Caring for you and your baby

519-575-4400, TTY: 519-575-4608
www.regionofwaterloo.ca/ph
Congratulations on the birth of your new baby!

Dear parent(s),

You have the most important role in the life of your new baby. In the birth package you received from the hospital or your midwife, there is information on healthy child growth and development and community programs to support you and your child. There are also two resources to support you as a parent:

- Tips for new parents: Making the most of the early years
- Healthy Babies Healthy Children: Supporting you and your child

Keep this “Caring for you and your baby” resource handy for future reference as your baby develops, and take it with you to all of your baby’s appointments for updating. Show your health care provider the Passport to health and your baby’s feeding record.

Please note, it is important that your newborn is seen by a health care provider within 48 hours of leaving the hospital.

If you have any questions about your baby or supports available to your family, please contact Region of Waterloo Public Health and Emergency Services at 519-575-4400 (TTY: 519-575-4608) to speak to a public health nurse.

Sincerely,

Lesley Rintche, RN, BScN; Manager, Child and Family Health and Nursing Practice

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Important phone numbers

Police, Fire, Ambulance, Emergency: 911

Poison Control: 1-800-268-9017

Community Information Services: 211

Addictions, mental health and crisis services (Here 24/7): 1-844-437-3247

Women’s Crisis Services: 519-742-5894 or 1-800-410-4482

Telehealth Ontario (including breastfeeding support and to talk to a registered dietitian) available 24 hours a day, seven days a week: 1-866-797-0000 or TTY: 1-866-797-0007

Public Health Breastfeeding Services: 519-575-4400, TTY: 519-575-4608

Healthy Babies, Healthy Children Program: 519-575-4400, TTY: 519-575-4608

EarlyON Centres: 519-741-8585 or [www.earlyyearsinfo.ca](http://www.earlyyearsinfo.ca)
Passport to health

Parents please ask your hospital nurse or midwife for the information below. Take it with you on visits to your health care provider.

Baby’s name: ________________________________  Mother’s name: ________________________________

Baby’s birthdate: ________________________________  Mother’s birthdate: ________________________________

Baby’s gender: Female ______ Male ______  Partner’s name: ________________________________

Birth weight: ________________ grams or pounds/ounces

Head circumference: ________________ centimetres or inches

Body length: ________________ centimetres or inches

Apgar scores: one minute: ________________  five minutes: ________________

Bili results: ________________ Date: (hours old) ________________  Repeat bili: ________________ Date: ________________

Coombs Positive (+) ________________  Negative (-) ________________  Blood type (group and Rh) ________________

Discharge date: ________________  Discharge weight: ________________ grams or pounds/ounces

Feeding method on discharge: ________________________________________________________________

Follow-up appointments – dates and times

Bili Clinic: _____________________________________________  Post Birth Clinic: _____________________________________________

Public Health Breastfeeding Services: _____________________________________________________________

Other: ______________________________________________________________

Post Discharge Clinic:  Post birth  Bili

Date: ________________  Weight: ________________ grams or pounds/ounces

First appointment with your health care provider: ______________________________________________________
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Check-ups with health care providers

Mother needs to be seen by her health care provider at six weeks after baby’s birth.

**Take your baby for well-baby/child visits at these times:**

- 48 hours after hospital discharge to a health care provider (doctor, nurse practitioner, midwife).
- At one week of age
- Regular visits at one, two, four, six, nine, 12, 15, 18 and 24 months; and then once a year

At well-baby/child visits your health care provider will check your child’s growth and development and give routine vaccines (see page 13).

For more information go to [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

**Baby’s weight gain/growth**

It is normal for newborn babies to lose some weight during the first three to four days after birth, but babies usually return to their birth weight in 10 to 14 days.

Growth spurts may occur at any time, usually at around two to three weeks, six weeks, three months and six months of age.

Infants usually double their birth weight by four to five months and triple their birth weight by one year.

Track your child’s growth below. Your health care provider should also plot your baby’s growth on a growth chart to see your child’s growth pattern over time. This will show if your child is growing properly. If you have concerns about your child’s growth, contact your health care provider.

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight grams or lbs./oz</th>
<th>Length inches or cm</th>
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</tbody>
</table>

For more information about growth charts, go to [www.dietitians.ca/growthcharts](http://www.dietitians.ca/growthcharts)
# Baby’s feeding record

<table>
<thead>
<tr>
<th>Date/time</th>
<th>Breastfeeding (✓)</th>
<th>Swallowing (heard or seen) (✓)</th>
<th>If needed: expressed breast milk (mL or oz)</th>
<th>Urine (pee) (✓)</th>
<th>Stool (poop) colour (✓)</th>
<th>Skin-to-skin (✓)</th>
<th>Comments or questions</th>
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</thead>
<tbody>
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Region of Waterloo Public Health and Emergency Services
Breastfeeding guidelines

### G U I D E L I N E S  F O R  N U R S I N G  M O T H E R S

<table>
<thead>
<tr>
<th>Your Baby’s Age</th>
<th>1 WEEK</th>
<th>2 WEEKS</th>
<th>3 WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Often Should You Breastfeed?</strong></td>
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<tr>
<td>Per day, on average over 24 hours</td>
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<tr>
<td></td>
<td>At least 8 feeds per day. Your baby is sucking strongly, slowly, steadily and swallowing often.</td>
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<tr>
<td><strong>Your Baby’s Tummy Size</strong></td>
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<tr>
<td></td>
<td>Size of a cherry</td>
<td>Size of a walnut</td>
<td>Size of an apricot</td>
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<tr>
<td></td>
<td>Size of an egg</td>
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<tr>
<td><strong>Wet Diapers: How Many, How Wet</strong></td>
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<td></td>
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<tr>
<td>Per day, on average over 24 hours</td>
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<td></td>
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<tr>
<td></td>
<td>At least 1 WET</td>
<td>At least 2 WET</td>
<td>At least 3 WET</td>
</tr>
<tr>
<td></td>
<td>At least 6 HEAVY WET WITH PALE YELLOW OR CLEAR URINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Soiled Diapers: Number and Colour of Stools</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per day, on average over 24 hours</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>At least 1 to 2 BLACK OR DARK GREEN</td>
<td>At least 3 BROWN, GREEN, OR YELLOW</td>
<td>At least 3 large, soft and seedy YELLOW</td>
</tr>
<tr>
<td><strong>Your Baby’s Weight</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most babies lose a bit of weight in the first 3 days after birth.</td>
<td>From day 4 onward, most babies gain weight regularly.</td>
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</tr>
<tr>
<td><strong>Other Signs</strong></td>
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<tr>
<td>Your baby should have a strong cry, move actively and wake easily. Your breasts feel softer and less full after breastfeeding.</td>
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</tr>
</tbody>
</table>

Breast milk is all the food a baby needs for the first six months. You can get advice, help and support from:
- Your health care provider.
- Telehealth Ontario’s specialized breastfeeding services support line at 1-866-797-0000 or TTY at 1-866-797-0007.
- Bilingual Online Ontario Breastfeeding Services directory at www.ontariobreastfeeds.ca.

To view this chart in a larger format or in other languages, go to www.beststart.org/resources/breastfeeding/pdf/magneng.pdf

Public Health Breastfeeding Services: Please schedule your breastfeeding assessment appointment soon after leaving the hospital by calling: 519-575-4400 (TTY: 519-575-4608)

### Skin-to-skin

Skin-to-skin helps you and your baby bond and get to know each other. Keep cuddling skin-to-skin as often as possible in the months after birth. The benefits for bonding and breastfeeding continue long after that.
Call your health care provider or visit the emergency department

If your baby

- Is not feeding well or is refusing to feed
- Is sleepy all the time and is hard to wake up
- Has skin and/or whites of the eyes that look yellow or are becoming more yellow
- Has fewer wet diapers or bowel movements than expected (see chart on page 7)
- Shows signs of being dehydrated (not having enough fluid to support baby’s body systems)

Signs your baby is dehydrated

- Decreased urine output
- Increased thirst
- Sunken eyes
- Difficult to wake and sleepy
- Absence of tears when crying
- Greyish skin

- Dark and strong smelling urine
- Dry skin, mouth, tongue
- Sunken fontanelle (soft spot) on top of baby’s head
- Weak cry
- Faster heart beat

For more information go to: www.caringforkids.cps.ca
Newborn screening and registration

Jaundice screening
Jaundice is common in newborns. Jaundice is caused by the normal breakdown of red blood cells in your baby which then releases bilirubin. This bilirubin gives a yellow colour to the skin and eyes of newborns. Most jaundice shows up in the first three to five days after birth and does not hurt your baby. If the bilirubin level in your baby’s blood gets too high, it can cause a problem for your baby. A blood test is done on the baby to measure the bilirubin level at 24 to 72 hours of age. If your baby has a high level of bilirubin you may be asked to have a follow-up appointment, a second blood test, or your baby may need treatment at the hospital.

Call your health care provider if you notice your baby’s skin is becoming more yellow, your baby is not feeding well or is sleepy all the time.

Newborn screening
After birth, every baby may enter the Ontario Newborn Screening Program which is a simple blood test that screens for 29 disorders. Identifying issues early is important for your baby’s health. Results are reported to your health care provider.

Hearing screening
All infants are offered the Ontario Infant Hearing Program which is a simple, painless, hearing test done shortly after birth either in hospital or the community.

Newborn registration
Every child born in Ontario must be registered to be eligible for child benefits. The Newborn Registration Service allows you to register your baby’s birth and apply for their birth certificate, Canada Child Benefits and Social Insurance Number at the same time.

Register your child with the “Four in One” newborn bundle”, online at Service Ontario, within the first 30 days after the birth. Go to: www.serviceontario.ca/newborn
<table>
<thead>
<tr>
<th>Physical changes</th>
<th>Normal expectations</th>
<th>When to get help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal flow</td>
<td>It is normal to bleed for two to six weeks. The colour and amount will change</td>
<td>If the bleeding fills one pad in 30 minutes with bright red blood, or you pass an egg sized clot, go to the hospital emergency department immediately.</td>
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<tr>
<td></td>
<td>gradually from bright red to pink to small amount of brown. From time to time you</td>
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<tr>
<td></td>
<td>may have a brighter red flow.</td>
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<tr>
<td>Perineum (area between the vagina and</td>
<td>Soreness or swelling is normal. Change sanitary pads frequently; practice good</td>
<td>If you have a fever, increased pain, redness, swelling, or a foul smelling discharge from your stitches, call your health care provider, or go to the hospital emergency department or an urgent care clinic.</td>
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<tr>
<td>rectum)</td>
<td>hand washing when using the bathroom and changing pads to lessen chances of infection.</td>
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<td>For a few days you can use warm water in the plastic cleansing bottle to wash after</td>
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<td>peeing. You may use a sitz bath for stitches; they will dissolve in a few days.</td>
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<tr>
<td>Incision after a Caesarean birth</td>
<td>Once the dressing has been removed from your incision, you may shower as often as you</td>
<td>If you have a fever, redness, tenderness, swelling, discharge or the incision starts to open, call your health care provider, or go to the hospital emergency department or an urgent care clinic.</td>
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<tr>
<td>(C-section)</td>
<td>like. Let the warm water run over your incision and pat it dry gently. Wear loose</td>
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<td>clothing that does not rub or irritate. For support and comfort, you can cover the</td>
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<td>incision with a light pad. If you have steri strips over your incision and they have</td>
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<td>n’t fallen off, please remove them after seven days unless your health care provider</td>
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<td>has told you something else.</td>
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<td>Breast (engorgement)</td>
<td>Breasts begin to feel heavier 48 to 72 hours after delivery. Fullness may last one to</td>
<td>If you experience a red, hot, painful area on your breast, have fever or flu-like symptoms, call your health care provider. If you have tender, sore or cracked nipples get breastfeeding support.</td>
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<td>three days, depending on measures taken for relief. If milk is not adequately</td>
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<td>expressed from the breast, painful engorgement may occur. Breastfeed more often or</td>
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<td></td>
<td>express milk by hand to relieve the fullness. You may use cool cloths and pain</td>
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<td>medication (acetaminophen [Tylenol] or ibuprofen [Advil/Motrin]) to help you feel</td>
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<td>more comfortable, relaxed and to help with breast milk letdown.</td>
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</tr>
<tr>
<td>Physical changes</td>
<td>Normal expectations</td>
<td>When to get help</td>
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<tr>
<td><strong>Pain management</strong></td>
<td>In the hospital you may have been taking acetaminophen or ibuprofen for pain and a stool softener. Each day you should require less pain medication and your body should feel more normal.</td>
<td>If you cannot reduce the amount of pain medication you require or find you need more, call your health care provider, or go to the hospital emergency department or an urgent care clinic. If you have chest or leg pain, go to the hospital emergency department immediately.</td>
</tr>
<tr>
<td><strong>Bowel movements</strong></td>
<td>You will most likely have a bowel movement within two to three days following the birth of your baby. To provide support to your perineal stitches during a bowel movement, hold a clean sanitary pad over them. To keep bowel movements soft, drink lots of fluids and eat fruits and vegetables, whole grains, oats, and bran products.</td>
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<tr>
<td><strong>Hemorrhoids</strong></td>
<td>If you have hemorrhoids (swollen veins around the rectum), you may find ice packs helpful for the first 24 to 48 hours. A special cream or witch hazel compress (available at most pharmacies) can also be used for relief.</td>
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</tbody>
</table>
The first five years matter the most
A good start helps your baby later in school and in life

Actions to support your baby's growth and development

☐ Newborn and older
Breastfeed your baby. For free breastfeeding support call Public Health at 519-575-4400.

Meet with your health care provider for check-ups at:
☐ 48 hours after hospital discharge
☐ 1 and 2 weeks
☐ 1, 2, 4, 6, 9, 12, 15, 18 and 24 months; and then once a year
Have your child immunized on time everytime. Visit www.regionofwaterloo.ca/ImmunizationSchedule

☐ Newborn and older
Make your home a safe place for your child. Complete a home safety checklist at www.regionofwaterloo.ca/childhomesafety

☐ Newborn to 12 weeks
Get to know more about your baby’s sleep cycle and how to respond. Reserve a free spot at www.earlyyearsinfo.ca/sleep-sessions

☐ Newborn and older
Start thinking about your child care needs. Register for licensed child care near you at www.onelistwaterlooregion.ca

☐ Newborn and older
Read, Sing, Play, Talk with your baby every day. Visit https://playandlearn.healthhq.ca

Looksee

☐ One month and older
Check your baby's growth with the Looksee checklist at www.lookseechecklist.com

☐ Six months and then once a year
Visit the eye doctor to have your baby’s eyes checked; free if you have an Ontario Health Insurance Plan. Visit www.collegeoptom.on.ca

☐ 12 months and older
Visit the dentist to have your child’s teeth checked. Call 519-575-4400 for information about financial assistance for dental care.

Nutri-eSTEP

☐ 18 months to five years
Find out if your child is a healthy eater using Nutri-eSTEP at www.nutritionscreen.ca

☐ Three to five years
Register your child for kindergarten.

☐ Junior Kindergarten
If your child is in JK they could be eligible to participate in the Eye See...Eye Learn® program. Visit www.optom.on.ca

519-575-4400
(TTY: 519-575-4608)
Publicly funded immunization schedule for Ontario

Every child should get routine vaccinations from their health care provider according to the immunization schedule on this page. These are paid for by the Ontario government. If you do not have a health care provider or health card, contact Region of Waterloo Public Health and Emergency Services to discuss your options to ensure your child receives their vaccines.

In July 2014, new vaccines were added to the schedule of immunizations your child must have for school attendance. Parents are now required to provide proof of their child’s immunizations for Meningeal disease (Meningitis), Pertussis (Whooping Cough) and Varicella (Chickenpox; required only for children born 2010 or later) in addition to immunizations for Measles, Mumps, Rubella, Tetanus, Diphtheria, and Polio. Proof of immunization or a valid statement of exemption should be provided directly to Public Health and Emergency Services. Failure to notify Public Health and Emergency Services could result in suspension from school.

For more information, call Region of Waterloo Public Health and Emergency Services at 519-575-4400 (TTY: 519-575-4608), or go to Canadian Pediatric Society: www.cps.ca or www.caringforkids.cps.ca or Ministry of Health and Long Term Care: www.ontario.ca/vaccines.

### SCHEDULE 1. Routine schedule for children beginning immunization in early infancy (starting two months of age)

<table>
<thead>
<tr>
<th>Age at vaccination: Completed months and years</th>
<th>Diphtheria, Pertussis, Tetanus, Polio, Haemophilus influenzae (DTaP-IPV-Hib)</th>
<th>Diphtheria, Pertussis, Tetanus, Polio (Tdap-IPV)</th>
<th>Pneumococcal Conjugate (Pneu-C-13)</th>
<th>Rotavirus</th>
<th>Meningococcal Conjugate C (Men-C-C)</th>
<th>Measles, Mumps, Rubella (MMR)</th>
<th>Chickenpox (Varicella)</th>
<th>Measles, Mumps, Rubella, Chickenpox (MMRV)</th>
<th>Meningococcal Conjugate ACYW-135</th>
<th>Hepatitis B</th>
<th>HPV</th>
<th>Diphtheria, Tetanus, Pertussis (Tdap)</th>
<th>Seasonal Influenza (Flu)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 months old</td>
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<td>4 months old</td>
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<td>6 months old</td>
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<td>14–16 years old (10 years after 4–6 year old booster)</td>
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<td>Every year (in autumn)</td>
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* Men-C-C and MMR vaccines must be given after the first birthday.  **Men-C-ACYW135, HB, and HPV are given in schools.

All adults aged 18 and older are now eligible to receive one lifetime (publicly funded) dose of the Tdap vaccine. This lifetime dose replaces one of the Td booster doses given every 10 years.

Adapted from Ontario Ministry of Health & Long Term Care. (2016). [https://www.ontario.ca/page/vaccines](https://www.ontario.ca/page/vaccines)

Accessible formats of this document are available upon request. Please call 519-575-4400 (TTY 519-575-4608) to request an accessible format.

Updated January 2019
How are you feeling?

The “baby blues” are feelings of sadness or anxiety that about 80 per cent of women have after giving birth and that usually go away within the first couple of weeks.

Twenty per cent of women (and some men too) develop difficult feelings or moods weeks or months after the birth that can make it difficult to bond with or care for your baby. These are called Perinatal Mood Disorders.

Have you had some of these symptoms for more than two weeks?

- Not feeling like yourself
- Sad and tearful
- Feel exhausted but unable to sleep
- Have big changes in eating or sleeping patterns
- Feel overwhelmed and can’t concentrate
- Feel hopeless or frustrated
- Feel restless, irritable or angry
- Have no interest or pleasure in things you used to enjoy
- Feel extremely high and full of energy
- Feel anxious (which may feel like a “lump” in the throat, shortness of breath, chest pain, aches, numbness or tingling)
- Feel guilty and ashamed, thinking you are not a good parent
- Not bonding with the baby, or feel afraid to be alone with the baby
- Have repeated scary thoughts about the baby

Source: Best Start, 2013 (www.beststart.org)

Talk to someone you trust and tell them about your feelings. Reach out to your health care provider (doctor, midwife, nurse), a counsellor, social worker, spiritual/faith leader or Public Health (519-575-4400). There is help for dealing with these difficult feelings which may include counselling, support groups or medication.

If you feel like you might want to hurt yourself or the baby, get help right away.

- Call 911, or
- go to your local hospital emergency department, or
- call the Here 24/7 crisis line at 1-844-437-3247 (HERE247)

Go to: www.beststart.org/resources/ppmd/M03-E_PPMD_revision_15SEP23.pdf (available in multiple languages) or Canadian Mental Health Association www.cmha.ca for more information.
Caring for yourself while looking after baby

You are your baby’s most important resource - you need to look after yourself so you are able to care for your baby. You need the basics too - food, sleep, exercise, time to relax and support from family and friends.

What can a partner, family and friends do? They could arrange for or help with meals and housework; care for baby while you take time for self-care; listen and provide support for you as you face the challenges of being a new parent.

Are you and your baby safe?

Does your partner or someone you live with:

☐ Yell at you or call you names?
☐ Always need to be in charge?
☐ Keep you from seeing friends and family?
☐ Control the money?
☐ Hurt your breasts, belly or between your legs?
☐ Keep you from seeing your health care provider?
☐ Break your things?
☐ Threaten to hurt you or hurt/kill your pets?
☐ Control what or how much you eat?
☐ Hit, kick or force you to have sex?
☐ Threaten to take the kids away?

If you said “yes” to any of the above questions, you and your baby/child may be in danger. Abuse usually gets worse over time.

What can you do if you are being abused?

• Tell someone you trust what is going on
• Find people to help you: family and friends, a public health nurse, doctor, midwife or counsellor, a shelter for women
• Get services to develop a safety plan
• Get help if you choose to leave the abusive relationship
• Hide your electronic tracks www.wcswr.org/cover-your-tracks

Where to get help

• In an emergency, call Police at 911
• Women’s Crisis Services of Waterloo Region 1-800-410-4482 or visit www.wcswr.org
• Assaulted Women’s Helpline 1-866-863-0511, TTY: 1-866-863-7868, #SAFE (#7233) or visit www.awhl.org; offers help in 150 languages 24 hours a day, seven days a week
• Family Violence Project of Waterloo Region 519-743-6333 or visit www.fvpwaterloo.ca
• Waterloo Region Sexual Assault/Domestic Violence Treatment Centre 519-749-6994 or visit www.keepingsafe.ca

Adapted with permission by the Best Start Resource Centre
**Sexual health after the birth of your baby**

You may have sexual intercourse when your bleeding has stopped, your stitches have healed, your abdominal incision is no longer tender and when you feel emotionally ready.

Be aware that you can get pregnant again very soon after birth, even if you are breastfeeding. The timing of starting any birth control method is important. To discuss your options, speak to your health care provider, a lactation consultant or a public health nurse. Contact the Sexual Health Program at 519-883-2267.

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
<th>Additional information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lactational Amenorrhea Method (LAM)</strong></td>
<td>Breastfeeding can be used as a natural form of birth control after giving birth as long as your monthly periods have not returned and your baby is under six months old and your baby gets all food from sucking at the breast at least every four hours and doesn’t have more than one six hour gap between breastfeedings within 24 hours. <strong>98 per cent effective if all three criteria are absolutely followed.</strong></td>
<td>Consult with a public health nurse or lactation consultant before starting this method.</td>
</tr>
<tr>
<td><strong>Barrier methods</strong> (condoms, spermicides, diaphragm, cervical cap)</td>
<td>Female condoms are polyurethane sheaths that line the vagina to stop sperm from going into the vagina. <strong>79–95 per cent effective.</strong> Male condoms are a thin covering of latex that is rolled onto the erect penis to stop sperm from going into the vagina. <strong>85–98 per cent effective.</strong> Spermicides are chemicals that kill sperm and are inserted into the vagina before sex. <strong>71–82 per cent effective.</strong> Diaphragms/cervical caps cover the cervix to block sperm from going into the uterus. These must be used in combination with spermicide. <strong>Diaphragm 84–94 per cent effective.</strong>* <strong>Cervical cap 40–91 per cent effective.</strong></td>
<td>These methods are hormone free, user controlled and only needed when you are actually having sex. Condoms can be used immediately after birth. <strong>Only condoms prevent sexually transmitted infections.</strong> Diaphragms and cervical caps cannot be used until six weeks post delivery and should be fitted or refitted after giving birth.</td>
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<tr>
<td><strong>Non-hormonal Intrauterine Devices (IUD)</strong></td>
<td>A small T-shaped device, usually wrapped with copper, which is inserted into the uterus by a health care provider. It changes the chemistry in the uterus to stop sperm from reaching an egg. Reliable, long-term birth control for up to five years, but can be removed at any time. <strong>99.1 per cent effective.</strong></td>
<td>Can be inserted six weeks after birth.</td>
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<tr>
<td>Method</td>
<td>Description</td>
<td>Additional information</td>
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<tr>
<td>Hormonal Intrauterine Systems (IUS)</td>
<td>A small T-shape device containing a hormone that thickens the cervical mucus, thins the lining of the uterus and may also stop an egg from being released. It is inserted into the uterus by a health care provider. Reliable, long-term birth control for up to five years, but can be removed at any time. *99.8 per cent effective.</td>
<td>Can be inserted six weeks after birth. If breastfeeding is well established breast milk supply is usually not affected.</td>
</tr>
<tr>
<td>Progestin only birth control (progestin only pills, Depo provera)</td>
<td>Progestin only birth control comes as either a daily oral mini-pill or an injection (Depo provera) which is given by a health care provider every 10-13 weeks. They contain a hormone that thins the lining of the uterus, thickens the cervical mucus and may stop an egg from being released. *Pill 92–99.7 per cent effective. *Depo provera 97–99.7 per cent effective.</td>
<td>Breast milk supply is not affected by this method. If desired may be started right after birth.</td>
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<tr>
<td>Combined hormones (the pill, the patch, vaginal ring)</td>
<td>Contains small amounts of hormones (progestin and estrogen) that stop an egg from being released each month and thickens cervical mucus. *92–99.7 per cent effective.</td>
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<tr>
<td>Surgical sterilization procedures (permanent)</td>
<td>Female sterilization cuts or blocks the tubes that carry the eggs to the uterus. *99.5 per cent effective. Male sterilization cuts or blocks tubes that carry sperm. *99.9 per cent effective.</td>
<td>Speak with your healthcare provider.</td>
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<tr>
<td>Emergency Contraceptive Pills (ECP) (Plan B)</td>
<td>These pills must be taken as soon as possible and within five days of unprotected sex. This is an emergency method. *Effectiveness ranges from 95 per cent on day one, to 58 per cent on days three to five. May be less effective in women over 165 lbs (75 kg); these women should talk to a health care professional before using these pills.</td>
<td>Can be used anytime following birth. Sold over the counter at drug stores or Sexual Health Clinic.</td>
</tr>
</tbody>
</table>
Soothing your crying baby

Crying is normal for babies. It is your baby’s way of talking to you or telling you something is wrong. Learn to recognize and respond to early signs that your baby needs you. Don’t wait until your baby is really upset before responding or it will be harder to soothe your baby.

<table>
<thead>
<tr>
<th>Possible reasons your baby is crying</th>
<th>What you can do to soothe your baby</th>
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</thead>
<tbody>
<tr>
<td><strong>Hunger</strong></td>
<td>• Feed and burp your baby. Your baby may be hungrier on some days</td>
</tr>
</tbody>
</table>
| **Needs to be held or to be close to a person** | • Hold your baby “skin-to-skin” (see page 7)  
  • Hold your baby close and give your full attention  
  • Cuddle, coo, read and sing to your baby  
  • Rock your baby gently, walk around, and dance slowly  
  • Take a bath with your baby |
| **Pain or discomfort**              | • Pick up and comfort your baby, change their diaper, burp/rub baby’s back  
  • Changing baby’s position may help |
| **Too hot or too cold**              | • Dress your baby for the temperature of the room and the weather |
| **Tired or over-stimulated**        | • Loosely swaddle your baby while in your arms with at least one arm free so baby can soothe themselves with their hand  
  • Turn lights off and keep the surroundings quiet  
  • Talk to your baby in a soft, smooth and continuous voice  
  • Rock your baby gently  
  • Place your baby on their back in the crib and create soft background noise |
| **Needs a change of pace**          | • Read, sing and talk to your baby  
  • Play with your baby – give your baby tummy time (see page 21)  
  • Change rooms so your baby can look at different things  
  • Take your baby for a walk in the stroller or go for a car ride with the baby |
| **Illness**                         | • Check your baby for signs of illness (see page 38)  
  • If your baby’s cry sounds different or they cannot be soothed after trying everything, see your doctor or call Telehealth Ontario at 1-866-797-0000 |

Adapted with permission from the Institute of Child Study. Available in 21 languages from this website: http://legacy.oise.utoronto.ca/research/ONF-SBSPrevention/?cms_page=ONF-SBSPrevention/index.html
More about crying

Did you know?

- Babies cry an average of two to two and a half hours a day, peaking around two months and gradually decreasing by four or five months of age.
- Most babies cry more at night.
- Most babies have at least one fussy time each day; it is often in the evening.
- Healthy babies cry and sometimes nothing works to stop the crying; keep trying to soothe them as this builds trust between you and your baby.
- Shaking a baby can cause “Shaken Baby Syndrome,” a group of injuries causing harm that can last a lifetime; shaking can even cause a baby to die.

Never shake a baby, not even for a moment!

If you are feeling frustrated or angry by the baby’s crying, put the baby down in a safe place, and try to calm down. Call someone close by to help - a partner, a neighbour, a friend.

If you are often feeling overwhelmed with baby’s crying or in meeting baby’s needs, talk to a trusted friend, family member or health professional to get the support you need.

If you are alone and feel like you might want to hurt the baby, call Here 24/7 at 1-844-437-3247 and get help right away.

If someone else is going to care for your baby, know who they are and talk with them about what to do when the baby cries. If you don’t trust them, if they have trouble controlling their anger, or if they do not want to care for your baby, do not leave your baby in their care.

For more information about soothing a crying baby, go to Canadian Paediatric Society www.caringforkids.cps.ca.
Safe sleep for your baby
Preventing sudden infant death in Canada

Provide a smoke-free environment before and after your baby is born.

Breastfeeding can protect your baby.

Always place your baby on his or her back to sleep, at naptime and night time.

Provide your baby with a safe sleep environment that has a firm surface and no pillows, comforters, quilts, bumper pads or toys.

Your baby is safest when he or she sleeps in a fitted one-piece sleepwear that is comfortable at room temperature and does not cause your baby to overheat.

Sharing the same sleep surface with your baby is not safe. Place your baby to sleep in a crib, cradle, or bassinet next to your bed.

Original concept developed by Public Health Agency of Canada, for more information go to www.publichealth.gc.ca/safesleep.
**Preventing baby “flat head”**

A baby’s skull can become flat if baby sits or sleeps in the same position on a flat surface. To help prevent a “flat head”:

- Limit the time your baby’s head lies against a flat surface such as sitting in a car seat or stroller
- Each day, switch your baby’s head position from one end of the crib to the other end; toes to headboard one day, toes to footboard the next and so on
- Make sure baby has “tummy time” a few times each day

**Tummy time for building strength and having fun**

Play daily with your baby by putting them on their tummy on a blanket on the floor. Put mirrors or toys on the blanket where your baby can see and encourage baby to reach out for them. This “tummy time” is a way your baby can be physically active. It also allows baby to build their neck and arm muscles to get ready for crawling and gives them a different view of the world. Newborns can be on their tummy for a minute or so, two or three times each day. As baby grows, increase the length of “tummy time” little by little. Stay close to baby so you can pick them up when they start to fuss. Try to work up to giving your baby at least 30 minutes of tummy time spread through the day.

Check with your health care provider if you have any concerns about your baby’s abilities.

For more information go to: [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)
Helping your baby sleep well

- Learn your baby’s signs of being ready for sleep. When you see yawning, rubbing eyes, eyes opening and closing, fussing or crying, put baby to bed. An over-tired baby will have a harder time falling asleep.
- Keep night feedings/diaper changes quiet with lights low.
- Around three to four months, try putting your baby down to sleep when they are sleepy, but still awake, so they can begin learning to fall asleep on their own. Setting a bedtime routine can help develop good sleep habits; a routine tells your child it is time to slow down. It might include reading a story, singing softly or other relaxing activities. A simple routine can be used anywhere, anytime, even by another care provider.
- Keep electronics out of bedrooms as light from “devices” can interfere with sleep cycles.

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Amount of sleep needed over a 24 hour period</th>
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<tbody>
<tr>
<td><strong>Birth to three months:</strong></td>
<td>14 to 17 hours including naps</td>
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<tr>
<td>• Sleep is not regular</td>
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<tr>
<td>• Feed frequently, responding to your baby’s feeding cues</td>
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<tr>
<td>• May sleep two to four hours at a time</td>
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<tr>
<td><strong>Four to eleven months:</strong></td>
<td>12 to 16 hours including naps</td>
</tr>
<tr>
<td>• Sleep is more regular</td>
<td></td>
</tr>
<tr>
<td>• Most babies begin to feed less often</td>
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</tr>
<tr>
<td><strong>One to two years:</strong></td>
<td>11 to 14 hours (including naps) with consistent bedtimes and wake-up times</td>
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<tr>
<td>• Sleep more at night and less during day</td>
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<tr>
<td><strong>Three to four years</strong></td>
<td>10 to 13 hours (may include a nap) with consistent bedtimes and wake-up times</td>
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<tr>
<td><strong>Five to 13 years</strong></td>
<td>Uninterrupted nine to 11 hours of sleep per night with consistent bed and wake-up times</td>
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For more information go to The Canadian 24-hour Movement Guidelines at [www.csep.ca/guidelines](http://www.csep.ca/guidelines) or [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca) or [www.aboutkidshealth.ca](http://www.aboutkidshealth.ca)

See also [www.regionofwaterloo.ca/ph/sleep](http://www.regionofwaterloo.ca/ph/sleep) (new resource about sleep for older children)

Register for the “Sleep and your new baby” session!

Get to know more about your baby’s sleep cycle and how to respond by coming to this free session for parents of newborns from birth to 12 weeks of age. Offered at local EarlyON Centres, reserve your spot today at [www.earlyyearsinfo.ca/sleep-sessions](http://www.earlyyearsinfo.ca/sleep-sessions)

A family member or friend is welcome to come along for support.
Sleep and your new baby

Get to know more about your baby’s sleep cycle and how to respond.

Reserve your spot today at www.earlyyearsinfo.ca

Questions?
Looking for more information?
Call the EarlyON Child and Family Centres
519-741-8585

A free session for parents of newborns from birth to 12 weeks of age.
You may bring a family member or friend for support.

Register online now!
www.earlyyearsinfo.ca/sleep-sessions
Be active with your child everyday!

Support your child to explore a variety of activities and play in both structured and unstructured settings, indoors and outdoors, to help them develop the skills and confidence to be physically active (this is called physical literacy). You can find ideas to be active with your child at [www.haveaballtogether.ca](http://www.haveaballtogether.ca) and [www.activeforlife.ca](http://www.activeforlife.ca)

Did you know?

- Physical activity is important for children’s health. Children need lots of chances to be physically active each day.
- Babies need 30 minutes of tummy time spread over each day (see page 21).
- Infants and young children (from birth to four years) should not sit for more than one hour at a time when awake.
- The Canadian 24-Hour Movement Guidelines for the early years (birth to four years) and for children and youth (five to 17 years) outline the right amounts of physical activity, sedentary behaviour, sleep and screen time for a healthy 24 hours. See [http://csepguidelines.ca](http://csepguidelines.ca)

Check out play and learn for activity ideas: [http://playandlearn.healthhq.ca/en](http://playandlearn.healthhq.ca/en)

Monitor and limit your child’s screen time

Screen time, the time spent watching TV or movies, using a computer or cell phone, or playing video games, can have negative effects on children’s learning, sleep and weight.

What can you do?

- Spend time with your child away from screens.
- Use screens less. Your child looks to you for what to do with their time.
- Support your child to play actively more often and watch screens less often.
- Eat meals together as a family without phones, computers or other screens.
- Set limits on your child’s screen time - use a timer to help your child respect the limits.
- See [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca) for more information about screen time.
Talk, sing, write, play, read!

It’s never too early to **talk, sing, write, play and read** with your child! Doing this every day helps your child be more successful when they start school and later in life.

**Talk**

Talk with your child during the day about what you see and do. Your child will learn lots of new words. Try to be face-to-face and make connections with your child’s life. It’s as easy as “Here is a big red apple. It’s like the apple we ate for lunch today.”

**Sing**

Sing and have fun! Songs and rhymes help your baby learn about sounds and words. You don’t need to be a rock star! Your baby just wants to hear your voice.

**Write**

Encourage your child to draw and make letters and shapes. Holding a rattle, scribbling with a crayon, and (safely) using scissors help your child’s hand muscles get ready to hold a pencil for writing.

**Play**

Take time to play with your child! Play helps your child’s brain develop as they explore, create, imagine, and figure things out. Have fun together as you build a tower, splash in the tub, or do a puzzle. Follow your child’s lead and see what they come up with. There is no “right” way to play or use a toy.

**Read**

Read with your child every day. Show them that it is fun to read and talk about books. This helps them learn about letters, words and ideas right from the start.

**Come to any library location and get your baby a free library card today!**

For more ideas on how to make talking, singing, writing, playing and reading a part of every day visit [www.elawr.org/for-parents](http://www.elawr.org/for-parents)
Healthy Baby, Healthy Brain

As you play with and care for your baby everyday, your baby is learning about the world through you! These times together help to build the pathways in your baby’s brain that become the maps for future learning.

Healthy Baby, Healthy Brain is a series of five short videos that show real parents and their babies being together in ways that foster healthy growth and development, as well as parent-child relationships. For an overview and links to all the videos, see www.HealthyBabyHealthyBrain.ca

Looking for activities that can help your child learn, thrive and grow? See the play and learn website to find activities matched to your child’s age and stage of development. Go to https://playandlearn.healthhq.ca/en

Involved adults

As fathers, partners, families and friends, you have an important role in welcoming a new baby and raising a child. When you take care of a child, they learn to feel safe and trust others. Being a part of a child’s life shows them that they are important and loved!

See:
- www.dadcentral.ca for tips and resources, including: renovating your relationship
- www.newdadmanual.ca for tips and video clips on new baby
- www.regionofwaterloo.ca/breastfeeding for information on partners supporting breastfeeding

See www.beststart.org/resources for these and other helpful resources:
- Resilience in Young Children http://bit.ly/1pOo3Rs
How is my child developing?

Your child will learn new things at every age and stage of development; these are called developmental milestones. The LookSee checklist is an easy-to-use checklist that can be used to track your child’s development starting as early as one month of age and up to age six years.

Register your child today at https://lookseechecklist.com/en/ and you’ll get...

- A checklist that captures a snapshot of your child’s development.
- Email reminders when it’s time to do the next checklist.
- Tips and activities to encourage your child’s development.

For practical tips to help your child’s development see:

- [www.children.gov.on.ca](http://www.children.gov.on.ca) (click on Early Childhood link)
- [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu) and search for the following activity guide: Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence
- [www.zerotothree.org/resources/221-getting-ready-for-school-begins-at-birth#downloads](http://www.zerotothree.org/resources/221-getting-ready-for-school-begins-at-birth#downloads)

Fill out the Nutri-eSTEP nutrition screen for toddlers (18 to 35 months) and preschoolers (three to five years) at [www.nutriptionscreen.ca](http://www.nutriptionscreen.ca) and find out what is going well with your child's eating, where there is room for improvement and where to find trusted healthy eating information and tools.

Vision checks for your child are needed at six months and then once a year. Visit the eye doctor to have your baby’s eyes checked; the cost is covered by Ontario Health Insurance Plan (OHIP). Visit [www.optom.on.ca](http://www.optom.on.ca)

When your child is 18 months old...book an appointment with a health care provider to check your child’s development. Your health care provider will give your child a more detailed medical check-up and any immunizations needed. They will talk to you about your child’s development and answer any questions or concerns you may have. If concerns are identified they will link you with community resources that can help your child reach their full developmental potential.
Looking for child care?

Find and apply for all licensed child care programs* near you.

www.onelistwaterlooregion.ca

*Programs that have a contract with the Region of Waterloo
Finding licensed child care in Waterloo Region

When having a baby, planning for his or her arrival is essential. It is equally important to plan for their future care. Look into your options early, find financial support, and ask the questions that will help your family get the quality care you need. For tips on what to look for in a provider, visit ontario.ca/children-and-youth/find-and-pay-child-care.

There are many types of care – but only licensed early learning and child care is monitored and inspected by the Ministry of Education. This is formal care offered through licensed operators. Care providers include professionals trained in early childhood education. Here are some helpful steps for you to follow:

**Start early**

Go to: OneListWaterlooRegion.ca
Search for child care and put your name on waiting lists for the date you require. (See advertisement on opposite page for more details.)

**Choose the type of care you need**

- **Centre-based**
  Includes child care centres, day care programs, preschools or nursery schools, with care Monday to Friday, for children four and under.

- **Home-based**
  Care provided by approved caregivers in their homes under contract with a licensed agency. This care is available for children 12 and under.

- **Before and after school**
  Operated by school boards or by licensed child care programs and available to children aged four to 12. Programs are offered in most schools.

**Need help with child care costs?**
If you work, are in school, or have a child with special needs, you may be eligible for fee subsidy. Visit OneList to apply or call 519-575-4400 for more information.

**Concerns about your child’s development?**
Special Needs Access Point (SNAP): Visit OneList, call 519-883-2022 or email SNAP@regionofwaterloo.ca
Positive parenting

Positive parenting is a way of parenting that focuses on the importance of the parent-child relationship. Parents can gain these skills to guide and support their children’s overall growth and development.

Tips to help you teach your child

- **Think about what your child understands at this age.**
  Usually, young children don’t do things to make their parents mad. They do them because they still have so much to learn.

- **See the situation from your child’s point of view.**
  Put yourself in your child’s place for a moment. This may help you understand why your child is behaving a certain way. Acknowledge your child’s feelings.

- **Redirect your child’s attention.**
  Instead of telling them what they can’t do, tell them what they can do.

- **Help your child understand why their behaviour is not acceptable.**
  Explain why the behaviour is dangerous or how it affects others.

- **Give your child choices.**
  Just make sure that you will accept whatever they choose. “Come now or I’ll leave you at the mall” is not a real choice.

- **Help your child learn how to problem-solve.**
  This is one of the most important things you can teach your children. They learn how to do it gradually by watching you.

- **Help your child see how to fix mistakes.**
  Children need to learn that they can make things better (for example, “Oh – the water spilled! Let’s clean it up together.”).

- **Show your unconditional love.**
  In your actions and words, make sure that your child knows you love them no matter what.

Adapted with permission from the Best Start Resource Centre. For more parenting tips and videos visit [www.childrenseechildrenlearn.ca](http://www.childrenseechildrenlearn.ca)
Temper tantrums
Temper tantrums are a normal part of child development and occur while young children are learning to express their emotions and control their behaviours.

Find what works best for your child. To prevent temper tantrums, try to:
- Recognize good behaviour and encourage it.
- Reduce triggers such as being hungry or over tired.
- Set limits, be consistent with them, and stick to your child’s routine (meals, naps).
- Put things that are not safe for your child to have out of your child’s reach.
- Give limited and realistic choices so your child feels they have some control.
- Distract your child and redirect their attention.
- Give your child words for their feeling, for example, “Are you feeling sad/mad?”

During a temper tantrum:
- Stay calm, and ignore the behaviour (if possible).
- Keep your child safe. Move furniture, toys and other children away.
- Never spank your child or use physical discipline.

After a temper tantrum:
- Encourage your child to express their feelings in a positive way.
- Comfort your child.
- Provide quiet play with your child.
- Do not punish your child.

Know your own tolerance and triggers. Do not have temper tantrums of your own because children learn what they see.

Toilet training
Children will learn to give up diapers when they (not you) are ready. Most children are ready to begin toilet learning between the ages of two and four years.

Helpful tips
- Use clothes that your child can easily pull down.
- Make routines. Invite your child to sit on the potty at regular times during the day, like before and after sleeping, after meals and before leaving home.
- Notice your child’s efforts in trying to use the potty, even if they have an accident.
- Talk to other caregivers about how they can support your child’s toilet learning.
- Give daily time, attention and encouragement to your child as they learn toileting skills.
- Help your child wash their hands after every time they use the toilet.

Visit www.childrenseechildrenlearn.ca or www.caringforkids.cps.ca (follow behaviour and parenting link).
Solids start at six months...

From birth to six months, all your baby needs is breast milk.
✓ Continue to breastfeed for up to two years and more
✓ Give your breastfed baby a daily vitamin D supplement (400 IU)

Wait until your baby is six months of age and showing these signs of being ready before offering solid foods in addition to breast milk:
✓ Controls head well
✓ Sits up in a high chair
✓ Shows interest in food and in eating
✓ Opens mouth wide for food
✓ Closes lips over spoon
✓ Swallows food in mouth
✓ Turns body or head away when full

Tips!
✓ Start with iron-rich foods first such as cooked meat, fish, eggs, beans, tofu and iron fortified infant cereal
✓ Start with a variety of soft textures such as pureed, finely minced, ground, soft mashed, soft lumpy and finger foods
✓ Let your baby decide how much to eat and when to stop
✓ Do not offer honey until your baby is one year of age
✓ Do not offer your baby hard, small and round, or smooth and sticky food that may cause your baby to choke
✓ If there is a family history of allergy, talk to your health care provider before starting solids

For a complete guide to starting solids with your baby, call 519-575-4400 (TTY: 519-575-4608) or go to: www.regionofwaterloo.ca/ph (search Feeding your baby and young child)
Cannabis information for new parents

Can cannabis affect my breast milk? Yes.

- Cannabis can lower your breast milk supply and make it harder for your baby to latch properly.
- Cannabis can affect your breastfed baby by slowing baby’s movements, responses and becoming sedated.
- Cannabis passes from your breast milk to your baby. THC and other chemicals are stored in baby’s fat cells and brain.

Will it help if I “pump and dump” my breast milk after using cannabis?

No. Because THC is stored in body fat, it stays in the body for a long time. This means that “pumping and dumping” your breast milk does not work.

Cannabis and parenting

Cannabis use can affect your short-term memory, attention and reaction time. Parenting while impaired may reduce your ability to make good decisions and protect your child from harm. You may also miss your child’s cues for hunger, comfort or to play and learn.

Second-hand cannabis smoke is harmful for all of us. It is best not to smoke or vaporize cannabis in your home or around your baby or children.

Bed sharing is not safe. Bed sharing while high makes the risk of sleep related deaths even higher. Place your baby to sleep alone on their back in their crib, cradle or bassinet.

Store your cannabis in a safe place, so your children cannot reach it. If you think your child took any form of cannabis, get medical help right away. Call the Ontario Poison Centre at 1-800-268-9017 or call 911 immediately.

Driving high can double the risk of death and serious injury in a motor vehicle collision. Plan a safe ride home.

For more information or help

- Talk to your health care provider
- Motherisk: 1-877-327-4636
- Call anytime to access addictions, mental health and crisis services
  - Here 24/7: 1-844-437-3247
- For assistance in accessing addiction, mental health, and problem gambling services contact ConnexOntario: 1-866-531-2600

Adapted from a resource produced by the City of Hamilton Public Health Services.
Car crashes are a leading cause of injury related death among children. When used correctly, car seats and booster seats can reduce the risk of injury or death in a crash. Car seats and booster seats are required by law in Ontario.

**It is important that you do not rush your child to the next stage.**
Keep your child in a rear-facing car seat as long as possible to decrease the risk of head and spinal cord injuries.

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**I am a baby**

My rear-facing car seat protects my head, neck and soft bones. Keep me this way until after I am one year old. I will fit into some rear-facing seats until I’m 18 kg (40 lb).

**My harness:**
- Is below my shoulder
- Is one finger tight at my collar bone
- Has my chest clip at armpit level
- Lays flat and is snug

**My seat:**
- Is at a 45 degree angle
- Moves less than 2.5 cm (1 in) side to side or forward where connected

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**I am a toddler**

I must be at least one year old, 10 kg (22 lb) and can walk unassisted to be in a forward-facing car seat. Keep me rear-facing as long as possible.

**My harness:**
- Is **below** my shoulder when **rear-facing**
- Is **above** my shoulder when **forward-facing**
- Is one finger tight at my collar bone
- Has my chest clip at armpit level
- Lays flat and is snug

**My seat:**
- When my seat is forward-facing, the tether strap is attached to the tether anchor and is pulled tight
- Moves less than 2.5 cm (1 in) side to side or forward where connected

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**I am a school-aged child**

I must be at least 18 kg (40 lb) to sit in a booster seat. My booster seat helps the seat belt to fit me better.

**My shoulder belt:**
- Crosses the centre of my shoulder
- Crosses the centre of my chest
- Lays flat
- Is pulled snug

**My lap belt:**
- Rests on my upper leg (thigh)
- Does not ride up on my belly
- Is pulled snug

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www.regionofwaterloo.ca/CarSeatSafety  |  www.ontario.ca/CarSeats
Keep me safe! Falls are preventable
Supervision is the best prevention

Falls are the #1 cause of injuries for children from birth to age 5 years

Use stair gates in your home

- Always use hardware mount gates at the top of stairs. Pressure mount gates can be used at the bottom of stairs.
- Install gates properly, according to the manufacturer’s instructions and with locking mechanisms placed on the side away from the child.
- Use the correct gates. Once your child’s chin is in line with the top of the gate or when they are two years old, the gate is no longer effective.
Always keep one hand on your child when they are on a high surface, such as a changing table or other furniture, to prevent them from falling to the ground.

Buckle your child in their high chair or stroller every time. This will prevent your child from falling out as they move, wiggle and reach.
Supervision is the best prevention

Use this fall prevention checklist to keep your child safe:

- Hold, follow or watch your child to keep them safe.

**Newborn**
- Watch your baby and keep a hand on them when they are on a raised surface such as a change table, bed, couch, or on the exam table at the doctor’s office.
- Install a permanently mounted gate at the top and bottom of the stairs.
- Buckle up the safety straps on your baby’s change table, car seat, baby seat, highchair, or stroller.
- Always place your baby’s car or infant seat on the floor.

**Toddler**
- Keep furniture away from windows.
- Attach furniture such as dressers, TV and bookcases to the walls.
- Do not let your child climb or jump on furniture.
- Keep the floor clear of spills, toys, clothes, shoes, and loose rugs.
- Use window stops and keep balcony doors locked.

For more information contact:
Region of Waterloo Public Health, 519-575-4400,
Deaf and hard of hearing (TTY): 519-575-4608
or visit our website at [www.regionofwaterloo.ca/ph](http://www.regionofwaterloo.ca/ph)
Does your child have a fever?

If you think your child has a fever, use a thermometer to check their temperature:

- Use one thermometer for taking a temperature in the rectum and a separate one for taking a temperature in the mouth or armpit
- Use only digital or plastic thermometers – no glass or mercury; forehead thermometers are not as accurate as other methods for taking temperatures

For information on how to correctly take a temperature, visit [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

Your child has a fever if their temperature is above the number listed below:

- 38°C (100.4°F) if taken in rectum
- 37.5°C (99.5°F) if taken in mouth
- 37.3°C (99.1°F) if taken in armpit
- 38°C (100.4°F) if taken in the ear (using a thermometer made just for ears)

Source: Canadian Paediatric Society (2014) [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca)

Who to contact if your child has a fever:

- Call your health care provider if your baby under six months old has a fever
- Call your health care provider if your baby is older than six months and the fever does not go away after 72 hours (three days), or your baby has a fever combined with a rash or any other signs of illness that worry you
- To talk to a Registered Nurse, call Telehealth Ontario 1-866-797-0000 (TTY: 1-866-797-0007); available 24 hours a day, seven days a week
- In an emergency situation call 911

If your child is over six months of age and has a fever:

- Give more to drink (such as breast milk or water), take off extra clothing and blankets (leave enough to avoid shivering, and check your child’s temperature often)
- Do not give medication unless recommended by your health care provider
- Do not give Aspirin or Acetylsalicylic Acid (ASA) to a child or teenager with a fever
- Do not use alcohol rubs, baths or sponging with water to lower a child’s fever

Other signs your child may be sick:

- Acting differently – tired, weak, sleepy, loss of appetite, fussy or a lot of crying
- Vomiting, diarrhea, rash, runny nose, coughing
- Difficulty breathing
- Change in skin colour (pale or looks yellow)

Need a family doctor? Call Health Care Connect to register: 1-800-445-1822
Keeping you and your child healthy

Following these tips (and teaching your child to follow them) will help to avoid sickness.

- Wash your hands often using soap and water or an alcohol-based hand rub
  Ensure hands are washed:
  - After coughing, sneezing or blowing your nose
  - After using the washroom
  - Before touching your eyes, mouth, or putting in contacts
  - Before eating or preparing food
- Avoid touching your face as much as possible
- Cough and sneeze into a tissue or your elbow
- Throw out used tissues right away and wash your hands
- Do not share things that have been in other people’s mouths like cups, glasses, bottles, toothbrushes, unwashed utensils, lip products, cigarettes or musical instruments
- Stay home if you are sick so you don’t spread germs to others
- Frequently clean common surfaces such as keyboards, doorknobs, counter tops

Have your well-water tested

Private well owners should test their water at least three times per year (Spring, Summer, Fall) for bacteria that can cause serious illness, especially in babies and children, and once per year for nitrates and fluoride. To find out how to get your well water tested, see www.regionofwaterloo.ca/en/health-and-wellness/drinking-water.aspx

Make your home safe from harmful substances

- Added together, even low levels of harmful substances can add up to cause health issues for children. Visit www.healthyenvironmentforkids.ca for detailed information on chemical risks and how to deal with them. Resources are available in many languages.
- Avoid second and third-hand smoke; see www.beststart.org/resources/tobacco/pdf/tobacco_handout_eng_FINAL.pdf
- Have a smoke detector and carbon monoxide (CO) detector on every level of your home, test monthly and change the batteries every year.
Sun safety

Babies and young children have thin skin that can be damaged easily by ultraviolet (UV) radiation from the sun. This damage builds up over time and can lead to skin cancer. We want children to be outside for their physical, social, mental and emotional development, but it is also important that children enjoy the sun safely when outside.

Keep babies out of the sunlight for their first year by keeping them in the shade or covering them up. Sunscreen is not recommended for babies under six months of age.

For more information, visit: www.dermatology.ca/wp-content/uploads/2012/01/tips-parent-EN.pdf

For children over the age of one year, help them follow these sun safety tips when the UV Index is three or higher (usually between April and September from 11 a.m. to 3 p.m.)

- Cover up by wearing long-sleeved shirts, pants, a wide brimmed hat, and sunglasses
- Use sunscreen and lip balm that is labelled as broad spectrum, water resistant and with a minimum of 30 SPF. Reapply as directed
- Seek shade under trees, umbrellas, or other structures

Protecting against bug bites

- **Cover exposed skin**
  When outside and mosquitos are active, wear light coloured, long-sleeved shirts and long pants, socks and a hat.

- **Use an insect repellent**
  Before using an insect repellant read and follow manufacturer’s directions carefully. Insect repellants containing DEET and Icaridin have been approved for use in Canada. Icaridin repellent is the first choice for use on children between the ages of six months to 12 years. When applying sunscreen and insect repellant, first apply sunscreen and let it absorb for 30 minutes, then apply repellant.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Suggested % of DEET</th>
<th>Recommended number of applications per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn to six months</td>
<td>DEET and Icaridin are not recommended for this age group. Use netting or limit time outdoors at dusk and dawn to prevent mosquito bites</td>
<td></td>
</tr>
<tr>
<td>Six months to two years</td>
<td>10% or less</td>
<td>Not more than one (do not apply to hands or face)</td>
</tr>
<tr>
<td>Two years to 12 years</td>
<td>10% or less</td>
<td>Not more than three</td>
</tr>
<tr>
<td>Older than 12 years</td>
<td>Up to 30%</td>
<td>Follow instructions on label</td>
</tr>
</tbody>
</table>

For more information go to http://chd.region.waterloo.on.ca/healthylivinghealthprotection/westnilevirus.asp

- **Protect your home**
  Screens on windows and doors should be free of holes, gaps and tears to prevent insect entry. Clean up outside areas where water accumulates and keep bushes and tall grasses trimmed to prevent water from ponding and attracting mosquitoes.
“The talk” for tots
A parents’ guide for talking with your child about sexual health and well-being

Talking with your child about healthy relationships and sexual development is important. These conversations build trust between you and your child, help your child with decision making, and support their safety and well-being. It is never too soon or too late to find teachable moments and share your values and beliefs.
Whatever your child’s age, gender, ability, sexual orientation, faith, or culture, this is for you.
Here are some age appropriate topics to get you started…

What can I do during…

Infancy (birth to two years of age)
- provide opportunities for play with other children
- teach correct names of body parts

Early childhood (three to five years of age)
- teach the basics of reproduction (e.g., need an egg, sperm, and a uterus)
- teach basic rules around privacy (e.g., touching one’s own genitals is done in private)
- teach child “your body belongs to you” and teach your child to say no or stop to behaviours that make them uncomfortable
- start conversations about what a healthy relationship is (e.g., sharing, being kind to others)

Middle childhood (six to eight years of age)
- teach your child the similarities and differences between boys’ and girls’ bodies
- provide a basic understanding of how babies are made (i.e., sperm fertilizes an egg), sexual intercourse, and pregnancy
- begin talking about the physical changes with puberty (e.g., periods, wet dreams, hair growth)
- teach that there are a variety of sexual orientations
- value who your child is and let them be who they are
- reinforce that “your body belongs to you” and it’s okay to say no or stop to behaviours that make them uncomfortable
- talk about what makes a good friend

What to expect…

Between birth and two, your child may:
- explore their own body parts including genitals
- benefit from hugs

Between three and five, your child may:
- like to be naked
- enjoy bathroom humour (e.g., pee, poo, fart)
- touch or rub their own genitals
- choose to close their bedroom/bathroom door for privacy
- be curious about other people’s bodies

Between six and eight, your child may:
- begin to show early signs of puberty
- explore their own interests
- use language to shock, tease, joke, and impress friends
- continue to be curious about their own body and sexuality (e.g., be naked, “playing doctor,” “acting or dressing like the same or opposite sex”)

Youth in Waterloo Region have said they want to talk with their parents about sexual health. Parent-child communication about sexual health encourages positive behaviour, such as postponing sexual activity, having fewer sexual partners, and using contraception more consistently (Markam et al., 2010).
LEARN, GROW AND CONNECT TOGETHER

EarlyON Child and Family Centres offer a range of quality drop-in programs that are free and open to parents, caring adults and their children aged 0 – 6.

earlyyearsinfo.ca | 519-741-8585
Family Compass Waterloo Region

Guiding you to services for children and youth

Family Compass Waterloo Region is a quick, easy and interactive website for parents, professionals and youth who are looking for local health, social and recreational services.

Search for Services:
A self-search database of local services

I Have a Concern:
A tool to connect to a local organization to address concerns about child/youth development

Resources for Parents:
A link to Parenting Now to access resources for parents

www.FamilyCompassWR.ca
Check out the other resources in this series!

- Breastfeeding your baby
- Feeding your baby and young child

Find us on Facebook: /ROWPublicHealth
Follow us on Twitter: @ROWPublicHealth
Follow us on Instagram: @ROWPublicHealth

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www.regionofwaterloo.ca/ph

Alternate formats of this document are available upon request.