The Early Years
Important contact information

Healthcare provider
Name: 
Phone: 

Community/public health centre
Name: 
Phone: 

Others
Name: 
Phone: 

Name: 
Phone: 

Name: 
Phone: 

When you need help or have questions, you can also contact:

Health Link Alberta (24-hour nurse advice or general health information)
Call toll-free in Alberta at 1-866-408-LINK (5465)

MyHealth.Alberta.ca
(online health information) https://myhealth.alberta.ca/

Alberta Health Services
(information on health programs and services)
www.albertahealthservices.ca

211 Alberta (information on community, health, government and social services)
Phone 211 from many places in Alberta

The content in this book reflects Alberta Health Services’ information at the time of printing. Refer to healthyparentshealthychildren.ca for regular updates.

This book contains general information. For specific questions, please ask your healthcare provider.

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Our Book for You

The first 5 years in a child’s life can be both exciting and challenging. Children change quickly and learn more during these years than at any other time in their lives. As a parent, you can help your child grow, learn, explore and be healthy. This made-in-Alberta reference book will give you suggestions for everyday care and activities. It will take you from the early stages of looking after your new baby, through to the thrill of first steps and words, all the way to the first days of school.

If you are the parent of a baby or young child... we wrote this book for you.

We believe nothing else is as important as raising a child. We want to give you all the support we can. There’s a lot of information about caring for a family—on the Internet, in books and from other people. Everybody has advice about raising children. But too much information can be confusing, especially when you hear different things from different sources.

We asked expectant and new parents what they wanted to learn and we invited health experts from across Alberta to contribute. This book is based on today’s best knowledge, evidence and practices. We looked to many experts (past and present) for their knowledge and suggestions for healthy child development and parent/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. We encourage you to balance the information you find here with your own knowledge, values, skills and instincts.

Please use this book yourself and share it with your family and friends.
How to use this book

In the chapters ahead you’ll find:

- **The Early Years—An Overview of Being a Parent** gives useful information, whether you are 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** provides detailed information about breastfeeding or feeding your baby infant formula.

- **Young Babies, Older Babies, Toddlers, Preschoolers and Young Children** are separate chapters that give you practical ideas for helping your child grow, learn, play and be healthy during each stage of the early years. The young baby section also includes a section of information about your newborn baby.

- **Learn More** gives you more detailed information about some of the topics in the chapters like immunization and child safety seats.

- **Glossary** explains words that may be new to you.

- **Where to Go for More Information** lists organizations, websites and contact information.

In this book, when referring to your child, we alternate the use of ‘he’ and ‘she’ between chapters.

When talking about healthcare providers we mean the people who provide most of your healthcare. This includes family physicians, paediatricians, nurse practitioners and others.

Both books can be found online at www.healthyparentshealthychildren.ca

We’ve also written another book for you called *Healthy Parents, Healthy Children: Pregnancy and Birth*. It is filled with everything that expectant parents want and need to know about pregnancy and childbirth in Alberta—from the three trimesters of pregnancy to breastfeeding your baby. If you are pregnant and you haven’t received this book, you can get the book online by visiting www.healthyparentshealthychildren.ca
You’ll also find:

- **Definitions** at the bottom of some pages that explain words you may not already know.
- **Different text boxes** that contain different types of information as shown below:

  - **Important things to know**
  - **When to ask for help**
  - **Helpful hints and tips**
  - **Things you can do**
  - **Quotes**
  - **Things you can do to help your child's development**
Thank you!

We want to thank the many expectant and new parents who shared their ideas, the experts who provided content and reviewed numerous drafts, and the people who worked on previous Alberta Health Services resources from which we’ve adapted content. Some of those resources are:

- All About Me: Growth and Development Series
- Caring for My Baby and Me Information Booklet
- From Here Through Maternity: A Resource for Families
- Growing Miracles: The First Six Years with Your Child
- Health for Two: Your Pregnancy and The Mom’s Book

We wish to acknowledge these additional resources from which we’ve also adapted content:

- Alberta Family Wellness Initiative (Norlien Foundation)
- Apple, Fall 2012 (Alberta Health Services)
- Women and Substance Abuse Information Series (Alberta Health Services)
- Feeding Baby Solid Foods from 6 to 12 Months of Age (Government of Alberta)
- Let’s Talk About the Early Years (Government of Alberta)
The Early Years

An Overview of Being a Parent
An Overview of Being a Parent

You’ve been parents since you first found out you were having a baby. Parenthood may feel more real now that you have brought your baby home. Whether you are new to parenting or have been parents for a while, you will have questions. In the time between now and when your child starts school, you’ll have many more. It may seem hard to believe that it’s really only about 2,000 days between your child’s birth and his first day of kindergarten. As parents, 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 everyday that really makes a difference.

If you are parents of a newborn you may want to start this book by reading the 'Understanding Newborns’ section on page 115.
Parents and Children

Many people are parents: birth parents, adoptive parents, foster parents, step-parents, same-sex parents and people who became parents through new relationships or special circumstances. Some parents live together, while others live in separate homes. Some children have extended family members (e.g., grandparents, aunts, uncles and cousins) who act as parents. Some mothers and fathers have lots of experience with children, others have very little. Learning to be a parent takes time.

How parents learn and grow

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. You will also build more skills as time goes on.

Every family has their own way of raising their children. What works for one child or family may not work for another. However, research suggests that it is important for parents to:

- know how a child typically grows and learns so they can be sensitive and understanding of their child’s needs
- keep their child safe and healthy while providing warm, nurturing care
- provide structure through day-to-day routines, experiences and teaching
- value the differences in each child
- be positive role models
- try their best and get the support they need

Loving and supportive care

This is one of the most powerful things you can give your child. Nothing gives your child more confidence and security than knowing you care for him and will keep him safe.

routines: doing something in a regular and consistent way
Raising a child is one of the most important things you will ever do. It is helpful to think of your long-term goals for your child and your relationship with him. Here are some things you might want to think about:

Knowing how to parent doesn’t happen overnight—it’s an ongoing process.

- What kind of person do you hope your child will grow up to be? ____________________________________________________________
- What kind of relationship do you want to have with your child? ____________________________________________________________
- What kind of a parent do you want to be? ____________________________________________________________
- If you share parenting, how will you work together? ____________________________________________________________

Talk with your partner and support people about your long-term parenting goals and ask them about theirs. When you have a clear picture of what you hope to achieve, it will guide you as you parent from day to day.

When raising your child, there may be times when you will wish you had done things differently or that you hadn’t done something at all. Look at these times as learning opportunities, not mistakes. Ask yourself what you could have done instead and what you can do differently next time. This will help you to learn and grow as a parent and help your child reach his full potential.
Your Community

Your child’s relationship with you is at the center of his world. Relationships with grandparents, other relatives, friends, caregivers and teachers are also very important and affect his growth and development. Beyond these relationships are the supports within your community.

Children need nurturing and stable relationships. To provide this, parents also need support for their own health, happiness and well-being. A community of support contributes to a family’s overall health and development.

Supportive communities

There are many places in your community where you can find support and services.

To find out more, call 211 (community, health, government and social services) or contact your community/public health centre.

Understanding How Children Develop

By understanding how children typically grow and develop, parents and other caregivers can better understand how to support them at each stage.

- **Growth** means the changes in your child’s body (e.g., height and weight).
- **Development** means the changes in your child’s physical abilities, thinking and emotional skills. Development affects what your child can do, how he gets along with others and how he learns, thinks and reacts to his feelings.

3 important factors affecting children's behaviour and learning are:

- brain development
- attachment
- temperament

**Caregivers**

In this book, the term *caregivers* means the people who help care for the children in your family.

While you may be your child’s main caregiver, other caregivers might include family members, friends, child care providers and casual babysitters.
Brain development—the early years

The brain guides growth and development. By understanding how the brain works, you can help children develop and grow.

A child’s brain develops through relationships and interactions with parents and other people. Look for everyday ideas of things you can do to help in the chapters that follow.

Brain development begins during pregnancy and continues into adult years. Babies are already learning even before they are born. At birth, the brain is about one-quarter the size of an adult’s and is made up of billions of neurons. A newborn’s brain is like a house that has just been built. The walls and doors are up, but the wiring isn’t all in place. There are still a lot of changes to come.

Building the brain is like building a house

In a house…

• The structure is built starting on the ground.
• The base or foundation is set, the walls are built and the electrical system is wired—all in an exact order.
• The electrical wiring allows all parts of the house to work together.
• A strong foundation supports everything that is built on top of it.

In the brain…

• The brain’s basic structure forms during pregnancy.
• The ‘wiring’ of the brain starts as the brain’s neurons begin to connect with each other.
• Connections in the brain continue to develop through an ongoing process until the early adult years.
• These connections are how the brain communicates. Communication happens between neurons in the brain, and between the brain and the rest of the nervous system.
• Early brain development lays the foundation for future learning, behaviour and health.

interactions: activities and communication between 2 or more people
neurons: nerve cells contained in the brain and nervous system
**Things to know about your child’s developing brain**

- Brain structure and early brain cell connections are affected by:
  - what your child is born with—inherited traits and abilities (nature)
  - what your child experiences, the care he receives and the relationships he has with other people (nurture)
- The most important time for brain development is during pregnancy and the early years. This is when the foundation is set for future learning, behaviour and health.
- Brain cells form connections with each other so signals can pass from one part of the brain to another. These processes make it possible for children to grow, think and learn.
- Simple connections form first. They are the base for more complex pathways that come later. This pattern continues for many years.
- Brain cell connections are created through everyday experiences, interactions and the things that children see, hear, touch, taste and smell.
- The more often the experience happens, whether positive or negative, the stronger that brain connection becomes.

**Interactions support brain development**

For healthy brain development, children need positive relationships with their moms, dads and other important people in their lives.

Relationships are formed through everyday interactions. Interactions go back and forth between people, like the **serve-and-return interactions** in a game of tennis or volleyball. For example, when your baby coos or gazes at your face, he is ‘serving the ball’ to you. When you smile back, talk gently and return the gaze, you are ‘returning the ball’ to him.

Positive serve-and-return interactions with people continue to be important all through your child’s life because they build brain cell connections throughout the brain. These connections are needed to learn new skills in all areas of development (e.g., moving his body, regulating his emotions). When you take time to:
  - watch, listen and respond to your child—he learns that he is important
  - read and talk to him—he learns language skills
  - cuddle and care for him—he learns to trust
Stress affects the brain

Some stress is part of every person’s healthy development. However, it can negatively affect a child’s brain, memory and lifelong health when:

• stress is constant or intense and
• the child doesn’t have the support he needs

This is known as toxic stress.

The effects of stress are less severe when parents, caregivers and communities help children cope. Children need to be supported during periods of stress, and protected from toxic stress, from before they are born and throughout the early years.

Attachment

Whether you’re a mom or dad, your baby needs to know he can count on you. Even before he was born, you and your baby started building a 2-way emotional connection called attachment. When your baby has a secure attachment with you, he learns to trust and will be more able to form attachments with others as he grows.

Attachment between you and your child becomes stronger when you spend time together and:

• respond to his needs with nurturing care
• comfort him when he needs you, especially when he’s sick, hurt or upset
• let him know he is loved, that you’re there for him and that he is important to you

The base or foundation for attachment is set in the early years. This process continues throughout your lives together.

When stress becomes too much

If your family is experiencing stress that isn’t going away or for which you have no support, it’s important to get help. Talk to your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465). There are many people who can help.

Give your child time, attention and love.
Temperament

Part of what makes your child unique is how he thinks, behaves and responds to the world around him. This is called temperament. Everyone, from children to adults, has a temperament. It’s a part of our personality.

Your baby’s temperament starts to show itself 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 in one place.
• Some preschoolers greet anything new with smiles and excitement—others respond to new experiences with tears and anxiety.

Children, just like adults, have different ways of approaching the world. Your child’s way may be similar to or different from your own. All temperaments have positive aspects as well as challenges. For example, if a child is very persistent, it can be hard to get him to stop an activity when it’s time to leave. However, the same child may have more patience to stick with a task until it’s done.

Work with your child’s temperament, rather than trying to change it. When you think about the way you respond, you can help your child learn ways to adjust and improve your relationship with him.

You can understand your child’s temperament

• Find a good fit. Find different ways to balance your child’s needs with your needs. For example, if you like being with people, but your child has a hard time with it, give him time to warm up. Don’t force him to go to someone before he’s ready. Offer gentle encouragement.

• Understand that your child’s basic temperament won’t change. Over time you can help him learn things he can do to adapt to the world around him.

• Value your child for who he is. When you understand and work with your child, you show him you value and accept him.
Helping children learn right from wrong

It is important for children to learn how to tell right from wrong so they can develop into responsible, caring adults. You help your child learn right from wrong by guiding and teaching him how to solve problems. This skill will help prepare him for life.

Physical punishment

Physical punishment doesn’t teach children how to behave. It causes your child to associate you with distress and pain, not love.

• Spanking, hitting, pulling children’s hair, pinching ears and other types of physical punishment hurt children.

• Studies show that children who are physically punished are more likely to:
  o feel fearful, angry and powerless
  o have trouble deciding on their own what is right and wrong
  o have poorer relationships with their parents and other caregivers
  o be aggressive and have anxiety and other mental health issues, both as children and adults

Parents and caregivers need to provide limits and guidelines to help children learn self-discipline. Children need a positive kind of discipline that teaches and guides, not the kind that punishes. Many positive discipline strategies are suggested in this book. Parenting programs can also help you learn how to use this more positive parenting approach to build healthy relationships with your child. Parenting programs are helpful for everyone. Ask your public health nurse, healthcare provider or Parent Link Centre what is available in your community.

The problem with physical punishment

Physical punishment has harmful short- and long-term effects on children and can lead to serious injuries. It does nothing to teach children what to do.

You don’t need to use physical punishment even if you were physically punished when growing up. This book can help you find more positive ways to help your child learn right from wrong.
Developmental stages, tasks and milestones

While each child grows and develops at his own pace, his overall development follows a pattern. People often talk about children's development in stages, tasks and milestones.

Development happens in stages. A stage is a period of time when your child is learning specific tasks or a set of skills. Your child needs your help to learn these skills. Each stage of development builds on the stages that came before it.

The learning that occurs in each stage gets your child ready for more difficult tasks in the stages to come. By giving your child lots of chances to practice skills as he learns them, you help him move to the next stage. For example, when you give your child comfort each time he cries, he learns from experience that he can trust you.

Each stage also has specific developmental milestones. Milestones are markers that tell you how a child usually develops and whether your child is developing as expected. Each developmental milestone has an age range. Children typically reach milestones anytime in that age range.

How to support healthy development

You can support your child’s development during the early years by helping him meet his needs. Your support also helps your child to learn healthy habits so he will be able to meet these needs himself when he is older.

• Provide healthy food, physical activity and safe environments.

• Help your child get enough sleep.

• Provide lots of serve-and-return interactions.
  ○ Hold him and offer comfort.
  ○ Be interested in what he’s interested in at the moment.
  ○ Talk, play, read, sing and have fun together.

• Balance warmth and structure—children need both of these parenting approaches to feel that they are capable, loved and that they belong.
  ○ Warmth is the love and support parents provide their children. It makes children feel understood and loved, and helps them want to learn and to try their best.
  ○ Structure is the guidance and information parents provide their children. It gives children guidelines with reasons, and the information they need to learn, make good decisions and fix their mistakes.
When children have their needs met, they are more likely to:
- feel good about themselves
- respect and care for others
- become responsible, confident and caring adults

**Provide warmth.**
- 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.
- Keep your child’s needs in mind.

**Provide structure.**
- Have predictable routines.
- Give guidelines for behaviour with clearly explained 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.

**Development doesn’t happen at a steady pace**

Children sometimes become more emotional or quit doing the things they used to do for a short time when they are learning new things. For example, your toddler may cry more often when he’s learning to walk and your 4 year old may have trouble sleeping when he first starts preschool.

Some parents feel frustrated at these times. It’s important to remember that this is a part of typical development.

For more information about the developmental milestones, stages and tasks for babies and children in their first 5 years, see the charts that are specific to each age group in the chapters that follow.

Celebrate each achievement

Children with disabilities or special needs may not reach all the milestones at the ages outlined in this book.

Each child progresses according to his own abilities—and each achievement is reason for celebration.

Support for families with children with special needs

Some babies and children with special needs qualify for early intervention programs and services. Talk to your healthcare provider about available supports. Alberta Supports has information on social-based programs and services offered by the Government of Alberta. Call 1-877-644-9992 (toll-free) in Alberta or visit www.albertasupports.ca

If you have a question or concern about your child’s development

If you have questions about your child’s development or if you have a concern, (e.g., he stops talking and interacting with you, or stops speaking after he has learned to talk), it could be a sign of a problem with his health or development.

You know your child best. If you’re concerned, speak with your child’s healthcare provider or a public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Developmental Check-up

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.
• If you don’t have a Parent Link Centre in your area, ask your public health nurse about child development resources in your community.
Your Family Through the Early Years

There are many things you can do to help children grow, learn, explore and be healthy as your family adjusts to changes during the early years.

A new baby in the family

New parents often 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 and the first few weeks and months are a time of 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 challenges and your joys, and focus on solutions that will work for your family.

Helping an older child adjust

If this new baby is not your first, there will be even more to adjust to with a toddler or preschooler at home. Your older child may be just learning to share. Suddenly he must share the most important thing to him—your love and attention.

Telling your older child about where babies come from

When you bring a new baby home, your child may have questions about where the baby came from.

Answer your child’s questions honestly and with simple words. You may want to say that a baby:

- grows in the uterus
- is born through the vagina

For ideas about talking to your children about sexual health matters, visit www.teachingsexualhealth.ca/
You can help your older children adjust to your new baby and feel more secure by providing warmth and structure.

- **Provide warmth.**
  - Tell and show your older child how much you love him.
  - Spend some time alone (even a few minutes) every day with your older child.
  - Tell your visitors how helpful your older child has been to you and your new baby.
  - Tell your older child stories about his birth (e.g., how you felt, what he was like when he first came home). Help him see how big he has grown.
  - Read books about babies, big sisters and brothers with your older child.

- **Provide structure.**
  - Give him information about how:
    - new babies need lots of care
    - he can help (e.g., getting you a diaper, singing a song to the baby)
    - to be gentle with the new baby
    - babies can’t do some things (e.g., running, playing, climbing and reading books) until they are older
    - Keep your routines (e.g., bedtime, 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.

**Child care**

If your family needs child care, there are different types to choose from.

**A family day home** is care provided in the private home of a caregiver.

- It may or may not be approved by a family day home agency.
- If it is approved, it is monitored and must meet government standards for many things including number of children, space, health, safety, nutrition, toys and equipment.

**Licensed child care programs** provide care in a centre for more than 7 children.

- They include day care, group family child care, out-of-school care, innovative and preschool programs.
- Day cares are monitored to make sure they meet government standards for many things, including staff training, number of children and staff, activities, safety, fire safety and health.
- They may or may not provide care for infants.
What to look for in child care

Choosing child care is a very important decision. You want to find a safe, healthy environment that will support all areas of your child’s development. You will feel more comfortable with your child care decisions if you know that your child is safe with warm, caring adults.

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

- is clean, safe and secure
- has books, toys and activities for different ages
- has enough adults to care for the number of children in the centre or home
- provides a variety of safe play spaces (indoor, outdoor, active and quiet)
- follows a flexible, yet predictable routine
- provides healthy meals and snacks
- includes and respects different languages and cultures

It’s a good idea to start looking for child care well before you need it. Give yourself lots of time to explore your options. Meet with your child care provider ahead of time and discuss any specific needs and considerations. Children with special needs can do very well in a child care environment that provides high-quality care. 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 infections during the first year in child care. Talk to the child care provider about their policy for children staying home when they are ill.

Making child care decisions

- **Choosing Child Care** is an online quality checklist with questions to ask when interviewing child care providers. Visit [http://www.humanservices.alberta.ca/documents/choosing-child-care.pdf](http://www.humanservices.alberta.ca/documents/choosing-child-care.pdf)
- **Child Care Look Up Tool** provides information about specific child care options. Visit [http://www.humanservices.alberta.ca/oldfusion/ChildCareLookup.cfm](http://www.humanservices.alberta.ca/oldfusion/ChildCareLookup.cfm)
Adjusting to child care

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

• Provide warmth.
  ◦ Spend time at the child care centre or day home with your child as he explores his new surroundings.
  ◦ Give him time to feel secure in his new routine.
  ◦ Act confident (even if you may not feel it). This helps your child know that he will be safe and okay.

• Provide structure.
  ◦ Say “goodbye” and tell him when you’ll return before you leave. Leaving without telling him can damage the trust you’ve built with him.
  ◦ Acknowledge his feelings. You may want to say, “I know you’ll miss me. I’ll miss you too. I will be back”.
  ◦ Tell him that you came back just as you said you would when you return to pick him up. This will remind him that you do what you say.
  ◦ Have him take something familiar to child care, such as a favourite blanket, stuffed animal or family picture.

Babysitters

There may be times when you need someone else to care for your child. It may be a relative, friend or someone from your community. You will want to 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
• doesn’t smoke or won’t smoke around your child

Spend time with new caregivers before they care for your child. Leave phone numbers, parents’ full names and addresses as well as any other emergency contact information in a place that is easy to find. Make sure you show your caregiver where this is kept.

Never leave your baby unsupervised with other young children—whether they are siblings or a friend’s children.
Taking Care of Yourselves

Thinking about having another baby?

A mom’s body needs time to recover from pregnancy and birth. For mom’s health, and for the health of your next baby, talk to your healthcare provider about the right time to plan another pregnancy. For information about birth control options, see our other book, Healthy Parents, Healthy Children: Pregnancy and Birth at www.healthyparentshealthychildren.ca

There are many things to do before your next pregnancy.

• See your healthcare provider and your dentist.
• Eat well and be active. Aim for a healthy weight.
• Continue taking a multivitamin with folic acid. It is recommended that all women who could become pregnant take a multivitamin with folic acid every day.
• Quit drinking and smoking. Alcohol and tobacco can harm your baby even before you know you are pregnant.
• Review the ‘Starting Off Healthy’ chapter in our book Healthy Parents, Healthy Children: Pregnancy and Birth.

Being as healthy as you can gives your baby the best start in life.

Caring for your relationships

Life is busier with a child in the family. Whether you are sharing parenting or parenting on your own, it can be easy to forget about working on adult relationships. Having strong relationships and good communication with other adults is important for your mental health and shows your child what healthy relationships are like.

Shared parenting

Whether parents are in the same or separate homes, here are some tips:

• 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 for how you will share parenting responsibilities.
• Expect an emotional journey. Parents have their own physical and mental health and changing roles to think about. Talk about your successes, challenges, hopes and fears.
• **Appreciate your differences.** When sharing parenting, you may not always share similar views or do things in the same way. Even though you may have different styles, what’s important is to agree on the overall expectations you have for your child and to be consistent as much as possible.

**Separation and divorce**

Separation and divorce change a family’s structure, but not parents’ responsibilities and feelings for their children. Good communication becomes even more important when parenting happens between 2 families and 2 homes.

A separation or divorce is very stressful for the whole family as each family member adjusts to the change in their own way.

It’s important to make sure your child feels safe and secure.

• Assure your child that both parents love him and are still a part of his life.

• Help your child understand he isn’t to blame. Children sometimes think they were responsible for their parents’ separation.

• Help your child to understand that he can’t change decisions you and your former partner have made.

• Follow your family’s regular routine as much as possible.

• Discuss your child’s feelings with him, and tell him you understand that he may feel angry and confused.

If you’re concerned about your child, ask for help from other family members or a counsellor.

It’s also important to try to maintain respectful communication with your former partner. If you and your former partner argue or fight often, it can have a serious and lasting effect on your child. Speak positively about your former partner to your child and other people. If you need to share negative feelings with someone, speak with a trusted friend or counsellor.

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**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.

**Support for families when separating or divorcing**

Local libraries, community/public health centres and support groups offer a wide range of resources for families going through divorce or separation.

If you and your family are having a difficult time, call 211 or Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) to learn about agencies that provide marriage or divorce counselling.
You may want to have a mediator (a person who doesn’t take sides or make decisions) to help you work out a plan. A mediator is trained to help you reach an agreement about parenting or child support that both of you will be able to keep. To find a mediator in Alberta, call toll-free 1-877-233-0143 or visit www.afms.ca/index.php?pid=2

**Family violence, neglect and abuse**

Sometimes stress, family changes or the responsibilities of having children can lead to conflict—and conflict can sometimes lead to family violence, neglect or abuse.

**What is abuse?**

Abuse is any behaviour that’s used to control another person’s actions. Abuse can take many different forms, including:

- pushing, shoving, slapping, choking, shaking or punching
- damaging your belongings
- forcing you to have any sexual activity
- refusing to give you money or controlling your money
- cheating or stealing
- refusing to talk to you or criticizing you all the time
- limiting your contacts with friends or family
- threatening to hurt or kill you, your children or a family pet

Family violence or abuse often begins or gets worse during pregnancy. If you grew up with abuse, you may feel powerless to do anything about it. Adults disagree sometimes—but hitting and abuse aren’t normal. Nobody deserves to be hit, abused or have to see abuse. No one has the right to abuse you or your children. Many forms of abuse are against the law in Canada.

There are programs for people who have been abused and all members of their family. It’s important for you to get the help you need so your family’s situation can change.
**If someone is abusing you**

If you think someone is abusing you, there are many ways you can get help.

- Talk to someone (e.g., a friend, a family member, a public health nurse or other support people).
- Call the police. Tell them you're in danger.
- Go to your healthcare provider or to Emergency. Tell the healthcare provider how you got hurt. Ask them to write a report.
- Call your local emergency shelter—any time, day or night. You and your children will be safe there.

If you're new to Canada and you leave someone who is abusing you:

- you won't be deported
- you don't give up your right to have custody of your children

If you think someone might hurt you, be ready to leave. Make a safety plan. For information and support, call the Family Violence Information Line at 310-1818 (toll-free in Alberta, 24 hours a day and available in more than 170 languages).

**What is neglect?**

Neglect is a condition children suffer when the people who care for them:

- don’t pay enough attention to them
- don’t respond or interact with them
- don’t provide the protection that is necessary for their age and needs

All parents or caregivers have times when they can’t respond to children immediately. This is not neglect. As children get older, they learn that people aren’t always able to react right away. This helps them start to learn self-care and problem-solving. However, it is a very serious problem when children are mostly ignored, not paid attention to, or when no one cares where they are, what they are doing or if they are safe.

Living in a neglectful or abusive situation is very harmful for children. They can be physically injured by abuse, but they are also harmed by violence they see and hear. When children are neglected, their brains don’t develop as they should. In both abuse and neglect, children are under a toxic kind of stress that can cause lifelong learning, behaviour and health problems. For more information about toxic stress see page 14.

**What you can do**

If you and your children are in either of these situations, there are many people and agencies that can help. Talk to your public health nurse or healthcare provider. They can help you connect with the people who can support you and your children.
My notes
Healthy Growing Families

This chapter gives you an overview of many things that will help your family stay healthy. General information about eating, sleeping and other everyday activities during the early years is included. You can also learn about preventing injuries and dealing with common health concerns.
Growing Together as a Family

During the early years, parents and other caregivers can give children the healthy foundation they need by:

- understanding how children grow and learn
- providing a variety of healthy foods
- providing love, support, understanding and nurturing care
- balancing physical activity and rest
- preventing illness and injuries
- keeping environments clean and the air clear
- taking care of themselves

Eating and Everyday Care

Eating

Babies and children need healthy food to help them grow. Their needs change as they get older. At first they only need breastmilk or infant formula. With time your family will all be eating the same healthy foods.

The feeding relationship

It is important to develop a healthy feeding relationship during the early years. This relationship between you and your child affects the development of healthy eating behaviours for her whole life.

The feeding relationship starts with a baby’s first feeding. Your baby connects with you when you respond to her hunger cues and take time to relax, snuggle and talk quietly with her while she feeds.

Canada’s Food Guide

For information about Canada’s Food Guide, visit www.canada.ca/en/health-canada/services/canada-food-guides.html

cues: movements, sounds and facial expressions your baby uses to communicate needs and emotions
Your baby:
• lets you know when she’s hungry
• needs to eat when she’s hungry
• lets you know when she’s full

As parents you need to:
• help your baby stay calm while feeding
• watch and respond to your baby’s cues that tell you she is hungry or full

The feeding relationship changes as your baby gets older. Children and parents take on different roles. Children are still responsible for how much they eat. Parents are still responsible for what food they provide for their children. By the time children are eating a wide variety of foods with different textures (about 12 months old), parents also become responsible for where and when their children eat.

In the chapters ahead you’ll find further suggestions about healthy eating for different age groups. For more information on healthy eating during the first 5 years, visit www.albertahealthservices.ca/nutrition/Page2914.aspx

**Family meals**

Meals are important times for families to connect. Try to have at least 1 family meal together each day. Even your young baby will benefit from being with you during meals.

Spending this time together helps your family:
• build strong family relationships
• develop healthy eating habits
• develop language and social skills

**Food safety**

To protect your child’s health, be careful when preparing, cooking and storing food. For more information about temperatures for cooking and storing foods, visit www.befoodsafe.ca/be-food-safe/cooking-charts/

**Choking hazards and foods to avoid**

Be cautious with certain food textures. Your child’s chewing and swallowing skills will keep developing into the preschool years. Avoid or modify foods that are choking hazards until she is 4 years old. For more information about what to do if someone chokes, visit https://myhealth.alberta.ca/ and enter the key word ‘choking’ in the search box.
Botulism is 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.

Foods that may cause choking

<table>
<thead>
<tr>
<th>Foods that may cause choking</th>
<th>How to make these foods safer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foods that are stringy or chewy, like meat, long pasta or cheesy toppings</td>
<td>Cut the food up into small pieces.</td>
</tr>
<tr>
<td>Food that sticks to the roof of the mouth, like peanut butter, cream cheese and cheese spread</td>
<td>Spread it thinly on bread or crackers.</td>
</tr>
<tr>
<td>Round or smooth foods, like grapes or cherries</td>
<td>Cut them into 4 parts and remove the pits or seeds.</td>
</tr>
<tr>
<td>Foods like wiener or hot dogs</td>
<td>Cut them lengthwise and then cut again into bite-sized pieces.</td>
</tr>
<tr>
<td>Hard foods, like raw vegetables or fruit</td>
<td>Cook to soften them or grate them into tiny pieces.</td>
</tr>
<tr>
<td>Hard candies, whole nuts and seeds, popcorn, fish with bones, snacks with toothpicks or skewers, raisins and gum</td>
<td>Do not give to your child. These foods cannot be modified to make them safe.</td>
</tr>
</tbody>
</table>

For babies under 1 year old, avoid honey, since it may contain bacteria that causes Botulism in infants.

Avoid foods that may cause illness in young children, such as:
- raw or cooked sprouts (e.g., alfalfa, radish or bean)
- any food containing raw eggs (e.g., cookie dough or Caesar salad dressing made with raw eggs)
- unpasteurized fruit juice, milk or cheese
- undercooked meats, poultry, fish or eggs
- food that hasn’t been stored properly or is past its expiry date

Also avoid foods such as:
- coffee, tea and herbal teas
- foods with sugar substitutes (e.g., aspartame, stevia, sucralose)
- foods labelled 'low-fat' or 'calorie-reduced'

Limit unhealthy foods for your whole family. This includes foods that are high in fat, sugar or salt (sodium), such as:
- chips and pickles
- sugary cereal and chocolate bars
- cookies and doughnuts
• sugar-sweetened beverages—pop, iced tea, sports drinks, fruit punches, fruit cocktails, fruit drinks, fruit ‘ades’ (e.g., lemonade) and flavoured, vitamin or mineral water

What about fish?

Fish is a good source of protein, and some fish contain healthy fats that help the development of your child’s brain and eyes. Canada’s Food Guide recommends eating at least 2 servings of fish per week. Some healthy fish choices include salmon, trout, mackerel, halibut, pollock (Boston bluefish), char, sole, canned light tuna, cod, herring and sardines.

Although fish has many health benefits, some fish (e.g., fresh or frozen tuna, shark, swordfish, escolar, marlin and orange roughy) are high in mercury. Follow advice from Health Canada to limit your exposure to mercury and other environmental contaminants.

For more information about mercury levels in fish, visit www.hc-sc.gc.ca/fn-an/securit/chem-chim/environ/mercur/index-eng.php

For information about fish caught in Alberta, visit https://mywildalberta.ca/fishing/advisories-closures/fish-consumption-advisory.aspx or call Alberta Health at 780-427-4518. For toll-free access, call 310-0000.

Everyday care

Keeping babies and children clean, and teaching them good personal care will help them stay healthy. At first they need you to do these things for them. Gradually they will learn many of the skills to care for themselves.

Teeth and mouth care

Start good oral health habits right from birth and protect your child’s mouth from injury. Set an example by flossing and brushing your own teeth. Get regular professional dental care for your whole family.

You’ll find suggestions for teeth and mouth care for each age group in the chapters to come.

Fluoride protects teeth

Fluoride protects teeth from tooth decay. We get fluoride from some drinking water, foods, toothpaste and dental products.

Fluoride is also added in small, safe amounts to some town and city water sources.

mercury: a naturally found metal that can be toxic in high levels
Having too much fluoride while teeth are developing can cause fluorosis (lacy white marks on children’s permanent teeth). Before children can spit, they will swallow toothpaste and get too much fluoride. Therefore, toothpaste is not recommended for children under 3 years old.

- A pea-sized amount of fluoride toothpaste is recommended for children over 3 years old if they can spit it out.
- An amount of fluoride toothpaste the size of a grain of rice can be used with children under 3 years old if they are at an increased risk for developing tooth decay.
- Toothpaste must be kept out of children’s reach.
- Most children don’t need fluoride tablets or drops to prevent tooth decay.

For more information about fluoride, visit https://myhealth.alberta.ca and enter the key words ‘fluoride’ and ‘childhood’ in the search box.

**Sleeping**

During sleep, the body heals and repairs, and the brain organizes and stores information. When babies and children sleep, their bodies make a growth hormone and chemicals that strengthen the immune system. Good sleep habits are needed for your children’s growth, development and health.

Babies and children need different amounts of sleep at different ages. Young babies wake and sleep throughout the day and night to meet their physical needs for food and rest. As they grow, they sleep longer and develop a more predictable daytime and nighttime pattern.

**When your baby or child is outdoors**

Children need protection from the heat and cold, sun and insects when they are outside.

Since children have smaller bodies, they are at more risk than adults to become too hot (heat stroke) or too cold (hypothermia).

- Younger babies may need to feed more often. Make sure your older baby or young child drinks more water to prevent dehydration.
- Dress your baby or child in layers. Don't bundle her too tightly. Remove layers as it gets warmer.
- Winter in Alberta can be very cold. Check the outdoor temperature before going out, and make sure all outside doors are secure so your child can’t get out on her own.

For information about treating heat stroke and hypothermia, visit https://myhealth.alberta.ca/ and enter the key words ‘heatstroke’ or ‘hypothermia’ in the search box.
Any sunburn, in summer or winter can increase your child’s risk of skin cancer later in life.

When sunscreen or insect repellent are no longer needed, wash your child’s skin thoroughly with soap and warm water.

- Use a warm hat when it’s cold and avoid using scarves. These can hang down, catch and strangle your child.
- Put a blanket over your child for warmth or shade after she is buckled into her child safety seat. Be sure not to cover your baby’s face.

Keep these things in mind about being in the sun—any time of the year.
- Protect your baby by keeping her out of direct sunlight when possible.
- Try to stay out of the sun from 11:00 a.m. to 4:00 p.m. The sun’s rays are strongest at these times.
- Teach your child to play in the shade.
- In the summer, keep your child cool and protected with loose-fitting, light-coloured clothing. Keep her arms and legs covered whenever possible. A wide-brimmed hat protects the face and neck.
- Use ultraviolet (UV) blocking sunglasses. They will protect your child’s eyes from the harmful UV rays from the sun.
- Use sunscreen and insect repellent safely.

**Sunscreen**
- For babies **less than 6 months old**, **don’t use sunscreen**. Try to keep her out of direct sunlight.
- For babies **6 months to 1 year old**, **use sunscreen only if your baby can’t avoid being in the sun**. Try to keep her out of direct sunlight. If you must be in the sun, it’s better to use sunscreen than to let your baby’s skin burn. Put on the sunscreen 20 minutes before going out in the sun. Keep skin covered with light clothing.
- For children **1 year and older**, **put on sunscreen 20 minutes before going outside**. Make sure you re-apply it every 2 hours, as well as after any activities that get her wet or sweaty.
- **Choose a sunscreen** with a sun protection factor (SPF) of 15 or higher that protects from both UVA and UVB rays.

Any sunburn, in summer or winter can increase your child’s risk of skin cancer later in life.

When sunscreen or insect repellent are no longer needed, wash your child’s skin thoroughly with soap and warm water.
**Insect repellent**

- For children **less than 6 months old**, **don’t use insect repellent.** Use mosquito netting and try not to be out when insect activity is high.

- For children **6 months to 2 years old**, use insect repellent only when there’s a **high risk of complications from insect bites** (e.g., in areas where there are reports of West Nile virus activity). Don’t use insect repellent more than once a day for children this age.

- For children **over 2 years old**, you can apply **insect repellent** up to 3 times a day.

- **Use the least-concentrated formula of DEET** (10% or less) for children. Use on exposed skin and clothing. Stay away from the face, hands and any irritated skin. Use as little as possible.

For more information about outdoor safety, visit [https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=uf4815](https://myhealth.alberta.ca/health/Pages/conditions.aspx?hwid=uf4815)

**Combined Protection**

When your child needs both sunscreen and insect repellent, apply the sunscreen first and then the insect repellent. Health Canada doesn’t recommend the use of combination sunscreen and repellent products.

**Travelling with children**

Travelling with babies and young children will take some planning, whether you’re travelling to the next city or town, across the country or overseas. A bit of extra planning can make any trip more enjoyable. Keep a bag with you that has your children’s supplies (e.g., a change of clothes, toys, music and books). These will help entertain your children during the trip or if unexpected delays happen.

Start planning early. Some countries will require that your family have specific immunizations or take certain medicines before leaving Canada. This process may take several months. Check that your family’s immunizations are up to date as well. For information about additional immunizations your family may need, you may want to visit a travel clinic. To find a travel clinic near you, visit [www.albertahealthservices.ca/info/service.aspx?id=7568](http://www.albertahealthservices.ca/info/service.aspx?id=7568)
Family Health

Regular visits with healthcare providers and keeping your environments clean will increase the chance of everyone in your family staying healthy.

Your home

You can keep your home clean with ordinary cleaners (e.g., soap and water). You don’t need special anti-bacterial products.

If you use household cleaners, read the labels and be careful of fumes. Make sure they are stored where your child cannot reach them. If you have any questions or concerns, call the Poison and Drug Information Services (PADIS) at 1-800-332-1414.

Washing hands

Washing your hands often is the best way to stop the spread of germs and stay healthy. 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 (e.g., handles and doorknobs).

Teach your children to follow these steps when washing their hands.

- Use warm running water and plain soap. You don’t need to use anti-bacterial soaps at home.
- Rub the insides and backs of both hands and between fingers until there are a lot of soap bubbles (about 20 seconds or long enough to sing ‘Happy Birthday’ twice).
- Rinse hands under warm running water.
- Dry hands with a clean towel.

Family members need to wash their hands:
- before holding or feeding your baby (e.g., breastfeeding or feeding with a bottle)
- before preparing or eating food

When someone is sick

Ask people who are sick (e.g., runny nose, rash, cough, fever, vomiting, diarrhea) to stay away until they’re healthy again. People with active cold sores should not kiss your child until blisters are completely healed and they no longer have symptoms.

While these illnesses may be a small problem for older children and adults, they can make babies and young children very sick.
• after using the bathroom or changing a diaper
• after sneezing, coughing or wiping a child’s nose
• after touching any animals (including pets), cleaning a litter box or cage or removing animal waste from the yard
• after working in the garden or handling pesticides or manure
• after coming back from a public place (e.g., the mall, school, work) or coming in from being outside

Using clean towels to dry hands is important too.
• Use a separate clean cloth and towel for each family member.
• Wash bathroom and kitchen towels often to prevent spreading germs.

Lead

Lead is a chemical found naturally in the environment. Lead can be dangerous for pregnant women, babies and young children. Here are some simple things you can do to avoid lead:

• Run the tap before using water from it, especially if you live in an older home.
• Use cold water for drinking and cooking, as it is less likely to contain lead from the pipes.
• Be careful when doing renovations, as older homes may contain lead-based paints—follow proper procedures for handling and disposal.
• Clean your house regularly to get rid of dust that may contain lead.
• Always use lead away from children. If family members work or do hobbies with lead (e.g., solder or stained glass) make sure they shower to reduce the amount of lead on their body and change clothing.
• Check that food containers (e.g., ceramic dishes, crystal glasses) don’t contain any lead.

Drugs, alcohol and tobacco

Medication

Many medications are safe to take while breastfeeding. Your healthcare provider will need to know if you are breastfeeding to recommend these medications.

For more information about medications, contact the Medication and Herbal Advice Line at 1-888-944-1012 (toll-free) or visit Motherisk at www.motherisk.org
**Street drugs**

Street drugs are illegal and can affect how well parents supervise and care for their children, creating unsafe environments. Street drug use can also lead to a higher risk of **sudden infant death syndrome (SIDS)**. Substances in street drugs also pass into breastmilk. These substances can affect your child’s developing brain (e.g., marijuana use while breastfeeding can lead to poor feeding, slow weight gain, slow overall development).

If you use street drugs, the best thing you can do for you and your children is to quit. Street drugs are dangerous and may contain other substances that can also harm you and your children. Second-hand smoke from marijuana and other drugs can increase a child’s exposure to the drug. Talk to your healthcare provider if you are using street drugs or are having trouble stopping. For information and resources that provide support for quitting, see the ‘Where To Go For More Information’ chapter later in this book.

**Alcohol**

Alcohol use may affect your ability to properly care for and supervise your baby or child.

**Breastfeeding and alcohol**

Breastfeeding moms should avoid drinking alcohol. The level of alcohol in your breastmilk is the same as the level in your blood. Alcohol passes into your breastmilk and then to your baby. No one knows how much alcohol a breastfeeding woman can drink before it harms her baby. Alcohol intake can also decrease milk production.

If you choose to consume alcohol during this time, talk to your healthcare provider for information about how to reduce your baby’s exposure to alcohol through breastmilk. For more information, contact Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

**Breaking free of addiction**

If you’re struggling with an addiction, ask your healthcare provider to refer you to an addiction program. For more information or to find an Alberta Health Services Addiction Services office near you, call the toll-free, confidential, 24-hour helpline at 1-866-332-2322.

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*sudden infant death syndrome (SIDS):* an unexplained and sudden death of a sleeping infant under 1 year old
**Tobacco**

If you use tobacco, the best thing you can do for you and your child is to cut down and quit. If you're struggling with quitting, make sure you smoke outside, away from open windows and air intake vents. Opening a window, using air purifiers or ventilation systems, or smoking in another room aren't enough to protect you or your child from the harmful effects of second- and third-hand smoke.

**Second-hand smoke**

Second-hand smoke is the smoke that is exhaled or that comes from the burning end of a cigarette, cigar or pipe. It contains more than 7,000 chemicals, many of which are known to cause cancer.

Second-hand smoke is especially harmful to babies and young children because their small lungs are more easily damaged by these very toxic chemicals. They are more likely to have health problems such as respiratory illnesses and ear infections. Being exposed to tobacco smoke before and after birth is also a major risk factor for SIDS.

Ways to protect your child from second-hand smoke:
- Don’t smoke in the home or in the car, even if children aren’t there with you.
- Put up ‘no smoking’ signs in your home and vehicles.
- Ask people not to smoke in your home, in your car or near your child.
- Choose non-smoking child care. Ask caregivers not to smoke around your child.

**Third-hand smoke**

Third-hand smoke is the particles from a burning cigarette, cigar or pipe that build up over time on surfaces, such as fabric, hair, clothes, furniture and walls. Babies and young children are more at risk of exposure to third-hand smoke because they crawl on the floor, touch surfaces with their hands and put their hands in their mouths. Third-hand smoke also stays on your clothes after smoking so it’s best if you make a habit to wash your hands and change your clothes (e.g., shirt or jacket) after smoking, before you hold or cuddle your baby.

If you use tobacco products, nicotine enters your breastmilk. If you are breastfeeding, nicotine may decrease your milk supply and can cause irritability and poor weight gain for your baby. The best thing you can do for you and your baby’s health is to cut down and quit your tobacco use.
Small steps matter

Making changes in your life is a process that can take time. You may make changes, make progress and then slip back to the behaviour again. This doesn’t mean that you have failed.

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 next time. Keep trying. Small steps matter.

For help quitting tobacco:
- ask for help from your partner, your family or your friends
- call the AlbertaQuits Helpline at 1-866-710-QUIT (7848)
- visit www.albertaquits.ca

If you want to quit using tobacco, or have quit already, it may help you stay tobacco-free if you:

- think about why it’s important for your health
- think about the benefits for your family (e.g., reducing your child’s risk of SIDS, ear infections, asthma and other respiratory problems)
- remember what you don’t like about smoking or using tobacco products
- know who you can count on for help
- avoid the people, places or feelings that make you want to use tobacco
- find healthier ways of coping with stress

Some people are worried they will gain weight after they quit smoking. You can help manage your weight by eating well, getting support to cope with stress and staying active. If you’re breastfeeding and want to take or are already taking tobacco cessation medications, ask your healthcare provider or pharmacist about safe options available for you and your baby.

Due to the many benefits of breastmilk, it is recommended to continue breastfeeding even if you’re using tobacco products. This is because there are more risks to your baby by not breastfeeding than there are by breastfeeding while using tobacco.

Tobacco use while breastfeeding:
- If you smoke cigarettes or other tobacco products, try not to smoke just before you feed your baby. It’s better to breastfeed your baby before you smoke so that less nicotine will pass to your baby. If you are able to wait at least 3–4 hours before breastfeeding again, you will have less nicotine in your milk.
- For more information about cutting down to quit, contact AlbertaQuits at www.albertaquits.ca or 1-877-710-QUIT (7848).
Health check-ups

Regular health check-ups and routine immunizations are important for your family’s health. If you are able to return to the same providers for each visit, they’ll get to know your family and you’ll get to know them too.

If you need to find a healthcare provider for your child:

- ask friends, neighbours and your family for suggestions
- visit www.albertahealthservices.ca/info/Page13253.aspx
- call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) or the College of Physicians & Surgeons of Alberta at 1-800-561-3899 or www.cpsa.ab.ca for names of physicians who are taking new patients

Overall health: Your healthcare providers will want to see your child regularly. Set up a schedule with them for routine care. Your healthcare provider will monitor your child’s health and development, and track how much your child has grown from one visit to the next.

Community/public health centre: Public health nurses and other healthcare professionals at these centres provide immunizations and other services that promote wellness and prevent diseases for families and communities. They support the health of your family and answer questions about many health topics, including:

- parents’ health after birth
- health and care of your baby and children
- breastfeeding and nutrition
- growth and development
- sleep and crying
- preventing injuries
- adjusting to parenthood
- attachment and your family’s mental health
- tests as needed (e.g., newborn blood spot screen, newborn jaundice)
- information or referrals to parenting classes, resources, programs and other support services (e.g., food banks, milk funds)

Immunization

All moms should get the seasonal influenza vaccine. Breastfed babies will receive antibodies through their mom’s breastmilk that helps protect them.

jaundice: a yellowing of the skin or the whites of the eyes due to increased levels of bilirubin
Immunizations: Immunizations help protect your family from many communicable diseases. In Alberta, routine childhood immunizations are provided at no cost. Other vaccines may be available for a fee through your physician or other private immunization clinics.

Your baby's first routine immunization is due when she is 2 months old. Other immunizations are recommended throughout the early years and into the adult years. Adults who will have close contact with babies under 1 year old are advised to receive the dTap vaccine (which will protect them from diphtheria, tetanus and whooping cough) and a yearly influenza immunization.

Some vaccines provide protection for life; others need to be repeated (boosted) after a certain period of time. To make sure your child has the best protection, have him immunized on time as recommended in the immunization schedule. If your child hasn't been immunized, or has not received his immunizations on schedule, it's never too late to catch up. Talk to your public health nurse.

Be sure to call early to book your appointments for immunizations.

To find a community/public health centre near you, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) or visit www.immunizealberta.ca/i-want-immunize/where-immunize and click on 'Health Centre Locator'.

Communicable diseases: infectious diseases that can be passed from one person to another
**Teeth and mouth:** Tooth decay is the most common chronic childhood disease. Visit your dentist regularly to help prevent it. To find a dentist in your area, visit the Alberta Dental Association and College at [www.dentalhealthalberta.ca/index/Pages/home](http://www.dentalhealthalberta.ca/index/Pages/home)

Young children are at higher risk for broken teeth. See your dentist for all injuries and bring any broken pieces or knocked out teeth with you. Ask your dental office how they handle dental emergencies (e.g., injuries and infections of the gums or teeth).

**Vision:** Children learn a lot by watching you and the world around them. Many areas of development (e.g., movement, language) are affected when children aren’t able to see well. Often vision difficulties can be corrected or reduced if they are found early. It is important for your child’s vision to be checked during regular check-ups with your healthcare provider. In Alberta, yearly eye examinations by an optometrist are paid for by the government for children under 18 years old. You can book a visit with an optometrist without a referral.

If you’re concerned about your child’s vision, or think she may have an eye infection, see a healthcare provider as soon as possible.

**Hearing:** Your child’s hearing is also very important for many areas of development. No one is too young to be tested. Have your baby’s or child’s hearing checked as soon as possible if:

- you’re concerned about her hearing
- your child is at risk of having hearing loss (e.g., family history of hearing loss)

Hearing tests are provided at no cost with an Alberta Health Care number. For information about services in your area, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

For more information about family health for each age group, see the age-specific and ‘Learn More’ chapters that follow.
Common health concerns for babies and children

This section describes a number of common health concerns for older babies and children.

There are specific guidelines for health concerns for newborns and babies under 6 months old. For information about these concerns, see pages 118–124.

**Growth**

Healthy growth is different for each child. It’s important for your child to follow a growth pattern that is right for her. Her growth pattern over time is more important than one single measurement. If you have concerns about your child’s growth or weight, talk to your healthcare provider.

**Body temperature**

One of the signs of illness is a high or low body temperature.

Taking your baby’s or child’s temperature under her arm with a digital thermometer is the easiest and safest way of checking to see whether her temperature is normal (not too high or too low).

It’s not recommended to take a baby or child’s temperature by putting a thermometer in the anus, in the ear or on the skin (e.g., fever strips). Rectal thermometers may cause damage to the bowel if not used properly. Ear thermometers and fever strips may not give an accurate reading in children under 2 years old. Glass thermometers are not recommended since they may break.

A normal temperature under the arm is between 36.3 °C and 37.2 °C.

**When to take your child’s temperature**

Take your child’s temperature when she:

- feels warm to the touch or is flushed
- is fussier than usual
- isn’t eating well
- has abnormal sleeping patterns (less or more than usual)
- has diarrhea or is vomiting
- appears or acts sick

Call 911 if your child is:

- blue in colour
- wheezing or having trouble breathing
- breathing much faster or slower than usual
- sleepy and not responding to your attempts to wake her up
**How to take your baby's or child's temperature**

1. Clean the thermometer by following the manufacturer’s instructions. If instructions are not available, clean the thermometer with warm, soapy water and rinse with cool water.
2. Wait at least 15 minutes if your child has just had a bath.
3. Loosen your child’s clothes to the waist.
4. Place the thermometer horizontally under the arm, so that the tip is in the centre of the armpit and the other end extends out front. Make sure your child’s arm is tucked snugly, but gently against her body.
5. Leave the thermometer in place for about 1 minute, until you hear the beep.
6. Remove the thermometer and read the temperature. Write down the temperature and the time you took it so you can tell your healthcare providers if they ask.
7. Clean and dry the thermometer after use.

**Fever**

A fever is a higher than normal body temperature. Fever is a normal sign that your child is trying to fight off an illness or infection. Often you must look at your child’s other symptoms to determine how serious the illness is. Talk to your healthcare provider or pharmacist before using fever medication with your child.

**Babies younger than 6 months old** with a fever need to be seen by a healthcare provider because they can become sick very quickly. For more information about other signs of illness in newborns and young babies, see pages 118–124.

**Children over 6 months old** with a fever need to see a healthcare provider if the fever doesn’t go down with recommended treatment, lasts more than 72 hours, occurs with other symptoms or if you are concerned.
Throwing up (vomiting)

It’s common for babies to spit up a bit of milk after feeding. It’s not common for a baby to throw up milk with force (e.g., hit the wall or make a splatter on the floor). A baby or child who suddenly starts throwing up large amounts may be sick. Note how often the vomiting happens. Vomiting can be very serious in a baby or young child, as they can get dehydrated very quickly.

Diarrhea

Diarrhea stools look much different from your baby’s or child’s usual stools. They can be very runny and watery (with mucus and/or blood) or a different colour. The bowel movements can happen more often, smell bad or come out with a lot of force.

Babies, especially those younger than 6 months old, and children with health risks need special attention when they have diarrhea because they can easily become dehydrated. If you have questions or concerns, contact your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Constipation

Constipated stools are hard, dry and difficult or painful to pass. By the time your baby is 4–6 weeks old she may have fewer stools. This is normal as long as her stools are soft and not painful to pass. A breastfed baby is rarely constipated.

Don’t give your baby or child laxatives, suppositories, enemas, medicine or home remedies for constipation. If you think your baby or child is constipated, make sure she is getting enough to drink and call your healthcare provider to discuss what to do.

Skin rash

Children’s skin is very sensitive so rashes may develop easily.
Rashes can be caused by:
• overheating
• illness or allergy
• products with perfume in them
• some soap, bleach or fabric softeners in clothing
• diapers being worn for too long
• insect bites

**Diaper rash**

Diaper rash is the most common skin rash for babies and young children. A diaper rash can be very uncomfortable for a baby.

If your baby develops a diaper rash:
• change her diapers often
• wash your hands before and after each diaper change
• use clear, warm water and a clean cloth to gently clean the area. Dry thoroughly.
• don’t use perfumed baby wipes, soaps or fabric softeners
• try a different brand if you’re using disposable diapers
• check that her plastic pants are made from a breathable material if you’re using cloth diapers
• expose the diaper area to air for 10–15 minutes, at least 3 times a day
• put on a thin layer of a zinc-based cream before putting on another diaper

For more information about diaper rash, visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and enter the key words 'diaper rash' in the search box.

**Call your healthcare provider if:**
• your child’s rash doesn’t start to get better in 2–3 days
• the rash is bright red and in the deepest part of the folds of the groin and buttocks
• the rash looks like blisters
• your child shows any signs of infection, including:
  • having a temperature higher or lower than normal
  • being fussier than usual
• your child has a cough or red eyes

**Call 911 if:**
• your child is very sleepy and won’t wake up
• your child is having trouble breathing

**Call your healthcare provider if the diaper rash:**
• lasts longer than 48 hours or
• looks like blisters

The rash might be a yeast infection that needs to be treated if:
• it looks like a burn or is bright red
• it looks like red dots or bumps
• the inside of your baby’s mouth or tongue has a white coating that can’t be wiped away with a wet cloth
Respiratory illnesses

Colds

Children often get colds. They are likely to have many colds when they are very young and fewer colds as they get older. Children who are breastfed may have fewer colds.

If your baby has a cold, continue to feed her based on her feeding cues. Give your older baby or child extra fluids. You will need to wipe her nose if it is runny. Dress her in comfortable clothing and have her get plenty of rest. Wash your hands often.

Respiratory Syncytial Virus (RSV)

RSV is a common cause of colds. Most children have a mild cold caused by this virus by the time they are 2 years old. RSV is very contagious and can live for hours on surfaces such as toys and hands. At first, symptoms of RSV may be the same as those of a cold, but can include fever, red eyes, sore ears and runny/stuffy nose, wheezing and fast breathing.

If your child is under 1 year old, was premature, or has lung or heart disease, she may become much sicker if she gets RSV. Talk to your healthcare provider for additional ways to protect her from the virus.

To reduce the chance of your child getting RSV:

- wash your hands with soap and water before touching or preparing anything for her
- keep other people with a cold or fever away
- stay away from crowded places
- don’t smoke around children

Coughs

Coughing is what children do to get rid of mucus in their nose and throat. Teach toddlers to cover their mouths when they cough. When they are a little older they can learn to cough into their inner arm so they don’t spread the germs to others.

Cough medicine is not recommended for young children. Talk to your pharmacist or healthcare provider for advice.

Call your healthcare provider if your baby or child has a respiratory illness and:

- doesn’t get better in a few days or seems to be coughing all the time
- doesn’t get better from one cold before getting another
- is unable to sleep or do her normal daily activities
- has to work hard to breathe or catch her breath
- sounds noisy, wheezy or different from normal when she breathes
- has a fever and is under 6 months old
- holds neck stiff or cries when turning head
Croup

Croup can start suddenly, often after a baby or a child has had a cold or a runny nose. Babies or children who get croup make a barking noise when they cough and have to work hard to breathe. Croup is caused by a virus and is not treated with antibiotics.

Croup can be scary for parents. Moist or cool air sometimes helps. Take your child into the bathroom and run the shower with the door closed to create steam. You can also wrap her in a warm blanket and take her outside, where the cool air may settle the cough.

Ear infections

Ear infections are one of the most common reasons for children to visit their healthcare provider. Ear infections can hurt and are a common cause of hearing loss. Often this is temporary, but even a temporary hearing loss can interfere with listening and learning.

Ear infections often happen after a baby or a child has a cold. Children with an ear infection may or may not have a fever. Your child may seem generally unhappy, have trouble sleeping, pull at her ears, cry or show signs of pain when her position is changed (e.g., when she lays down for a diaper change). You may find wetness at the opening of her ear.

Call your healthcare provider if:

- your child has a fever
- your child's breathing doesn't get better after 10 minutes of moist or cool air
- your child's breathing, coughing or other symptoms are getting worse

See your healthcare provider if you think your child has an ear infection. It may be necessary to treat some ear infections with antibiotics.

Fluid can remain behind your child’s eardrum for up to 3 months after an infection.
Nosebleeds

Nosebleeds can be common in children but aren’t usually serious. Nosebleeds are often caused by dry air. It helps to humidify your home. Talk to your pharmacist or healthcare provider if you are concerned that your child is having nosebleeds or think that her nose passages are very dry or irritated.

If your child has a nosebleed:
• have her sit down and lean forward in a chair
• use a tissue to pinch the soft, lower part of the nose—keep pinching for about 5 minutes

Preventing Injuries

Injuries are the leading cause of death and disability for children in Alberta. More children die each year from injuries than from all childhood diseases combined. Most childhood injuries happen at home and can be prevented.

Children are more likely to be injured than youth or adults because they don’t have the physical and thinking abilities to understand and avoid dangers. For more information about why children are at risk at each age and what you can do to protect them, see the ‘Preventing Injuries’ sections in the chapters that follow.

To keep your whole family safe:
• Turn the temperature of your hot water heater down to 49 °C or warm to prevent hot water scalds. If anyone in your household has a long-term or serious illness, turn the hot water heater down to 55 °C and install a mixing valve at each faucet to keep water temperature below 49 °C at the tap.
• 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 not hardwired). It is easier to remember to do this if you have specific dates (e.g., when you change the clocks in the spring and fall).
If you live in or visit a rural setting or farm, be sure to:
- provide a safe play area
- stay next to young children in an animal pen or when around any animals
- put up barriers to keep children out of swamps, dugouts, septic tanks, wells, lakes, grain storage areas and sand pits
- keep children from playing on farm machinery (e.g., tractors, grain wagons)
- clearly mark electric fences with flags or signs, and teach children to stay away from them
- properly ventilate root cellars to avoid suffocation
- always supervise children around fire and use a fire-safe container with a grate on top when burning materials

The Canadian Paediatric Society recommends that children younger than 16 years old should not operate any size of ATV (all-terrain vehicle) or snowmobile. They also recommend that children not ride as passengers until they are over 6 years old for snowmobiles and over 16 years old for ATVs (and then only on ones designed to take passengers).

For more information about injury prevention for your family, visit [www.albertahealthservices.ca/injuryprevention.asp](http://www.albertahealthservices.ca/injuryprevention.asp)

**Lifting and carrying safely**

Parents lift and carry their children in different ways. To prevent injury, take care when lifting and carrying.

**Tips for protecting your back**
- When lifting anything, especially children, remember to:
  - bend your hips, knees and ankles
  - keep your spine safe by lifting with your leg muscles
  - take your baby out of the child safety seat before carrying her, whenever possible
- Avoid carrying your baby on one hip. This causes your spine to twist. Carrying your baby over one shoulder will also put more strain on your lower back.
- The best height for a work surface (e.g., change table) is near the level of your hip bone. Keep supplies close at hand.
- Set your stroller or baby carriage handles high enough so that you won’t need to bend forward.
- Kneel or squat when working at floor level. Bend your knees, not your back.
Baby and child carriers

Using carriers properly will help prevent back and neck strain. During the first few months, when babies have poor head control, they need to be carried on the front of the parent. After that, you may want to use a back carrier.

When carrying your baby on your front using a sling:
- follow the instructions carefully
- have someone help you the first few times
- choose a sling that holds your baby upright—these are safer
- make sure her face is uncovered

When carrying your baby on your front using a carrier:
- have her sit high on your chest, with her head under your chin and make sure her face is uncovered
- carry her up higher to prevent you from being pulled forward and down
- don’t move your baby to a back carrier until she has good head control

When carrying your baby or child on your back:
- follow the manufacturer’s guidelines on your baby or child carrier
- place her low around your waist, close to your center of gravity. You’ll be more stable and this will put less strain on your muscles.

Bike carriers and trailers are not safe for babies under 1 year old because babies have poor neck or head control. For children over 1 year old, always use a properly fitting helmet and ensure that they are safely secured.

First aid for common problems

You can take care of many childhood injuries and common problems at home using simple first aid. Be prepared. Take a first aid course and have first aid supplies on hand. Keep emergency numbers in a place that is known to everyone in your family. For more information about first aid, visit https://myhealth.alberta.ca/ and enter the key words ‘first aid’ in the search box.

CPR and first aid courses

Taking a CPR (cardiopulmonary resuscitation) and first aid course helps you learn how to respond in case there is an emergency.

To find a course in your area, call 211 or visit www.informalberta.ca
Growing and Learning With Your Child

Your child learns in many ways through the early years. She learns when she communicates and explores. She also learns through her emotions and by interacting with other people. You support her by understanding how she is learning and doing what you can to help her at each stage.

Learning to communicate

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

- Even before your baby uses words, she gives you cues to tell you what she needs.
- Early coos and goos become babbles, then words. Words grow into sentences and then detailed stories.
- At first she will just understand the tone of your voice. Soon she’ll know what a few words mean. With time she’ll understand directions and conversations.
- As her muscles and co-ordination develop, your child’s scribbles turn into drawings, and then letters and words.
- First she understands that pictures stand for objects, people and places, and later realizes printed words do too.

Your child learns language from the words you use during everyday activities (e.g., eating together). She learns to read by sharing books and stories with you.

Your child also learns through her experiences. She needs to:

- have people talk, play and read with her
- be given lots of chances to scribble and draw
- be able to hear and practice the language or languages around her

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

**speech**: the ability to pronounce sounds and words
Learning more than one language

Many adults speak and understand more than one language. Use the languages you are most comfortable with when you speak to your child. It isn’t important to speak English if it isn’t your strongest language. You will likely speak and read more to your child when you use a language that you know well. This will give her the strong foundation she needs to learn and use language.

It’s okay for others to speak different languages with your child. She can learn more than one language at a time. When she is learning more than one language:

• it’s normal for her to use words from all the languages she is learning, even in the same sentence
• it doesn’t slow down her language development

Hearing can affect speech
If you have concerns about your child’s speech or hearing at any age, talk to your healthcare provider or public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Speech development
For more information about how to encourage speech and language development throughout the early years, check out the Preschool Talk Box at www.parentlinkalberta.ca/publish/920.htm

Exploring to learn

Children are born with curiosity. They learn by exploring and playing. Make sure their environments are safe and then let them explore. They need time to explore on their own, with their parents and with others.

When your child plays, she learns about her world, herself and others. She strengthens her skills and gets ready to learn new ones by having time to practice.

When you join your child in exploring her world, she learns new things. As she plays you can help her think of new ways to do things and solve problems. She learns best when you follow her lead and build on her interests.
Exploring through the senses

Your child uses her senses to explore her world—through moving, seeing, hearing, tasting, smelling and feeling.

Every person prefers certain sounds, smells, sights, movements, tastes and textures. Your child will like some sensations and not like others (e.g., loud or quiet places, sour or sweet tastes). She may prefer the texture or feel of some clothes more than others. As your child explores, you’ll get to know what she likes and dislikes. These preferences are part of your child’s temperament. For more information about temperament, see page 15.

Exploring through moving and physical activity

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

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

Babies and children need to explore by moving their arms, legs and bodies. They need many chances to grasp, crawl, walk, run, throw, kick and climb. Physical activity helps children develop their balance and strength. It also helps them to be more flexible and learn to get along with others.

Babies and children need active play, with freedom and space to develop their skills, burn off energy and gain a love for active, healthy living. Without this type of play, children face the risk of developmental delays, obesity and other health effects of an inactive lifestyle.
Exploring with objects

Your child learns more about her world by exploring the objects around her (e.g., books, food, furniture, dishes, toys). Using and playing with objects help her movements become more controlled and her eyes and hands start to work together better.

Your child learns:

• how objects look, move, taste, feel, smell and sound. Once she notices how they are the same and different she will sort them into groups (e.g., foods, colours).

• that she can do different things with objects. At first she bats at objects, grasps and squeezes things to see what they do. As she gets older she will learn to turn pages in a book, roll a ball, pour water and comb her hair.

• how objects can be put together. At first she stacks or fits things together, and then she will make towers and puzzles.

• to use objects for their intended purpose. At first she pushes buttons on toys to make sounds. Then she will roll balls and push cars. Later, she will play cards, board games and sports.

• how to use objects creatively. She may create a picture with leaves, build a city with boxes or make her own personal pizza.

Exploring through pretending

Toddlers and preschoolers learn about life and develop their imagination by pretending. They 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 (e.g., using a toy broom as a broom).

• Before long their pretend play becomes more advanced and objects can be anything they imagine them to be (e.g., the broom becomes a horse).

• Then they start to include adults and other children in their pretend play by taking and giving out roles (e.g., “You be the baby and I’ll be the grandpa”).

pretending: acting out real-life and imaginary situations
You may notice your toddler talking to herself as she plays. Talking out loud:

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

**Exploring with stories**

Exploring with stories helps children talk about and solve problems in their world, so they can learn to prevent and solve problems in the future.

Storytelling develops in stages. Over time, your child will:

• share her own stories by telling others what she did today or what she will do tomorrow
• share detailed stories about her favourite storybook
• make up her own stories about real or imaginary people

**Screen time**

**Screen time** affects children’s health and development. Limit screen time and engage your child in other activities (e.g., playing with toys, reading, drawing, crafts or dress-up play). While allowing your child to be more physically active, these activities also help her develop social skills and improve her behaviour, attention and language skills.

The Canadian Paediatric Society suggests the following screen time limits:

• none for children under 2 years
• less than 1 hour per day for children between 2 and 4 years old
• less than 2 hours per day for older preschool children

Here are suggestions to reduce the amount of screen time for your family.

• Keep TVs and computers:
  ° in a central place where the whole family can see and use them
  ° out of your child’s bedroom
• Choose programs that are educational. Watch and talk about these programs with your child.

**Screen time and language**

Studies have shown that screen time affects the number of words children know by Grade 1.

For every hour of passive (non-interactive) screen time, children understand and use fewer and fewer words.
• Remember that your child watches and copies you. Limit the amount of time you spend on the phone, on the computer, watching TV or on other electronic devices.

• Spend more time outdoors and less time sitting indoors.

**Learning about emotions**

It takes time for children to learn about emotions—and a lot of patience from parents. The skills learned in the early years are the basic building blocks for their lifelong mental health and problem-solving skills.

To be emotionally healthy, children must be able to:

• experience all emotions, so they know what emotions feel like (including feelings that might make parents uncomfortable such as anger, disappointment or jealousy).

• learn how to show their emotions in ways that don’t hurt themselves or others. Yelling, screaming, hitting and slamming doors aren’t healthy ways to cope.

The way you respond to children’s emotions affects how they:

• get along with other children

• manage their emotions now and as adults

With your help, your child can:

• learn about her feelings and how to show them in healthy ways

• learn to care about others

• develop healthy self-esteem (what she thinks and how she feels about herself)

You are a powerful role model—your child learns how to manage her emotions by watching you. If you yell and hit, your child will learn that yelling and hitting is the correct way to show her anger. When you can calm yourself down and problem-solve when you’re angry, your child learns these healthy coping skills.

**Living in a social world**

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

• Your newborn baby begins to connect with you when you look into her eyes, talk gently and smile. Soon she’ll look into your eyes and smile and coo back at you. This important connection gets her ready to interact with others. At this stage she doesn’t know that you are separate from her.
• Your baby plays with her eyes and mouth, voice and noises, fingers and toes, and arms and legs. Soon she will be interested in toys and play with them by herself. This stage is called **solitary play**.

• Your toddler will play beside other toddlers, but usually not with them. She is not yet able to share. This stage is called **parallel play**.

• As your preschooler learns to share, she will start to do things with others, share ideas and play with a common goal. This stage is called **co-operative play**.

Children’s emotional and social development allows them to begin to understand and care about how another person feels. This is called **empathy**, a quality needed to get along with and care about others.

# Taking Care of Yourselves

## Connecting with others

Being a parent can be very rewarding, but sometimes parents of young children can feel isolated and lonely. Meeting with and talking to other parents can help.

There are many ways you can connect with other parents and adults.

• **Reach out.** Start with the people who are the most likely to be interested and supportive. This may be family members, friends or neighbours.

• **Keep in touch.** Continue your old friendships. Call a friend to go for a walk.

• **Go together.** Check with your community centre, place of worship, family resource centre and family service agency about parenting and other community programs near you. Ask if child care is available.

• **Sign up.** Alberta Health Services, Parent Link Centres and many community agencies have groups for parents and their children. These programs are a great way to get out, meet other parents and make new friends.

• **Go online.** There are many online discussion forums and blogs with other parents. They may offer advice, so be sure to compare information you get online with a source you can trust, like this book.

*empathy: understanding and caring about how other people feel*
• **Look for programs.** Many libraries offer family story time and programs for all ages.

• **Get more information.** If you have questions about programs or services:
  - talk to your public health nurse or healthcare provider
  - call 211 or Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) or visit https://myhealth.alberta.ca/
  - see the ‘Where to Go for More Information’ chapter in this book

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**My notes**

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Feeding Your Baby
Feeding Your Baby

Feeding provides your baby with the nutrition he needs every day to grow and develop.

This chapter contains general information about feeding and specific information about breastfeeding and feeding with infant formula. You can find information about introducing solid foods in the ‘Older Babies: 6 to 12 Months’ chapter. Whether you breastfeed or provide infant formula to your baby, information and support is available from Alberta Health Services.
Feeding Relationship and Feeding Cues

The feeding relationship is like any other relationship between a parent and child. It is important for healthy eating and it changes as your baby gets older. With babies, your role as a parent is to decide what to feed your baby and to follow his cues. Your baby’s role is to eat and to let you know when he’s hungry and full. Pay attention and respond to his cues whether you are breastfeeding or formula feeding.

You can tell if he is hungry or full by paying attention to his feeding cues.

<table>
<thead>
<tr>
<th>How do you know your baby is hungry?</th>
<th>How do you know your baby is full?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following are cues your infant is hungry:</td>
<td>The following are cues your infant is full:</td>
</tr>
<tr>
<td>• smacks his lips</td>
<td>• closes his mouth</td>
</tr>
<tr>
<td>• sucks with his mouth</td>
<td>• slows or stops sucking or swallowing</td>
</tr>
<tr>
<td>• searches with an open mouth</td>
<td>• turns his head and comes off the breast or bottle relaxed and content</td>
</tr>
<tr>
<td>• sucks on his hands or fists</td>
<td>• opens and relaxes his arms alongside his body</td>
</tr>
<tr>
<td>• cries (a late sign of hunger, your baby may not be able to feed until he’s calmer)</td>
<td>• falls asleep at the end of the feeding</td>
</tr>
</tbody>
</table>

When you respond to your baby’s cues you are helping to build a trusting relationship. You are also teaching him to listen to his body and to stop eating when he is full.

Vitamin D for all babies

Vitamin D is an important part of your baby’s nutrition. It helps the body absorb calcium, promotes healthy bones and prevents rickets.

All breastfed and partially breastfed babies should be given a daily supplement of 400 IU vitamin D. While infant formula contains vitamin D, babies may not always take in the amount of formula to meet their daily vitamin D needs. Therefore, formula fed babies will also benefit from a daily 400 IU vitamin D supplement. You can buy vitamin D in liquid form. Follow the directions on the bottle. If you have questions, call Health Link Alberta toll-free in Alberta at 1-866-408 LINK (5465).

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

Burping helps babies get rid of air bubbles in their stomachs. If left there, these bubbles can cause painful gas and bloating. To burp your baby, hold him in any of these suggested positions:

• Hold him close to your body, facing over your shoulder (you may want to put a cloth on your shoulder in case he spits up milk). Gently pat or rub his back, starting from his bottom and moving up toward his head.

• Sit him in your lap, supporting his head with one hand under his chin. With the other hand, gently pat or rub his back.

• Lay him on his tummy over your knees. Support his head and gently pat or rub his back.

Breastfed babies may not need to burp as often as babies who are fed formula. This is because breastfed babies don't swallow as much air and have better control of the milk flow.
Safe Feeding Equipment

Young babies are at higher risk of getting sick from germs and bacteria because their immune systems are still developing. When feeding at the breast, you don’t need any other equipment. If feeding expressed breastmilk (EBM) or infant formula to babies, use the following instructions to keep your baby safe.

Sterilize equipment, bottles and nipples for babies under 4 months old.

- Sterilize all equipment used to prepare and store milk for babies. Use glass bottles or Bisphenol A-free (BPA-free) plastic containers. BPA is a chemical used in some plastics that may be harmful to young children. For more information about BPA-free plastic, visit www.canada.ca/en/health-canada/services/home-garden-safety/bisphenol-bpa.html.

To sterilize:

- wash your hands thoroughly with soap and water, for at least 20 seconds before cleaning, sterilizing and handling feeding equipment
- clean the preparation area. Use hot, soapy water to wash counters and any other areas that clean feeding equipment will come into contact with.
- wash all feeding equipment (e.g., cups, bottles, nipples, caps, tongs and spoons) in hot, soapy water. Make sure all remaining food residue is removed.
- rinse all feeding equipment in clean water
- sterilize feeding and preparation equipment using either of the 2 following methods.
  1. Feeding and preparation equipment can be sterilized by boiling:
     - Fill a large pot with water and put all feeding equipment into the pot.
     - Bring water to a rolling boil and boil for 2 minutes.
     - Use sterile tongs to take out the feeding equipment. Set on a clean paper towel or clean cloth to air dry.
  2. If you want to use your home dishwasher, make sure that your dishwasher can sterilize. Look for the National Sanitation Foundation (NSF) symbol on the label. Follow the manufacturer’s instructions carefully. You can also check online to see if your dishwasher is NSF 184 certified at www.nsf.org/consumer-resources/appliances.

Note: Choose bottles and nipples that can be boiled each time you use them. Not all bottles and nipples can be boiled every time. Check the package or call the manufacturer if you are not sure.

expressed breastmilk (EBM): breastmilk that has been removed from the breasts, either by hand or with a breast pump.
To sterilize by boiling:

1. Wash your hands with soap.
2. Clean feeding equipment and working area with hot soapy water. Then rinse in clean water.
3. Put all items in a large pot. Cover items with water.
4. Put lid on the pot. Bring to a boil and boil for 2 minutes.
5. Remove items with sterile tongs. Put items on a clean towel. Let cool.

When **preparing** equipment, bottles and nipples for babies **over 4 months old**:

- wash the equipment in hot soapy water and rinse in clean water. Use glass bottles or BPA-free plastic containers
- use the longest, hottest wash and dry cycle if you choose to use a dishwasher
- check artificial nipples before each use to make sure that there are no signs of damage (such as tears, cracks, swelling, stickiness). These could cause a choking hazard for babies. If the nipple becomes cracked, torn, is discoloured, shows signs of wear or is damaged, replace it right away.
Breastfeeding Your Baby

Breastmilk is the healthiest first food for babies. The only food that babies need until they are 6 months old is breastmilk. Solids can be given to babies when they are about 6 months old with continued breastfeeding to 2 years or longer. Let your healthcare provider know about how you plan to feed your baby.

Learning to breastfeed takes time and practice. It usually takes 4–6 weeks for most moms to feel confident with breastfeeding. Talk to others who are breastfeeding or join a parenting and breastfeeding support group. Ask a healthcare provider knowledgeable about breastfeeding for help if you need it.

Vitamin D for all babies

Vitamin D is an important part of your baby’s nutrition. It helps the body absorb calcium, promotes healthy bones and prevents rickets.

For information about Vitamin D see page 65.

When you breastfeed your baby

Breastfeeding is healthy for mom and baby for many reasons.

Breastmilk is:

• A complete food. Breastmilk contains the proper nutrition for your baby (babies will need a vitamin D supplement). There are many things in breastmilk that benefit your baby’s brain development.

• Self-adjusting. Breastmilk changes to meet your growing baby’s needs. You will also make more breastmilk as your baby goes through growth spurts. Your baby will take the amount of milk he needs. This helps him develop healthy eating patterns that may protect him against obesity later in life.

• Protective. Breastfeeding benefits your baby’s short- and long-term health. Breastmilk has antibodies to fight infections. It also helps to protect against SIDS. The longer you breastfeed, the better your baby is protected. This protection lasts long after you stop breastfeeding.

• Easy to digest. Your newborn’s intestines are still developing. Breastmilk protects the lining of your baby’s intestine against infection and damage while it’s developing.
Breastfeeding:

- helps you feel close to your baby
- releases hormones that help you relax when you feed your baby
- may help you lose some of the weight you gained during pregnancy
- may help your uterus contract to its pre-pregnant size
- is linked to lower risk of breast and ovarian cancer for moms—and the longer you breastfeed, the lower your risk
- is environmentally friendly because no containers are needed and you don’t need soap and water to wash bottles and nipples
- saves you money because you don’t need to buy formula, bottles and nipples
- may stop menstrual periods—this may happen during exclusive breastfeeding in the first 6 months. This may help protect the iron stores in your blood.

Health Canada, the Canadian Paediatric Society and Alberta Health Services recommend exclusive breastfeeding (feeding only breastmilk) for the first 6 months and continued breastfeeding for 2 years or longer.

Breastfeeding is convenient and flexible

Breastmilk is available in the right amounts, at the right temperature, whenever your baby is hungry. You can breastfeed anytime and anywhere.

You can continue to give your baby breastmilk even if you or your baby are sick or separated from each other. You can express breastmilk (either by hand or with a breast pump), and then refrigerate or freeze it and give to your baby later by spoon, cup, syringe/feeding tube or bottle.
When is breastfeeding not safe?

It’s rare that a woman can’t breastfeed or is advised not to breastfeed her baby. When breastfeeding isn’t safe, parents can still comfort their baby and respond to his cues. Skin-to-skin contact will help parents and babies feel close.

If you have questions about precautions you might need to take, talk to a healthcare provider knowledgeable about breastfeeding.

You shouldn’t give your baby your breastmilk if:

• your baby has a disorder called galactosemia (a rare metabolic disorder)
• you’re receiving chemotherapy
• you’re receiving certain radioactive compounds
• you’re taking certain medicine—talk to your healthcare provider. Many medicines are safe while breastfeeding.
• you’re using drugs (street drugs) or alcohol—talk to your healthcare provider about breastfeeding
• you’re HIV positive

If you are advised not to breastfeed, ask your healthcare provider for information to help you feed your baby. If you are feeding your baby with infant formula, please see pages 99–108.

Sometimes it may not be safe for a mom to bring her baby to her breast to feed but she can still feed her baby expressed breastmilk (EBM). This may be advised if:

• you have herpes lesions on your breasts
• you have some types of infections (e.g., active, untreated tuberculosis)

Donor Human Milk

Talk to your healthcare provider to see if donor human milk is recommended for your baby. Currently in Alberta pasteurized donor human milk is available in some areas for very small or sick babies when their own mother’s milk is not available.

Feeding unpasteurized breastmilk from a donor mom is not advised.

Does my breastfed baby need water or juice?

Your baby doesn’t need water or juice because breastmilk gives her all the fluid that she needs.
What to expect when breastfeeding

Breastfeeding is a learning experience for both moms and babies. Learning to breastfeed takes time and practice as you and your baby get to know each other. There may be some challenges in the first weeks but you will soon find it gets easier.

Talk to other women who are breastfeeding, join a breastfeeding support group (such as La Leche League) or talk to a healthcare professional knowledgeable about breastfeeding. Let your family and support people know about your decision to breastfeed. Support from them can also help you feel confident.

Things to know when preparing for breastfeeding:
• Your healthcare provider can give you information about breastfeeding.
• Using skin-to-skin cuddling with your baby will help.
• The size of your breasts doesn’t affect your ability to make breastmilk.
• Your breasts and nipples don’t need special preparation. Don’t use creams or ointments on your nipples (unless prescribed by your healthcare provider).
• You can breastfeed whether you have a vaginal or caesarean birth.
• If you’ve had breast surgery, have concerns about your breasts or have a medical condition, talk to a healthcare provider knowledgeable about breastfeeding.

Support for breastfeeding

Sometimes breastfeeding is not as easy as it looks, especially in the first few weeks. It will help if you can share your feelings and find answers to your questions about breastfeeding.

• Friends who have breastfed their babies may be able to give you help and encouragement.
• Your birth centre nurse, public health nurse, lactation consultant or healthcare provider knowledgeable about breastfeeding have information and skills to help you.

Helpful Resources

There are many resources to help breastfeeding families. If you’re having challenges with breastfeeding, talk to your public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

*healthcare professional* people who support your family’s health, including audiologists, dental hygienists, dentists, dietitians, lactation consultants, occupational therapists, pharmacists, physiotherapists, registered nurses, speech-language pathologists and others
How your breasts make milk

Breasts are made up of clusters of milk-producing cells. The cells are connected by a network of ducts (tiny tubes). Branches of ducts are close to the nipple on each breast. The nipples have many tiny openings. Milk flows from the milk-producing cells through the ducts and nipple openings.

The milk you make in the first few days after giving birth is called colostrum. You will produce very small amounts. This is normal. Colostrum has antibodies in it and is your baby’s first protection against infections and diseases. Along with having important nutrients in it, 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.

After 2–4 days, your milk will change to meet your baby’s needs and your breasts will make more milk. You’ll notice your breasts becoming fuller and heavier. They may also be more tender. The colour of your milk will change from clear or yellowish (colostrum) to bluish-white or white (mature milk).

When your breasts release milk, it’s called the let-down or milk ejection reflex. Muscles around the milk glands contract to push milk into the ducts and out through the nipple. You may feel a tingling sensation in your breasts as the milk is released. Not all moms feel this. Some moms also have a let-down reflex when they hear their baby cry. When this reflex happens, milk may leak from your breasts.

What to do when your breasts leak

After your milk supply increases, milk may leak from one breast while your baby is feeding from the other breast. Gently press a cloth or towel on your nipple to stop the flow or you can collect your breastmilk. Milk may also leak from your breasts between feedings. You may want to use breast pads to protect your clothes.

meconium: a baby’s first stool
Breastfed babies feed often

Your baby will feed often because breastmilk is digested quickly and your baby’s stomach is small. It is normal for breastfed babies to feed 8–12 times in 24 hours.

At birth, your baby’s stomach is about the size of a cherry. By 2–3 weeks, your baby’s stomach is about the size of a hard-boiled egg.

Breastmilk supply

Your breastmilk supply is established by feeding often and for as long as your baby wants during the day and night. The more breastmilk your baby drinks, the more milk you will make. Your breasts will feel full between days 3 and 10. After this time it is normal for your breasts to feel softer.

You will notice your breasts feel full before feeds. Breasts will become softer after feeds and begin to fill again between feeds. This is a good sign that your body is establishing or maintaining your milk supply. Feeding your baby as often as he wants (not putting off or timing feeds) will help keep your breasts softer and comfortable. It will also make sure your baby gets the amount of milk he needs.

As your baby breastfeeds, you’ll start to make an amount of milk that matches what your baby needs. You may worry that you aren’t making enough milk because your baby suddenly wants to feed more often, is feeding longer or cries more. Babies who need to feed more often may be having a growth spurt (usually around the 3rd and 6th week and the 3rd and 6th month). Growth spurts only last a few days. Resting, healthy eating, fluids and feeding your baby often are usually enough to increase the amount of breastmilk to meet your baby’s needs. It takes about 4–6 weeks for most moms to feel confident with breastfeeding.

If your baby isn’t able to breastfeed or isn’t breastfeeding well, make sure that you ask for help. Your baby sucking at the 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 hand expression (see pages 92–93) or with an electric breast pump (see page 93). Continue to cuddle your baby skin-to-skin. You can use your expressed breastmilk to feed your baby. If you supplement with formula and don’t express or pump your own milk, your breastmilk supply will decrease. Ideally, your baby will be able to breastfeed soon.

Getting breastfeeding off to a good start

Breastfeeding is a learned skill. With time and practice, you and your baby will soon be more comfortable breastfeeding. Your birth centre team will encourage you to breastfeed soon after your baby is born. Some babies want to breastfeed right away and others would rather just cuddle. Most babies will have their first breastfeed within the first 1–2 hours after birth.
Early skin-to-skin contact will help your baby become interested in breastfeeding and will help you start to learn his cues (see page 65). Your partner or another person you’re close to can also practice skin-to-skin cuddling to comfort, nurture and get to know your baby (see page 114).

**How to breastfeed your baby**

**Positioning**

To breastfeed your baby:

- watch your baby for hunger cues. Babies feed best when they are quiet and alert.
- your comfort is important. Sit up as straight and tall as possible. Support your back, arms and feet by using pillows and a stool, if you need to.
- support your baby at the level of your breasts. Bring your baby to your breast, not your breast to your baby. Use pillows, towels or a rolled blanket.
- make sure your baby is facing you, tummy-to-tummy and face-to-breast
- hold your baby so he’s lying on one side, facing your breast and tucked in close to your body. Make sure his body is in a straight line, with ears, shoulders and hips lined up.
- your arm supports your baby’s body. Your hand supports your baby across the shoulders and at the base of the head (behind the ears).
- the cross-cradle position and football/clutch holds often work best for correct latching in the first few weeks

These pictures show common ways to position your baby while breastfeeding.

![Cradle position](Image)

![Football/clutch](Image)

![Cross-cradle](Image)

![Side-lying](Image)

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Many healthcare providers knowledgeable about breastfeeding now recommend *laid-back* breastfeeding positions. For more information, visit www.lli.org/faq/positioning.html
**Latching**

Support your breast with your hand by sliding your fingers under your breast and placing your thumb parallel to your baby’s mouth, well back from your **areola**. This helps keep your hands out of the way of your baby’s mouth. You may need to keep supporting your breast during feeding.

Hold your baby’s head at the base of his skull, below and behind his ears. Stay away from his cheeks. The palm of your hand will be between your baby’s shoulder blades.

1. Start with your baby’s nose opposite to your nipple. He can smell your breastmilk and get ready to feed.

2. Let your baby’s head tip back. Touch his lips with your nipple to help him make a wide open mouth. You may need to do this several times before his mouth is as wide open as a yawn.

3. When your baby opens his mouth as wide as a yawn bring him to your breast keeping his head tipped back, so the chin touches the breast first. Use the palm of the hand holding his head to push between his shoulder blades.

4. Your baby’s chin will be firmly touching your breast. Although his nose will be close to your breast, he will still be able to breathe. Your baby’s cheeks will look full and rounded as he feeds.


**areola**: the dark area around the nipple of the breast
If your baby’s nose is too far into the breast and he can’t breathe, he will struggle and come off the breast. Re-adjust for the next latch by pulling his bottom closer to you and tipping his head back a little bit.

Don’t press on your breast. This may cause a poor latch or plugged ducts.

You may notice your baby has different patterns of sucking. At the beginning of each feeding, he may have short, quick sucks until the milk flow increases. Later in the feeding, the sucking often becomes slower and deeper. Your baby will pause between these bursts of sucking. You will hear and see swallowing.

**How long should I feed my baby?**

Let your baby feed as long and as often as he wants to. When he’s had enough, he will let go of your breast, stop sucking or fall asleep.

If your baby needs help coming off the breast, you can slip a clean finger into the corner of his mouth and push down lightly. This breaks the suction. Your nipples will get sore if you pull him off of your breast without breaking the suction first.

Burp your baby when he has finished with the first breast and then offer the second breast (for more information about burping your baby see page 66). If needed, stimulate your baby by changing his diaper before offering the second breast. Remember to wash your hands. Your baby may want to feed on the second breast for a shorter time or may not want to feed at all. If your baby fed from both breasts at one feeding, start the next feeding with the breast used last. If your baby fed from only one breast, start the next feeding with the other breast.

**Hands and nails**

Make sure your hands are clean and your nails are clean and short when handling your baby.

**A good latch will feel comfortable**

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. After a feeding with a proper latch, the shape of your nipple will be similar to the shape before the feeding.
It’s usually time to change breasts when your baby:

- pulls off the breast and looks for more milk
- becomes restless at the breast
- is no longer sucking well and swallowing

**The first week**

The first week of life is full of changes for you and your baby. During your baby’s first few days, you may see the following things:

**Birth to 24 hours**

- For the first hours after birth, your baby may be awake and alert, but quiet.
- After the first feeding, your baby may have a long sleep, waking once in a while to feed or **cluster feed**. For example, babies may have periods where they cluster feed 5–10 times over 3–5 hours. Then they may sleep for 4–5 hours.
- Some newborns may not show signs of wanting to feed early on. Some babies need to spit up mucus and recover from birth. If your baby doesn’t show signs of wanting to eat, keep doing skin-to-skin cuddling and massage him gently to help him wake up. Watch for his hunger cues. If you don’t notice hunger cues, ask for help.

**Days 1–2**

- Your baby may be waking and showing signs of hunger and wanting to feed as often as every 30 minutes to 3 hours. Newborns have very small stomachs and breastmilk is very easily digested.
- Your baby may have 1–2 long periods of cluster feeding.
- Your baby will be alert during feedings. He’ll have a strong sucking reflex, with his lower jaw moving as he drinks colostrum. You’ll hear some quiet swallowing noises.
- By the second or third day, your baby will be more alert and feed often, usually at least 8–12 times in 24 hours and with no set schedule. Offer your breast whenever your baby wants to eat. As your baby grows, you’ll get to know his sleep pattern.

**Days 3–7**

- Your baby will wake and cue to feed at least 8–12 times in 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.
- You’ll be able to hear your baby swallowing during every feeding.

**Feeding times**

Because it feels like one feed blends into the next, in the early days it may seem like you are breastfeeding all of the time. There is no set amount of time that your baby should feed at your breast.

As babies get older they become more efficient at sucking.

*cluster feed*: frequent, small feeds within a short time
# How to tell if your baby is getting enough breastmilk

**Wet and dirty diapers for the breastfed baby**

<table>
<thead>
<tr>
<th>Wet Diapers per day</th>
<th>Stools per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 24 hours</strong></td>
<td>• minimum one wet diaper in the first 24 hours</td>
</tr>
<tr>
<td></td>
<td>• small amounts of urine are normal</td>
</tr>
<tr>
<td></td>
<td>• small amounts of dark urine (orange or rust) are also normal in the first few days</td>
</tr>
<tr>
<td></td>
<td>• meconium (black sticky stool) passed within the first 24 hours of birth</td>
</tr>
<tr>
<td><strong>Day 1–2 (24–48 hours)</strong></td>
<td>• minimum 1–2 wet diapers</td>
</tr>
<tr>
<td></td>
<td>• small amounts of dark urine (orange or rust) are also normal in the first few days</td>
</tr>
<tr>
<td></td>
<td>• meconium stools</td>
</tr>
<tr>
<td></td>
<td>• 1–3 stools each day, each the size of an infant’s palm</td>
</tr>
<tr>
<td><strong>Day 2–3 (48–72 hours)</strong></td>
<td>• minimum 2–3 wet diapers</td>
</tr>
<tr>
<td></td>
<td>• small amounts of dark urine (orange or rust) are also normal in the first few days</td>
</tr>
<tr>
<td></td>
<td>• transitional stools (black/green-yellow)</td>
</tr>
<tr>
<td></td>
<td>• 2–3 stools each day, each the size of an infant’s palm</td>
</tr>
<tr>
<td><strong>Day 3–4 (72–96 hours)</strong></td>
<td>• minimum 3–4 heavy (large) wet diapers</td>
</tr>
<tr>
<td></td>
<td>• the amount of urine will increase and turn a light yellow</td>
</tr>
<tr>
<td></td>
<td>• yellow seedy stools</td>
</tr>
<tr>
<td></td>
<td>• 4+ stools each day, each the size of an infant’s palm</td>
</tr>
<tr>
<td><strong>Day 5–7</strong></td>
<td>• minimum 4–6 heavy wet diapers</td>
</tr>
<tr>
<td></td>
<td>• yellow seedy stools</td>
</tr>
<tr>
<td></td>
<td>• 4+ stools each day, each the size of an infant’s palm</td>
</tr>
<tr>
<td><strong>Day 7 +</strong></td>
<td>• 6+ heavy wet diapers</td>
</tr>
<tr>
<td></td>
<td>• yellow seedy stools</td>
</tr>
<tr>
<td></td>
<td>• 4+ stools each day, each the size of an infant’s palm</td>
</tr>
<tr>
<td><strong>After 4–6 weeks</strong></td>
<td>• 6+ heavy wet diapers</td>
</tr>
<tr>
<td></td>
<td>• yellow seedy stools</td>
</tr>
<tr>
<td></td>
<td>• number of stools varies: ensure your baby is gaining enough weight</td>
</tr>
<tr>
<td></td>
<td>• after 4–6 weeks, breastfed infants may have stools less often</td>
</tr>
<tr>
<td></td>
<td>• stools should always be soft and easy to pass</td>
</tr>
</tbody>
</table>
Bowel movements for breastfed babies

Other ways to tell if your baby is getting enough milk after day 3:

- Your breasts will be smaller and softer after feeds.
- Your baby will wake on his own to feed 8–12 times in 24 hours.
- You can hear or see your baby swallowing and can see jaw movements.

Breastfed babies

Breastfed babies usually don’t need extra fluid, suppositories or any other treatments.

If you have any questions about your baby’s wet diapers or bowel movements:

- ask your nurse at the birth centre
- ask your baby’s healthcare provider
- ask your public health nurse
- ask a lactation consultant if one is available
- call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465)

lactation consultant: a healthcare professional who specializes in breastfeeding and is an International Board Certified Lactation Consultant (IBCLC)
When to get help with breastfeeding

Talk to a healthcare professional knowledgeable about breastfeeding if your baby:
- won’t take the breast
- is fussy during and/or after breastfeeding
- isn’t content between feedings
- isn’t gaining weight
- hasn’t returned to his birth weight by 14 days old
- isn’t voiding and stooling as recommended
- has hard stools that aren’t easily passed
- falls asleep at the breast after only a few sucks
- won’t wake up to feed
Talk to a healthcare professional knowledgeable about breastfeeding if you:

- feel pain in your nipples during and/or after breastfeeding that isn’t getting better
- feel pain in your breasts
- have a fever that may come with headache, aching muscles, chills or other signs of infection
- have red, warm spots or streaks on your breasts
- have dry, itchy or flaky nipples
- have tender, lumpy areas on your breasts that don’t get smaller after breastfeeding
- have nipples that are sore, blistered, bleeding or cracked and that aren’t getting better
- do not have full, heavy breasts by day 3–4
- do not hear swallows when your baby feeds from day 3 onwards
- have hard, swollen breasts that your baby has trouble latching to
- have nipples that are pinched or squished after feedings (this may be a sign of a poor latch)

If your baby can’t breastfeed, or isn’t breastfeeding well, make sure that you ask for help. Sometimes there may be a medical reason for your breastfed baby’s feeding to be supplemented with something else in addition to, or in place of breastmilk for a short time.

Sometimes your milk supply and technique can be improved with the help of a healthcare provider knowledgeable about breastfeeding. If your baby is not gaining the desired weight or has a decrease in weight after someone has helped you, you may need to supplement. Ideally, this would be for a short time.

You may be advised to supplement with:

- your own expressed breastmilk (see pages 91–96)
- pasteurized donor human milk (if available in your area and if recommended by your healthcare provider)
- infant formula

You’ll also get help establishing or maintaining your milk supply by removing the milk from both of your breasts at least every 3 hours during the day and at least once during the night (midnight to 6 a.m.). This is usually how often your baby would breastfeed. You can either express the milk by hand or use an electric breast pump. If you supplement with infant formula and don’t express or pump your own milk, your breastmilk supply will decrease (see page 85–86). Your healthcare provider or lactation consultant may suggest a medicine that can help you make more breastmilk.
It can take time for your milk supply to increase. Plan for regular visits to your healthcare provider to make sure your baby is gaining weight.

Once the need for supplementation is over, you may return to exclusive breastfeeding, but you may need more help. Contact your public health nurse, a lactation consultant or another healthcare professional knowledgeable about breastfeeding if you have questions or concerns.

**If you give infant formula to your breastfed baby**

Some things to think about when formula feeding or supplementing with formula, include:

- Formula feeding is expensive. You need to buy formula, bottles and nipples.
- Following the formula mixing instructions exactly is very important. Mixing and storing formula incorrectly may cause serious health problems for your baby. For information about mixing infant formula safely, see pages 100–106.
- Feeding your baby any milk other than breastmilk interferes with establishing and continuing breastfeeding.
- Feeding your baby any milk other than breastmilk without pumping your breasts will decrease your milk supply.
- Using bottle nipples and teats may interfere with your baby’s ability to latch onto the breast. Your baby may prefer the fast flow from a bottle and refuse the breast.

If your baby is fed formula for any reason, talk to your healthcare provider about the one that’s safest and best suited for your baby. For babies who are at higher risk of developing allergies (e.g., if either parent or another one of your children has a confirmed food or environmental allergy), talk to your healthcare provider about the type of formula to provide.

For information about feeding your baby infant formula, see pages 99–108.
Problems That Can Happen When Breastfeeding

Sore nipples

During the first week of breastfeeding, your nipples may feel tender. However, breastfeeding shouldn’t be painful.

How do I prevent sore nipples?

• Position and latch your baby correctly on your breast. If your baby isn’t getting a deep enough latch, take him off the breast by sliding your finger between his gums until the suction is released. Offer your baby the breast again.

• Don’t use cream on your nipples unless recommended by your healthcare provider.

• Use cotton breast pads, not plastic-lined breast pads.

• Don’t use soap on your nipples. This can make them too dry.

• Ask for advice if you’re using a breast pump.

• Ask for advice before using a nipple shield.

What if my nipples are sore, blistered or cracked?

• While some soreness is common during the first week, pain that doesn’t go away is not normal. Cracked, damaged nipples are not normal. Ask for help.

• Breastfeed as soon as your baby wakes up and before he starts to cry. It’s okay to wait until after your baby has fed before changing his diaper.

• Massage your breast before and during the feeding to help your milk flow.

• Start breastfeeding on the side that is least sore.

• Use different feeding positions (for more information, see page 75).

• If you need to, take a mild pain medicine before breastfeeding, as recommended by your healthcare provider.

• Sometimes sore nipples are caused by a yeast infection. See your healthcare provider if you’re concerned about this. Remember that if you or your baby has a yeast infection, both of you will probably need to be treated.
Milk supply

It’s important to talk to a healthcare provider if you’re worried about your milk supply. If your baby is breastfeeding often, has lots of wet and dirty diapers and is gaining enough weight, it usually means your baby is getting enough milk.

Not enough milk?

Your milk production can decrease if:

• your baby isn’t correctly positioned or latched at the breast (this may also result in sore nipples)
• you aren’t breastfeeding often enough or not offering your baby enough night feedings
• you aren’t breastfeeding long enough at each feeding
• you’re breastfeeding on only one breast at each feeding
• you’re supplementing your baby’s diet with infant formula
• you’re stressed, in pain or very tired
• you’ve lost a lot of blood during or after birth
• you’re using alcohol or tobacco products
• you’ve had breast surgery (including some types of breast-reduction surgery)
• you have certain medical conditions, including thyroid problems, infections, polycystic ovary syndrome or retained placenta (pieces of placenta remain in your uterus after birth)
• you’re taking certain kinds of medicine (e.g., birth control pills, antihistamines, some herbal teas)
• you’re giving your baby soothers or bottles, especially in the early weeks
• your breasts are too full of milk (engorged)
• you’re using a nipple shield, but not using it correctly (ask a healthcare provider who is knowledgeable about breastfeeding for advice before using a nipple shield)
• you’re pregnant

Talk to your healthcare provider, your public health nurse or a lactation consultant if you think any of these factors may be affecting your milk supply.

If you’ve had breast surgery or if you have a medical condition, talk to a healthcare provider knowledgeable about breastfeeding.
**Tips to 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 tasks.
- Eat a well-balanced diet and drink plenty of fluids (about 3 litres or 12 cups each day).
- Increase the number of times your baby feeds in 24 hours. Feed your baby 8–12 times a day and watch for his hunger cues.
- Offer both breasts at every feeding, letting your baby finish the first breast first.
- Compress your breast (with the thumb on top and fingers underneath) when your baby’s sucking slows down. This will increase the amount of milk he swallows at each feeding.
- Try switching your baby back and forth between breasts, offering each breast twice or more during a feeding.
- Express milk after feedings by hand or use a breast pump that works well for you.
- If your baby isn’t breastfeeding well or you aren’t able to breastfeed, use an electric breast pump set at a comfortable setting at least 6–8 times a day (including once at night). Giving infant formula to your baby without pumping your breastmilk will decrease your milk supply.
- An electric double pump will allow you to spend less time pumping and have more time to rest between pumping sessions.
- Put a warm facecloth or small towel on your breast, or massage your breasts before and during pumping, to increase milk flow.
- Talk to your healthcare provider about medicine that may increase milk supply.

**Too much milk**

Sometimes moms have a large milk supply or the milk flows too fast. You and your baby may benefit from some help if your baby:

- feeds often, but is gulping at the breast
- is fussy and struggles at the breast, pulls away from the nipple or arches his back
- is unsettled or restless while feeding
- spits up milk often and has a lot of gas
- is gaining weight well, but is fussy and always seems hungry

Too much milk is a common problem. You may find it helpful to use different positions (e.g., lying back to slow the flow) and temporarily breastfeed your baby on only one breast at a feeding. If this doesn’t work, talk to your healthcare provider.
Engorged breasts

It's normal for your breasts to be full and firm in the first weeks as your body makes more breastmilk. Your breasts will become soft after each feeding.

Engorgement is more than just fullness and happens when the milk doesn't flow easily from the breast. Your breasts can become hard, swollen, painful and/or red. Your nipples may also become flat. This is uncomfortable for you and makes it hard for your baby to latch onto the breast.

How to prevent engorgement

Engorgement can usually be prevented with good positioning and latching, and by offering your baby at least 8–12 feedings per day. Feeding your baby often is the best way to prevent becoming engorged. Breastfeed for as long as your baby wants and try not to miss feedings. If you aren't able to breastfeed, express your milk by hand or with an electric breast pump (for more information, see pages 92–93).

If your breasts are very full

<table>
<thead>
<tr>
<th>Before breastfeeding</th>
<th>While breastfeeding</th>
<th>After breastfeeding</th>
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<tbody>
<tr>
<td>• Put warm, moist towels on your breasts for a few minutes or take a warm shower.</td>
<td>• Massage your breasts to help the milk flow (for more information, see pages 91–92).</td>
<td>• Put ice packs on your breasts for 5–10 minutes.</td>
</tr>
<tr>
<td></td>
<td>• Pump or express some breastmilk just to soften the breasts.</td>
<td>• Rest when your baby sleeps.</td>
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<td></td>
<td>• Change your baby’s position to help the milk flow from all areas of your breast.</td>
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<td></td>
<td>• Your baby drains the milk best from the area where his chin is.</td>
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If your breasts are engorged

<table>
<thead>
<tr>
<th>Before breastfeeding</th>
<th>While breastfeeding</th>
<th>After breastfeeding</th>
</tr>
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</table>
| • Put warm, moist towels on your breasts for a few minutes or take a warm shower. If warm towels don’t help the milk flow, put ice (wrapped inside a cloth) on the breast for 10 minutes at a time, as often as you can.  
• This helps decrease the swelling between the ducts and may help milk flow.  
• Take off the ice if you feel uncomfortable. | • Help your milk to flow by massaging your breasts.  
• If your baby won’t latch, pump or hand express some breastmilk to soften the breast so your baby can latch. Once milk is leaking from your breasts it will be easier for your baby to breastfeed.  
• Change your baby’s position to help the milk flow from all areas of your breast.  
• Your baby drains the milk best from the area where his chin is. | • Hand express or pump after feeds or between feeds just until your breasts feel comfortable.  
• Do not pump all the milk out or you will continue to make too much.  
• Put ice packs on your breasts for 5–10 minutes.  
• Ice cubes in a plastic bag also work well. |

If your areola feels very firm because of engorgement, ask a healthcare provider knowledgeable about breastfeeding for help to soften the areola. A very firm areola may be caused by increased or retained fluid in breast tissue due to IV fluids given during labour. It may also happen because your baby is not feeding well or often enough during the day and night.

Blocked milk ducts and mastitis

Blocked milk ducts happen when there is a build-up of milk in the ducts of the breast. These areas may be tender, lumpy, red and sore. Plugged ducts can cause inflammation due to increased pressure from the milk. Plugged ducts that aren’t drained can lead to mastitis.

Mastitis is an inflammation of the breast. It may be caused by a blocked milk duct that doesn’t get better or by an infection. Areas of the breast become inflamed and are red, painful, hard and swollen. You may also feel like you have the flu, with symptoms such as fever and chills. Even though you may not feel well, your milk is safe for your baby. It’s important to keep your milk flowing. Mastitis may be treated with antibiotics. Although mastitis can be serious, it usually clears up quickly once treated.

If your breasts are still engorged

You should have less swelling and pain within 24 hours of following the tips above. If there is no improvement, contact your healthcare provider.
**How to prevent blocked milk ducts or mastitis:**

- Position and latch your baby correctly. Get help if your nipples are sore and not improving.
- Breastfeed your baby often and use different feeding positions. This will help drain all of your milk ducts.
- If you have lumpy areas on your breast, use your fingertips to gently massage from behind the lumpy area all the way to the nipple before, and during, breastfeeding. This will help clear the duct. If the lumps don’t soften or decrease with feeding, see your healthcare provider.
- Don’t suddenly reduce the number of times you breastfeed.
- Wear a well-fitting bra and comfortable clothing. Don’t wear underwire bras or wear a bra to bed. Try not to carry heavy bags with shoulder straps. These can put pressure on your breasts.
- Try not to give your baby a soother or formula, as they can cause your baby to delay or miss a feeding.
- Make sure your breastmilk can flow freely while breastfeeding or pumping. Gently support your breast. While pumping, position the pump correctly on your breast. Follow the instructions for your breast pump. Make sure the breast shield is the correct size for your breast.
- Get enough rest, eat well and wash your hands often.

**If you have signs of mastitis:**

- Feed your baby at least every 2–3 hours. Breastfeed often to keep your milk flowing.
- Put warm cloths on your breasts 5–10 minutes before breastfeeding. This will help your milk let-down.
- Use your fingertips to gently massage from behind the tender area all the way to the nipple before, and during, breastfeeding.
- Have your baby breastfeed on your tender breast first. Feed on both breasts.
- Position and latch your baby so his chin is close to the tender area. Your baby drains the milk best from the area where his chin is.
- Try to rest by asking your family and friends to help you at home.
- Drink enough fluids and eat well.
- Take a mild pain reliever as recommended by your healthcare provider, if you need to.

**When to get help**

- If you can’t pump or feed, get help.
- If you have a fever, headache, aching muscles or other signs of an infection, call your healthcare provider right away. You might need antibiotics.
• Express your breastmilk regularly if your baby isn’t able to breastfeed (every 2–3 hours day and night). This will keep your breasts drained.

Your baby may refuse your breast because your milk may have a different taste when you have an infection. If your baby is refusing your breast, you can pump to maintain your milk supply.

**Sleepy newborn**

Some newborns are sleepier than others. A sleepy baby may be a result of:

• not enough breastmilk
• a difficult labour and birth
• medicine you are taking
• over stimulation (too much light and noise)
• jaundice or other medical reasons

You can wake a sleepy baby with gentle stimulation. Some ways to wake your baby are:

• using skin-to-skin contact
• unwrapping, undressing or changing your baby’s diaper
• talking to your baby, holding him upright and making eye contact
• gently stroking or massaging your baby’s body (e.g., moving his arms and legs, stroking his cheek, rubbing his back or circling his lips with your clean finger)
• expressing breastmilk onto his lips
• changing your baby from one breast to the other a couple of times during each feeding.

If your baby falls asleep after only a few minutes at the breast, gently massage and compress your breast behind the areola for a few seconds. This will help your milk flow. Don’t squeeze so hard that it hurts. Breast compression will help your baby start sucking again. You can do this throughout the feeding or at the end of the feeding when your baby starts to get tired.

*Jaundice*

For more information about jaundice, see pages 121–122.

*If you have tried these ideas and still have trouble waking your baby, have your baby seen by your healthcare provider as soon as possible.*
Feeding your baby expressed breastmilk (EBM)

Breastmilk can be expressed by hand or with a breast pump. Removing milk from your breasts will help stimulate and maintain your milk supply.

You may need to express your milk to:

- provide breastmilk if your baby isn’t able to latch
- provide breastmilk for your sick or preterm baby
- provide breastmilk if you’re away from your baby
- soften your breasts before breastfeeding if your breasts are full or engorged
- make your breasts more comfortable and maintain your milk supply if you aren’t able to breastfeed

You’ll find it easier to express your milk after:

- your baby has breastfed
- your baby has had his first morning feeding (when you have more milk)
- you use warm, moist heat on your breasts (e.g., from a shower, towels or facecloths)
- you use breast massage
- you’ve touched or cuddled your baby

At first, you may only be able to express very small amounts of milk. This is normal. One breast may produce 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. Amounts may vary with each pumping.

Breast massage

Massaging your breast before expressing milk will help start your milk flowing, may help you remove more milk and increase your milk supply. You can do breast massage before putting your baby to your breast and while he’s feeding. Some suggestions are:

- handle your breasts gently (rough handling can damage delicate breast tissue)
- massage your breasts in small circular motions towards your nipple
- stroke your breast gently towards the nipple
- lean forward to let gravity help the milk flow
Expressing breastmilk by hand

Expressing by hand is a skill that takes practice. If you don’t get much milk at first, don’t be discouraged. Even expressing a small amount of milk will signal your body to make more. It may be easier to practice hand expression in the bathtub or shower or after breastfeeding your baby.

To express by hand:

1. Wash your hands. Use a clean container with a wide opening (sterilize the container if your baby is less than 4 months old). Put the container on a surface in front of you or hold it under your breast to collect the milk.

2. Hold your breast with one hand, not too close to the nipple. The thumb and index finger of your hand need to be opposite of each other and about 2.5–4 cm (1–1.5 inches) back from the nipple.

3. 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 the nipple. Continue until your milk starts to flow. Don’t squeeze the base of your nipple, as this will stop the flow of milk.
4. Repeat step 2 and 3 a few times in each position as you rotate your hand around your nipple and areola like a clock until your milk flow decreases and your breast feels soft. If you are not getting any milk flow move your fingers slightly further back. Continue until the milk flow slows and your breast feels soft.

5. Repeat with your other breast.

Breast pumps

You may use a breast pump to express breastmilk instead of expressing by hand. There are different types of pumps you can use:

- Manual, battery-operated or small electric pumps are for pumping the breasts only once in a while, after your milk supply is established.
- Hospital-grade electric breast pumps are available to rent and are needed by moms who won’t be able to breastfeed for some time. These pumps are better at establishing and maintaining your milk supply than manual pumps if your baby is not regularly breastfeeding.

Make sure you clean your breast pump and pump parts according to the manufacturer’s instructions.

If you are pumping and expressing milk while in the birth centre, there are hospital-grade electric pumps for you to use during your baby’s birth centre stay. Your nurse will show you where they are and how to use them. You will be given printed labels and bottles to store your breastmilk.
Storing expressed breastmilk

At the birth centre

When your baby is in the birth centre, care must be taken to make sure that expressed breastmilk (EBM) is handled safely and that your breastmilk is given to your baby. This is important because viruses such as HIV or hepatitis B can be carried in breastmilk and passed on to a baby by an infected mom’s milk.

When storing EBM at the birth centre:

- Put your EBM in the bottles you are given.
- Ask your baby’s nurse for printed labels for the bottles.
- Put the label with your baby’s birth centre identification (ID) number, first name and last name on the bottle. Put the time and date you pumped on the label.
- The nurse will store your labelled milk in a secure fridge or freezer.
- If you pump at home and your baby stays in the birth centre, put the EBM in your fridge right away. Use ice or freezer packs to transport the EBM.
- To make sure your baby gets your milk and that the milk has not expired:
  - **Double check:** Before using any of your EBM, the label must be checked with your baby’s birth centre identification bracelet at the bedside by 2 people. Your birth centre nurse will give you more information.
  - Check the date on the bottle for freshness (use the refrigerator and freezer guidelines on pages 94–95).

For more information about using EBM while your baby is in the birth centre, talk to your birth centre team.

At home

For healthy, full-term babies, here are some guidelines for preparing and storing expressed breastmilk at home:

- For babies under 4 months old, sterilize all equipment and containers that will be used to prepare and store milk. Use glass bottles or BPA-free plastic containers. Write the date you expressed the breastmilk on the container. Use a waterproof marker.
- When freezing milk, leave a 1.5 cm (0.5 inch) space at the top of the container. Breastmilk expands when frozen. Store breastmilk in the amount your baby needs for one feeding.
º Freshly expressed breastmilk can be refrigerated or frozen if it’s not going to be used right away. Fresh EBM can be kept at room temperature for up to 4 hours.
º Fresh EBM can be stored for up to 2 days in the refrigerator.
º Chill newly expressed breastmilk for 1 hour in a fridge or ice-packed container before freezing.

• Keep breastmilk cool or frozen while travelling.
• If you express breastmilk while you’re away from home, you can store it for no more than 24 hours in an insulated bag with a frozen gel pack. Throw out any milk that’s older than recommended.

For information about sterilizing equipment, bottles and nipples for babies under 4 months old, or preparing equipment, bottles and nipples for babies over 4 months old, see pages 67–68.

**Freezing breastmilk**

• For the freezer compartment of a one-door refrigerator, freeze for up to 2 weeks.
• For a 2-door refrigerator or side-by-side refrigerator/freezer, freeze for up to 3–4 months.
• For a deep freezer (freezer temperature needs to be –18 °C), freeze for up to 12 months.

**Thawing breastmilk**

Below are guidelines for thawing frozen breastmilk:
• Use the breastmilk that has been frozen longest first.
• To quickly thaw breastmilk, put it under cool or warm running water, in a pan of warm water or in the refrigerator. If you don’t use the breastmilk right away, put it in the refrigerator.
• The fat in breastmilk may separate during thawing. Gently shake the milk to mix it back together.
• Refrigerate thawed milk and use within 24 hours. If the thawed breastmilk isn’t used within 24 hours, or if your baby doesn’t finish it, it must be thrown out.
• Don’t refreeze breastmilk that has already been thawed.

º Freezer breastmilk in small amounts (60–120 ml or 2–4 oz) in a sterilized container, such as a glass bottle or BPA-free plastic container.
º Label the container with the date the milk was collected. Use those with the oldest dates first.

**Thawing breastmilk**

Don’t thaw or warm breastmilk in a microwave. Microwaves heat milk unevenly, form hot spots that can burn your baby and destroy the immune components in breastmilk.
Warming breastmilk

Breastmilk that has thawed in glass or BPA-free plastic containers can be placed in a pan of warm water until the milk is lukewarm.

Before feeding warmed milk to your baby:
• Gently shake the warmed container of breastmilk to mix it.
• Always test the temperature of the breastmilk on your wrist to make sure it isn’t too hot to feed to your baby. Make sure the breastmilk is lukewarm to the touch.
• You can feed expressed breastmilk to your baby using a spoon, cup or bottle.

You can continue breastfeeding when you are away from your baby or child
• **Express breastmilk** and put it into well-labelled, clean containers. Refrigerate for feedings during the day. Dad or another caregiver can give it by spoon, cup or bottle. Note: Use sterilized containers for babies up to 4 months old.
• **Breastfeed more often** when you’re with your baby.
• **Talk with your child care provider about** your baby’s feeding. Many child care centres offer moms a quiet and comfortable space for breastfeeding.
• **Try to arrange for your baby to be ready to feed when you get home.** Tell your caregiver when you plan to arrive. This is easier when your baby is older.
• **Work out a plan**, but be flexible.

Breastfeeding Your Older Baby

The longer you breastfeed, the better it is for both mom and baby. Breastfeeding and breastmilk continues to provide a source of nutrition, immune protection and comfort and closeness with your baby or child.

Healthcare providers recommend breastfeeding for up to 2 years or longer. As your child gets older:
• he may not spend as much time breastfeeding. This does not mean that he is not getting the nutrition needed, but that he is much more efficient at feeding.

Unfinished breastmilk in the bottle

If your baby doesn’t finish the bottle, throw out any milk that is left over at the end of a feeding.

After a baby drinks from the bottle, there is an increased chance of harmful bacteria growing in the milk.
Focusing on breastfeeding

- He may stop sucking to look around during feedings. It may be several minutes before he wants to feed again.
- He may need to be breastfed in a quiet place as he is more interested in the world around him.

By thinking ahead about what you are wearing, you can easily breastfeed your child in different places when you are away from home.

**Stopping breastfeeding**

There is no reason to stop breastfeeding before you and your child are ready. Listen to your child and your own feelings and you will know when it is the right time.

When it is time to wean him from breastfeeding, it works best if you follow his lead. Weaning is a process, not a single event. It starts when foods other than breastmilk are offered to him and ends when he stops breastfeeding. This may take several weeks or months. Just as each child has his own schedule for feeding, he will also have his own schedule for weaning.

Breastfeeding has provided food, security and comfort for your baby. Continue to offer hugs and cuddles often during weaning to help him meet these needs.

When you are ready to stop breastfeeding, gradual weaning will be the most physically comfortable for you. You can replace 1 feeding at a time. If you are ready before your baby, you can try the following:

- Offer your baby a cup at the feeding when he is usually the least hungry. He may refuse it at first. This is normal. Offer it again each day.
- Offer a cup with a meal if he is eating solid food.
- Start to replace other feedings when he is taking the cup or bottle well at 1 feeding.

If you are reducing or stopping breastfeeding when your baby is:

- Under 9 months old
  - Use an infant formula with iron
  - Start to use a cup without a lid for small amounts of water, expressed breastmilk or formula when he’s 6 months old

Questions about stopping breastfeeding?

Contact your public health nurse or a lactation consultant for support during this time.
9 months and over

- give whole milk (3.25% milk fat) between 9–12 months if he is eating a variety of iron-rich foods at least twice every day
- continue with whole milk (3.25% milk fat) until he is 2 years old (see page 168 for more information). Lower-fat milks (e.g., 2%, 1% and skim) do not have enough fat and energy for babies and are not recommended for children under 2 years old.
- by 12–14 months old, use a cup without a lid for all drinks

Soy, rice, almond or other plant based beverages, even if fortified, do not contain enough protein, fat or calories for growth and development in the first 2 years of life. Discuss any special dietary needs with your healthcare provider.

**If you need to stop breastfeeding suddenly**

In almost all situations, breastfeeding can be continued even if a mom and baby need to be separated for a long time (e.g., during illness). A lactation consultant or a public health nurse can provide information and support.

Sometimes breastfeeding may need to stop suddenly. In this case it may help to:

- wear a supportive bra and apply cold compresses (e.g., a bag of frozen vegetables wrapped in a thin towel) often to relieve breast fullness
- allow your breasts to leak milk while showering; express or pump a very small amount of milk for comfort as needed. Your breasts may soften but continue to produce milk for several weeks or months. You can wear breast pads if your milk leaks.
- get the emotional support you need. If you did not plan to stop breastfeeding you may feel a sense of loss. Continue to feel close to your child during feedings and other times during the day.

**Lifestyle issues while breastfeeding**

Certain medications or other substances (such as alcohol, tobacco, street drugs) can result in problems for your family’s well-being and your baby’s health. For important information about the effects of these, see pages 39–42.
Feeding Your Baby

Infant Formula

If you feed your baby infant formula, choose a formula based on your baby's nutritional and medical needs. For babies who are not breastfed, cow's milk-based infant formula with iron is recommended until your baby is 9–12 months old. The iron keeps your baby's blood healthy and helps him grow. Talk to your healthcare provider about the right infant formula for your baby.

Formulas that are made with soy protein or other specialized formulas (e.g., lactose-free or hypo-allergenic formulas) are only to be used with the advice of your healthcare provider.

Do not use whole milk (3.25% milk fat), 2%, 1%, skim, evaporated milk, or soy, rice or other plant based beverages. These milks will not give young babies the proper nutrition they need. They are also a poor source of iron. Evaporated milk is not an infant formula.

When your baby is 9–12 months old and is eating a variety of iron-rich foods at least twice per day you can start offering whole milk (3.25% milk fat). The lower-fat milks don't have enough energy or fat for growing babies.

Are follow-up formulas needed?

You do not need to switch to a follow-up formula when your baby is 6 months old. These have higher calcium and phosphorous levels than infant formulas, but your baby will get these extra nutrients from the solid foods he starts at this time.

Continue to use infant formula with iron until your baby is 9–12 months old. If you have any questions about formula feeding, talk to your healthcare provider.

Vitamin D for all babies

For information about Vitamin D see page 65.
Types of infant formula

Infant formula with iron comes in 3 forms: ready-to-feed, liquid concentrate and powdered.

- Choose liquid concentrate or ready-to-feed formula when possible. These are sterile until opened.
- Choose a powdered infant formula only if a suitable formula isn’t available in liquid concentrate or ready-to-feed. Powdered infant formula isn’t sterile. However, it can be used for healthy infants if prepared and handled properly.
- Follow all preparation and handling instructions in this section when preparing any type of infant formula. This will reduce the risk of bacterial infection.
- Check the expiry date on each container before you use it.

Safely preparing infant formula for healthy babies

This section includes guidelines for preparing infant formula safely. If your baby is given powdered or liquid-concentrate formula, carefully follow the preparation instructions provided in this book or by your healthcare provider. The correct amount of water needs to be added to the infant formula. Your baby may get sick if the infant formula is not prepared correctly. Adding too much water dilutes the formula and won’t give your baby enough nutrients. Not adding enough water makes the formula too strong and can damage your baby’s kidneys.

For babies under 4 months old:
- sterilize the water that is added to liquid concentrate and powdered infant formula
- sterilize the equipment and containers that will be used to prepare and store formula, including bottles and nipples. For information about sterilizing equipment, see pages 67–68.

For healthy babies over 4 months old:
- sterilization of water and feeding equipment is not needed

Water used to prepare infant formula

- **Use cold tap water.** Do not use hot tap water, as it may contain more metal contaminants from the pipes (e.g., copper, lead). Run the water for 2–3 minutes when it hasn’t been used for more than 6 hours (e.g., mornings).
- **Municipal water** is safe to use once it has been sterilized.
• **Well water** should be tested before using it to prepare infant formula. For more information about having your well water tested, see page 34. Well water will also need to be sterilized.

• **Bottled water** is not sterile. It needs to be sterilized before it is used to make formula.

Do not use mineral, vitamin, carbonated or flavoured water to prepare infant formula.

**To sterilize water to prepare liquid concentrate or powdered infant formula for babies less than 4 months old:**

- fill a large pot with **cold** water
- bring water to a rolling boil and boil for 2 minutes
- remove pot from heat and allow water to cool
- pour sterilized, cooled water into a sterilized container and cover the container with a sterilized lid.
- store sterilized, cooled water in a sterilized, tightly closed container for 2–3 days in a refrigerator or for 24 hours at room temperature

Remember: For healthy infants over **4 months old**, water and feeding equipment does not need to be sterilized.
Preparing and storing ready-to-feed infant formula (DO NOT add water):

- Have sterilized equipment ready. See pages 67–68.
- Wash top of can with hot soapy water. Rinse with clean water.
- Shake the can before opening.
- Open with a sterilized can opener.
- Pour the amount of formula needed into a sterilized bottle. Do not add water.

- **Formula for use right away:** throw away any formula not used within 2 hours.
- **Formula for later use:** refrigerate right away. Follow manufacturer’s instructions for refrigerator storage time.

1. Wash hands with soap.
2. Use sterilized items.
3. Wash and rinse top of can.
4. Shake can.
5. Open can with sterilized can opener.
6. Pour amount of formula needed into bottle. **DO NOT ADD WATER.**
7. Use formula right away or store in refrigerator.
8. Tightly cover open can. Refrigerate and use within time recommended on can.
Preparing and storing liquid concentrate infant formula (MUST add water):

- Have sterilized equipment ready. See pages 67–68.
- Use water that has been sterilized, cooled and stored in a sterilized closed container.

1. Wash hands with soap.
2. Use sterilized items and sterilized cooled water.
3. Wash top of can with hot soapy water. Rinse with clean water.
4. Shake can.
5. Read directions on can for correct amount of formula concentrate and sterilized water to use. Open can with sterilized can opener.
6. Pour concentrated infant formula into sterilized bottle. Use amount recommended on can.
7. Add water to formula in bottle. Use amount recommended on can.
8. Shake well to mix if using formula right away. Throw away any formula that your baby does not drink within 2 hours.
9. Cover open formula can and store in the refrigerator for up to 48 hours or as directed on the can. Prepared formula in bottles can be stored in the refrigerator for up to 24 hours.
Preparing and storing powdered infant formula for immediate use

• Use prepared powdered infant formula right away (see page 105 for illustrations).
• Have sterilized equipment ready. See pages 67–68.
• Use water that has been sterilized, cooled and stored in a sterilized closed container.
• Read directions on can to find out the correct amount of powdered infant formula and water needed.
• Pour the correct amount of water into a sterilized bottle.
• Fill the measuring scoop from the can with powdered infant formula and level off using a sterilized knife. Be sure to use the correct number of scoops for the amount of water in the bottle.
• Add infant powdered infant formula to the bottle.
• Shake the bottle to mix.
• Serve right away. If you need to prepare formula while you are away from home, bring pre-measured sterilized water and pre-measured powdered infant formula separately. Mix it just before feeding.
• Throw out any prepared formula that has not been used within 2 hours.

Preparing powdered infant formula for later use

It is preferred to prepare powdered infant formula for immediate use. If you need to prepare more than 1 bottle, follow instructions to avoid the growth of bacteria.

• Use sterilized water that has been cooled to 4 °C (fridge temperature).
• Prepare each bottle carefully following the instructions for powdered infant formula provided in this resource.
• Place prepared formula in the refrigerator immediately.
• Store formula prepared this way in the refrigerator for up to 24 hours.
• Keep it cool in an insulated bag with an ice pack if you won’t have access to a fridge. This formula must be used within 2 hours.
Preparing and storing powdered infant formula to use right away:

1. Wash hands with soap.
2. Use sterilized items and sterilized cooled water.
3. Read directions on can to find out correct amount of formula powder and sterilized water to use.
4. Pour water into bottle.
5. Fill scoop from can with powder. Level with sterile knife. Use correct number of scoops of powder as directed.
6. Add infant formula powder to bottle.
7. Shake to mix well. Serve right away.
8. Throw out any prepared formula that your baby does not drink in 2 hours.
9. Cover can with lid and store in cool dry place. Use within one month of opening.

Storing powdered infant formula in the can

- Store the powdered infant formula can in a cool, dry place (not in the refrigerator) with the lid tightly closed.
- Do not use powdered infant formula that is past the expiry date.
- Write the date that you open the powdered infant formula can on the lid. Throw away any formula not used 1 month after opening.
- Do not freeze infant formula. Freezing can change the texture of the formula and it may not mix well with water.
Warming infant formula

- Put the bottle in a bottle warmer or a container with hot water for no more than 15 minutes.
- Do not cover the lid or nipple when it’s being warmed. This can contaminate the formula.
- Do not warm the bottle in a microwave. It can create hot spots that can scald a baby’s mouth.
- Shake the bottle to mix well.
- Always test the formula on your wrist to make sure that it is not too hot to feed to your baby. It should be lukewarm.
- Feed right away. Throw away any formula that has not been used within 2 hours.

How often will my baby formula feed?

Most newborn babies who are formula-fed will feed 6–10 times in 24 hours. Do not expect your baby to follow the same feeding pattern every day. Feed him whenever he shows signs of hunger and stop feeding when he shows signs of fullness even if there is formula left in the bottle.

For more information about signs of hunger and fullness (feeding cues), see page 65. Talk to your healthcare provider if you have questions about feeding.

At about 2 weeks:
- your baby will feed about 6–10 times a day, about 60–90 ml (2–3 oz) at each feeding

From 3–8 weeks:
- your baby will feed about 6–8 times a day, about 90–120 ml (3–4 oz) at each feeding

When do babies feed?

Babies need to eat day and night. Your baby feeds in his own way to meet his own needs. For the first 6 months your baby will likely still wake to feed during the night.
### Wet and dirty diapers for the formula fed baby

<table>
<thead>
<tr>
<th>Wet Diapers per day</th>
<th>Stools per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 24 hours</strong></td>
<td>• meconium (black sticky stool) passed within the first 24 hours of birth</td>
</tr>
<tr>
<td></td>
<td>• minimum one wet diaper in the first 24–48 hours</td>
</tr>
<tr>
<td></td>
<td>• small amounts of urine are normal</td>
</tr>
<tr>
<td></td>
<td>• small amounts of dark urine (orange or rust) are also normal in the first few days</td>
</tr>
</tbody>
</table>

| **Day 1–2 (24–48 hours)** | • meconium stools |
|                          | • 1–2 large stools each day |
|                          | • minimum 1–2 wet diapers |
|                          | • small amounts of dark urine (orange or rust) are also normal in the first few days |

| **Day 2–3 (48–72 hours)** | • transitional stools (green/brown) |
|                          | • 1–2 large stools each day |
|                          | • minimum 2–3 wet diapers |
|                          | • small amounts of dark urine (orange or rust) are also normal in the first few days |

| **Day 3 onwards (72+ hours)** | • pale yellow/pale green stools |
|                               | • 1–2 stools each day for the first few weeks, may vary |
|                               | • minimum 3–5 heavy (large) wet diapers on Days 3–5 |
|                               | • minimum 4–6 heavy (large) wet diapers on Days 5–7 |
|                               | • 6+ heavy wet diapers Day 7 onwards |
|                               | • the amount of urine will increase and turn a light yellow |

The number of bowel movements tends to decrease with age.

---

**Talk to your healthcare provider, public health nurse or a registered dietitian if:**
- you aren’t sure about what kind of formula to choose
- your baby is throwing up, having loose, watery stools or isn’t content between feeds
- you’re worried about allergies. Your child may be at risk if mom, dad or one of his siblings has a confirmed food or environmental allergy.
- he refuses to eat or wants to eat all the time
- he vomits most or all of a feeding, 2 or more times in a row
- he is very sleepy or has trouble waking up to feed
- his bowel movements are hard and difficult to pass or have blood in them
- he has white, clay-coloured (light gray) or very light yellowish bowel movements
Common questions about formula feeding

Can bottle feeding cause early childhood tooth decay?

All milk (including breastmilk and formula) has sugar in it that mixes with germs in the mouth, making tooth decay acids. Tooth decay can happen when these liquids stay on the teeth for a long time. Take the bottle out of your baby’s mouth when he is not actively feeding. Do not put a bottle in bed with a baby to suck on while he is napping or sleeping. Feed your baby first and then lay him down.

Is more expensive formula better than cheaper formula?

No. The ingredients in formula are regulated by the government—all formulas must meet government standards. More expensive formulas that have extra ingredients have not been proven to be healthier for babies.

Can I make my own formula?

No. Homemade formula doesn’t have all the nutrients your baby needs to grow and develop properly. If you aren’t able to buy infant formula, talk to your public health nurse or healthcare provider.

Comfort and safety tips when using infant formula

When feeding your baby infant formula:

• Hold and cuddle him in your arms. Switch the direction that he faces by changing the arm you use to hold him at each feeding.
• Cradle and cuddle him so his head is up. Use skin-to-skin cuddling.
• To prevent him from swallowing air, hold the bottle so the formula fills the nipple.
• Always hold him until he is finished. Never prop a bottle in his mouth. He may choke.
• Throw out any formula left in the bottle when he is finished eating.
• Burp him when he’s finished feeding. For more information about burping, see page 66.
• Don’t put a bottle nipple in your mouth to check the temperature or to clean it. This can pass germs to your baby that cause tooth decay.
Young Babies
Birth to 6 Months
Young Babies: Birth to 6 Months

Every new baby is a miracle. As new parents, you may feel many emotions at the same time (e.g., happy, confused and exhausted). Be patient. You’re learning a lot. You and your baby are getting to know each other. Give your baby your time, love and attention. Trust your instincts and ask for help when you need it.
This is the **being stage**, a time when it’s important for your child to:

- learn to trust—to know that good, dependable and loving care is always there
- form a secure attachment—the close emotional bond between you and your child, and how you relate to each other

<table>
<thead>
<tr>
<th><strong>Development</strong></th>
<th><strong>Birth to 3 months</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Developmental stage</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What to expect</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical</strong></td>
</tr>
<tr>
<td>□ kicks, grasps and sucks, based on reflexes</td>
</tr>
<tr>
<td>□ has weak neck muscles and a heavy head; at first can only turn head by reflex, then begins to gain control of and turn head with purpose</td>
</tr>
<tr>
<td>□ feeding/sleeping is unpredictable when newborn; more predictable over time</td>
</tr>
<tr>
<td>□ discovers hands and can bring them to mouth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive (learning and thinking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ learns from birth</td>
</tr>
<tr>
<td>□ is startled by loud noises</td>
</tr>
<tr>
<td>□ makes pleasure sounds (coos and goos)</td>
</tr>
<tr>
<td>□ prefers people to toys</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ cries to signal needs</td>
</tr>
<tr>
<td>□ crying increases at 2 weeks old, peaks around 2 months old and starts to decrease by 3–4 months old</td>
</tr>
<tr>
<td>□ generally quiets when comforted; may have times when can’t stop crying</td>
</tr>
<tr>
<td>□ depends on parents and others to cope with emotions</td>
</tr>
<tr>
<td>□ feels safe when needs are met</td>
</tr>
<tr>
<td>□ begins to learn how to self-soothe</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ smiles to show pleasure by 2 months</td>
</tr>
<tr>
<td>□ recognizes and prefers familiar faces and voices</td>
</tr>
</tbody>
</table>
### Development | 3 to 6 months

#### Developmental stage

This is the **being stage**, a time when it’s important for your child to:

- learn to trust—to know that good, dependable and loving care is always there
- form a secure attachment—the close emotional bond between you and your child, and how you relate to each other

#### What to expect

<table>
<thead>
<tr>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ reaches for objects</td>
</tr>
<tr>
<td>□ puts hands together</td>
</tr>
<tr>
<td>□ pushes up and lifts head and chest off floor when on tummy</td>
</tr>
<tr>
<td>□ gains more head control, holds head steady</td>
</tr>
<tr>
<td>□ begins to sit with support; balance improves over time</td>
</tr>
<tr>
<td>□ rolls from tummy to back or from back to tummy</td>
</tr>
<tr>
<td>□ doubles birth weight by 4–5 months old</td>
</tr>
<tr>
<td>□ tongue movement changes to get ready for eating solid foods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive (learning and thinking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ explores by reaching, grasping and putting things in the mouth</td>
</tr>
<tr>
<td>□ turns head towards sounds</td>
</tr>
<tr>
<td>□ makes lots of noises (babbles, coos, gurgles)</td>
</tr>
<tr>
<td>□ repeats actions and sounds to get desired response from parents and others</td>
</tr>
<tr>
<td>□ begins to get excited at sight of food</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ has different cries for different needs</td>
</tr>
<tr>
<td>□ starts to settle self back to sleep during night, but still needs comfort from parent</td>
</tr>
<tr>
<td>□ shows emotions with face, body, voice and actions</td>
</tr>
<tr>
<td>□ forms attachment to primary caregivers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ smiles and laughs</td>
</tr>
<tr>
<td>□ aware of and prefers familiar faces</td>
</tr>
<tr>
<td>□ enjoys being near people</td>
</tr>
<tr>
<td>□ responds to people’s voices and facial expressions</td>
</tr>
</tbody>
</table>
Growing Together

A new baby means many changes for first-time and experienced parents. Your days and nights may feel like a never-ending cycle of feeding, sleeping, diapering and cuddling. You’re learning to read your baby’s cues. There’s a lot to think about. Over time, you’ll rely more on your own instincts and less on what others have to say.

A baby’s weight gain often looks like this:

- **2–8 weeks.** Once babies are back to their birth weight, they grow the fastest during the first 8 weeks. Steady weight gain is a good sign that a baby is getting enough milk.
- **8 weeks–6 months.** Babies generally double their birth weight by 4–5 months old.

From the beginning, your baby:

- can hear and see
- has reflexes needed to live (e.g., she’s able to breathe and swallow on her own)
- sends you cues about her needs
- begins to form a deep bond with you

**Attachment**

Attachment is the close emotional bond that forms between you and your baby. This makes her feel safe and loved. You build secure attachment with your baby when you:

- hold, hug and cuddle her
- provide gentle care and handling
- have skin-to-skin contact
- smile and talk gently
- sing and read
- comfort her when she cries

For more information about attachment, see page 14.

Wondering how much your baby weighs?

Drop in to your community/public health centre during clinic hours to weigh and measure your baby.
Skin-to-skin cuddling

Cuddling babies skin-to-skin (with your baby wearing only a diaper and her back covered with a blanket for warmth) is good for both parents and babies. Keep your baby’s head uncovered. With her head on your chest, your baby can hear your heartbeat and smell you. Whether you’re a mom or a dad, you can do skin-to-skin cuddling.

Cuddle your baby this way as often as you want especially in the first few weeks. For safety reasons it is important that you are awake when cuddling skin-to-skin with your baby.

Skin-to-skin cuddling helps you bond and get to know your baby. It can also:

- regulate your baby’s heart rate, breathing and blood sugar
- keep your baby warm if she’s too cool (your body temperature can raise hers by 2 °C)
- cool your baby if she’s too warm (your body temperature can lower hers by 1 °C)
- help your baby be calm and cry less
- help premature babies gain weight
- lower stress for parents and baby

When moms provide skin-to-skin cuddling, it can also:

- increase the hormones that make breastmilk and help milk flow
- promote breastfeeding and help your baby latch more easily to the breast

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 contact helps your baby settle and gets her used to being in the world. Be sure you’re awake at these times.
Understanding Newborns

How new borns look

Newborns look quite different from babies who are even a few weeks old. Here are some of the things you may notice about your newborn.

**Weight**

- Most newborns weigh between 2,500 and 4,000 grams (5 lbs. 8 oz and 8 lbs. 13 oz). It’s common for babies to lose weight during the first few days after birth.

- If your baby isn’t back to her birth weight by the time she’s 2 weeks old, talk to your healthcare provider.

**Skin**

Your baby’s skin may:

- be covered with a slippery white coating that protected her skin in your uterus. This is called vernix. It will wash off or be absorbed in the first 24–48 hours.

- have white spots (milia) around her nose that may last for a few weeks. You don’t need to treat milia. It will go away on its own.

- have fine, downy hair (lanugo) on her forehead, ears and shoulders. Lanugo usually disappears within 2 months.

- be dry or peeling, especially on her hands and feet.

- have black or blue marks (Mongolian spots) on her body (usually on her back or bottom). These spots usually fade by the time your child is 5 years old.

- have reddish areas (stork bites) on her forehead, eyelids, nose or back of the neck. They usually fade away by the time your child is 3 years old.

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**The first few weeks**

The first few weeks of your baby’s life bring many surprises:

- how quickly she changes
- how much she cries
- the feelings you have

As you and your baby get to know each other, your confidence will grow.
Head and face

- Your baby has soft spots (fontanelles) on the top and at the back of her head where the bones of her skull meet. The bones of the skull have not joined in order to allow the brain to continue to grow. The skull bones will grow stronger and join together as your baby gets older. Gently touching the soft spots won’t harm your baby. The soft spots are protected by skin. The one near the front closes when your baby is 6–24 months old. The soft spot near the back might be very small. It closes at about 8–12 weeks old.
- Few newborns have perfectly shaped heads. It may take up to 6 weeks after birth for your baby’s head to become round.
- 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.
- Your baby’s eyes may be swollen from the birthing process. Her eyes may be sensitive to bright lights in the first few days. This is because she’s used to being in the dark. It’s common for her eyes to change colour during the first year.
- Your baby’s nose may be flattened, misshapen or bruised. It will go back to its normal shape and the bruising will go away in time.
- Your baby’s mouth will be pink and moist.

Body

- Mom’s hormones may cause both boys and girls to have swollen breasts (that sometimes may leak milk) for the first few days.
- Your baby’s umbilical cord will be a bluish-white colour that will change to yellowish-brown, then greenish-black as the cord dries.
- Both baby boys and girls may have swollen and enlarged genitals for the first few days.
  - Boys’ testicles are usually descended (have moved into the scrotum, where you can feel them).
  - Girls may have a white, pink or red discharge from the vagina during the first week. This is normal and due to mom’s hormones.

Brain

Although you can’t see it, your newborn’s brain is growing. The brain’s neurons are connecting, mostly in the area of the brainstem, which is the part of the brain that controls body functions (e.g., breathing, body temperature, blood pressure).
Umbilical cord

The umbilical cord joined mom and baby before birth. When she was born, the cord was clamped and cut, leaving a small amount of cord attached to her. The clamp is usually taken off by your healthcare provider after 24 hours. The rest of the cord will fall off on its own between 1–3 weeks after that. If the cord is still attached when your baby is 3 weeks old, tell your healthcare provider.

Keep the area around the cord dry. This will help it heal.

• You can bathe your baby before the cord falls off. If the cord gets wet, let the cord area dry before dressing your baby.

• A small amount of oozing or bleeding is normal when the cord starts to fall off.

Bathing your newborn

Your newborn doesn’t need a full bath every day. She needs a gentle daily wash, starting with her face, hands and finally her bottom. Some babies love the water. Others don’t. Talk calmly to your baby and hold her securely to reassure her that she is safe. For more information about bathing your baby, see pages 140–141.

Feeding, sleeping and crying

For the first few weeks, these activities will take up most of your new family’s days and nights. You will find the information you need on the following pages.

Feeding

• breastfeeding, see pages 69–98 and infant formula, see pages 99–108
• how feeding changes in the first 6 months, see pages 124–125

Sleeping and waking

• how to create a safe place for your baby to sleep, see page 132–134
• waking and sleeping states, see pages 129–130
• tummy time, see page 138

Crying

• what to expect and how to cope, see pages 135–137

Call your healthcare provider right away if the cord or the skin around the cord:

• has a lot of blood
• is red, warm or swollen
• has discharge that smells bad
• is very wet with clear discharge
Your baby’s newborn blood spot screen

When your baby is 24–72 hours old, a few drops of blood are collected from a heel poke. The blood is tested for 17 treatable conditions that include:

• problems with how the body uses food to grow and develop (metabolic conditions)
• problems with how the body makes hormones (endocrine conditions)
• cystic fibrosis, a condition that affects the lungs and digestive system

Newborn blood spot screening is quick, safe and the best way to tell if your baby has a treatable condition that you or your healthcare provider might not know about. It’s important to find these conditions early. Treating these conditions early can prevent health problems, improve your baby’s health and maybe even save your baby’s life. Ideally, the newborn blood spot screen is done at the birth centre before your baby goes home. It may also be done at a home visit, clinic visit or lab in your community.

For more information about your baby’s newborn blood spot screen:

• talk to your public health nurse or your healthcare provider
• visit www.albertahealthservices.ca/services/newbornscreening.aspx

Common health concerns for newborns

Your newborn’s body temperature

Body temperature is one way to tell if a person is healthy. For information about taking your baby’s temperature, see pages 46–47.

It will be a couple of months before your newborn’s body is able to regulate her temperature and keep it stable. Before that, her body is not able to cool down when she gets hot or warm up if she gets cold.

If your new baby seems well (is feeding well, has a normal amount of wet and dirty diapers, is not more sleepy or fussy than usual) but feels cool or warm, you will need to help her body warm up or cool down.

If your baby is under 2 months and seems well but feels cool to the touch:

• make sure that she is dressed warmly enough
• if she stays cool to the touch, give her skin-to-skin cuddling, using a blanket to cover her back—you can also put a little hat on her while you warm her up
• if her temperature is still 36.3 °C or lower after 30 minutes, take her to the nearest Emergency or to your healthcare provider right away
If your baby is under 2 months old and seems well but feels warm to the touch:
• remove some layers of clothes or blankets—she may be over-bundled
• if she stays warm to the touch, give skin-to-skin cuddling, using a blanket to cover her back
• if her temperature is still 37.3 °C or higher after 30 minutes, take her to the nearest Emergency or to your healthcare provider right away

Feeding issues and symptoms of concern
See your healthcare provider if your baby is under 2 months old and:
• is quieter or more irritable than usual
• suddenly throws up a large amount of milk (more than just spitting up)
• spits up a lot of milk after every feeding
• refuses to eat or eats poorly at 2 or more feedings
• coughs so much that she throws up
• isn’t gaining weight as recommended
• is constipated

If your new baby seems sick, take her to your healthcare provider or the nearest Emergency right away, especially if her temperature is 37.3 °C or higher, or 36.3 °C or lower.
When babies are sick

Babies can’t tell you when they’re sick so you need to watch for signs of illness. The following symptoms need medical care, particularly if the baby is under 6 months old.

Babies don’t often get sick, but when they do, it can happen quickly.

Take your baby to the nearest Emergency or to your healthcare provider right away if she is under 6 months old and:

- is very sleepy or weak (hard to wake up) or unusually irritable
- has signs of dehydration (dark coloured urine; fewer than 4 wet diapers in 24 hours; dry skin, mouth and tongue; sunken fontanelle)
- has urine that is an abnormal colour (e.g., dark, cloudy, red)
- has a low body temperature of 36.3 °C or lower
- has a high body temperature (fever) of 37.3 °C or higher and is under 6 months old (see previous section for babies under 2 months old and page 47 for babies over 6 months old)
- has a rash with a fever
- has diarrhea
- is vomiting
- has unusual skin colouring
- has wheezing or noisy breathing
- has a cough that is getting worse or is not going away
- has red, irritated eyes that are sensitive to light
- is twitching or shaking
- seems to be in pain (e.g., cries more than usual, screams, rolls her head, rubs her ears)

Call 911 immediately if your baby is:

- breathing very slowly
- having difficulty breathing
- blue in colour
- limp or not moving
- not responding

If you have questions or concerns about your baby, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) for 24-hour nurse advice.
Jaundice

Jaundice is a condition that makes the skin and sometimes the whites of the eyes turn yellow. There are different types of infant jaundice.

The most common type of jaundice happens on the second or third day after birth and affects about half of all newborns.

After birth, babies have extra red blood cells they don’t need. As these cells break down, they release a substance called bilirubin. Your baby’s body gets rid of the bilirubin in the first few days through normal bowel movements. If the bilirubin builds up in the baby’s body it causes jaundice. At low levels, jaundice will not harm your baby. In rare cases, very high levels of jaundice can cause brain damage.

You can help prevent or reduce this type of jaundice.

• Feed your baby often and for as long as she wants to eat.
• Make sure you have a good latch when breastfeeding.
• Monitor wet and dirty diapers and weight gain—you baby is eating enough if she is steadily gaining weight and has the right number of wet/dirty diapers (see page 79 if breastfeeding and page 107 if formula feeding).

Babies with jaundice can become more sleepy and may not feed well. If you’re concerned about your baby:

• wake and feed her at least every 2–3 hours while she is jaundiced (for a total of 8–12 times in 24 hours)
• talk to your healthcare provider or public health nurse

Healthcare providers will assess your baby’s jaundice level. A jaundice meter may be used to tell how much bilirubin is in her body. It is placed on her 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 will need a blood test.

While this type of jaundice is very common, sometimes it needs to be treated. If your baby needs treatment, she may need to be in hospital for a few days under special lights (phototherapy). Don’t put her in the sun.

A second type of jaundice happens when the mother’s blood type and the baby’s blood type are different. In this case, a baby can become jaundiced in the first 24 hours of life. Tell your healthcare provider right away if you think your baby looks yellow, as phototherapy may be needed.
A third and less common cause of jaundice is liver disease. It also causes dark brown urine and stool that is white, clay-coloured (light gray) or very light yellow. Contact your healthcare provider right away if you see this.

**Call your healthcare provider if your baby:**

- has jaundice in the first 24 hours
- has increasing jaundice—that is, the skin and whites of your baby’s eyes are getting more yellowish and it is spreading to the feet and hands
- isn’t feeding well, or is very sleepy and unable to wake up enough to feed well
- isn’t having the recommended number of wet diapers or bowel movements per day (see pages 79 and 107)
- has urine that is dark brown and stool that is white, clay-coloured (light gray) or very light yellow

**Spitting up**

Some babies spit up small amounts of milk right after a feeding or between one feeding and the next. There’s no need to be concerned if the spitting isn’t forceful and your baby is healthy and is gaining weight.

Tips to help decrease spitting up:

- burp your baby during and after feeding
- carry her in an upright position for 20–30 minutes after feeding while sitting, walking or doing a quiet activity

**Newborn rash**

Newborn rash is a blotchy, red, pinpoint rash found anywhere on your baby’s body. It can appear within 24–48 hours after birth and usually goes away in 2–3 days. Although the rash may not look nice, it’s normal, needs no treatment and will go away with time.

For information about other kinds of rashes, see pages 48–49.
**Cradle cap**

Cradle cap is thick, waxy or flaky scales on your baby’s scalp. It’s caused by normal changes in your baby’s skin. Cradle cap will go away on its own.

If you want to treat it, you can:
- gently massage a small amount of vegetable oil into the scales on your baby’s scalp
- leave the oil on for about an hour
- wash with a mild baby shampoo, then use a soft brush to gently brush out the scales
- rinse well

Talk to your healthcare provider if you’re concerned about your baby’s cradle cap.

**Sneezing**

Babies may sneeze often to help clear their nostrils. This is common in the first few months. It doesn’t mean your baby has a cold. If your baby has a plugged nose that seems to make it harder for her to feed, try:
- using a humidifier to add extra humidity to your home
- putting 1 or 2 drops of **saline** nose drops into each nostril before each feeding to make mucus thinner and easier to sneeze out. You can buy these drops at a drugstore or make your own.

Do not use a bulb-shaped nasal aspirator. It can make congestion worse.

If you use a portable humidifier, it will need regular cleaning and disinfecting. Using unclean humidifiers can lead to breathing problems or allergies. Follow your humidifier’s cleaning instructions carefully. Empty the water reservoir when not in use. Clean it before you refill and use it again.

**Hiccups**

Hiccups are very common and won’t harm your baby. Sometimes they will stop if she is cuddled, sucks or changes position.

**Burping**

For information about burping your baby, see page 66.

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**Recipe for saline nose drops**

Add 2.5 ml (½ tsp) of salt to 250 ml (1 cup) of water that has been boiled. Cool before using.

**saline: salt water**
Additional health concerns

For important information about other health concerns in babies and children, see pages 46–52. You’ll find information about:

- when and how to take your child’s temperature
- throwing up (vomiting), diarrhea and constipation
- respiratory illnesses (e.g., colds, coughs, croup)
- ear infections and nosebleeds

Eating and Everyday Care

Eating

For complete information about breastfeeding and formula feeding, see the ‘Feeding Your Baby’ chapter.

Changes in feeding as your baby grows

During the first few months, babies can only eat small amounts at each feeding, so they need to feed often.

The following feeding patterns are a general guide. Your baby may feed more or less often. Feed your baby when her cues tell you she’s hungry. You’ll know she’s getting what she needs if she:

- is content and satisfied after most feedings
- steadily gains weight
- has enough wet and dirty diapers (see pages 79 and 107)

<table>
<thead>
<tr>
<th>Breastfed babies</th>
<th>Formula-fed babies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Under 3 months:</strong></td>
<td><strong>Under 3 months:</strong></td>
</tr>
<tr>
<td>• feed at least 8–12 times in 24 hours</td>
<td>• drink about 60–120 ml (2–4 oz) at each feeding</td>
</tr>
<tr>
<td>• may feed several times in a short period, especially in the evening (cluster feeding)</td>
<td>• feed 6–10 times a day</td>
</tr>
<tr>
<td><strong>Over 3 months:</strong></td>
<td><strong>Over 3 months:</strong></td>
</tr>
<tr>
<td>• feed about 6–8 times a day</td>
<td>• drink about 150–180 ml (5–6 oz) at each feeding</td>
</tr>
<tr>
<td></td>
<td>• feed about 5–6 times a day</td>
</tr>
</tbody>
</table>
Babies need to eat during the day and night. For at least the first 6 months, your baby will likely continue to wake and need to be fed during the night. In these early months she can suck and swallow liquids only. She isn’t able to safely swallow solids and doesn’t need them yet.

Your baby won’t have a set schedule, but she will begin to have more predictable eating patterns. There may be times when she suddenly wants to feed more often or longer. This may be a growth spurt—a time when your baby is growing at a faster rate. Growth spurts typically happen when she is about 3 and 6 weeks old and 3 and 6 months old, and usually only last a few days. For information about growth spurts when breastfeeding, see page 74.

**When your baby won’t eat**

If you’re concerned that your baby is pulling away too soon from the breast or bottle, or isn’t feeding well, talk to your healthcare provider or public health nurse.

The ‘wet and dirty diaper’ charts in the ‘Feeding Your Baby’ chapter will help you know if your baby is getting enough to eat. The appropriate charts are on the following pages:

- for a breastfed baby, see page 79
- for a formula-fed baby, see page 107

Feeding issues in young babies are urgent concerns. They can easily become dehydrated. Signs of dehydration include:

- dark coloured urine
- fewer wet diapers than recommended based on baby’s age and feeding method (see charts on pages 79 and 107)
- dry skin, mouth and tongue
- sunken fontanelle

For more information about urgent feeding concerns for babies under 2 months old, see page 81.
**Thinking about solid foods**

At about 6 months old, your baby is ready to begin solid foods. By 6 months old she also needs the added iron that solid food can provide.

Your baby may not take enough breastmilk or infant formula if solid foods are introduced before she is ready.

Your baby gives you cues that she is ready for solid foods when she:
- has good control of her head
- is able to sit upright in a high chair or baby chair
- opens her mouth wide when food is offered
- moves food to the back of the mouth with her tongue

For more information about starting your baby on solid foods, see pages 165–166.

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**Giving solid food too early**

Research shows that giving babies solid food earlier than 6 months doesn’t help them sleep through the night.
Teeth and mouth

Your baby is born with teeth that are hidden under the gums. Her teeth have been forming since the first trimester of pregnancy and are still forming now. Good nutrition will help them grow strong.

Baby (primary) teeth are an important part of your baby’s overall growth and development. Children with healthy teeth chew better, learn to speak more clearly and smile with confidence. A healthy mouth doesn't have the germs that could put a child's general health at risk. Below are tips for healthy baby teeth.

- Clean your baby’s 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 and water. You don’t need to use toothpaste or gum cleaners. For more information about how to brush your baby’s teeth, see page 173.
- Don’t put bottles and soothers in your mouth. If you share saliva with your baby it can pass tooth decay germs to her.
- Don’t prop or put a bottle in bed with your baby while she sleeps.
- Take the nipple (breast or bottle) out of your baby’s mouth when she stops feeding.

Recording your child’s tooth growth

<table>
<thead>
<tr>
<th>Teeth Type</th>
<th>Time Frame</th>
<th>Date Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central incisors</td>
<td>6–10 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Lateral incisors</td>
<td>7–12 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Canines (cuspids)</td>
<td>9–13 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>First molars</td>
<td>16–22 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Second molars</td>
<td>13–19 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>First molars</td>
<td>16–23 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Canines (cuspids)</td>
<td>25–33 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Lateral incisors</td>
<td>7–16 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td>Central incisors</td>
<td>20–31 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td></td>
<td>12–18 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td></td>
<td>13–19 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td></td>
<td>16–23 months</td>
<td>dd / mm / yy</td>
</tr>
<tr>
<td></td>
<td>6–10 months</td>
<td>dd / mm / yy</td>
</tr>
</tbody>
</table>
Teething

Teething usually starts at about 6 months old. It continues off and on until your child is about 3 years old, when all 20 baby teeth have appeared.

Teething may be uncomfortable for your baby. She may:

- be fussy and restless
- have more saliva and drool
- have swollen gums

When your baby is teething, you can:

- give her lots of love
- rub her gums with your clean finger
- give her a cold, clean washcloth or a clean solid teething ring to chew on. Try the kind that can be cooled in the fridge.
- avoid biscuits, rings filled with fluid or raw vegetables and fruit for teething relief
- avoid numbing gels with benzocaine. They can make babies sick.
- don’t use teething necklaces. They aren’t safe for babies.
- choose products with a Health Canada Natural Product Number (NPN) or Homeopathic Medicine Number (DIN-HM) if you’re using natural teething remedies

If your baby seems very uncomfortable, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465). Teething may not be causing your baby’s problem.

If your baby uses a soother

When babies are drinking they are sucking. Sucking is also a natural way for babies and young children to comfort themselves when they are tired or upset. Sucking for comfort starts early in life. It usually decreases as children get older.

Your baby may suck on her 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.

Teething does not cause:

- diarrhea
- fever
- vomiting

These are signs that your baby is sick, not that she is teething. For more information about these symptoms and when to call your healthcare provider, see pages 47–48 or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).
Here are some things to remember if you choose to use a soother.

- Breastfeeding should be well established before you offer your baby a soother. Many breastfed babies meet their sucking needs by breastfeeding.
- A soother doesn’t replace feeding or comforting your baby. Remember that she doesn’t need the soother all the time. She needs time to coo and babble without the soother in her mouth.
- Keep your baby’s soother safe and clean.
  - Before using it for the first time, disinfect it in boiling water for 2 minutes or according to the package instructions. Cool completely before using.
  - After each use, wash it with hot, soapy water and then rinse it.
  - Check it regularly. Throw it away if it’s cracked, punctured or torn. Replace it at least every 2 months.
  - Never put it in your mouth.
- Never tie a soother around your baby’s neck. This can strangle her. You can buy a clip with a short ribbon (about 15 cm or 6 inches) to attach to her clothing instead.
- Never dip your baby’s soother in sugar, honey or drinks with sugar or alcohol. They can cause cavities and make a baby very sick.

**Waking and sleeping**

Babies have different patterns of waking and sleeping than adults. When you understand these patterns, it will be easier for you to read your baby’s cues and respond to her needs.

**Waking**

- **Quiet alert.** New babies spend very little time in the quiet alert state (about 10% of every 24 hours). In this state your baby won’t move very much, her breathing will be regular and she will often look at your face. She may copy the movements of your face. The quiet alert state is a great time for you to gently talk and sing to your baby.
- **Active alert.** As they move into an active alert state, babies wriggle, flap their arms and kick their legs. You will often see this state when your baby is ready to eat or needs a change in activity (e.g., less or more stimulation). Watch for these cues and think about what your baby might need (e.g., feeding, burping, diaper change). You’ll soon be able to respond before she is in a full crying state. As your baby gets older you’ll also see this state when she is excited and having fun.
- **Crying.** Babies cry to tell you they feel upset. Your baby might be hungry, over-stimulated, in pain, uncomfortable, afraid, lonely or sad. There are different kinds of crying for different feelings or needs. You will continue to learn to recognize what these cries mean. When you respond to her cries, she learns to trust that you will help meet her needs. For more information about crying, see pages 135–137.
Sleeping

Newborns and babies have distinct sleep patterns. They go back and forth between the following states every 30 minutes or so while sleeping.

- **Quiet sleep.** Your baby lies very still during quiet sleep. Her heart and breathing rates are regular and her face is relaxed. This is the deepest level of sleep.

- **Active sleep.** Your baby may move her arms and legs and make different faces during active sleep. This is the lightest sleep state—your baby can wake easily. You may think she is waking up, but if you wait a few minutes she may go back into a quiet sleep on her own.

- **Transition.** This in-between state 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. She may go back to a quiet sleep on her own or she may be ready to get up.

**How do you know your baby is sleepy?**

When your baby is sleepy, she may be fussy, rub her eyes, pull her ear or yawn. She may have faint dark circles under her eyes.

Put your baby to sleep when you first notice she is sleepy. If you wait too long, she may get overtired and have trouble relaxing and going to sleep.

It may take some time to learn your baby’s sleep cues and patterns. Until you do you can expect your baby to be tired and ready to sleep after being awake for 2 hours for the first 6–8 weeks.
What to expect

Babies have sleep patterns that are quite different from older children and adults. Their stomachs can only hold a small amount of milk, so they wake up to feed often. Most newborns sleep an average of 1–3 hours at a time, day and night. This is normal. As they get older, they will be able to sleep for longer periods of time.

Young babies usually sleep:
- about 16–18 hours a day for the first 3 months of their lives
- about 2 hours (and seldom more than 3 or 4 hours) at a time

Babies’ sleep patterns can continue this way until they are 5–6 months old. Some babies may start sleeping longer at night by the time they are 3 months old. Most babies aren’t ready to sleep longer at night until they are at least 6 months old, and even then, it may only be for 5 or 6 hours at a time.

Let your baby eat and sleep when she needs to. She will develop her own eating and sleeping patterns. You don’t need to wake her to feed as long as she is healthy, gaining enough weight and growing (unless you have been instructed to do so by your healthcare provider).

By understanding and responding to your baby’s sleeping and waking cues, you can help her learn good sleeping habits early.

Helping your baby learn the difference between day and night

Babies will wake to be fed during the night. However, you can help your baby learn that nighttime is also for sleeping. Here are some suggestions.

<table>
<thead>
<tr>
<th>During the day</th>
<th>During the night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your home light and bright.</td>
<td>Keep lights dim or off.</td>
</tr>
<tr>
<td>Don’t worry about noises such as phones, music and dishwashers.</td>
<td>Reduce noises.</td>
</tr>
<tr>
<td>Play actively.</td>
<td>Keep feedings quiet and voices low.</td>
</tr>
</tbody>
</table>

Most babies feel more secure when they have a similar routine every day. However, a very strict routine doesn’t work well because their needs for food and sleep change from day to day. Follow your baby’s lead for feeding and sleeping and try to have a regular routine for your baby’s care (e.g., bathing, playtime).
Learning to fall asleep on her own

After the first few months, put your baby to bed when she is drowsy but still awake whenever you can. Cuddle or feed your baby to bring her close to sleep and then put her down in her crib. This will help her learn to fall asleep on her own.

Give your baby the chance to fall asleep in her crib or bassinet whenever possible. When babies go to sleep and wake up in the same place, they learn that this is where they sleep. This helps them learn how to get back to sleep when they wake up at night as well.

Safe sleeping for your baby

Creating a safe sleep environment will help reduce the risk of SIDS and other causes of sleep-related injuries and deaths. Here are some simple things you can do to protect your baby in her first year:

Always put your baby on her back to sleep, every sleep, whether it is naptime or nighttime, or if you are at home or away from home. This is the safest position for baby’s sleep.

Choose a safe place. Babies need a firm, flat, uncluttered surface for sleeping to reduce the risks of SIDS, being trapped or smothering. The safest place is a crib, cradle or bassinet that meets Canadian government safety standards and that is put together and used according to manufacturer’s instructions.

A safe crib (cradle or bassinet) is one that is in good condition and has:

- a firm, flat mattress that fits snugly into the frame, has no rips or tears and is:
  - no more than 15 cm (6 inches) thick for a crib
  - no more than 3.8 cm (11/2 inches) thick for a bassinet
- a tight-fitting bottom sheet
- slats that are no more than 6 cm (23/8 inches) apart
- a sticker saying it was made after September 1986 (Health Canada advises against using cribs over 10 years old)
- no pillows, bumper pads, plastic mattress covers, heavy blankets, quilts, sheepskins, toys, stuffed animals or positioning devices (e.g., wedges or rolls)

Safe sleeping

If you have questions or concerns about your baby sleeping on her back talk to your healthcare provider.

Your baby’s head shape

For information about how to prevent flat areas on your baby’s head, see pages 137–139.
Cradles and bassinets have weight limits. Be sure to follow the manufacturer’s guidelines.

Child safety seats are meant for keeping babies safe during travel. They aren’t meant to take the place of a crib, cradle or bassinet. When you get to your destination, take your baby out of the child safety seat to sleep.

**Keep your baby warm, not hot.** Overheating increases the risk of SIDS. 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.
- If you use a blanket, make sure it’s lightweight, firmly tucked under the end of the mattress and reaches only up to your baby’s chest.

**Make your baby your roommate.** Room sharing for the first 6 months helps protect your baby from SIDS and keeps her close without the risks of bed sharing. Room sharing means you sleep in the same room as your baby, but your baby is in her own crib, cradle or bassinet.

**Clear the air.** Babies whose mothers smoke during pregnancy, and babies exposed to second-hand smoke before or after birth, have a higher risk of SIDS.

- Protect your baby by staying smoke-free and keeping her away from second-hand and third-hand smoke before and after birth.
- Make sure nobody smokes around your baby, at home, during travel or with other caregivers.
- If you use tobacco, think about cutting back and quitting (see page 42). Smoke outside, away from your baby. Make a habit of washing your hands and changing your outer clothing (e.g., shirt or jacket) before holding and cuddling your baby.

**Breastfeed.** When you breastfeed your baby you protect her from illness and reduce the risk of SIDS.
**Sleep separately.** Bed sharing increases your baby’s risk of death or injury. Bed sharing means a baby is sleeping on the same surface as another person, child or pet. These surfaces, including beds and other soft surfaces (e.g., sofas, upholstered chairs), aren’t safe for babies to sleep on, either alone or with someone else. Babies can fall, be strangled or suffocate if they get trapped in cracks or under bedding, pillows, cushions or another person.

The highest risk for babies is when they are sleeping with:

- another person on a sofa or other soft, padded surface
- one or more people on any surface (including beds) if either person:
  - is a smoker or if mom smoked during pregnancy
  - has taken alcohol, drugs or any medicine that decrease a person’s ability to respond
  - is overtired (e.g., from stress or lack of sleep)

Babies are safest sleeping in their own crib. If you don’t have a crib, cradle or bassinet for your baby:

- put your baby on her back to sleep on a firm, flat surface
- avoid soft surfaces (e.g., sofas and upholstered chairs, water-filled, air-filled, pillow-top or sagging mattresses and loose bedding)
- prevent falls—never leave a baby alone on a raised surface

In addition, make sure:

- your baby can’t get trapped between a mattress and headboard, footboard, wall or anything else
- you and your partner know where she is at all times
- her head remains uncovered
- blankets and pillows are kept far away from her
- the room temperature is comfortable so she doesn’t get overheated
- all other children and pets are kept out of the bed

Taking these steps might reduce risk, but it does not make bed sharing safe. Bed sharing is not recommended by Alberta Health Services, the Canadian Paediatric Society or the Public Health Agency of Canada.

### Questions about safe sleep

Talk to your public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) if you:

- are unable to room share
- don’t have a safe crib, cradle or bassinet
- have questions about bed sharing

There are agencies that can help you get the equipment your baby needs.
When your baby cries

All babies cry. It may mean that she needs a diaper change, she’s hungry, she wants to be held, she doesn’t feel well or she needs to sleep.

Sometimes you won’t know what your baby is trying to tell you. When she cries, try your best to figure it out. Stay calm and ask your partner for help. Know that even if you can’t calm your baby, she will still know that you love her and that you’re trying.

Babies cry from birth. The amount they cry changes as they grow. You may notice that your baby’s crying:

• starts to increase at about 2 weeks
• peaks when she’s about 2 months old
• starts to lessen when she’s about 3–4 months old

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

Long periods of crying—for more than 3 hours a day and more than 3 times a week—were once called colic. It was believed that colic was a condition that some babies had and other babies didn’t. Researchers now believe that this type of crying is the same as typical crying, just much more intense.

Learn to recognize your baby’s cues

You can learn to recognize your baby’s cues. This will help you figure out what she needs before she starts to cry.

What you can do to try to soothe your baby:
• make her as comfortable as possible (not too hot or cold)
• change her diaper
• try to hold her in different positions (e.g., skin-to-skin, in a carrier, tummy down across your lap)
• try to feed her slowly and burp her often
• gently rock or walk with her
• talk, sing or play soft, relaxing music

**When your baby can’t stop crying**

Sometimes babies can’t stop crying, no matter what you do to try to soothe them. Being unable to soothe your baby doesn’t mean you are a bad parent. It doesn’t mean your baby is angry with you. It just means she needs something.

When your baby can’t stop crying, you may find yourself feeling frustrated, and even angry, as your stress level rises.

If you feel stressed, frustrated or angry:
• put your baby in a safe place (like her crib)
• leave the room and gently close the door
• take time to calm yourself before you try again

Letting your baby cry for a few minutes won’t hurt her. Holding her when you’re frustrated or angry can lead to shaking. It’s more important for you to stay calm than to stop the crying. **Never shake a baby.**

If your baby cries for long periods, see your healthcare provider to rule out any medical reasons.

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**Take a break—don’t shake**

Never shake a baby 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, life-long health problems or death.

Make a plan now about how you will cope with crying. For more information about coping with crying, visit www.safechildren.ca/ForParents/InfantCrying/CopingwithCrying/tabid/1207/Default.aspx

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**Support other caregivers**

• Write out a list of what usually works to help soothe your baby.
• Leave instructions for feeding your baby breastmilk or infant formula.
• Tell caregivers that you can return, if needed.
• Come home when you say you will.
• Remind them to never shake your baby for any reason.
Plan ahead

It’s important to plan ahead so you’re ready for the times when the crying becomes too much.

• Talk to the people you trust. Make a plan to call them to come over right away if you are getting frustrated.
• Keep their phone numbers handy for you and other caregivers.
• Try to get some time for yourself and make sure you’re getting enough sleep.

Sometimes you just need someone to talk to. It’s okay to ask for help. Talk to your healthcare provider or a public health nurse or call anytime to Health Link Alberta toll-free in Alberta at **1-866-408-LINK (5465)**.

Your baby’s head shape

Your baby’s skull bones are soft for the first year. As a result, **flat areas on the head can develop very quickly** (often within the first 2 months). Flat spots can be prevented and treated.

These flat areas can be on the back or side of the head, depending on how your baby likes to rest her head. Flat spots can change the shape of your baby’s head and face. The changes can be permanent if not treated early.

Changes to head shape don’t affect your baby’s mental or physical growth and development. However, they could make it more challenging for her to wear glasses or helmets when she’s older. If your child has noticeable flat spots by the time she’s 6 months old, your healthcare provider may refer you for other services or possibly recommend a special helmet to correct the head shape.

During sleep time

• Continue to put your baby on her back to sleep.
• Each night, place her in the crib with her feet at the opposite end. For example, lay your baby one way on even days, the other way on odd days. She will tend to turn into the room to look for you.
• Keep crib-bar toys on the room side of the crib—not beside the wall. Don’t use hanging mobiles or overhead baby gyms.
• If she falls asleep in a bouncy chair or child safety seat, take her out and put her in her crib.
• Don’t use rolled-up towels or other objects to position your baby when she’s asleep. They can smother her.
**Tummy time when awake**

- It takes time for babies to enjoy lying on their tummies. An easy way to make sure that your baby is getting enough tummy time is to put her on her tummy after every diaper change.

- Start early with skin-to-skin cuddling during the first week after birth. Lay your baby on her tummy on top of your chest while you lie back (as long as you’re awake). For more information about skin-to-skin cuddling, see page 114.

- The safest place for tummy time is on the floor on a clean, flat blanket. Get down on the floor with your baby, face to face, to encourage her to eventually lift her head up to look at you.

- Start slowly—most babies fuss at first when put on their tummy. The first few times, try it for 1–2 minutes. When she begins to fuss, turn her onto her back for the rest of playtime and try again later. Gradually increase tummy time as your baby gets used to it.

- You can put a small, rolled-up towel under your baby’s chest, with her arms in front of it. This will help her hold up her head so she can look in different directions.

- Use bright toys or the sound of your voice to encourage your baby to look to both sides.

- For side-lying play, position your baby between 2 rolled-up towels, one behind her back and one in front of her tummy. If she is starting to develop a flat area on her head, position her on the side that isn’t flat.

**Back to sleep, tummy to play**

Always place your baby on her back to go to sleep. Place her on her tummy to play when she’s awake and you’re with her.
Other tips for preventing flat areas on your baby’s head

• Change the arm you use to carry your baby—right one day, left the next.

• Carry your baby with her face toward you, so her head isn’t against your body.

• Offer your baby both breasts at each feeding. If she is having trouble breastfeeding on one side, her neck muscles may be tight. Have her checked by your healthcare provider or public health nurse.

• Alternate the arm you use if you are feeding your baby a bottle.

• Limit the amount of time that your baby spends in child safety seats, bouncy seats or swings, especially before she’s 3 months old. If you use these items often, try to position your baby’s head so that it is supported and isn’t turned to one side.

• If your baby always wants to look in one direction try to encourage her to look in the other direction as much as possible when she’s awake and playing. Use toys or get down on the floor with her to play.

If you think your baby is developing a flat spot, ask your healthcare provider or public health nurse about infant repositioning classes for babies up to 4 months old.

When to call your healthcare provider

Check with your healthcare provider or public health nurse if you notice:

• that your baby only looks in one direction, or her head is tipped to one side

• that your baby has ongoing trouble breastfeeding on one side

• that you have trouble turning your baby’s head to one side

• a flat area on your baby’s head
Bathing

Your baby doesn’t need a full bath every day. Be sure to wash her face, hands, bottom and genitals daily.

Keep your baby safe during a bath.

• Have everything you need within easy reach before you start. Never leave your baby or young child alone, even for a few seconds.

• Check the temperature of the water with your wrist or elbow before you put your baby in the bath. The water should feel warm to your touch, not cold or hot.

• Avoid putting oil in the bath water. This will make your baby too slippery for you to handle safely. Try to put a small amount of vegetable oil on dry spots after the bath.

• Hold your baby carefully, especially in her early months.

• Avoid using bath seats and bath rings. They aren’t safe.

When bathing your baby, all you need is a clean washcloth, a small amount of soap (mild and unscented) and water. Your pharmacist can suggest a soap to use.

• First, wash your baby’s eyes, outer ears and then the rest of her face with plain water.

• Next, wash the rest of her body with soap and water.

• Last, clean your baby’s genitals.

º Baby girls

º Wipe gently from front to back. This will help prevent spreading germs from her bottom to her urinary opening (where her urine comes out).

º Baby boys

º Wipe his penis and bottom.

º The penis is covered by skin called the foreskin. Don’t pull it back. The foreskin will loosen on its own, sometime between preschool and puberty. If you have concerns, ask your healthcare provider.

º If your son is circumcised (has had the foreskin removed), your healthcare provider will explain how to care for the area.

Keep a hand on your baby at bath time

Have your hands on your baby at all times in or near water. Never leave your baby alone in the bath, not even for a second. Babies can drown in less than 25 mm (1 inch) of water.
You don’t need to use lotions and powders (e.g., baby powder) after a bath. These can irritate your baby’s skin. Powder can also cause choking and breathing problems for your baby.

**Ears**

Use a clean, damp washcloth to clean only the outside of your baby’s ears. Never use a cotton-tipped applicator (e.g., cotton swab) inside ears, as it can poke a hole in her eardrums. It can also push wax into the ear causing a wax buildup or blockage and possibly a temporary hearing loss.

**Eyes**

To care for your baby’s eyes:
- use a clean, soft, wet cloth to wipe from the inner corner to the outer corner of the eye
- use a different part of the cloth each time you wipe

Your baby’s eyes may be swollen or have small amounts of discharge after birth. Sometimes the discharge can last for up to a year if she has blocked or narrow tear ducts. This is normal as long as the eye isn’t red or infected (draining pus or crusting over). Cleaning her eyes with a soft, wet cloth is all you need to do.

**Nails**

Your baby’s nails may be quite long at birth. The skin is attached to the underside of the nail and can be easily damaged. The best time to care for her nails is when she’s asleep in the quiet sleep state (see page 130).

To care for your baby’s nails:
- use an emery board to gently file the fingernails and toenails
- don’t use nail clippers
- never bite your baby’s nails (this could cause an infection)

**Diapering**

Whether you use cloth or disposable diapers (or a combination of both), change them often to keep your baby comfortable and help prevent diaper rash. Newborn babies can use 10–15 diapers every day.

To change your baby’s diaper:
- wash your hands
- place her on a safe, flat surface
- take off the dirty or wet diaper
- clean her diaper area with a warm, wet, soft washcloth or baby wipe (see page 140 for information about how to clean your baby’s genitals)
- dry her diaper area to help prevent diaper rash
- put on a barrier cream and a clean diaper
- dispose of the used diaper and wash your hands

To keep your baby safe when diapering:
- always keep one hand on her—even newborn babies can move
- use safety straps (if there are some) when changing on a table or raised surface
- keep all pins and creams out of her reach
- don’t use lotions, perfumed diaper wipes or creams (except barrier creams for diaper rash), since they may irritate her skin

**Diaper changing area**

You and your baby will be spending a lot of time in the diaper changing area. Here are some tips for keeping this area clean.

- Make a separate area for diapering only. If you can, set it up near a sink and away from areas where food is prepared, stored or eaten. Clean the area often.
- Remove stool from the diaper and flush it down the toilet.
- Put soiled washcloths, cloth diapers and clothing in a covered diaper pail. Wash them often.
- Put disposable diapers in a designated covered diaper pail or garbage and empty it often. Keep soiled diapers out of the reach of children.
- Wash your hands after changing your baby’s diaper.

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**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. For information about diaper rash, see page 49.
Dressing your baby

Newborn-sized clothing fits for a very short time, so only get what you need. Cotton or cotton-blend clothing is comfortable, soft, non-irritating and easy to wash.

Clothing for your baby should be:
• a comfortable size (if it’s too big, she could suffocate)
• non-flammable
• child safe (e.g., no small buttons, strings or decorations that could come off)
• easy to put on (e.g., have a wide neck opening so it fits over her head)

To keep your baby safe and comfortable:
• dress her in the same amount of clothing that you’re wearing
• think about where you’re going (e.g., babies may need more clothing in air-conditioned cars or buildings)
• don’t use electric blankets, heating pads or hot water bottles
• try to keep your house temperature between 20 °C and 22 °C during the winter months

In the cold weather:
• protect her face, but don’t use scarves because they can catch and strangle her
• put a warm hat on her and cover her hands and feet
• dress her with one more layer of clothing than you’re wearing
• avoid staying outside for very long
• remove blankets before putting her in a child safety seat and tuck a blanket over her after she is secured

**Babies have sensitive skin**

Babies have very sensitive skin. You can help prevent skin rashes.
• Wash all new and used baby clothing with a mild soap.
• Rinse your baby’s clothing twice or add 125 ml (½ cup) of vinegar to the final rinse.
• Avoid using fabric softeners.
Family Health

Health check-ups

Overall health: Soon you’ll be taking your baby for a check-up. If you don’t have a regular healthcare provider, now is the time to get one. For information about finding a healthcare provider, see page 43.

If you already have a healthcare provider, check to make sure they can take on the care of your baby. When you come home from the birth centre, phone to schedule your first appointment. They may want to see your baby when she is 1–3 weeks old.

Your baby’s check-ups: It’s important that your baby sees her healthcare provider regularly during her first 6 months. Ask when they’d like you to schedule these appointments.

Your healthcare provider will:
• ask how your baby is feeding
• check your baby’s general health and development
• measure your baby’s weight, length and head size

Your healthcare provider will track how much your child has grown from one visit to the next on a growth chart. Healthy growth is different for each child. It is important for your child to follow a growth pattern that is right for her. Growth pattern over time is more important than one single measurement.

What do the numbers mean?
If your baby is plotted on the growth chart at the 25th percentile, it means that out of 100 babies that are the same age, 25 are smaller than your baby and 75 are bigger.

By 4 months old most babies:
• hold their head in the middle and turn to look to both sides
• grasp a finger or a toy
• move things to their mouth
• make different cries and sounds

You know your baby best. If you have questions or concerns, talk to your healthcare provider or public health nurse.
**Mom’s check-up:** You will have a check-up with your healthcare provider about 6 weeks after your baby’s birth. You can also ask questions and talk about choices for birth control. For more information about birth control choices, see our other book *Healthy Parents, Healthy Children: Pregnancy and Birth* at [www.healthyparentshealthychildren.ca](http://www.healthyparentshealthychildren.ca).

**Community/public health centre:** A public health nurse will call soon after your baby is born to help answer your questions about your baby’s health, care and development. You will also see public health nurses and other healthcare professionals when you visit your community/public health centre. Your local community/public health centre provides services that promote wellness for families and communities. For further information, see page 43.

**Immunizations:** Your baby is due for immunizations when she’s 2, 4 and 6 months old. Babies are at higher risk of getting sick because their immune systems aren’t fully developed. Immunizations give your baby the best possible chance of staying healthy. Parents may also need immunizations (see page 295). Be sure to call early to book your appointment. To find a community/public health centre near you, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465), or visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and click on the ‘Find Healthcare: Find a Service or Facility’ icon.

**Teeth and mouth:** Take your child for a dental visit when she is about 1 year old, or 6 months after her first tooth appears. Your dentist will check the growth and development of your child’s mouth, talk to you about caring for her teeth at home and suggest a schedule of dental visits based on her needs.

**Vision and hearing:** You know your baby best. See a healthcare provider as soon as possible if you think your baby:

- has difficulties seeing or hearing
- has an eye or ear infection

**Hearing and Vision**

- Young babies will react to loud noises.
- By 3 months old most babies:
  - look at faces, making eye contact with people
  - watch and follow objects with their eyes
  - smile when you smile at them

If these things are not happening, talk to your healthcare provider or public health nurse.
Preventing Injuries

Most childhood injuries can be prevented. Often injuries happen because parents aren’t aware of the risks to their baby’s safety. Wherever your baby is, there are many ways you can help keep her safe.

**Vehicle safety**

Always put your baby in a child safety seat. Holding her, even when travelling at slow speeds, isn’t safe when travelling in a vehicle. Since she has a large, heavy head and weak neck muscles she must be properly secured in a rear-facing child safety seat appropriate for her weight and height.

It is recommended you use a rear-facing child safety seat as long as possible. Use it until your child:

- outgrows the weight and height ranges of the rear-facing child safety seat, **and**
- is at least 1 year old, **and**
- weighs at least 10 kg (22 lbs.), **and**
- is walking

Proper use of a rear-facing child safety seat is required by law in Alberta. To install your child safety seat, follow manufacturer’s instructions and the vehicle owner’s manual. Take the rear-facing ‘Yes Test’ in the ‘Learn More’ chapter to make sure you’re using it correctly. For more information about child safety seats, visit [https://myhealth.alberta.ca/Alberta/Pages/rear-facing-child-safety-seat-yes-test.aspx](https://myhealth.alberta.ca/Alberta/Pages/rear-facing-child-safety-seat-yes-test.aspx)

**Preventing falls**

Here are some things to know about babies and falls:

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

**Supervision is the best prevention**

Being at your baby’s side is the best way to prevent falls. If you need to leave for a moment when your baby is on a raised surface, take her with you, or move her to the crib or a playpen.
How to protect your baby from falls

**Furniture**

- Always keep at least one hand on your baby when she’s on a high place (e.g., change table, bed, counter at the healthcare provider’s office or community/public health centre) even if she’s in a safety strap.
- Change diapers on a clean pad on the floor instead of on a raised surface.
- Place child safety seats, baby chairs and bassinets on the floor, not on a counter, bed or sofa. Your baby could wiggle to the edge and fall, even when strapped in.

**Stairs**

- As your baby starts to crawl she will want to explore. Protect her from falling down stairs.
- Install stair gates at the top and bottom of each stairwell before your baby starts crawling. For more information about types of gates to use, see page 181.

**Safety straps**

- Use the safety straps in your stroller, high chair, change table, child safety seat and baby seat. They help keep your baby in place and prevent falls.
- Straps that go around your baby’s waist and through the legs are the safest type. Babies can slide through waist-only straps.

For more information about preventing falls, visit [https://myhealth.alberta.ca/health/pages/conditions.aspx?hwId=ue5136](https://myhealth.alberta.ca/health/pages/conditions.aspx?hwId=ue5136)

**Preventing other injuries at home**

Some of the most common household injuries for babies and children are drowning, scalds, burns, choking and poisoning. Babies are at even more of a risk for these injuries because they:

- have thin, sensitive skin that burns easily
- learn and explore by placing things in their mouths
- can get into situations they can’t get out of

**Drowning**

Never leave your baby unattended in, around or near water. Baby bath seats are not a substitute for adult supervision. Bathtub rings are not safe.

For more information about home safety visit [www.parachutecanada.org/safekidscanada](http://www.parachutecanada.org/safekidscanada) or [www.albertahealthservices.ca/injprev/Page4838.aspx](http://www.albertahealthservices.ca/injprev/Page4838.aspx)
**Scalds and burns**

- Keep hot liquids away from your child. Use lids on hot drinks, even at home.
- Cook on the back burner of the stove and turn pot handles towards the back of the stove.
- Protect your baby and young children from tap water scalds. For instructions on how to turn down the temperature of your hot water heater, see page 52.
- To protect your family from house fires, install a smoke and carbon monoxide detector on every level of your home (see page 52 for more information).

**Choking and poisoning**

Choking and poisoning are a risk for babies once they begin to explore by putting things in their mouths. Keep medicine, vitamins, plants, cosmetics and household chemicals out of sight, out of reach and locked up. For more information visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and enter the key word ‘choking’ or ‘poisoning’ in the search box.

**Safe sleep**

Cots, cradles and bassinets are the safest places for babies to sleep. For information about safe infant sleep, see pages 132–134.

**Pet safety**

If you have a pet, gradually introduce the animal to your baby. You can give your pet a blanket or cloth with your baby’s scent to smell before you bring her home for the first time. Your pet will still need some of your attention. When you first come home, have someone else take your baby into another room while you give your pet a warm, calm welcome. After you’ve washed your hands, you can bring your pet to sit next to you and your baby.

You want your pet to have a positive experience with your baby. To prevent anxiety or injury, follow your regular routines (e.g., walks, feedings), don’t force your pet to be near your baby and never leave your baby alone with your pet.

New puppies and kittens often carry harmful germs. Be sure their immunizations are up to date. Snakes and other reptiles often carry bacteria (e.g., salmonella) that can easily infect babies and young children. Make sure to wash your hands after handling or cleaning up after pets.
Growing and Learning with Your Young Baby

Young babies change and grow daily. The changes are amazing. All areas of development are interconnected—one area can’t develop without the other. Your child’s development is guided by the brain.

How your baby’s brain cells are connecting

Your baby was born with billions of brain cells, but only some of them are connected at birth. Brain cell connections are formed through everyday experiences. 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 and the easier it is for signals to pass from one part of the brain to another.

Brain cell connections become stronger when your baby and you engage in serve-and-return interactions (such as the examples that follow).

Check out parent and baby programs

Your community may have programs for parents and babies. Your public library and Parent Link Centres are good places to start.
Serve-and-return interactions with your baby from birth to 3 months

<table>
<thead>
<tr>
<th>Your baby serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• looks at your face</td>
<td>• look at her face and smile while you are feeding and providing care</td>
</tr>
<tr>
<td>• cries and sucks on her hands</td>
<td>• talk to her about how she's feeling (e.g., “You’re hungry/wet/tired, aren’t you?”)</td>
</tr>
<tr>
<td>• kicks her legs and bats at things</td>
<td>• push gently upwards on her feet and let her push back against your hands. Dangle safe objects for her to bat when you’re playing together.</td>
</tr>
<tr>
<td>• makes contented noises (e.g., coos, gurgles, sighs and squeals)</td>
<td>• rub, pat and gently touch her tummy, back, arms and legs. Stop to see what she does. She will let you know to stop or to do it again.</td>
</tr>
<tr>
<td>• pays attention to your voice</td>
<td>• talk to her about what you’re doing during the day. Notice whether she likes a gentle voice or a lively voice.</td>
</tr>
</tbody>
</table>

Other things I do to help my baby learn:

- Stop and play with your baby.
- Talk to your baby during the day.
- Sing and hum familiar songs.
- Use soft toys and mirrors.
- Drink plenty of fluids and eat well.
- Create a calm and relaxing environment.
- Stay active and healthy.
Serve-and-return interactions with your baby from 3–6 months

<table>
<thead>
<tr>
<th>Your baby serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• looks at people, things and sounds that interest her</td>
<td>• notice, talk about or give her the things she is looking at</td>
</tr>
<tr>
<td>• tries to move while on her tummy</td>
<td>• get down on the floor and move with her</td>
</tr>
<tr>
<td>• coos and gurgles with vowel sounds (e.g., ee, oy, ey and ooh)</td>
<td>• copy your baby’s sounds and actions. Then wait to see if she copies you.</td>
</tr>
<tr>
<td>• smiles at you when you talk and sing</td>
<td>• sing, talk and look at books with your baby</td>
</tr>
<tr>
<td>• laughs, giggles and shouts</td>
<td>• puff your cheeks and stick out your tongue. Wait to see if she copies you. Play peek-a-boo.</td>
</tr>
</tbody>
</table>

For more information about how the brain develops, see pages 12–13.
Learning to communicate

Young babies communicate in many ways. One of the ways they communicate is by crying.

As your baby grows, her communication becomes easier to understand. She’ll look at what interests her and will use sounds, facial expressions and gestures. Babies grunt, gurgle, coo and make small throaty noises. These sounds will become words as her speech and language develops.

Babies need both moms and dads to talk with them. When you talk to your baby, she learns to recognize the sounds and words in your language.

• She will learn to talk by hearing your words, songs and stories. Sometimes adults feel silly talking to a baby, but this is exactly what your baby needs.
• Your baby loves voices and faces. Look into her eyes and smile, talk or sing softly when you are holding, feeding and playing with her.
• Notice what interests her by what she is looking at, touching, smelling, hearing and tasting. Talk about what she’s paying attention to so she can start to attach meaning to your words.
• When you copy her sounds, your baby realizes that she is able to make noises that sound like your speech. At first you copy her. Soon she will copy you. This helps build the brain connections for speech and language.

Your voice is best

Your growing baby soon turns her head to look at you when you speak. She learns best when you notice what she’s looking at and what she is telling you with her sounds and body language.

gestures: actions, hand movements and facial expressions used to communicate (e.g., waving to say 'bye')
You can encourage your baby’s language

- **Tune in.** Watch, listen to and respond to your baby’s cues.
- **Get face to face.** Talk, sing, smile and make faces with each other.
- **Engage.** Some babies need energetic conversations to engage with you. Others will respond more to gentle tones. Some babies need both. Find what works for your baby.
- **Play with language.** Use finger games with actions, nursery rhymes and songs to help her understand words.
- **Read.** Start reading to your baby from birth and read to her every day. Point to pictures in children’s books. Choose books that are safe to chew. Read anything that interests you out loud—even the newspaper sounds interesting to a baby.

Exploring to learn

Your young baby is learning by watching you. She follows you with her eyes, feeling your warmth and listening to your voice. You are her favourite playmate.

How your baby explores is influenced by her temperament (see page 15). She may be calmer or more active than other babies you know. She may have more or less fussy periods than other babies. Every baby is different.

Exploring through the senses

Young babies learn through their senses (sight, hearing, touch, taste and smell). They also learn through their everyday experiences and by exploring.

Babies can see from birth. Your new baby can:
- tell the difference between light and dark
- see shapes
- see best when objects are about 20–30 cm (8.5–11 inches) away
- see your face, though she may just scan around the outside edges of it

As she grows, she will:
- turn her head to follow faces and bright objects
- gaze at objects for long periods of time
- start to focus on the center of your face and then your eyes
Babies can hear even before they’re born. Your young baby:
• enjoys hearing sounds with different tones, like voices and soft music
• might stop moving to listen when she hears a sound
• will startle when she hears a sudden, loud noise
• is scared by angry, loud voices

Your baby has an excellent sense of smell—it’s one of the main ways she knows you.

Holding and cuddling won’t spoil your baby. Many babies like to be held closely. Some babies like to look at you. Others prefer to look outward. Over time you will get to know what your baby likes.

**Exploring through moving and physical activity**

Your baby was born with some simple reflexes. At first her leg and arm movements will be uncontrolled. As she develops, she’ll find her fingers, toes and other body parts and enjoy playing with them. She’ll also smell and touch you, poke at your face and grasp your hair.

She’ll look at you with interest and kick her legs when you talk, play or care for her. This is how your baby figures out how to control her movements and gets to know you. She needs many chances to move freely when you are able to supervise her.

Give your baby a chance to explore the world on her tummy and side many times throughout the day when she is awake and you are supervising her. Build tummy time into your daily routine (e.g., after every diaper change). For more information about tummy time, see page 138.

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**Your baby loves to play with you**

You can help your baby develop by doing things with her. Massage, hold, rock and carry her in different positions. Play, talk and sing together. Take her outside and show her new things.

**Prevent choking**

If something goes into your baby’s hands, you can expect it to go into her mouth. If it can fit through a toilet paper roll, it is too small for a baby or young child. They may choke on it. See picture on page 182.
You can help your baby learn through exploring

- **Relax and enjoy your new baby.** She needs nurturing, loving care and your smiling face.
- **Go for a walk** and you will both enjoy the fresh air, being active and spending time together.
- **Copy her movements** and then wait for her to take a turn.
- **Wait** to see how your baby responds. Repeat what you did if she seems to like it. Stop when she has had enough.
- **Watch and talk** about the objects and people she looks at with interest.
- **Give her many chances** to move freely when you are there to supervise.

Learning about emotions

Your baby shows her emotions from birth. As she grows, it will become easier to tell when she's happy or sad.

- By 2 months old, your baby smiles and coos when she likes something and fusses or cries when she's not happy or is trying to tell you something.
- By 6 months old, your baby starts to show more emotions. She may at times be overwhelmed, even with things that usually make her feel good. She needs you to help calm her.

When you respond to your baby calmly and consistently, you teach her to trust and build a secure attachment (see page 14). This helps her understand and learn to cope with her own emotions as she grows.

“Having twins has taught me to be prepared—prepared to be flexible.”

Lauren, mother of younger babies
Understanding and responding to your baby

When you understand what your baby is feeling, it’s easier to know how to respond. A young baby’s emotions are expressed with the 3 simple messages shown in this chart.

<table>
<thead>
<tr>
<th>What your baby is saying</th>
<th>How you can tell</th>
<th>This is a good time to</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I like it”</td>
<td>Your baby:</td>
<td>Be with your baby and:</td>
</tr>
<tr>
<td></td>
<td>• is quietly alert</td>
<td>• play</td>
</tr>
<tr>
<td></td>
<td>• looks relaxed</td>
<td>• read</td>
</tr>
<tr>
<td></td>
<td>• watches with interest</td>
<td>• sing</td>
</tr>
<tr>
<td></td>
<td>• looks excited and smiles</td>
<td>• talk</td>
</tr>
<tr>
<td>“I don’t like it”</td>
<td>Your baby:</td>
<td>Figure out what she needs and respond by:</td>
</tr>
<tr>
<td></td>
<td>• tenses her face and body</td>
<td>• feeding</td>
</tr>
<tr>
<td></td>
<td>• partly closes her eyes</td>
<td>• changing her diaper</td>
</tr>
<tr>
<td></td>
<td>• wrinkles her nose or lip</td>
<td>• changing activities</td>
</tr>
<tr>
<td></td>
<td>• whimpers</td>
<td>• putting her down to sleep</td>
</tr>
<tr>
<td></td>
<td>• turns away</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• puts her hands up</td>
<td></td>
</tr>
<tr>
<td>“I need you!”</td>
<td>Your baby:</td>
<td>Comfort by:</td>
</tr>
<tr>
<td></td>
<td>• fusses or cries</td>
<td>• holding and cuddling</td>
</tr>
<tr>
<td></td>
<td>• looks at or searches for you</td>
<td>• talking calmly and gently</td>
</tr>
<tr>
<td></td>
<td>• leans or moves toward you</td>
<td>• singing lullabies</td>
</tr>
<tr>
<td></td>
<td>• reaches for you</td>
<td>• rocking gently</td>
</tr>
<tr>
<td></td>
<td>• needs your comfort, especially when she’s sick, hurt or upset</td>
<td>• staying calm</td>
</tr>
</tbody>
</table>
Living in a social world

Your young baby’s world starts with you. Her world expands as you take her to new places and she meets the people who are important to you. You are building a network of support for you and your baby.

• Young babies are often easy to take places. You will need to take supplies with you.
• Plan your activities around your baby’s usual feeding and sleep times. Try to maintain her routine.

You can help your baby build positive relationships

• As your baby gets older, she starts to learn from other people too. She can have positive relationships with different people in different ways.
• Be open to having other important people in your life care for and spend time with your baby. It helps her learn to adapt and enjoy other people.
• Accept the way other people do things as long as it is safe. It’s good for your baby to experience different ways of doing things. For example, if someone puts on her diaper or holds her differently than you would, that’s okay.
Taking Care of Yourselves

Mood changes after having a baby

The first few days after a baby arrives are often filled with a wide range of emotions for both moms and dads. Feelings of excitement and joy are often mixed with feelings of worry and tiredness.

Parents may have some feelings of sadness at their loss of freedom, a paycheque, sleep or time for adult interests and relationships. If you have any of these feelings, talking with someone you trust can help. Although having a new baby may bring many challenges, you’ll also share times of great joy, pride and pleasure.

Postpartum blues

Many new parents are surprised on the third or fourth day after birth when they feel mood changes. These mood changes are referred to as postpartum blues. You may:

• feel a little sad
• cry for no clear reason
• be impatient and irritable, sometimes for no clear reason
• feel restless and anxious
• have poor concentration
• feel sensitive
• feel tired and/or have trouble sleeping
• have mood swings (e.g., joy to sadness, laughing to crying)

Postpartum blues happen for many reasons. They can last 2–3 weeks. It helps to talk to someone who can support you. This may be your partner, your friends, your public health nurse or your healthcare provider.

Postpartum depression/anxiety

If postpartum blues last for more than 2–3 weeks and you don’t feel better with rest, sleep or support from others, you may have postpartum depression/anxiety.

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. Listen to his or her concerns.
Postpartum depression/anxiety can happen anytime within the first year after a baby is born. It can affect the relationship between parents and their babies, their partners and their entire family. Any parent can develop postpartum depression, whether this is their first child or not.

Postpartum depression is not something that will go away if you just ‘pull yourself together’. It can have an impact on your baby’s health and development if not treated. Talk to your healthcare provider or public health nurse.

See *Healthy Parents, Healthy Children: Pregnancy and Birth* at www.healthyparentshealthychildren.ca/ for detailed information about postpartum depression/anxiety and postpartum psychosis, things to be aware of and why it is important to get help and support early.

**Changes in your sexual relationship**

You may find that many parts of your relationships are different after your baby is born. Physical and emotional changes after the birth of your baby can affect your sexual desire. Some couples aren’t interested in sex for the first few months. For other couples, the birth of their baby brings new joy to their sexual relationship.

For information about changes in your sexual relationship and birth control options, see *Healthy Parents, Healthy Children: Pregnancy and Birth* at www.healthyparentshealthychildren.ca/

**Finding the right balance**

Being new parents can be wonderful. Like other big changes in your life, it can also be hard. You’ll spend much of your time looking after your baby. You may feel more tired, anxious, irritable, confused or emotional.

It’s important to balance your needs and caring for your relationships with the amount of care a new baby needs. To find that balance, it helps to take good care of yourselves.

- **Take a break.** Rest when your baby sleeps. Read a book or soak in the tub for 20 minutes. Use relaxation or meditation techniques, try yoga or play calming music.
- **Eat a variety of healthy foods** from Canada’s Food Guide every day. Eat regular meals and snacks. Drink water regularly.
• **Get some fresh air.** Take your baby along in a stroller or leave her with a caregiver.

• **Make a date.** Try setting aside an hour or an evening for you (or you and your partner). Start small. Even going out for a walk can be a welcome break.

• **Share.** Parenting can be much easier when you talk to other parents about it. For ideas on meeting other parents, see page 61.

• **Laugh.** Get together with friends who make you laugh or watch a funny movie. A good laugh can ease tension and improve your mood.

• **Accept help.** Ask for and accept offers of help.

• **If you are feeling overwhelmed or depressed,** get professional help. Talk to your healthcare provider, or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) for information about parenting support and/or counselling.

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**My notes**

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Older Babies
6 to 12 Months
Older Babies:  
6 to 12 Months

The time when your baby is 6–12 months old is a source of wonder. At 6 months old, your baby is still completely dependent on you. He’s also becoming his own person and starting to explore the world around him. Your relationship with your baby changes as he becomes more mobile and learns to express himself. By the time he’s 12 months old, he may be walking, swaying to music and saying a few words like “bye-bye”.
### Development | 6 to 12 months

#### Developmental stage

This is the **doing stage**, a time when it’s important for your child to keep practicing earlier tasks as well as to:

- explore and discover—to learn about his surroundings by moving, grasping, touching and tasting

#### What to expect

<table>
<thead>
<tr>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ sits up with support, then sits by himself</td>
</tr>
<tr>
<td>□ rolls and crawls</td>
</tr>
<tr>
<td>□ picks up things with fingers and thumb</td>
</tr>
<tr>
<td>□ helps or resists dressing/undressing</td>
</tr>
<tr>
<td>□ helps or resists feeding</td>
</tr>
<tr>
<td>□ gets first teeth</td>
</tr>
<tr>
<td>□ has more organized sleep patterns; more able to settle self back to sleep during night</td>
</tr>
<tr>
<td>□ usually naps twice during the day</td>
</tr>
<tr>
<td>□ pulls up to stand and walks holding furniture</td>
</tr>
<tr>
<td>□ triples birth weight (by 1 year)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognitive (learning and thinking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ babbles a lot; imitates sounds and actions</td>
</tr>
<tr>
<td>□ starts to recognize words and simple phrases</td>
</tr>
<tr>
<td>□ gets excited at the sight of food</td>
</tr>
<tr>
<td>□ realizes things exist even when out of sight</td>
</tr>
<tr>
<td>□ responds to own name</td>
</tr>
<tr>
<td>□ points to familiar things</td>
</tr>
<tr>
<td>□ continues to explore by putting things in mouth</td>
</tr>
<tr>
<td>□ says a few words, not always clearly</td>
</tr>
<tr>
<td>□ starts to remember and likes routines</td>
</tr>
<tr>
<td>□ likes to stack, nest and put things in containers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ may show fear or anxiety over people and situations that didn’t bother him before</td>
</tr>
<tr>
<td>□ likes to stay close to parents/primary caregiver</td>
</tr>
<tr>
<td>□ shows pleasure when parents/primary caregiver return</td>
</tr>
<tr>
<td>□ seeks comfort when upset</td>
</tr>
<tr>
<td>□ starts to read emotions of others</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ enjoys games such as peek-a-boo and pat-a-cake</td>
</tr>
<tr>
<td>□ may be anxious around strangers</td>
</tr>
<tr>
<td>□ may cry or cling when parents leave</td>
</tr>
<tr>
<td>□ plays purposefully with toys</td>
</tr>
</tbody>
</table>
Growing Together

As your baby grows from 6–12 months old, he is able to do more: recognize people, hold objects in his hands, sit up, crawl, stand and eventually walk. This leads to many new adventures and discoveries.

Babies generally:
- gain weight slower during the second 6 months
- triple their birth weight by about 1 year old

Babies learn in many ways at once. Their brains are making lots of new connections in many different parts at the same time. You help your baby develop by doing things with him. For example, when you read books together, your baby does much more than look at the pictures. He learns how the book feels, smells and tastes. He starts to understand that the pictures stand for objects. He also learns new words from your voice, as well as love and trust from snuggling with you.

Eating and Everyday Care

Eating

Changes in feeding patterns

The nutrition your baby needs will change during his first year. Along with breastmilk or infant formula, your baby is ready to start on solid foods when he’s about 6 months old. Follow your baby’s hunger and fullness cues as solid foods are introduced.

Breastfeeding

- At 6 months old, your baby will usually breastfeed about 5–6 times a day.
- The longer you breastfeed, the more your baby and you benefit. Continue to breastfeed as you introduce solid foods.

If your baby has trouble feeding or has a medical condition, talk to your public health nurse, healthcare provider or a registered dietitian about starting solids.
**Infant formula**

- At about 6 months old, your baby will feed 5–6 times a day, about 150–180 ml (5–6 oz) each time.
- Between 9–12 months old, your baby’s number of feeds will decrease (down to 3–4 times per day), and the amount he drinks at each feed will increase (up to 180–240 ml, or 6–8 oz, at each feeding).
- Once your baby begins to eat more solid foods, he will begin to drink less.

**Feeding your baby solid foods**

Your baby is now able to move food from the front of his mouth to the back for safe swallowing. Swallowing solids is different from swallowing milk and it may take several tries before your baby accepts the change. See signs of readiness for solid foods on page 126.

When starting solid foods, start with food that is smooth or pureed. Sit your baby straight up in a high chair, facing you so you can see and respond to his cues. This also helps prevent choking. If your baby makes a face when you feed him, it doesn’t always mean he doesn’t like the taste. He is learning how to use his mouth, tongue and throat in a new way. When he turns his head away, closes his mouth or covers his mouth with his hand, he may be telling you that he is full.

Your baby might have softer (but not runny) or more solid bowel movements when solid food is first started. This is normal.

**Make mealtime family time**

Mealtimes are a great time for your family to visit and talk. Your child is learning about your family’s eating habits and traditions. It’s important to set a good example by sitting together at the table. With time, your child learns how and what to eat by following your example.
Your baby’s first solid food

Your baby was born with a supply of iron, but now it’s nearly used up. He needs iron from iron-rich foods every day.

Examples of starter foods that are rich in the iron your baby needs when he is 6 months old are:

- well-cooked and pureed:
  - meats (e.g., beef, pork, lamb, veal)
  - poultry (e.g., chicken, turkey)
  - fish (for healthy fish choices, see page 34)
  - eggs
  - legumes (e.g., lentils, chickpeas, split peas, black beans and kidney beans)

- tofu

- iron-fortified infant cereals (mixed with breastmilk, infant formula or water, as directed on the package)

The order in which you introduce iron-rich foods is up to you. Babies need iron from iron-fortified infant cereal, meats and meat alternatives. Introduce 1 new food at a time. Wait 2–3 days before introducing another one. Gradually increase the different types of iron-rich foods you offer to your baby. Never add infant cereal to a baby’s bottle, as this can cause choking.

Introducing food

All babies need iron-rich foods when starting solid foods. Depending on your culture, your baby’s first food may be different than the examples given. Talk to your healthcare provider or public health nurse to make sure that your baby’s nutritional needs are being met.

More information

For more information about feeding your baby solid foods, visit www.healthyalberta.com/FeedingBabySolids6-12months.pdf
## My baby’s new foods

<table>
<thead>
<tr>
<th>Date Started</th>
<th>Age</th>
<th>Food</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Variety of foods

Once your baby is eating a variety of iron-rich foods, you can begin to offer other foods. By 12 months, he can enjoy the same healthy foods that the family is eating. Offer 3 meals and 2–3 planned snacks throughout the day. For information about food textures see pages 169–170.

- **Vegetables and Fruit.** To help your baby's body use the iron from his food, serve vegetables and fruit high in vitamin C (e.g., mangos, squash, sweet potatoes, green beans and broccoli).

- **Grain Products.** Start with single-grain (e.g., oats, rice) iron-fortified infant cereals before adding mixed-grain cereals. As your baby progresses, continue to offer iron-fortified infant cereals and add other grain products (e.g., cut-up pasta, rice, couscous, unsweetened breakfast cereals or strips of toast). Homemade cereals don’t have enough iron for babies.

- **Milk and Alternatives.** Once your baby is eating a variety of iron-rich foods, you can introduce small amounts of full fat plain yogurt or pasteurized cheese. Don’t offer yogurt and cheese labelled 'diet', 'light', or 'low fat' at this age.

When your baby is 9–12 months old, you can give him pasteurized, whole milk (3.25% milk fat) as long as he’s eating iron-rich foods at least twice per day. By the time they’re 1 year old, babies drink 500–750 ml (2–3 cups) of milk per day. Breastfed babies can continue to get all their milk from breastmilk.

Wait until your child is 2 years old before giving him lower-fat milk (2%, 1% or skim). Soy, rice, almond or other plant based beverages should not replace breastmilk, formula or whole milk (3.25% milk fat) in the first 2 years. These beverages do not contain enough protein, fat or calories to help babies grow or develop.

- **Meat and Alternatives.** Iron sources include beef, pork, lamb, veal, chicken, turkey, de-boned fish, lentils, chickpeas, split peas, black beans, kidney beans, eggs and tofu. Processed meats like salami and bologna aren’t healthy choices because they are high in salt (sodium).
**Food textures**

Babies can start on solid, non-pureed foods before they have teeth. Your baby may have to try several times before he figures out how to swallow foods with more texture. As he gets used to this new way of eating, gradually change the texture, making it a bit thicker.

You can introduce food textures in the following order, matching the texture of food to your baby’s developmental stage and feeding cues. The ages are just general guidelines.

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Baby’s developmental stage and cues</th>
<th>Appropriate food texture</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>• Holds head up</td>
<td>• Pureed</td>
</tr>
<tr>
<td></td>
<td>• Sits with little help</td>
<td>• Mashed</td>
</tr>
<tr>
<td></td>
<td>• Opens mouth when food is offered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reaches out and is curious about food</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is able to take food from a spoon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Is able to move food to back of mouth with tongue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Can turn head away to refuse foods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Begins a chewing motion</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>• Likes to finger feed</td>
<td>• Lumpy</td>
</tr>
<tr>
<td></td>
<td>• Can sit on his own</td>
<td>• Minced</td>
</tr>
<tr>
<td></td>
<td>• Is starting to crawl</td>
<td>• Grated</td>
</tr>
<tr>
<td></td>
<td>• Can close mouth on cup rim</td>
<td>• Diced</td>
</tr>
<tr>
<td></td>
<td>• Sips from a cup with help</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Shows interest in feeding self</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>• Feeds self with fingers</td>
<td>• Soft foods, cut up</td>
</tr>
<tr>
<td></td>
<td>• Tries to feed self with spoon</td>
<td>• Cooked foods, cut up (e.g., meats, vegetables)</td>
</tr>
<tr>
<td></td>
<td>• Tries to hold cup when drinking</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bites and chews food</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td></td>
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<td>11</td>
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<tr>
<td>12</td>
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</tbody>
</table>
Babies move through texture stages at their own pace. Most babies only need pureed food for a short time and move on to lumpy foods very quickly. As babies get older, they need food with a greater variety of textures to help them learn how to chew. If your baby stays on pureed textures too long, he may refuse different textures of food. Mild gagging can be a normal reaction for a baby learning to eat a new texture. Gagging is not the same as choking. For more information about what to do if someone chokes, visit https://myhealth.alberta.ca/ and enter the key word ‘choking’ in the search box.

Forcing a child to eat can make him dislike the food even more. Be prepared to offer a new food many times before your baby accepts it. His likes and dislikes, and the amount he eats, can change from day to day.

You can help your baby enjoy new foods

- **Encourage your baby to taste** a new food, but don’t force him to eat it. If he rejects the food, simply try again another time. He may need to see it, touch it and smell it many times before he will try it.
- **Let your baby explore.** Put a little food on the tray for him to see, touch and smell before you put a spoonful into his mouth.
- **Expect a mess.** Messy hands and face help him get used to food so he’ll be more likely to try it.
- **Give your baby his own spoon.** He won’t be very skilled at using it, but it helps him to be part of the feeding experience. It also gives him practice in holding the spoon for when he’s older.
- **Be a role model.** If your baby sees you and other adults enjoying different foods, he’s more likely to try them.

**Finger foods**

Finger foods are foods your baby can pick up and put into his mouth. Offer healthy foods from the 4 food groups in Canada’s Food Guide. At first the food needs to be cut into small pieces. For more information about how to modify foods that can cause choking, see page 33.

Recommended finger foods *(grated or cut into small pieces or strips)*:

- tender cooked meat
- hard-boiled eggs
- soft, ripe, peeled fruit (e.g., bananas, pears, peaches, plums, kiwis)
- cooked vegetables (e.g., carrots, broccoli, beets)
• dry toast strips, bread crusts, plain rice cakes and unsalted crackers
• cheese
• tofu, cooked beans or other legumes
• mashed potatoes, casserole or pasta

**Drinking milk, juice and water**

When your baby is 6 months old, you can try offering a small amount of breastmilk, infant formula or water in an open cup without a lid.

Start with small amounts of fluid in the cup. It takes time for your baby to learn to use it, but getting him used to it helps him slowly give up his bottle. By 12–14 months old your baby should be able to drink from a cup and not need a bottle. The risk of tooth decay may increase the longer your baby continues to use a bottle beyond this age.

Water offered in between meals should not take the place of milk in your baby’s diet. Babies don’t need juice, but if you decide to give it, choose 100% fruit juice. Giving your baby more than 125 ml (½ cup) of juice per day can reduce his appetite for breastmilk, infant formula and solid food, and increase his risk of cavities, especially if he sips it all day. Offer juice in an open cup as part of a meal or snack. Avoid using drinks labelled ‘beverage,’ ‘punch’ or ‘cocktail.’ These are sugary drinks that have little or no real juice in them.

**Use a cup without a lid**

Cups with no-spill lids or sports bottles can be bad for your baby’s teeth. Constantly sipping anything other than water means that sugar is always in your child’s mouth. This greatly increases the risk of tooth decay.

You can prevent the mess that comes with learning to use a cup by limiting the amount you put into a cup without a lid. Help your baby until he is able to use a cup on his own. A little fluid at a time is all your baby needs.

Teeth and mouth care

Every baby grows and develops at his own pace. Usually teething starts when your baby is about 6 months old. It continues off and on until about 3 years old, when children usually have all 20 baby teeth.

Teething is a natural and temporary process, not an illness. For information about teething and ideas on what to do to make your baby more comfortable, see page 128. If you choose to use medication for teething, ask your healthcare provider for advice.

Keeping baby teeth healthy

Cleaning your baby’s teeth daily and practicing good feeding habits will keep teeth healthy and help prevent tooth decay. Untreated tooth decay in very young children can:

- cause pain and infection
- affect their sleep, learning and eating
- lead to problems in their permanent teeth

Many foods contain natural or added sugars that can contribute to cavities. Prepare healthy food for meals and snacks. Avoid snacks that stick to teeth, (e.g., teething biscuits and cookies). Serve water if your baby is thirsty between meals and snacks.

Regular brushing and flossing are the best ways to prevent cavities.
How to brush your baby’s teeth:

- **Wash your hands** before you brush your baby’s teeth. Take off rings and bracelets that might have germs on them or could scratch his face.

- **When his first teeth appear, begin brushing** them twice a day with his own soft-bristle, child-size toothbrush and water only. Hold the bristles against the teeth where they meet the gums. Move the brush gently in small circles for about 10 seconds and then move to the next tooth. Then brush the insides (against the tongue) and the chewing surfaces of the teeth.

- **Clean his teeth before bedtime.** This is especially important if he feeds during the night.

- **Hold your baby securely** in a position that lets you easily see and reach all of his teeth.

- **Rinse toothbrushes with water** and allow to **air dry** in between brushing. Store them safely out of your baby’s reach and as far away from the toilet as possible.

- **Replace toothbrushes** when the bristles are flattened.

- **Check for tooth decay** and start regular dental visits.

- **Start to floss teeth once they touch each other** (see instructions on page 203).

**Toothpaste**

Toothpaste is not recommended for most children under 3 years old. Ask your dentist or dental hygienist if you have concerns about your baby’s teeth and oral health. For more information about children’s teeth and fluoride, see pages 34–35.

**Checking for tooth decay**

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

- healthy teeth and gum line (smooth and evenly coloured), continue daily cleaning and brushing as normal

- whitish lines along the gum line, visit a dentist as soon as possible. This could be the start of tooth decay.

- brown areas or black spots (cavities), severe decay or broken tooth enamel, visit a dentist immediately

- red and swollen cheeks or gums, see a dentist as soon as possible

**molars**: back teeth
It’s important to visit the dentist by the time your child is 12 months old, or within 6 months of the appearance of his first tooth. Treatment is easier and less expensive when problems are prevented and treated at the earliest stage. For example, fluoride varnish can be painted on teeth to stop decay for children as young as 12 months old.

**Lift the lip to check for tooth decay**

**STAGE 1** Healthy teeth.

**STAGE 2** Whitish lines along the gum line could mean the beginning of tooth decay. Take your child to a dental health professional.

**STAGE 3** Brown areas or decay spots along the gum line. Take your child to a dental health professional.

**Regular visits to the dentist help:**
- determine the health of your baby’s mouth and any risk for developing tooth decay
- assess the need for any prevention information or other oral care
- answer your questions
- determine how often your baby should visit his dental team

Financial support for low-income families is available through the Alberta Child Health Benefit. For more information, visit [www.humanservices.alberta.ca/financial-support/2076.html](http://www.humanservices.alberta.ca/financial-support/2076.html)

**Dental care information**

For more information about your child’s dental health please visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and enter the key words ‘basic dental care’ in the search box.
Sleeping

Between 6 and 12 months, babies begin to have a more predictable sleep pattern. Some will still wake in the night to feed. Every baby’s sleeping and waking pattern is different.

• By 6 months old, most babies:
  ◦ are able to sleep for longer stretches at night (usually at least 5–6 hours)
  ◦ have 2 or 3 naps during the day
  ◦ sleep for a total of about 15 hours a day
• By 12 months old, babies usually:
  ◦ sleep for 9–10 hours at night
  ◦ nap for 1–2 hours once or twice a day

Naptime

Babies need naps during the day. Naps let your baby’s growing brain and body rest so that he can be healthy and continue to explore and learn.

Whether day or night, your baby gives you cues that he’s tired and ready for sleep when he:

• loses interest in people or toys
• fusses, yawns or rubs his eyes
• has glazed eyes
• stretches or arches his back
• becomes quieter or lies down

If he doesn’t sleep when he shows these signs, he may:

• have trouble falling asleep later
• become overtired and fussy
• find new energy and want to play again

The myth of 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 have learned how to do that. With your help, your baby can learn to do this too.

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.

Emily, mother of an older baby
Expect change

Sleep patterns will change. Even after your baby starts sleeping more at night, he may have times when he wakes up due to:

- teething or illness
- a growth spurt or learning a new skill (e.g., pulling to stand)
- separation anxiety (see page 190)
- a change in your family’s routine (e.g., stress, travelling or holidays)

It may take a few days or weeks for him to go back to a regular pattern. Try to be patient, comforting and consistent with him.

Bedtime

A calming bedtime routine after your baby’s last feeding helps him settle down before he goes to sleep. When you follow the same bedtime routine every night, your baby feels secure and knows what to expect.

A calming routine might include:

- a relaxing bath
- putting on pyjamas
- cleaning his gums and teeth
- snuggling together for a lullaby or a story

Every family is different. Find what works for you and your baby.

Self-soothing

Your baby can start to learn to calm down and get to sleep on his own. This is an important skill called self-soothing.

To encourage your baby to self-soothe:

- Watch how he calms himself. He may:
  - make sucking sounds or suck on his fingers, his thumb or a soother
  - rub his blanket edge with his fingers
  - stare at one spot or an object for a few minutes before closing his eyes

separation anxiety: the anxious or upset feeling children get when separated from their parents
Older Babies: 6 to 12 Months

- Wait a few minutes to see if he settles down on his own when he begins to fuss or make sounds while he is sleeping. Go to him when he sounds fully awake.
- Let him practice making sounds as he settles.
- Take his hand and help him gently pat or rub his leg, tummy or cheek when you’re cuddling with him. He’ll start to use these movements by himself when he’s upset or tired.

Self-soothing can help your baby get to sleep and get back to sleep when he wakes during the night. It can help everyone get a better sleep.

**Going to sleep**

You can help your baby fall asleep (or go back to sleep) on his own. Watch your baby closely. When he’s drowsy, but not yet asleep, put him in his crib. This helps him connect being in his crib with going to sleep. Calmly tell him it is time for bed. You may need to take him off the breast or bottle before he falls asleep.

Some babies need a bit of help at first.
- Gently stroke or pat his leg, tummy or cheek with one hand when you put him down.
- Sing or talk to him with a quiet voice, while keeping one hand on him.
- Slowly use a lighter touch with your hand.
- Wait a few minutes before leaving the room.
- Stay calm and continue stroking or patting if he stirs, but don’t pick him up.
- Return to his side when he wakes during the night, letting him know that you are there. Repeat your settling routine.

Be consistent and patient. It may take time for him to learn.

**Helping your baby sleep at night**

Some babies continue to be hungry at night, especially when they are going through a growth spurt. Feed your baby if he is hungry, then settle him back to sleep using the suggestions above.

If the suggestions provided aren’t working, or you have questions or concerns about your baby’s sleep, talk to your public health nurse or healthcare provider. They can help you find a plan that will work best for you and your baby.

Sometimes parents are told to close the door and let their baby ‘cry it out’ for hours at a time. This is not recommended. Your baby may finally fall asleep from exhaustion, but it’s very frightening for a baby to be left alone and unsupported in this way.
When your baby cries

By 6 months, babies usually cry less than they did in their first few months. They may still have times (e.g., when they are teething or sick) when crying increases. Crying is one of the ways he tells you “I need you”, but he’s now starting to communicate in other ways as well. For more information about crying, see pages 135–137.
Family Health

Toys

Babies explore and play by tasting and chewing. Toys are fun for babies, but they can also be a source of germs.

To clean toys:

• wash them in hot soapy water, rinse and air dry. Some durable plastic toys can be washed in your dishwasher.
• put cloth and washable stuffed toys in a pillowcase, tie a knot in the top and wash them in a washing machine. Dry in a hot dryer.

It’s especially important to clean toys when your child is sick to prevent spreading germs.

Health check-ups

Overall health: Set up a schedule with your healthcare providers that meets your baby’s needs.

To see how well your child is growing, your healthcare provider will check his:

• measurements (e.g., weight gain, length, head size)
• overall health
• development

Your healthcare provider will record your baby’s measurements on a growth chart (see page 144).

Community/public health centre: Your public health nurse and other healthcare professionals can help if you have questions or concerns about your baby’s health and development, or other family issues.

Immunizations: Your baby is due for immunizations when he is 6 and 12 months old. You’ll need to phone ahead of time to make appointments. If his immunizations aren’t up to date, talk to your public health nurse about how to get back on schedule. See the ‘Learn More’ chapter for more information about immunizations.
**Teeth and mouth:** Babies should have their first dental visit at 12 months old, or within 6 months of the appearance of their first tooth. Your dentist can set up a schedule of dental visits that best meets your baby’s and family’s needs.

**Vision and hearing:** Signs of vision and hearing problems can be found on page 145. If your baby has any of these signs, or if you are concerned, see your healthcare provider. There is no charge for vision or hearing testing for children under 18 years in Alberta.

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**Preventing Injuries**

Once they start moving, babies want to go everywhere and do everything. They’re trying to figure out the things around them. They explore by putting things in their mouths. Encourage your baby to discover, but watch closely while he explores to help him stay safe.

**Vehicle safety**

Child safety seats protect your child from injury when travelling in a vehicle. The law in Alberta says you must use them.

It is recommended you use a rear-facing child safety seat as long as possible. Use it until your child:

- outgrows the height and weight ranges of your rear-facing child safety seat, and
- is at least 1 year old, and
- weighs at least 10 kg (22 lbs.), and
- is walking

To install your child safety seat, follow manufacturer’s instructions and your vehicle owner’s manual. Take the rear-facing ‘Yes Test’ in the ‘Learn More’ section to make sure you are using it correctly.

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**Contact your healthcare provider if your baby:**

- doesn’t respond to the sounds around him (e.g., your voice, the phone)
- uses fewer sounds or stops babbling
- doesn’t reach for you or objects by 6 months
- doesn’t notice people and objects over 5 feet away
Preventing falls

Now that your baby is older, he’s stronger and can move more easily on his own. To protect him from falls, follow the same precautions you would for younger babies (see pages 146–147). Below are some more safety tips.

**Stairs**

- Install a stair gate at the top and bottom of each stairwell in your home.
- Always use a gate that anchors to the wall or banister at the top of the stairs. Don’t use pressure gates (gates that stay in place using pressure) at the top of stairs. The gate could fall over if your baby leans on it.
- Pressure gates can be used at the bottom of the stairwell. For more information, visit www.parachutecanada.org/injury-topics/item/home-safety-around-the-house

Preventing other injuries at home

**Baby’s crib and other furniture**

Many babies are hurt by falling out of cribs. They are more likely to have a head injury from falling because their heads are heavy. To protect your baby:

- make sure crib rails are locked in the highest position
- move the crib mattress to its lowest position once he can sit up on his own

Your baby is ready for a toddler bed when he shows signs of being able to climb out of the crib.

As he starts to walk, move furniture out of the way so that he has a big, open area to walk in.

- Move baby furniture away from windows and install window safety devices.
- Secure heavy furniture, like bookcases and dressers, to the wall.

**Scalds and burns**

- Keep hot liquids away from children. Use lids on any hot beverages that adults are drinking.
- Adjust your water temperature (see page 52).
- Install a safety gate around fireplaces.

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**Window screens**

Screens are meant to keep bugs out. They aren't strong enough to keep children in.
Safety straps

Use safety straps in strollers, high chairs, change tables, child safety seats and shopping carts to keep your baby from falling.

• Safety straps are very important to keep your baby safe when he is learning to stand.
• Straps that go around your baby’s waist and through the legs are the safest type. Babies can slide through straps that only go around their waist.
• Safety straps don’t replace supervision. Stay close to your baby, even when he’s strapped in.

Drowning

• Never leave your baby unattended in, near or around water. A baby can drown in as little as 25 mm (1 inch) of water.
• Never leave your baby alone in the bath, not even for a few seconds.

Poisoning

• The most common causes of poisoning in children are medicines, vitamins, plants, cosmetics and household chemicals.
• Store all poisonous substances out of sight, out of reach and locked up.

If you suspect your child has been poisoned, call the Poison and Drug Information Service (PADIS) at 1-800-332-1414.

Choking

• Keep small objects (e.g., small toys, coins, jewellery, batteries) and latex balloons away from your baby.
• Cut the loop in the cords of window blinds and secure them up high and out of reach.
• Avoid or modify foods that can choke babies (see page 33).

Safe toys

If something goes into your baby’s hands, you can expect it to go into his mouth. If any object can fit through a toilet paper roll, a baby or young child can choke on it. Choose toys that are right for your baby’s age. For more information about safe toys, visit www.canada.ca/en/health-canada/services/toy-safety.html
Some toys can harm your child’s hearing if they’re too loud or used too close to his ears. Hearing damage is preventable. If a noise is loud enough that you have to raise your voice to be heard, it’s too loud. Turn down the volume and reduce time with noisy toys. When you can’t avoid the noise, use hearing protection or walk away. For more information, visit [www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/play-time.html](http://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/consumer-education/your-child-safe/play-time.html) and click on ‘Toys with Sound’.

**Supervision is the best prevention**

Being at your baby’s side is the best way to keep him safe. He isn’t safe for even a moment alone on a raised surface or in the bath. If you must leave the room, put him in a safe place (e.g., playpen or crib) or take him with you.

**Growing and Learning with Your Older Baby**

Older babies continue to make amazing changes week by week. All areas of your baby’s development are interconnected. One area can’t develop without the others. This development is guided by your baby’s brain.

**How your baby’s brain is developing**

As your baby grows and experiences new things, simple brain cell connections are forming and getting stronger. Everything your baby does, sees, hears, tastes and smells helps form these connections in many different parts of the brain.

Brain cell connections become stronger when your baby and you engage in serve-and-return interactions (such as the examples that follow).
**Serve-and-return interactions with your baby from 6–9 months**

<table>
<thead>
<tr>
<th>Your baby serves when he:</th>
<th>You return his serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• turns when he hears an interesting sound</td>
<td>• draw attention to interesting sounds around you</td>
</tr>
<tr>
<td>• enjoys looking at objects, pictures and books</td>
<td>• talk about pictures in a book</td>
</tr>
<tr>
<td>• reaches for things he wants</td>
<td>• name what he is reaching for and say, &quot;Do you want the ball?&quot;</td>
</tr>
<tr>
<td>• uses his voice to get your attention</td>
<td>• let him know you are there to help and ask him what he needs</td>
</tr>
<tr>
<td>• copies what you do (e.g, claps hands, makes sounds)</td>
<td>• sing nursery songs and play finger games with actions</td>
</tr>
</tbody>
</table>

Other things I do to help my baby learn:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Serve-and-return interactions with your baby from 9–12 months

<table>
<thead>
<tr>
<th>Your baby serves when he:</th>
<th>You return his serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• looks at the things you point to</td>
<td>• stop to look at things when you go for a walk—name the things you are pointing to</td>
</tr>
<tr>
<td>• picks up, stacks and nests objects</td>
<td>• fill a bottom drawer in your kitchen with plastic dishes and containers for him to explore</td>
</tr>
<tr>
<td>• bounces to music</td>
<td>• play music and sing songs with him</td>
</tr>
<tr>
<td>• watches other children</td>
<td>• take him to the park or library so he can be with other children of all ages</td>
</tr>
<tr>
<td>• drops things from his high chair to see where they go</td>
<td>• look at him and ask, &quot;Where did it go?&quot; As you give it back to him, say, &quot;Here it is&quot;.</td>
</tr>
</tbody>
</table>

For more information about how the brain develops, see pages 12–13.
Learning to communicate

Older babies communicate with their body, sounds and facial expressions. Your older baby will start using more sounds and put them into longer strings (e.g., “bababa”). He may even say his first word before his first birthday.

Other interesting things about how older babies communicate:

• When your baby babbles, he’s practicing sounds that will soon become words.
• Your baby needs you to talk with him so he can learn to understand and use the sounds and words of your language.
• Your baby’s first words may be hard to understand. He may need to hear a word over 50 times before he will be able to say it clearly. He learns better when you say the names of people, things, actions and places out loud.

You can help your child communicate

• **Follow his lead.** Your baby looks at and reaches for things that interest him. Use words to describe what he’s looking at or doing.
• **Talk to your baby often** about what you’re doing. Use an interesting voice and a variety of tones so he will pay more attention to your words.
• **Use hand movements and other actions with your words** to help your baby understand what you say. He can tell you what he wants with his hands before he is able to use words (e.g., he wants more or is all done).
• **Follow routines to help your child learn language.** For example, when getting ready for bedtime, talk about what you are doing and name the things you use so he starts to learn the words and what happens 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 and write
Exploring to learn

Your baby learns through his experiences all day, every day. He’s starting to figure out how to move from one place to another. Put away anything that could hurt him or that he could break. Refer to pages 147–148 to make sure that your home is safe for your baby.

Babies learn by using all of their senses. Between 6 and 12 months old:
• your baby’s eyes move together
• he’ll turn to sounds when he hears them
• he touches everything, and has no idea what is safe and what isn’t
• he puts everything in his mouth—tasting is one of the ways he learns

Everyday experiences

You continue to be your baby’s most important and enjoyable playmate. He learns about his world through his everyday routines (e.g., eating, sleeping, dressing) and activities.

Exploring through moving and physical activity

Your baby’s movements are starting to be more controlled. At first he will roll over and push up on his hands when he’s on his tummy. Soon he will sit on the floor without your support. He will also try to move towards things by wiggling or rolling.

Some older babies start to:
• crawl across the floor and up the stairs
• pull themselves to a standing position
• walk while holding your hand or on their own

It’s important for your baby to have opportunities to move freely. Stay beside him to keep him safe.
**Exploring with objects**

Your baby will explore anything he can touch, reach or pick up. He will enjoy taking things out of containers, holding his own cup using both hands and picking up finger foods. Soon he will be able to take off his own shoes, socks or hat. Toys can be fun, but they aren’t always needed.

You and your baby can enjoy toy-free activities.

- Play with plastic cups in the bathtub.
- Bang pots with a wooden spoon.
- Stack plastic plates and bowls.
- Crawl in and out of boxes.
- Put laundry in and out of the basket.

**You can have fun exploring with your baby**

- **Crawl together.** Follow your baby as he crawls around different objects at home and outside.
- **Encourage.** Sit or stand in front of your child and encourage him to step towards you.
- **Enjoy your baby.** He learns by getting into things. Let him open the cupboard or splash in the bath. Make sure he’s safe and join the fun.

**Learning about emotions**

When your baby is between 6 and 12 months old, it’s easier to tell when he is happy, sad, mad or scared. He is also beginning to sense other people’s emotions.

- In new or surprising situations, he may look at your reaction to figure out how to respond. For example, if you smile when someone new visits, he will accept that person more easily.
- Your baby’s temperament (see page 15) may also affect how he responds to new situations.
Attachment

You are your baby's secure base. Your baby needs to know it's okay and safe for him to go away from you to explore. He also needs to know you will be there when he returns to you.

• Encourage him to explore safely and let him know you'll be there for him when he comes back.

• Pick him up when he comes to you with his arms outstretched—he may want to be comforted, cuddled or reassured.

When a baby feels worried, afraid or unsafe, he isn't able to explore and learn.

You can help your exploring baby feel safe.

• Watch over your baby and make sure all environments are safe.
• Be interested in what he is learning—it shows him you care.
• Help if needed without taking over—give just enough information, support or help for him to do it himself.
• Respond to his need for comfort when he comes back to you.

secure base: a dependable, caring adult that a child trusts to provide comfort and support.
Living in a social world

From 6–12 months old, babies are usually more predictable and content. Your baby starts to recognize and enjoy the people who care for him. He is more comfortable relating to other people when he is with you. He likes watching and being with other children and adults. His world gets even bigger once he starts walking.

One of the things babies like to do at this age is watch things go away and come back again. Through this game, your baby learns that when you go away, you will also come back.

At this stage, your baby enjoys more social activities, such as:

• being with people
• playing simple games with you (e.g., peek-a-boo)
• copying your actions
• listening to the sounds of the world around him (e.g., talking, singing, music)
• looking in mirrors—he thinks the reflection is another baby

Separation anxiety

Most babies develop separation anxiety (sometimes called ‘making strange’) between 7 and 18 months. Your baby is starting to realize that he is a separate person from you.

Your baby may fuss or cry when he is worried about being separated from you, can’t see you or is with people he doesn’t know well. You are the person he trusts and he now knows that sometimes you aren’t around. If your baby finds it hard to adapt to change (part of his temperament), separation anxiety can last a little longer.

You can help your child cope with separations by providing warmth and structure.

• Provide warmth.
  ○ Recognize that it’s normal for babies to have separation anxiety.
  ○ Support him and be patient as he learns to adapt.

• Provide structure.
  ○ Play peek-a-boo by briefly hiding your face with your hands or a blanket. This is a fun way to learn that you go away and come back.
  ○ Encourage him to cuddle a favourite toy or blanket for comfort.
  ○ Let him take his time. He will explore new people with his eyes. He may reach out to touch them, but hang on to you at the same time.
  ○ When you leave him with someone else, say a warm “goodbye” and give him a big smile and hug when you get back. Start leaving your baby with others that you trust for short stays.
Taking Care of Yourselves

Eating well and staying active

It takes time to return to the weight you were before you were pregnant. Quick or strict weight loss diets aren’t recommended. If you are breastfeeding, some of the energy used to make breastmilk comes from the weight you gained while you were pregnant.

Getting to a healthy weight before your next pregnancy will help you have a healthy pregnancy and baby. Eating well and staying active will help. Be patient.

Learning about parenting along the way

For first-time parents, there is a lot to learn in the first year of your child’s life. You will continue to learn as you go and you will learn something new with each child you have.

- Sometimes it helps to spend time with other parents in your community. You'll all learn new ways to have fun with and care for your babies. Your child will also learn by watching other babies.

- No one expects you to have all the answers. When you have questions or difficulties, ask for help from people you trust. Friends, family, neighbours and healthcare providers can all be sources of support.

- As parents, it’s important to take care of yourselves. When you take care of yourselves, you’re better able to take care of your baby.

Parent groups and classes

Parent groups and classes can help you:

- learn ways to handle everyday challenges
- meet other parents
- share experiences
- have a break and get out of the home

Some parenting programs have a cost, others are free. Many have subsidies if cost is a barrier for you. Ask if childcare is available.

To find out about parenting groups and classes:

- call 211, the Alberta community information line
- contact your public health nurse or local Parent Link Centre
Toddlers
1 and 2 Year Olds
Toddlers: 1 and 2 Year Olds

Children this age are called toddlers because they toddle—walk and move—with growing confidence and skill. Toddlers always seem to be running, jumping and climbing. They’re bundles of energy and emotion. They are starting to question everything around them. You’ll need to set limits. What they want to do and what they can do are not always the same.

### Development | 12 to 18 months

#### Developmental stage

This is the **doing stage**, a time when it’s important for your child to keep practicing earlier tasks as well as to:

- explore and discover—learn about the world by trying to do things, testing and experimenting

#### What to expect

**Physical**

- helps feed self (e.g., picks up food with fingers, tries to hold spoon and can drink from a cup)
- stands up by herself
- walks holding your hand or on her own
- crawls up and down stairs
- develops food preferences
- tries to throw ball
- builds towers of 2–4 blocks
- scribbles with crayons
- takes off clothes

**Cognitive (learning and thinking)**

- knows things exist even when out of sight
- likes to look for dropped or hidden objects
- points finger to ask for something or show interest
- follows simple instructions
- begins pretend play
- says more words every month
- points to familiar objects or body parts when asked
- favourite words become "no" and "mine"
- likes simple stories, picture books, songs and rhymes

**Emotional**

- begins to want and need independence
- resists limits
- has favourite toy or blanket for comfort and security
- has mood swings and tantrums

**Social**

- develops fear of strange objects and events, and separation from parents
- likes to watch and be with other children
- can’t play co-operatively yet
- copies others’ actions
- starts to show concern for others
- not able to share yet
<table>
<thead>
<tr>
<th>Development</th>
<th>18 months to 2 years</th>
</tr>
</thead>
</table>
| Developmental stage | This is the **thinking stage**, a time when it’s important for your child to keep practicing earlier tasks as well as to: 
• develop autonomy—learn that she is a separate person from you |

### What to expect

#### Physical
- walks up and down stairs with help
- kicks a ball while standing
- runs
- likes riding toys
- climbs on and over furniture
- opens doors
- feeds self, but is messy

#### Cognitive (learning and thinking)
- points to pictures when named
- can help turn the pages of a book
- completes simple wooden puzzles
- understands more words than she can say
- begins to use 2-word sentences
- enjoys and moves to music
- likes simple games and rhymes ('Itsy Bitsy Spider', Hide and Seek)

#### Emotional
- explores from secure base of parent or caregiver
- has tantrums due to being frustrated or tired
- starts recognizing emotions in self and others
- has more fears and anxieties; **night terrors** peak at 2 years old
- shows affection
- gets frustrated when not able to do things
- may hit, slap or bite
- finds comfort in routines

#### Social
- feels strong ownership; keeps toys to herself
- finds it hard to share
- plays beside but not with children
- may try to comfort others
- recognizes self and family in photographs

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**night terrors**: periods of screaming and moving about during a child’s sleep where they may appear to be awake, but aren’t
## Development | 2 year olds

### Developmental stage

This is the **thinking stage**, a time when it’s important for your child to keep practicing earlier tasks as well as to:

- be aware of emotions—begin to learn the names of feelings
- start to be independent—the need and desire to do things on her own

### What to expect

#### Physical

- jumps off the floor with both feet
- may pedal a tricycle for short distance
- balances on 1 foot for short periods
- draws circular scribbles and lines
- helps with dressing and undressing self
- starts to gain control of bladder and bowels, but not consistently; toileting accidents are common
- aware of body functions

#### Cognitive (learning and thinking)

- repeatedly asks, “What’s that?”
- recognizes some shapes and colours
- sometimes thinks that toys and objects are alive
- sorts objects by colour and size
- uses 2- to 3-word sentences
- has a word for almost everything
- understands ‘in’ ‘on’ and ‘under’
- is better understood by others
- begins counting
- knows own name

#### Emotional

- tests limits set by parents
- wants and needs to do things for herself
- sometimes wants to be big and sometimes wants to be little
- has poor impulse control
- finds it hard to stop enjoyable activities
- responds less physically (e.g., hitting or biting) as talking improves

#### Social

- dawdles or takes her time doing things
- starts to pretend play with others
- likes to please others
Growing Together

This stage is sometimes called the ‘terrible twos’ because coping with a toddler’s constant energy and emotion can be very demanding. Appreciate your child’s eagerness to learn and her excitement in sharing new discoveries, and you will see her in a new way as the terrific toddler she is.

Toddlers:
• have a strong need to explore, play and experiment.
• need to touch, taste and try things out. This is how they learn.
• can have emotional outbursts at times. With your help, your child will learn how to manage her emotions as she grows.
• need you to provide warmth and structure and use problem-solving when there is a conflict. For more information about this type of positive discipline approach, see page 16.

Children 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 her, she can develop many skills, including:
• self-confidence, motivation to learn and problem-solving
• controlling aggression and impulses (e.g., biting, hitting, running away from you)
• having friends and being a friend

These skills take time to develop, but they start in the toddler years.

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, mother of a 3 year old girl

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 into:
• younger toddlers (12–18 months)
• older toddlers (18 months–3 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 how to do things by themselves. Your toddler:

• is constantly exploring and trying to figure out how things work
• will be very focused on herself as she realizes she is a separate person from you
• needs to learn who she is before she can understand others
• needs to learn that some things belong to her (ownership) before she can learn to share

When you see these things you’ll know that your toddler is developing well. Have patience, keep her safe and enjoy watching the amazing things she can do.

Eating and Everyday Care

Eating

Children’s weight and height increase at a slower rate after they are 1 year old. Their eating patterns change and they eat smaller amounts. Healthy food choices are very important.

The feeding relationship

Parents continue to be responsible for what they give their child to eat as well as when and where they give meals and snacks. Toddlers are responsible for choosing whether to eat and how much. Let your child listen to her body so she stops eating when she feels full.

Parents decide what foods to offer

• Offer healthy meals and snacks that include a variety of foods from all 4 food groups in Canada’s Food Guide.
• Make 1 meal for the whole family. Everyone can enjoy the same healthy foods.
• Offer your child a variety of textures. You need to cut up, peel or grate foods that can cause choking (e.g., grapes, apples and carrots). For more information, see page 33.

Set an example for your toddler. When she watches you making healthy food choices, she’ll be more likely to develop her own healthy eating habits.
Parents decide when and where to offer food

- Offer regular meals and snacks—aim for 3 meals and 2–3 snacks per day.
- Allow children 20–30 minutes to eat at mealtimes.
- Offer food and drinks at meal and snack times. If your child is thirsty between meals or snacks, you can offer water.
- Eat together. This gives your whole family the chance to connect with each other and talk about their day. A strong family relationship helps your child feel secure.
- Limit distractions while eating. Try not to combine eating with other activities (e.g., reading, watching TV). This lets children pay better attention to their hunger and fullness cues.

Children decide whether to eat and how much to eat

- As a toddler’s growth rate slows, her appetite changes and she may be less hungry. Continue to offer a variety of healthy foods and trust your child’s appetite.
- Food should not be used to bribe, punish or reward. For more effective ways to teach children positive behaviour, see pages 231-232.

More information

For more information about feeding your toddler, visit [www.albertahealthservices.ca/assets/info/nutrition/if-nfs-feeding-toddlers-and-young-children.pdf]
How Toddlers Eat

Parents may have concerns about their toddler’s eating. It can be hard to know what to expect from one day to the next. It may help to understand what to do about common toddler eating behaviours so they don’t become a problem.

- **Strong preferences.** Toddlers may only want to try new foods when it’s their idea. What they like one day, they may not like the next. Toddlers may like to touch and smell food before they are ready to taste it. This is a normal way of exploring and learning about food. For more ideas about introducing new foods, see pages 168–171.

- **Food jags.** Toddlers often want to eat the same food over and over. It’s important to keep offering a variety of foods—don’t limit the foods to what your child wants. Try offering a new food on the same plate as the food that she likes.

- **Messy meals.** Toddlers like to eat with their hands, but can also learn to use a spoon or a fork. They can usually drink well from a cup, but may have trouble putting the cup down. Mealtimes may still be messy. They get better at these skills with practice.

- **Meal refusal.** Once in a while toddlers may not want to eat a meal. They may not be hungry, or they may be more interested in what they’re doing. If you find that your toddler often refuses meals or you are concerned about their eating, ask a public health nurse or your healthcare provider, or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Milk

Health Canada and the World Health Organization recommend breastfeeding until 2 years old or longer.

You can also give your toddler whole milk (3.25% milk fat). Whole milk has a higher fat content than 2%, 1% or skim milk. It’s also a better source of energy. Lower-fat milk (2%, 1% or skim) can be offered to your toddler when she is 2 years old. Milk isn’t a good source of iron, so you will need to give your toddler a variety of iron-rich foods to meet her needs (see page 166).

As your toddler eats more solid foods, she may drink less milk. Milk is still an important part of her diet—she needs breastmilk or 500 ml (2 cups) of whole milk (3.25% milk fat) every day. If she drinks more than 750 ml (3 cups) of whole milk per day, she may be filling up on milk and not leaving room for the solid foods she needs.
To satisfy your child’s thirst:

- Offer water if your child is thirsty between meals and snacks. Avoid sipping drinks throughout the day that have natural or added sugar. This increases the risk of cavities and can make your child too full for regular meals and snacks.
- Offer milk or juice only with meals and snacks. Limit juice to 125 ml (½ cup) per day. Use only 100% fruit juice and serve it in an open cup.
- Avoid sugar-sweetened, caffeinated, artificially sweetened or herbal beverages. They don’t give toddlers the nutrients their growing bodies need.

**Off the bottle**

Toddlers need to learn to drink from a cup. If your child is still using a bottle, plan to take her off the bottle by 12–14 months.

**Vitamin D for toddlers and children 1–5 years old**

After 1 year old, children need more vitamin D. Toddlers and children meet some of this need by drinking 500 ml (2 cups) of milk every day. Taking a daily supplement of 400 IU vitamin D is also recommended to help meet their needs.

**Teeth and mouth care**

Toddlers continue to get new teeth. Some back teeth (first primary molars) may be in by the time they’re 18 months old. The second primary molars usually come in sometime between 2 and 3 years old. The molars have pits and grooves on the chewing surfaces that can trap food and germs. Cavities can start if teeth aren’t kept well cleaned. Most toddlers have all 20 baby teeth by the time they’re 3 years old.

You can help keep your toddler’s teeth healthy.

- Have planned meals and snacks. Eating and drinking all day can put her at risk for developing tooth decay.
- If you are serving sweet foods, serve them with a meal. The extra saliva produced at mealtime will help protect the teeth.
- Brush her teeth twice a day.
While your toddler may want to brush her own teeth, she’s still too young to do a good job. Let her start. Then you can help her finish. You’ll need to help her with brushing and flossing until she’s about 8 years old. When she can write her own name (around Grade 3), she has the hand co-ordination to brush her teeth properly.

You can help your child care for her teeth.

- **Brush your toddler’s teeth twice a day** with her own toothbrush and water. It might help to sing a song or set a timer for about 2 minutes, so she learns how long it takes to do a good job. See page 173 for more information about brushing teeth.

- **Brush her tongue** gently from back to front.

- **Floss teeth** that touch each other.

- **Check for tooth decay** once a month (see ‘Lift the Lip’ on page 174).

- **Explain that it’s important** to look after teeth and gums to keep them strong. Encourage your child by noticing when she takes good care of her teeth and telling her it is helping them grow strong and healthy.

- **Set a good example.** Let your child see you brushing and flossing.

### Using dental floss

Flossing gets rid of food and plaque build-up between your child’s teeth. Begin flossing every day once her teeth touch one another.

1. Take 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 the teeth.

2. Wrap 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 to 3 times. Floss both sides of each tooth as well as the back of all of the molars. Change to a new section of floss as you move to each tooth.
Planning your child’s dental visit

Children who regularly go to the dentist have fewer cavities. These visits also help your child learn about and get comfortable with dental care. To have a successful visit:

• plan her visit for a time when she will be alert, and not tired or hungry
• play a dentist game with her before you go. Have her lie down. Shine a light into her mouth and count her teeth.
• use positive, encouraging words to congratulate your toddler on her cooperation when she is done

Sleeping

A predictable bedtime routine helps you and your toddler rest well every night. End your days with a regular routine (e.g., quiet play time after supper, a bath, brushing teeth, a bedtime song or story). When your child knows what will happen next she’ll feel more secure and ready for bed.

When you and your partner take turns putting your child to bed, she learns the routine is the same even with different people. This also makes it much easier for a family member, friend or babysitter to put her to sleep while you take a break or go out.

You show confidence that your toddler can settle herself when you calmly say goodnight, give her a hug and leave the room. Toddlers are often afraid of being separated from their parents. Let your child know where you’ll be and that you will see her in the morning. A nightlight may help. Be patient—it may take time for her to learn to go to sleep on her own.

Your older toddler may talk, sing, look at books or play quietly before she falls asleep. She will drift off to sleep when she’s ready. She may find extra comfort and security from special objects (e.g., blanket, cuddly stuffed toy). If she is still in a crib, keep it free of things she can climb on so she doesn’t get up and over the crib rails. Nearly half of all crib-related injuries every year are due to falls.

Fluoride applications

Community/public health centres offer fluoride applications 2 times a year for eligible young children between 12 and 35 months old to protect their teeth from tooth decay. This fluoride is safe for your toddler and will work for several months.

To find out whether your child qualifies, contact your community/public health centre or visit https://myhealth.alberta.ca/ and enter the key words ‘oral health services’ in the search box.
Most toddlers need to sleep about 11–12 hours a night. You can often tell if your toddler is sleeping enough by the way she acts during the day. If she’s cranky or falls asleep outside her regular nap time she may need more sleep at night.

**Nightmares and night terrors**

Some children have nightmares. These are frightening dreams that they may be able to describe afterwards. Having nightmares once in a while is normal. They usually happen in the second half of the night.

A **nightmare** can wake your child up. She might be scared and need to be cuddled and comforted by you. She may have trouble getting back to sleep.

If your toddler is having a lot of nightmares, it might be because she is concerned about:

- something that has scared or hurt her
- a big change (e.g., new child care, new home, a baby brother or sister)

Talk about her fears in the daytime, when everyone is awake and rested.

Talk to your healthcare provider if your child is having a lot of trouble sleeping, or if it’s affecting your child’s health or your family life.

**Night terrors** (sleep terrors) are different. These are periods of screaming and moving about during a child’s sleep at night. Her eyes are open and she seems to be awake, but she isn’t.

- 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. They usually only last a few minutes.
- A child may not be aware of anyone around her and usually doesn’t remember the night terror. For this reason, they may be much more upsetting to parents than to the child.
- A night terror may last longer if you try to comfort and hold your child while it’s happening. Make sure she’s safe and don’t try to wake her.

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**Naps**

Younger toddlers usually stop their morning nap between 1 and 2 years old.

Most older toddlers have a 1–2 hour nap in the afternoon. If your child naps for more than 2 hours at a time, she may have trouble sleeping at night.

If your older toddler doesn’t want to nap but is fussy later in the day, try having quiet time in the afternoon—time spent on her own in her room with a quiet activity (e.g., reading books, playing with stuffed toys).

**Getting ready for sleep**

TVs and electronic devices tell the brain it’s time to be awake.

Limit electronics for several hours before bedtime to help your child calm down and get ready for sleep.
• If your child is having night terrors at the same time each night, you can try waking her 10–15 minutes before that time. Doing this for a few weeks may break the cycle.
• Night terrors usually peak at about 2 years old. They are more common in boys.
• If you have questions or concerns, talk to your public health nurse or healthcare provider, or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

Moving from crib to bed

Going from a crib to a bed is a big step for both toddlers and parents. Your younger toddler is safer in her crib until she starts trying to climb out of it. Prevent an injury by moving her before she can climb out.

Every child is different. Some toddlers may adjust quickly to being in a bed. Others have a harder time getting used to it. Continue with your bedtime routine. It may change a little (e.g., reading a book in bed instead of reading it in a rocking chair). For the first few weeks your child may need an extra story, song or snuggle, and to know that you’re close by.

You can help your older toddler move move into a bed

• Talk to her about how big she’s getting and all the new things she can do.
• Use a side railing or put her mattress on the floor to keep her from falling.
• Think about using a toddler bed (a smaller bed often fitted with a crib mattress).
• Offer her a favourite toy or blanket for comfort and security.
• Play soft music or use a nightlight to help her settle down before falling asleep.

Bedroom safety

Before moving your toddler from a crib to a bed, you may want to check again to make sure her room is safe and child-friendly.

• Use safety covers on all electrical outlets.
• Check all furniture and furnishings to make sure they’re stable. Secure large furniture (e.g., dressers, bookshelves) to the wall as your toddler may try to climb it. Lock or install childproof latches on dresser drawers.
• Cut the loops on blinds, drapery and curtain cords. Keep them short, secured and well out of reach.

• Place your toddler’s bed and other furniture away from a window, as she could climb out. Falling from an open window can seriously injure or kill a child. The screens on windows aren’t strong enough to keep children in. Choose window safety latches that an adult can quickly open in an emergency.

• Remove any toys or objects that can cause choking from the bedroom.

• Check the change table. Store diapers, lotions, cream and wipes in a cupboard with a childproof latch or in another room.

For a fact sheet about home safety, visit www.albertahealthservices.ca/assets/healthinfo/InjuryPrevention/hi-ip-pipt-chc-home-fact-ho.pdf

**Older toddlers and bedtime routines**

Most toddlers will try to come out of their room when they have been put to bed. Your older toddler can learn that she needs to stay in bed so that she can go to sleep. She may want to get out for all kinds of reasons (e.g., she’s more independent, wants more control of her life, anxious about being away from you). She may beg to stay up, refuse to lie down or even have a temper tantrum. Stay calm—especially if she is not.

You can promote peaceful bedtimes by providing warmth and structure.

• **Provide warmth.**
  - Realize that many children find moving to a bed both exciting and scary.
  - Reassure your child that you are near and will keep her safe.

• **Provide structure.**
  - Keep bedtime calm and quiet.
  - Close her door, but don’t lock it. Most fire departments recommend closing all bedroom doors at night to protect your family from fire and smoke. Locking her door can frighten her and can be dangerous.
  - If she comes out of the bedroom after you’ve put her to bed, take her hand, walk her back to her room, remind her that it’s bedtime and tuck her in.
  - Avoid arguing. Simply say “It’s time for bed”. You may have to do this many times for several nights before she accepts it.
  - Be kind and firm. By being kind, you let her know you understand she would rather stay awake. By being firm, you let her 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. You can't rush toilet teaching. Wait until she wants to learn and is physically ready (when the muscles that control her bowel and bladder are strong enough). By not rushing, toilet teaching will take less time. It will also be easier and less frustrating for you and your child.

Your toddler may be ready to use a toilet when she:
• stays dry for several hours or through the night
• has bowel movements at fairly predictable times and is getting better at controlling them
• knows she is urinating or having a bowel movement. She may even tell you when she needs a clean diaper.
• doesn't like to be in wet or dirty diapers. If you use disposable diapers, your toddler may not feel wet. She may learn to use the toilet faster if you switch to cloth diapers.
• can pull down loose-fitting pants and follow simple directions
• shows interest in using the potty chair or in other people using the toilet
• can tell you she needs to use the toilet

Helping your child learn to use a toilet

There are many things that you can do to help your child learn to use the toilet.
• Begin by helping your toddler recognize when she is urinating or having a bowel movement. Use words that are familiar to your family.
• Tell your toddler that you also use the toilet.
• Let her see you empty the contents of her dirty diapers into the toilet. Then flush, so she can understand where bowel movements go.
• Show your child the potty chair or adapted toilet seat. Tell her how it's used and that you'll help her.
• Ask her to tell you when she needs to go to the toilet. She won't be able to wait more than a few moments.
• Watch for signs she's about to go. These include: stopping what she's doing, looking down or off in the distance, or saying, “Oh, oh”. She may also fidget or hold her hand between her legs. If you ask her if she has to go, she is likely to 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 her while she's on the toilet or potty.
• Little boys may want to urinate standing up like their dad or other boys and men. It might be easier for them to learn by starting in a sitting position until they know what to do.
Encourage your child’s efforts, successful or not. Get her into the habit of washing her hands whenever she uses the toilet. If your child isn’t making progress after a couple of weeks, she likely isn’t ready to learn. Try again in a few weeks or when she seems more interested.

If you use a potty chair, make sure it is sturdy and doesn’t tip easily.

- Your child’s feet will be on the floor. She may feel safer and she won’t be afraid of falling into the toilet.
- She will quickly be able to get on and off without your help.
- She will see the results of her effort; her own urine or bowel movement.

If you use a toilet-seat adapter, make sure it fits securely onto the toilet. If not, it may pinch your child’s leg, or she may be afraid of falling when it wiggles.

- Your child may be scared if the toilet is flushed while she’s sitting on it. Many children this age fear being flushed down the toilet. Remind her she is too big for this to happen. Respect her fear by letting her flush the toilet after she is off.
- Your child can get on and off the toilet more easily if you use a step stool. She may feel safer if her feet touch the stool when she’s seated.

It takes time to learn to use the toilet

Your child may not be able to make it to the toilet on time when she is just learning. This may upset her. Reassure her that it’s a part of learning. A calm, matter-of-fact approach will help her feel better about what happened.

You can help your toddler learn to use the toilet

- Take your child to the toilet or potty chair when she wakes up (in the morning or 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 her 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.
- Be consistent. If she has other caregivers, talk to them about what you’re doing.
- 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 (e.g., starting child care, a new baby’s arrival).
Dressing and undressing

Older toddlers get better at dressing and undressing themselves. They may not be able to get in and out of clothes as quickly, but 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 all the steps.

Your toddler may find it easier to dress and undress if she wears:
- clothes with elastic waists
- shoes and boots that slip on or do up with Velcro® (most children can’t tie their own shoes until they are 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 her clothes into special occasion and play clothes, you can let her choose from the clothes that are best for what she is going to do.

Family Health

Health check-ups

**Overall health:** See your healthcare providers as scheduled to keep your toddler as healthy as possible.

**Community/public health centre:** Public health nurses and other healthcare professionals can help if you have questions or concerns about your toddler’s growth, health and development, or other family issues. For more information see page 43.

As your child discovers different body parts, talk about the parts using correct names (e.g., penis, vagina).
**Immunizations:** Your toddler is due for immunizations when she is 18 months old. The immunizations she receives at this visit will help build ‘immune memory’ that lasts for a very long time. They help prevent certain communicable diseases that could result in serious problems for your child and missed work time for you. If her immunizations aren’t up to date, talk to your public health nurse about how to get back on schedule. For information about immunizations, including the immunization schedule, see the ‘Learn More’ chapter.

**Teeth and mouth:** Set up a regular schedule of dental visits for your toddler. If your family has a limited income and you’re unable to afford dental care, you may qualify for the Alberta Child Health Benefit Plan. For more information, call 1-877-469-5437 or visit www.humanservices.alberta.ca/financial-support/2076.html

**Vision and hearing:** Have your toddler’s vision checked by the time she is 3 years old. An optometrist can test your child’s vision without a referral.

Have your child’s hearing checked if you have any concerns. For referral information, see page 45.

Vision and hearing testing are available for children in Alberta at no cost.

**Preventing Injuries**

Toddlers are curious and very active explorers. Because they can now climb, slide, swing, open doors and move quickly, they are more likely to get into dangerous situations.

Toddlers need to be watched closely whenever they are awake. They’re still too young to know what’s safe and to remember all of the safety rules.
Vehicle safety

It is recommended you use a rear-facing child safety seat as long as possible. Use it until your child:

• outgrows the weight and height ranges of the rear-facing child safety seat and
• is at least 1 year old, and
• weighs at least 10 kg (22 lbs.), and
• is walking

To install your forward-facing child safety seat, follow the manufacturer’s instructions and the vehicle owner’s manual. Take the forward-facing ‘Yes Test’ in the ‘Learn More’ chapter to make sure you’re using it correctly.

Preventing falls

As toddlers learn to climb, their risk of falling in the home increases. To protect your toddler from falls, follow the same precautions as you would for babies (see pages 146–147). Other ways to prevent a toddler from falling are to:

• move her to a toddler bed before she’s tall enough to climb over the crib rails
• make sure that stair gates are installed at the top and bottom of stairs; use a gate that is anchored to the wall at the top of the stairs, not a pressure gate
• make sure that window safety devices are installed correctly
• make sure heavy furniture is placed away from windows and is secured to the wall
• supervise her closely when she is around any surface she can climb
• move furniture out of the way so she has a big, open area to walk in

Preventing other injuries

Drowning, choking, scalds, burns and poisoning are other injuries that can happen in and around the home. Toddlers and young children are attracted to water, but they don’t understand its dangers. Toddlers can reach higher, can climb and love to explore. This means they may also be able to get access to products that are poisonous or dangerous.

• Stay right beside your child whenever she is in, around or near water. Devices such as bath seats, lifejackets and water wings aren’t a substitute for adult supervision.
• Food is the most common cause of choking for children. Avoid or modify food that can cause choking (see page 33).
• Cut the loops of any blind cords and secure them out of reach.
• Help prevent scalds and burns by turning pot handles to the back of the stove, and
turning down the temperature of your hot water tank (see page 52). Put a screen around fireplaces.

• Store anything poisonous (e.g., poisons, medicines, vitamins, cosmetics, household cleaners, alcohol) out of sight, out of reach and locked up. If you think your child has been poisoned, call the Poison Drug Information Service (PADIS) at 1-800-332-1414.

Teaching safety rules

Safety rules can be taught, but it takes children time to learn them. You’ll need to repeat them many times for many years. Look for chances to teach and model safety rules every day (e.g., look both ways before crossing the street), but don’t rely on your toddler to follow them on her own or all the time.

Growing and Learning with Your Toddler

Toddlers are changing every day. They need lots of time to explore and play. They are busy trying to understand their world and are learning to think.

How your toddler’s brain is developing

Many brain cell connections are forming now, especially in the part of your child’s brain that controls emotional development (the limbic system). Connections are also developing in the thinking part of the brain (the cerebral cortex). Brain connections are formed by a child’s experiences. The more often the experience happens, the stronger the brain connections become.

Brain connections that are seldom used are now being removed by a natural process called synaptic pruning. This helps your toddler’s brain work faster and more efficiently. Brain cell connections will continue to be added, strengthened and removed throughout your child’s life. It takes many years for the brain to be fully developed.

Although you can’t see these changes in your toddler’s brain, you’ll know it’s developing by how:

• her language skills are growing
• she explores
• she learns about her emotions
• she learns how to get along with others

Brain cell connections become stronger when your toddler and you engage in serve-and-return interactions (such as the examples that follow).
### Serve-and-return interactions with your toddler
### 12 to 18 months old

<table>
<thead>
<tr>
<th>Your toddler serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• builds and knocks down 2–4 block towers</td>
<td>• take turns putting blocks on a tower—say “my turn” when you put your block on and “your turn” when she puts hers on</td>
</tr>
<tr>
<td>• points to things that interest her</td>
<td>• give her choices—she may look or point to what she wants</td>
</tr>
<tr>
<td>• starts pretending to feed dolls or stuffed animals</td>
<td>• enjoy having a tea party with her stuffed animals (pretend to pour, stir and drink the ‘tea’)</td>
</tr>
<tr>
<td>• tries to do things on her own</td>
<td>• take time as often as you can to let her try to undress and feed herself</td>
</tr>
<tr>
<td>• grabs things from others</td>
<td>• say, “Sarah was playing with that car. It’s her turn right now. You can have a turn later”</td>
</tr>
</tbody>
</table>

#### Other things I do to help my child learn:
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
- ____________________________________________________________
### Serve-and-return interactions with your toddler

#### 18 months to 2 years old

<table>
<thead>
<tr>
<th>Your toddler serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• likes simple games and rhymes</td>
<td>• spend time saying rhymes and playing games she enjoys</td>
</tr>
<tr>
<td>• puts the pieces in simple puzzles</td>
<td>• take turns putting the pieces in a puzzle</td>
</tr>
<tr>
<td>• listens to simple stories</td>
<td>• let her hold the book and turn the pages</td>
</tr>
<tr>
<td>• points to pictures, body parts, objects and people that you name</td>
<td>• read lift-the-flap books and let her find the pictures you name</td>
</tr>
<tr>
<td>• kicks a ball while standing</td>
<td>• roll a ball gently for her to kick and take turns kicking it back and forth</td>
</tr>
</tbody>
</table>

**Other things I do to help my child learn:**

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
### Serve-and-return interactions with your toddler 2 to 3 years old

<table>
<thead>
<tr>
<th>Your toddler serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• jumps with both feet off the floor, pedals a tricycle and balances on 1 foot for a short time</td>
<td>• spend lots of time playing outside together—take turns copying each other, jump, run, sit, bend over and laugh together</td>
</tr>
<tr>
<td>• draws lines and circular scribbles</td>
<td>• scribble and draw with your child</td>
</tr>
<tr>
<td>• talks in simple 2- to 3-word sentences that have lots of grammatical errors (e.g., “Poon fall down. Daddy gots it”)</td>
<td>• repeat back what you think your child said in a more correct way (e.g., “Your spoon fell on the floor. Daddy’s got it”)</td>
</tr>
<tr>
<td>• wants to keep on playing when it’s time to eat, sleep or change activities</td>
<td>• give her a 5-minute warning before any change in activity</td>
</tr>
<tr>
<td>• pretends with others</td>
<td>• get together with other families with young children</td>
</tr>
</tbody>
</table>

For more information about how the brain develops, see pages 12–13.
Learning to communicate

Your toddler is starting to use more and more words. At first she will learn new words slowly. Once your toddler is about 2 years old, she’ll learn new words at a faster rate until she has a word for almost everything—it’s like an explosion of language. You’ll be surprised at the words she can say and there will be too many for you to count. By the time she’s 3 years old, her words will also be easier to understand. She will be able to tell you what she did at the park and talk about things that interest her.

Young toddlers will:

• use words to greet people, ask for what they want and comment on what they like
• tell you they don’t like something by shaking their head and saying “no” or “not”
• use 1 word for a whole thought (e.g., “shoe” may mean “Those are my shoes”, “I need my shoes” or “I don’t want to wear my shoes”)
• follow simple directions (e.g., “Bring mommy your shoes”)
• answer simple questions (e.g., “Do you want a drink of water?” or “Where’s your blanket?”)

Once toddlers know 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”.

By the time toddlers are 3 years old, they will:

• say short sentences (e.g., “I’m going now”)
• ask questions with words (e.g., “Where go?” and “What’s that?”)
• follow more complex directions (e.g., “Please go into your room and bring me your bear” or “Pick up your coat, go to the door and get your shoes, please”)

Talk by 2 years old and be understood by 3 years old

If you have questions or are concerned about your child’s speech, there is help available. It’s important to act early. To learn more about speech and language development, and where you can get all the help your child needs to learn and succeed:

• check out the Talk Box at www.humanservices.alberta.ca/family-community/talk-box.html
• call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) to find information for speech-language services in your area
You can encourage your toddler’s language and communication

Your toddler needs you to listen and talk with her so she can learn to understand and use new words in short sentences and conversations.

- **Add to what your child has said** and your child will start talking in longer phrases. For example, if she says “Daddy,” use it in a short sentence (e.g., “Daddy’s home now”).

- **Repeat what your child says correctly**, without telling her she said it wrong. You can also stress the word a bit in your sentence. For example, if she says “dama”, say, “Yes, that’s grandma. You love grandma”.

- **Pause and wait after asking a question** or making a comment. She needs time to put her thoughts and ideas into words.

- **Ask questions that keep the conversation going**. Open questions let children answer with more words. (e.g., “What happened?” or “What could we do now?”). Questions that children answer with one word like “yes” or “no” tend to stop the conversation.

- **Join in and play with your child**. Talk about what you are playing with while you play.

- **Read books and sing songs**. Talk about how books relate to her experiences. If you read a book about a farm, you could say, “Do you remember when we saw the kittens at the farm?”

Exploring to learn

Your toddler continues to learn by exploring and playing. She will want to play with you, and she needs time to explore on her own and with others. Her skill and coordination will improve, especially if she has the chance to learn simple games and practice her skills in large spaces.

Encourage her natural curiosity by making sure her environment is safe. Start talking about safety by using simple words and phrases like “Hot!” or “That will hurt” so she will start to learn about danger. Toddlers need constant supervision and to be reminded about dangers often. Your toddler is a few years away from knowing how to avoid dangers herself.
Feeling safe to explore

Your toddler’s days are now a constant cycle of moving away from you to explore and coming back to feel safe. This cycle happens many times every day.

<table>
<thead>
<tr>
<th>When your toddler feels safe, she:</th>
<th>Your toddler may:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• will be confident to move away from you to explore and learn</td>
<td>• poke or pick up objects and try to figure out how they work</td>
</tr>
<tr>
<td>• knows that you will protect her</td>
<td>• walk or run without worrying about where you are</td>
</tr>
<tr>
<td></td>
<td>• be curious about the world around her</td>
</tr>
<tr>
<td></td>
<td>• not want your help (e.g., say “no” and run away from you)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When your toddler needs to feel safe, she:</th>
<th>Your toddler may:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• comes back to you</td>
<td>• reach to be picked up</td>
</tr>
<tr>
<td>• may need your comfort to feel more confident to explore</td>
<td>• ask for a hug or want to cuddle</td>
</tr>
<tr>
<td></td>
<td>• need to touch or cling to you</td>
</tr>
<tr>
<td></td>
<td>• follow you or look for you</td>
</tr>
<tr>
<td></td>
<td>• want to tell you about her discoveries</td>
</tr>
</tbody>
</table>

Her learning and attachment get stronger when you provide warmth and structure.

Provide warmth.

• Be excited about her discoveries. Let her show you how her toy works or tell you the story in a book.
• Welcome her back when she needs to connect with you—she may return to you often, so be patient.
• Remember that she doesn’t know what is safe or dangerous yet.
• Give her time to do what she can—offer help only if she needs or asks for it.

Provide structure.

• Be clear about what she can and cannot do. Use simple words to explain why (e.g., “We have to hold hands in the parking lot so a car doesn’t hit you. You can run like a rabbit when we get to the park”).
• Distract and redirect.
  ◦ Shift her attention to another activity.
  ◦ Move your toddler or her activity to a more suitable place (e.g., “We don’t colour on the walls. Here is some paper. What would you like to draw?”).
• Change your limits and expectations to match your child’s development as she grows.

For more information about warmth and structure, see pages 17–18.
Exploring through moving and physical activity

Your toddler is getting more co-ordinated 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, she’ll start to run. You can expect a few bumps and stumbles as she learns to watch out for things in her way. She will also try to climb on the furniture and into open cupboards.

Older toddlers 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

Physical activity is an important part of everyday life for the whole family. You promote healthy behaviours for your whole family when you:
• go for regular walks around your neighbourhood
• play in your backyard or local playground
• push the furniture to the edge of a room and use the open floor space for activities
• are a good role model by being physically active yourself

All children need to be physically active to maintain a healthy weight and stay healthy. The Canadian Physical Activity Guidelines recommend that children 1 to 4 years old need to be active for at least 180 minutes (3 hours) at any intensity spread throughout the day. Your toddler needs time and space for active play.

Exploring with objects

Your toddler’s hands are also getting more co-ordinated. Your younger toddler will clap her hands, use a spoon, put things into containers and then dump them back out. Your older toddler will draw with crayons and put simple puzzles (2-10 pieces) together. Start with easier board puzzles and try harder ones as her skill improves. Drawing on a chalkboard on the wall or painting on an easel helps develop her arm strength and skill to hold and use a pencil or crayon.

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 her shoes when unfastened

Screen Time

Your toddler will be more interested in physical activity if you limit the time she spends being inactive. For more information about screen time, see pages 59–60.
Exploring through pretending

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 use objects that look like the real thing (e.g., 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 herself as she plays. Talking out loud:

- helps your child start to organize her thinking
- helps her learn to solve problems and cope with emotions
- eventually becomes what is called inner speech (self-talk)—something all adults use to organize their thoughts

As their talking skills improve, toddlers start to include other children and adults in their pretend play.

You can encourage pretend play

- **Follow what your toddler does.** It lets her know her ideas are important.
- **Let everyday activities be play.** Take turns and pretend with her when you are doing laundry or cooking supper (e.g., take turns putting socks in the washer, pretend to be waitresses setting the table).
- **Show and play.** Use objects in different ways. Try using a banana as a phone and a wooden spoon as a microphone and watch her imagination grow.
- **Use active listening.** Listen when playing. Make comments to keep the conversation going (e.g., “Hmm”, “I see” or “And then what happened?”).
Exploring with stories

Toddlers are starting to share stories. You encourage this exploration 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 that have already happened
• encourage her to act out or tell grandpa her favourite story
• act out a story about a new experience so she knows what to expect (e.g., the first day of preschool or a visit to the dentist)

Being creative

Toddlers are starting to use their hands and minds to build and create. They learn different things from different objects and activities. The act of creating is more important than what your child creates. Let your child tell you about what she's made.

You can encourage your child to be creative

• **Have fun.** Pretend you’re different animals. Move like they move. Dance freely to music.
• **Go outside to play.** Go on a nature walk. Make a sandcastle or snowman. Pour water into dirt and make mud pies.
• **Explore objects.** Bring out the paper, glue, crayons, blocks and yarn. Let your child make her own creation. Get her to tell you about it.
• **Dress up.** Put together a box of old jackets, purses, skirts and hats and enjoy the fun.

Screen time

Spending time in front of screens such as TVs, computers and tablets is not recommended for children under 2 years old. For 2–4 year old children, it should be limited to under 1 hour a day. For screen time guidelines, see pages 59–60.
Learning about emotions

As toddlers develop, the way they understand and show their feelings changes as well. Toddlers have strong emotions. With your help, your toddler can learn to better understand and talk about her emotions.

**Young toddlers (12–18 months old):**

- now feel anxiety and frustration in addition to earlier emotions
- have little self-control over their feelings or impulses (e.g., biting and hitting)
- begin to recognize that they have their own feelings
- don’t yet have the words to express how they feel, so they often show their emotions with their body
- can be afraid of strange people, objects, animals or events—they can also become anxious when separated from their parents
- begin to recognize that other people have emotions too
- don’t yet understand other people’s feelings or views

**You can help your young toddler understand and cope with feelings**

- **Describe** and show empathy.
  - Give her a name for her feelings so that she learns the words.
  - Help her to know that you understand and will help her (e.g., use a kind voice to say, "I see you are mad. You really wanted that toy.").
- **Distract**. Use another interesting toy, game or song to distract her.
- **Redirect**. Change the activity or move it to a more suitable place.

**Older toddlers (18 months–3 years old):**

- 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
Your older toddler’s ability to think is developing. When you name her emotions and show that you understand, you are building connections between the emotional and thinking parts of her brain. The next step is to help her learn to show her emotions in ways that won’t hurt herself or others.

These skills are known as emotional regulation. 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 yet have the words to use. When they are excited they may jump, skip and laugh loudly. When they are upset they may yell, throw things, hit or bite. Many parents are surprised by the level of their toddler’s aggression. Your toddler needs your help to learn other ways to show her frustration.

It’s important to let your child know that you accept her feelings even if her behaviour isn’t okay. You can help your older toddler begin to manage or regulate her emotions by providing warmth and structure.

Provide **warmth**.

- Be patient—remember she is just learning.
- Accept your toddler’s feelings and let her know you understand.
- Don’t make fun of or laugh at her when she is upset or afraid.

Provide **structure**.

- First, name the feeling and show her you understand. Limit behaviour that could hurt her or other people (e.g., “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 (e.g., “Biting hurts people”).
- Give her 1 or 2 ideas for what she can do instead (e.g., sit with you to calm down, make a mad face, take a deep breath, use her words to tell how she is feeling, walk away, hug her stuffed toy).
- As she gets older, ask her what she thinks she could do, rather than telling her what to do. With practice, she’ll be able to think of these ideas when she’s on her own.

For more information about warmth and structure, see pages 17–18.
Temper tantrums

When your toddler is really upset, she may cry uncontrollably, yell and thrash about. These are often called temper tantrums. They are emotional outbursts and a normal part of child development. Most children have tantrums.

When she is having a tantrum, your child is overwhelmed. Tantrums usually start when a toddler is about 18 months old and peak by 3 years old. Then they gradually happen less often and get less intense.

• Your child is more likely to have a tantrum when she’s frustrated, tired, hungry or rushed.
• A tantrum is the only way her body knows to show her strong emotions. She needs you to help her learn a different way.

You can’t avoid every tantrum. However, these ideas may help.

• Learn about typical toddler development to help you know what to expect.
• Learn what frustrates or overwhelms her (e.g., too much noise, too many choices).
• Make sure she has a chance to be physically active every day.
• Plan regular meal, snack and sleeping times.
• Try not to plan too many activities in one day.
• Watch for early warning signs. If you see her frustration building, it may help to distract her, end a shopping trip, change the activity or take a break.
• Find a balance. Know when to set limits and when to offer choices; when to be flexible and when to be firm.

Taking time to calm down

This is one of the most important life skills we can teach our children. Calming down before responding helps people of all ages re-connect the emotional and thinking parts of their brain so they can make better decisions.

Responding to tantrums

When you stay calm, you help your toddler calm herself. If you find it hard to calm down, see suggestions on page 233.
When she wants something she can’t have

Be kind and firm. Explain why she can’t have something. Reassure her that you understand her feelings. Stick with your decision if you’ve said no.

You can calm a toddler’s tantrum

- **Give her space** and make sure she’s safe. Some children like to be held when they feel out of control. Others may want a hug after they’ve calmed down.
- **Stay calm and stay with her.** Stay quietly with her until she calms down. It might help to take her somewhere quiet.
- **Once she has calmed down:**
  - help her name or describe her feelings
  - show you understand
  - tell her what behaviour needs to change and why
  - help her think of other ways to show her feelings
  - let her rejoin her previous activity or move on to something else
- **Don’t make a toddler apologize.** She doesn’t understand why she acted the way she did.
- **Remind yourself** that your toddler is learning. The skills you teach her now will be used throughout her life.

Punishing or making fun of your toddler will not help her learn about her emotions and will make the tantrum worse. You can help her understand her feelings and learn how to show them in healthier ways by guiding and reassuring her. For more information about positive discipline, see page 16.

It’s normal for toddlers to have a tantrum once in a while. If these outbursts happen often, are violent or you’re concerned, talk to your healthcare provider or public health nurse.
**Living in a social world**

**Playing with others**

Toddlers start to notice other children more and want to be around them. Your toddler might not get along with others right away. She will learn this with time, practice and the help of you and others.

As toddlers develop, the way they play changes. This table shows you some of the differences between how young toddlers and older toddlers play.

<table>
<thead>
<tr>
<th>Young toddlers:</th>
<th>Older toddlers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• play by themselves, with their parents and with other familiar adults</td>
<td>• are more aware of themselves as separate people</td>
</tr>
<tr>
<td>• like to watch other children and copy what they see</td>
<td>• like to copy you and help with simple chores</td>
</tr>
<tr>
<td>• play beside one another, but usually not together—this is a normal stage</td>
<td>• need you to set fair and consistent limits to keep them safe</td>
</tr>
<tr>
<td>called parallel play</td>
<td>• begin to play on their own for short periods, but still need</td>
</tr>
<tr>
<td>• need constant, active supervision by adults</td>
<td>to have you close by</td>
</tr>
<tr>
<td>• can’t follow rules yet</td>
<td>• like to be with other children</td>
</tr>
<tr>
<td>• interact more with others during play</td>
<td>• interact more with others during play</td>
</tr>
</tbody>
</table>

With young toddlers, it’s better if each child has her own toys so she doesn’t have to share. Some toys, like balls, encourage her to interact and take turns.

With older toddlers, give lots of practice taking turns (e.g., rolling a ball back and forth). They need this skill so they can learn to share.
Learning social skills

Some children learn social skills quickly. Others will need more practice to learn how to cooperate and get along with others. Your toddler learns these skills when she spends time with others who model and encourage sharing, taking turns and positive communication.

Sharing and taking turns

It takes time for toddlers to learn to share. They are just figuring out who they are and what belongs to them (e.g., "my nose," "my toys"). It may seem like your toddler thinks everything belongs to her. Your toddler isn’t being selfish. She needs to learn ownership before she can learn to share. Turn-taking activities will help. Most children are not able to share well until they are over 3 years old.

You can help your toddler learn to share

- **Provide lots of practice** taking turns every day (e.g., sliding down the slide, 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 and “your turn” as she rolls it back.
- Give your toddler lots of chances to **be with other children**.
- **Sit close to toddlers** when they are playing together. Then you can step in quickly when needed.
- **Notice and comment** when your toddler does something you want to encourage (e.g., “Jeremy is very happy that you gave him a turn to play with your car”).
- **Have 2 sets of similar toys** for toddlers (e.g., 2 shovels and pails in the sandbox). Put your toddler’s special belongings away when friends come to visit. She may not be ready to share these yet.
Communicating with toddlers

You communicate to your toddler with your words and actions. When you talk to your toddler, get her attention first. Stop what you are doing and call her name. Wait for her to look at you before talking.

You can use communication to build relationships

- **Show pleasure.** Share your pleasure with your toddler when she learns new things and acts in ways that are okay. Make sure your voice and face match your emotion.
- **Use the sound of your voice.** If you’re concerned, sound concerned. If you want your child to stop throwing her food, say it firmly without yelling.
- **Get down to her level.** When your child talks to you, squat down so your eyes are level with hers, if possible. Even when you’re busy, turn and look at her.
- **Really listen.** Listen and respond to what she says, and to the thoughts and feelings she shares with you.
- **Keep it simple.** Young children need simple rules and limits suited to their age. Keep information short and use words your child understands.

“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
Typical toddler behaviour

Toddlers enter a new stage of development at about 18 months. There are certain behaviours you can expect during this phase.

Saying no

It can be confusing and frustrating for parents and caregivers when their child starts saying no. Your toddler’s language is limited and “no” is her way of telling you:

• she doesn’t like something
• she’s frustrated
• she wants to do something on her own

It’s important for your child to be able to say no. It gives her some control of her world. She isn’t saying it to upset you.

Sometimes when you say “no” less often, your child will say it less too. See the chart below for some examples.

<table>
<thead>
<tr>
<th>When your toddler wants:</th>
<th>Try this:</th>
<th>Instead of this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>to go outside to play</td>
<td>“Sure, as soon as we’re done lunch”.</td>
<td>“No, not now”.</td>
</tr>
<tr>
<td>to touch something breakable</td>
<td>“That one can break. Let’s put it away”.</td>
<td>“No, Don’t touch!”</td>
</tr>
<tr>
<td>more juice</td>
<td>“You can have water if you’re thirsty”.</td>
<td>“No, you’ve had enough”.</td>
</tr>
</tbody>
</table>

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. They will need your help and support while they learn these things.

At this age, your toddler:

• needs to actively touch and explore everything around her (e.g., she wants to know what’s in the cereal box and will 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 she can and can’t do
• realizes that sometimes you think differently than she does
Teaching positive behaviour

All children need their parents’ attention. If your toddler only gets your attention when she is behaving in ways that aren’t okay, she may continue because she needs you to notice her. Pay attention to your toddler when she behaves in ways that are okay and encourage that behaviour. Some examples of positive attention are smiles, hugs, saying “please” and “thank you”, and commenting about what she’s doing. This kind of encouragement helps your child learn.

Here are some 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 objects and put the things she can use at her level. Use plastic cups, toy baskets, low bookshelves and coat hooks so she can learn to do some things on her own.

• Treat your child with respect. This is how she learns to treat you and others with respect. Think about what she is trying to do, listen to her point of view and help her learn what to do next time.

• Notice and comment on what she has done when she behaves in a way that you want to encourage.

• When your child does something that isn’t okay, tell her what she did, why it’s not okay and what she should do next time instead. Be consistent so she knows which behaviours aren’t okay.

• Don’t assume that she remembers things you’ve told her before. A toddler’s brain is still forming connections—it takes many, many repetitions for those connections to get strong enough for her to remember.

• Start to model problem-solving. Talk through the steps as you deal with a problem. For example, if she spills her mashed peas on the floor, calmly say, “Oh-oh, we have a problem. What do we need to do?” Wait to see if she has an idea and then help her clean up. This gives her the words she will need for problem-solving.
Encouraging co-operation

Co-operation means working together to get things done. When your child learns this at home, she will have more success co-operating with other children and later at school.

You can encourage your child’s co-operation by providing warmth and structure.

• Provide **warmth**.
  - Have reasonable expectations. Know what toddlers can and can’t 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”.

• Provide **structure**.
  - Prepare for what comes next. Give your toddler a 5-minute warning when she will need to change activities. You could set a timer so she learns what 5 minutes feels like.
  - Give choices between 2 things when you can, as long as both options are available and acceptable (e.g., “Would you like the purple or pink pyjamas?”). Don’t give a choice if none exists—your child needs to brush her teeth and go to bed, so don’t give these as a choice.
  - 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 you have one in your community.
  - Build routines. Your child will know what’s expected when things are done the same way each time. Make clean-up fun with a special song and she will learn that cleaning up is part of play.

For more information about warmth and structure, see pages 17–18.
Taking Care of Yourselves

Every stage of your child’s life will bring new joys and challenges. You will continue to learn new skills as a parent.

Living with a busy toddler

You may find it challenging to keep up with a busy toddler. At times you may get upset and find it hard to stay calm. Pay attention to how your body feels when you are 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 (see page 10) or something you are thankful for, while continuing to breathe slowly and deeply.

• **Be positive.** Your child is growing, exploring and discovering.

• **Understand.** Toddlers don’t know their limits yet. They’re still learning what they can and can’t do. In their minds, grandma’s new lipstick is just another crayon.

• **Remember, your child is learning from you.** If you punish or hit her when she acts out or is upset, she will learn to do this to others when she has a problem.

• **Take a break.** All parents need a little help sometimes. Before you get to the point that you can’t take it anymore, ask a friend, relative or caregiver to give you a break. If you are alone with your child, put her in a safe place (e.g., her crib) and leave the room for a few minutes to calm down.

• **Learn to cope with stress.** Parents of toddlers are often stressed because their children are always on the go and need to be closely monitored all the time. See page 159-160 for more suggestions for coping with stress.

• **It’s OK to ask for help.** If you’re feeling overwhelmed or out of control, call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465) to find the support you need.
Preschoolers
3 and 4 Year Olds
Preschoolers: 3 and 4 Year Olds

Preschoolers live life to the fullest. Your child is getting more independent every day. He is getting better at thinking about what might happen when he does things. He still needs you to help him learn what is and isn’t okay for him to do. As a parent you need to continue to make sure that the world around him is safe.
Development | 3 and 4 year olds

Developmental stage

This is the **thinking stage**, a time when it’s important for your child to keep practicing earlier tasks as well as to:

- manage emotions—start to cope with feelings and emotions
- develop empathy—understand and care about other people’s feelings
- take initiative—plan and act on his own thoughts and ideas
- feel capable—develop skills to do more and more on his own

What to expect

**Physical**

- eats with a spoon and fork
- dresses and undresses self
- balances and hops on 1 foot
- throws ball (underhand and overhand)
- walks in a straight line, forwards, backwards and up and down stairs
- climbs on things (e.g., trees, furniture and playground equipment)
- kicks balls
- uses paints, scissors, pencils and crayons to create shapes and faces
- develops bladder/bowel control day and night
- does simple chores with some help and direction

**Cognitive (learning and thinking)**

- asks “Why?”
- uses longer sentences for more detailed stories
- talks about the past and future
- shows improvement in grammar
- starts to understand the difference between real and imaginary
- listens to and understands short stories
- sings simple songs and recites rhymes from memory
- has a very active imagination and tells short stories

**Emotional**

- is more able to identify and name own feelings
- uses words more often to express feelings
- fears real things (e.g., the dark, animals and thunderstorms) and imaginary things (e.g., monsters and ghosts)
- exaggerates the truth
- likes to talk about body functions
- develops a sense of humour

**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
Growing Together

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 the same age
• will have his own pattern of growth that is natural for him

Ask your healthcare 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 co-operatively
• become more skilled and co-ordinated in their movements
• love to imitate, sing, recite rhymes and have fun with words
• have great imaginations and sometimes have trouble telling what is real and what is pretend

During this stage, your child will start wanting to make his own plans and act on his own thoughts and ideas. He feels happy with himself when he can do things on his own, but it takes time and practice for him to feel confident about what he can do. When you give your preschooler lots of chances to develop his skills, he’ll learn to feel capable. This will help to develop his self-esteem.
Eating and Everyday Care

Eating

Preschoolers are often busy all day long. They need food at regular times. They have smaller appetites and stomachs than adults and find it hard to sit still for very long. They do best when they eat 3 meals and 2–3 snacks spaced evenly throughout the day, whether at home or away.

Preschoolers love their own ideas and plans. This can be seen in everything they do. They may want to help prepare or serve food. It’s normal for them to want only certain foods, or to enjoy something one day and dislike it the next. You may worry that your child is picky about what he will eat. He may just be making his own choices.

The feeding relationship between you and your child is setting healthy eating habits for life. Each of you has a role. Parents are still responsible for what, when and where food is offered. Preschoolers are still responsible for choosing whether to eat and how much to eat (see pages 199–200).

To keep your preschooler healthy:

- continue to offer meals and snacks from all 4 food groups in Canada’s Food Guide
- offer milk and juice at regular meals and snacks. Limit juice to 125 ml (½ cup per day)
- offer water throughout the day

If you’re concerned about your preschooler’s eating, talk to your healthcare provider or public health nurse.

Table manners

A few simple table manners can make meals more enjoyable. Each family decides which manners are important for them. When you use these manners consistently, your preschooler will learn them too.

Eating when away from home

Eating out is sometimes convenient. It can also help your preschooler learn how to behave in social settings. However, fast food, takeout food and restaurant food are often much higher in fat, sugar, calories and salt (sodium) than food made at home.
Eating out can create some challenges for young children. Preschoolers may:

• be distracted and eat too much or too little
• become overwhelmed by excitement, noise or having to wait
• become used to larger servings and foods that are high in fat, sugar and salt

Here are some tips for your family when eating out.

• Choose restaurants with healthier choices (e.g., 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. Share an adult-size meal with your child. Ask for a half-serving or take leftover food home.
• Encourage your child to try new foods—not just hamburgers, fries and chicken fingers.
• Choose milk or water. You can make drinks special with a slice of fruit, a decorative umbrella or a straw.
• Limit foods that are high in fat (e.g., fried and deep-fried foods). Ask for the dressings and sauces on the side. Choose tomato-based sauces instead of cream sauces for pasta.

**Making eating out more enjoyable**

- **Pretend play or practice at home first.** This helps your child learn what to expect when eating out and what you expect of him.
- **Be prepared.** A small bag with crayons and a notebook, a few small toys or a book can help keep your child busy until the food arrives.
- **Pack vegetables or fruit** (e.g., carrot sticks, apple slices) so your child doesn’t get too hungry before the meal arrives.
- **Choose child-friendly restaurants** with high chairs, booster seats and an understanding of children’s needs.
- **Choose to eat at home if your child** is tired or ready for a nap or bed.
- **Be prepared to leave** if your child becomes overwhelmed.

For more information about feeding your preschooler, visit [www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-eating-active-living-for-your-1-to-4-year-old.pdf](http://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-eating-active-living-for-your-1-to-4-year-old.pdf)
Teeth and mouth care

By now your preschooler may feel he’s big enough to brush his own teeth. Encourage him to brush and remind him that it’s your job to check, finish brushing and floss his teeth. You will need to do this until he’s about 8 years old. For more information about how to brush and floss teeth, see page 173 and 203. Continue to take your preschooler to the dentist for regular dental visits.

Other things to know about your preschooler’s teeth:
• Preschoolers usually have all 20 of their baby (primary) teeth.
• They may have spaces between their teeth. This space will allow the larger adult teeth to grow into place over the next few years.
• Many preschoolers are able to spit. If so, you can put a pea-size amount of fluoride toothpaste on his toothbrush. Remind him to spit it all out after brushing.

It’s a natural reflex for young children to suck their thumb, their fingers or a soother. They suck for pleasure, comfort and security. The earlier they stop, the less likely it will affect their teeth. Most children stop on their own by 3 years old. After that your child may need help from you and his dentist. Sucking can affect how the teeth bite together, as well as the growth of the jaws and bones that support the teeth.

If you have questions or concerns, talk with your dentist or public health nurse, or visit https://myhealth.alberta.ca/ and enter the key words ‘thumb-sucking’ in the search box.

Helping your child to stop sucking his thumb, fingers or soother

• Limit sucking to certain times or places.
• Look for triggers and offer a substitute. If he sucks his thumb while doing one activity, switch to another one. He may suck his thumb in stressful or fearful situations. Offer him reassurance, a hug or favourite toy.
• Offer gentle reminders. Speak calmly about how sucking may affect his teeth. Don’t punish or make fun of him. Encourage him and be patient.
• Try not to draw attention to it.
**Sleeping**

When children get the sleep they need, they are happier and healthier. Young children need about:

- 12 hours of sleep a night when they’re 3 years old
- 11 hours of sleep a night by the time they’re 5 years old

Many children nap for about an hour a day until they’re over 5 years old. Other children quit napping before this age.

Your preschooler is probably not getting enough sleep if he:

- regularly falls asleep during the day (e.g., in the car, watching television, looking at books)
- needs you to wake him up every morning
- seems cranky during the day
- naps more than once a day

For more information about sleep routines and helping your child stay in bed, see page 207.

**Bedwetting**

Bedwetting is common in preschoolers. It is not something they do on purpose. Use a waterproof cover to protect your child’s mattress. Most children outgrow bedwetting by the time they are 5 or 6 years old. Talk to your healthcare provider or public health nurse if you have questions or concerns.

**Toilet teaching**

Your preschooler may be just starting to learn how to use the toilet or he may be very comfortable using it.

- Girls tend to be ready for toilet teaching before boys. Some boys may not be ready until they are 3½ or 4 years old.
- Clothing that’s easy to pull up or down will make toilet time easier.
- Toileting accidents are common when your child is learning to use the toilet.

For information and tips on toilet teaching, see pages 208–209.
Family Health

Health check-ups

**Overall health:** See your healthcare providers as scheduled and also based on your family’s needs. This will help your preschooler stay as healthy as possible.

**Community/public health centre:**
Public health nurses and other healthcare professionals can help if you have questions or concerns about your child’s health, growth and development, or other family issues. For information, see page 43.

**Immunizations:** Up-to-date immunizations protect children and the rest of the family from many communicable diseases. Your child is due for his next immunization when he’s 4½ years old. If his immunizations aren’t up to date, talk to your public health nurse about how to get back on schedule. If you have questions or concerns, call your public health nurse or Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

**Teeth and mouth:** Arrange regular dental visits for your preschooler.

**Vision and hearing:** If your child hasn’t had his vision checked yet, it is important to schedule a routine visit with a healthcare provider. An optometrist can test your child’s vision without a referral and there is no cost for this in Alberta.

You can arrange to have your child’s hearing checked if you have any concerns (e.g., he can’t hear you from the next room). For information about services in your area, see page 45.

**Most 3 and 4 year olds:**
- play with a variety of toys
- are interested in other children
- are happy most of the time
- have speech that can be understood by most people
- aren’t aggressive or violent

You know your child best. If you have questions or concerns, talk to your healthcare provider or public health nurse.

**Vision check**
See your healthcare provider right away if your child:
- often blinks or rubs his eyes
- avoids doing close work (e.g., looking at books, making crafts)
- doesn’t notice things that are far away
Preventing Injuries

Safe surroundings

Preschoolers’ adventures can put them in risky situations. They are too young to understand danger and are still developing the physical and thinking skills to protect themselves. You need to be consistent with your safety rules so your preschooler can learn to follow them. Don’t offer choices in situations that involve safety.

You want to protect your child by providing a safe environment to reduce the risk of injury without limiting his ability to be physically active.

Children need the freedom and space to:
- burn off energy while developing their muscles and co-ordination
- gain a love for active, healthy living

Children need these safe surroundings to develop healthy bodies and minds. Without chances to explore, children’s development can be delayed. Inactive lifestyles are unhealthy and can lead to obesity.

When children can safely explore, their learning, growth and development thrive. Safe and active play is an important part of childhood.

Vehicle safety

Your child needs to stay in a forward-facing child safety seat until he weighs at least 18 kg (40 lbs.). Once he outgrows his forward-facing child safety seat, he needs a booster seat. This is because adult seat belts don’t fit children properly. Without a booster seat, an adult seat belt rides too high on a child’s abdomen and neck, and can cause serious internal injuries in a crash.

For more information about when to change to a booster seat, as well as using and installing booster seats, see pages 274–275 and take the booster seat ‘Yes Test’ in the ‘Learn More’ chapter.
**Preventing falls**

Falls are the leading cause of hospital visits for young children.

You can prevent falls at the **playground** by:
- providing constant supervision
- choosing safe playgrounds designed for your child’s age with:
  - deep, soft surfaces (e.g., sand, pea gravel, wood mulch or rubber)
  - equipment he can reach by himself
- letting your child climb only as high as you can reach

You can prevent falls at **home** by:
- not using bunk beds until your child is at least 6 years old
- not leaving furniture on a balcony where it can be used to climb over the railing
- making sure windows and doors have secure latches on them

**Outdoor safety**

Active living is an important part of healthy child development. You can help your child stay safe when he rides his bike, walks and plays outdoors. Be sure he wears protective gear and gets the right training for any sports or activities.

**Helmets**

By law, anyone under 18 years old in Alberta must wear a helmet when riding a bicycle, tricycle or when in a bike trailer. Helmets are strongly recommended for adults too.

Helmets are also recommended for activities such as tobogganing, skiing, snowboarding and ice activities (e.g., hockey, skating). Use helmets that are designed for the activity (e.g., hockey helmets, bike helmets). Always take your child’s helmet off before he plays on playground equipment. For more information about using the correct helmet, visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and enter the key words ‘bike helmet’ in the search box.

To take the Playground Safety ‘Yes Test’, visit [https://myhealth.alberta.ca/](https://myhealth.alberta.ca/) and enter the key words ‘playground safety’ in the search box.

Outdoor water safety

Never leave your child alone near water (e.g., wading pool, dugout, pond, lake) even if he knows how to swim.
Bike safety

Many preschoolers enjoy riding on a tricycle or in a bike trailer. Some preschoolers may be able to ride a bike, but they aren’t ready to ride on the road. It takes skill, practice and time for children to be able to balance the bike, pay attention to where they are going and watch for cars and road signs. These skills don’t develop until your child is between 10 and 14 years old.

If you think your child is ready for a bicycle, make sure that the bicycle is in good condition. Here are questions to ask:

- Is the bike the correct size for my child? Bikes that are too big or too small are dangerous.
  - Can my child touch the ground with his feet? Have your child sit on the bike. Adjust the height of the seat until his 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 ABCs?
  - Is there ‘Air’ in the tires?
  - Are the ‘Brakes’ clean and working?
  - Is the ‘Chain’ tight and oiled?
- Does my child use a helmet for every ride? Using a bike helmet that fits properly reduces the risk of head injury in a crash by 85%.

Ride with your child to teach him the safety rules he’ll need to know (e.g., watch for pedestrians and stop at all stop signs, even when on the sidewalk). Give your child lots of chances to learn basic skills before going on the road with him. For more information about bike safety, visit https://myhealth.alberta.ca/Alberta/Pages/bike-and-small-wheeled-recreation-safety-overview.aspx

When you wear a helmet, you make bike helmets a habit for your whole family.
Pedestrian safety

Walking is great exercise. Preschoolers still need to walk with an adult. Children under 9 years old don’t have all the skills, awareness or judgement to determine when it’s safe to cross the street.

Start teaching your preschooler the skills he needs, but make sure you (or another adult) are with him whenever he crosses a street. Preschoolers are still impulsive. Insist that he hold your hand when he’s near traffic or in a parking lot. For more information about pedestrian safety, visit https://myhealth.alberta.ca/alberta/Pages/pedestrian-safety-for-children.aspx
Fire safety

Keep your home safe by:

• keeping lighters and matches locked up and out of reach
• changing the batteries in your smoke and carbon monoxide detectors twice a year (if not hard wired)

You can help preschoolers learn about fire safety by:

• planning and practicing how your family will get out of the home, if there is a fire
• teaching your child how to stop, drop and roll if his clothes catch fire

Growing and Learning With Your Preschooler

Preschoolers go through amazing changes in just a few years. Changes are continuing in all areas of development—one area can’t develop without the other. This development is guided by the brain.

How your preschooler’s brain is developing

Your preschooler’s brain is developing rapidly. In fact, a 3 year old child’s brain is twice as active as an adult’s brain. Brain cell connections are getting stronger as your child’s brain starts to form the pathways for skills he needs when he starts school (e.g., thinking, reasoning, reading). His brain is also becoming more efficient as connections that are not used get ‘pruned out’.

Your preschooler is likely asking lots of interesting questions. He needs you to be patient when you answer his questions. He is getting better at understanding the information you share with him.

Brain cell connections become stronger when your preschooler and you engage in serve-and-return interactions (such as the examples that follow).
Serve-and-return interactions with 3 and 4 year olds

<table>
<thead>
<tr>
<th>Your preschooler serves when he:</th>
<th>You return his serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• asks &quot;Why?&quot;</td>
<td>• talk to him about how things work and ask him what he thinks</td>
</tr>
<tr>
<td>• recognizes and reads signs</td>
<td>• play a game—looking for store names, signs and other things to read as you go for a walk or ride in the car together</td>
</tr>
<tr>
<td>(e.g., store names)</td>
<td></td>
</tr>
<tr>
<td>• enjoys rhymes and starts to</td>
<td>• have fun making rhymes together—say a word and see if he can find one that rhymes</td>
</tr>
<tr>
<td>make his own (e.g., &quot;hat-cat&quot;)</td>
<td></td>
</tr>
<tr>
<td>• names some of his feelings and</td>
<td>• talk about how the characters in a story or how the people in your child’s life are feeling</td>
</tr>
<tr>
<td>notices how other people are</td>
<td></td>
</tr>
<tr>
<td>feeling</td>
<td></td>
</tr>
</tbody>
</table>

For more information about how the brain develops, see pages 12–13.
Learning to communicate

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 (e.g., “Big dog coming now”) to simple, complete sentences (e.g., “The big dog is coming to my house”).

Most people will understand your preschooler’s speech and be able to have conversations with him in person and on the phone. There may be a few sounds he still can’t say correctly.

Other interesting things about preschool speech and language skills:

• Your preschooler’s **vocabulary** is really growing.
  - As he learns new words, he may ask, “What’s this?” He needs to hear words many times before he uses them. You may be surprised at the words he learns.
  - He’ll have a word for almost everything he’s interested in, including words to describe things (e.g., big, round, red, pretty, fast).
  - He’ll start to tell stories. He may enjoy telling jokes, even if they don’t make sense. His stories may include a lot of short sentences connected by “and then”.

• Preschoolers are very curious. Your child may ask many who, where, why and when questions to learn more about his world.
  - He asks “Why?” because he wants to know how things work. He needs you to show and tell him.
  - He asks “When?” as he’s learning about time. Soon he’ll understand that supper is ‘later’ and that you’re going to the library ‘tomorrow’.

• Your preschooler is learning how things are the same and different. For example, 2 apples are both round. One is red and the other is green.
  - During play, he may line up or sort things into groups (e.g., cars, animals). Talk with him about how the items in the group are the same or different.
  - Your child may have a favourite colour and will learn to name it. He may like to find other things that are the same colour.

**vocabulary:** the number and range of words a person knows
• Preschoolers start to choose books about things that interest them.
  ◦ Your child may enjoy silly stories and rhymes by the time he is 4 years old.
  ◦ He may also start to add his own rhyming words during games and songs.
• Your preschooler will be able to follow longer instructions (e.g., “Please put your toys away, take this cup to the kitchen and then go get a book for us to read”). He may be able to find an object when you tell him it’s in, on, under, behind or in front of something.

You can encourage your child’s speech and language development

• **Take time every day to talk** with your child. He will learn to follow conversations and take turns listening.
• **Start conversations.** Take turns telling each other about your day (e.g., “What was the best thing that happened today?”, “What did you learn?”).
• **Give him time to answer.** Avoid rushing him.
• **Comment on what he says** and then wait for him 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, what or where.

Early reading and writing

Since birth, your child has been building the skills that will help him read and write. He learns these skills when he scribbles, draws, talks about pictures, and listens to or tells stories.

You can promote reading and writing

- **Go to libraries regularly.** Let your child pick out his own books.

- **Read every day and read often.** Keep books anywhere you or your child can take a few minutes to read any time of day.
  - Read books with pictures, rhymes and repetition. Your child will love to hear his 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 (e.g., “Jack and Jill went up the _____”). Act out the story with his toys.
  - Run your finger along the words on the page so your child begins to connect the sounds you are saying to the printed words. This also shows him the direction of reading in your language.

- **Talk with your child about signs and printed words in everyday life.** Point out the words on cereal boxes and signs.

- **Draw and write indoors and outdoors.** Draw and write with your child—pictures, signs, lists and cards. 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.
Exploring to learn

Everyday experiences and unstructured or free play are still the main ways your preschooler learns. When he’s interested in an activity, he will want to learn and try new things.

At this age, your preschooler needs more opportunities to explore. When he takes the lead, he will show more imagination and find new ways to play. A couch cushion may become a river raft or a door mat 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 (e.g., building a fort with boxes). Your preschooler may enjoy a community music or movement group.

Exploring through moving and physical activity

Your preschooler is using many of the skills he’s been working on since he was a toddler. He is now running, jumping and hopping with confidence. Playgrounds give him the chance to kick a ball, slide, climb and jump. All children need to be physically active to maintain a healthy weight and stay healthy.

The more he moves, whether he’s dancing to music or playing a game of tag, the better his co-ordination gets (e.g., he can keep his balance while running and kicking a ball).

Your preschooler may:
- ride a tricycle
- walk down stairs by alternating or changing feet
- start to use his legs to help him move on a swing

Canadian guidelines recommend that young children need to be active for at least 180 minutes (3 hours) a day.
Exploring with objects

Your preschooler’s hands are growing and getting more skilled. At first he will pinch and poke the treasures he finds on his adventures (e.g., sticks, leaves and bugs). Then he’ll be able to stick on or peel off stickers and turn knobs. Later, he’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 in a picture or draw simple shapes or pictures
• make snakes or objects out of clay
• try to button a coat, pull apart a snap or pull a zipper up and down
• help plant seeds or dig with a small shovel

Exploring through pretending

Pretend play is more detailed for preschoolers than for toddlers. Preschoolers often like to:
• pretend together
• take different roles (e.g., be a bus driver or a baby, play house or create stories using puppets and toys)
• sing, dance and act out short plays
• tell stories to each other

When they pretend, preschoolers learn to understand that others have different feelings and roles. Your child may like to pretend he’s a dad with a baby, a construction worker, a bus driver or a nurse. He may pretend that a row of chairs is a bus. He may want paper and pencils to make a shopping list, menus or a sign for his restaurant.

It can be exciting to watch groups of children figure out who will be who, and who will do what. Who will be the driver and the baby? Who will come on the bus? What will they do at the zoo?

Learning about emotions

Understanding and expressing emotions

Preschoolers can now recognize their emotions and will soon start drawing them in pictures (e.g., happy, sad, mad). Their emotions aren’t usually as strong and physical as when they were toddlers. Now they can sometimes tell you how they feel. They are starting to learn ways to calm themselves and cope when they feel emotions such as frustration (see emotional regulation on page 224).
Your preschooler is learning to:
• get along with others and have empathy (see pages 60–61)
• focus, learn and solve problems—skills he needs for the rest of his life
• use his thoughts to manage his emotions (as connections between the emotional and thinking parts of his brain get stronger)
• separate from you (because he can now keep an image of you in his mind and knows you will come back)
• remember events from the past
• wait for a short time

As your preschooler gets older, you may notice he is starting to:
• be less impulsive (more able to watch and think before acting)
• use words to talk himself through difficult situations
• understand other people’s feelings
• realize that his actions have an effect

Preschoolers are getting better at managing emotions. They can still easily get overwhelmed, especially when they’re tired. At times, preschoolers still have tantrums, showing their anger and frustration with loud, physical outbursts. By the time they are 4 years old, tantrums are less common. For suggestions on calming a tantrum, see page 226. See your healthcare provider if your child’s tantrums are getting more frequent or more aggressive.

Learning to get calm and solve problems

Your preschooler may be ready to begin solving his own problems with your help. The more he can practice, the better he will be at solving problems with you and others, both now and in the future.

Get calm

When your child has a conflict with you, calm yourself and him before you try to solve the problem. He will have an easier time calming down if you aren’t upset. If you find it hard to stay calm, see page 233.

Name his emotions, show you understand, and limit any behaviour that is harmful to him or others (see page 224). Once you and your child are calm, work together to solve the problem.
Solving problems

Remember that your child is learning. He is just starting to be able to predict what will happen if he acts in certain ways. Try to understand what he might be feeling and thinking. Then talk about how to solve the problem. Give him a chance to think of his own solutions.

Steps for problem-solving

1. Describe the problem without blaming or judging anyone (e.g., “You’re disappointed because you wanted to wear your green socks, but they’re at grandma’s house.”).

2. Think of different solutions together. Ask, “How do you think we could solve this problem?” or “What do you think we could do about that?”
   - Respond to all ideas—even ideas that sound silly.
   - Add some of your own.

3. Decide together on the best solution that works for both of you. Try it out.

4. Talk about how well it worked. If it didn’t work well and the problem is still there, try another solution from your list.

5. When a similar problem happens again:
   - notice and comment if your child comes up with his own solution
   - remind him of how you solved the problem together in the past if he can’t think of any ideas

Fears and anxieties

Preschoolers have overcome some of their earlier fears. As they begin to think and reason in new ways, they may develop new fears. Your preschooler may be anxious or afraid of:

- real things (e.g., the dark, dogs and storms)
- imaginary things (e.g., monsters and ghosts)
- new experiences (e.g., going to school, moving to a new home or flying in an airplane)
- things he hears about (e.g., being in a fire or a car crash)
You can help your child manage his fears by providing warmth and structure:

- **Provide warmth.**
  - Give him time. He may cling to you until he’s comfortable. Let him have a favourite comfort toy. Once he feels secure, encourage him to try something on his own.
  - Accept his fear, don’t make fun of him. If your child thinks a monster is under the bed, understand that he’s scared.
  - Be reassuring. Calmly assure him that he’s safe and that you are close by.
  - Listen. Encourage your preschooler to talk about his fears. Let him know everyone is afraid at times. Remind him how he got over an earlier fear.
  - Don’t force your child into a situation he fears.

- **Provide structure.**
  - Introduce him to new places and people ahead of time (e.g., before he starts preschool).
  - Talk with your child after a fearful situation (e.g., “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 him to talk about it in his own words.
  - Give him information. For example, if he’s afraid of falling down the toilet, tell him he’s safe and that this can’t happen. Although information won’t always make the fear go away, it may help him begin to understand.
  - Show your confidence. Sometimes parents are afraid of things themselves—it’s important that you model confidence, even if you don’t feel it.

For more information about warmth and structure, see pages 17–18.

**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 his fears he won’t feel safe or secure. Try for a balanced approach.

- Think ahead about how to make new experiences as safe as possible.
- Let him feel the joy of being successful at something new.
Understanding limits

Preschoolers are beginning to understand that everyone has limits about what they can and can’t do. It will take several years for them to fully understand the idea of limits.

Setting limits in your family is about balance. If there are too many rules, your child may stop trying to do things for himself. If he has no limits, he may have difficulty learning which behaviour is okay and which is not okay. The limits you set will need to change as he grows.

Living in a social world

Preschoolers are often very social. They are moving from thinking about ‘me’ to thinking about ‘we’. They’re learning how to get along with others.

At this stage, preschoolers:
• like to be with you and do things with you
• like to have you notice what they’re doing
• need 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 affects other people and things
• may be more open to try new things

Helping out at home

Your preschooler learns he is an important part of the family when he helps out at home. He will 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 his skills and interests develop, he may enjoy helping you prepare food. Cooking with your child teaches him many skills and he’ll love spending time with you. For ideas on cooking with your child, visit www.healthyalberta.com and follow the link to the Jr. Chef page.
Your preschooler’s self-esteem gets stronger when you help him feel that he is capable, helpful and that he belongs.

You can help your preschooler develop confidence and healthy self-esteem

- **Let your child know that he's an important part of your family.** Try to find some time each day when you can give him your full attention. Even taking a short time each day can make a big difference.

- **Encourage your child's capability.** Encourage him to do what he can and thank him for the little things he does 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, your child will learn.

- **Talk about what you expect.** Let your preschooler know how he needs to behave and why. For example:
  - Tell your child before you get to the store that you're going to buy only the foods on your grocery list.
  - Remind him that grandma doesn't allow running in the house before you get to her house. Talk about what they can enjoy doing together.

- **Help him feel successful.**
  - Have him pick out some items (e.g., carrots, cereal) when you go shopping.
  - Keep shopping trips short or make sure your child is well rested so he can help you.

- **Be a good role model.** Children learn by seeing, listening and doing. If you want him to clear his dishes from the table after eating, let him see you take your own dishes away.

- **Talk about your values.** Some examples of values are respect, honesty, fun, learning and politeness. Talk to your child about the values that are important to you. Explain why they are important to your family and culture. Let your child see how they guide the way you live.

- **Help him learn from mistakes.** Help your child see mistakes as a chance to learn. Together you can decide how a problem can be fixed and what can be done differently next time. When you make a mistake, talk about how you handled it.
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, their social skills will improve.

At this stage of development, preschoolers:

• think everyone else sees and thinks about things the same way they do
• are learning to share and take turns with other children
• can understand and follow the rules of simple games, but often change the rules as they play

You can 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, both indoors and outdoors.
• Be ready. Keep things that help children explore and pretend handy (e.g., dress-up clothes, boxes and craft supplies).
• Find safe ways for rough and tumble play. Children learn what their bodies can do through rough and tumble play. They can also learn how to tell others that an activity is fun or too rough and how to ask others to stop or be gentler. Preschoolers may need an adult’s help to learn how to do this.
• Help him join in. Allow your child the time he needs to be comfortable. If he seems unsure, it may help to suggest ways to be part of the group. For example, “Do you want to play firefighters with the others? If you do, you can say, ‘Can I be a firefighter too?’”

When conflicts happen

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 is a disagreement, use the situation to build your child’s problem-solving skills with other children.
• **Describe the situation.** “Joey thinks the toy gorilla goes in the cage. Sarah thinks it goes in the forest”.

• **Ask for their suggestions.** “I wonder what might work best for both of you?”

• **Wait for them to think of possible solutions.** This may take a few minutes.

• **Offer a few of your own solutions if they aren’t 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”.

• **Stay close to see that the conflict has settled.** Let them sort it out if they can.

**Getting along with brothers and sisters**

Siblings often have times when they don’t agree. Use these situations to help your children learn to get along with each other.

**Your child learns by watching you**

• If you react to problems with anger, yelling or hitting, your child may do the same.

• When you are 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 punishment (physical or emotional) and angry, hurtful words.

• You’ll have a more peaceful home if you practice and teach problem-solving in conflict situations.

**You can encourage your children to co-operate**

• **Make family rules or expectations** that all family members follow (e.g., helping each other, no hitting, no making fun of each other).

• **Treat your children fairly.** Avoid favouring or labeling your children (e.g., saying “She’s always getting onto trouble” or “He’s just an angel”).

• **Recognize that children have their own temperaments.** What works for one child may not work for another.

• **Respect different opinions.** Learning to talk about and respond to different opinions is an important social skill for children to learn.

• **Teach your children problem-solving skills.** When they practice at home, they’ll learn how to solve problems when conflict happens outside the home.
If your preschooler and his friend or sibling can’t settle their differences and start to argue or fight:

• stay calm
• be prepared to step in. Let them sort it out if they can.
• separate the children if anyone is being hurt with actions or words. Give them a chance to calm down. Comfort and reassure them that you will not let them hurt each other.
• after they are calm, help them problem-solve (see page 256) to find a solution that works for all of you. They may need your help.
• notice and comment when they start to talk and get along

**Making sense of social expectations**

Preschoolers are learning a lot about which behaviours are okay as they spend more time with others.

Your child’s social world can be very confusing because adults may want him to:

• tell an adult when he sees a big problem (e.g., someone is hurting someone else), but not tell an adult when the problem is small
• use words rather than actions when he’s angry at someone, but not call them names
• use new words and not certain new words (e.g., swear words)

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**You can help your child understand social rules**

• Listen to his concerns.
• Explain the rules that confuse him.
• Help him problem-solve when he has concerns.
• Talk about how his words affect other people (e.g., it’s not okay to call someone a hurtful name) and suggest other words he could use instead.
• Tell him what words aren’t okay and explain why.
• Set a good example for him.
**Fantasy and reality**

Your preschooler is using his imagination more than ever. He’s starting to understand the difference between what is and isn’t real. He won’t fully know the difference until he’s 6 or 7 years old.

- He may tell you things that aren’t true because it’s part of his fantasy (e.g., a green dinosaur took his truck) and he wants you to join in his game.
- He may tell you something that isn’t true because he’s afraid of getting in trouble. He needs to know that it’s safe to tell you what happened.

When your child tells you something that isn’t true, you can:

- play along with the fantasy if it isn’t a serious situation
- let him know that it’s okay to tell you what happened and that you will calmly help him to problem-solve. For example, if he spilled milk and says the dog did it:
  - help him clean up
  - talk about what happened
  - work together to find a way he can pour milk without spilling it

**Preschoolers and media**

Media (e.g., TV, magazines, computers, non-active electronic games, smart phones) has a strong impact on your child. It affects how he forms images and ideas about how people relate to each other. It’s important for you to decide what you want your child to see, hear and use. It’s easier to set family guidelines before he starts school. As he gets older, it will become harder to set limits and influence his choices.

- Spend time together when using media. Use this time to ask questions and talk about what he sees and understands (e.g., ask “What do you think he’s going to do?” or “What would you do if that happened?”).
- Look for educational media appropriate for your child’s age.
- Avoid all media with sex, violence or swearing. It isn’t appropriate for children. Your preschooler may not understand everything, but he may copy things he sees or hears.
- Choose the shows you want to watch with your child. Turn off the TV when you’re not watching a specific program.

For more information about children and media, visit [www.mediasmarts.ca](http://www.mediasmarts.ca)

For more information about screen time limits, see pages 59–60.
Preschool, playschool or nursery school

Children who are 3 and 4 years old are often ready for preschool, playschool or nursery school. You may want go on outings in your community or to a parent-child group first. It might help your child get used to being with other children if you’re with him.

Going to preschool, playschool or nursery school has many benefits. Your child will have fun practicing new skills while learning how to get along with others.

You can 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 him on the first day.
• Volunteer at the school when you can.
Taking Care of Yourselves

Learning about yourself

Being a parent can give you a different perspective on life when you see the world through the eyes of your child. It can give you a chance to learn more about yourself as you look back and learn from your own childhood experiences. Through parenting you can discover (or re-discover) your patience, humour and creativity. You have a chance to develop a deep bond with a child. And your parenting is making a lasting and valuable contribution to society both now and in the future. The value of your role as a parent can’t be measured.

Time for yourselves, time for others

When you spend time with your child and your family, you show them that they’re important. You also need to take time for yourself so you’ll have energy when you need it.

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 at work and in the community.
- **Let others know your values and priorities.** This will help them understand your needs.
- **Have fun with your family.** Family nights, walking the dog, kicking a soccer ball, swimming or skating are all things you can do together.
- **Try to keep your work at your workplace.** If possible, put your work away during your family time.
- **Make flexible work arrangements** if and when you can.

Outings don’t need to be expensive

It is important to do things together. You can go for a nature walk or go to the library. Check with community facilities (e.g., swimming pools and museums). Many have reduced or free admissions at different times during the year.
Young Children: 5 Year Olds
Young Children: 5 Year Olds

Your 5 year old child is meeting more people and going new places. As she starts kindergarten and forms new relationships, she will learn more about getting along with others. She will begin to feel more comfortable and confident on her own, with other children and in new places. As she explores further from home she will still need your loving reassurance when she comes back to you with new thoughts and questions.
### Development | 5 year olds

#### Developmental stage

This is the **identity and power** stage, a time when it’s important for your child to keep practicing earlier tasks as well as to:

- form identity—start to know who she is and how she fits into the world
- recognize personal power—learn that she can control her actions and that her behaviour has an effect on others
- begin to develop industry—to enjoy the process of figuring things out and solving problems

#### What to expect

**Physical**

- develops more coordination and complex skills
- has stronger muscles
- moves with more purpose and is more accurate
- enjoys physical activity
- draws and starts to print letters
- may need more sleep due to demands of school

**Cognitive (learning and thinking)**

- has a longer attention span
- talks with more detail, using sentences and correct grammar
- says most words correctly
- 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 asks many questions about it

**Emotional**

- has a greater sense of right and wrong
- begins to talk out loud to herself to calm down
- doesn’t like being corrected
- is easily upset by things that are unfair or ‘not right’

**Social**

- becomes more competitive
- enjoys games with rules
- feels more empathy for others
- has a best friend
- is influenced more by other adults (e.g., teachers)
- likes to please
Growing Together

This is a year of change for parents and children. Even if they’re used to child care or preschool, starting kindergarten is a big step. Children crave answers and information. At this stage, they not only ask, “Why?” but also, “What if?”.

Your child will continue to grow at her own rate.

- Her growth may be different from her brothers, sisters and friends.
- She will grow in spurts—she may seem to stay the same size for weeks and then grow taller almost overnight.
- She’ll get stronger and want to test new abilities as her body grows.

If you have concerns about your child’s growth, talk to your healthcare provider or public health nurse.

Growing pains

Many children in elementary school have growing pains in their legs at times. Growing pains are felt in the leg muscles, not the joints. Children often have them at bedtime and during a growth spurt. The pain is usually gone by morning. The cause of growing pains isn’t well understood, but they’re not a sign of anything serious. To ease the pain, you can try gently rubbing your child’s legs.

If the pain is constant, seems to be in the joints or if you’re concerned, talk to your healthcare provider.

Eating and Everyday Care

Eating

Young children do best when they eat 3 meals and 2–3 snacks spaced evenly throughout the day. Be sure to pack healthy lunches and snacks for when they’re away from home. For more information about Canada’s Food Guide, visit www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php. If getting enough food is a concern for your family, talk to your public health nurse or healthcare provider about resources that may be available in your community.
**Breakfast**

Breakfast is important for children who are going to school. A child has difficulty learning when she’s hungry. If your child doesn’t like to eat in the morning, look at the rest of your routine and what you might be able to change. It might help to:

- think of ways to make your morning less rushed (e.g., get up 10 minutes earlier, prepare things the night before)
- eat breakfast with her
- get rid of distractions (e.g. TV, cell phones, toys)
- make sure she is getting enough sleep
- provide a variety of healthy food choices

**Lunches at school**

For many children, going to school means eating lunch at school. It may take time for your child to get used to this. She may find lunch time too busy, exciting or stressful to focus on eating.

To make sure your child gets the food she needs, you can:

- pack a variety of foods in separate containers for lunch and 2 small snacks (e.g., raw vegetables, fruit, cheese, whole grain muffins, yogurt)
- encourage her to help you make and pack her lunch and snacks. She may be more interested in food she makes herself.
- ask your child to let you know what food she isn’t eating and talk to her about it—don’t punish her for not eating everything
- pack hot or cold foods in insulated containers
- send a water bottle
- check the school’s policies about the types of food children can bring to school and when they can eat

If you have questions or concerns talk to your public health nurse or your child’s teacher for suggestions and resources.

For ideas and suggestions about healthy breakfasts and lunches, talk to your public health nurse or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465).

For more information about feeding your 5 year old, visit [https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-eating-active-living-for-your-5-to-11-year-old.pdf](https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-healthy-eating-active-living-for-your-5-to-11-year-old.pdf)
Teeth and mouth care

Between 5 and 8 years old, your child's baby teeth will begin to fall out. Her front teeth will fall out soon after her permanent molars grow in. They will be replaced by her permanent teeth. The first permanent teeth are called the 6-year molars. These grow in at the very back of her mouth, behind the primary molars. Her permanent teeth will continue growing in until she's a teenager.

Help your child brush and floss her teeth until she's 8 years old. With good nutrition and care, most children will keep their permanent teeth for a lifetime. See page 173 and 203 for information about how to brush and floss.

Protecting molars with sealants

The molars have deep grooves and pits that trap food. You and your child may have trouble cleaning them with a toothbrush. When permanent molars come in the chewing surfaces can be sealed with a thin plastic coating (sealant). This protects them from tooth decay. While sealants protect part of the tooth, good dental habits are still needed for a healthy mouth and teeth.

Alberta Health Services provides dental sealants to children in selected schools across the province. Call your local community/public health centre for information.

If you have questions about sealants, talk to your dentist, or visit https://myhealth.alberta.ca/ and enter the key words 'dental sealants' in the search box.

Injured teeth

Children are active and adventurous, which increases their chance of tooth injuries. If your child injures, breaks or knocks out a tooth, take her (and the pieces of her tooth) to the dentist right away. If your child plays a sport, ask your dentist to recommend the right type of mouth guard.

Grooming and toilet habits

Your child needs your help to develop daily habits for grooming and hygiene, getting ready in the morning and going to bed at night. Your child can now dress herself and might want to choose her own clothes.

Your child may be able to use the toilet on her own by now. She still may need some help wiping after a bowel movement. Remind her to always wash her hands when she's done.

Some children don't like to use the toilet when they're away from home. Reassure your child and teach her to ask other adults for help if she has these difficulties. Talk to your child's caregivers or teachers to find suggestions to help if your child has these fears.
**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.

Children need sleep to restore their energy and to help them focus and concentrate on learning. The brain sorts through and stores memories during sleep. A lack of sleep often leads to temporary difficulties with thinking, reasoning and memory. When children don’t get enough sleep it affects their health, behaviour and all parts of their lives.

If your child is having trouble getting used to school, try putting her to bed 30–60 minutes earlier for a week. Avoid late nights when your child has school the next day. Most school-aged children need about 10 hours of sleep a night.

**Family Health**

**Health check-ups**

**Overall health:** Continue to protect your family’s health with regular check-ups. For more information about keeping children healthy and safe at any age, see page 43.

**Community/public health centre:**

Public health nurses and other healthcare professionals can help if you have questions or concerns about your child’s health and development, or other family issues. For information, see page 43.

**Immunizations:** Up-to-date immunizations protect children and the rest of the family from many communicable diseases. Immunization becomes even more important for preventing outbreaks once children are in school. If your child’s immunizations aren’t up to date, talk to your public health nurse about how to get back on schedule (see page 294).

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**Bedwetting**

Many children over 5 years old still wet their beds. If you have concerns, talk to your healthcare provider or public health nurse.

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**Most 5 year olds:**

- rarely trip or fall
- prefer their left or right hand
- follow instructions

You know your child best. If you have questions or concerns, talk to your healthcare provider or public health nurse.
**Teeth and mouth:** Regular visits to the dentist are important during this stage when baby teeth are falling out and adult teeth are coming in.

**Vision and hearing:** Your child will need to see and hear more details in the classroom and the gym now that she is starting school. She can have her vision checked by an optometrist once per year. No referral is needed and there is no cost. If you have any questions or concerns about your child’s hearing, contact your healthcare provider or call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465). It is best to have any questions or concerns about your child’s vision and hearing answered before she starts kindergarten.

**Financial support for health costs**

You may qualify for the Alberta Child Health Benefit Plan. You may be able to get free eyeglasses, prescriptions and dental visits for your children through this plan. For information, call 310-0000 or visit https://www.alberta.ca/alberta-child-benefit.aspx

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**Preventing Injuries**

As your child moves into her larger world of friends and school, she still needs to be supervised by an adult, but not as closely as when she was a toddler. She needs a little more freedom to explore, but is still too young to realize all the dangers around her or how to protect herself. Stay nearby, pay close attention and anticipate risks.

Remind your child about safety rules often and always enforce them. She may remember simple safety rules, but may not always follow them when she gets excited. Situations involving safety aren’t a time to offer choices—at any age.

**Vehicle safety**

Once a child outgrows a forward-facing child safety seat, a booster seat is still needed. Adult seat belts don’t fit child-size bodies. Without a booster seat, the seat belt rides up on the child’s abdomen and neck, and can hurt her badly in a crash. Children 12 years old and under are safer travelling in the back seat.

Use a booster seat when your child weighs more than 18 kg (40 lbs.). Use it until your child is at least 36 kg (80 lbs.), and is 9 years old or 145 cm (4’9”) tall.
When in a booster seat, make sure the lap belt is snug and low across the child’s hips, never across the abdomen. The shoulder belt needs to be across the shoulder and the midpoint of the chest.

To install your booster seat, follow the manufacturer’s instructions and vehicle owner’s manual. Take the booster seat ‘Yes Test’ in the ‘Learn More’ chapter to make sure you’re using it correctly or visit https://myhealth.alberta.ca/Alberta/Pages/booster-seat-yes-test.aspx

Outdoor safety

- Make sure your children wear protective gear and get the right training for whatever sport or recreational activity they are doing.
- Bike helmets reduce the risk of head injury in a crash by 85%. It’s the law in Alberta that children under 18 years old must wear bike helmets. Make bike helmets a habit for your family.
- Children are not able to make safe judgments about crossing the street until they’re at least 9 years old. Make sure your child is supervised by an adult or a responsible older child. Talk about safety and what’s happening on the street around you.
- Playground safety involves safe equipment and playground surfaces, safe play and active supervision. Take the Playground Safety ‘Yes Test’ by visiting https://myhealth.alberta.ca/ and enter the key words ‘playground safety’ in the search box.

Bike safety

It will take training, practice and time for your child to learn to balance her bike, watch for traffic and pay attention to road signs. She needs to understand how to ride safely (e.g., where to ride, using brakes and signals, passing pedestrians and road safety rules) and how to recognize and stay away from major risks.

Children under 9 years old should always ride with an adult, even if they take the same route (e.g., between home and school) several times a week. Children often have the physical skills to ride a tricycle or bicycle at an early age. They aren’t able to ride bikes safely on the road until they are 10 years old. Most children can’t judge the traffic risks of biking until they are between 10 and 14 years old.

For more information about bike safety, visit https://myhealth.alberta.ca/alberta/Pages/bike-and-small-wheeled-recreation-safety-for-children.aspx
Walking to school

Walking to school is great exercise, but your child needs you (or another adult or crosswalk guard) to be with her when she crosses a street. She may not want to hold your hand when walking, but she needs to stay close to you around traffic, when crossing roads and in parking lots.

Teach and model pedestrian safety skills.

• Cross at marked intersections.
• 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 is a crossing guard.

For more information about pedestrian and school safety, visit www.albertahealthservices.ca/injprev/Page4838.aspx

Fire safety

Your child learns how to respond to fires through fire drills at school. It’s a good idea for you to practice fire drills at home with your family too. Then everyone will know how to get out of your home in case of a fire. Teach your child to:

• get low and go—crawl along the floor to stay below the smoke
• stop, drop and roll, if her clothes catch fire
• follow your family’s fire plan
• climb out of a window safely

Plan a place to meet that’s far enough away from the house to be out of danger if there is a fire. Be sure you have working smoke and carbon monoxide detectors in your home. For more information, see page 52.
Growing and Learning With Your 5 Year Old

Young children go through many changes in just a short time. Your child is developing many new skills. This development is guided by her brain.

How your child’s brain is developing

The connections in the thinking part of a child’s brain are becoming more complex. These brain cell connections allow children to develop executive function. This is a set of thinking skills children need for learning and life. These skills help children keep track of many different pieces of information at the same time, similar to an air traffic control system that has to keep track of incoming and outgoing planes. When children have these skills they can:

• pay attention
• focus their thinking and ignore distractions
• make sense of and use information
• change from one activity to another more easily

Your 5 year old’s brain connections have been developing and getting stronger every day through her relationships with you and other important people in her life. You are helping her build skills in communicating, exploration and learning, coping with her emotions and getting along with others—skills she’ll need to reach her full potential in life. Look for ways now to teach her these skills.

Brain cell connections become stronger when your child and you engage in serve-and-return interactions (such as the examples that follow).
## Serve-and-return interactions with your 5 year old

<table>
<thead>
<tr>
<th>Your 5 year old serves when she:</th>
<th>You return her serve when you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• figures out what to do when there is a problem</td>
<td>• ask her how she thinks she can solve a problem—add your suggestions and decide what to do together</td>
</tr>
<tr>
<td>• writes notes and stories with scribbles that look like writing</td>
<td>• help your child make her own shopping list using drawings or pictures from a flyer</td>
</tr>
<tr>
<td>• dresses and undresses herself and starts to tell you what clothes she wants to wear</td>
<td>• plan extra time to get ready in the morning so she can have the time she needs to get dressed by herself</td>
</tr>
<tr>
<td>• plays games that need more physical skill, such as tag, hide and seek, and hopscotch</td>
<td>• give her lots of chances to be outdoors with other children</td>
</tr>
<tr>
<td>• answers questions about what’s happening and starts to predict what will happen next</td>
<td>• look at the book cover before reading the book and ask your child to guess what the book is about—then stop once in a while and ask what she thinks will happen next</td>
</tr>
</tbody>
</table>

For more information about how the brain develops, see pages 12–13.

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**Other things I do to help my child learn:**

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Learning to communicate

Your 5 year old is starting to sound more like a grown-up. She uses simple sentences that are often 5–6 words long. When she tells a story, she may combine her sentences by saying "and" or "and then". She may say "mans" instead of "men", and "fum" instead of "thumb", but other people can usually understand what she's saying.

Your child is now using language to:

- tell people what she wants and needs
- make friends, and express her feelings and emotions
- share and learn more about her interests and her world
- share her stories and jokes
- read and print
- solve problems

You can encourage your child’s language and literacy

- Encourage her to explore and explain how things work. Take time to answer her questions or ask what she thinks 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 your child’s interests. Go on adventures together. Look at magazines at the library.
- Look at family photos and keepsakes. Share stories about family memories and events. Use lots of describing words (e.g., “The big, yellow moon was so round when we went camping!”).
- 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 your child to draw and print. Ask her to tell you what she has drawn. Write the words she says on the page. When she starts to print words, ask what she has written.
Exploring to learn

Young children continue learning through everyday experiences. They need lots of time to explore with others and on their own. They can help with simple chores. You may want to walk to the store together to get milk or rake the leaves in the yard.

Your 5 year old will explore and play in a new environment when she starts kindergarten. She may be tired from the change in routine and being active in new ways. She’ll need time for play and rest when she gets home.

Exploring through moving and physical activity

Your child needs lots of time to play freely—climbing, swinging, running and jumping. She understands left, right and other directional words well. This will help her to play action games like ‘Simon Says’.

Depending on your child’s interests, she may enjoy playing at the park with her friends. She may also want to be in community sports or activities (e.g., soccer, swimming, skating, dancing). At this stage, non-competitive physical activities are best. They allow her to develop skills without the fear of failure or not being good enough.

Your 5 year old may:

- throw and catch a ball that is thrown gently or bounced to her
- jump over low objects and skip
- learn to ride a bike or a bike with training wheels

Exploring with objects

Your 5 year old is learning to use and control many objects. She will prefer to use one hand more than the other for complex tasks. The other hand will help to support the objects or materials that she is using.

Internet safety and screen time

When your child uses the Internet, keep the computer and hand-held devices in one central place so you can monitor and guide their use. The Canadian Paediatric Society recommends that parents don’t have computers, TVs or electronic games in their child’s bedroom. Instead, keep them in areas where everyone has access and where using them won’t interfere with other activities, like sleeping and eating.

For more information about screen time guidelines, see pages 59–60.
Your child’s hands need lots of practice using a pencil, scissors, a knife and fork. She may love building models and fixing things, or cooking and making crafts. She learns a lot about how to solve problems by creating and using objects.

Your 5 year old may:
• fasten buttons, Velcro® straps or zippers
• draw or copy lines, simple shapes and stick people
• cut on a line with scissors
• tie shoelaces

**Exploring with stories**

Your child may enjoy acting out stories from real life, books, TV shows or movies. At first her stories may be mixed up. In time they will become more connected. Her sense of humour is really developing, so she may share the same funny stories over and over. She may like to put on puppet shows or plays for the whole family.

**Learning about emotions**

Your 5 year old now has more complex emotions (e.g., confidence, empathy, frustration, jealousy, disappointment, pride, guilt). She may be confused when she has mixed emotions (e.g., being worried and excited, or happy and sad, at the same time).

**Understanding and expressing emotions**

When children are 5 years old they are usually able to control and express their emotions better than when they were younger. They may still struggle to find the exact words to describe their feelings. Children now understand that there's a better way to show their emotions other than pushing, hitting or other physical actions.

At this age, your child may:
• fear things that could really happen (e.g., getting hurt, someone dying or having her home broken into)
• start to use self-talk to calm down. You can help by making suggestions (“Try to take some deep breaths”) and model calming down by using self-talk when you are upset (“I need to calm down. Take some deep breaths. What can I do to feel better?”).
• feel empathy. She may offer to comfort or help you when you’re sad.
• still have times when she is overwhelmed by frustration or disappointment. She may have tantrums once in a while.

Talk to your healthcare provider or public health nurse if you have questions or concerns about your child’s behaviour.

You can support your child’s emotional development

• **Talk about and accept her feelings.** For example, to help her 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 her think of ways to show her emotions.** For example, “Sometimes we feel disappointed when things don’t work out the way we want them to. It is okay to feel disappointed. It is not okay to yell and throw things. What can you do instead?”

• **Don’t make fun of her fears.** Listen carefully and tell her that everyone is afraid sometimes. Reassure her that you won’t let anything hurt her. Help her think of things she can do to cope (e.g., use deep breathing, keep a flashlight close by, play soft music).

• **Notice when she helps and cares for others.** She is showing that she understands their feelings and needs. Encourage and thank her for being helpful and caring.

• **Help your child solve problems** by suggesting words she can say to herself.

Living in a social world

Some 5 year olds want to spend a lot of time with other children. Others would rather spend their time alone, putting things together or looking at books. This is part of a child’s temperament (see page 15). Your child still needs time with other children, with you and on her own.

Usually, children this age:
• are naturally curious and eager to learn
• like to be helpful
• know more people
• enjoy group games and activities
• like games with rules—although at times they may want to change the rules as they go
Through pretend play, 5 year olds 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 (e.g., playing house or restaurant), your child may pretend that she’s from another planet, or that she’s a dog or a superhero.

**Helping out at home**

Your 5 year old may be eager to help you around the house. It may take more time and your child may not do things perfectly. It may be easier for you to do it yourself. However, allowing your child to do tasks today will make a big difference later.

Your child learns to help when you involve her and let her practice helping. She knows that she belongs and that she is an important part of the family when she has her own special jobs to do. As her skills and interests change, she may enjoy helping with more complex jobs. This builds her sense of capability (“I can do it!”). A sense of belonging and a sense of capability are 2 of the most important ingredients for developing healthy self-esteem.

**Learning to get along with others**

At 5 years old, children are meeting and getting to know more people. Your child is now learning that she can influence others. She can use words to reason and negotiate or to hurt and exclude others. She can use actions to play fun active games or to be aggressive.

Your child is learning how people respond to her words and actions. She needs your support and guidance to learn to use these skills in positive ways so that she can get along with others.

**When friends disagree**

Children enjoy being with other children, but they can also have disagreements. At times your child will want to set the rules, as will her friend.

You may think you need to rush in to solve the argument. Instead, try to wait and listen carefully to them. Let your child learn how to problem-solve for herself. She can learn how to reason and negotiate fairly with experience and your help.
When friends (or siblings) argue:

1. Calm yourself and the children.
2. Separate them if they’re hurting each other.
3. Once they’re calm, let both children take their turn stating the problem as they see it.
4. Repeat the problem back to them in a way that states both of their sides. Try not to blame or judge (e.g., “It looks like 2 girls 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 that 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 needed.

If someone is getting hurt or something is getting damaged, you will need to get involved. You may also need to involve the other child’s parents. For more information about the steps for problem-solving, see page 256.

Bullying

When a child is being hurt by someone else with their words or actions, or is hurting someone else, it’s time for adults to act.

Bullying is a serious problem in our communities, schools and society. We can help prevent it by modelling healthy behaviour and relationships to our children.

- **Set a good example.** Treat children with respect and they will learn to treat others with respect.
- **Monitor media.** Children are affected by the violence they see.
- **Have open communication.** Teach children to tell adults if they or someone else needs help. Listen to children when they come to you with concerns.

For more information about bullying, call the Bullying Help Line at 1-888-456-2323 or visit www.bullyfreealberta.ca
You can help your child learn to get along with others

- **Encourage her to spend time** with other children. It is through play that she learns about herself and others.
- **Teach her about being kind** and having empathy for other’s feelings.
- **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.
- **Encourage sharing and co-operation.**
- **Model problem-solving** (see page 231) to work out conflict. Let your child practice doing this on her own—help only if she needs it.
- **Notice and comment** when children are getting along with each other.

Starting school

Most children start kindergarten when they are 5 years old and start grade 1 when they are 6 years old. They may be eager to learn new things and will likely be excited, nervous or a little of both.

Registering for school

Depending on where you live, your child can start kindergarten as early as 4½ years old. Most children start when they’re 5 years old.

For more information about being a partner in your child’s education, visit [www.learnalberta.ca/content/mychildslearning/pdf/pts_parents_role.pdf](http://www.learnalberta.ca/content/mychildslearning/pdf/pts_parents_role.pdf)

For more information about what your child will learn in school, visit [www.learnalberta.ca/content/mychildslearning/kindergarten.html](http://www.learnalberta.ca/content/mychildslearning/kindergarten.html)
Supporting your child in school

While you continue to be important to your child, her teachers will also become important people in her life.

You can support learning and show your child that education is important to you.

- Share your child’s interests, strengths and challenges with her teacher. Ask what you can do to help her at home.
- Find out the best way to keep in touch with her teacher. Sending emails or notes often works well.
- Attend school events, learning celebrations and meetings to find out how things are going for your child and the rest of her class.
- Take time to talk to your child about her day. Ask her open questions like "What was the best thing that happened at school today?" or "What did you learn about today?"

When you show your child you think school is worthwhile, she is more likely to think so too. Children benefit when their families show support for teachers and schools.
• Show her that you value her work by asking her if it’s okay to hang it on the fridge or wall so everyone can see it.
• Encourage her to tell the family and other important people in your lives about her school activities.
• Read and share stories with her every day.

**Helping your child adjust to school**

Children sometimes get tired of school once the excitement of starting something new wears off. Your child might be anxious if she isn’t used to being away from you. She might think she’s missing out on activities at home.

You can help your child adjust to school.
• Make sure she has enough sleep. She may need extra sleep, especially at first.
• Offer healthy meals and snacks.
• Don’t plan too many activities before or after school.
• Spend extra time together on days when she doesn’t have school.

If your child strongly resists going to school or seems to always be complaining about something (e.g., stomach ache or headache), you’ll want to find out more.
• Ask her what she thinks might help.
• Talk to her teacher for suggestions to help your child.
• Arrange a check-up with your healthcare provider.
• Talk to other parents to see if their children have similar problems.

**Don’t schedule too many things**

Try not to schedule too many activities and appointments in your child’s free time.

Organized activities like preschool, child care and kindergarten need a certain level of attention from children.

A young child uses a lot of energy staying focused in school. She needs down time once she gets home to burn off some physical energy and reconnect with the ones she loves.
Taking Care of Yourselves

Parents’ changing roles

As your child changes and learns, you do too. As parents, you’ve been protectors, nurturers and teachers. Now your role is changing and you may also become their counsellors and coaches.

With your child in school, you won’t be there to fix problems. Your child will need to think things through and solve her own problems using the skills you have taught her during these first 5 years. Loving guidance helps your child keep building these skills. She will still need your support—let her know that you’re still there when she needs you.

As your child’s world expands, you can support her.

• Talk to her about what interests her.
• Meet her friends.
• Introduce yourself to her teacher, the school secretary and principal.
• Get involved in her school and other activities in whatever ways you can (e.g., read newsletters, go to school and sports events, volunteer in your child’s class).
• Be there for comfort when she needs you.
Parenting will change as your child changes

As your child becomes more independent, she may challenge you more and seem to listen less. She has more people who influence her now, including new friends and teachers. As she learns about other people’s ways of doing things, it’s natural for her to question more things. She is developing ideas of her own.

As your child grows up continue to:
- care for her health and well-being
- provide a healthy and safe environment
- learn and grow as a parent and as a family

Children benefit from warmth and structure throughout their lives. Children need to be shown how important they are to you, although the way you show them changes as they grow. Remember that your child still needs comfort and direction from you. Her friends will begin to have more influence, but you will still be a very important person in her life.

You can expand your parenting skills. You can learn more about parenting by staying in touch with other parents, getting help through community resources, reading books and searching online. Parenting programs are a great way to meet other parents and learn new ideas as your child goes through the many stages to come.

The early years form the foundation of your child’s life. You can build on this foundation over the years as you continue to grow and learn together.

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, mother of 2 children
Feedback

We want to hear from you about how we can improve this book. Please email us at hphc@albertahealthservices.ca or complete the survey at the back of this book.

My notes
Immunization is one of the most important health decisions you can make for you and your children. Immunization is a safe and effective way to protect your child against many diseases and their complications. The risks of these diseases are much greater than any risks from the immunizations.
In Alberta, public health nurses give immunizations according to a schedule created by immunization experts. There are infant, preschool, school-aged and adult immunizations. These are provided at no cost for those who are eligible. Immunization schedules can change, so be sure to ask your public health nurse which immunizations are recommended for you and your child.

Immunization should be started when your baby is 2 months old. Don’t wait—young children are at greater risk for complications from diseases that a vaccine could have prevented.

For maximum protection throughout childhood, make sure your child gets all of her vaccines according to the schedule. Some vaccines need to be given more than once to build your baby’s immunity. Others need to be given again when your child is older to boost immunity.

You’ll need to make an appointment to have your child or yourself immunized.

- Call your local community/public health centre to make an appointment.
- **Book appointments well in advance—call about 4 weeks ahead of time.**
- Take your child’s personal health card to appointments. If you’re getting an immunization take your card too.
- Children with mild illness can be immunized even if they have a fever.
- If you can’t keep your appointment, call the community/public health centre to cancel and book another appointment.
### Immunization schedule

The following immunizations are recommended for children and adults in Alberta.

#### Recommended schedule for routine childhood immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>4–6 years</th>
<th>grade 5</th>
<th>grade 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP-IPV-Hib</td>
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<td>•</td>
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<tr>
<td>Meningococcal C</td>
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<td>Pneumococcal</td>
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<tr>
<td>Influenza</td>
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</tr>
<tr>
<td>dTap-IPV</td>
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<td></td>
</tr>
<tr>
<td>MMR-Var</td>
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<td>*</td>
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<tr>
<td>Hep B</td>
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<tr>
<td>HPV</td>
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<tr>
<td>dTap</td>
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<td>*</td>
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<tr>
<td>Meningococcal A, C, Y, W-135</td>
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</tbody>
</table>

#### Abbreviations

**DTaP-IPV-Hib**: diphtheria, tetanus, acellular pertussis, polio and *haemophilus influenzae* type b vaccine

**Meningococcal C**: meningococcal C conjugate vaccine

**Pneumococcal**: pneumococcal conjugate vaccine (13 serogroups)

**Influenza**: influenza vaccine is recommended annually for all children 6 months old and over during the influenza season (October–March)

**dTap-IPV**: diphtheria, tetanus, acellular pertussis, polio vaccine

**MMR-Var**: measles, mumps, rubella and varicella (chickenpox) vaccine; separate MMR or varicella vaccines may be provided as needed, based on immunization history

**Hep B**: hepatitis B vaccine

**HPV**: human papillomavirus vaccine for girls in grade 5

**dTap**: diphtheria, tetanus and acellular pertussis vaccine

**Meningococcal A, C, Y, W-135**: meningococcal quadrivalent conjugated vaccine introduced in 2009 to grade 9 students
## Recommended schedule for routine adult immunizations

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Recommended immunization schedule for adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Every year for all adults during the influenza season (October–March).</td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (PPV23)</td>
<td>A one-time dose for healthy persons 65 years old and over. People under 65 years old with certain chronic health conditions may also be eligible. A single re-immunization dose is available after 5 years for those with certain high-risk health conditions.</td>
</tr>
<tr>
<td>Diphtheria/tetanus and acellular pertussis (dTap)</td>
<td>Recommended once after people are 12 years old, then tetanus and diptheria (Td) every 10 years.</td>
</tr>
<tr>
<td>Tetanus/diphtheria (Td)</td>
<td>Every 10 years.</td>
</tr>
<tr>
<td>MMR</td>
<td>All adults should be assessed for history of immunization. Healthcare workers, daycare staff and women of childbearing age may require an additional dose of vaccine. Ask your healthcare provider if MMR is needed.</td>
</tr>
<tr>
<td>Chickenpox (VZ )</td>
<td>Ask your healthcare provider if VZ is needed.</td>
</tr>
</tbody>
</table>
Disease and immunization information

**Diphtheria, tetanus, pertussis, polio and Hib (DTaP-IPV-Hib)**

Diphtheria is a respiratory (breathing) disease caused by a bacterium. It causes a thick covering to form at the back of the throat. Tetanus (lockjaw) is a disease of the nervous system. It is caused by a bacterium found in the soil. Pertussis (whooping cough) is a very contagious respiratory disease caused by a bacterium. It leads to very bad spasms of coughing that last for weeks or months. Poliomyelitis (polio) is a viral disease of the intestinal tract. It spreads to the nervous system. Haemophilus influenzae type b (Hib) is a bacterial disease. It may lead to meningitis, pneumonia or swelling of the windpipe.

**What are the risks of getting the diseases?**

- **Diphtheria.** The bacterium makes a poison that can cause paralysis or heart damage. Before routine immunization, diphtheria was one of the most common causes of death in children, especially babies.
- **Tetanus.** The bacterium enters the body through an open wound and makes a toxin. The toxin causes severe muscle spasms. Even today, 10–20% of people who get tetanus die.
- **Pertussis.** The cough with pertussis can interfere with eating, drinking and breathing. Very bad cases may lead to pneumonia, convulsions and brain swelling (encephalitis). Complications of pertussis are worse in babies.
- **Poliomyelitis** may cause paralysis, permanent disability or death. Poliomyelitis is still found in other parts of the world and can be brought to Canada by travellers.
- **Haemophilus influenzae type b** may lead to meningitis, pneumonia or swelling of the windpipe. It can also cause severe infections of the blood, joints, bones and the covering of the heart. Many children and adults may have the bacterium and not know it.

Hib is more serious in children who are less than 1 year old. Of those who get meningitis, 1 in 20 will die from it. More than 30% will have permanent nervous system damage or deafness.

**Getting the DTaP-IPV-Hib vaccine is much safer than getting the diseases.**

**How well does the vaccine work?**

- When children get the entire series (5 immunizations) they have 92–98% protection against diphtheria, tetanus, pertussis, polio and Hib.

**What is in the vaccine?**

- There are no live bacteria or viruses in the vaccine—the vaccine is made with tiny amounts of each of the viruses or bacteria that have been killed. This means that you can’t get the diseases from the vaccine.

**When is the vaccine given?**

- The vaccine is given in a series at 2, 4, 6 and 18 months old and again at 4–6 years old (except for Hib). One dose of the diphtheria, tetanus and acellular pertussis components is recommended at 12 years old or older (usually given in grade 9).
- Adults who have not had a dose of acellular pertussis in adulthood are eligible for the diphtheria, tetanus and acellular pertussis vaccine. Tetanus and diphtheria vaccine boosters are recommended every 10 years from then on.

**What are the risks with immunization?**

- There can be side effects with DTaP-IPV-Hib vaccine. Some children may:
  - have redness, swelling and soreness in the area where the needle was given (may be more redness and swelling with the fourth and fifth dose of this vaccine)
  - be fussy or irritable
  - have a slight fever
  - get a small painless lump where the needle was given (usually goes away within 2 months)

As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare, at a rate of about 2 reports per 1 million doses distributed.
Meningococcal disease

Meningococcal disease is an infection caused by meningococcal bacteria and spread through direct contact with the nose or throat secretions of an infected person. These bacteria can cause:

- Meningococcal meningitis: An inflammation of the covering of the brain and spinal column. Even with treatment, about 1 of every 20 children will die.
- Meningococcemia (even more serious): An infection of the blood and parts of the body. Even with treatment, about 1 of every 2 children will die or have permanent damage.

What are the risks of getting meningococcal disease?

- Most people who are in contact with the bacteria don’t become sick. Of these, 1 in 5 carries the bacteria in the nose and throat and can pass it on to others. They may become healthy carriers.
- The disease can develop in all age groups. Babies, children under 5 and young adults between 15 and 19 are affected most often.
- On average, 200–400 people in Canada get meningococcal disease each year. Of those, 10–15% will die. Others will have serious problems including deafness, mental disabilities, seizures, strokes or nervous system disorders.

Getting the meningococcal vaccine is much safer than getting the disease.

How well does the vaccine work?

- Meningococcal conjugate vaccine is 90–95% effective in children under 2 years old.

What is in the vaccine?

- There are no live bacteria in the vaccine. You can’t get the disease from the vaccine.

When is the vaccine given?

- Meningococcal C conjugate vaccine is given to children at 2, 4 and 12 months old.
- Meningococcal quadrivalent (A, C, Y, W-135) conjugate vaccine is given in grade 9.
- Older children and adults at risk may be given a different meningococcal vaccine.

What are the risks with immunization?

- Reactions may include mild pain or swelling where the needle was given. There can also be more general symptoms such as headache, sore muscles and nausea.
- As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare (2 per 1 million doses of vaccine).
Pneumococcal disease

Pneumococcal disease is caused by a bacterium and spread from the nose or throat of one person to another, usually by close contact with an infected person who is coughing or sneezing.

What are the risks of getting pneumococcal disease?

- Many children and adults carry the bacterium causing pneumococcal disease in their nose and throat secretions, and never get sick from it. However, in some people, the bacterium enters the body and causes serious infection.
- When the bacterium enters the body, it can cause serious infections like meningitis and pneumonia. It can also cause deafness and brain damage. The bacterium is becoming resistant to drugs used to treat it, so preventing it is more important than ever.
- Children under 2 years old and the elderly are at most risk for invasive pneumococcal disease.

Children most at risk include those who have a weakened immune system or serious health concerns such as heart, lung or kidney problems, and those of Aboriginal descent.

Getting the pneumococcal vaccine is much safer than getting the disease.

How well does the vaccine work?

- Pneumococcal conjugate vaccine protects against common strains of the bacterium that cause pneumococcal disease. Invasive pneumococcal disease isn’t seen as often since Alberta started giving the pneumococcal vaccine in 2012.

What is in the vaccine?

- There are no live bacteria in the vaccine. You can’t get the disease from the vaccine.

When is the vaccine given?

- Pneumococcal 13 conjugate vaccine is given at 2, 4 and 12 months old. Children with high-risk medical conditions may be given a fourth dose of vaccine.
- Pneumococcal polysaccharide vaccine (PPV23) is used for those 2 years old and over who have high risk medical conditions. It’s also routinely provided to adults 65 years old and over.

What are the risks with immunization?

- Side effects are usually mild and don’t last long. Some babies may:
  - have pain, redness or swelling where the needle was given
  - have a mild fever
  - be a little fussy or irritable
  - have a change in appetite
  - be a little sleepy
- As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare (1–3 times per 1 million doses of vaccine).
Influenza

Influenza (flu) is a very contagious and serious disease. The influenza virus infects the nose, throat and lungs.

What are the risks of getting influenza?

- Complications such as ear infections and pneumonia may follow the flu. Influenza can cause complications that can lead to death.
  - Up to 2,000 Canadians die each year from influenza. Many more are hospitalized.
  - Influenza can be spread to others 2–3 days before you have symptoms and up to 1 week after.
  - Influenza virus can live up to 48 hours on objects such as doorknobs, toys and telephones.
  - Symptoms of influenza include high fever, dry cough, headache, tiredness, sore throat and body aches.
- Everyone is at risk of getting influenza. The virus is very contagious. It spreads easily from an infected person to others through coughing, sneezing and not washing your hands often.
- Those who are 65 years old and older, or with medical conditions such as lung, heart, kidney disease, diabetes or a weak immune system are at more risk of complications from the disease.
- Children 6 months–5 years old are at more risk of being admitted to the hospital with influenza.
- Pregnant women are at increased risk for complications from influenza. They should get immunized (at any stage of pregnancy) to protect themselves and their baby.
- Antibiotics are not used to treat influenza because antibiotics do not kill viruses and influenza is a virus.
- How is influenza prevented?
  - Get the influenza vaccine every fall, because the virus strains may change each year—immunization is the single, best way of preventing influenza disease.
  - Wash your hands often.
  - Keep your hands away from your face.

Getting the influenza vaccine is much safer than getting influenza disease or having complications of influenza disease.

How well does the vaccine work?

- Protection develops 2 weeks after you get the vaccine and lasts up to 6 months.
- Immunization prevents illness in 70–90% of healthy children and adults. Those who are immunized and get influenza usually have milder symptoms.
- Studies show that healthy working adults who get the vaccine have fewer lost work days and visits to their healthcare provider.

What is in the vaccine?

- There are no live viruses in the injectable vaccine. You can’t get the disease from the vaccine.
- The live nasal spray vaccine has live virus in it. The live virus has been weakened and changed so it is unlikely to cause disease.
- One of the influenza vaccines has a very small amount of thimerosal in it. The other 2 vaccines don’t have thimerosal in them.

When is the vaccine given?

- Influenza season usually lasts from October to the end of March. The best time to be immunized is in October or November, although it’s never too late in the year to get immunized.
- In Alberta, influenza vaccine is available to everyone over 6 months old at not cost.

What are the risks with immunization?

- Side effects are usually mild and don’t last long.
- Influenza vaccines are very safe.
- It is safe to get the injectable influenza vaccine when you are pregnant and the live or injectable influenza vaccine when you are breastfeeding.
- Most people don’t have any reaction to the vaccine. Some people may have mild reactions such as soreness, redness or swelling where the needle was given or a runny or stuffy nose after receiving the live nasal spray vaccine.
- As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare.
Measles, mumps and rubella (MMR)

Measles (red) is one of the most serious childhood diseases. It is caused by a virus. It causes a runny nose, sore eyes, high fever and rash.

Mumps disease is a childhood and sometimes an adult disease. It is caused by a virus. It causes fever, headaches and swollen cheeks. Mumps can also cause deafness.

Rubella (German measles) disease, caused by a virus, is worse in adults than in children. It causes a slight fever, rash, swollen neck glands and, sometimes in women, swollen joints.

What are the risks of getting the diseases?

• **Measles (red).** Of the children who get measles:
  - 1 in 10 will get an ear infection or pneumonia.
  - 1 in 1,000 may have encephalitis (brain inflammation) that can lead to convulsions, deafness or mental disabilities.
  - Of those who get measles disease, 1 in 3,000 will die from it.
  - Pregnant women with measles may have a miscarriage, or their child may be born with mental or physical handicaps.

• **Mumps.** Of the children who get mumps disease:
  - 1 in 10 will develop a mild inflammation of the spinal cord and brain covering (meningitis)
  - In rare cases, a child’s brain may become inflamed (encephalitis)
  - Of adults who get mumps disease:
    - about 1 in 4 men with mumps will develop painfully swollen testicles
    - about 1 in 10 women will develop a very painful infection in their ovaries
    - Mumps can cause sterility (not able to have children) in both men and women.

• **Rubella (German measles).** A few children who have rubella have a temporary low platelet count that can cause unusual bruising or can cause them to bleed easier. Women who have rubella in the first 5 months of their pregnancy have an 80% chance of passing it on to their baby before birth. It can cause a miscarriage or the baby can be born with serious health issues (e.g., blindness, deafness or heart damage). About 1 in 10 babies born with rubella will die before they are 1 year old.

How well does the vaccine work?

• **2 doses are needed to protect you for the rest of your life.** About 5–10% of children are not protected with just 1 dose of vaccine.

What is in the vaccine?

• There are tiny amounts of the measles, mumps and rubella viruses that have been weakened so they can’t give you the disease.

When is the vaccine given?

• The first dose is given at 12 months old and the second dose anytime between 4–6 years old.

• Adult children born before 1970 may be immune to measles and mumps. Adult children born after 1970 will likely need to be immunized with 1 dose of MMR. Some adults may require 2 doses.

What are the risks with immunization?

• The vaccine has been used in Canada for over 30 years (since 1982 in Alberta).

• There is no link between MMR immunization and autism. Large studies confirm that the rates of autism are the same in children who are given MMR immunization compared with those who are not.

• Some side effects include:
  - redness, swelling and tenderness in the area where the needle was given
  - slight fever and/or a red, blotchy rash like measles for some people between 4 and 12 days after getting the vaccine.

• As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare (about 1 per 1 million doses of vaccine distributed in Canada).
• Due to outbreaks, Canada had 2,300 measles cases in 1995. After a 2-dose immunization program was introduced, there was an average of 11 cases a year from 2002–2006. Also:
  ◦ 4 of every 5 cases of measles are in school-aged children
  ◦ fewer than 200 cases of mumps disease are reported each year in Canada
  ◦ fewer than 100 cases of rubella disease are reported each year in Canada

**Getting the MMR vaccine is much safer than getting the diseases.**

**Chickenpox**

Chickenpox (varicella) is a common, very infectious childhood disease caused by the varicella virus. It appears as an itchy rash that looks like water blisters. For more information, visit [www.immunizealberta.ca/i-need-know-more/common-questions/chicken-pox](http://www.immunizealberta.ca/i-need-know-more/common-questions/chicken-pox)

**What are the risks of getting chickenpox disease?**

• Most children recover from chickenpox. However, some will become very sick. Chickenpox can lead to pneumonia or problems with body organs, such as the brain, liver or heart.
• The blisters can become infected and cause scarring, or you can end up with a serious infection that can lead to flesh-eating disease.
• Chickenpox can be very severe or even life-threatening for newborns, adults or those with a weak immune system. Unborn babies who get chickenpox from their moms may have birth defects.
• A person who has had chickenpox can get shingles years later.

**Getting the chickenpox vaccine is much safer than getting the disease.**

**How well does the vaccine work?**

• About 97% of people given 2 doses of vaccine are protected against chickenpox. The other 3% usually have a milder case of chickenpox because of the vaccine.

**What does the vaccine have in it?**

• It has a tiny amount of the chickenpox virus that has been weakened so the vaccine doesn’t give you the disease.
• It has a very small amount of an antibiotic in it to prevent the cell culture from being contaminated with bacteria.

**When is the vaccine given?**

• The first dose is given at 12 months old and the second dose between 4–6 years old.
• 2 doses, 6 weeks apart are needed for anyone 13 years old or older who hasn’t already had chickenpox or the vaccine.

**What are the risks with immunization?**

• Some people will have a red, swollen and sore arm where the needle was given for 1–2 days after the immunization.
• Some will develop a mild fever and a few chickenpox-like spots 7–14 days after the vaccine.
• As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare.

• The following people **should not be immunized with the MMR vaccine:**
  ◦ people with a weakened immune system
  ◦ pregnant women
The following people should not be immunized with the chickenpox vaccine:
- children with severe allergies to components in the vaccine
- children with a weakened immune system (caused by illness or by taking certain types of medicine, like steroids)
- pregnant women

**Hepatitis B**

Hepatitis B is a virus that attacks the liver. It often causes short-term (acute) or long-term (chronic) illness. Hepatitis B is spread by contact with the blood or other body fluids of an infected person. It can be spread through sharing personal items, such as razors and toothbrushes. Hepatitis B is found in Canada and all over the world. It is very common in certain parts of the world.

**What are the risks of getting Hepatitis B?**
- Half of the people infected with the virus are not visibly sick. Up to 10% of them will have a chronic liver infection and carry the disease for the rest of their lives.
- Carriers spread the disease without knowing it. Between 15–25% of carriers will die early of chronic liver disease (e.g., cancer, cirrhosis).
- Hepatitis B is the number 1 cause of liver cancer in the world.
- Each year, more than 20,000 children and adults in Canada get acute hepatitis B. Each year, 400 people with chronic hepatitis B in Canada die. Another 80 will die from liver cancer.
- Of those who are infected with acute hepatitis B, 1% will die within weeks of infection. About 90% of others may be ill for many weeks and may need to be treated in hospital.
- Although people infected at a younger age are less likely to develop symptoms, they are more likely to stay infected for life. They become carriers and infect others through sexual contact and contact with blood products. They are also more likely to develop liver problems.
- In Alberta, most new cases are seen in young adults.

**Getting the Hepatitis B vaccine is much safer than getting the disease.**

**How well does the vaccine work?**
- After 3 doses, it gives 95% protection against hepatitis B infection. The rates of hepatitis B disease in Canada have largely decreased since the introduction of routine hepatitis B immunization programs.

**What is in the vaccine?**
- There are no live viruses in the vaccine. You can't get the disease from the vaccine.

**When is the vaccine given?**
- A series of 3 injections is offered to grade 5 students over a 6-month period in the school immunization program.
- Newborns of hepatitis B chronic carrier mothers are given 3 doses of hepatitis B vaccine: at birth or in hospital, at 2 months old and at 6 months old.
- It is also given at 2, 4 and 12 months old if household family members come from a country where hepatitis B is more common.

**What are the risks with immunization?**
- This vaccine has been used in Canada since 1982.
- There are usually no side effects. Mild reactions can include redness, warmth or swelling where the needle was given.
- Sometimes slight fever, headache or tiredness occur.
- As with any vaccine, unexpected or unusual reactions can happen. Severe allergic reactions are very rare.
Human papillomavirus

Human papillomavirus (HPV) is a virus that can infect many parts of the body. There are over 100 types of HPV. Through the provincial program in Alberta, HPV vaccine is offered to girls in grade 5. The vaccine is licensed for boys, but isn’t available in the provincial immunization program. Contact your community/public health centre for more information.

What are the risks of getting HPV?
• Infection with some types of HPV can cause cervical, vulvar and vaginal cancers in women. HPV (serotypes 16 and 18) cause about 70% of cervical cancers. HPV can also cause cancer of the anus or penis in men.
• The HPV virus can also cause warts. HPV serotypes 6 and 11 cause about 90% of warts in the genital area of both men and women.

Getting the HPV vaccine is much safer than getting the disease.

How well does the vaccine work?
• The vaccine protects against serotypes 6, 11, 16 and 18. It doesn’t help if there has already been an exposure to 1 or all of the serotypes.

What does the vaccine have in it?
• The vaccine has tiny amounts of HPV virus that have been weakened so they can’t give you the disease.

When is the vaccine given?
• HPV vaccine is available to girls in grade 5.
• For best protection, 3 doses of the vaccine are needed. The first 2 doses are given 2 months apart and the third dose is given 6 months after the first.

What are the risks with immunization?
• There can be some side effects, but they are usually mild and go away in 24–72 hours.
• Possible reactions include:
  ° pain, redness or swelling at the injection site
  ° fever, headache and feeling tired
• As with any immunization, unexpected or unusual side effects can happen, including serious allergic reaction.
Other common questions about immunization

Some other common questions about immunization are answered below:

*Is there a link between the measles, mumps and rubella vaccine (MMR) and autism?*

Studies have found no link between the MMR vaccine and autism. The rates of autism are no different in children who have been immunized and those who have not.

*Is there thimerosal in vaccines?*

Thimerosal is an ethyl-mercury preservative used in some vaccines to prevent bacterial growth. No vaccine (with the exception of some influenza vaccine) made in Canada since March 2001 for routine use in children contains thimerosal. There is no evidence that thimerosal in vaccines causes brain damage or neurodevelopmental disorders in children.

*Are multiple injections safe?*

Vaccines that are used together have been tested and are safe to use at the same time as other vaccines. Giving several vaccines at the same time keeps children safe by protecting them against more diseases sooner. A baby’s immune system can respond to millions of different viruses and bacteria.

*How can I trust what I read about immunizations on the Internet?*

There is a lot of information on the Internet about immunizations. How do you know if the information is correct? Below is a checklist of things to ask:

- Is it clear who owns the website?
  - The name should be easy to see (e.g., Health Canada or Alberta Health).
- Does the website clearly state its purpose?
  - It’s okay if they sell things like books or DVDs or ask you to support a cause, but these motives should be clearly stated.
- Is the information on the website based on scientific studies?
  - The more studies based on scientific evidence that support the information, the more likely it is to be sound.
- Does the website evaluate studies (e.g., weigh evidence, describe the limits of research)?
  - Researchers should present both the strengths and weaknesses of the research findings.
- Does the website have a page called ‘About Us’?
□ This page should have information about how to contact the group.

- Does the website have junk science (not based on proven facts) or conspiracy theories?
  □ If a website says it has found the ‘hidden truth’ about vaccines or contains claims based on the idea of a conspiracy, avoid it.

- Is the group or person giving you information online qualified to talk about the subject?
  □ Authors’ names and affiliations should always be noted. A researcher who has done good research will insist their name be listed even if the work is controversial.

- Does the website have a privacy policy? Does it ask for personal information?
  □ The website should tell you how they will use and protect your personal information.

- Does the website direct you to additional information?
  □ If the website has a reading list, can you borrow the books from a public library? Or are the books or DVDs being sold as a source of income for the person who owns the website?

For more information about immunization:

- visit My Health Alberta: https://myhealth.alberta.ca/
- visit Alberta Health: www.health.alberta.ca/health-info/immunization.html
- visit Immunize Canada: www.immunize.ca
- visit the Public Health Agency of Canada: www.phac-aspc.gc.ca/im/index-eng.php
- visit the Canadian Paediatric Society: https://www.caringforkids.cps.ca/handouts/immunizations-index
- call Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465)
- contact your local community/public health centre
My notes

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Child Safety Seat ‘Yes Tests’

Using a child safety seat properly can reduce the likelihood of your child being injured or killed in a crash by as much as 75%. Infants and children rely on their parents and caregivers to make every ride a safe ride, and you can do it! The following sections have lists of questions that will help you to install the correct child safety seat in your vehicle and buckle your child up the right way each time.

Take the ‘Yes Test’ as you are looking at your child safety seat or booster seat in your vehicle. Push, pull and poke the seat until you can check off each item that applies to your child safety seat.
Rear-facing Child Safety Seat ‘Yes Test’

Getting ready…

☐ I have read the child safety seat instruction booklet for the exact installation instructions.
☐ I have read my vehicle owner’s manual on how to install a child safety seat.
☐ I never place my child’s safety seat in front of an airbag.
☐ My child’s safety seat is Canadian-approved and has a CMVSS label.
☐ My baby’s weight and height are within the limits for her child safety seat.
☐ The child safety seat is in the back seat of the vehicle.
☐ The child safety seat is facing the rear of the vehicle.

Securing the rear-facing child safety seat…

There are 2 systems that can be used to secure the child safety seat.

Either…

☐ I have a Universal Anchorage System (UAS) in my vehicle.
  ☐ I have checked my vehicle owner’s manual for the UAS anchor locations.
  ☐ The UAS belt is routed through the rear-facing belt path on the child safety seat or base.
  ☐ I have connected the UAS belt to the anchors.
  ☐ I have pulled the UAS belt tight.
  ☐ The child safety seat moves less than 2.5 cm (1 inch) in any direction.

Or…

☐ I am using the seat belt to secure the child safety seat.
  ☐ I have checked my vehicle owner’s manual for how to lock the seat belt for use with a child safety seat.
Learn More: Rear-facing Child Safety Seat ‘Yes Test’

- The seat belt is routed through the rear-facing belt path on the child safety seat or base and is buckled up.
- The seat belt is tight because I have pushed down on the child safety seat or base and removed all the slack from the lap portion of the seat belt.
- I have tested the belt to see that it has ‘locked’ in place and will not slip. If the seat belt slips, I have used a locking clip.
- The child safety seat moves less than 2.5 cm (1 inch) in any direction.

**Buckling your baby in the child safety seat...**

- The shoulder harness is threaded through the correct slot according to the child safety seat instructions.
- The chest clip is positioned at the level of my child's armpits.
- The shoulder harness does not slip off my child's shoulders.
- The harness is snug. I can only fit one finger between the harness and my child's collar bone.
- The shoulder harness system stays snug when I pull on it.

**Just being smart...**

- My baby rides in the child safety seat for every trip.
- The child safety seat’s carrying handle is down or in the travel position when the vehicle is moving.
- I have checked for any recalls on my child's safety seat. Recall information is available from Transport Canada at 1-800-333-0510 or visit [www.tc.gc.ca/roadsafety](http://www.tc.gc.ca/roadsafety)
- **My baby will stay rear-facing until she is at least one year of age AND 10 kg (22 lbs.) AND walking.**

If you are unable to answer ‘YES’ to any of the statements, be sure you consult the instruction manual for your child safety seat as well as your vehicle owner’s manual.
Forward-facing Child Safety Seat ‘Yes Test’

Getting ready…

☐ I have read the child safety seat instruction booklet for the exact installation instructions.

☐ I have read my vehicle owner’s manual on how to install a child safety seat.

☐ My child’s safety seat is Canadian-approved and has a CMVSS label.

☐ My child’s weight and height are within the limits for the child safety seat I am using.

☐ My child’s safety seat is in the back seat of the vehicle, facing the front.

Securing the forward-facing child safety seat...

There are 2 steps to install a forward-facing child safety seat in your vehicle:

Step 1: Secure to the bottom of the child safety seat.

Either…

☐ I have a Universal Anchorage System (UAS) in my vehicle.

  ☐ I have checked my vehicle owner’s manual for the UAS anchor locations.

  ☐ The UAS belt is routed through the forward-facing belt path on the child safety seat or base.

  ☐ I have connected the UAS belt to the anchors.

  ☐ I have pulled the UAS belt tight.

Or…

☐ I am using the seat belt to secure the child safety seat.

  ☐ I have checked my vehicle owner’s manual for how to lock the seat belt for use with a child safety seat.

  ☐ The seat belt is routed through the forward-facing belt path on the car seat and buckled up.
□ The seat belt is tight because I have put my knee in the child safety seat, pushed down and removed all the slack from the lap portion of the seat belt.

□ I have tested the belt to see that it has ‘locked’ in place and will not slip. If the seat belt slips, I have used a locking clip.

**Step 2: Always use the tether strap**

□ My vehicle came with a tether anchor or I had a tether anchor installed at the vehicle dealer.

□ The tether strap is hooked to the tether anchor in my vehicle according to the instructions and the tether strap is tight.

□ The child safety seat moves less than 2.5 cm (1 inch) in any direction.

**Buckling your baby in the child safety seat...**

□ The shoulder harness is threaded through the correct slot according to the instructions.

□ The chest clip is positioned at the level of my child’s armpits.

□ The harness is snug when I pull on it. I can only fit one finger between the harness and my child’s collar bone.

**Just being smart...**

□ My child rides in the child safety seat for every trip.

□ My child will be in a forward-facing child safety seat until she weighs at least 18 kg (40 lbs.).

□ I have checked for any recalls on my child’s safety seat. Recall information is available from Transport Canada at 1-800-333-0510 or visit www.tc.gc.ca/roadsafety

□ Once my child reaches the top height or weight of our forward-facing child safety seat, she will move to a booster seat.

If you are unable to answer ‘YES’ to any of the statements, be sure you consult the instruction manual for your child safety seat as well as your vehicle owner’s manual.
Booster Seat ‘Yes Test’

A child who weighs more than 18 kg (40 lb.) is safest in a booster seat when riding in a vehicle. Use a booster seat until your child is at least 36 kg (80 lb.) or is 9 years of age or 145 cm (4’9”) tall.

Look below to see if your child needs a booster seat, how to choose the right booster and how to use it correctly.

Does your child need a booster seat?

If you check ALL of the following points, your child is safest riding in a booster seat:

□ My child weighs between 18 and 36 kg (40 and 80 lbs.).
□ My child is under 145 cm (4’9”) tall.
□ My child is 9 years old or less.

Choosing a booster seat

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

The vehicle seat DOES NOT HAVE a head rest.

Choose either...

□ A high back booster that gives the child head and neck support. Some models convert from a forward-facing child safety seat with a harness to a high back booster seat.

Or...

□ An adjustable booster that gives the child adjustable head and neck support as he grows.

The vehicle seat HAS a head rest.

Choose a high back booster, an adjustable 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 are using the booster seat correctly when you can check ‘YES’ to all of the following points:

- I have read the booster seat instructions and the vehicle owner’s manual for proper use and installation information.
- The booster seat is in the back seat of the vehicle.
- I never place my child’s booster seat in front of an airbag.
- The shoulder portion of the belt is always worn across the center of my child’s chest.

**Moving to a seat belt**

Children are safest in a booster seat until they are at least 36 kg (80 lbs.) or 9 years old or 145 cm (4′9″) tall. To check if it’s time to move to a seat belt, have your child sit on the back seat with the lap-shoulder belt buckled.

It’s time to move to a seat belt if you can check ‘YES’ to all of the following points:

- My child is sitting so his whole back is touching the back of the vehicle seat.
- While sitting back, my child’s knees bend comfortably at the edge of the vehicle seat.
- The lap portion of the belt is riding low across the hips, touching the tops of my child’s legs.
- The shoulder portion of the belt is crossing between my child’s neck and arm.
- My child can and will remain in this position for the entire trip.

**Children 12 years old and under are safest riding in the back seat.**

**Why use a booster seat?**

- 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.
- An adult seat belt alone does not properly fit a child’s body.
- Booster seats are the safest choice for children who weigh more than 18 kg (40 lbs.) and have outgrown their forward-facing child safety seat.
- Without a booster seat, an adult seat belt rides too high on child’s abdomen and neck and can cause serious internal injuries in a crash.
- When children ride in booster seats, they can see out of the windows.
- Using a booster seat until a child is at least 36 kg (80 lbs.) or 9 years old or 145 cm (4′9″) tall provides the safest ride.

(from SafetyBeltSafe USA)
For more information about child safety seats,

Call:
- Health Link Alberta toll-free in Alberta at 1-866-408-LINK (5465)
- Alberta Transportation at 780-427-8901 or toll-free in Alberta at 310-0000

Or visit:
- www.boosterseats.ca

My notes

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Glossary

**Areola:** the dark area around the nipple of the breast.

**Attachment:** a 2-way emotional connection between parents and children.

**Autonomy:** awareness of becoming a separate person.

**Bisphenol A (BPA):** a chemical used in some plastics that may be harmful to young children.

**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.

**Capable:** able to do things on their own.

**Caregivers:** the people who help care for the children in your family.

**Cluster feed:** frequent, small feeds within a short time.

**Colic:** long periods of crying.

**Colostrum:** the first milk mom’s breasts make. This milk is yellow and will feed your new baby and give protection from infection early on.

**Communicable disease:** infectious disease that can be passed from one person to another.

**Cues:** movements, sounds and facial expressions your baby uses to communicate needs and emotions.

**Emotional regulation:** how we manage our feelings and emotions, and how we show them to others.

**Empathy:** understanding and caring about how other people feel.

**Executive function:** A set of skills needed to pay attention, organize information, remember details and plan so you can make decisions and carry them out.

**Expressed breastmilk (EBM):** breastmilk that has been removed from the breasts, either by hand or with a breast pump.

**Fluorosis:** lacey white marks on children’s permanent teeth.

**Fontanelle:** the soft spots on the top and back of a young baby’s head.

**Food jags:** wanting the same food over and over.

**Gestures:** actions, hand movements and facial expressions used to communicate (e.g., waving to say “bye”).

**Healthcare professionals:** people who support your family’s health, including audiologists, dental hygienists, dentists, dietitians, lactation consultants, occupational therapists, pharmacists, physiotherapists, registered nurses, speech-language pathologists and others.
**Healthcare providers:** the people who provide most of your healthcare.

**Identity:** a sense of who you are and how you fit in the world.

**Industry:** the process of figuring things out and solving problems.

**Inherited traits:** what you are born with (also called genetics).

**Initiative:** ability to plan and act on your own thoughts and ideas.

**Inner speech:** the use of words in thinking without saying them out loud.

**Interactions:** activities and communication between 2 or more people.

**Jaundice:** a yellowing of the skin or the whites of the eyes due to increased levels of bilirubin.

**Lactation consultants:** healthcare professionals who specialize in breastfeeding and are International Board Certified Lactation Consultants (IBCLC).

**Language:** understanding and using words by listening, talking, signing, reading and writing.

**Lanugo:** fine, downy hair on a newborn baby.

**Literacy:** the ability to read and write.

**Mastitis:** an inflammation or infection of the breast.

**Meconium:** a baby’s first stool.

**Mercury:** a naturally found metal that can be toxic in high levels.

**Milestones:** markers that tell you how a child usually develops.

**Molars:** back teeth.

**Neurons:** nerve cells contained in the brain and nervous system.

**Night terrors:** periods of screaming and moving about during a child’s sleep where they may appear to be awake, but aren’t.

**Paediatricians:** specialist physicians who provide medical care for children from birth through adolescence.

**Pasteurized:** to put something through a heat process that destroys harmful bacteria.

**Personal power:** realizing that you have control over your actions and that your actions influence your relationships.

**Phototherapy:** a medical treatment for jaundice using special lights.

**Rickets:** a disorder caused by a lack of vitamin D, calcium or phosphate that can lead to softening and weakening of the bones.

**Routines:** doing something in a regular and consistent way.

**Saline:** salt water.

**Screen time:** time spent with TV’s, computers, non-active electronic games, smart phones.
Second-hand smoke: the smoke exhaled or blown into the air by a smoker, and the smoke that comes from the end of a burning cigarette, cigar or pipe.

Secure base: a dependable, caring adult that a child trusts to provide comfort and support.

Self-esteem: how you think and feel about yourself.

Separation anxiety: the anxious or upset feeling children get when separated from their parents.

Speech: the ability to pronounce sounds and words.

Sudden infant death syndrome (SIDS): an unexplained and sudden death of a sleeping infant under 1 year old.

Temperament: how a child thinks, behaves and responds to the world around them.

Third-hand smoke: the particles from the smoke of a burning cigarette, cigar or pipe that build up over time on exposed surfaces (e.g., fabric, hair, clothes, furniture and walls).

Toxic stress: stress that is constant and intense, and that happens to a person who does not have the support they need.

Trust: knowing that good, dependable and loving care is always there.

Umbilical cord: this joined your baby to the placenta and was cut at birth. Your baby’s belly button (navel) is where the cord fell off.

Vernix: a slippery white coating that protects the baby’s skin in the uterus.

Vocabulary: the number and range of words a person knows.
Where to Go
For More Information
### Emergency

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<tbody>
<tr>
<td>Police, fire, ambulance</td>
<td>24-hour call intake for emergency fire, police, EMS and other serious situations.</td>
<td></td>
<td>911</td>
</tr>
<tr>
<td>Child Abuse Hotline</td>
<td>Protects children from abuse or neglect through a 24-hour toll-free telephone number where suspected cases of child neglect or abuse can be reported.</td>
<td>Government of Alberta</td>
<td>1-800-387-5437&lt;br&gt;Calgary Crisis Centre: 403-297-2995&lt;br&gt;Edmonton emergency: 780-427-3390&lt;br&gt;Toll free after hours number: 1-800-638-0715</td>
</tr>
<tr>
<td>Poison and Drug Information Service</td>
<td>Free and confidential expertise and advice offered 24 hours per day, 7 days a week about poisons, chemicals, medications and herbs. Provides emergency, immediate expertise and advice about poisonings, medication and herbs, prescription and over-the-counter drugs, poison research, education and prevention.</td>
<td>Alberta Health Services</td>
<td>1-800-332-1414 and press 1 (toll-free, 24/7)</td>
</tr>
</tbody>
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### Crisis support

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<td>Child Abuse Hotline</td>
<td>Protects children from abuse or neglect through a 24-hour, toll-free telephone number where suspected cases of child neglect or abuse can be reported.</td>
<td>Government of Alberta</td>
<td>1-800-387-5437 (toll-free, 24/7)</td>
</tr>
<tr>
<td>Family Violence Information Line</td>
<td>Provides information about family violence programs and services, as well as advice and support.</td>
<td>Government of Alberta</td>
<td>310-1818 (toll-free, 24/7)&lt;br&gt;www.humanservices.alberta.ca/abuse-bullying/14839.html</td>
</tr>
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## Health services general information

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<tr>
<th>Resource</th>
<th>Description</th>
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<tbody>
<tr>
<td>211 Alberta</td>
<td>Confidential, multilingual information on community, health, government and social services.</td>
<td>Joint initiative</td>
<td>211 (where available in Alberta)</td>
</tr>
<tr>
<td>Alberta Health Services</td>
<td>The Provincial Health Authority that plans and delivers health supports and services to more than 3.5 million adults and children living in Alberta.</td>
<td>Alberta Health Services</td>
<td><a href="http://www.albertahealthservices.ca">www.albertahealthservices.ca</a>&lt;br&gt;See 'AHS in my zone' for information specific to your area of the province.</td>
</tr>
<tr>
<td>Health Link Alberta</td>
<td>Provides health advice and information through a toll-free phone number to all Albertans. Access is 24 hours, 7 days a week and support is provided by registered nurses.</td>
<td>Alberta Health Services</td>
<td>1-866-408-5465 (LINK)</td>
</tr>
<tr>
<td>InformAlberta</td>
<td>Find the information you need about community, health, social and government services across the province.</td>
<td>InformAlberta</td>
<td><a href="http://www.informalberta.ca">www.informalberta.ca</a></td>
</tr>
<tr>
<td>Medication and Herbal Advice Line</td>
<td>Provides credible, personalized and research-based advice and information from professionals about medications and herbal preparations.</td>
<td>Alberta Health Services</td>
<td>1-888-944-1012</td>
</tr>
<tr>
<td>Public Health Inspectors</td>
<td>Inspect public water supplies, review water sample results and issue water advisories and check other environmental issues.</td>
<td>Environmental Public Health</td>
<td><a href="https://myhealth.alberta.ca/">https://myhealth.alberta.ca/</a> and enter the key words ‘public health inspector’ in the search box</td>
</tr>
</tbody>
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|--------------------------------------------------------|-------------------------------------------------------|
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<tbody>
<tr>
<td>Addiction Helpline</td>
<td>Telephone advice and referral service for adults and youth requiring addiction services.</td>
<td>Alberta Health Services</td>
<td>1-866-332-2322</td>
</tr>
<tr>
<td>AlbertaQuits</td>
<td>Toll-free telephone tobacco cessation counselling, support and information for all Albertans and free interactive web-based smoking cessation program.</td>
<td>Alberta Health Services</td>
<td>1-866-710-7848 <a href="http://www.albertaquits.ca">www.albertaquits.ca</a></td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>Information about Alcoholics Anonymous and how to contact a member.</td>
<td>Alcoholics Anonymous</td>
<td><a href="http://www.area78.org/">www.area78.org/</a></td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome Disorder Information Service</td>
<td>Provides links to support groups, prevention projects, resource centres and experts on Fetal Alcohol Spectrum Disorder.</td>
<td>Canadian Centre on Substance Abuse</td>
<td><a href="">1-800-559-4514</a> <a href="http://www.ccsa.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx">www.ccsa.ca/Eng/topics/Treatment-and-Supports/Substance-Use-during-Pregnancy/Pages/default.aspx</a></td>
</tr>
</tbody>
</table>
| Motherisk                         | Canada’s expert on the safety of medications, infections, chemicals, and more, during pregnancy and breastfeeding. | The Hospital for Sick Children (SickKids) | Alcohol and Substance: 1-877-327-4636  
Morning Sickness: 1-800-436-8477  
Motherisk Helpline: 1-877-439-2744  
[www.motherisk.org](http://www.motherisk.org) |
| Narcotics Anonymous               | Offers meetings based on the Narcotics Anonymous twelve step program. Holds regularly scheduled meetings several times during the day at locations across the province. | Canadian Assembly of Narcotics Anonymous | 1-877-463-3537 [www.canaacna.org](http://www.canaacna.org) |
### Where to Go For More Information

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<tr>
<td>Breast Pump Rental and Purchase</td>
<td>Information about where to rent or buy breast pumps or supplies in your area.</td>
<td>Hollister Canada Inc.</td>
<td>1-800-263-7400</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medela Canada</td>
<td>1-800-835-5968</td>
</tr>
<tr>
<td>La Leche League Canada (LLLC)</td>
<td>National organization whose trained volunteer leaders provide experienced mother-to-mother breastfeeding support through a variety of programs.</td>
<td></td>
<td>1-800-565-4324</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.lllc.ca/find-group-alberta">www.lllc.ca/find-group-alberta</a></td>
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<tr>
<td>Alberta Family Wellness Initiative</td>
<td>Multi-disciplinary initiative that connects early brain and biological development and children with mental health with addiction research, prevention and treatment. The AFWI translates current research into sound policy and practice on behalf of Alberta families.</td>
<td></td>
<td><a href="http://www.albertafamilywellness.org">www.albertafamilywellness.org</a></td>
</tr>
<tr>
<td>Parent Link Center</td>
<td>Provides information and support for parents and caregivers on how to assist with your child's learning, development and health.</td>
<td></td>
<td><a href="http://www.parentlinkalberta.ca">www.parentlinkalberta.ca</a></td>
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### Child Growth and Development

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<td></td>
<td><a href="http://www.albertafamilywellness.org">www.albertafamilywellness.org</a></td>
</tr>
<tr>
<td>Parent Link Center</td>
<td>Provides information and support for parents and caregivers on how to assist with your child's learning, development and health.</td>
<td></td>
<td><a href="http://www.parentlinkalberta.ca">www.parentlinkalberta.ca</a></td>
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<tr>
<td>Alberta Supports</td>
<td>Alberta Supports has information on social-based programs and services offered by the Government of Alberta.</td>
<td>Government of Alberta</td>
<td>Call 1-877-644-9992 toll-free in Alberta <a href="http://www.albertasupports.ca">www.albertasupports.ca</a></td>
</tr>
<tr>
<td>Family Support For Children with Disabilities (FSCD)</td>
<td>Provides parents with funding to access a range of supports and services that strengthen their ability to promote their child’s healthy growth and development.</td>
<td>Government of Alberta</td>
<td>Call 310-0000 and ask to be connected to your local FSCD office <a href="http://www.humanservices.alberta.ca/disability-services/14855.html">www.humanservices.alberta.ca/disability-services/14855.html</a></td>
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</tr>
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<tbody>
<tr>
<td>Mental Health Help Line</td>
<td>Staffed 24 hours per day, 7 days a week by health professionals, the Mental Health Help Line provides: crisis intervention; information about Mental Health programs and services; and referral to other agencies. This confidential, anonymous service is provided by Health Link Alberta and is available to all Albertans.</td>
<td>Alberta Health Services</td>
<td>1-877-303-2642</td>
</tr>
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## Medical and dental resources

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<tr>
<th>Resource</th>
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<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Canadian Academy of Pediatric Dentistry</td>
<td>Find a pediatric dentist in your area. The website also provides basic clinical pediatric dental information; it does not provide educational materials or individual treatment options.</td>
<td>Canadian Academy of Pediatric Dentistry</td>
<td><a href="http://www.capd-acdp.org">www.capd-acdp.org</a></td>
</tr>
<tr>
<td>The Canadian Paediatric Society</td>
<td>The national association of paediatricians, committed to working together to advance the health of children and youth by nurturing excellence in health care, advocacy, education, research and support of its membership.</td>
<td>The Canadian Paediatric Society</td>
<td><a href="http://www.cps.ca">www.cps.ca</a> <a href="http://www.caringforkids.cps.ca">www.caringforkids.cps.ca</a></td>
</tr>
<tr>
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</tr>
<tr>
<td>Physicians</td>
<td>Find a family physician accepting new patients or search for a physician by name.</td>
<td>College of Physicians &amp; Surgeons of Alberta</td>
<td>1-800-561-3899 <a href="http://www.cpsa.ab.ca">www.cpsa.ab.ca</a></td>
</tr>
<tr>
<td>Mediation</td>
<td>Find a mediator to assist with a family-centered conflict resolution process.</td>
<td>Alberta Family Mediation Society (AFMS)</td>
<td>1-877-233-0143 <a href="https://afms.ca/">https://afms.ca/</a></td>
</tr>
<tr>
<td>Parents Matter</td>
<td>Resource sheets, originally published with <em>Play and Parenting</em>, FRP Canada’s quarterly newsletter.</td>
<td>The Canadian Association of Family Resource Programs</td>
<td><a href="http://www.frp.ca">www.frp.ca</a></td>
</tr>
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</table>

### Financial information and programs

<table>
<thead>
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<th>Resource</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Alberta Adult Health Benefit</td>
<td>The Alberta Health Benefit programs provide coverage for prescription drugs, eye exams and glasses, dental care, essential diabetic supplies and emergency ambulance services to eligible clients.</td>
<td>Government of Alberta</td>
<td>1-877-469-5437 <a href="http://www.humanservices.alberta.ca/financial-support/2073.html">www.humanservices.alberta.ca/financial-support/2073.html</a></td>
</tr>
<tr>
<td>Alberta Child Health Benefit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alberta Blue Cross Non-Group Coverage Subsidy Program</td>
<td>The Premium Subsidy Program may help lower-income Albertans reduce their non-group coverage premiums.</td>
<td>Government of Alberta/Alberta Blue Cross</td>
<td>Toll-free within Alberta at 310-0000 or 1-780-427-1432 <a href="http://www.health.alberta.ca/services/drugs-non-group-premium-rates.html">www.health.alberta.ca/services/drugs-non-group-premium-rates.html</a></td>
</tr>
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### Legal

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<th>Resource</th>
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<tbody>
<tr>
<td>Family Court Counsellors</td>
<td>Services, at no cost, to families who are involved in parenting disputes and are living separate and apart. This service is designed for people who are not represented by a lawyer.</td>
<td>Alberta Family Court</td>
<td>Calgary 403-297-6981&lt;br&gt;Edmonton 780-427-8343&lt;br&gt;Elsewhere in Alberta 1-403-340-7187&lt;br&gt;Call 310-0000 first for toll-free access in Alberta&lt;br&gt;<a href="https://albertacourts.ca/qb/">https://albertacourts.ca/qb/</a></td>
</tr>
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### Immunizations and communicable disease resources

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<tr>
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### Other

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<tbody>
<tr>
<td>Bullying</td>
<td>Tips and tools for adults to help prevent or intervene in a bullying situation, including cyber bullying and homophobic bullying.</td>
<td>Government of Alberta</td>
<td><a href="http://www.bullyfreealberta.ca">www.bullyfreealberta.ca</a></td>
</tr>
<tr>
<td>Media and Children</td>
<td>Digital and media literacy programs and resources for Canadian homes, schools and communities. Provides information and tools for adults to help children and teens develop the critical thinking skills they need for interacting with the media they love.</td>
<td>Mediasmarts</td>
<td><a href="http://www.mediasmarts.ca">www.mediasmarts.ca</a></td>
</tr>
</tbody>
</table>

### Reproductive health—family planning and birth control

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<tr>
<td>Teaching Sexual Health</td>
<td>Answers to common questions asked by your child, communication strategies, healthy sexual development, myths and facts on sexual health education, and print and web resources.</td>
<td>Alberta Health Services, Government of Alberta</td>
<td><a href="http://www.teachingsexualhealth.ca">www.teachingsexualhealth.ca</a></td>
</tr>
</tbody>
</table>
### Safety

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<tbody>
<tr>
<td>Child Safety</td>
<td>General safety information for when children are on the move, at home or at play.</td>
<td>Alberta Health Services – Child Safety</td>
<td><a href="http://www.albertahealthservices.ca/injprev/Page4838.aspx">www.albertahealthservices.ca/injprev/Page4838.aspx</a></td>
</tr>
<tr>
<td>Safe Kids Canada</td>
<td>Leads and develops comprehensive and innovative injury prevention approaches. Safe Kids Canada works with partners to conduct research, educate, and advocate to prevent injuries among children, youth and their families.</td>
<td>Joint Initiative</td>
<td><a href="http://www.parachutecanada.org/safekidscanada">www.parachutecanada.org/safekidscanada</a></td>
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Feedback Survey—Healthy Parents, Healthy Children: The Early Years

This resource has been developed to provide parents with information about caring for their children during the first 6 years of their lives. This resource is updated regularly. We will use the feedback you provide in this survey to ensure that this resource meets the needs of parents and their families. This survey is confidential and anonymous. Your responses will only be used to improve this resource. Thank you for taking the time to complete this survey.

1. This resource is available both in book and online format. Which format are you using?
   - Book
   - Online
   - Both

2. Where did you receive/ hear about this resource? (Select all that apply)
   - Doctor’s/Midwife’s office
   - Prenatal class
   - At child’s 2-month immunization visit
   - At child’s 4-month immunization visit
   - At child’s 6-month immunization visit
   - At drop-in visit
   - Other, please specify: ____________________________________________

3. When did you receive or access this resource?
   - Before my baby was born
   - After my baby was born
4. “In my opinion, this resource…”
   - O does not have enough detailed information
   - O has the right amount of detailed information
   - O has too much detailed information

5. Please indicate how much you agree or disagree with each of the following statements using the 5-point scale ranging from Strongly Disagree to Strongly Agree.

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<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<td>a. The language used in this resource is easy for me to understand</td>
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<td>b. There are pictures in this resource that show me what to do</td>
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<td>c. I like the pictures in this resource</td>
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<td>d. The pictures in this resource help me understand the content</td>
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<td>e. It is easy to look up information in this resource</td>
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<td>f. I have learned new information from reading this resource</td>
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<td>g. Reading this resource made me feel prepared to care for my child/children</td>
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<td>h. Reading this resource affected the way I cared for my child/children</td>
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6. Which parts of this resource helped you the most?
7. Which parts of this resource helped you the least?

8. What suggestions, if any, do you have to improve the content or layout of this resource?

9. What are the first three digits of your postal code?

Please mail your completed survey about this resource to:
Healthy Parents, Healthy Children, Alberta Health Services
c/o Maureen Devolin
10101 Southport Road SW
Calgary, Alberta T2W 3N2
Healthy Parents, Healthy Children: The Early Years is filled with everything that parents of babies and young children want and need to know to help their children grow, learn, explore and be healthy. From the early stages of caring for your new baby, through the thrill of first steps and words, all the way to the first days of school, this book covers relevant, up-to-date information to help you build a strong foundation for your child.

A practical guide to the first 5 years, Healthy Parents, Healthy Children: The Early Years is the reliable, go-to source if you’re asking yourself: Where do I go from here?

This book may also be found online at www.healthyparentshealthychildren.ca

When you need help or have questions, you can contact:

- Health Link Alberta (24-hour nurse advice or general health information), call toll-free in Alberta at 1-866-408-LINK (5465)
- MyHealth.Alberta.ca (online health information), visit https://myhealth.alberta.ca/
- Alberta Health Services (health programs and services), visit www.albertahealthservices.ca
- 211Alberta (community, health, government and social services), phone 211, available in many places in Alberta