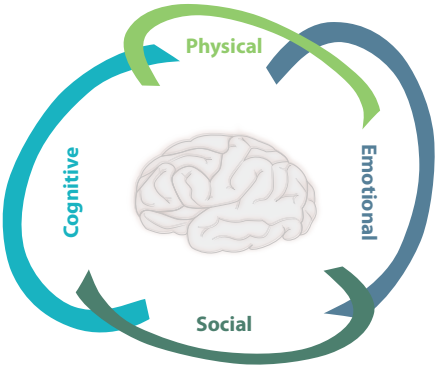
1. Take off your rings and bracelets—they have germs on them and could scratch your baby's face.
2. Wash your hands.
3. Hold your baby securely in a position that lets you easily see and reach all of their teeth.
4. Use a soft-bristle, child-sized toothbrush and an amount of fluoride toothpaste no bigger than the size of a grain of rice.

5. Hold the bristles against your baby's teeth where they meet the gums.
6. Move the brush gently in small circles for about 10 seconds. Move to the next tooth.
7. Brush the outside, inside and chewing surfaces (tops) of your baby's teeth.

If you have concerns about your baby's teeth, talk with your dentist. To learn more about basic dental care, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Growing and Learning Together

As your baby grows, they're able to do more. Throughout this stage, they'll learn to recognize people, play with objects, babble, sit up, crawl, stand and eventually start walking. All areas of your baby's development are interconnected and the development in one area affects the development in all other areas. This development is guided by their brain.



When you know how the brain works, it's easier to understand what you can do to support your child.



Your older baby's developing brain

As your baby grows and experiences new things, brain cell connections are forming and getting stronger. Everything your baby touches, sees, hears, tastes and smells helps form these connections in many different parts of their brain.



Brain cell connections become stronger when you and your baby engage in serve-and-return interactions. Here are some examples of what this might look like with your older baby.

Examples of serve-and-return interactions 6–9 months	
Your baby serves when they:	**You return their serve when you:**
▪ turn when they hear an interesting sound	▪ draw their attention to and name the interesting sounds around you
▪ enjoy looking at objects, pictures and books	▪ talk with them about the pictures they see in a book
▪ reach for things they want	▪ name what they're reaching for and say, for example, *"Do you want the ball?"*
▪ use their voice to get your attention	▪ let them know that you hear them and that you're there to help. Ask them what they need, for example, *"Sounds like you want to come down—are you all done eating?"*
▪ copy what you do, such as clapping their hands and making sounds	▪ sing nursery songs and play finger games with actions. Then wait for them to copy you.

Examples of serve-and-return interactions 9–12 months	
Your baby serves when they:	**You return their serve when you:**
▪ look at things that they're interested in	▪ stop so your baby can look at things they show interest in (e.g., when you're on a walk, name the things as you point to them)
▪ pick up, stack objects or nest containers by putting small containers into larger ones (e.g., nesting toys, measuring cups)	▪ fill a bottom drawer in your kitchen with plastic dishes and containers for them to play with
▪ bounce to music	▪ play music and sing songs with them
▪ watch other children	▪ take them to the park or library so they can be with children of all ages
▪ drop things from their high chair to see where they go	▪ look at them, use gestures and ask, *"Where did it go?"* As you give it back to them, say *"Here it is."*

For more information about how the brain develops, see page 19.

Other things you can do to help your baby learn



Communicating with your older baby

Older babies communicate with their bodies, sounds and facial expressions. Your baby will start using more sounds and putting them into longer strings, such as 'bababa'. When your baby babbles, they're practicing the sounds that will soon become words. It's pretty exciting to hear your baby's first word. Some babies will likely say it before their first birthday.



Your baby needs you to talk with them so they can learn to understand and use the sounds and words of your language. They learn better when you say the names of people, things, actions and places out loud. Your baby's first words may be hard to understand. They may need to hear a word hundreds of times before they'll be able to say it clearly.

How you can help your baby communicate

- **Follow their lead.** Your baby looks at and reaches for things that interest them. Use words to describe what they're looking at or doing.
- **Tell them.** Talk to your baby often about what you're both doing. Use an interesting voice and different tones so they'll be interested in your words.
- **Use movements.** Use hand movements and other actions with your words to help your baby understand what you say. Before they are able to use words, many babies can learn to tell you what they want with their hands, such as when they want more or when they're all done.
- **Follow routines.** When getting ready for mealtime or bedtime, talk about what you're doing and name the things you're using. Your baby will start to learn what the words mean and understand what will happen next.
- **Share books and sing songs.** The rhythm and repetition of songs, stories and nursery rhymes help build your baby's language, literacy and learning.

literacy: the ability to read, write, understand and use information

To learn more about communicating with your baby, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

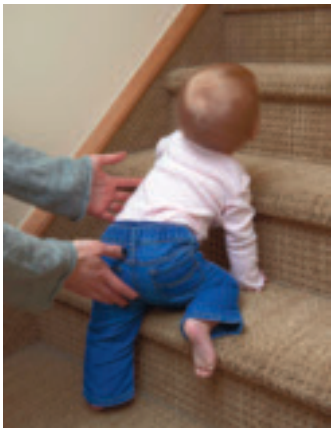
Let's play

Play builds healthy bodies and healthy minds. Babies play using all of their senses and need opportunities to play throughout the day, every day.

From 6–12 months, your baby is starting to figure out how to move from one place to another. At this stage they'll:

- move their eyes together to look at things
- turn to sounds they hear
- touch everything and have no idea what is safe and what is not
- put everything in their mouth—your baby learns by feeling and tasting things





Let them explore but stay close

Let your baby explore and play in their own way. They learn best when you let them take the lead. Stay close enough to help if they need you and to:

- make sure that what your baby can reach is safe, including things you put in your lower cupboards
- keep small things out of their reach
- prevent big things from falling on them

Your baby will need your full attention at all times when they are awake.

Children are naturally curious and interested in how things work. Their drive to play is as strong as their need to eat and sleep. Your baby will play by touching, grabbing, shaking, dropping and putting things in their mouth. Once they're mobile, they move very quickly from one thing to the next, leaving a trail of things they're done playing with behind them. This is how babies play at this age and play is how they learn.



You'll find lots of opportunities to play with your baby in their everyday routines such as eating, dressing, outings, bath time and getting ready for bed. Your baby loves to play and you're still your baby's most important and enjoyable playmate.

Active play

Your baby is starting to be able to control their movements. At first your baby will roll over and push up on their hands when they're on their tummy. Soon, they'll be able to sit on the floor without your support. Your baby may try to move towards things by wiggling or rolling. By the end of this stage, most babies will:



- crawl across the floor and up the stairs
- pull themselves to a standing position
- walk while holding your hand or on their own

Your baby needs to have lots of chances to move and play freely on the floor, several times a day. This type of play encourages your baby to develop the strength and skills they'll need to sit, stand, crawl and walk. Stay beside them to keep them safe and put away anything that could hurt them or break. Move furniture out of the way. If your baby is doing something that's harmful or unsafe, move or re-direct them.

There are many things you can get for babies, such as bouncers, jumpers and rockers but they don't really need these. If you use them, make sure you:

- Follow all manufacturer instructions and safety guidelines—fasten safety straps and harnesses correctly.
- Wait until your baby has good head and neck control.
- Supervise your baby at all times and check that your baby is in the correct position.
- Place the item on the floor and not on a high surface.
- Use these items for short periods of time.

Continue to give your baby tummy time. Try for at least 30 minutes a day, a few minutes at a time spread throughout the day (see page 245). Limit the amount of time your baby is sitting in places such as a stroller or high chair to no more than 1 hour at a time.

Creative play

Your baby explores by touching or picking things up—they play by getting into things. Your baby will enjoy dumping all or taking things out of containers, holding their own cup with both hands and picking up finger foods. Clean toys often as they can spread germs—especially when your baby is sick or if other children are also playing with the same toys.



Toys can be fun, but your baby doesn't always need them. There are many ways to have fun without toys.

Here are some ideas of ways to play together:

- Follow your baby as they crawl around and play with different objects at home and outside.
- Sit or stand in front of your baby and encourage them to step towards you.
- Let them open the cupboards to see what's inside.
- Put laundry in and out of the basket.
- Bang pots with a wooden spoon.
- Stack plastic plates and bowls.
- Crawl in and out of boxes.
- Play with plastic cups.
- Splash in the bathtub.



Learning about emotions

Between 6–12 months of age, it becomes easier to tell when your baby is happy, sad, mad or scared. Your baby is also beginning to know how other people are feeling.

In new or surprising situations, your baby may look at how you react to figure out how to respond. If you smile when someone new visits, they'll accept that person more easily. Your baby's temperament will also affect how they respond to new situations (see page 24).

Attachment

> ***Every baby is different*** ★
>
> Some babies find it harder to cope with new people and changes in their lives.

You are your baby's secure base. Your baby needs to know that it's okay and safe for them to move away from you to explore and play. Create a safe environment for them to explore and play in and let them know you'll be there when they come back. Pick them up when they come to you with their arms stretched out. Your baby may want to be comforted, cuddled or reassured, or may just want to give you a hug and be off to play again. When a baby feels worried, afraid or unsafe, they are not able to explore and learn. You'll help build a secure attachment with your baby when you respond to them in a loving and welcoming way.

Help your baby feel safe and secure to explore, play and learn:

- **Watch over** them and keep their play spaces safe.
- **Be interested** in what they're learning—it shows them you care.
- **Help if needed** without taking over. Give your baby just enough information, support or help for them to do it by themselves.
- **Respond** to your baby's need for comfort when they come back to you.





secure base: a dependable, caring adult a child trusts to provide comfort and support

Living in a social world

Your older baby is becoming more predictable and content and will now begin to recognize and enjoy the people who care for them. They're more comfortable relating to others when they're with you. They like watching and being with other children and adults. Their world gets even bigger once they start walking.

Your baby will also start to enjoy more social activities. One of the things they like to do at this age is watch things go away and come back again. Through this game, they learn that when you go away, you'll also come back.

At this age, your baby will start to enjoy:

- being with people
- playing simple games with you, such as 'peek-a-boo'
- copying your actions and having you copy them
- listening to the sounds of the world around them such as talking, birds chirping and music
- looking in mirrors—they think the reflection is another baby





Peek-a-boo

'Peek-a-boo' is a game where you briefly hide your face with your hands or a blanket, then you remove your hands or the blanket and say "*Boo!*" or "*Peek-a-boo!*" It's a fun way to learn that you go away and come back.

Separation anxiety

Most babies will develop separation anxiety and it usually peaks when they're about 8 or 9 months old. Your baby is starting to realize that they're a separate person from you. They are starting to know the difference between the people and things they know and those they don't know. Sometimes babies may have a strong attachment to one parent who is the primary caregiver for a while—this is normal.

It helps to know that separation anxiety is a typical part of child development, and that it shows that your baby recognizes you and has started to form a strong attachment with you. At this stage, they are able to start forming attachments with other important people in their lives, but it may take a little time for them to be comfortable with other people.

Your baby may fuss or cry when they are worried about being separated from you, unable to see you, or when they are with people they don't know very well. You're the person they trust and they now know that sometimes you're not around—they understand that you can leave, but they don't understand that you'll come back. Separation anxiety may last several weeks or even months.

Some babies find it hard to adapt to change. This is part of their temperament (see page 24), and it is neither bad nor good—it's just the way some babies are. Separation anxiety can last for a longer period of time for babies with this temperament.

You can help your baby cope with separations by providing warmth and structure. Here are some examples:

Provide warmth	Provide structure
▪ Know that it's normal for your baby to become upset or cry when they're separated from you. Over time, they'll become less upset or cry less. ▪ Give support and be patient as they learn to adapt. ▪ Never threaten to leave your child—not even as a joke. This can break their trust and harm your relationship.	▪ Play 'peek-a-boo'. ▪ Encourage your baby to cuddle with a favourite toy or blanket for comfort. ▪ Let them take their time. They'll watch new people carefully. They may reach out to touch them, but hang on to you at the same time. ▪ Introduce day care or babysitters slowly. Stay for the first couple of times. Then try brief separations that gradually get longer—15 minutes, 30 minutes, then 1 hour or longer.

Saying goodbye



When you leave your baby with someone, say a warm *"Goodbye."* Explain that you have to go, but will be back later, such as after naptime. Give them a kiss and then leave with a reassuring smile. Leaving without saying goodbye may cause more separation anxiety.

Make your goodbyes short. Coming back and forth into the house or day care can confuse your baby and make separation anxiety worse. Talk with your child care provider or babysitter if you're worried about your baby's crying when you leave. It can help you to know that they're okay. If your baby is not settling down, talk with your child care provider or babysitter about some strategies to help.

Health Checkups

Regular health checkups for your baby with their health care providers will help you know how your baby is growing and developing. Their health care providers will ask about the foods your baby eats, check your baby's general health and development, measure your baby's weight, length and head size, and track how much your baby has grown from one visit to the next on a growth chart.

For more information about keeping children healthy and safe at any age, see page 76.

Call Health Link at **811** or your health care provider if you notice any of the following:

- your baby does not turn to your voice by 9 months
- your baby does not babble or talk or has stopped babbling
- your baby does not say any single words by 12 months
- any other signs that concern you

Well child clinic visit



Your baby is due for their next immunizations at 6 and 12 months. Phone your community or public health centre ahead of time to make appointments. If your baby's immunizations are not up to date, contact your community or public health centre and talk with your public health nurse about how to get your baby back on schedule. During your visit, your public health nurse will also check things such as your baby's growth, how they're feeding, and answer any questions you have (see page 78).

For more information about immunizations, see page 82.

Recommended checkups

<table>
<tr><th></th><th>Birth–2 months</th><th>2 months</th><th>4 months</th><th>6 months</th><th>12 months</th><th>18 months</th><th>2 years</th><th>3–4 years</th><th>5 years and beyond</th></tr>
<tr><td>Doctor</td><td>√</td><td colspan="2">Check with your doctor to find out the checkup schedule at their office</td><td colspan="2">Check with your doctor to find out the checkup schedule at their office</td><td colspan="4">Check with your doctor to find out the checkup schedule at their office</td></tr>
<tr><td>Immunization with public health nurse</td><td></td><td>√</td><td>√</td><td>√</td><td>√</td><td>√</td><td></td><td>√ (at 4 years old)</td><td></td></tr>
<tr><td>Dental</td><td></td><td></td><td></td><td></td><td>√</td><td colspan="4">Regular checkups as recommended by your dentist</td></tr>
<tr><td>Vision</td><td colspan="3">√ Early vision checkups with your doctor</td><td colspan="2">Early vision checkups with your doctor</td><td colspan="2">Early vision checkups with your doctor</td><td colspan="2">√ (with optometrist at 3–5 years old)</td></tr>
<tr><td>Other health care providers</td><td colspan="3">As needed</td><td colspan="2">As needed</td><td colspan="4">As needed</td></tr>
</table>

Preventing Injuries

Now that your baby is older, they're stronger, and can move more easily on their own. They can reach, pull things over, grab things that move and open cupboards. They go from being able to roll in both directions, to crawling, to pulling themselves up, to walking. Your baby is also improving their fine motor coordination and will continue to explore and play by putting things in their mouth. Their risk of injury increases as they move around more on their own and they are not yet able to learn what is dangerous and what is not.



Eyes on, hands on

Older babies need an adult within sight and reach at all times. They cannot yet understand what is dangerous and what is not. Everything looks new and interesting to them, so they'll want to play and explore it all.

For their age and stage of development, here are some areas that need attention to keep your older baby safe from injuries:

- **Falls**, see page 104
- **Safe sleep**, see page 218
- **Burns and scalds**, see page 108
- **Water safety**, see page 111
- **Choking and poisoning**, see page 107
- **Pet and animal safety**, see page 112
- **Car seats**, see page 123

Your baby likes to copy you

When taking medicine, do it away from your baby. They often copy what they see their parents doing.

Window screens

Window screens are meant to keep bugs out. They are not strong enough to keep children in. To help prevent falls, install window guards on windows higher than ground level and always supervise your child.

For more information about how to prevent injuries in the early years, see page 104.

Taking Care of Yourself

There's a lot to learn in the first year of your baby's life, especially if you're parenting for the first time. Be patient with yourself. You'll learn as you go and you'll learn something new with each child you have. If you share parenting, you and your partner may have different ways of doing things. This is okay as long as you're both giving your baby safe and nurturing care. Over time, your baby will benefit from learning that there are many ways to reach the same goal.



It helps to spend time with other parents so you can help each other learn new ways to have fun with and care for your babies. Your baby will also learn by being around and watching other babies and children.

Practicing self-care by eating healthy, being active and getting enough sleep will give you the energy you need to take care of yourself and your family. If you're trying to get back to your pre-pregnancy weight, talk with your health care provider for advice. Strict diets are not recommended as these can affect your health and, if you're breastfeeding, can affect the amount of milk you produce.

Pay attention to your feelings and talk to people you trust. Postpartum depression or anxiety that is not treated affects both you and your family (see page 261). The sooner it's treated, the better you'll feel and the more energy you'll have for yourself and your family.

Life with a busy older baby

In the early months, you were able to put your baby in one place and they were content to stay there. As the parent of an older baby, you have likely realized those days are over. Your older baby is now on the move! At this age, they are exploring and playing and everything seems to go in their mouth. This is how your baby learns about all the new things they are discovering, but it means they need to be constantly monitored. Your baby depends on you to provide them with safe places to play.

Always being 'on-guard' can be stressful for parents of older babies. You can help yourself cope by being aware of how stress affects your body and thoughts (see page 26) and what you can do to self-regulate (see page 27) so that you can calmly respond to the demands of parenting at this stage.

Over time, you'll learn what works best for you and your family. Here are a few things that can help:

- **Make your home child-safe and child-friendly.** Rearrange things so that dangerous objects are out of reach for your curious baby. Put away breakable things for a while. You can put them out again when they have learned not to touch those things—at around 3–4 years old. This will also help you avoid having to say *"No"* and re-directing them all the time.
- **Celebrate your baby's learning.** Your baby is becoming a budding scientist—trying to figure out how things work. While it may be frustrating to watch them drop cereal off of their high chair, try to remember that they're experimenting and trying to find out how things work, for example, *"What happens when I do this?"* Your baby is just starting to learn that when things go away, they can come back again.
- **Try not to do too much.** As your baby moves into a more predictable pattern of sleeping, it may be tempting to fill late evening hours with work or hobbies. Try to have some time so you can get a good night's sleep to have the energy to be the parent you want to be.
- **Check it out.** Your community may offer a number of parenting programs. Many public libraries also offer story time programs for children of all ages. You may find some resources that are helpful for you as well.

> ***"By the time my baby had her first birthday I felt like we'd come so far. When I looked back at her newborn photos, I could see how much she had learned and how much she had grown. I was so proud of her and of my husband and I. We'd become an amazing team—I guess that's what a family is."***
>
> *~ Shivani, mom of one child*





Toddlers:
1 and 2 Year Olds



Toddlers: 1 and 2 Year Olds

1- and 2-year-old children are called toddlers because they toddle, walk and move with growing confidence and skill. Toddlers go through many changes in just a couple of years. They always seem to be running, jumping and climbing. Your toddler is a bundle of energy and emotion. They're starting to question everything around them. What your toddler wants to do and what they can do are not always the same. They'll need your patience and guidance to learn.

In this chapter you'll learn about your toddler's development and how to care for them and yourself. There is information on feeding your toddler, toilet teaching, how they explore and play, as well as how to cope with temper tantrums. You'll also learn about how to keep your toddler safe as they become more mobile and independent.

Your Toddler's Development

During the toddler years, your child is becoming very busy and learning about the world around them. They have the need and the desire to do things on their own. As younger toddlers are very different from older toddlers, these charts have been separated for young toddlers (12–18 months old), older toddlers (18 months–2 years old), and older toddlers (2 years old). The charts give you information about the developmental milestones and tasks your child is working on in the toddler years. As your toddler grows and changes during this period, this chapter will help you learn what you can do to help.

Young toddlers (12–18 months old): The 'doing' stage

Tasks	Milestones
During this stage, your young toddler is continuing to practice earlier tasks, as well as learning to: ▪ **explore and discover:** learning about the world by trying to do things, testing and experimenting	**Physical** ❑ helps feed themselves and will try things such as picking up food with their fingers, holding a spoon and drinking from a cup ❑ stands up by themselves ❑ walks holding your hand and then on their own ❑ crawls up and down the stairs ❑ develops food likes and dislikes (preferences) ❑ tries to throw a ball ❑ builds towers using 2–4 blocks ❑ scribbles with crayons ❑ takes off their clothes
	Emotional ❑ has a favourite toy or blanket for comfort and security ❑ begins to need and want independence ❑ resists limits ❑ has mood swings and tantrums

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Young toddlers (12–18 months old): The 'doing' stage	
Tasks	**Milestones**
	Social ❑ develops a fear of strange objects and events ❑ feels anxious when separated from parents (separation anxiety) ❑ likes to watch and be with other children ❑ not yet able to co-operate during play with others ❑ copies what others do (imitates) such as clapping hands and sweeping with a broom ❑ starts to show concern for others ❑ not yet able to share
	Cognitive (thinking and communicating) ❑ begins to know that things exist even if they cannot see them ❑ likes to look for dropped or hidden objects ❑ points to ask and to show interest in things ❑ follows simple instructions ❑ begins pretend play ❑ says more words every month—these words may not be clear ❑ points to familiar objects or body parts, when asked ❑ likes simple stories, picture books, songs and rhymes ❑ says *"No"* and *"Mine"* a lot ❑ waves 'bye'

> ***"When I heard my child say 'I happy!', that was my favourite moment as a parent."***
>
> *~ Mike, dad of two toddlers*

Older toddlers (18 months–2 years old): The 'thinking' stage

Tasks	Milestones
During this stage, your older toddler is continuing to practice earlier tasks as well as learning to: ▪ **develop autonomy:** learning that they're a separate person from you	**Physical** ❑ walks up and down the stairs with help ❑ kicks a ball while standing ❑ runs ❑ likes riding toys ❑ climbs on and over furniture ❑ opens doors ❑ scribbles ❑ stacks 2–3 cubes ❑ feeds themself with a spoon and is messy **Emotional** ❑ explores and plays from the secure base of the parent or caregiver ❑ has tantrums when frustrated or tired ❑ starts recognizing emotions in themselves and others ❑ shows affection ❑ has more fears and anxieties, including night terrors that peak at 2 years old ❑ gets frustrated when they're not able to do things which can lead them to hit, slap or bite ❑ finds comfort in routines **Social** ❑ feels strong ownership and keeps toys to themselves ❑ finds it hard to share ❑ plays beside, but not with, other children ❑ tries to comfort others ❑ recognizes themselves and their family in pictures **Cognitive (thinking and communicating)** ❑ points to pictures and body parts when they're named ❑ turns the pages of a book ❑ can finish simple wooden puzzles ❑ understands more words than they can say ❑ begins to use 2-word phrases ❑ enjoys and moves to music ❑ likes simple games and rhymes such as 'hide-and-seek' and 'Itsy Bitsy Spider'

night terrors: periods of screaming and moving about during a child's sleep where they may appear to be awake, but they're not

Older toddlers (2 years old): The 'thinking' stage

Tasks	Milestones
During this stage, your toddler is continuing to practice earlier tasks as well as learning to: ▪ **be aware of emotions:** beginning to learn the names of feelings ▪ **begin the journey towards being independent:** needing and wanting to do things on their own	**Physical** ❑ jumps off the floor with both feet ❑ pedals a tricycle for a short distance ❑ balances on one foot for short periods of time ❑ draws circular scribbles and lines ❑ helps with dressing and undressing themselves ❑ starts to gain control of their bladder and bowels, although not consistently—toileting accidents are common ❑ are aware of their body functions
	Emotional ❑ tests limits you set ❑ wants and needs to do things for themselves ❑ changes from wanting to be big to wanting to be little ❑ has poor impulse control ❑ finds it hard to stop doing activities they're enjoying ❑ is more able to understand and manage their emotions— as their language improves, responds less with physical actions such as hitting or biting
	Social ❑ dawdles or takes their time doing things ❑ starts to pretend play with others ❑ likes to please others
	Cognitive (thinking and communicating) ❑ asks, *"What's that?"* over and over again to learn new words ❑ follows simple two-step instructions some of the time ❑ may think that toys and objects are alive ❑ sorts objects by colour and size ❑ uses 2- to 3-word sentences ❑ uses more words every week and likes making animal sounds ❑ understands 'in', 'on' and 'under' ❑ is understood by you 50–75% of the time ❑ understands 'one' and 'two' ❑ knows their own name



To use an interactive tool about your toddler's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

If you have concerns about your child's development, call Health Link at 811 or talk with your health care provider. You can also visit your nearest Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)*. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Toddlers



This stage is sometimes called the 'terrible twos' because coping with a toddler's constant energy and motion can be very demanding. Yet, it's also a fun time when you can see your child's eagerness to learn and their excitement in sharing their new discoveries. When you look at them this way, you'll see your growing child in a new way: as the terrific toddler that they are.

Toddlers have a strong need to explore, play and try new things. They will want to touch, taste and try things out—this is how they learn. They can also have emotional outbursts at times. However, with your help, your toddler will learn how to manage their emotions as they grow. When you provide warmth and structure (see page 11) and use problem-solving skills (see page 406), you'll help them solve today's challenges while teaching them valuable skills to last a lifetime.



Children also learn and experience the world by connecting with those around them. When your child has strong relationships with you and the other people who care about them, they can develop many skills including:

- self-confidence, motivation to learn and problem-solving
- ability to control aggression and impulses, like biting, hitting, and running away from you
- making friends and being a friend



These skills take time to develop, however they start in the toddler years.

This can be a challenging time for parents if they don't understand their toddler's behaviours. At this age, toddlers have a strong need to learn to do things by themselves. Your toddler will:

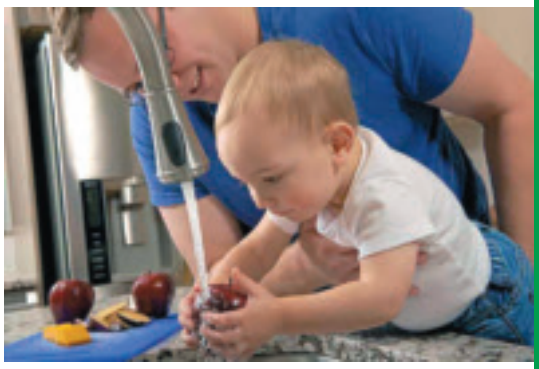
- be constantly exploring and trying to figure out how things work
- be very focused on themselves as they realize they are a separate person from you
- need to learn who they are before they can understand others
- need to learn that some things belong to them (ownership) before they can learn to share

> ***Young toddlers and older toddlers***
>
> Toddlers go through many changes in just a couple of years. Younger toddlers are very different from older toddlers. For this reason, we have separated some of the information in this chapter for young toddlers (12–18 months old), older toddlers (18 months–2 years old), and older toddlers (2 years old).

When you see these behaviours, you'll know that your toddler is developing well. Have patience, keep them safe, and enjoy watching the amazing things they do.

Feeding Your Toddler

A healthy feeding relationship, and eating together as a family, help your toddler learn healthy eating behaviours for life. You continue to be responsible for what you give your toddler to eat as well as when and where to give meals and snacks. Your toddler's responsible for choosing whether to eat and how much to eat.



You may notice that your toddler's growth begins to slow down after they're about 1 year old. As their growth rate slows, they may be less hungry and eat smaller amounts. Let your toddler listen to their body so that they learn to stop eating when they're full.

Healthy food choices give your toddler the nutrition they need for growth and development. Offer your toddler:

- meals and snacks that include a variety of foods from *Canada's Food Guide* (see page 51)
- a variety of textures—cut up, peel or grate foods, especially those that can cause choking (see page 59)
- iron-rich foods such as meat and alternatives and breakfast cereal fortified with iron

Make one meal for the whole family—everyone can enjoy the same foods, just cut up or prepare it a little differently for your toddler, if needed (see page 301). When your child watches you eat healthy meals, they'll be more likely to develop healthy eating habits. For more information about feeding your child, see page 49.

Milk

If you're breastfeeding your toddler, your breastmilk meets all their milk needs. There is no need to give any other milk. If you're not breastfeeding, offer your toddler 500 ml (2 cups) of homogenized whole milk (3.25% milk fat) each day. Serve milk in an open cup with meals or snacks.

Vitamin D for toddlers ★

Your child needs a supplement of 400 IU vitamin D every day to help meet their needs.

Homogenized whole milk (3.25% milk fat) has a higher fat content, is important for brain development, and is a good source of energy. Lower-fat milk (2%, 1% or skim) can be offered to your child once they're 2 years old.

If your child drinks too much milk, they won't have enough room for the other foods they need. Milk is not a good source of iron, so you'll need to give your toddler a variety of iron-rich foods from meat and alternatives to meet their needs (see page 296). As your toddler eats more solid foods, they may drink less milk. If they drink less than the recommended amount of milk, 500 ml (2 cups) each day, you can add it to other foods, such as hot cereal and soup, or make a smoothie with milk and fruit in a blender.

How toddlers eat

Toddlers like to eat with their hands, however they can also learn to use a spoon or a fork. They can usually drink well from a cup, although they may have trouble putting it down without spills. They'll get better at these skills with practice. Mealtimes may still be messy.



You may have concerns about your toddler's eating, as it can be hard to know what to expect from one day to the next. It may help to know what to do about some of the more common eating behaviours.

Off the bottle

Toddlers need to learn how to drink from a cup. If your child is still using a bottle, gradually replace it with a cup. Plan to replace their bottle with a cup by 12–14 months. Using a bottle for too long may:

- increase your child's risk of tooth decay, especially if using the bottle for anything other than water
- affect the development of their face and mouth muscles
- make it more difficult for your child to give up their bottle later

For more information about weaning your child from the bottle, see page 293.

Eating behaviour	Ideas that may help
Strong likes and dislikes and may not want to try new foods	▪ Learn about new foods together—your child may only want to try a new food when it's their idea. ▪ Let them see, touch, smell and taste the new food without forcing them to eat it. ▪ Offer small amounts of a new food with familiar foods. ▪ Offer the new food when your child's most hungry (e.g., at the start of a meal) or when they're with other children who like to eat that particular food. ▪ Be patient and continue to offer new foods—your child may like a food one day and not like it the next. ▪ Your child may need to see, touch and smell a food 10–15 times before they accept it.
Only wants to eat 1 or 2 kinds of food for a few days or longer (food jags)	▪ Be patient, as your child's favourite foods will change from day-to-day. ▪ Keep offering a variety of foods—remember that they need to decide whether and how much of it to eat. ▪ Serve the same meal to the whole family. ▪ Include one or two foods your child likes with other foods. ▪ Try not to cater to and serve your child only what they want to eat, as they need to learn to eat the same foods that the rest of your family is eating.
Will not eat a meal or snack	▪ Listen to them when they say, *"I'm full."* Your child's appetite may change from day-to-day. ▪ Let them know they can eat at the next meal or snack. ▪ Offer only water to drink between meals and snacks.

There will be times that toddlers may not want to eat a meal. They may not be hungry, or may be more interested in something else they're doing. If your toddler often refuses meals or you're concerned about their eating, call Health Link at 811 or talk with your health care provider. For more information about healthy eating, see page 49.

Everyday Care

Your toddler is starting to learn simple skills and probably understands and follows some simple directions. They're becoming more independent and will want to do more things on their own, yet they'll still need your help and support to take care of their needs.

Sleeping



Most toddlers need to sleep 11–14 hours a day, including naps. You can often tell if your toddler is sleeping enough by the way they act during the day. If they're cranky or fall asleep in addition to their regular naptime, they might need more sleep at night.

A regular bedtime routine helps you and your toddler rest well at night. End your days with time for quiet and calm activities so they can shift their active day to getting ready for sleep. Try quiet play time after supper, then a 20 minute bedtime routine such as a bath, brushing teeth and a bedtime song or story. When your child knows what will happen next, they'll feel more secure and ready for bed.

When you and your partner take turns putting your child to bed, they'll learn that the routine is the same, even with different people. This also makes it much easier for a family member, friend or babysitter to put them to bed when you're not there.

Toddlers are often afraid of being separated from their parents. You show confidence that your toddler can settle themselves when you calmly say *"Goodnight,"* give them a hug, and leave the room.

Getting ready for sleep

TVs and electronic devices tell the brain that it's time to be awake. Everyone in the family should limit using these devices for at least an hour before bedtime. It's not recommended to have a TV or electronic device in your child's bedroom.

Let your child know where you'll be and that you'll see them in the morning. Be patient—it may take time for your toddler to learn to go to sleep on their own.

If your toddler is having trouble going to sleep and staying asleep in the night, these suggestions may help:

> ***"Having comfort at bedtime really helped us. It's downtime when we can snuggle and read and catch up on the day and that's a nice way to settle down for the evening for all of us. It really helps."***
>
> *~ Rosie, mom of two children*

- Get them ready for bed before they're too tired. Move bedtime earlier by 15–20 minutes each night until you reach a bedtime of 7–8 pm.
- Read and look at books or use quiet play with blocks or puzzles with them before bedtime.
- Keep bedtime routine a screen-free time for you and your child. They need your time and attention after a busy and active day—some toddlers wake up at night because they want more time with their parents.

Talk with your child in the daytime about what bedtime will look like, especially if you're making any changes. Do not wait till bedtime to talk about it. Some things you can say are: *"I'm going to stay beside you until you fall asleep, then I'll go do the dishes and you'll be asleep in your bed." "If you wake up at night, I'll help you settle back into your bed, then I'll go back to my bed." "We're going to read a book about trains tonight at bedtime, instead of watching TV)."*

Encourage your toddler to use a comfort object or a small, quiet toy at bedtime such as a toy dinosaur, teddy bear or a blanket. Tell your toddler that this object can help them settle and be calm at bedtime and in the night when they wake up. If you have always been the one to settle your child to sleep, it may take them a few weeks to learn that they can do it themselves.

Your toddler doesn't have to cry for long periods of time to learn how to sleep on their own. They need your loving support, small changes and lots of practice to learn how. Talk with your child about how well they're learning how to sleep on their own. Notice and comment on what they did to encourage little steps they're taking instead of focusing on what might be going wrong. For example, you could say something like, *"You did such a good job going back into your own bed last night when you woke up," or, "You woke up last night but then you got back into bed, and before you knew it, you were off to sleep."*

If your toddler is nursing or taking a bottle frequently at night, you can decrease the amount of feeds to help them learn how to sleep without it. Gradually decrease the

amount such as from 250 ml (1 cup) to 200 ml (about ¾ cup), to 150 ml (about ½ cup) and so on over a week or two. If you're breastfeeding, take them off the breast after a shorter feeding time each night over a week or so. Cuddle and put your toddler back into their bed or crib for the rest of the night.

If you have any concerns about your toddler's sleep, call Health Link at 811 or talk with your health care provider.

Naps

Children often stop having morning naps in the young toddler stage, but continue to have a 1–2 hour nap in the afternoon. Toddlers will nap for however long they need, but you may find that if your child naps for more than 2 hours at a time, or late in the afternoon, they may have trouble falling asleep at night.

Your older toddler may stop napping in the afternoon, but end up quite fussy later in the day. If this happens, give them quiet time in the afternoon on their own in their room reading books or playing with toys. If they're tired they may fall asleep and if not then the quiet time will help them stay calm and happy the rest of the day.

When others are looking after your child, talk with them about your child's sleep routine and let them know if your child takes naps and for how long. Your toddler will feel safer with a familiar and consistent routine.

Nightmares and night terrors

Some children have frightening dreams (nightmares) that they may be able to describe afterwards. It's normal to have nightmares once in a while. They usually happen in the second half of the night.

A nightmare can wake your child. They might be scared and need to be cuddled and comforted by you. They may have trouble getting back to sleep.

If your child is having many nightmares, it might be because they're concerned about something that has scared or hurt them or because of a big change such as:

- new child care
- new home
- new baby

Talk with your child about their fears in the daytime, when everyone is awake and rested.

Night terrors (sleep terrors) are different. During a night terror, children's eyes will be open and they'll seem to be awake but they are not. They may also scream or move about during their sleep. A child may not be aware of anyone around them and usually don't remember the night terror. For this reason, night terrors may be much more upsetting for you than for your child.

Night terrors usually happen in the first part of the night, about 1–4 hours after falling asleep. They often happen at the same time each night and usually last only a few minutes. Night terrors usually peak at about 2 years and they're more common in boys.

If your child is having a night terror, make sure they're safe but don't try to comfort or wake them. If your child is having night terrors at the same time each night, try waking them 10–15 minutes before that time. Doing this for a few weeks may break the cycle. Night terrors are more common when the child is not getting enough sleep. It may help to move bedtime earlier by a few minutes each night to see if that helps.

If your child is having a lot of trouble sleeping or if night terrors are affecting their health or your family life, call Health Link at 811 or talk with your health care provider.

Moving from crib to bed

Going from a crib to a bed is a big step for both toddlers and parents. Your young toddler is safer in their crib until they start trying to climb out of it. Prevent injuries by moving your toddler to a bed before they can climb out of their crib. Before moving your toddler, check to make sure their room is safe and child-friendly. For more information, see page 104.

Many toddlers have trouble adjusting to being in a bed. When moving from a crib to a bed, continue with your bedtime routines. They may change a little and you may now be reading a book in bed instead of reading it in a rocking chair.

Help your toddler move into a bed

- Talk with them during the day about the move and how big they're getting. Be positive.
- Get books from the library and read together about moving to a bed.
- Practice laying in the bed for naps or bedtime before expecting them to sleep in it.
- Use a side rail or put their mattress on the floor to keep them from falling.
- Offer them a favourite toy or blanket for comfort and security.
- Be clear about where they need to sleep now (in the bed) and where you'll be. Use words to help them know what you expect from them during bedtime.
- Play soft music or use a nightlight to help them settle down before falling asleep. For more information about nightlight safety, see page 110.

Older toddlers and bedtime routines

Your older toddler may need to talk, sing, look at books, or play quietly to help them relax before they fall asleep. They'll drift off to sleep when they're ready. They may find extra comfort and security from special objects like a blanket or a soft, stuffed toy. If your toddler is in a crib, keep it free of clutter so they cannot climb over the crib rails. Nearly half of all crib-related injuries every year are due to falls.

Most toddlers will try to come out of their room after they've been put to bed. They may want to come out for all kinds of reasons, such as they're more independent and want more control of their life or because they're anxious about being away from you.

Being in a bed, with more freedom, may be both exciting and scary for children and they may:

- beg to stay up or ask over and over for one more drink, story or cuddle
- refuse to lie down or get up many times
- react with strong emotions like screaming or yelling

Stay calm, especially if your child is not. Your older toddler can learn that they need to stay in bed so they can go to sleep. You can promote peaceful bedtimes by providing warmth and structure. Here are some examples:

Provide warmth	Provide structure
▪ Realize that many children find moving to a bed both exciting and scary. ▪ Be matter-of-fact and speak with a calm and friendly voice. ▪ Be calm by practicing self-regulation (see page 27). Your calm presence will help calm your child. ▪ Focus on your child during the time it takes to get them ready for bed. Turn off cell phones and enjoy this time with things such as a song, story, talking about their day or plans for tomorrow. Share one good thing about each of your days. If there are any problems to discuss, talk about them earlier in the day—not at bedtime. ▪ Reassure your child that you'll be nearby and will keep them safe. ▪ Give them a kiss, a hug and say goodnight before you leave their bedroom.	▪ Keep a regular bedtime routine. ▪ Keep bedtime calm and quiet. ▪ If your child doesn't like the door closed, try talking to them about why the door needs to be closed. Practice being in the room with the door closed in the daytime and help them learn that it's okay. Never lock your child's bedroom door. ▪ If they come out of their bedroom after you've put them to bed, take their hand, walk them back to their room, remind them that it's bedtime and tuck them in. ▪ Avoid arguing. Simply say, *"It's time for bed."* You may have to do this many times and for several nights before they accept it. ▪ Be kind and firm. By being kind, you let them know you understand they would rather stay awake. By being firm, you let them know that it really is bedtime.

Toilet teaching



Most children are at least 2½ or even 3 years old before they're ready to learn how to use the toilet. Some boys are not ready until they're 3½ or 4 years old. You cannot rush toilet teaching. Wait until your child wants to learn and is physically ready—when the muscles that control their bowel and bladder are strong enough.

Toilet teaching will take less time, be easier, and less frustrating if you wait until your child is ready and don't rush the process.

Your child may be ready to use a toilet when they:

- are able to stay dry for several hours or through the night
- have bowel movements at fairly predictable times and are getting better at controlling them
- know they're urinating or having a bowel movement. They may even tell you when they need a clean diaper.
- don't like to be in a wet or dirty diaper
- can pull down loose-fitting pants and follow simple directions
- show interest in using the potty chair (see page 345) or in other people using the toilet
- can tell you they need to use the toilet

Learning to use a toilet

There are many things you can do to help your toddler learn to use the toilet.

- Help your toddler recognize when they're urinating or having a bowel movement by talking about it—use words that are familiar to your family.

It takes time to learn to use the toilet

Your child may not be able to make it to the toilet on time when they're learning.

This may upset them. Reassure your child that it's part of learning. A calm, matter-of-fact approach will help them feel better about what happened.

- Read stories about using a toilet or potty. Tell them that you and other people use the toilet too.
- Let them see you empty the contents of their dirty diapers into the toilet and flush. This will help them see where bowel movements go.

> ***"Every child is so different... don't get too stressed about it. Have patience."***
>
> *~ Kelly, parent of a toddler*

- If you use disposable diapers, your toddler may not feel wet. They may learn to use the toilet faster if you switch to cloth diapers, as they'll be able to notice when they have a wet or soiled diaper.
- Show your child the potty chair or adapted toilet-seat. Tell them how it's used and that you'll help them.
- Ask them to tell you when they need to go to the toilet. They won't be able to wait more than a few moments after telling you.
- Watch for signs they're about to go such as stopping what they're doing, looking down or off in the distance or saying, *"Uh-oh."* They may also fidget or hold their hand between their legs. If you ask your toddler if they have to go, they'll likely say *"No."* You may get a better response if you say, *"Looks like you have to go to the bathroom,"* or *"Let's get you to the bathroom."*
- Stay with them or give them books to read while they're on the toilet or potty chair.
- Little boys may want to urinate standing up, like other boys or their dad. It might be easier for them to learn in a sitting position.
- Help your child with wiping after a bowel movement. Your child may need help with this until they're about 4–5 years old. Teach girls to wipe from front to back to help prevent infections caused by getting stool near their urethra or vagina.

> ***"I switched to cloth diapers when my daughter was toilet training. Then she knew when she was wet and didn't like it. It really helped!"***
>
> *~ Rebecca, mom of three children*

> ***Hand washing*** ★
>
> Get your toddler into the habit of washing their hands, whenever they use the toilet.

Support your toddler's efforts even if they're not successful at using the toilet. If your child is not making progress after a couple of weeks, they're likely not yet ready to learn. Try again in a few weeks or when they seem more interested.

More tips for toilet teaching

- Be consistent. If your child has other caregivers, talk to them about what you're doing to help your child use the toilet.
- Be patient, positive and relaxed. Children learn in their own way and on their own time. Don't set deadlines or get into power struggles. Expect setbacks if routines change, like starting child care or the arrival of a new baby.
- Take your toddler to the toilet or potty chair when they wake up in the morning, after naps, after meals, before going out and before a bath.
- Put the potty chair in a bathroom close to where your toddler spends most of the day. Keep a few books there to help them sit longer.
- Dress your toddler in clothes that are easy to pull up and down.
- Run the water. The sound may help your child feel the urge to urinate.

Potty chair

If you use a potty chair, make sure it's sturdy and doesn't tip easily. Your child's feet should be on the floor. A potty chair may help your child feel safer, especially if they're afraid of falling into the toilet. They'll be able to get on and off without your help and will see the results of their effort—their own urine or bowel movement. Follow the manufacturer's instructions for cleaning or sanitizing the potty chair.

Toilet-seat adapter

If you use a toilet-seat adapter:

- Make sure it fits securely on the toilet. If not, it may pinch your child's leg or they may be afraid of falling when it wiggles.
- Use a step stool to help your child get on and off the toilet more easily. They may feel safer if their feet touch the step stool when they're seated.

Many children are afraid of being flushed down the toilet. Your child may be scared if the toilet is flushed while they're sitting on it. Remind them that they're too big for this to happen. Respect their fear by letting your child flush the toilet after they're off.

> ***"Toileting feels challenging for everyone. Just knowing that children are on their own schedule can help. Your child doesn't have to be potty trained first, and they might even be last! Watch for their interest and keep the conversations going."***
>
> *~ Grace, mom of a preschooler*

urethra: the tube attached to your bladder that urine passes through when you urinate

Dressing and undressing



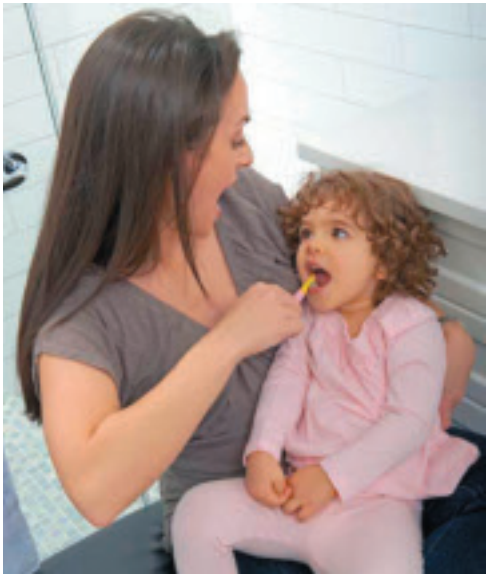
Older toddlers get better at dressing and undressing themselves. They may not be able to get in and out of their clothes quickly, however they need a chance to learn what they can do on their own. Let them help with the steps they can do, then gradually let them do it all by themselves.

Your toddler may find it easier to dress and undress if they wear:

- clothes with elastic waists
- shoes and boots that slip on or do up with Velcro®. Most children cannot tie their own shoes until they're 5–6 years old.

Toddlers like to make their own choices. You may find your toddler picks the same clothes day after day. If you divide their clothes into special occasion and play clothes, you can let them choose from the clothes that are best for what they're going to do.

Teeth and mouth



Toddlers continue to get new teeth. Some back teeth (first primary molars) may come in by the time your toddler is 18 months. The second primary molars usually come in sometime between 2–3 years old. Molars have pits and grooves on the chewing surfaces that can trap food and germs. Tooth decay can start if your toddler's teeth are not kept well-cleaned.

Most toddlers have all 20 baby teeth by the time they're 3 years old.

Help keep your toddler's teeth and mouth healthy:

- Have planned meals and snacks. Eating and drinking all day can put your toddler at risk of developing tooth decay.
- If you're serving sweet foods, serve them with a meal. The extra saliva produced at mealtime will help protect your toddler's teeth.
- Brush their teeth twice a day—once in the morning and once before bed.

Keep toothpaste out of reach and in a safe place. Your toddler may want to brush their own teeth except they're still too young to do a good job. Let them start, then help them finish. When your toddler is able to write their name, they'll have the coordination to brush and floss their own teeth properly.

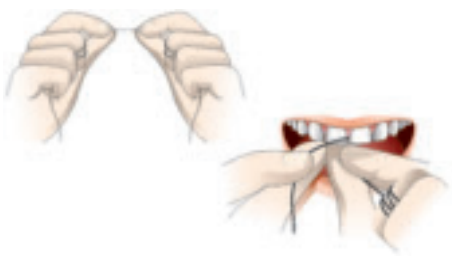
Help your child care for their teeth

- **Brush their teeth twice a day** with their own toothbrush and fluoride toothpaste. Use an amount of toothpaste the size of a grain of rice. It might help to sing a song or set a timer for about 2 minutes to help your child learn how long it takes to do a good job. It may take a while to work up to 2 minutes—the key is sticking to the routine every day. Teach them to spit out and not swallow any toothpaste.
- **Brush their tongue** gently from back to front.
- **Floss teeth** that touch each other.
- **Check for tooth decay** once a month (see page 63).
- **Encourage your child** by noticing when they take good care of their teeth. Tell them that they're helping their teeth and gums grow strong and healthy.
- **Set a good example** by letting them see you brushing and flossing your own teeth.

Using dental floss

Flossing gets rid of food and plaque build-up between your child's teeth. Begin flossing every day once their teeth touch one another.

1. Cut a piece of floss as long as your child's arm. Wrap it around your middle fingers, leaving about 5 cm (2 inches) of it between your hands. Using your index (pointer) fingers, guide the floss between your child's teeth.
2. Wrap the floss in a 'C' shape around the base of the tooth, where the tooth meets the gums.



3. Starting at the gum line, wipe the full edge of the tooth with the floss, 2–3 times. Floss both sides of each tooth and the back of all molars. Change to a new section of floss as you move to each tooth.

Planning your child's dental visit

Children who go to the dentist regularly have less tooth decay. These visits also help your child learn about and get comfortable with dental care. To have a successful visit:

- Plan their visit for a time when you child will be alert and not tired or hungry.
- Play a dentist game with them before you go. Have them lie down. Shine a light into their mouth and count their teeth. Switch roles so they can be the dentist too.
- Use positive, encouraging words to congratulate your child on their co-operation when they're done.
- Bring along your child's favourite toy or stuffed animal, if they have one.

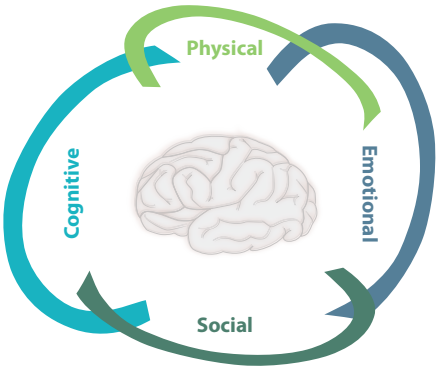


Fluoride applications

Some community or public health centres offer fluoride applications for children aged 12–35 months to protect their teeth from tooth decay. Fluoride is applied 4 times, once every 6 months. To find out if your child qualifies, contact your community or public health centre or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Growing and Learning Together

Your toddler is changing every day. They're learning how their body works and beginning to move in different ways. They need lots of time to explore and play. Your toddler is busy trying to understand their world and learning to think. All areas of your toddler's development are interconnected. Development in one area affects all other areas. All development is guided by your toddler's brain.





When you know how the brain works, it's easier to understand what you can do to support your child.

Your toddler's developing brain

Brain cell connections are forming very quickly and this will continue for many years. Your child's experiences help these connections form. The more often an experience happens, the stronger the brain connections become. For more information on brain development, see page 19.

Although you cannot see these changes in your toddler's brain, you'll know their brain is developing by how:

- their body grows and moves with more skill
- they play and explore their world
- their language skills are growing
- they learn about their emotions
- they learn to get along with others



"Show lots of love, be patient and you have to build their trust early."

~ Amal, parent of three children

Brain cell connections become stronger when you and your toddler engage in serve-and-return interactions. Here are some examples of what this might look like with your toddler:

Examples of serve-and-return interactions 12–18 months	
Your young toddler serves when they:	**You return their serve when you:**
▪ build and knock down towers of 2–4 blocks	▪ take turns putting blocks on a tower— say *"My turn,"* when you put your block on, and *"Your turn,"* when they put theirs on
▪ point to things that interest them	▪ notice what they're pointing to and talk about it or show them how it works
▪ start pretending to feed dolls or stuffed animals	▪ enjoy having a 'tea party' with them and their stuffed animals—pretend to pour, stir and drink 'tea'
▪ try to do things on their own	▪ take time as often as you can to let them try to dress and feed themselves
▪ grab things from others	▪ Say something like: *"I see you want that toy. Sarah was playing with that car. It's her turn right now. You can have a turn later."*



"I went to 'Tots Time' at our community hall every Monday morning. Most of the people were from the neighbourhood, so it was a good way to meet other parents who lived close by, and my daughter loved it."

~ Leah, mom of a toddler

Examples of serve-and-return interactions 18 months–2 years	
Your older toddler serves when they:	**You return their serve when you:**
▪ like simple games and rhymes	▪ spend time saying rhymes and playing games they enjoy
▪ put pieces in simple puzzles	▪ take turns putting pieces in a puzzle
▪ listen to simple stories	▪ let them hold the book and turn the pages. Pause to let them say some of the words in a story they know well.
▪ point to pictures, body parts, objects and people that you name	▪ read 'lift-the-flap' books and let them find the pictures you name
▪ kick a ball while standing	▪ roll a ball gently for them to kick, and take turns kicking it back and forth
▪ like to imitate the things you do	▪ give them tools they can use to help

Examples of serve-and-return interactions 2 year olds	
Your older toddler serves when they:	**You return their serve when you:**
▪ jump with both feet off the floor, pedal a tricycle or balance on one foot for a short time	▪ spend time playing outside together and take turns copying each other ▪ jump, run, sit, bend over and laugh together
▪ draw lines and circular scribbles	▪ scribble and draw with your child and talk about what they've drawn
▪ talk in simple, 2–3 word sentences that have lots of grammatical errors. *"Poon fall down. Daddy gots it."*	▪ repeat back what you think your child said in a more correct way. *"Your spoon fell on the floor. Daddy's got it."*
▪ want to keep playing when it's time to eat, sleep or change activities	▪ give them a 5-minute warning before any change in activity
▪ pretend play with others	▪ get together with other families with young children so they can play together



Other things you can do to help your toddler learn

Communicating with your toddler

Your toddler is starting to use more and more words. At first they'll learn new words slowly. Once your toddler is about 2 years old, they'll learn new words at a faster rate until they have a word for almost everything—it's like an explosion of language. You'll be surprised at the words they can say and all of the things they can talk about. By the time your toddler is 3 years old, their words will also be easier to understand. They'll be able to tell you what they did during their day and talk about things that interest them.

Young toddlers will:



- use words to greet people, ask for what they want and comment on what they like
- tell you when they don't like something by shaking their head and saying *"No"* or *"Not."*
- use one word for a whole thought such as *"Shoe,"* to mean, *"Those are my shoes,"* or *"I need my shoes,"* or *"I don't want to wear my shoes."*
- follow simple directions, like *"Bring mommy your shoes."*
- answer simple questions such as, *"Do you want a drink of water?"* or *"Where's your blanket?"*

Once your toddler knows about 50 words, it will be easier for you to understand what they say. Then, they'll start to use them in 2-word sentences, such as *"More cracker,"* or *"Mommy, go."*

Your toddler needs you to listen and talk with them so they can learn to understand and use new words in short sentences. Here are some things you can do to encourage their language and communication:



- **Add to what your child has said** and they'll start talking in longer phrases. If they say *"Daddy,"* use it in a short sentence like *"Daddy's home now."*
- **Repeat what your child says correctly**—without telling them they said it wrong. You can also stress the word a bit in your sentence. For example, if they say *"Dama,"* say *"Yes, that's grandma. You love grandma."*
- **Wait after asking a question** or making a comment. Your toddler needs time to put their thoughts and ideas into words.
- **Ask questions that keep the conversation going.** Open-ended questions such as *"What happened?"* or *"What could we do now?"* let children answer with more words. Try to use them more often. Closed-ended questions like, *"Did you do that?"* or *"Do you want this?"* will be answered with one word like *"Yes"* or *"No."* These don't encourage conversation—try to use them less often.
- **Join in and play with your toddler.** Talk about what you're playing with while you play.
- **Read books and sing songs.** Read your toddler's favourite book many times as they will learn new things every time they read it. Talk about how books relate to their experiences. If you read a book about a farm, you could say, *"Do you remember when we saw the kittens at uncle and auntie's farm?"*

Talk by 2 years old

Your toddler should talk by 2 years and be understood by 3 years.

To learn more about speech and language development and when to get help to support your child:

- Visit your local Parent Link Centre to pick up a copy of the *Ages and Stages Questionnaire (ASQ)* for your child's age.
- Check out the Talk Box in the ***Links*** section at healthyparentshealthychildren.ca/resources
- Call Health Link at 811 or talk with your health care provider to find information about speech and language services in your area or if you have any questions.

If you're concerned about your child's speech and language development, it's important to act early.

Support learning through strong attachment

Your toddler's days are a constant cycle of moving away from you to explore and play, and coming back to you to connect and feel safe. This cycle happens many times every day.

When your toddler feels a secure connection, they:	Your toddler may:	
▪ will be confident to move away from you to play ▪ know that you'll protect them	▪ poke or pick up objects and try to figure out how they work ▪ walk or run without worrying about where you are ▪ be curious about the world around them ▪ not want your help and say *"No"* and run away from you	
When your toddler needs to feel connected and secure, they:	**Your toddler may:**	
▪ come back to you ▪ may need your comfort to feel more confident to explore and play	▪ reach to be picked up ▪ ask for a hug or want to cuddle ▪ need to touch or cling to you ▪ follow you or look for you ▪ want to tell you about their discoveries	

Your toddler's learning and attachment get stronger when you provide warmth and structure. Here are some examples:

Provide warmth	Provide structure

▪ Be excited about their discoveries. Let them show you how their toy works or tell you the story in a book.
▪ Welcome them back when they need to connect with you—they may return to you often, so be patient.
▪ Remember they do not know what's safe or dangerous yet.
▪ Give them time to do what they can—offer help only if they need it or ask for it.
	▪ Be clear about what they can and cannot do. Use simple words to explain why, for example, *"We have to hold hands in the parking lot so a car doesn't hit you,"* or *"You can run and jump when we get to the park."*
	▪ Distract and redirect:
	  ▫ Shift their attention to another activity (distract). For example, if they start to get upset, say *"Let's go read a book."*
	  ▫ Move your toddler or their activity to a more suitable place (redirect). Say things like, *"We don't colour on the walls. Here's some paper. What would you like to draw?"*
	▪ Change your expectations and limits to match your child's development as they grow.

Let's play

Play builds healthy bodies and minds and is important for your toddler's growth and development. Your toddler learns by playing. They'll still want to play with you, however, they'll also need time to play on their own and with others. Toddlers are starting to use their hands and minds to build and create. They learn different things from different objects and activities. Their skill and coordination will improve, especially if they have the chance to learn simple games and practice their skills in large spaces.

Encourage your toddler's natural curiosity:

- **Observe what they're doing**—watch to see what they're interested in and what they're trying to do.
- **Play together**—with a similar toy and follow your child's lead. Wait for them to engage you when they're ready.
- **Extend their play**—ask a few simple, open-ended questions such as, *"What do you think the puppy will do now?"* or *"I wonder how you could make that tower taller?"*

Make sure their play environment is safe. Start talking about safety by using simple words and phrases like *"Hot!"* or *"That will hurt,"* so they'll start to learn about danger. Supervise your toddler at all times and remind them about dangers often. Your toddler is still a few years away from knowing how to stay safe from danger.





You can provide a safe environment for your toddler and help them feel like they belong. Here are some ideas:

- Create a special place for books and toys.
- Put things they use a lot within their reach.
- Make some changes to your home such as lowering the coat hook on the wall so they can reach and hang their coat and keeping a sturdy, non-slip step stool in the bathroom so they can reach the sink.
- Put away anything that's valuable or breakable.
- Remove and lock up anything that could harm your toddler.

> ***"I do miss the baby stages in some ways, but I love the learning and intellectual growth that comes later, too! It's all about building a strong foundation together!"***
>
> *~ Cara, mom of a toddler*



Have fun with your toddler and encourage them to play

- **Be active.** Go on a nature walk. Make a sandcastle or snowman. Dance freely to music and copy their moves.
- **Play with objects.** Bring out the paper, glue, crayons, blocks and yarn and let your child create whatever they want. Get them to tell you about it.
- **Pretend.** Put together a box of old jackets, purses, shirts and hats and enjoy the fun of putting them on. Pretend you're different animals. Pour water into dirt and make mud pies.
- **Tell stories.** Read books and tell stories about their favourite activities.

Active play

Your toddler is getting more coordinated and wants to try new movements. Young toddlers may still need to hold onto furniture or your hand to walk. Once your toddler is walking steadily, they'll start to run. They'll also try to climb on the furniture and into open cupboards. You can expect a few bumps and stumbles as they learn to watch out for things in their own way.



As toddlers get older, they can:

- walk backwards or sideways when pulling a toy
- jump with both feet
- walk up stairs
- squat when they play
- play with ride-on toys

Being active is an important part of everyday life for the whole family. You can play inside or outdoors. Being outdoors helps build your child's connection to nature and their community. Be sure to actively supervise your toddler when they're climbing or exploring.

You promote healthy behaviours for your whole family when you:

- go for regular walks around your neighbourhood
- play in your backyard or a playground
- push the furniture to the edge of a room and use the open floor space for activities
- are a role model by being physically active

Toddlers need to be active for at least 180 minutes (3 hours) spread throughout the day. Limit sitting in places such as a high chair or a stroller to no longer than 1 hour at a time. Your toddler will be more interested in playing and being active if you limit the time they spend being inactive, like watching TV or playing on a tablet.

Your toddler needs time and space for active play. For more information on active play, see page 68.

Creative play

Your toddler's hands are also getting more coordinated. Your young toddler will clap their hands, use a spoon, and put things into containers and dump them back out. Your older toddler will draw with crayons and put 2–10 pieces of simple puzzles together.

Your toddler may also:

- roll a ball and make towers with blocks
- scribble with crayons and copy circles and lines
- move a zipper up and down and put on their shoes—they'll still need your help doing them up



The act of creating is more important than what your child creates. It's the act of creating that is beneficial for your child, not what they create. Let them tell you about what they have made.



Start with easier board puzzles and try harder ones as your toddler's skill improves. Join the fun by taking turns putting the pieces into the puzzle. Drawing on a chalkboard on the wall or painting on an easel helps develop their arm strength and skill to hold and use a pencil or crayon. The more your child plays, the more they learn and develop.

Here are examples of activities and the skills they help your child develop:

Type of activity	Helps your child
Building with blocks	build their hand-eye coordination and imaginary thinking
Doing puzzles	develop problem-solving skills
Creating art	learn to express themselves in creative ways
Modelling clay, dough, paint and paper	making things they experience in their world and learn to create

Pretend play



Toddlers learn about life and develop their imaginations by pretending. They may pretend to take a nap, feed their stuffed animals or give their doll a bath. At first, they'll use objects that look like the real thing, such as using a toy shovel as a shovel. Before long, their pretend play becomes more advanced and objects can be anything they can imagine them to be.



You may notice your toddler talking to themselves as they play. Talking out loud:

- helps your toddler start to organize their thinking
- helps them learn to solve problems and cope with emotions
- develops self-talk (inner speech)—something adults use to organize their thoughts

As their talking skills improve, toddlers start to include other children and adults in their pretend play.

Encourage pretend play

- **Follow what your toddler does.** It lets them know their ideas are important.
- **Let everyday activities be play.** Take turns and pretend with them. Take turns putting socks in the washer when you're doing laundry. Pretend to be restaurant servers when you're setting the table.
- **Show and play by using objects in different ways.** Try using a banana as a phone and a wooden spoon as a microphone and watch their imagination grow.
- **Use active listening.** Listen when playing. Make comments to keep the conversation going, like *"Hmm," "I see,"* or *"And then what happened?"*

Telling stories

Toddlers are starting to share stories. You encourage learning through stories when you:

- Share books, stories and songs.
- Talk about what you did during the day and what will happen tomorrow or in the future.
- Share family pictures and stories about special occasions.
- Encourage your toddler to act out or tell a family member their favourite story.



- Act out a story about a new experience such as the first day of preschool or a visit to the dentist, so they know what to expect.

Screen time

Screen time is not recommended for children under 2 years of age. Limit screen time to 1 hour or less each day for children 2 years of age and older.

> ***Role model screen time use*** ★
>
> Your child will learn screen time use and habits from you. Develop a family plan for screen time.

If your toddler watches something, be sure it's something that is suitable for their age. Take time to talk about what they're watching to help them understand how it relates to the real world.

As one of the main ways children learn is by watching others, your screen time use and habits really matter. Your child will learn these habits from you so be sure to model what you want them to learn. Pay attention to your own screen time and think about what messages you're sending your child. It may help to create a plan for your family to show that limiting screen time is important for everyone. For more information about sedentary behaviour, play and screen time, see page 72.

Learning about emotions

As toddlers develop, the way they understand and show their feelings changes. Toddlers have strong emotions. With your help, they can learn to better understand and talk about their emotions.

Young toddlers:

- feel anxiety and frustration in addition to earlier emotions
- begin to recognize they have their own feelings
- don't yet have the words to express how they feel, so they often show their emotions with their bodies
- have little ability to manage their feelings or control their impulses such as biting and hitting
- can be afraid of strange people, objects, animals or events—they can become anxious when separated from their parents (see page 321)
- begin to recognize that other people have emotions too
- don't yet understand other people's feelings or views



Older toddlers:

- feel emotions very strongly and express them with their bodies, whether they're happy, mad or sad
- can be overwhelmed by their feelings
- can get upset when they're asked to do something they don't want to do
- are easily frustrated when they can't do what they're trying to do
- are starting to learn how emotions make them feel inside
- need help learning how to talk about the way they feel



Help your toddler understand and cope with their feelings

- **Describe** and show empathy—give them a name for their feelings. Help them see that you understand by using a kind voice to say things like, *"I see you're mad. You really wanted that toy."*
- **Distract.** Use another interesting toy, game or song to distract them.
- **Redirect.** Change the activity or move it to a more suitable place.

Your older toddler's ability to think is developing. When you name their emotion and show that you understand, you're building connections between the emotional and thinking parts of their brain. The next step is to help your toddler learn to show their emotions in ways that will not hurt them or others. This process will take many years to develop. Your child will need lots of help and practice.

Learning to regulate emotions

Older toddlers show their emotions with physical reactions because they don't have the words to use yet. When they're excited, your toddler may jump, skip and laugh loudly. When they're upset, they may yell, throw things, hit or bite. You may be surprised by the level of your toddler's aggressive behaviour, but know that it may be the only way they know how to express themselves right now. Your toddler needs your help to learn other ways to show their frustration.

Learning to solve problems

Children can solve problems and deal with conflict better once they can regulate their emotions. They'll need your help to build these skills over the next few years.

> ***"Parenting is as easy as being the person you are, and as difficult as being the person you want to be."***
>
> *~ Sanjeev, dad of three children*

Let your child know that you accept their feelings, even if their behaviour is not okay. You can help your toddler begin to manage their emotions by providing warmth and structure. Here are some examples:

Provide warmth	Provide structure
▪ Be patient—remember they're just learning. ▪ Accept your toddler's feelings and let them know you understand. ▪ Don't make fun of or laugh at them when they're upset or afraid. ▪ Stay calm and help your child learn to be calm.	▪ First, name the feeling and show them you understand. Limit behaviour that could hurt them or other people and say things such as, *"I see you're angry. It's okay to be angry. It's not okay to bite."* ▪ Explain your reasons in words your toddler can understand, such as *"Biting hurts people."* ▪ Give them one or two ideas for what they can do instead. This could include making a mad face, sitting with you to calm down, taking a deep breath, using their words to tell you how they're feeling, walking away or hugging their stuffed toy. ▪ As they get older, ask them what they think they could do, rather than telling them what to do. With lots of practice, they'll be able to think of these ideas when they're on their own.

For more information about self-regulation, see page 26.

Temper tantrums



When your toddler is upset, they may cry uncontrollably, yell and thrash about. This is a temper tantrum. A temper tantrum is simply an emotional outburst. This is a normal part of child development. Most children have tantrums.

A tantrum may be the only way your toddler's body knows how to show their strong emotions. When your toddler is having a temper tantrum, they're feeling overwhelmed. They may be feeling frustrated, tired, hungry or rushed. They'll need your help to learn a different way to manage their emotions.

Tantrums usually start around 18 months and peak by 3 years. They should gradually happen less often after that and will become less intense.

When they want something they can't have

Be kind and firm. Explain why they cannot have it. Reassure them that you understand their feelings. Stick with your decision if you've said *"No."*

Preventing tantrums

You cannot prevent every tantrum, however here are some ideas that may help:

- Plan regular meals, snacks and sleeping times as toddlers become overwhelmed quickly when they're tired or hungry.
- Learn how toddlers usually develop to help you know what to expect.
- Watch for early warning signs. If you see your toddler getting frustrated, it may help to distract them, end a shopping trip, change the activity or take a break.
- Learn what frustrates or overwhelms your toddler, such as too much noise or too many choices.
- Find a balance. Know when to set limits and when to offer choices, when to be flexible and when to be firm.
- Make sure your toddler has a chance for active play every day.
- Try not to plan too many activities in the same day.

> *"I think that patience comes before everything else. Taking a step back to re-assess helps to keep your perspective on what is happening."*
>
> *~ Dave, dad of two children*

Learn from previous tantrums. As adults, we do not always react the way we hope to. After a tantrum, and once you're feeling calm, think about how you responded and what you may want to do next time. Remind yourself of your new plan often so that it comes more easily next time.

Punishing or making fun of your toddler will not help them learn about their emotions and will make the tantrum worse. Help your toddler understand their feelings and learn how to show them in healthier ways by guiding and reassuring them. For more information about positive discipline, see page 29.

It's normal for toddlers to have a tantrum once in a while. If these outbursts happen often, are violent or you're concerned about them, call Health Link at 811 or talk with your health care provider.

If you find yourself getting frustrated with your child, take some slow, deep breaths. Remind yourself about what you're trying to help them learn. Your calm and nurturing response helps your child reach their goals while building attachment. Children learn much better when they have a strong emotional connection with you. For more information, see page 25.

Calming your child during a tantrum

Here are some ideas to help calm your toddler:

- **Give them space** and make sure they're safe. Some children like to be held when they feel out of control. Others may want a hug only after they've calmed down.
- **Stay calm and be with them.** Stay quietly with them until they calm down. It might help to take them somewhere quiet.
- **Once they've calmed down:**
  - Help them name or describe their feelings.
  - Show them you understand.
  - Tell them what behaviour needs to change and why—based on their stage of development.
  - Help them think of other ways to show their feelings.
  - Let them re-join the activity they were doing or move on to something else.
- **Do not make a toddler apologize.** They don't understand why they acted the way they did.
- **Remind yourself** that your toddler is learning. They'll use the skills you teach them now throughout their life.

Your emotional response to tantrums

Self-regulation is one of the most important skills we can teach ourselves and our children. Calming yourself before responding helps people of all ages re-connect the emotional and thinking parts of their brain so they can make better decisions (see page 27).



> *"Love your kids unconditionally, it makes life easier."*
>
> *~ Seham, mom of three children*

Living in a social world

Playing with others



Toddlers start to notice other children of all ages more and want to be around them. However, your toddler might not get along with others right away. Some children learn social skills quickly and others will need more practice to learn how to get along with others. Your toddler will learn this with time, practice and help from you and others—especially when they spend time with people who model and encourage sharing, taking turns and communicating in a positive way.

As toddlers develop, the way they play changes. There are also differences between how young and older toddlers play.

How young toddlers play	How older toddlers play
▪ play by themselves, with you and with other adults they know ▪ like to watch other children and copy what they see ▪ cannot follow rules yet ▪ need constant attention with you or an adult close by (active supervision)	▪ begin to play on their own for short periods, yet still need to have you close by ▪ like to be with other children ▪ play beside one another, but usually not together ▪ are more aware of themselves as separate people ▪ like to copy you and help with simple chores ▪ need you to set fair and consistent limits to keep them safe

Sharing and taking turns

It takes time for toddlers to learn to share. They're just figuring out who they are and what belongs to them. They'll often say things like, *"Mine,"* or *"My nose,"* or *"My toys."* It may seem like your young toddler thinks everything belongs to them. Your toddler is not being selfish.

Young toddlers are learning to take turns

It's better if each child has their own toy to play with so they don't have to share yet. Offer some toys like balls to encourage young toddlers to interact and take turns.

They need to learn about ownership before they can learn how to share. Activities that involve taking turns will help. Most children are not able to share well until they're over 3 years old.

You can help your toddler learn to share.

- **Give them lots of practice** taking turns every day with things such as sliding down the slide and turning pages in a book.
- **Use the language of sharing** in a positive way. When rolling a ball back and forth, say *"My turn,"* as you roll it to your toddler. As they roll it back say, *"Your turn."*
- **Give them lots of chances** to be with other children.
- **Sit close to toddlers** when they're playing together so you can step in quickly when needed.
- **Notice and comment** when your toddler does something you want to encourage, such as, *"Sophie is very happy that you gave her a turn to play with your car."*
- **Have two sets of similar toys**, if possible, such as two shovels and two pails in the sandbox. Put your toddler's special belongings away when friends come to visit. They may not be ready to share these yet.

Older toddlers are learning to share

Give older toddlers lots of practice taking turns doing things like rolling a ball back and forth. This skill will help them learn to share.



Toddler property laws

If I like it, it's mine.

If it's in my hand, it's mine.

If I can take it away from you, it's mine.

If I had it a little while ago, it's mine.

If it's mine, it must never appear to be yours in any way.

If we are building something together, all of the pieces are mine.

If it looks just like mine, it's mine.

If I think it's mine, it's mine.

If I give it to you and change my mind later, it's mine.

If it's broken, it's yours!

~ Author Unknown

Building healthy relationships



You communicate with your toddler through your words and actions. When you talk with your toddler, get their attention first. Stop what you're doing and call their name. Wait for them to look at you before talking. How you communicate with your toddler will help them learn this important skill to help them build their own relationships with others in the future.

Use communication to build your relationship with your toddler:

- **Show pleasure.** Tell your child how pleased you are when they learn new things and act in ways that are okay. Make sure your voice and face match your emotion. For example, if your child zips up their coat and says, *"Yes!"*, match their excitement and say *"You did it!"*
- **Use the sound of your voice.** If you're concerned, sound concerned. If you want your child to stop throwing their food, tell them to stop, firmly without yelling. Then tell them what you want them to do instead, for example, *"Leave your food on your plate, please."*
- **Getting down to their level.** When your child talks to you, squat down so your eyes are level with theirs, if possible. Even when you're busy, turn and look at them.
- **Really listen.** Listen and respond to what your child says and to their thoughts and feelings.
- **Keep it simple.** Children need simple rules and limits suited to their age. Keep information short and use words your child understands. For example, use short rules that tell them what you want them to do such as, *"You need to walk,"* instead of *"Don't run."*

Planning for child care

Your toddler is developing a strong sense of attachment with you and prefers to be with you. They're better able to understand that when you go away, you'll come back again, but they have no sense of time. To them, 5 minutes may seem like 5 hours—or the other way around, depending on what they're doing and who they're with. If there's a new caregiver, a new baby in the home, or something else that has changed, you may also see an increase in separation anxiety (see page 321) at this stage.



If you find your child is having a hard time separating from you, here are some things you can do to help them when they're going to spend time away from you, such as at child care.

Plan ahead:

- If you've been home with your child since birth, start with short separations. Make sure they're in a safe place, then leave the room for a few minutes or go to the bathroom on your own. Notice and comment when you return, for example, *"Here I am, back again."* This helps them know that when you go away, you'll come back.
- Try to take them to the new child care just to play. Over the next several weeks, gradually leave for longer periods of time until they're confident that when you go, you'll come back again.
- Talk to their caregiver about what your child is like and to find out about the daily routine. Let your child know that their routine is changing and what the new routine will be.
- If they have a favourite toy or blanket, it may give them comfort to take it with them.

When the day comes:

- Stay calm and comfort them.
- Develop a goodbye routine. Maybe it's four quick kisses and a high five or a hug and a kiss and a wave goodbye. This can give some structure so they know what happens when you leave. Make your goodbyes short and try not to return after saying goodbye, unless you absolutely have to. Never leave without saying goodbye—not saying goodbye can make separation anxiety much worse.
- When you return to pick them up say something like, *"Here I am, back again, just like I said."* This helps them know that they can trust what you say.
- Reassure them. If they seem sad, say something like, *"I know you feel sad when I leave. I feel sad too. I'll miss you during the day, but I'll be back soon."* You can also encourage and comfort your child by talking about new friends and toys they'll have the chance to play with. Say something like, *"Today you get to play with those colourful blocks we saw and play with your friends."*

When you're back together, show your child how glad you are to see them and ask them about their day. Let them tell you stories about what they did. Use the caregiver's and other children's names in your conversation. Help your child build new relationships by getting to know the people in their life.

> ***Keep their trust***
>
> Never threaten to leave your child, not even as a joke. This can break their trust and harm your relationship.

Separations are harder if your child is hungry, tired or sick. If your child continues to cry when you leave, talk with their caregiver. It can be reassuring to know that the crying stops shortly after you go. If that's not the case, work with your caregiver to think of some strategies that will help.

Typical toddler behaviours

Saying *"No"*

It can be confusing and frustrating when your toddler, at around 18 months old, starts saying *"No."* A toddler's language is limited and this is their way of telling you:

- they don't like something
- they're frustrated
- they want to do something on their own

> ***"What I have learned is how a toddler thinks, 'I want what I want, when I want' and once I was able to appreciate their point of view, it helped me to help them."***
>
> *~ Sue, mom of three children*

It's important for your child to be able to say *"No."* It gives them some control of their world. They're not saying it to upset you.

Sometimes when you say *"No"* less often, your child will say it less too. Here are some examples of how you can say *"No"* less often:

When your toddler wants…	Try saying…	Instead of saying…
To go outside to play	*"Yes, as soon as we're done lunch."*	*"No, not now."*
To touch something breakable	*"That one can break. Let's put it away. You can have this one instead."*	*"No. Don't touch!"*
More juice	*"You can have water if you're thirsty."*	*"No, you've had enough."*

Doing things by themselves



Toddlers need and want to do things by themselves. They may get frustrated when they don't have the skills to do what they want.

At this age, your toddler:

- needs to touch and play with everything around them—for example, they may just want to know what's in the cereal box when they happily dump the contents on the floor
- figures out how things work by taking them apart
- has no idea about danger and safety
- starts to learn the difference between what they can and cannot do
- realizes that sometimes you think differently than they do

They'll need your help and support while they learn these things.

Teaching positive behaviour

All children need and want their parents' attention. If your toddler only gets your attention when they're behaving in ways that are not okay, they may continue these behaviours because they need you to notice them. Busy parents can sometimes forget to notice the times when their children behave in ways that are more positive. When you focus on your child's positive behaviour, you're likely to see more of it. Encourage them with things such as smiles, hugs, saying *"Thank you,"* and commenting about what they're doing. This kind of encouragement helps your toddler learn.

Praise or encouragement?

Many parents use praise when they're happy with the way their children are behaving (e.g., *"Good job!"* or *"You're so smart."*). The challenge is that praise loses its meaning for children when used too much.

Encouragement is more descriptive and helps your child be more aware that their actions are appreciated (e.g., *"Thank you for picking up your toys and putting them away. That is a big help."*). Encouragement helps your child feel good about themselves and builds their confidence and self-esteem.

Give your child encouragement more often than praise to help them feel good about themselves and build their ability to rely on themselves. To learn more, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources

Here are some other ways to help your toddler learn positive behaviour:

- **Set up your home so you can say *"No"* as little as possible.** Remove or lock up dangerous items and objects. Put things your toddler can use at their level. Use plastic cups, toy baskets, low, secure bookshelves and coat hooks so they can learn to do some things on their own.
- **Treat your child with respect.** Think about what they're trying to do, listen to their point of view and help them learn what to do next time. This is how they learn to treat you and others with respect.
- **Notice and comment** on what they've done when they behave in a way that you want to encourage. Be specific such as saying something like, *"Thank you for putting away your toys. Now no one will trip or hurt themselves."* This will have more effect than a simple *"Good job!"*
- **Explain and be consistent.** When your child does something that is not okay, tell them what they did, why it's not okay and what they can do next time instead. Be consistent whenever this happens, so they know which behaviours are not okay.
- **Toddlers need repetition.** Know that your toddlers won't remember things you've told them before. A toddler's brain is still forming connections in the thinking part of the brain. You may have to repeat what you say many, many times for those connections to get strong enough for them to remember.



- **Model problem-solving.** Talk through the steps as you deal with a problem. If your toddler spills their mashed peas on the floor, calmly say, *"Uh oh, we have a problem. What do we need to do?"* Wait to see if they have an idea and then help them clean up. This gives them the words they'll need to problem-solve. For more information, see page 406.

Teaching cooperation

When your child learns to work with others to get things done (cooperation) at home, they'll have more success cooperating with other children and later at school.

You can help your child learn to cooperate by providing warmth and structure.



Provide warmth	Provide structure
▪ Have reasonable expectations. Know what toddlers can and cannot do. ▪ Have fun. Toddlers like to be with you and please you. ▪ Be positive. Use positive requests instead of negative commands. *"Please use your spoon,"* will likely work better than *"Don't eat with your fingers."*	▪ Prepare for what comes next. Give your toddler a 5-minute warning before they need to change activities. For example, say something like, *"We'll need to go in 5 minutes."* You could set a timer so they can learn what 5 minutes feels like. ▪ Give choices between two things when you can, as long as both choices are available and acceptable. Offer choices like, *"Would you like the blue or green pyjamas?"* ▪ Do not give a choice if there isn't one. This could include times such as when your child needs to brush their teeth or go to bed. ▪ Keep it interesting by rotating toys and books every week or so. You can borrow books from the library or toys from a toy-lending library, if there's one in your area. ▪ Build routines. When things are done the same way each time your child learns what's expected. For example, make clean-up fun with a special song and they'll learn that cleaning up is part of play.

Health Checkups

See your child's health care providers as scheduled and based on your family's needs. This will help keep your toddler as healthy as possible. Public health nurses and other health care providers can help if you have questions or concerns about your toddler's health, growth and development or other family issues.



For more information about keeping children healthy and safe at any age, see page 76.

Well child clinic visit

Your toddler is due for immunizations at 12 and 18 months. Call your community or public health centre about one month ahead of time to make an appointment. If your child's immunizations are not up to date, talk to your public health nurse about how to get back on schedule. For more information about immunizations, see page 82.

During your visit, your public health nurse will also check things such as your child's growth, ask about their health, as well as about how you're doing and answer any questions you may have (see page 78).

Oral health

If you haven't already, set up regular visits to the dentist for your toddler. Take your child to see a dentist by the time they're 12 months old or within 6 months of their first tooth coming in, whichever comes first. If your family has limited income and needs support for dental care, you may qualify for the Alberta Child Health Benefit (see page 79).

Vision

Your child should have their vision checked by an optometrist by the time they're 3–5 years old. Children who have a family history of childhood eye problems or who are having problems with their vision should see an optometrist sooner. Your child may be having problems with their vision if they:

- cover one eye or tilt their head to look at things
- hold things very close
- don't recognize you from a distance
- have a cloudy film on any part of their eye

Vision and hearing tests are offered in Alberta at no cost for children 17 years and younger. For more information, call Health Link at 811 or talk with your health care provider.

Call Health Link at 811 or your health care provider if your child has any of the following:

- does not understand someone unless they're facing them or in the same room
- speaks loudly
- wants the volume of music or the TV turned up very loud
- does not respond when called
- needs things to be repeated
- has any other signs that concern you

Recommended checkups

	Birth–2 months	2 months	4 months	6 months	12 months	18 months	2 years	3–4 years	5 years and beyond
Doctor	√	Check with your doctor to find out the checkup schedule at their office			Check with your doctor to find out the checkup schedule at their office			Check with your doctor to find out the checkup schedule at their office	
Immunization with public health nurse		√	√	√	√	√		√ (at 4 years old)	
Dental					√	Regular checkups as recommended by your dentist		Regular checkups as recommended by your dentist	
Vision	√ Early vision checkups with your doctor				Early vision checkups with your doctor			√ (with optometrist at 3–5 years old)	
Other health care providers	As needed				As needed			As needed	

Preventing Injuries

Toddlers are very curious and active explorers. Your toddler can now climb, slide, swing, open doors and move quickly. They're still too young to know what's safe and to remember all of the safety rules. It will take them time to learn these rules. Because of this, your toddler is more likely to get into dangerous situations and be at risk of injuries. Watch them closely whenever they're awake.





Be safe around water

Toddlers are attracted to water, however they don't understand the danger. Even when your child knows how to swim, supervise them at all times.

For their age and stage of development, here are some areas that need attention to keep your toddler safe from injuries.

- **Falls**, see page 104
- **Burns and scalds**, see page 108
- **Water safety**, see page 111
- **Choking and poisoning**, see page 107
- **Pet and animal safety**, see page 112
- **Playing outdoors**, see page 114
- **Trampolines**, see page 122
- **Car seats**, see page 123

For more information about how to prevent injuries in the early years, see page 104.

Taking Care of Yourself



Parenting is full of everyday stresses. Parents of toddlers can find life challenging because their children are always on the go and need to be so closely monitored. You can find other situations create stress too—at home, at work or other family demands. How you manage this stress is important for your emotional and physical health. It's also important for what you're teaching your children.

When you self-regulate, you recognize that your stress response has been set off and you know what to do to calm yourself. You're able to:

- recognize that you're feeling stressed
- name your emotions
- calm your body's response to stress
- shift your thinking to cope with the situation
- calmly solve the problem or take care of yourself

Here is an example. You and your toddler are trying to get out of the house in the morning. You go to buckle your child into their car seat and they yell *"No!"*, throw out their arms and legs, and turn their body as stiff as a board.

How does your body feel? Are your muscles tense? Is your breathing and heart rate faster? Are you feeling furious that this is going to make you late for work? If you are, your stress response has been triggered.

There are two ways that you might react:

- Get mad, force your child into their car seat, drive your screaming child to day care, then feel terrible for the rest of your day.
- Take a moment to self-regulate. In this moment, you recognize that your stress response has been set off by the way your body feels. These signs are like a yellow traffic light that warns you to stop and take steps to slow down. You tell yourself, *"I'm feeling really frustrated because this is going to take too long and I'm going to be late,"* and you calm your body's response.

Calming yourself will help activate the 'thinking part' of your brain. Now you can think, *"What does my child need right now?"* and remember that toddlers like to do things by themselves. You say to your child, *"I wonder if you could snap the buckle in today?"* Your toddler hops on to their seat, puts on the straps, tries to buckle up and asks you to help. You have worked together to solve the problem, and your toddler has avoided a tantrum.

When you hear that satisfying click, you celebrate together. And best of all, you'll both have a much better day.

Self-regulation is an important life skill for you and your child. Role modelling and supporting your toddler to learn this skill will help them throughout their life (see page 27).

When tantrums happen in public

Many parents find it stressful and may even feel embarrassed when their child has a tantrum in public. Although this is normal, there are ways you can make it easier. Here are some things to think about:

- Try to remember that most toddlers have tantrums and this is part of typical development. Chances are there is another parent nearby who understands.
- Keep your focus on your child and stay calm.
- Keep your family safe. If you sense a tantrum coming that you might not be able to stop, move your family to a safe spot, away from traffic or other hazards.
- If you have older children, tell them to stay close by so you don't have to worry about where they are. It may help to let your children know what your expectations are before going out.

> ***"Cherish the good and the bad. All phases pass and will be missed."***
>
> *~ Xiu, mom of a preschooler*

Life with a busy toddler

> *"With kids it's easy to have higher highs and lower lows, but it's worth the ride."*
>
> *~ Marco, dad of two children*

Every stage of your child's life will bring new joys and challenges. You're always learning new skills as a parent. You may find it challenging to keep up with your busy toddler. At times, you may get upset and find it hard to stay calm. Pay attention to how your body feels when you're stressed. Once you know the signs, you can start to respond to them. Let these signs of stress be your signal, like a yellow traffic light, that warns you to stop and take steps to calm down. Your toddler will be calmer when you stay calm.

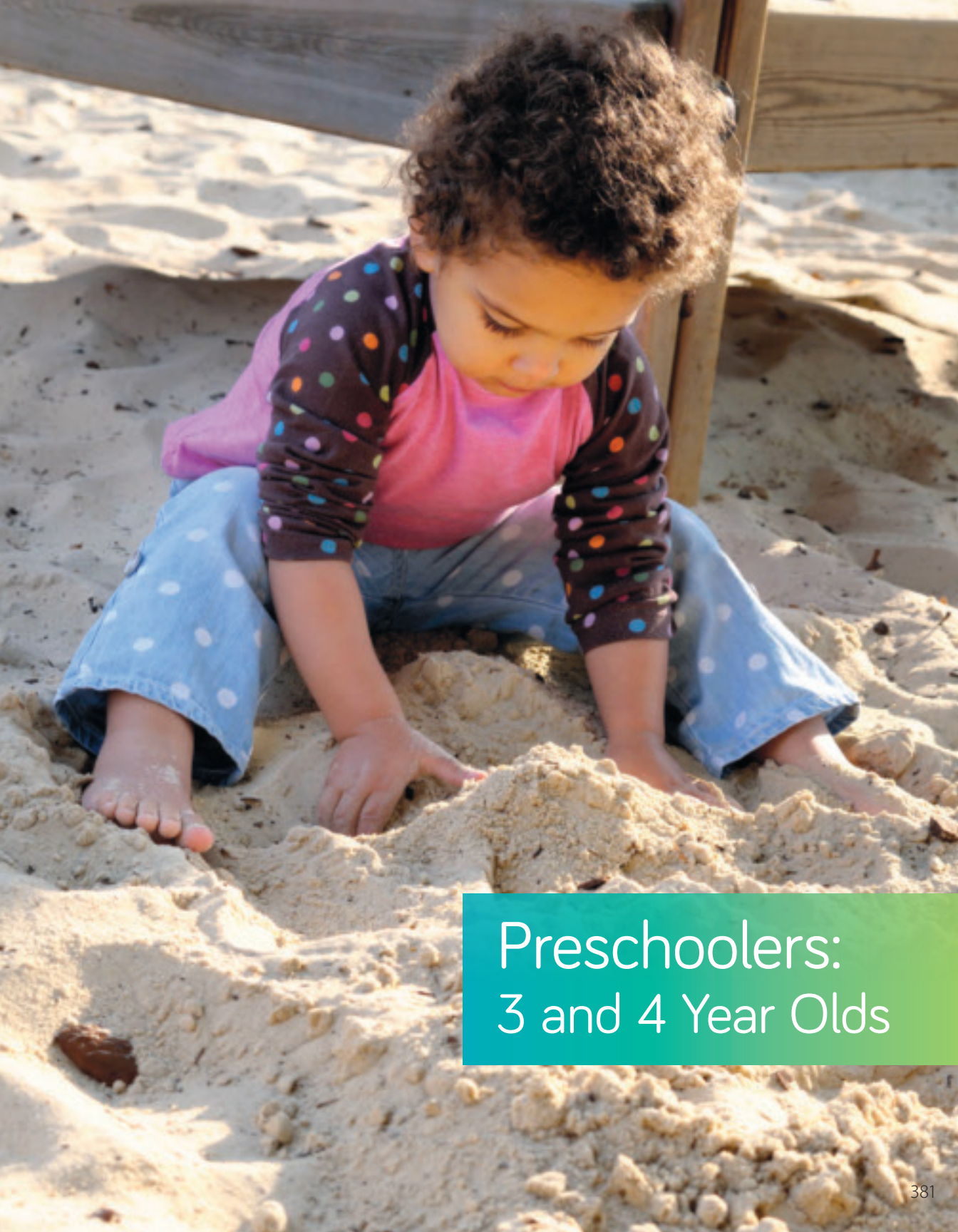
Here are a few suggestions that may help:

- **Breathe.** Take a deep breath and slowly release it to a count of 10. Concentrate on what you really want for your child or on something you're thankful for.
- **Be positive.** Think about how your toddler is growing, learning and discovering.
- **Understand.** Toddlers don't know their limits yet. They're still learning what they can and cannot do. In their minds, grandma's new lipstick is just another crayon. Remember, your child is learning from you. If you punish or hit them when they act out or get upset, they'll learn to do this to others when they have a problem. Understanding toddlers' typical growth and development will help you better support them at each stage.
- **Take a break.** All parents need a little help sometimes. Before you get to a point that you can no longer cope, ask a relative, friend or caregiver to give you a break. If you're alone with your child, put them in a safe place like their crib and leave the room for a few minutes to calm down.
- **Look after yourself.** Parents of toddlers are often stressed because their children are always on the go and need to be closely monitored all the time. Try the relaxation activity on page 260.
- **Ask for help.** If you're feeling overwhelmed, talk to your partner or other support people. You can also call Health Link at 811 or talk with your health care provider for support.



Toddlers are so much fun. I find it so satisfying to see them learn to run and talk and sing. I don't miss the baby stage at all. I love seeing them explore everything around them. My favourite memory is of my daughter walking in the leaves and laughing at the crunching sound it made. Those little moments are so amazing and are really the reason why we decided to have kids.

~ Justin, dad of one child



Preschoolers:
3 and 4 Year Olds



Preschoolers: 3 and 4 Year Olds

Your preschooler lives life to the fullest and is becoming more independent every day. They are starting to develop their own identity. Your preschooler is getting better at thinking about what might happen when they do things. They still need your help to learn what is and is not okay for them to do and to keep them safe as they move about and explore the world around them.

In this chapter, you'll learn about your child's development and how to help them deal with new experiences, getting along with others and starting preschool. There is information on how you can help develop their reading skills as well as their skills for all types of play. You'll also learn what you can do to support your preschooler to develop a healthy self-esteem.

Your Preschooler's Development

As your child enters their preschool years, you'll see remarkable changes. Preschoolers are now learning to play with and get along with others and becoming much more coordinated in their movements. By the time they're 4 years old, they'll have many interesting stories and adventures to share with you. This chart gives you information about the developmental milestones and tasks your child is working on in the preschool years. In this chapter, you'll learn what you can do to help your child as they grow and develop.

3 and 4 years: The 'thinking' stage	
Tasks	**Milestones**
During this time your preschooler is continuing to practice earlier tasks and learning to: ▪ **manage emotions:** starting to cope with their feelings and emotions ▪ **develop empathy:** understanding and caring about other people's feelings ▪ **take initiative:** planning and acting on their own thoughts and ideas ▪ **feel capable:** developing skills to do more and more on their own	**Physical** ❑ eats with a spoon and fork ❑ dresses and undresses themselves ❑ balances and hops on one foot ❑ throws a ball, underhand and overhand ❑ walks in a straight line, forwards, backwards, and up and down the stairs ❑ climbs on things like furniture and playground equipment ❑ kicks a ball ❑ uses paints, scissors, pencils and crayons to create shapes and faces ❑ develops bladder and bowel control both day and night ❑ does simple chores with some help and direction **Emotional** ❑ gets better at being able to identify and name their own feelings ❑ uses words more often to express their feelings ❑ fears real and imaginary things such as the dark, thunderstorms and monsters ❑ exaggerates the truth ❑ likes to talk about body functions ❑ develops a sense of humour

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3 and 4 years: The 'thinking' stage	
Tasks	**Milestones**
	Social ❑ begins to share and take turns ❑ hits less, name-calls more ❑ likes playing with other children ❑ uses imagination and themes in pretend play ❑ may have an imaginary friend ❑ likes to talk ❑ enjoys group activities and games
	Cognitive (thinking and communicating) ❑ asks *"Why?"* ❑ uses longer sentences for more detailed stories ❑ talks about the past and future ❑ shows improvement in grammar and their words become clearer ❑ starts to understand the difference between real and imaginary things ❑ listens to and understands short stories ❑ sings simple songs and recites rhymes from memory ❑ has a very active imagination and tells short stories ❑ by 3 years old, they can be understood by you 75–100% of the time ❑ by 4 years old, they can be understood by you all of the time

To use an interactive tool about your preschooler's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

If you have concerns about your child's development, call Health Link at 811 or talk with your health care provider. You can also go to a Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)*. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources



Preschoolers



As children enter their preschool years, they know what they like and dislike. Their emotions tend to be more stable and predictable. As they understand their emotions better, they may start telling you their feelings and opinions.

Your preschooler may be taller or shorter, bigger or smaller than other children their age. They'll each have their own pattern of growth. Talk with your health care provider if you have questions or concerns about your child's growth.

Preschoolers want to play with other children. Over time, they'll learn how to share and play with others. They'll also:

- become more skilled and coordinated in their movements
- love to imitate, sing, recite rhymes and have fun with words
- have great imaginations and sometimes have trouble understanding the difference between what's real and what's pretend



During this stage, your child will start wanting to make their own plans and acting on their own thoughts and ideas. They feel happy with themselves when they can do things on their own. It will take time and practice for them to feel confident about what they can do. When you give your preschooler lots of chances to develop their skills, they'll learn that they're capable. This will help to develop their self-esteem.

Feeding Your Preschooler

A healthy feeding relationship and eating together as a family continues to set healthy eating habits for life. You're still responsible for what, when and where food is offered. Your preschooler is responsible for choosing whether to eat and how much to eat (see page 49).

Preschoolers are busy all day long so they need to eat often. Yet, they have smaller appetites and stomachs than adults and find it hard to sit still for very long. Preschoolers do best when they eat 3 meals and 2–3 snacks spaced evenly throughout the day, whether they're at home or away.

To help keep your preschooler healthy, make sure to offer:

- regular meals and snacks throughout the day
- a variety of foods from *Canada's Food Guide* (see page 51)
- water throughout the day

Vitamin D for your preschooler

Give your preschooler a supplement of 400 IU vitamin D, every day. Most children do not need multivitamins. If you have questions, check with your health care provider.

Preschoolers love to come up with and act on their own ideas and plans, in everything they do. In terms of eating, they may want to start helping to prepare or serve food. Cooking with your child teaches them many skills, they'll love spending time with you (see page 404) and it may help them be more interested in trying new foods.

It's normal for your preschooler to want to eat only certain foods, or to enjoy something one day and dislike it the next. You may worry that your child is fussy about what they'll eat. They may just be making their own choices (see page 336).

A few simple table manners can make meals more enjoyable at home and when eating out. Decide which table manners are important for your family. When you use these manners all the time, your preschooler will learn to use them too. For more information about eating out, see page 55.

Everyday Care

Your preschooler is learning how to help care for themselves by doing things like feeding, dressing and brushing their teeth. They're starting to take more initiative and feel proud of themselves and their new abilities.



Sleeping

When children get the sleep they need, they're happier and healthier. Preschoolers need about 10–13 hours of sleep, including naps. Many children continue to nap for about 1 hour a day until they're over 4 years old, but some children may stop napping before that.

Your preschooler is probably not getting enough sleep if they:

- regularly fall asleep during the day such as in the car, watching TV or while looking at books
- need you to wake them up every morning
- seem cranky during the day
- nap more than once a day

A regular sleep routine will help your child shift from their active, busy day to getting ready for sleep. For more information about sleep routines and helping your child stay in bed, see page 342. If you're concerned about your child's sleep patterns, call Health Link at 811 or talk with your health care provider.

Toilet teaching

Your preschooler may just be starting to learn how to use the toilet or they may already be comfortable using it. Girls tend to be ready for toilet teaching before boys. Some boys are not ready until they're 3½ or 4 years old. Here are some things to think about when you're toilet teaching your preschooler:

- Have them wear clothing that's easy to pull up or down will make toilet time easier.
- You may need to help your child with wiping after they have a bowel movement.
- Be patient, toileting accidents are common when your child is learning to use the toilet.

For more information on toilet teaching, see page 343.

> ***Don't push toileting. If your child can't get on the toilet, doesn't have the words or doesn't show interest, then they're not ready. Watch for readiness, be patient, and remind yourself that they're just learning.***
>
> *~ Anna, mom of three children*

Bedwetting

Urinating during sleep (bedwetting) is common in preschoolers—they don't do it on purpose. Your child may be a deep sleeper and unable to recognize the signal that tells them their bladder is full. It may also be that they are just not yet developmentally ready to be able to hold it in all night long. It's very common for bedwetting to run in families and often times a mom or dad may have had this problem as a child as well. Bedwetting can be upsetting and your child may feel bad or embarrassed. They need your understanding, love and support.

Try taking your child to the bathroom right before they go to bed. You can also try taking them a second time before you're ready for bed. Use a waterproof cover to protect your child's mattress and be calm and reassuring if you have to clean up in the morning. Show your child that you have confidence that they'll soon be able to stay dry all night.

While most children outgrow bedwetting by the time they're 5 or 6 years old, some may take longer. If you have questions or concerns, call Health Link at 811 or with your health care provider.

Teeth and mouth



By now your preschooler may feel that they're big enough to brush their own teeth. Encourage this by letting them brush at the start, then help them finish brushing and flossing their teeth (see page 347). Talk about what you're doing as you're doing it and let them see you doing the same with your own teeth. Your child will continue to need your help until they have the coordination to brush and floss their own teeth, about the time when they're able to write their name. Regular dental care will give your child the best chance of having healthy teeth for life. Take them to see your dentist for regular checkups. For more information on dental health, see page 61 and for financial supports available, see page 79.

Many preschoolers are able to spit. Once your child is able to spit, increase the amount of fluoride toothpaste to a pea-sized amount on their toothbrush. Remind them to spit it all out after brushing.

During this age, preschoolers usually have:

- all 20 of their baby (primary) teeth
- spaces between their teeth to give the larger adult teeth room to grow in over the next few years

Sucking thumb, finger or soother

It's a natural reflex for young children to suck their thumbs, their fingers or a soother. They suck for pleasure, comfort and security. Sucking can affect how your child's teeth bite together, as well as how the jaw and bones that support the teeth grow. The earlier your child stops sucking their thumbs, their fingers or a soother, the less likely that the sucking will affect their teeth. Most children stop on their own by the time they're 3 years old. After that, your child may need help from you and their dentist.

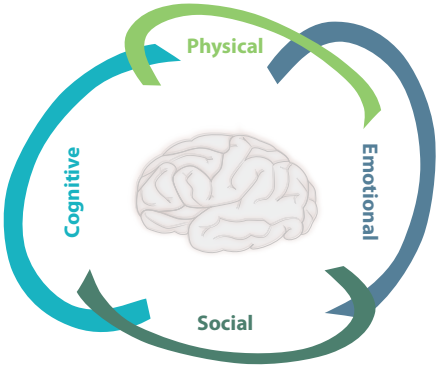
Help your child stop sucking their thumb, finger or soother

- **Limit sucking** to certain times or places.
- **Look for triggers** and distract your child or offer a substitute. If they suck their thumb while doing one activity, switch to another activity. They may suck their thumb when they feel stressed or afraid. Reassure them or give them a hug or their favourite toy to cuddle.
- **Offer gentle reminders.** Speak calmly about how sucking may affect their teeth. Do not punish or make fun of them.
- **Encourage and be patient.** Try not to draw attention to it.

If you have questions or concerns, call Health Link at 811 or talk with your dentist or health care provider.

Growing and Learning Together

Your preschooler will go through many changes in just a few years. They are becoming their own person and their learning and playing are preparing them for school and classroom learning. All areas of your preschooler's development are interconnected. Development in one area affects development in all other areas. Your preschooler's development is guided by their brain.



When you know how the brain works, it's easier to understand what you can do to support your child.



Your preschooler's developing brain

Your preschooler's brain is developing rapidly. In fact, a 3-year-old's brain is twice as active as an adult's brain. Brain cell connections are getting stronger and connections that are not often used are pruned away so the brain can work more efficiently. Your child's brain is now forming strong brain pathways that will help them develop the skills they need for life. This skill set includes all of the things that you've been supporting your child with since their birth, such as self-regulation, thinking, reasoning, remembering, taking turns, sharing and



focusing their attention. All these skills will help your child be ready for a more advanced type of learning once they reach school.

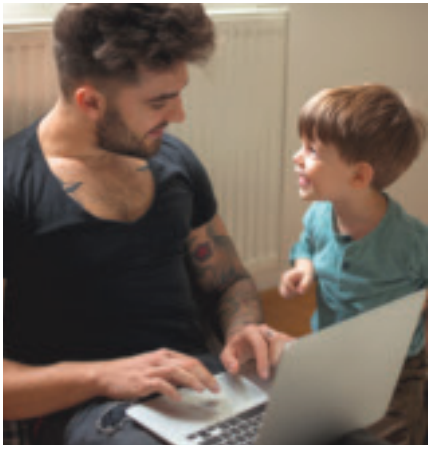
Your preschooler is now likely asking you lots of interesting questions. They are trying to figure out how things work, so you may need to be patient as you answer. They're getting better at being able to understand the information you share with them.

Brain cell connections become stronger when you and your preschooler engage in serve-and-return interactions. Here are some examples of what this might look like with your preschooler:

Examples of serve-and-return interactions 3 and 4 year olds

Your preschooler serves when they:	You return their serve when you:
▪ ask *"Why?"*	▪ talk to them about how things work and ask them what they think
▪ recognize and read signs such as store names	▪ play a game as you go for a walk or ride in the car together, such as looking for store names, signs and other things to read
▪ enjoy rhymes and start to make their own, such as 'hat-cat'	▪ have fun making rhymes together—say a word and see if they can find one that rhymes
▪ name some of their feelings and notice how other people are feeling	▪ talk about how the characters in a story or how the people in your child's life are feeling

For more information, about how the brain develops, see page 19.



Other things you can do to help your preschooler learn

Communicating with your preschooler

Preschoolers show amazing changes in their language. They quickly learn many words that name and describe people, places, things, actions and experiences in their world. They move from short sentences that leave out some words like *"Big dog coming now,"* to simple complete sentences such as *"The big dog is coming to my house."*

Most people will understand your preschooler's speech and will be able to have conversations with them in person, on a tablet and on the phone. There may be a few sounds your preschooler still cannot say correctly.

During this stage, you'll see lots of changes in your preschooler's speech and language skills:

Language development

By 3 years old, your preschooler will be able to:

- say short sentences like, *"I'm going now."*
- ask questions like, *"Where you go?"* and *"What's soap for?"*
- follow more complex directions such as, *"Please go to your room and bring me your teddy bear,"* or *"Pick up your coat, go to the door and get your shoes, please."*

- Their vocabulary is growing rapidly.
  - As they learn new words, your preschooler may often ask, *"What's this?"* They may need to hear words many times before they use them. You may be surprised at the words your preschooler learns.
  - They'll have a word for almost everything they're interested in. This includes words to describe things like "big", "round", "red", "pretty" and "fast".
  - They'll start to tell stories that may include a lot of short sentences connected by *"And then."*
  - They may enjoy telling jokes, even if they don't make sense.



vocabulary: the number and range of words a person knows

- Preschoolers are very curious. They may ask many 'who', 'where', 'why' and 'when' questions to learn more about their world.
  - They ask *"Why?"* because they want to know how things work. They need you to patiently show and tell them.
  - They ask *"When?"* because they're learning about time. Soon they'll understand that supper is 'later' and that you're going to the library 'tomorrow'.

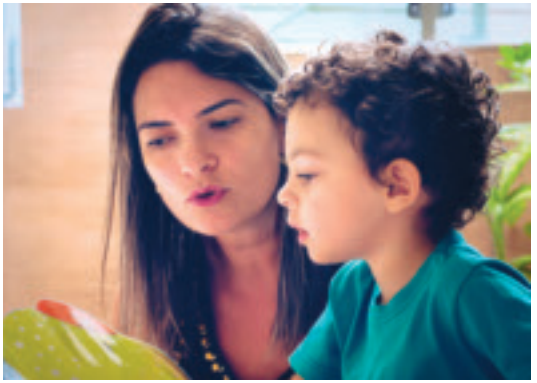


- They're learning how things are the same and different such as two apples are both round and one is red and the other is green.
  - During play, your preschooler may line up or sort things into groups such as cars or animals. They may talk about how the items in the group are the same or different.
  - They may have a favourite colour and will learn to name it. They may like to find other things that are the same colour.
- They'll start to choose books about things that interest them.
  - They may enjoy silly stories and rhymes by the time they're 4 years old.
  - They may also start to add their own rhyming words during games and songs.
- They'll be able to follow longer instructions, such as *"Please put your toys away, take this cup to the kitchen and then get a book for us to read."* They may be able to find an object when you tell them it's 'in', 'on', 'under', 'behind' or 'in front' of something.

Encourage your preschooler's speech and language development

- **Take time every day to talk** with your preschooler. They'll learn how to have longer conversations and take turns listening.
- **Start conversations.** Take turns telling each other about your day, such as *"What was the best thing that happened today?"* or *"What did you learn?"*
- **Give them time to answer** and try not to rush them.
- **Comment on what they say** and then wait for them to tell you more.
- **Try not to ask too many questions that get a one-word answer,** such as *"Yes"* or *"No."* Instead, ask questions that start with 'who,' 'where,' 'why' or 'when.'

Early reading and writing



Ever since your child was born, they've been building skills that will help them to read and write. They learn these skills when they scribble, draw, talk about pictures and listen to or tell stories.

Promote your preschooler's reading and writing skills:

- **Go to libraries regularly.** Let your child pick out their own books.
- **Read every day and often.** Keep books handy so they can look at them and you can read together anytime and anywhere, even for a few minutes.
  - Read books with pictures, rhymes and repetition. Your child will love to hear their favourite stories over and over.
  - Try to find new ways to make familiar stories interesting for both of you. Start a sentence and let your child fill in the words like *"Jack and Jill went up the…"* Act out the story with their toys.
  - Run your finger along the words on the page so your child begins to connect the sounds you're saying to the printed words. This also shows them the direction of reading in your language.
- **Talk about signs and printed words in everyday life.** Point out the words on cereal boxes and signs.
- **Draw and write indoors and outdoors.** Use chalk on a sidewalk or a stick in the dirt or snow.
- **Let your child see you read.** Children who see others reading are more likely to want to read.



Understand by 3 years old

You should be able to understand what your child is saying most of the time by 3 years old.

To learn more about speech and language development and when to get help to support your child:

- Visit your local Parent Link Centre to pick up a copy of the *Ages and Stages Questionnaire (ASQ)* for your child's age.
- Check out the Talk Box in the ***Links*** section at healthyparentshealthychildren.ca/resources
- Call Health Link at 811 or talk with your health care provider to find information about speech and language services in your area or if you have any questions.

If you're concerned about your child's speech and language development, it's important to act early. Your child can receive speech and language services at any age at no cost.

Let's play



Play builds healthy bodies and minds and is important for your preschooler's growth and development. Everyday experiences and play are still the main ways that your preschooler learns. When they're interested in an activity, they'll want to learn and try new things.

At this age, your preschooler needs many opportunities to play. When they take the lead, they'll show more imagination and find new ways to play. A couch cushion may become a river raft or a doormat may become a magic carpet. When you join in the play, you can explore new ideas together.

It becomes even more interesting when children start to play together and do things such as building a fort with boxes. Your preschooler may enjoy a music or an active play group in your community—ask friends, other parents, your local library or recreation centre to find out what is available in your area.

Active play

Preschoolers are becoming more adventurous. Your preschooler is using many of the skills they've been building since they were a toddler. They're now running, jumping and hopping with confidence. Your preschooler needs time and space to play to burn off energy and develop their muscles and coordination. Playgrounds give them the chance to swing, slide, climb and jump.



Your preschooler needs you to supervise them while they play, even on equipment that fits their age and stage of development. Preschool-aged children need different types of equipment than older children.

The more they move, whether they're dancing to music or playing a game of tag, the better their coordination gets. They are getting better at keeping their balance while running and kicking a ball.



Your preschooler may:

- ride a tricycle or a balance bike
- walk down stairs by alternating their feet, like an adult does
- start to use their legs to help them move on a swing

Preschoolers need to be active for at least 180 minutes (3 hours) every day. This can be done by providing your child with chances to play throughout the day.

Creative play



Your preschooler's hands are growing and getting more coordinated. At first, your preschooler will pinch and poke the treasures they find on their adventures such as sticks, leaves and bugs. Then, they'll be able to stick on or peel off stickers and turn knobs. Later, they'll be more comfortable using one hand to cut or colour, while the other hand holds the paper.

Your preschooler can:

- use crayons or finger paints to colour a picture or draw simple shapes or pictures
- make objects out of clay, such as snakes and balls
- try to button up a coat, pull apart a snap, or pull a zipper up and down with more ease
- help plant seeds or dig with a small shovel



> ***My 3 year old daughter loves playing with other children, but I noticed that whenever we were in large groups with a lot of noise, she would just play on her own. She had a lot more fun and social interaction when we set up playdates with one or two other children her age.***
>
> *~ Ellen, mom of two children*

Pretend play

Pretend play is more complex for your preschooler than it was when they were a toddler. They often like to:

- pretend together with you or their friends
- take on different roles, such as being a bus driver or a baby, playing house or creating stories using puppets and toys
- sing, dance and act out short plays
- tell stories to each other



Pretend play helps preschoolers learn to understand other's feelings and roles. Your child may like to pretend they're a dad with a baby, a construction worker, a bus driver or a nurse. They may pretend that a row of chairs is a bus. They may want paper and pencils to make a shopping list, menus or a sign for their restaurant.

As you watch your child play with others, you'll see that they are also learning to negotiate—they're figuring out who will be who and who will do what. Who will be the driver and who will be the baby? Who will come on the bus? What will they do at the zoo? Resist your need to jump in to solve their problems for them. Watch and see if they can work it out on their own. If they are not able to, offer your help if they need it. What you see and hear when your child is playing with their friends can be valuable. You're then able to talk with them and praise them for their ability to get along with others as well as teach them when they need some help.



Learning about emotions



Preschoolers can now recognize and name their emotions, such as happy, sad, mad or frustrated. You may notice that they are starting to draw these feelings in pictures. A preschooler's emotions are just as strong as they were in the toddler years, however they're now learning how to use their words, instead of their actions, to tell you how they feel. They're starting to learn to self-regulate when they find ways to calm themselves and cope when they feel emotions, such as frustration.

Your preschooler's brain has better connections now between the areas responsible for thinking and feeling. With your help, they can now learn to:

- get along with others and show empathy (see page 74)
- focus, learn and solve problems
- use their thoughts to help manage their emotions and self-regulate
- be more comfortable being away from you, because they can now keep an image of you in their mind and know that you'll come back
- wait for short periods of time

As your preschooler gets older, they'll start to:

- be less impulsive and better able to watch and think before they act
- use words to talk themselves through tough situations
- understand that other people have feelings that might be different from their own
- realize their actions have an effect on others
- remember events from the past

Preschoolers are getting better at managing their emotions. They can also have more than one emotion at a time. For example, at a birthday party, they may feel excited, but also upset that they don't get the presents. They can still easily get overwhelmed, especially when they're tired. At times, preschoolers will still have tantrums and show their anger and frustration with loud, physical outbursts. Tantrums are much less common by the time they are 4 years old. For more information on tantrums, see page 363.

Talk to your health care provider if your child's tantrums are happening more often, if the tantrums are lasting longer or if your child is getting more aggressive.

Learning to get calm and problem-solve



Your preschooler may be ready to begin solving their own small problems with your help. The more they can practice solving their small problems now, the better they'll be at solving them in the future.

Disagreements and problems can bring out strong emotions. The most important first step to solving these problems is to get everyone involved to a calmer state. Your child can learn to do this, however, they cannot do it on their own. They'll learn best by seeing you calm yourself first and then by having lots of chances to practice themselves.

Getting calm

When you're having a conflict with your child or when your child is upset:

1. Calm yourself first.
2. Limit any behaviours that could harm your child or others (e.g., physically removing your child away from another child if they're hitting them).
3. Help your child get calm.

These steps are important before you try to solve the problem. Your preschooler will have an easier time getting to a calmer state if you're not upset. For information on helping your child stay calm during a tantrum, see page 365.

Your preschooler may want to calm down with you, near you, or away from you. Every child is different so find what works best for your child. If your child finds it easier to calm themselves on their own, help them find a place where they feel comfortable. Ask them what kinds of things or places help them feel calmer and create a cozy, comfortable space at home that they can go to whenever they feel they need to take a break. If they need to calm down away from you, help your preschooler think of a safe and comfortable place to go. It needs to be a place that is okay for both of you.

Once you're both calm you can work together to solve the problem.

Solving problems

Your preschooler is still learning. They're just starting to be able to predict what will happen if they act in a certain way. Try to understand what they might be feeling and thinking. Then talk about how to solve the problem. Give your preschooler a chance to think of their own solutions.

Steps for problem-solving

1. Describe the problem without blaming or judging anyone. *"You're disappointed because you wanted to wear your green socks, but they're at grandma's house."*
2. Think of different solutions together. Start by asking *"How do you think we could solve this problem?"* or *"What do you think we could do about that?"*
3. Accept all ideas, even ideas that sound silly and add some of your own.
4. Decide together on the best solution that works for both of you. Try it out.
5. Talk about how well it worked. If it didn't work well and the problem is still there, try another solution from your list.
6. When a similar problem happens again:
   - Notice and comment if your child comes up with their own solution.
   - Remind your child of how you solved the problem together in the past if they can't think of any ideas.

Fears and anxieties

Preschoolers have usually overcome some of their earlier fears. However, as they begin to think and reason in new ways, they may develop new fears. Many preschoolers may become anxious or afraid of:

- real things, such as the dark, dogs and storms
- imaginary things, such as monsters and ghosts
- new experiences, such as going to preschool, flying in an airplane or moving to a new home
- things they hear about, such as being in a fire or a car crash

New experiences can sometimes bring back feelings of fear and anxiety, including separation anxiety (see page 321). For most children this usually lasts for only a few weeks.

You can help your child learn to manage their fear and anxiety by providing warmth and structure. Here are some examples:

Provide warmth	Provide structure
▪ Give your child time. They may cling to you until they're comfortable. They may want to hold their favourite toy. Once they feel secure, encourage them to try on their own. ▪ Accept their fear—do not make fun of them. If your child thinks a monster is under the bed, understand that they're scared. ▪ Reassure them. Calmly assure them that they're safe and you're close by. ▪ Listen. Encourage them to talk about their fears. Let them know that everyone is afraid sometimes. Remind them of how they got over an earlier fear. *"Remember when you were nervous about staying at grandma's, but then you two had so much fun."* ▪ Do not force your child into a situation they fear.	▪ Introduce your child to new places and people ahead of time, like before they start preschool. ▪ Talk with them about how well they handled a fearful situation. *"You were really worried when you went to the clinic. It can be scary when you don't know what's going to happen. Now that you know about the clinic, next time it won't be so scary."* Try to get them to talk about the experience in their own words. ▪ Give them information. For example, if they're afraid of falling down the toilet, tell them they're safe and that this cannot happen. Although information won't always make the fear go away, it may help them begin to understand. ▪ Show your confidence. Sometimes you may be afraid of things too—try to model confidence, even if you don't always feel it.

If you're concerned that your child is not adjusting to being somewhere without you, talk with your friends or other support people who may have ideas or your health care provider.

Understanding limits

Preschoolers are beginning to understand that everyone has limits about what they can and cannot do. It will take several years for them to fully understand the idea of limits.



Setting limits in your family is all about finding balance. If there are too many rules, your child may stop trying to do things for themselves. If they have no limits, they may have trouble learning what behaviour is okay and what is not. The limits you set will also need to change as your child grows.

Use a balanced approach

It's a new experience for you to watch your child move out into a world of possible dangers. Being too protective can make your child more afraid to try new things. If you ignore or make fun of their fears, they will not feel safe or secure. Try a balanced approach:

- Think ahead about how to make new experiences as safe as possible.
- Let your child feel the joy of being successful trying something new.

Living in a social world



Preschoolers are often very social. They're moving from thinking about 'me' to thinking about 'we'. They're learning how to get along with others.

At this stage, your preschooler:

- likes to be with you and do things together
- likes to have you take notice of what they're doing
- needs to spend time with other children
- can understand and feel other people's emotions and may try to help them
- can understand that what they do can affect other people and things
- may be more willing to try new things



Helping out at home

Your preschooler learns they're an important part of the family when they help at home. They'll be able to:

- take dishes to the sink
- help wipe up spills
- pick up toys and books
- help make the bed
- sort laundry into colours

As your child's skills develop, they may enjoy helping you to prepare food. Cooking with your child teaches them many skills and they'll love spending time with you. At this age, your preschooler can do things like pouring from measuring cups, mixing ingredients or making a simple sandwich or pizza. Children who help with growing, preparing or cooking food are much more likely to enjoy eating a wide variety of foods. To learn more about cooking with your child, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Help your preschooler develop confidence and healthy self-esteem

- **Let them know they're an important part of your family.** Try to find some time each day when you can give your preschooler your full attention. Even just a short amount of time each day can make a big difference.
- **Encourage their capability.** Encourage your preschooler to do what they can and thank them for the little things they do to help.
- **Have patience.** Children don't always learn things right away. You may have to repeat your words and actions many times, for weeks or even months. When you're calm and consistent, they'll learn.
- **Talk about what you expect.** Let your preschooler know how to behave and why. For example:
  - Tell them before you get to the store that you're only going to buy the food on your grocery list.
  - Remind them that grandma doesn't allow running in the house before you get there. Talk about what they can enjoy doing together.



- **Help them feel successful.**
  - Have them pick out some items like carrots and cereal when you go shopping.
  - Keep shopping trips short or make sure your child is well rested so they can help you.
- **Be a good role model.** Children learn by seeing, listening and doing. If you want them to clear their dishes from the table after eating, let them see you take your own dishes away.
- **Talk about values** that are important to you. Some examples of values are respect, honesty, having fun, learning and politeness. Explain why your values are important to your family and culture. Let your child see how your family values guide the way you live.
- **Help them learn from mistakes.** Help your child see mistakes as a chance to learn. Together, you can decide how a problem can be solved and what can be done differently next time. When you make a mistake, talk about how you handled it.

Your preschooler's self-esteem gets stronger when you help them feel that they're loved, capable, helpful and they belong.

Playing with others

Preschoolers like to be with other children. Although they often have fun together, at times they may have trouble getting along. With more experience, your preschooler's social skills will improve.

At this stage, preschoolers:

- think everyone else sees and thinks about things the same way they do
- are learning to share and take turns with other children
- are learning to understand and follow the rules of simple games, but they often change the rules as they play



Encourage your child to play with other children

- **Make time.** Try to have play times with other children as often as you can.
- **Make space.** Your child needs space to play with other children—indoors and outdoors. Move furniture to create space and visit local parks or green spaces.
- **Be ready.** Keep things that help children play pretend handy, such as dress-up clothes, boxes and craft supplies.
- **Find safe ways for rough and tumble play.** Rough and tumble play (e.g., wrestling or chasing for play) is how children learn what their bodies can do. They are starting to learn how to tell others whether an activity is fun or too rough and how to ask others to stop or be gentler. Your child may need an adult's help to learn how to do this.
- **Help them join in.** Give them the time they need to be comfortable. If they seem unsure, it may help to suggest ways to be part of the group. For example, you could say something like, *"It looks like you want to play firefighter with the others?"* If they do, you can encourage your child to go up and ask the group, *"Can I be a firefighter too?"* If your child is still unsure, walk over to the group with your child to give them support as they join in.

Solving conflicts

All children will have some conflict. When preschoolers play together, they may think that their way is the only right way. They may argue with a sibling or want something that someone else has.



When there's a disagreement, use the situation to build your child's problem-solving skills:

1. **Describe the situation.** *"Omar thinks the toy gorilla goes in the cage. Sarah thinks it goes in the forest."*
2. **Ask for their suggestions.** *"I wonder what might work best for both of you."*
3. **Wait for them to think of possible solutions.** This may take a few minutes.
4. **Offer a few of your own solutions if they are not able to offer any.** *"Maybe the gorilla could go in the cage for a while and then move to the forest in a few minutes?"* or *"Maybe the gorilla could be in a cage in the forest?"*
5. **Stay close to see if the conflict has settled.** Let them sort it out if they can.

Your child learns by watching you

- If you react to problems with anger, yelling or hitting, your child may do the same.
- When you're very frustrated with your child or someone else, take time to calm down before trying to solve the problem.
- High emotions and stress can lead to physical or emotional punishment and angry, hurtful words. For more information about positive discipline, see page 29.
- You'll have a more peaceful home if you practice and teach your child how to solve problems in conflict situations.

Getting along with siblings



Brothers and sisters often have times when they don't agree. Use these times to help your children learn to get along with each other.

If your preschooler and their sibling or friend cannot settle their differences and start to argue or fight, here are some things you can do to help them:

1. Stay calm.
2. Let them sort it out if they can. Be ready to step in.
3. Separate the children if anyone is being hurt with actions or words. Give them a chance to calm down. Offer comfort and reassure them that you won't let them hurt each other.
4. After they're calm, help them problem-solve to find a solution that works for all of you. They may need your help (see page 400).
5. Notice and comment when they start to talk and get along.

Encourage your children to co-operate

- **Make family rules or expectations** that everyone in the family follows, such as helping each other, being gentle and kind, not hitting or making fun of each other.
- **Treat them fairly.** Avoid favouring or labelling your children by saying things such as, *"She's always getting into trouble,"* or *"He's just an angel."*
- **Recognize children have their own temperaments**—what works for one child may not work for another (see page 24).
- **Respect different opinions.** Learning to talk about and respond to different opinions is an important social skill for children to learn.
- **Teach them problem-solving skills.** When they practice at home, your child will learn how to solve problems when conflict happens outside the home (see page 401).

Making sense of social expectations

Preschoolers are learning a lot about which behaviours are okay as they spend more time with others. Their social world can be very confusing because adults may want them to:

- tell an adult when they see a big problem, such as when someone is hurting someone else, but not when the problem is small. What is a small problem to an adult may be a big problem to a child.
- use words rather than actions when they're angry at someone, but not call them names
- use new words, but not certain new words (e.g., swear words)

Help your child understand social rules

- Listen to their concerns.
- Explain the rules that confuse them.
- Help them problem-solve when they have concerns.
- Talk about how their words affect other people. Say things such as, *"It's not okay to call someone a hurtful name,"* and suggest other words they could use instead to express their feelings.
- When they use words that are not okay, tell them not to and explain why.
- Set a good example for them (e.g., by not using these words yourself).

Fantasy and reality

Your preschooler is using their imagination more than ever. They're starting to understand the difference between what is and is not real. They won't fully know the difference until they're 6 or 7 years old.

Your preschooler may tell you things that are not true (e.g., a green dinosaur took their truck), because it's part of their fantasy and they want you to join in their game. They might also tell you something that's not true because they're afraid of getting into trouble. Your child needs to know that it's safe to tell you what happened.

If you have questions or concerns about your child's emotional or social development, call Health Link at 811 or talk with your health care provider.

When your child comes to you with something they're worried about or that you may find upsetting:

1. Listen carefully without interrupting them.
2. Thank them for sharing something difficult and for telling you the truth.
3. Ask non-judgemental questions to find out more information.
4. Find a solution to the problem together (see page 401).

When your child tells you something that's not true, play along with the fantasy if it's not a serious situation. Let them know that it's okay to tell you what happened and you'll calmly help them problem-solve. For example, if they spilled milk and say that the dog did it:

- Help them clean it up.
- Talk about what happened.
- Work together to find a way they can pour milk without spilling it.

Children and media

Media has a strong impact on your child. It affects how they form images and ideas about people and how they relate to each other. Decide what media you want your child to see, hear and use. It's easier to set family guidelines while your child is young. As they get older, it will become harder to set limits and influence their choices.



media: computers, TVs, magazines, video games, tablets and smart phones

Things to think about when using media

- **Spend time together when using media.** To help your child relate to what they see to the real world, ask questions and talk about what they see and understand. *"What do you think they're going to do?"* or *"What would you do if that happened?"*
- **Limit screen time** to no more than 1 hour a day. The less the better.
- **Look for educational media** that is suitable for your child's age.
- **Do not show your child any media that isn't suitable for children,** such as shows with sex, violence, swearing, gambling, alcohol, tobacco, cannabis or other drug use. Your child may not understand everything, however they may copy things they see or hear.
- **Choose the shows you want to watch with your child.** Turn off the TV when you're not watching a program.
- **Set limits on media devices using parental controls.** Read the device's manufacturer's instructions to learn more about these features.

For more information about sedentary behaviour, play and screen time, see page 72.

Keep the volume down

To help protect your child's hearing, keep the volume down when they're listening to music.

Preschool, playschool or nursery school

Preschoolers are often ready for preschool, playschool or nursery school. You may want to go on outings in your community or to a parent-child group first. This might help your child get used to being with other children when you're with them.

Going to preschool, playschool or nursery school can have many benefits for your child. They'll have fun practicing new skills while learning how to be with and get along with other children and adults.



Many playschools and preschools are licensed and inspected by public health inspectors. For more information or if you have concerns about your child's preschool, see page 34.

Help your child get used to preschool

- Visit the preschool.
- Read stories about going to preschool.
- Meet the teacher with your child.
- Pretend play about being at preschool.
- Go with your child on the first day.
- Volunteer at their school when you can.



Health Checkups

See your child's health care providers as scheduled and based on your family's needs. This will help keep your preschooler as healthy as possible. Public health nurses and other health care providers can help if you have questions or concerns about your preschooler's health, growth and development or other family issues.

For more information about keeping children healthy and safe at any age, see page 76.

Well child clinic visit

Immunizations that are up to date protect everyone from many communicable diseases (see page 82). Your preschooler is due for immunizations at their well child clinic when they're 4 years old. If their immunizations are not up to date, talk to your public health nurse about how to get back on schedule. During your visit, your public health nurse will also check things such as your child's growth, ask about their health, as well as about how you're doing and answer any questions you may have (see page 78).

Vision

Have your child's vision checked by an optometrist by the time they're 3–5 years old or sooner if they:

- often blink or rub their eyes
- avoid doing 'close' work, such as looking at books or making crafts
- don't notice things that are far away

You don't need a doctor's referral to have an optometrist check your child's vision. There is no cost to you to have your child's vision tested in Alberta for children who are 17 years old and younger. To learn more, call Health Link at 811 or talk with your health care provider.

Financial support

You may qualify for financial support for health costs for your child through the Alberta Child Health Benefit plan. You may be able to get eyeglasses, prescriptions and dental visits for your children at no cost to you. To learn more, call toll-free at 1-877-469-5437 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Recommended checkups

	Birth–2 months	2 months	4 months	6 months	12 months	18 months	2 years	3–4 years	5 years and beyond
Doctor	√	Check with your doctor to find out the checkup schedule at their office						√	√
Immunization with public health nurse		√	√	√	√	√		√ (at 4 years old)	
Dental					√	Regular checkups as recommended by your dentist		Regular checkups as recommended by your dentist	Regular checkups as recommended by your dentist
Vision	√ Early vision checkups with your doctor							√ (with optometrist at 3–5 years old)	
Other health care providers	As needed							As needed	As needed

Hearing

It can be difficult to notice if your child has signs of hearing loss, as children can often adapt to a hearing loss until it's quite bad. You can arrange to have your child's hearing checked if you notice any concerns, such as if your child:

- often asks you to repeat things
- speaks loudly
- often turns up the TV, tablet or phone volume
- starts talking later than expected, or if it's difficult for you to understand what they're saying
- has trouble following simple commands, such as *"Go get your pyjamas, please."*

Hearing tests are available at no cost in Alberta for children 17 years and younger. To learn more, call Health Link at 811 or talk with your health care provider.

Preventing Injuries

Your preschooler's adventures can put them in risky situations. They're too young to understand danger because they're still developing the physical and thinking skills they need to protect themselves. Supervise them at all times and be consistent with them about safety rules so they can learn to follow these rules all the time. Children should not be given choices in situations that have to do with their safety.





Water safety

Never leave your child alone near water, like a wading pool, dugout, pond or lake—even if they know how to swim.

Get trained

Keep your child safe by making sure they wear protective gear and get appropriate training for whatever sport or recreational activity they are doing.

For their age and stage of development, here are some areas that need attention to keep your preschooler safe from injuries.

- **Playing outdoors,** see page 114
- **Helmets and bike safety,** see page 118
- **Pedestrian safety,** see page 120
- **Poisoning,** see page 107
- **Playground safety,** see page 121
- **Trampolines,** see page 122
- **Car seats,** see page 123

Helmets save lives

Make helmets a habit for your whole family. They reduce the risk of head injury in a crash by 80%.

For more information about how to prevent injuries in the early years, see page 104.



Taking Care of Yourself



You'll get a different view on life when you see the world through your child's eyes. Being a parent gives you the chance to learn more about yourself as you look back and learn from your own childhood. You can choose to keep the positive things you learned from being parented as a child—the things that helped you learn and grow. You can also choose to let go of things that you now realize might not have been very helpful for you.

As a parent, you can discover or re-discover your patience, humour and creativity when you look at the world through the eyes of your child. You have a chance to develop a deep bond with your child that will help prepare them for a lifetime of healthy relationships with you and other important people in their lives. Your parenting is making a lasting and valuable contribution to society both now and in the future. You cannot measure just how valuable and important a parent's role is!

Practice self-regulation

Be aware of how stress affects your body and thoughts (see page 26) and what you can do to self-regulate (see page 27). Practice self-regulation throughout your day so that you can be in a calmer state when you're with your children. Continue to make notes about the things that trigger your stress response and add to the list of things that you can do about it. Your children need you to be calm, alert and caring when you're together.

Parenting can take a lot of your time and energy, so be sure to make time for yourself and others as well. If you parent with someone else, make sure you each have time to follow your own interests, even if it's only for an hour or so every week. If you're parenting on your own, see if family or friends can help or look for programs in the community where child care is provided. When you spend time with your child and your family, you show them that they're important. When you also take time for yourself, you'll have the energy to enjoy being with your family and having fun.

Make the most of your time:

- **Focus on what's most important to you.** Take time to do things you enjoy.
- **Set your priorities.** Notice when you're starting to do too much. You may need to say *"No"* to some activities in the community.
- **Let others know your values and priorities.** This will help them understand your needs.
- **Have fun with your family.** Family nights, board games, walking the dog, kicking a soccer ball, riding bikes, swimming or skating are activities you can do together.

Outings don't need to be expensive

Try to do things together. It can be as simple as going for a nature walk or going to the library.

Check out community facilities such as swimming pools and museums. Many have reduced or no cost admissions at different times in the year.

- **Try to keep your work at your workplace.** Put your work and media away during your family time. Explore flexible work arrangements, if and when you can.

Everyone has the occasional bad day. Try not to be too hard on yourself. If you yell or lose your temper, apologize when you're calm. You're modelling to your child that everyone makes mistakes and can take steps to make things right. However, if you notice this happening frequently, get help to identify what is bothering you and what you can do about it.



> ***"I love having a preschooler. I feel so comfortable as a parent now. I feel like I totally understand my child. He can talk to me and usually co-operates with our day-to-day routines. There are tough days, but I feel really confident that we can work things out together."***
>
> *~ Ben, dad of one child*



Young Children:
5 Year Olds



Young Children: 5 Year Olds

Your young child is meeting more people and going to new places. As they start kindergarten and form new relationships, they'll learn more about getting along with others. They'll begin to feel more comfortable and confident on their own, with other children, and in new surroundings. As they explore further from home, your child will still need your loving support when they come back to you with their new thoughts and questions.

In this chapter, you'll learn about your young child's development which allows them to participate more in taking care of themselves and engage in more complex play on their own and with others. There is information on eating, playing with others and problem-solving. You'll also learn about how to keep them safe as they become more independent and about your changing role as a parent.

Your Young Child's Development

As your young child reaches the age of 5, they're eager to learn, do new things and begin to develop a longer attention span. Your child can move with more purpose and skill. This chart gives you information about the developmental milestones and tasks your child is working on between the ages of 5 and 6 years. In this chapter, you'll learn what you can do to help your child as they grow and change.

5 year olds: The 'identity' and 'power' stage

Tasks

During this time, your child is continuing to practice earlier tasks as well as learning to:

- **form an identity:** start to know who they are and how they fit into the world
- **recognize personal power:** learn that they have control over their actions and that their behaviours have an effect on others
- **develop industry:** begin to enjoy the process of figuring things out and solving problems

Milestones

Physical

- ❑ develops more coordination and complex skills
- ❑ has stronger muscles
- ❑ moves with more purpose and is more accurate
- ❑ enjoys being active
- ❑ draws and starts to print letters
- ❑ may need more sleep due to the demands of school

Emotional

- ❑ has a better sense of right and wrong
- ❑ begins to talk to themselves out loud to get calm
- ❑ may not like being corrected
- ❑ is easily upset by things that are not fair or 'not right'

Social

- ❑ becomes more competitive
- ❑ enjoys games with rules
- ❑ feels more empathy for others
- ❑ has a best friend
- ❑ has more adults in their lives that influence them, such as their teachers and coaches
- ❑ likes to please

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5 year olds: The 'identity' and 'power' stage	
Tasks	**Milestones**
	Cognitive (thinking and communicating) ❑ has a longer attention span ❑ talks with more detail, using sentences and correct grammar ❑ says most words correctly ❑ is easily understood by you, siblings, friends and strangers ❑ tells longer stories on the same topic ❑ tells stories with a beginning, middle and end ❑ likes telling jokes and riddles ❑ begins to understand death and may ask many questions about it

To use an interactive tool about your young child's development, visit the ***Tools*** section at healthyparentshealthychildren.ca/resources

If you have questions about your child's development, call Health Link at 811 or talk with your health care provider. You can also go to a Parent Link Centre and ask about the *Ages and Stages Questionnaire (ASQ)*. To learn more, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Young Children

This is a year of change for you and your child. Even if children are used to child care or preschool, starting kindergarten is a big step. Your child is developing a longer attention span and craves answers and information. At this stage, they not only ask, *"Why?"* but also, *"What if?"*



> ***"Being a parent has made me a better person. I'm way more patient and empathetic than I was before. It has made me a better sister, daughter, partner and friend."***
>
> *~ Kim, mom of two children*

Each child grows at their own rate and their growth pattern may be different from their siblings and friends. In addition, you can expect that they'll:

- grow in spurts—they may seem to stay the same size for weeks and then grow taller almost overnight
- get stronger and want to test their new abilities as their body grows

If you have concerns about your child's growth, call Health Link at 811 or talk with your health care provider.

Feeding Your Young Child

A healthy feeding relationship helps develop healthy eating habits for life. When you take time to eat meals together as a family, it also supports health eating and builds stronger relationships.

To help keep your young child healthy, offer:

- 3 regular meals and 2–3 snacks spaced evenly throughout the day
- a variety of foods from *Canada's Food Guide*
- water throughout the day

For more information about feeding relationship, eating together and healthy eating for your child, see page 49.



Breakfast

Breakfast is important for children going to school. Children have trouble learning when they're hungry. If your child doesn't like to eat in the morning, look at the rest of your routine and decide what you might be able to change. It might help to:

- think of ways to make your morning less rushed, such as getting up 10 minutes earlier or getting things ready the night before
- eat breakfast with your child

- get rid of distractions such as TV, cell phones or toys
- make sure you child is getting enough sleep
- provide a variety of healthy food choices

Vitamin D for your young child

Your child needs a daily supplement of 400 IU vitamin D to help meet their needs. Continue to give this supplement all throughout childhood and adult years.

Lunches and snacks at school



For many children, going to school means eating lunches and snacks at school. It may take time for your child to get used to this. They may find snack time or lunch time too busy, exciting or stressful to focus on eating.

Check your school's policies about the types of food children can bring to school and when they can eat. Prepare your child by explaining to them what these rules are and why they are in place, so they'll know what to expect. Encourage your child to help you make and pack their lunches and snacks. They may be more interested in eating the foods they make and help to pack.

To help your child get the nutrition they need:

- pack a variety of foods in separate containers for lunch and small snacks—foods such as fresh vegetables, fruit, cheese, whole grain muffins or yogurt make good snacks
- ask them to let you know what food they like eating and talk to them about it—do not punish them for not eating everything
- pack hot or cold foods in insulated containers
- send a water bottle

If you have questions or concerns about your school's food policy or about food programs at school, talk with your child's teacher. To learn more about healthy snacks and lunches, visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Everyday Care



As your young child develops and grows, they're able to take a more active role in their care. They'll need your help to develop daily habits for grooming, hygiene, getting ready in the morning, and going to bed at night. They can now dress themselves and might want to choose their own clothes.

Your child may be able to use the toilet on their own. They may still need some help wiping after a bowel movement. Remind them to always wash their hands every time before they leave the bathroom.

Some children don't like to use the toilet when they're away from home. Prepare your child for what to expect if they have not used a public bathroom on their own. If they're worried, try to find out why, reassure them, and teach them which adults they can ask for help. Talk to your child's caregivers or teachers to find suggestions to help if your child has these fears and is not using the toilet.

Sleeping

School is hard work for children. They may feel very tired after being in a classroom for a half or full day. Getting a good sleep every night can help your child adjust.

Your child needs sleep to restore their energy, to help them focus and learn. During sleep, the brain sorts through and stores memories. Not getting enough sleep can lead to problems with thinking, reasoning and memory. It affects your child's health, behaviour and all parts of their lives.

If your child is having trouble waking up in the morning or getting used to school, try putting them to bed 30–60 minutes earlier for a week. Try not to have late nights when your child has school the next day. Most school-aged children need about 9–11 hours of sleep a night.

Growing pains

Many children in elementary school have growing pains in their legs and arms at times. Growing pains are most often felt in the legs. Children often have them at bedtime and during a growth spurt. The pain is usually gone by morning. Growing pains are believed to be caused by a growth hormone released in your child's body. They're not a sign of anything serious. To ease your child's pain, try gently rubbing their legs.

If the pain is constant, there is redness or swelling, or if you're concerned about your child's growing pains, talk to your health care provider.

Teeth and mouth

Baby teeth will begin to fall out when your child is between 5–8 years old. As your child's adult molar teeth appear at the back of their mouth, their baby teeth at the front of their mouth will get ready to fall out. Their baby teeth will be replaced by permanent teeth.

Their front teeth will fall out and will be replaced by permanent teeth around the same time as their first permanent molars (6 year molars) come in. Their permanent teeth will keep growing in until they're a teenager.

> ***Is your child still sucking their thumb?*** ★
>
> Sucking their thumb beyond this age may affect how your child's jaw and teeth grow. Help your child to stop sucking their thumb before their permanent teeth come in—when your child is about 5 years old. For more information, see page 389.

You'll need to help your child brush and floss (see page 347) their teeth until they have the skills to do it themselves, about the time when they're able to write their name. With good nutrition and dental care, most children will keep their permanent teeth for a lifetime.

For more information about teeth and mouth care, including preventing tooth decay, see page 61.

Protecting molars

The molars have deep grooves and pits that trap food so it can be hard to keep them clean, even with regular brushing. When permanent molars come in, the chewing surfaces can be sealed with a thin, plastic coating (sealant). This protects molars from tooth decay. While sealants protect part of the tooth, good dental habits are still needed for a healthy mouth and teeth.

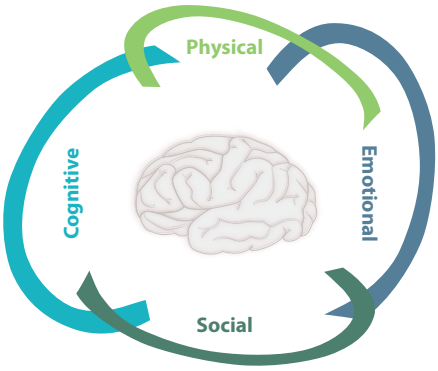
Dental sealants are available from your dentist and are offered in selected schools in Alberta. To learn more, call your community or public health centre, talk to your dentist or visit the *Links* section at healthyparentshealthychildren.ca/resources

Injured teeth

As young children are active and adventurous, their chances of having tooth injuries increase. If your child plays a sport, ask your dentist to suggest the right type of mouth guard to use. If your child injures, breaks or knocks out a tooth, take them and the pieces of their tooth to the dentist right away.

Growing and Learning Together

Your young child will go through many changes in just a short time, develop many new skills, and enjoy being active. They're thinking in new ways, experiencing complex emotions and learning how to get along with others. All areas of your young child's development are interconnected and the development in one area affects development in all other areas. Your child's development is guided by their brain.





When you know how the brain works, it's easier to understand what you can do to support your child.

Your young child's developing brain

The thinking part of your young child's brain is really developing now and the brain cell connections are becoming more complex. Positive relationships with you and other important people in their life have created a strong base.

The brain is now developing executive function skills that are essential for learning and getting along with others. Although it takes time for these skills to fully develop, your child is starting to be able to:

- notice when their body is responding to stress and can sometimes cope with those feelings on their own



- remember information so they can use it when they need it
- be able to focus on a task and not get distracted
- cope with their impulses
- adapt their thoughts and feelings as situations change

Being able to self-regulate when they're feeling stressed is one of the most important skills you can teach your child. It's the foundation for executive function, life-long learning and health. For more information on self-regulation, see page 27.

There are many fun ways that you can teach your child to build executive function skills—things like having to wait, using their memory and teaching them about emotions. For more information on executive function, see page 21.

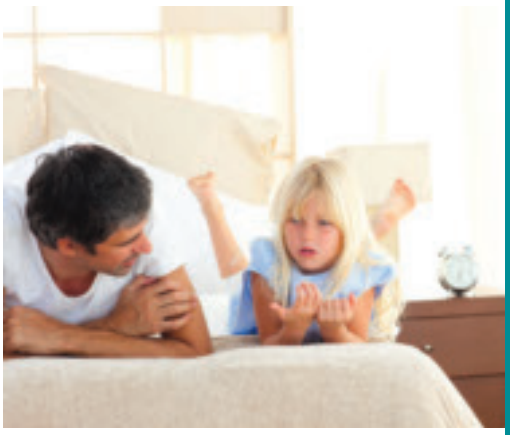
Brain cell connections also become stronger when you and your child engage in serve-and-return interactions. Here are some examples of what typical serve-and-return interactions might look like with your 5 year old:

Examples of serve-and-return interactions
5 year olds

Your child serves when they:	You return their serve when you:
▪ write notes and stories with scribbles that look like writing	▪ let them help you make a shopping list using drawings or pictures from a flyer
▪ want to dress and undress themselves and start to tell you what clothes they want to wear	▪ plan extra time to get ready in the morning so they can have the time they need to get dressed by themselves
▪ play games that need more physical skills, such as tag, hide-and-seek and hopscotch	▪ give them lots of chances to play and be with other children
▪ ask questions about what's happening and start to predict what will happen next	▪ look at the book cover before reading and ask your child to guess what the book is about. Then, pause once in a while as you read and ask them what they think will happen next
▪ are frustrated when they have to figure out what to do when they have a problem	▪ acknowledge their feelings and work with them to think about solutions

For more information about your child's developing brain, see page 19.

Other things you can do to help your child learn



Communicating with your young child

Your young child is starting to sound more like a grown-up. They use simple sentences that are often 5–6 words long. When they tell a story, they may combine their sentences by saying *"and"* or *"and then."* They may say things like *"mans,"* instead of *"men,"* and *"fum,"* instead of *"thumb,"* but other people can usually understand what they're saying.

Your child is now using language to:

- tell people what they want and need
- make friends and express their feelings and emotions
- share and learn more about their interests and their world
- share their stories and jokes
- read and print
- solve problems



Have any questions or concerns about your child's speech, language and hearing answered before they start kindergarten by calling Health Link at 811 or talk with your health care provider.

Speech and language development

If you're concerned about your child's speech and language development, act early. They can receive speech and language services at any age at no cost.

Encourage your child's language and literacy

- **Encourage them to explore** and explain how things work. Take time to answer their questions or ask what they think the answer might be.
- **Do things together.** Talk about what you're doing while you cook, set the table or make family meals together.
- **Share their interests.** Go on adventures together. Look at books or magazines at the library.
- **Look at family photos and keepsakes.** Share stories about family memories and events. Use lots of describing words. *"The big, yellow moon was so round when we went camping!"*
- **Sing and play with words.** Sing songs, listen to music, play word games and have fun making up silly rhymes.
- **Read together every day.** Take turns reading to each other. Talk about what you've read.
- **Encourage them to draw and print.** Ask them to tell you what they've drawn. Write the words they say on the page. When they start to print words, ask what they've written.



Call Health Link at 811 or your health care provider if your child:

- acts like they're not paying attention—especially in group settings like a classroom
- appears more frustrated than other children
- has a hard time with learning
- cannot follow instructions
- trips or falls a lot
- has any other signs that concern you

Let's play

Play builds healthy bodies and minds and is important for your child's growth and development. Young children learn through everyday experiences. They can help with simple chores—they'll enjoy feeling like a grown-up while doing them. You may want to walk to the store together to get milk or rake the leaves in the yard. They also need lots of time to play with others and on their own.



Your young child will explore and play in a new environment once they start kindergarten. They may be tired from the change in routine and being active in new ways. They'll need time for both play and rest when they get home.

Active play

Your child needs lots of time to play freely—to climb, swing, run and jump. They understand directional words such as left, right, up and down. You can support their learning about directions by playing action games like 'Simon Says'.

Young children need to be active through energetic play. This includes ball games, riding a bike or water activities. Depending on your child's interests, they may enjoy playing at the park with their friends. They may also want to be in community sports or activities. At this stage, non-competitive physical activities are best. They help your child develop skills without the fear of failing or not being good enough.

> ***Internet safety and screen time***
>
> Keep computers, TVs and other electronic devices and games out of your child's bedroom.
>
> Limit screen time to no more than 2 hours per day (see page 72).

Your child may:

- throw and catch a ball that's bounced or thrown gently to them
- jump over low objects and skip
- learn to ride a bike with or without training wheels

Your child needs 60 minutes of energetic play that causes them to sweat and breathe a little bit heavier, such as running or bike riding. They also need several hours of being active each day, such as walking to and from school, playing hopscotch or playground fun.



Creative play



Your young child is learning to use and control many objects. They prefer to use one hand more than the other for complex tasks. The other hand will help support the objects or materials they're using.

Your child's hands need lots of practice using a pencil, scissors, knife and fork. Your child may enjoy building, fixing things, cooking and making crafts. They learn a lot about how to solve problems by creating and using objects. They may:

- fasten buttons, Velcro® straps or zippers
- draw or copy lines, simple shapes and stick people
- cut on a line with scissors
- tie shoelaces

Pretend play

Your child may enjoy acting out stories from real life, books, TV shows or movies. At first their stories may be mixed up. In time, they'll become more connected. Their sense of humour is really developing, so they may share the same funny stories over and over again. They may like to put on puppet shows or plays for the whole family.

Through pretend play, your child might try different roles and figure out what they would do, say or feel in different situations. Pretend play becomes more creative. Rather than acting out real-life situations, like playing house or restaurant, your child may pretend that they're from another planet or that they're a dog or a superhero.



Learning about emotions

Your young child has more complex emotions than before, such as confidence, empathy, frustration, jealousy, disappointment, pride or guilt. They may be confused when they have mixed emotions (e.g., feeling worried, excited or happy and sad at the same time).

By the time children are 5 years old, they're usually able to control and express their emotions better. They may still struggle to find the exact words to describe their feelings. Your child now understands that they can show their emotions in better ways than pushing, hitting or other physical actions.

At this age, your child may:

- fear things that could really happen, such as getting hurt, someone dying, or having their home broken into
- start to use self-talk to calm down. You can help by making suggestions. *"Let's take some deep breaths."* Model calming down by using self-talk when you're upset, for example *"I want to calm down. I'll take some deep breaths so I can relax and think about what I can do to feel better."*
- feel empathy. They may offer to comfort or help you when you're sad.
- become overwhelmed by frustration or disappointment at times. They may have tantrums once in a while.

Support your child's emotional development

- **Talk about and accept their feelings.** To help them cope with mixed feelings, you could say *"It seems like you're excited about skating with your friends. You're also feeling worried that you might get too cold. Sometimes I feel excited and worried at the same time. It's a little bit confusing, isn't it?"*
- **Help them think of ways to show their emotions.** *"Sometimes we feel disappointed when things don't work out the way we want them to. It's okay to feel disappointed. It's not okay to yell and throw things. What can you do instead?"*
- **Do not make fun of their fears.** Listen carefully and tell them that everyone is afraid sometimes. Reassure them that you'll not let anything hurt them. Help them think of things they can do to cope like taking deep breaths, keeping a flashlight close by or playing soft music.
- **Notice when they help and care for others.** They're showing that they understand other people's feelings and needs. Encourage and thank them for being helpful and caring.
- **Help them solve problems** by suggesting words they can say to themselves, such as *"I can do this,"* or *"I'll be okay,"* or *"It's okay to be mad, but hitting can hurt someone."* For more information on problem-solving, see page 400.

Talk with your health care provider if you have questions or concerns about your child's behaviour.

> ***"The best thing about being a parent is seeing things from a bigger perspective. It allows you to realize how life is larger than any of us. It's humbling and easy to forgive the past with this new perspective."***
>
> *~ Toni, parent of two children*

Living in a social world

Some young children want to spend a lot of time with other children. Others would rather spend more time alone putting things together or looking at books. This is part of a child's temperament (see page 24). Work with their temperament to help them find a balance. Your child needs time with other children, with you, and on their own.

Usually, children at this age:

- are naturally curious and eager to learn
- like to be helpful
- want to be with more people
- enjoy group games and activities
- like games with rules—although at times they may want to change the rules as they go or get very frustrated when someone is not following the rules



Helping out at home

Your young child may be eager to help you around the house. Be patient—it may take more time and they may not do things perfectly. It may sometimes be easier for you to do these tasks yourself, however letting your child do them today will help them develop their skills and make a big difference later.

Here are some ideas of what your child can do to help:

- clean up their toys
- pack their school bag
- help with setting the table
- put their lunch containers into the sink or dishwasher
- help you cook or bake



Your child learns to help when you involve them and let them help. They know that they belong and that they're an important part of the family when they have their own special jobs to do. As their skills and interests change, they may enjoy helping with more complex jobs. This builds their sense of capability, knowing that *"I can do it!"* A sense of belonging and a sense of capability are the two most important ingredients for developing a healthy self-esteem.

Take time to teach

When teaching children to do household chores, break the task down into small steps to gradually build their skills:

1. You do it, they watch.
2. You do it, they help.
3. They do it, you help.
4. They do it, you watch.

Playing with others

At this age, children are meeting and getting to know more people. They're learning that they can influence others. They can use words to reason and negotiate or to hurt and exclude others. They co-operate with others to play fun, active games or to be aggressive. The way you and other adults act towards each other has a powerful influence on watchful children.



Your child is also learning how people respond to their words and actions. They need your support and guidance to learn to use their words and actions in positive ways so that they can get along with others.

Children usually enjoy being with other children, but they can also have disagreements. At times, your child will want to set the rules and so will their friends or siblings.



Instead of rushing in to solve the argument, try to wait and listen carefully. Let your child learn how to do it by themselves—they can learn how to problem-solve on their own. They will learn how to reason and negotiate fairly over time and with your help. Of course, you'll need to get involved if someone is getting hurt, something is being damaged or if you need to involve the other child's parents (see page 406).

Problem-solving when friends or siblings argue

1. Calm yourself and help calm the children.
2. Separate the children if they're hurting each other.
3. Once they're calm, let both children take their turn telling you the problem as they see it.
4. Repeat the problem back to them in a way that states both of their sides without blaming or judging. *"It looks like you both want to play with the same skipping rope at the same time."*
5. Tell them you know they can find a solution that will work for both of them, and you're there if they need help.
6. Stay close by to monitor the situation and give them time to work it out.
7. Step back in to help only if you need to.

Bullying

When a child is being hurt by someone else's words or actions, they're being bullied. When a child is hurting someone else with their words or actions, they're bullying. In either case, it's time for adults to act and step in.

Bullying is a serious problem in schools, communities and society. You can help prevent it by modelling healthy behaviour and relationships for your children at home and by working together with your child's school.

Here are some things that can help:

- **Set a good example.** Treat your child with respect and they'll learn to treat others with respect.
- **Monitor media.** Children are affected by the violence they see. Do not let them watch TV programs, movies or play video games that show violence. If they do see violence, talk about it with them so they understand that it hurts and it's not okay.
- **Have open communication.** Teach your child to tell adults if they or someone else needs help. Listen to your child when they come to you with concerns.
- **Work together.** Talk with your child's teacher or principal about what policies are in place at school and what they're doing to prevent bullying. Ask them how you can help.

Help your child learn to get along with others

- **Encourage them to spend time with other children.** It's through play that they learn about themselves and others.
- **Teach them about being kind** and help them to think about how others might be feeling.
- **Explain your family rules** and expectations when friends come to play.
- **Listen to the sound of play.** Children this age need to know that a caring adult is near. Check in with them from time to time, even when things are going smoothly. Be ready to step in if needed.
- **Encourage sharing and co-operation.**
- **Model problem-solving** to work out conflict. Let your child practice doing this on their own—help only if they need it.
- **Notice and comment** when children are getting along with each other.

To learn more about ways to deal with bullying, call the Bullying Help Line toll-free at 1-888-456-2323 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Starting school

Most children start kindergarten when they're 5 years old and start Grade 1 when they're 6 years old. Your child may be eager to learn new things and will likely be excited, nervous or a little of both.



Registering for school

Check with the school your child will be attending to find out when and how to register. You can find out details about the program, such as whether it's half- or full-day.

Help your child have a good start at school

- **Take them for health checkups.** Up-to-date immunizations and checkups such as medical, dental, vision and hearing will help your child be ready to learn (see page 76). Some health problems can get in the way of learning and a checkup may find a problem early.
- **Talk about what to expect** at school, like how they'll get there and what they'll do in class. Let your child know what you'll be doing when they're not with you.
- **Teach them self-care skills** such as putting on their jacket and shoes, going to the bathroom on their own, and washing their hands.
- **Take a school tour** and meet their teacher and principal. Your child will be able to see the classroom, front office, bathroom, library, gym and playground. Try to remember the names of one or two other children on the tour.
- **Start your new routine** a month or so before school starts. Shift slowly to a regular time for getting up, having meals and going to bed.
- **Read books about starting school.** This will help your child understand more about what school will be like. You can find these books at the library.
- **Respect your child's temperament** (see page 24). Children adjust to change in different ways. Your child may adjust to school differently than other children.
- **Be positive** with your child about starting school. Share fun memories of teachers you had and things you enjoyed doing at school. Your child will enjoy it more if they know school is important to you.



To learn more about being a partner in your child's education, what your child will learn in school and ways to prepare your child for school, visit the ***Links*** and ***Printables*** sections at healthyparentshealthychildren.ca/resources

Supporting your child in school

School is an exciting adventure for children. You've been your child's first and most important teacher. When your child starts school, their teachers will also become important people in their life.

Support your child's learning by showing them that education is important to you:



- Share your child's interests, strengths and challenges with their teacher. Ask what you can do to help them at home.
- Find out the best way to keep in touch with their teacher—by phone, email or sending notes with your child.
- Take time to talk to your child about their day. Ask them open questions like, *"What was the best thing that happened at school today?"* or *"What did you learn about today?"* Be sure to share things about your day too.
- Show them you value their work by asking them to tell you about it and if it's okay to hang it on the fridge or the wall so everyone can see it.
- Encourage them to tell the rest of the family and other important people in your lives about their school activities.
- Read and share stories with your child every day.
- Go to school events, learning celebrations and meetings when you can. This will help you find out how things are going for your child and the rest of their class. It also shows your child that you think school is important.
- Think about volunteering in the classroom or on field trips or joining the school council if you can.

Supporting their learning

Show your child that you think school is worthwhile.

When you support your child's learning, their teachers and their school, you help them to succeed.

Helping your child adjust to school

Children sometimes get tired of school once the excitement of starting something new wears off. Your child may come home from school very tired and need some time to relax. Your child might be anxious if they're not used to being away from you. They might think they're missing out on things at home.

Here are some ideas that may help:

- Make sure they get enough sleep (see page 423). Your child may need extra sleep, especially at first.
- Offer healthy meals and snacks.
- Spend extra time together on days when your child doesn't have school.
- Don't plan too many activities before or after school.



If your child strongly resists going to school or seems to always be complaining about something like a stomach ache or headache, find out more:

- Ask your child what they think might help.
- Talk to their teacher for suggestions.
- Talk to other parents to see if their children have similar problems.
- Arrange for them to have a checkup with your health care provider.

Young children and overscheduling

Organized activities like child care, preschool and kindergarten need a certain level of attention from children. A young child uses a lot of energy staying focused in school. They need free time once they get home to burn off some physical energy and reconnect with the ones they love. Try not to schedule too many activities and appointments in your child's free time.

Health Checkups

Keep seeing your child's health care providers as scheduled and as needed to help your child and family thrive.

Your health care provider or public health nurse can help if you have questions or concerns about your child's health and development or other family issues.

For more information about keeping children healthy and safe at any age, see page 76.



Well child clinic visit

Your child's last immunization in the early years is due at 4 years old. If their immunizations are not up to date, talk with your public health nurse about how to get back on schedule. Keeping immunizations up to date protects your child and family from many communicable diseases. Immunization becomes even more important for preventing outbreaks once your child is in school and organized activities. During your visit, your public health nurse also checks things such as your child's growth, asks about their health, as well as about how you're doing and answer any questions you may have (see page 78).

For more information about immunizations, see page 82.

Oral health

Regular visits to the dentist are important as your young child's baby teeth are falling out and adult teeth are coming in.

Vision

Visit your child's optometrist once a year to have their vision checked—you don't need a doctor's referral and there's no cost to you.

Financial support

You may qualify for financial support for health costs for your child through the Alberta Child Health Benefit plan. You may be able to get eyeglasses, prescriptions and dental visits for your children at no cost to you. To learn more, call toll-free at 1-877-469-5437 or visit the ***Links*** section at healthyparentshealthychildren.ca/resources

Recommended checkups

	Birth–2 months	2 months	4 months	6 months	12 months	18 months	2 years	3–4 years	5 years and beyond
Doctor	√	Check with your doctor to find out the checkup schedule at their office						√	√
Immunization with public health nurse		√	√	√	√	√		√ (at 4 years old)	
Dental					√	Regular checkups as recommended by your dentist			Regular checkups as recommended by your dentist
Vision	√ Early vision checkups with your doctor								√ (with optometrist at 3–5 years old)
Other health care providers	As needed								As needed

Preventing Injuries



As your child moves into their larger world of friends and school, they still need to be supervised by an adult, but not as closely as when they were a preschooler. Your child needs a little more freedom to explore and play, but they're still too young to know all the dangers around them or how to protect themselves. Stay nearby, pay close attention and think about ways to reduce possible risks. Remind your child about safety rules often. They may remember simple rules, but may not always follow them when they get excited. Make sure that your child follows the rules when they're with you. This will make it more likely for them to follow the rules when they're on their own. Situations involving safety are not a time to offer choices at any age.



Being safe on the playground

Keep play safe by not allowing your child to wear clothing with drawstrings. Take off helmets and scarves, and tie back loose hair. Be sure your child has proper footwear on, such as running shoes.

For their age and stage of development, here are some areas that need attention to keep your child safe from injuries.

- **Playing outdoors**, see page 114
- **Helmets and bike safety**, see page 118
- **Pedestrian safety**, see page 120
- **Poisoning**, see page 107
- **Playing safe in rural areas**, see page 122
- **Playground safety**, see page 121
- **Trampolines**, see page 122
- **Car seats**, see page 123
- **Head injury**, see page 102

For more information about how to prevent injuries in the early years, see page 104.

School bus safety

The biggest risk to children riding on a school bus is when they're getting on and off the bus. To learn more, visit the ***Printables*** section at healthyparentshealthychildren.ca/resources



Taking Care of Yourself

How quickly the years fly by. As your child begins school, their world expands and a new adventure begins. You may find yourself celebrating this new chapter in their life, or you might find their growing independence a challenge. It might be hard for both of you to learn how to be separated from each other. You may worry about them eating their lunch or how they're going to manage with taking the bus. It may seem hard to believe, but your young child will learn to do all these things and more. All the time and effort you have spent with your child in the early years has prepared them to be ready to move into the bigger world.

Your changing role

Your role as a parent is changing too, and the next few years will be a time of adjustment. As a parent, up until now, you've been your child's protector, nurturer and teacher. Now you also become their advocate, coach and counsellor.

As your child becomes more independent, it may seem like they challenge you more and listen to you less. They have more people who influence them now, including new friends and teachers. As they learn about other people's ways of doing things, it's natural for them to question more things. They're developing ideas of their own.

> ***"When our son was first born, it seemed like each day was a year, but these early years went by so fast! I know the changes are just beginning, but I feel like we are prepared knowing that he is off to a good start!"***
>
> *~ Hope, mom of one child*

Throughout their life, your child will benefit from warmth and structure (see page 11). Your child still needs to be shown how important they are to you, although the way you show them may change as they grow. Your child still needs comfort and direction from you. You're still a very important person in their life.

Once your child starts school, they'll need to think things through and solve their own problems using the skills you've taught them during these first 5 years. You can help them continue to build on these skills when you provide loving guidance so they can figure out their own solutions. They may need a lot of help coming up with ideas at first, but with practice, they'll soon be solving small problems on their own. Let them know that you'll always be there when they need you.

You can support your child as their world expands by:

- talking to them about what interests them
- meeting their friends
- getting involved in their school and other activities in whatever ways you can—get to know their teacher, read newsletters, go to school and sports events or volunteer in your child's class, on their sports team or in the community
- connecting with love and being interested in what they have to say when they return home
- being there to comfort them when they need you
- helping them figure out how to solve problems on their own

Take time for yourself:

- Enjoy having some extra time to focus on yourself and your interests.
- Take a class or go for coffee with a friend.
- Meet other parents at your child's school—talk about your new experiences.
- Check to see if flexible work arrangements are possible for you to be able to drop off or pick up your child from school, to attend school events, or for sick days.
- Try not to let your work commitments take over family time outside of school and work hours.
- Continue to explore ways to self-regulate (see page 27) for more effective parenting, better relationships at home and work and for your own health and happiness as well.

> ***"If there's one piece of advice I would give it would be that, while you're taking care of your family, don't forget to nurture the relationship with your partner. Your children will benefit just as much as you both will."***
>
> *~ Shalla, mom of two children*





The Journey Continues

What an amazing journey you have undertaken. Raising and caring for another human being is one of the most important things you can do in life. As you look back and think about the day you brought your new baby home, consider all the changes you have gone through and the skills you have learned.



The Journey Continues

Just as the early years are foundational for your child's healthy development, they're also foundational for your life as a parent. Continue to:

- explore each stage as your child grows
- learn about typical child development for all the stages to come
- provide the warmth and structure your child needs to flourish

Transitions will be smoother when you're prepared with skills and information. Honour your child's uniqueness and celebrate their successes, no matter how big or how small. You're the most important person in your child's life—continue to build on the skills you have learned and you'll be much more prepared for what is to come. We wish your family health, happiness and an amazing journey in the years ahead.

> ***"It was an amazing experience as a parent watching my baby go from the newborn stage to learning to walk and talk and then to starting school. There were some challenges, but mostly it was so rewarding to watch this tiny person grow and learn. There were so many changes in such a short period of time. I can't wait to see what the next stages bring!"***
>
> *~ Nicole, mom of two children*

Feedback

We want to hear from you. Please email your feedback to us at hphc@ahs.ca

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