



Highland Shores
CHILDREN'S AID
Protect Care Empower

A Parent's Guide to Infant & Toddler Care



July 2018

TABLE OF CONTENTS

	Page(s)
When a Baby Cries.....	1
Never Shake a Baby	2
Postpartum Depression	3
Feeding Your Child.....	4
How to Recognize Food Allergies	5
Introducing Solids.....	6
Sample Menus For Baby	7-8
Child Development	9-10
Health Care/Secondhand Smoke	11
Vaccinations	12
Crib Safety.....	13
Safe Sleep for Babies	14
Car Seat Safety	15-17

WHEN A BABY CRIES

Babies cry because they can't talk. It is their way of telling you they need something.

Most often babies cry because they are hungry, need a diaper change, or want to be comforted.

Crying may mean your baby is not feeling well, is teething, or has gas.

If your baby cries a lot, it may be due to a condition called "colic". Consult with your doctor.

WHAT PARENTS CAN DO

- Stay calm.
- Give yourself a reassuring message that it will be okay and all babies cry.
- Call your doctor if you suspect illness.
- Snuggle baby close and sing or talk soothingly.
- Wrap baby in a soft blanket.
- Try different things (feeding, changing diaper, change of environment).
- Make sure nothing is irritating baby, such as tags, tight elastics, etc.
- Rock your baby in a rocking chair.
- Give your baby a warm bath.
- Play music for background sounds.
- Go for a walk or drive in the car.



NEVER SHAKE A BABY

Shaking a baby in a moment of frustration can cause serious injury, including blindness, brain damage or death.

If you feel that you can't cope with your baby's crying, put your baby safely into the crib for a short time.

If you worry that you might hurt your baby, speak to a professional. Call your doctor, a health nurse, a counsellor, a children's services provider, a community crisis line, the Parent Help Line, or someone who can help during this stressful time.

Contact emergency medical services or your doctor immediately if you suspect your baby has been shaken. Immediate treatment may prevent serious permanent damage and life threatening injuries.

KEEP ME CLOSE, KEEP ME SAFE

Parenting can be a challenging and draining job, especially when your main priority is to keep your child healthy and safe.

Injury is the leading cause of death among children in Canada. Some of the biggest dangers to babies are falls, burns or scalds, drowning, choking, suffocation or strangulation, and car crashes. The good news is that these injuries are almost always preventable.

Parents can take steps to protect their new baby by:

- recognizing everyday risks early and taking precautions;
- anticipating a baby's new skills and being prepared;
- paying special attention to extra busy times of the day; and
- always supervising your baby.



Postpartum Depression (PPD)

Postpartum Depression is a condition that can occur after a woman has given birth to her baby. PPD usually becomes apparent within 3 or 4 days, but can occur up to 6 months later.

A woman's hormone level changes during pregnancy and right after childbirth. Those hormonal changes may produce chemical changes in the brain that play a part in causing depression. Up to one in seven women experience Postpartum Depression.

If you have a history of depression, you are at higher risk of PPD.

SYMPTOMS OF PPD

- Trouble sleeping (even when your baby is sleeping)
- Crying for no reason
- No feelings and/or too much concern for your baby
- Chronic exhaustion
- Irritability, frustration, outbursts of anger
- Hopelessness
- Change in appetite
- Excessive worries
- Overwhelming feelings of guilt
- Hot sweats, heart palpitations
- Anxious panicky feelings
- Isolation (avoiding friends/family)
- Seeing or having repetitive thoughts about harming yourself or your baby

If you experience the above symptoms, consult your family doctor about possible treatment options.

Remember: a healthy mom means a healthy baby.

FEEDING YOUR CHILD

BREASTFEEDING

- The Canadian Paediatric Society recommends exclusive breastfeeding for the first 6 months.
- Breast milk is the best food you can offer your baby.
- It has the right amount and quality of nutrients for your baby.
- It contains antibodies and other immune factors.

If breast milk is not an option, use store bought, iron-fortified infant formula, that is cow's milk based.

It is recommended that breast milk or formula be used until 12 months of age with your doctor's approval.

NURSING BOTTLE DECAY

Children who constantly suck at a bottle of milk, formula, juice or any sweet liquid are bathing their teeth in sugary, decay-causing liquids which can cause cavities and painful tooth decay.

Never put your child to bed with a bottle containing milk or juice.

Do not prop a bottle when feeding your baby. This can cause choking. If you prop your baby's bottle, liquid pools in the mouth. This can cause tooth decay as soon as teeth appear. It can also cause ear infections or make babies more prone to them.

INTRODUCING SOLIDS

Do not start your child on solids before 6 months of age as there is risk of allergies and digestive upset.

Signs your baby is ready for solid foods:

- Able to hold own head up with good control
- Sits up alone or with some support
- Follows food with eyes
- Opens mouth wide when food is seen coming
- Can close lips over spoon and keep food in mouth
- Turns face away if food is not wanted
- Keeps food in mouth and swallows it instead of pushing it away.

Keep in mind that every child is unique and will be ready for solids at different times.

HOW TO RECOGNIZE FOOD ALLERGIES

MINOR SYMPTOMS

- Diarrhea
- Skin Rash or Hives
- Vomiting

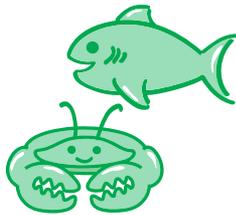
SEVERE FOOD ALLERGIC REACTIONS

- Facial swelling of lips, tongue, eyelids
- Difficulty breathing or wheezing
- Loss of consciousness
- Your baby no longer is awake or alert

If your baby has one or more of these symptoms, call 911 immediately.

MOST COMMON FOOD ALLERGIES

- Peanuts
- Wheat
- Seafood
- Milk
- Soy
- Tree Nuts
- Sesame Seeds
- Eggs
- Mustard



If you think your baby has a food allergy, call your doctor.

INTRODUCING SOLIDS

At six months of age it is time to add solid foods, especially iron-rich ones. Solid foods provide a variety of nutrients, flavours, and textures for your baby.

The first foods you offer your baby need to be rich in iron such as:

- **Well cooked meat or meat alternatives;** beef, chicken, turkey, lamb, fish, pork, whole egg, tofu, legumes (beans, lentils, chick-peas)
- **Iron-fortified infant cereals;** rice infant cereal, oats infant cereal, barley infant cereal, wheat infant cereal, mixed infant cereal

When you introduce a common food allergen for the first time, only offer one per day and wait two days before introducing another food allergen. This will help you to know which food caused the potential allergic reaction. If there is a reaction, it will appear within 48 hours.

FOOD TEXTURES

Offer your baby finger foods and a variety of soft textures such as lumpy, and tender-cooked and finely minced, pureed, mashed or ground.

Offer finger foods when your baby reaches for food or seems to want to feed himself, such as finely minced, mashed cooked meat, deboned fish, and poultry; pieces of soft cooked vegetables and fruits; soft, ripe fruit such as banana; grated cheese; and bread crusts or toasts.

Babies can choke easily. Always stay with your baby while she is eating.

The following foods may cause your baby to choke

Whole grapes

Popcorn

Hot dogs

Hard, raw fruits or vegetables

Fish with bones

Cough drops, hard or sticky candy

Nuts and seeds

Chunks of meat or cheese

FRUIT JUICE

- If you decide to give your baby fruit juice, wait until your baby is eating fruit
- Only give 100% fruit juice to your baby in a cup and limit to ½ cup per day

Sample Menus For Baby

- When solid food is introduced, breastfeeding continues on cue.
- Breast milk can be offered before or after solid foods.
- These menus are only a guide. You can decide according to your convenience and your child's cues.
- Every baby is different. Trust that your baby knows how much to eat.

Time of Day	6 Months	6-9 Months
Early morning	Breastfeeding/breast milk	Breastfeeding/breast milk
Morning	Breastfeeding/breast milk Iron-fortified infant cereal mixed with breast milk or water	Breastfeeding/breast milk Iron-fortified infant cereal mixed with breast milk or water Mashed fruit
Snack	Breastfeeding/breast milk	Breastfeeding/breast milk Small pieces of toast, bread, crackers, roti, or pita
Noon	Breastfeeding/breast milk	Breastfeeding/breast milk Mashed vegetables Plain mashed or finely chopped meat or meat alternatives* Grated cheese
Snack	Breastfeeding/breast milk	Breastfeeding/breast milk
Evening	Breastfeeding/breast milk Plain pureed or mashed meat or meat alternatives*. Iron-fortified infant cereal mixed with breast milk or water	Breastfeeding/breast milk Plain mashed or finely chopped meat or meat alternatives* Mashed vegetables or fruit Iron-fortified infant cereal mixed with breast milk or water
Snack	Breastfeeding/breast milk	Breastfeeding/breast milk Small pieces of whole wheat toast, bagel, bun, pita, roti, or naan bread

*Meat alternatives include fish, cooked legumes, beans and lentils, tofu and eggs.

Adapted with permission from the Best Start Resource Centre and the Nutrition Resource Centre.

For more sample menus see:

EatRight Ontario www.eatrightontario.ca/en/Articles/Breastfeeding-Infant-feeding/Sample-meal-plans-for-feeding-your-baby.aspx

Healthy Canadians www.healthycanadians.gc.ca/healthy-living-vie-saine/infant-care-soins-bebe/nutrition-alimentation-eng.php

Sample Menus For Baby...cont.

Time of Day	9-12 Months
Early morning	Breastfeeding/breast milk
Morning	Breastfeeding/breast milk Iron-fortified infant cereal mixed with breast milk or water Soft fruit
Snack	Breastfeeding/breast milk or homogenized milk from an open cup Unsweetened dry cereal
Noon	Breastfeeding/breast milk or homogenized milk from an open cup Chopped meat or meat alternatives* Cooked pasta or cooked rice Chopped vegetables Soft fruit
Snack	Whole grain and fruit muffin Cubes of cheese
Evening	Breastfeeding/breast milk or homogenized milk from an open cup Chopped meat or meat alternatives* Cooked pasta or cooked rice Chopped vegetables Soft fruit and/or plain yogurt
Snack	Breastfeeding/breast milk or homogenized milk from an open cup Small pieces of whole wheat toast, bagel, bun, pita, roti, naan bread, or dry unsweetened cereal

*Meat alternatives include fish, cooked legumes, beans and lentils, tofu and eggs.

Adapted with permission from the Best Start Resource Centre and the Nutrition Resource Centre.

For more sample menus see:

EatRight Ontario www.eatrightontario.ca/en/Articles/Breastfeeding-Infant-feeding/Sample-meal-plans-for-feeding-your-baby.aspx

Healthy Canadians www.healthycanadians.gc.ca/healthy-living-vie-saine/infant-care-soins-bebe/nutrition-alimentation-eng.php

CHILD DEVELOPMENT

The following developmental guidelines are outlined in the Nipissing District Developmental Screen (NDDS). It is a tool designed to help you measure the development and progress of your child. The milestones are only a guideline. Please consult your doctor if you have any questions or concerns.

BY 4 MONTHS OF AGE, your child should:

- turn his head side to side to follow a toy
- turn his head towards a sound
- laugh and smile at you
- make some sounds when looking at people or toys
- hold an object when placed in his hand; and
- hold head steady when supported in a sitting position.

BY 6 MONTHS OF AGE, your child should:

- respond to his own name
- smile, babble when given attention
- roll from stomach to back
- push up on hands when on tummy
- use hands to reach, grasp, bang or splash; and
- sleep and feed at regular times

BY 9 MONTHS OF AGE, your child should:

- look for a hidden toy
- sit without support for a few minutes
- attempt to move by crawling, bum shuffling
- understand short instructions
- pass an object from hand to hand; and
- have special smile for familiar adults

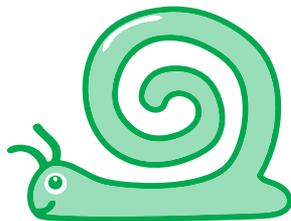
CHILD DEVELOPMENT

BY 12 MONTHS OF AGE, your child should:

- look at the person saying the baby's name
- “chatter” to toys or people using three different sounds
- hold, bite and chew crackers
- get up into sitting position
- pull up to stand at furniture
- take things out of containers (e.g. blocks)
- start games with you like hiding (peek-a-boo) or clapping (pat-a-cake); and
- seek comfort (e.g. reach up to be held when upset)

BY 18 MONTHS OF AGE, your child should:

- identify pictures in a book
- use familiar gestures
- follow directions when given without gestures
- use common expressions, (uh-oh, all gone)
- say 5 or more words
- hold a cup to drink
- crawl and walk up stairs; and
- push or pull toys while walking



The above-mentioned are only some of the milestones that you should be looking for. For additional information, please visit the NDDS website at www.ndds.ca or ask your doctor for a NDDS screening sheet.

YOUR CHILD'S HEALTH

Well baby care is especially important within the 1st year of a child's life because difficulties can be discovered early and be taken care of.

RECOGNIZING SIGNS OF ILLNESS

- Not wanting to eat or drink
- Vomiting/Diarrhea
- Excessive crying or irritability
- Sleeps more than usual
- Has a temperature of 37.5 C or higher

**Contact your family doctor or call
Telehealth Ontario at 1-866-797-0000.**

This service is available 24 hours a day, 7 days a week.



NEVER EXPOSE YOUR BABY TO SECONDHAND SMOKE

Children are especially vulnerable to the effects of secondhand smoke because they have smaller airways which cause them to breathe more rapidly. They have a much greater chance of suffering from bronchitis, pneumonia, ear infections and asthma. Babies exposed to secondhand smoke have an increased risk of dying from crib death (Sudden Infant Death Syndrome). It is against the law to smoke in a vehicle with children under the age of 16 in it.

VACCINATIONS

Vaccinations occur throughout your baby's regularly scheduled checkups with your family doctor. If you don't have a family doctor, contact your local Health Unit for information and assistance on obtaining the proper vaccinations.

The most common vaccinations will be given during the 2, 4, 6, 12, 15 and 18 month check-ups to ward against the following diseases:

- Diphtheria
- Tetanus
- Pertussis
- Poliovirus
- Haemophilus Influenzae Type B
- Pneumococcus
- Measles
- Mumps
- Rubella
- Meningococcus C
- Varicella Zoster (Chicken Pox)

Your Health Care professional can explain in detail each vaccination and its purpose.



Immunization is the most effective way to prevent several serious childhood infections.

CRIB SAFETY

Cribs made before 1986 are dangerous and are not to be used. Check for a label affixed to, or printed on, the crib that shows the date of manufacture. Do not use the crib if you do not find a label or if the label indicates a date of manufacture prior to September 1986. To improve crib safety, the Government of Canada introduced new regulations, effective December 2016, to ban the manufacture and sale of drop-side cribs. If you are using a drop-side crib, please ensure that all sides lock firmly into place, and leave sides locked in the highest position.

SAFETY TIPS

- Know when your crib was manufactured.
- Ensure the crib frame is solid with no loose screws.
- The mattress should fit tight around all edges.
- Replace mattress if worn, torn or not firm.
- Move the mattress to the lowest level when your baby can sit up on his own.

YOUR BABY'S SAFETY IN A CRIB

- Never tie a baby into the crib.
- Never leave soother cords or necklaces in a crib or on a baby.
- Place the crib away from windows, curtains, blinds, lamps, electrical plugs and extension cords.
- Babies should be supervised when placing toys and bottles in a crib.
- Do not use soft mattresses, pillows, comforters, toys and bumper pads.

Never place a crib in front of a window or within reach of blind or drapery cords. The baby's head could become caught in the cords, resulting in strangulation. Babies develop climbing skills as they grow and may climb onto the window ledge and fall through the window.



SAFE SLEEP FOR BABIES

Creating a safe sleep environment for your baby will reduce the risk of injuries and Sudden Infant Death Syndrome. The safest place for your baby to sleep is in a crib, close to your bed.

HOW TO CREATE A SAFE SLEEP ENVIRONMENT

- Starting from birth, place your baby to sleep on his/her back for the first year of life, at night time and for naps.
- Don't let your baby share a sleep surface with another child or with an adult. Adult beds are not designed with infant safety in mind and an adult or child can roll over and suffocate a baby.
- Waterbeds, air mattresses, pillows, couches/sofas or soft materials are not safe sleep surfaces for babies.
- Keep soft materials out of your baby's sleep environment.
- Car seats and infant carriers should not replace the crib for your baby's sleep even for naps.
- Don't let your baby get too warm during sleep. Your baby's room should be at a temperature that is comfortable for an adult. Too many layers of clothing can overheat your baby.
- Keep your baby away from cigarette smoke.
- Tell other caregivers, (aunts, uncles, grandparents, etc.) to follow these rules.

For information regarding crib and car seat recalls refer to the Health Canada Website - consumer product recalls.



CAR SEAT SAFETY

Do not accept any used car seats or purchase car seats from garage sales as you don't know the history of the seat.

Expiration dates for car seats are between 6 to 10 years.

Additionally, a car seat is considered unsafe if it has been in an accident.

Each car seat has different directions for installation. Please read your manufacturer's instructions and make note of the expiry date.

Do not use any aftermarket products such as head-huggers, suction cup mirrors and blinds or seat belt cozies. If a product does not come with the seat, it can reduce the safety and effectiveness of the child restraint system. Other objects can become airborne during a collision causing injury to the child.

REAR FACING SEAT

Stage 1 - Infants - Under 9 kg (20 lb)

Ontario's Highway Traffic Act requires children to use a rear-facing seat until the child weighs **at least** 9 kg (20 lb). It is safest to keep your child in a rear-facing child car seat until they reach the manufacturer's recommended maximum weight and height limits. Some rear-facing car seats are made for children that weigh up to 20 kg (45 lb).

- The shoulder harness straps must be threaded through the seat back at, or slightly below, the child's shoulders and fit snugly. Chest clip must rest flat against child's chest at arm pit level. Seat should recline to the proper angle (see your manual).
- When the child exceeds the maximum height and weight for his/her infant seat, he/she may require a convertible rear-facing seat until the child is ready to travel forward-facing.



CAR SEAT SAFETY

FORWARD FACING SEAT

Stage 2 - Toddlers - 9 kg to less than 18 kg (20-40 lb)

Ontario's Highway Traffic Act allows for children weighing 9 kg to 18 kg (20 to 40 lb) to use a forward-facing child car seat. It is safest for your child to remain in a rear-facing car seat as long as the car seat manufacturer recommends its use.

- Forward facing car seats must always be used with a tether strap and the Universal Anchors (check your vehicle manual).
- The shoulder harness straps must be at, or above, the child's shoulders. Chest clip must rest flat against child's chest and must be at arm pit level.

BOOSTER SEAT

Stage 3 - Pre-school to 8 years

18 kg to 36 kg (40-80 lb)

Booster seats raise children up which allows for the adult seat belt to better protect the child. Children are protected 3 ½ times more in a booster seat than when using seat belts alone.

It's best to keep your child in a forward-facing child car seat until they reach the manufacturer's recommended maximum weight and height limits and are developmentally ready to transition to a booster.

- Use for a child weighing between 18 kg and 36 kg (40-80 lb), who has a standing height of less than 145 cm (57") and is under the age of 8.
- Seat belt should lay across the child's thighs and under the booster seat arm rest, never across the stomach. Seat belt should lay flat across the collarbone and loop in the shoulder guide as not to rest against child's neck or slip off the shoulder.

CAR SEAT SAFETY

SAFE TRAVEL IN A SEAT BELT

Stage 4 - Over 8 years old, 36 kg (80 lb), taller than 57"

Most children do not reach this height until age 11.

- Use the vehicle rear seat and seat belt from the time the child has outgrown the booster seat.
- Position the lap portion of the seat belt low and snug across the hips. Never across the stomach.
- Position the shoulder belt over the shoulder and across the collarbone.
- Do not allow children under the age of 12 to ride in the front seat if you have passenger airbags.

The information included in this pamphlet has been referenced from the following resources:

Caring for Kids

www.caringforkids.cps.ca/babies

Hastings & Prince Edward Counties Health Unit

www.hpechu.on.ca

Health Canada

www.hc-sc.gc.ca/index_e.html

National Centre on Shaken Baby Syndrome

www.dontshake.com

Mayo Clinic

www.mayoclinic.com/health/cryingbaby/FL00106

Nipissing District Developmental Screen

www.ndds.ca

Parents Canada Baby and Child Care Encyclopaedia Volume 23, 2016

Post Partum Depression

www.familydoctor.org

Transport Canada

www.tc.gc.ca





Highland Shores
CHILDREN'S AID
Protect Care Empower

Contact us

Bancroft

16 Billa Street, Suite 104
P.O. Box 837
Bancroft, ON K0L 1C0
Tel: 613-332-2425
Fax: 613-332-5686

Belleville

363 Dundas Street West
Belleville, ON K8P 1B3
Tel: 613-962-9291
Fax: 613-966-3868

Cobourg

1005 Burnham Street
Cobourg, ON K9A 5J6
Tel: 905-372-1821
Fax: 905-372-5284

Picton

16 MacSteven Drive
Picton, ON K0K 2T0
Tel: 613-476-7957
Fax: 613-476-2316

Toll-free: 800-267-0570

www.highlandshorescas.com

info@highlandshorescas.com

Highland Shores Children's Aid
serves the counties of
Hastings, Northumberland
and Prince Edward.