





BABY'S HERE!

The moment you've been waiting for for so long has come at last—and now you have this tiny little life to care for. Moms can find their newborn's first weeks of life pretty unsettling. You try your best to be ready, but often baby's arrival still leaves you with a minefield of unanticipated worries and questions—what's the best bottle? Suction nasal aspirator or bulb? Is it normal for baby's skin to peel like that? When does the cord fall off?

Not only that, but you've been sharing your body for nine months now. It's gone through some big changes, and getting comfortable in your own body is going to take some getting used to. You're excited about the next step, but maybe you wonder if you're really up to the task. Well, don't worry. Life is designed to work. You'll grow into your new role, just watch. You'll find you already have a lot of the answers—surprise!—by instinct.

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Changes for MODING



PREGNANCY AND DELIVERY
ARE A BIG DEAL FOR YOUR BODY,
AND ONCE YOU'VE CARRIED A BABY
IN YOUR UTERUS THERE'S NO GOING BACK.
OF COURSE, BABY NEEDS ALL YOUR ATTENTION
RIGHT NOW, BUT—MAYBE YOU'VE NOTICED?—
YOU NEED TO GET YOUR REST IN, TOO.

As a rule, things go back to normal just fine as your body gradually returns to its former state, with the odd minor change, in the weeks after delivery. There's no denying however that certain small issues, though perfectly normal, can become a bit more inconvenient



MINOR LEAKS

You might have heard that women who've given birth sometimes tend to leak a little pee, when they laugh, sneeze, or jump. You can imagine how carrying a fetus for nine months, not to mention pushing it out, could mess with a lady's nether regions. What happens is that the muscles in the pelvic floor, or genital area, loosen up, making it easier for a little urine, gas, or stool to slip out.

This can be treated with perineal reeducation, generally involving Kegel exercises (Kegels). Kegels work by strengthening and firming your pelvic floor muscles. The exercise is done by contracting and releasing the muscles you use to stop yourself from peeing. It's recommended that you do these exercises several times a day. One of the beauties of Kegels is that, because no one can tell you're doing them, they can be done anywhere—on the elevator, in the car, at your desk at work, or wherever.

Women often start doing them after delivery, but in fact it's well worth starting during pregnancy, because not only do they prevent stress incontinence, they train your pelvic floor for delivery and make it easier to have sex afterwards.

DOING YOUR KEGELS

- 1. Tighten the muscles you would use to stop your urine stream for about 10 seconds.
- 2. Relax for 10 seconds.
- 3. Repeat, 12 to 20 times, three to five times a day.

WARNING

Remember that the pelvic floor muscles are just like any other muscles—you need to exercise them regularly over a certain period to see changes. Don't do Kegels while you're actually peeing, (i.e., don't stop and start your urine stream), because it may increase your risk of urinary tract infection.

WHAT, MORE CONTRACTIONS?

Yes, you may experience contractions after delivery, which are also called post-partum cramps or **afterpains**. They're generally similar to menstrual cramps, of varying intensity. Different women experience them differently and find them harder or easier to tolerate. Afterpains are strongest in the first few days after delivery, then tend to ease off.

What you're feeling is your body doing what it has to do: putting your uterus back where it was, shrinking it back to its regular size, and pinching off the small blood vessels that used to supply the placenta. Afterpains generally get worse with each pregnancy. They're also stimulated by breastfeeding.

DID YOU KNOW?

Painkillers and anti-inflammatories can help for afterpains, but check with your pharmacist to make sure your medication is OK to use when you're breastfeeding.



MY PERIOD ALREADY?

A bloody vaginal discharge is perfectly normal after you give birth, regardless of whether you deliver vaginally or by C-section. The discharge is called **lochia** and is made up of small blood clots, tissue left over from pregnancy, and blood from the uterus and vagina where the placenta came out.

Lochia is generally heaviest at the beginning, when it's bright red, like a heavy period. It then tapers off a bit and turns first brownish, then pinkish and lighter in colour. If you're lucky, it's all done in about two weeks, although it can go on for four or even six. Breastfeeding tends to clear it up faster because of the hormones you produce when you breastfeed.

Lochia is normal and generally nothing to worry about. But if it increases instead of tapering off, if there is foul odour or greenish colour vaginal disharge, or if it is accompanied by fever, you should see your health professional. These can all be signs of an infection.

If needed, use sanitary pads and change them every four to six hours. Avoid tampons, which can carry germs and cause an infection. Tampon users will just have to grin

and put up with the pads for a while. There is, incidentally, a lineup of stuff like that for new moms, available in your pharmacy.

Did you know?

Even if you had a
C-section, you'll still
experience contractions
and a certain loss of blood,
since your uterus still
needs to shrink back
to its original size.





RECOVERY AND HEALING

Nature is generally a reliable designer and has built you for childbirth, including a relatively stretchy perineum and internal tissues. The exact degree of stretchiness does however vary from individual to individual, and pushing out a baby can do some damage.

VAGINAL DELIVERY

If your vagina was torn during delivery, your doctor probably stitched it up. This will leave the area around your vagina painful and swollen and, since no two tears are exactly alike, the healing process will follow its own individual course.

As a rule, the stitches dissolve or fall out on their own in two weeks or so. It can help your recovery to gently massage the affected area to keep it flexible. You can also sprinkle your vaginal area with cold water several times a day or when you go to the bathroom, to relieve the pain.

Dab gently rather than wipe, to reduce discomfort and prevent further damage to the area. There are witch-hazel pads specially designed to relieve vaginal and rectal discomfort, and you can get doughnut-shaped pillows to sit on. An oral painkiller or topical cream might also be recommended if the pain is too much.

C-SECTIONS

You'll generally spend three or four days in the hospital after a Caesarean section. Recovery after a C-section is a little different than after vaginal delivery. Also, if your C-section wasn't planned and labour was already underway, you'll have to recover not just from the surgery but from labour as well. You can take painkillers if you need them, but always check with your pharmacist to make sure your medication is OK to use when you're breastfeeding.

The incision will heal if you wash it every day with some water and mild soap. Be sure to keep the incision nice and dry. If it becomes sensitive, swells up, or develops a discharge, tell your health professional. These could be signs of an infection.



CONTRACEPTION REQUIRED!

Another baby? Maybe not just now. It's best to start contraception relatively soon after you give birth. It only takes four to six weeks for fertility to return, and not breastfeeding or partial breastfeeding can reduce the time to three weeks. Ovulation may be slightly delayed if you breastfeed exclusively, but it's not delayed automatically.

When you leave the hospital, you'll probably be given a prescription for a contraceptive you can get at the drugstore. There are many methods of contraception. The choice of method (e.g., condoms, birth control pills, IUD) is entirely up to you, though it can also vary with different medical factors. Talk it over with your healthcare professional.

DID YOU KNOW?

Exclusive breastfeeding is 98% to 99% effective in preventing conception under ideal conditions. So it's not infallible. You might want to use backup contraception to be sure to avoid an unplanned pregnancy.



Hormonal contraception is generally started between the third and sixth week postpartum, depending on whether or not you're breastfeeding. Progestogen-only contraceptives are preferable if you're breastfeeding, since the others tend to decrease milk production. Contraceptives containing both progesterone and estrogen may however be possible in some cases. Talk to your pharmacist about it.

OMG, I'VE GOT HEMORRHOIDS!

One common but unfortunate development in pregnancy is uncomfortable and occasionally awkward hemorrhoids. This happens because the growing fetus takes up more and more room and puts the squeeze on everything else in the mom's tummy. Delivery doesn't help matters either, since all that pushing tends to lead to hemorrhoids as well.

Hemorrhoids are caused by an abnormal swelling and dilation in the blood vessels of the anus and can be quite uncomfortable.

Here are some things you might try for relieving hemorrhoid pain:

- Lukewarm baths or sitz baths
- Cold-water compresses
- Special pillows for sitting
- Special pads designed for cleansing and soothing hemorrhoids, available at the drugstore



There are also special hemorrhoid relief ointments you can try. If you're breastfeeding though, always check to make sure the medication in them is safe, even if you only put it on your skin.

Hemorrhoids can also make it painful to have a bowel movement. One thing that helps is to keep your stools soft by getting enough fibre and drinking lots of water. Your pharmacist can also recommend you a stool softener. Don't hesitate to ask—your pharmacist is a valuable ally in relieving the aches and pains of being a new mom.

PRESCRIPTION

Postpartum Prescription Medications

- · An anti-inflammatory or painkiller
- · A stool softener to make your bowel movements easier
- · An oral contraceptive
- · Vitamin D for your baby (See page 31)

P.S.: Every new mom is different, which makes the following list a bit arbitrary, but here are some of the medications you might be prescribed on leaving the hospital.

MY BOOBS HURT

Breastfeeding makes your breasts bigger for a while because of the milk coming in. Every breast and nipple is unique. Sometimes a baby for one reason or another will have a tough time getting a good latch, but remember to be patient. You both will need time to get used to each other.

Breastfeeding shouldn't normally be painful. Maybe at first while you're both getting the hang of it but after a week or so you'll master the technique and it should feel pretty good.

Your breasts however may hurt for other reasons. Sometimes it's your baby's latch, but there's also eczema, engorgement from backed-up milk if you produce more than baby needs, yeast infections, and more.

A breastfeeding breast is a very welcoming environment for fungi to colonize—warm, damp, with lots of milk sugars. When they do, it often takes the form of the yeast infection known as thrush, which affects both baby's mouth and mommy's breast.

For you this can spell sore, irritated, shiny, bright-red, or cracking nipples. A burning sensation often gets worse at the end of each feed. You'll see white spots on baby's tongue and inside baby's cheeks, which don't come off when you rub them. They look a bit like milk curds. Thrush is often accompagnied with diaper rash as well.

A number of things may trigger thrush, including

- Tiredness
- Stress
- A poor latch
- Persistent cracks
- Wearing a damp bra in contact with your nipples
- Hormonal changes
- A vaginal infection
- And more...

Sometimes thrush shows up on mom's side but there are no signs of it in baby's mouth. If you think you or your baby might have thrush, see your healthcare professional, who'll advise you on how to treat it.

For an infection that's just on the nipple and areola, using a topical antifungal cream between feeds for a few days is generally enough to see it off. And don't worry—the cream won't hurt your baby. You don't even need to wash your breasts before you breastfeed again.

If pain is a problem, you can take an anti-inflammatory or a painkiller. Talk to your pharmacist to make sure whatever you take is safe to use while breastfeeding.

To keep the infection from spreading or coming back, try the following:

- Make sure your breasts are completely dry before putting your bra back on.
- Use clean, dry nursing pads.
- Clean or sterilize anything that might go into baby's mouth regularly, such as pacifiers, bottle nipples, or teething rings.
- Wash your hands—and baby's—frequently with soap and water.

There are numerous breastfeeding and lactation organizations, experts, and consultants to help you out, provide advice, ease your worries, and answer your questions along the way. Don't be afraid to get some help if you need it. But remember too—it gets easier as every week goes by.

LOSING THE BABY WEIGHT

Pregnancy weight gain varies enormously from one woman to another. So does weight loss afterwards. Generally, getting back to your previous weight will happen gradually in the months after baby's arrival. Some will find it easier than others, but the key is always patience.

It's a good rule of thumb not to try to lose more than two to four pounds a month. Dieting in any form is pretty much universally

frowned on, especially when you're breastfeeding. Keep in mind that you need to eat properly and without restrictions so you can keep up your milk production and still have the energy you need to look after baby. Baby too needs to get enough calories and the proper nutrients.



WORN-OUT, RUN-DOWN? ASK FOR HELP!

Most beginning moms will feel tired a few weeks after giving birth. That's perfectly normal. Giving birth is a herculean feat in itself—both mentally and physically. Throw in strict sleep rationing, and the adjustment to your newly fractured schedule isn't always easy. Try to fit in as many naps as you can and don't be afraid to ask for help. Get a leg up on it all and leave the grocery shopping, cleaning, and cooking to somebody else.

If you're lucky enough to have family around who can pitch in, go for it! Frozen dishes for guick reheating can also be a lifesaver.

Sure your family and friends all want to come meet and fuss over baby, but don't be afraid to cut short a visit or even turn a few away. Listen to what your body's telling you.

But don't let yourself get isolated either, no matter what. There are lots of activities aimed at new moms, such as stroller fit cardio, yoga mama, and movies for new parents where the light and sound are lowered and there are changing tables and bottle warmers available. They're all ways to meet other new moms, make new friends, and have someone to share your days. More and more organizations are developing activities and spaces just for new moms. Take a walk or go for coffee. Get out of the house and break up the grind.

And what about dad? It's pretty easy for mommy and baby to end up hiding in their own bubble, but don't leave daddy on the outside looking in. Raising a child is a team effort. Let daddy take care of baby his way too. He and baby will grow closer as he takes on skin-to-skin, baths, and bottle feedings to get their relationship up to speed.

IS SOMETHING WRONG WITH MY SEX DRIVE?

It may not surprise you that pushing a baby through your vagina might affect your sex life somehow. Certain body parts can take a bit of a beating when you give birth. That's why it's often recommended that you wait four to six weeks before having intercourse again, to reduce the risk of bleeding, injury, and pain. Another approach is to wait till after lochia stops (that's postpartum vaginal discharge for those who skipped ahead).

It's perfectly normal to feel less "in the mood" after you give birth, for a number of reasons:

- Tiredness
- Adjusting to a new life
- Lack of intimacy
- Hormones
- Tears and cuts
- Sore breasts
- Stress
- Worries about pain
- Lack of vaginal lubrication because of breastfeeding
- So much more...

Did you know even dad can experience this loss of sex drive?



Your body's been through some changes, and between putting on weight, picking up stretch marks, and your own idealized notion of what a perfect mom and lover should be, you might start to feel that you're less desirable now. Women are so hard on themselves sometimes! Cut yourself some slack—you'll need time to adjust to your new life. Try other ways of being physical and loving together until full-blown desire comes racing back.

SHOWERING AND CHANGING? ...UP YOU GO!

Showers and getting dressed can start to seem like frills in the first weeks of baby's life. But you still need to be scrupulously clean, both to help you heal and to reduce your risk of vaginal infection. Not to mention that getting cleaned up and into some nicer duds can boost your morale and make you feel like yourself again.

Use mild, unscented soap to wash down there and don't scrub your vaginal area. Rinse thoroughly and dab the area gently so you don't hurt yourself. Cottons are more breathable than synthetics, so they're your best choice of underwear material while you're still healing.

WHEN CAN I START EXERCISING AGAIN?

Maybe you're starting to feel the walls closing in on you or desperately itching to feel the burn. Or maybe you'd just like to start getting back in shape a little. It can be tough to know when you're ready to start exercising again.

In any case, the standard recommendation is to wait at least four to six weeks before you start working out—or anyway exercising. Of course that's a relative timeframe, since every individual and pregnancy is different. The big thing is to pick your activities when you're ready for them.

You can usually get back to low-impact stuff like swimming and Pilates sooner than, say, running, for example. But post-pregnancy comebacks aren't a one-size-fits-all thing. You might also check for special, expert-led perinatal fitness courses, available in many communities. They'll give you a reason to get out of the house, get your heart pumping, and maybe meet other new moms dealing with the same changes you are.







IT'S NOW TIME FOR BABY,
AFTER NINE MONTHS SPENT COCOONED
IN COMFORT AND SECURITY, TO VENTURE
FORTH INTO THE OUTSIDE WORLD—TO STRIKE
OUT ON THAT GLORIOUS ADVENTURE OF LIFE.
AND ONCE YOU FIRST SET EYES ON THE GREAT
LOVE OF YOUR LIFE (OR ONE OF THEM ANYWAY),
YOU WANT TO DO WHATEVER IT TAKES TO
MAKE SURE THAT TINY CREATURE IS
HAPPY, SAFE, AND COMFORTABLE.

BABY CARE

EYES

It's standard practice today to greet every baby with a squirt of antibiotic ointment in the eyes as soon as they're born, which prevents certain infections that newborns pick up on the way out.

Sometimes baby's tear ducts aren't all the way open at birth. Tears can back up and a little crust can appear in the corner of the eye, particularly when baby wakes up. As long as there are no signs of infection (i.e., redness, heat, pus, or swelling), it's nothing to be concerned about. The tear duct will open by itself within a few months. Sometimes it helps if you gently massage the side of the nose with the tip of your finger.

Wipe the crust away with a clean washcloth dipped in warm water, moving outward from the nose.

You'll notice that some babies look as if they're squinting sometimes. It can be a little unnerving, but it's actually quite

common. The problem generally clears up at around two months of age, which is when babies get the hang of coordinating their eye movements so they can look at stuff properly.

THE NOSE

Don't be surprised to see your newborn sneeze many times a day in the first weeks. This is because the little hairs in baby's nostrils take a while to get set up, and in the meantime sneezing is the best way to get rid of all the dust and snot that a little nose can collect.

Did you know?

Baby's first tears from crying generally don't appear before age one or two months?

You can also be proactive and clean baby's nose a few times a day, just to help out. Start with drops of homemade or commercial saline to liquefy anything in there and keep nasal passages nice and moist.



RECIPE FOR SALINE NOSE DROPS

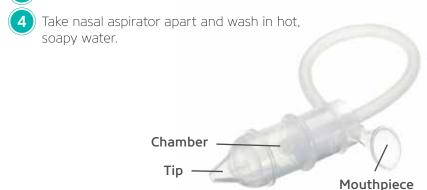
Boil 240 ml of water, mix in ½ teaspoon of salt, and let cool.

Instructions

Lay baby down face-up and, using an eyedropper or spray bottle, drop 1 ml saline in each nostril. With a damp cloth, gently wipe the nose and remove any stubborn bits outside the nostrils. It's easier to clean up and get out the goop with a nasal aspirator, either a bulb or suction type.

Suction nasal aspirators are better than bulbs, although they cost a little more. Here's how to use them:

- 1 Put the mouthpiece in your mouth.
- 2 Put the tip of the other end in one of baby's nostrils and suck gently on the mouthpiece. You should see goop building up in the chamber. There's often a filter as well so nothing gets too far up the tube.
- 3 Clean the other nostril and repeat as required.



BELLY BUTTON

While still attached to the belly button, the umbilical cord requires special care until it dries out and falls off. This usually happens in the first three weeks of life. It's important to keep the cord clean and dry to prevent infection.

Clean around the belly button and the folds in the cord daily with a damp cotton swab. Then dry the area with the dry end of the swab. Don't use rubbing alcohol. If the cord has a foul odour, starts bleeding more, produces a discharge or becomes redder, talk to a healthcare professional right away.

Make sure you fold the diaper down below the belly button so it doesn't cover and rub against the cord. Some diapers for newborns come with a special cutout for this reason.

BATHING AND GENITAL HYGIENE

Bath time is often relaxing and enjoyable for your newborn. But some babies can get overstimulated. Bathe your little one at the right time for baby and for you.



You can wash your baby's face and neck folds every day with a washcloth, but a daily bath isn't necessary. As the genitals are often cleaned when you change baby's diaper, you can wash the rest of your newborn's body every two days. The same goes for your baby's hair. A hair wash once or twice a week may be sufficient.

Washing your baby with water at body temperature, or about 37°C, is recommended.

First carefully clean baby's face and body, making sure you get into all the folds with your fingers. Then wash the genitals. For boys, it is recommended to pull the foreskin back very gently. Don't force it, as you don't want to expose the head of the penis. Clean all visible areas with a washcloth, including the testicles and then the anus.

For girls, gently pull back the vaginal lips on each side. You may notice a small amount of secretion. This is normal. Dry the area with another washcloth moving always from the vulva to the anus, never from back to front.

Because babies lose heat through their head, wash your newborn's hair last. Then wrap baby in a towel and pat dry. This is a good time to snuggle with your little one and enjoy some hugs and kisses. Remember to dry the inside of the belly button thoroughly with a cotton swab, or around the outside if the cord hasn't fallen off yet.



SKIN

At birth, all of a sudden your baby leaves the watery comfort of the womb and is exposed to the open air. This often means that baby's delicate skin tends to dry out more easily. The following tips will help you keep your newborn's skin hydrated.

- Don't bathe your baby too frequently.
- Apply a mild, unscented moisturizing cream over the baby's entire body. You can do this a few times a day in the event of very dry skin.
- Make sure your baby's bath water isn't too hot. Besides causing injury, hot water can dry out baby's skin even more.

DID YOU KNOW?

About one out of every two babies will have jaundice in the first 24 to 48 hours after birth. Jaundice is usually harmless and resolves itself within about two weeks.



MILIA

In the first few days after giving birth, you may see little white bumps on your newborn's cheeks, forehead, nose, and chin. These are small cysts filled with a **fatty substance**. Called "milia" (singular "milium"), they are completely harmless.

Although some parents might be tempted to squeeze these small white bumps, this is not recommended and could harm your baby. You should not apply cosmetic products or antibiotic oils or creams. Milia disappear on their own after a few weeks. Just wash your baby's face with lukewarm water and gently pat dry with a towel (don't rub).

SCALP

Your baby is the most beautiful thing you've ever seen. The super soft skin, wonderful smelling hair, and then all of a sudden you see crusty yellow scales flaking off baby's scalp.

This is known as "infantile seborrheic dermatitis," or more commonly, "cradle cap." Cradle cap can occur when the sebaceous glands produce too much sebum or if baby's hair is not rinsed properly after each bath. It usually appears in the first month of life and disappears around age one. Although unsightly, cradle cap is not a cause for concern and does not usually cause pain for baby.

To help these scales flake off, use a gentle shampoo and damp washcloth to gently massage the scalp. You can also use a small, soft hairbrush or fine-tooth comb. Applying a small amount of olive oil or mineral oil to the scalp about an hour beforehand can soften the scales and make them easier to wash off.

If you notice redness or if your baby is experiencing significant discomfort, it may be a yeast infection, and an antifungal cream might be necessary. If you have any questions, check with your pharmacist who will know what to recommend.

FINGERNAILS

At birth and during the first few days of life, your baby's fingernails are fully attached to the skin. Although you might want to cut them, resist the temptation or you could hurt your little one. Wait until the tip of the nail naturally detaches from the skin and until baby starts scratching with them. Then you know it's time for a trim! This is best done when things are quiet and calm, maybe while your baby is sleeping or after a bath when the fingernails have softened.

Babies' fingernails tend to be relatively soft up to the age of two months. You might want to use a baby nail file. Later on, use whatever is easiest for you. There are different tools available, such as small, round-tip scissors or nail clippers specially for newborns. These should only be used after six months of age, when the fingernails have hardened.

If you can't get the hang of cutting baby's nails, there are small mittens you can put over baby's hands to prevent scratching.

IRON AND VITAMIN D REQUIREMENTS

IRON

Transported in red blood cells, iron is an element newborns need for growth, proper brain development, and for cognitive, neurological, motor, and behavioural functions. According to current estimates, healthy, full-term babies have enough iron reserves until six months of age. After that, because mother's milk doesn't have all the iron babies need, experts recommend giving food high in iron, like meat, fish, eggs, legumes, and iron-enriched cereals, to breastfed babies at an early age. This way, baby will have all the nutrition needed to grow.

In Canada, commercial formula is already iron enriched. But you should still check that the formula your baby drinks has at least 1 mg of iron per 100 ml.

VITAMIN D

Vitamin D is essential for the formation and growth of bones and teeth. A lack of this nutrient could lead to certain diseases later in life. We get vitamin D every day by exposing our skin to the sun, from our diet, and from supplements.

Breast milk is considered the best—and preferred—source of nutrition for babies. However, it doesn't have enough vitamin D to meet a newborn's needs. A vitamin D supplement will be prescribed for full-term, breastfed babies. It comes as a liquid and is very easy to give to your baby. With some formulations, one drop is all your baby needs!

Commercial formula is already enriched with vitamin D and in general provides what babies need, as long as they drink the right amount.

According to the Canadian Paediatric Society, 400 UI of vitamin D every day for the first year will be enough to correct low vitamin D levels.

DIGESTIVE SYSTEM

Your newborn's digestive system is rapidly changing. Baby needs to learn to digest the new food you provide—milk! Then come the hiccups, burps and spit up.

Hiccups are an involuntary reflex that occurs frequently during the course of a newborn's day, but don't worry, hiccups aren't painful. Basically hiccups are your baby's way of getting rid of air that accumulates in the stomach while breastfeeding. This makes room for more milk. The human body is truly amazing!

Something similar is happening when your baby **burps and has gas**. Babies can sometimes get carried away when they're hungry and take quite a bit of air into their stomach while they're breastfeeding. If baby seems uncomfortable, you can burp your little one to get rid of the air that builds up. However, not all babies need to be burped.

Sometimes babies pass a significant amount of gas in the course of a day. This too is perfectly normal. We all have our own ways of getting rid of the gas trapped in our digestive system.

Spit up is also normal and usually harmless. It is estimated that spit up occurs in almost half of newborns up to the age of about four to six months. Babies usually spit up after breastfeeding because they've drunk too much milk and the little sphincter at the entrance to the stomach, which stops food coming back up, is not yet fully developed.

Spit up comes naturally and varies from one baby to the next. If your baby is in good condition overall and is continuing to gain weight, there's no need to worry. But if baby is losing weight and has copious amounts of projectile vomiting, you should talk to a doctor.

Did you know?

In the first few days after birth, babies can lose up to about 10% of their body weight. That might seem a lot for a creature that only weighs a few pounds. But it's a normal result of them getting rid of meconium, secretions, and the liquid they were swimming in before.

In general, babies born at full term and in good health will get back up to their birth weight in the first two weeks of life. After that, they will gain about half a pound per week up to the age of three months.



The dreaded colic

Contrary to popular belief, colic is unrelated to diet, but more to the difficulty of adjusting to life outside the womb. It's estimated that colic affects roughly one out of every five babies, starting at the age of three to four weeks and generally disappearing by four months or so. Exactly what causes it is unknown, but there's no question about the headaches and frustration it causes new parents.

Colic involves irritability and nonstop crying fits lasting at least three hours a day at least three days a week. It affects both breast- and formula-fed babies. Crying fits tend to happen at the same time of day, often peaking at the end of the day. Besides crying, there might be clenched fists, a red face, and legs pulled up to the stomach. Between fits though, baby might generally be cheerful, well-fed, and on the whole healthy.

To help with the crying, start with peaceful, comforting surroundings, soothing music, and subdued lighting. Try rocking, holding baby close to you, or maybe a little massage. Baby really needs comforting. But it's hard enough to deal with your ever-increasing tiredness and frustration, even without baby's tears and wails.

The essential thing for you is not to lose it. Don't hesitate to ask your family or friends to come and help out. If you're by yourself, it's OK just to get out of there for a few minutes if you have to—make sure baby is secure in bed, then go take a few breaths and chill out. The frustration and sense of powerlessness can be intense at such moments. You'll come back after you've got your feelings under control again. Be sure to check in regularly though and make sure baby's all right. Sometimes you have to just be patient and let baby calm down on his or her own.

Intense crying can also be a sign that something else is wrong. If there's reason to suspect it's not colic or if you're not sure, check with your healthcare professional.



VACCINATION

Baby comes into the world with a certain degree of immunity borrowed from mommy, but it only lasts a few days. After that, it's up to baby to build that immune system with its fearsome private army of microscopic fighters. The body naturally develops the ability to fight off certain bacteria, microorganisms, and viruses. But for certain infectious diseases, it needs help. That's when vaccinations are needed if baby's going to defeat the invaders hiding everywhere, waiting for an opportunity to strike.

The province of Quebec has an immunization schedule called PIQ, developed to protect the public, check the spread of disease, cut down on complications, and improve the health of the community. Although it's your decision, it is strongly recommanded to get kids vaccinated at the beginning of life and to make sure their vaccinations are always up to date.

Quebec's vaccination schedule is based on the principle of vaccinating kids at the age when their risk of a given disease is highest, when the vaccination is most effective, and

when there's the lowest risk of side effects. It's reviewed each year. **Babies get their first**

shots when they're two months old.

The list of the vaccinations on the PIQ is available free of charge.

Vaccination
is the safest and
most effective way
to help your body
build a system
of defences against
disease.

FEVER AND TAKING BABY'S TEMPERATURE

Fever is a perfectly normal defence mechanism—a sign that the body is fighting something. That being said, you should always see a doctor **if your baby gets a fever before the age of six months**.

Instructions: Taking Baby's Temperature

The most reliable way to take a baby's temperature is undeniably with a rectal thermometer, and this remains the best method up to age five.

A rectal temperature of 38.1°C (100.5°F) or over is considered a fever.*

Here's how to take baby's temperature properly:

- Wash your thermometer with soap and water and rinse carefully.
- Put a thermometer cover or a little petroleum jelly (Vaseline) on the tip so it goes in easier.
- Lay baby down face up, knees close to the chest.
- Gently insert the thermometer into baby's bum, about 1 inch (2.5 cm).

^{*}Source: Canadian Paediatric Society



- Read the temperature.
- Wash the thermometer with soap and water.

There are all kinds of thermometers available. Generally electronic ones are the best—they're inexpensive, quick, and easy to use.





Warning!

 Rectal thermometers are only to be used in the bum and oral thermometers only in the mouth.
 Don't use the same one in two places.

2. Steer clear of mercury thermometers. They can break and expose your baby to mercury, which is poisonous.

A BRIEF OVERVIEW OF ACCESSORIES YOU CAN GET FOR BABIES

THE BIG QUESTION: WASHABLE OR DISPOSABLE DIAPERS?

Whatever drives your decision, what's important is meeting your needs and being true to your values.

Disposables are handy, easy to use, dry, and nice to wear. Inside they have gel crystals that expand on contact with the pee and absorb it so it doesn't mix with the poo. This makes it less likely to cause irritation.

On the other hand, the fact that the outside of the diaper is waterproof can trick you into thinking the diaper is dry when it actually isn't. Also, the waterproof material used on the outside may not let the skin on baby's bottom breathe the way it's supposed to.

DID YOU KNOW?

It's estimated that babies who use disposables go through about 5,500 diapers by time they're toilet trained, at an estimated cost of \$2,000 to \$2,500.



Washable diapers are more environmentally friendly and are made of natural fibres that let baby's skin breathe better. They are however less absorbent and require loads of laundry. There are more and more kinds of washable diapers available, made from bamboo, cotton, and hemp that are done up with velcro, snaps, and other fasteners.

You'll find single-size and adjustable ones as well as more absorbent night-time versions, training pants, and swimming diapers. The fact is that companies are getting further into reusable diapers, making them ever more versatile and affordable.

Always check and follow the manufacturer's recommendations, since certain diaper

creams are less recommended with

cloth diapers.

Whatever diapers you use though, you'll need to change them regularly so baby doesn't end up marinating in a full diaper, especially if it's poopy.

Tip:

You can always
mix and match—
maybe try washables
by day and
disposables
by night!

Rule of thumb: If baby's drinking enough, you'll get

DAY 1 = 1 WET DIAPER

DAY 2 = 2 WET DIAPERS

and so on till Day 6 when you level off at six wet diapers a day.



Use water and mild soap for cleaning baby's bottom when you change diapers. You can also use commercial baby wipes, preferably ones that are unscented and free of alcohol and parabens. These versatile little wipes can be very handy to have around. You'll see!

Wait till baby's skin is dry before putting a fresh diaper on. There's no need to use petroleum jelly or zinc ointment if baby's bum seems healthy. Save creams like that for diaper rash. And don't forget to wash your hands thoroughly after every diaper change.



CHOOSING BABY'S BOTTLE

A baby bottle is essential equipment, whether you use it for commercial baby formula or expressed milk. If mommy breastfeeds, she can let daddy use it for a special moment with baby or give herself a break.

The many manufacturers put out a wide range of options with pithy catchphrases to promote them. But the fact is it's not the bottle that makes the difference; it's the nipple. There's a wide variety of nipples. They vary as to thickness, shape, softness, and whether they're made of latex (rubber) or silicone. Latex nipples have a tendency to break down faster when sterilized, while silicone ones are firmer and hold up better. It isn't really a question of one nipple being better than another though, it's which one is the best for baby—the one baby likes. So try out different ones till you get the thumbs-up from the boss!



Nipples are also categorized by how much milk they let through. As a rule, it's best to start with the slowest flow, sometimes called Stage 1, so that baby doesn't get too much air or milk at a time, which can cause choking. Then as baby gets older, you can think about whether it's time to move on to a faster flow. In the end it's baby who shows you when she or he is ready.

If you're breastfeeding, it's considered better to wait at least four to six weeks before you start slipping in the odd drink from a bottle, to make sure you're ducks are all in a row and there's no chance of confusion. The exact waiting time depends on the individual though and can be adjusted. It's also a good idea to pick a bottle whose nipple is shaped as much like a breast as possible, with a flat-topped nipple that forces baby to open his or her mouth so mommy doesn't get bitten next time around.



Baby Bottle Cleaning and Maintenance

It's really important to be fussy about proper baby bottle cleaning to keep microorganisms from gaining a foothold. First, all new baby bottles have to be sterilized before you use them for the first time. After that it's recommended to keep sterilizing every day till baby reaches the age of four months.

Disposable inserts however are pre-sterilized. Remember that they can only be used once.

There are different kinds of equipment you can use for sterilizing. Some companies even sell commercial sterilizers and bags, although bear in mind that the dishwasher will do just fine. There too you can buy special dishwasher baskets designed for the baby stuff you need to sterilize.



PACIFIER: YEA OR NAY?

Pacifiers are comforting for newborns and help satisfy their need to suck. Parents often agonize over whether to get one for their baby. But since using it can affect the future development of baby's mouth and tongue, it's also worthwhile tracking down one that's good and that's right for your baby.

Pacifiers, like baby bottle nipples, come in silicone or latex. Because latex is softer and more flexible, they can promote the kind of muscle activity necessary to proper development of the jaw. The variety of pacifiers you can find is impressive, and each one seems to have its own particular features.

To make the right choice, make sure that your pacifier:

- Fits the shape of baby's face and leaves nostrils free for breathing.
- Is flat on one side for the tongue and rounded on the other to fit the top of baby's mouth.
- Has no cracks, holes, stickiness, or other signs of damage.

Here too there are no hard and fast rules. Baby will find a way to let you know what to choose. There are even babies who aren't even interested!

Caution!

Make sure breastfeeding is well established before you start giving baby a pacifier. And never try to replace a feeding with a pacifier.

Pacifier Care

Sterilize it thoroughly before using it for the first time by putting it in boiling water for five minutes. After each use, wash it in

hot, soapy water. Don't "clean" it by sticking it in your mouth—you could just end up giving baby a dose of your own microbes.

The Canadian
Paediatric Society
and Health Canada
both recommend
replacing pacifiers at
least every two months
rather than waiting
for signs of
damage.

CONCLUSION

Baby's arrival is a major step in your life. You'll get tips from practically everyone in your circle and you'll probably pore over a ton of information, not all of it reliable. Give yourself time to get used to life with baby, and don't hesitate to ask your pharmacist. Pharmacists are always available, happy to help, and can be a great ally as you embark on this new adventure.



SOURCES AND USEFUL LINKS

Familiprix

www.familiprix.com

Canadian Paediatric Society

www.cps.ca

From Tiny Tot to Toddler

https://www.inspq.qc.ca/en/tiny-tot

Health Canada

www.hc-sc.gc.ca

Naître et grandir

www.naitreetgrandir.com/en





Changes for Mommy

Minor Leaks
What, More Contractions?
My Period Already?
Recovery and Healing
Contraception Required!
OMG, I've Got Hemorrhoids!
My Boobs Hurt
Losing the Baby Weight
Worn-out, Run-down? Ask for Help!
Is Something Wrong with My Sex Drive?
Showering and Changing?...Up You Go!
When Can I Start Exercising Again?

And for Baby

Baby Care
Iron and Vitamin D Requirements
Digestive System
The Dreaded Colic
Vaccination
Fever and Taking Baby's Temperature
Accessories You Can Get for Babies

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