Loving Care is a series of four books for parents of children from birth to age 3 developed by Nova Scotia’s Department of Health and Wellness. As a public health resource, Loving Care focuses on information that will help young families to protect, promote, or improve their health, and to prevent illness, injury, or disability.

Three of the Loving Care books focus on babies and children at specific ages—Birth to 6 Months, 6 to 12 Months, and 1 to 3 Years. The fourth book—Loving Care: Parents and Families—offers information that will be useful to families whatever their child’s age. You’ll find references to Parents and Families in all of the other books.

When referring to this resource, please cite it as follows:
Parent Health Education Resource Working Group. Loving Care: Birth to 6 Months.

ISBN: 978-1-4605-0666-0 (PDF: English)


The information in this book is up-to-date as of the date of printing. This information is not a substitute for the advice of a health professional.
Adapted with permission from the Province of Nova Scotia © 2021.
Loving Care

Birth to 6 Months
Introduction

Loving Care is the title of this series of books for parents. Each book gives information based on the age of your baby or child. We try to answer the questions you'll have as your tiny newborn grows into a busy toddler.

This book gives you information about your baby from birth to 6 months.

Enjoy these first weeks and months with your baby. This is a special time when you get to know—and fall in love with—your baby.

Babies are born into many kinds of families. You may be on your own, married or in a relationship. You may be a parent by birth, adoption, or fostering. You may have lots of family around or be far from home. You may have one baby, or two, or more!

Babies are raised by many different kinds of parents. You may be young or an older parent, able-bodied, or living with a disability. You may be gay, lesbian, bisexual, or straight. You may be male, female, or transgender. You may be Aboriginal, new to Canada or from a family who’s lived here for generations with Acadian, African, Asian, European, or Middle-Eastern roots.

This book is written for all the parents and families that make New Brunswick a good place to live.

All babies need love and care. All kinds of parents and all kinds of families can give babies the love and care they need.

Becoming a parent is the start of a relationship between you and your baby that lasts forever. All parents wonder if they’ll be a good parent, if they’ll know what to do. You grow and learn as a parent by watching and listening to your baby.
Your baby grows and learns with your love and support.

Life is a journey of discovery that you and your baby are taking together. No parent starts out having all the answers. Every day brings something new. You and your baby will both discover new skills and new strengths as you go along.

We hope these books will help you on your journey and will help you to make your own decisions about what’s best for you and your family.

**He or she?**

In this book, we take turns using “he” or “she.” Please know that whichever word we use, the information applies to both boys and girls.

**Double Check**

In Loving Care we use the term “health care provider” to mean professionals who offer primary health care services to parents and families.

As well, Public Health services and many other professionals and community resources are available to offer advice and support.

You’ll find more information in the “Welcome” section of Loving Care: Parents and Families.

**Added info...**

The information in all of the Loving Care books applies mainly to healthy, full-term babies.

If your baby is premature or has special needs, you’ll still find these books helpful. However, you may want to look for more information from your health care provider and other sources.

**Double Check**

Don’t forget about Loving Care: Parents and Families. It contains information that will continue to be helpful as your baby grows.
Contents

Getting to Know Your Baby
- What your baby is telling you ............ 2
- Baby temperament ............................. 4

Help Your Baby Learn to Love
- Attachment .................................... 8
- Skin-to-skin contact with your baby ....... 10

Growth and Development
- Step by step .................................. 14
- What a newborn baby can do ............. 16
- Developing new skills ...................... 18
- New skills to watch for ..................... 20
- Helping your baby develop ............... 22
- When to wonder about your baby’s development ............................................... 24

Play
- Games and activities ....................... 28
  - Tummy time .................................. 28
  - Baby massage ................................ 29
  - Tracking ..................................... 29
  - Copycat ...................................... 30
  - Pull-ups ..................................... 30
- Toys ............................................ 31

Breastfeeding
- The best start .................................. 34
- Connecting with your baby .................. 36
- Breastfeeding to comfort your baby ...... 37
- Babies need to feed often .................. 38
- How to tell if your baby is breastfeeding well .................................................. 39
- Weight gain and growth .................... 40
- Growth spurts .................................. 41
- It’s too soon for solid food ................. 42
- Breastfeeding anytime, anywhere ........ 44
- Support is important when you breastfeed ......................................................... 45

Crying
- Why babies cry .................................. 48
- How to comfort a crying baby ............. 50
- Crying and colic ................................ 52
  - Comfort for parents ....................... 53
  - Colic comfort ............................... 54
- When your baby keeps crying ............ 56
- Never shake your baby ..................... 57

Sleeping
- How much do babies sleep? .................. 60
- Your baby’s sleep and wake cycle ....... 62
- Helping your baby fall asleep ............ 64
- Helping your baby put herself to sleep ... 67
- Bedtime routines ............................. 68
- Reducing the risk of SIDS ................. 69
- Safe places to sleep ......................... 70
  - Bed-sharing .................................. 70

Keeping Clean
- Cord care ...................................... 74
- Diapers ........................................ 75
- Diaper rash ..................................... 76
- Bathing ......................................... 77
Loving care is what every baby needs. It’s what every parent wants to give.

Health

- Hand washing ............................................ 80
- Well-baby check-ups ................................. 81
- Immunizations ......................................... 82
- Questions that your health care provider may ask .......................................................... 83
- When to see a health care provider .... 84
- Common concerns ........................................ 86
  - Baby pimples ........................................ 86
  - Swollen genitals and breasts, erections .......... 86
  - Jaundice ............................................. 86
  - Flat head ........................................... 87
  - Pee and poop ..................................... 87
- Dental health ........................................... 88
  - Mouth and gum care ............................. 88
  - Teething ........................................... 89
  - Soothers .......................................... 89

Safety

- Car safety .................................................. 92
- Safety at home ........................................... 93
  - Baby furniture .................................... 93
  - Baby slings ....................................... 94
  - Toys ................................................ 95
- Protect your baby ...................................... 96
  - Falls .............................................. 96
  - Overheating ...................................... 96
  - Pets ............................................... 96
  - Choking .......................................... 96
  - Drowning ......................................... 97
  - Burns ........................................... 97
- A smoke-free home and car ..................... 98

Support and Information

- Provincial Services .................................. 102
- Other Resources and Services .................. 105

Thanks!

- Thanks! ................................................... 112
What your baby is telling you ........................................ 2
Baby temperament ................................................................ 4
Getting to Know Your Baby
I was happy when I brought my baby home, but I was scared, too. How would I ever figure out what she needed? How would I know what to do?

What your baby is telling you

Babies don’t have wants. They only have needs. When you respond to your baby, you are not spoiling her. You are giving her what she needs to grow and be well.

Your baby can’t talk yet, but she has ways to let you know what she needs. These are called “cues.”

Pay attention to your baby. You’ll soon begin to understand her cues and see what she’s telling you.

Your baby is telling you, “I’m hungry,” by:
- Holding hands or fists over her chest
- Sucking on her fingers or fist
- Turning toward your body with her mouth open
- Smacking her lips
- Sticking out her tongue
- Making sucking sounds
- Crying

Your baby is telling you, “I’m full,” by:
- Turning away
- Closing her mouth
- Falling asleep
- Relaxing her hands and arms
Your baby is telling you “I’m tired,” or “I need a break,” by:
- Looking away
- Fussing
- Crying
- Hiccupping
- Making faces—wrinkling her forehead, frowning
- Opening and closing her eyes
- Arching her back
- Squirming
- Kicking
- Pulling away

Your baby is telling you “I want you,” “I’m lonely,” or “Play with me,” by:
- Turning toward you
- Looking at your face with bright, wide eyes
- Reaching for you
- Making soft sounds
- Raising her head
- Smiling

Your baby is telling you, “I’m sleepy,” by:
- Becoming calmer, quieter and less active
- Slowly opening and closing her eyes
- Yawning
- Sucking more and more slowly

Your baby wants you to know...

Let me know you love me! Your smiling face, soft voice, and gentle touch all tell me you love me.
Getting to know your baby can be challenging, especially if your baby gets upset when lots of new people fuss over him, you can keep visits short. Or you can take your baby to a quieter room to calm down when he starts to get fussy.

Getting to know how to respond to your baby's temperament can take time and practice. It may take a while for you to figure out what your baby needs to feel safe and happy. All parents learn by trying things until they find something that works. Keep trying.

As you respond to your baby, you are developing a bond of love and trust. When you accept your baby’s temperament and respond to him with loving care, your baby will learn to feel good about himself. And you’ll feel good too!

Baby temperament

Every baby is born with his own temperament. Temperament is what makes one baby quiet and another baby noisy. It’s what makes one baby calm and another baby fussy. It’s what makes one baby cuddly and another squirmy.

These differences are what make every baby his own special person.

A baby’s temperament affects how he sees the world and how the world reacts to him. For example, most of us can’t help smiling when we see a smiling baby. It takes more effort to smile at a baby who isn’t smiling at you.

A baby develops his personality by interacting with the world around him. How you respond to your baby’s temperament will have a big effect on the kind of person he becomes.

Babies with the same temperament can develop different personalities depending on how parents and others respond to them.

It’s up to you to understand and respond to your baby’s temperament in ways that will help him feel safe and loved. Your baby can’t change who he is. But you can change what you expect from him and how you respond.

When you understand your baby’s temperament, you can find ways to work with it. For example, if your baby gets upset when lots of new people fuss over him, you can keep visits short. Or you can take your baby to a quieter room to calm down when he starts to get fussy.

Getting to know how to respond to your baby’s temperament can take time and practice. It may take a while for you to figure out what your baby needs to feel safe and happy. All parents learn by trying things until they find something that works. Keep trying.

As you respond to your baby, you are developing a bond of love and trust. When you accept your baby’s temperament and respond to him with loving care, your baby will learn to feel good about himself. And you’ll feel good too!
Your baby wants you to know...

You are my world. I see myself through your eyes. I need to know that you love me just the way I am.

Added info...

People often ask new parents if they have a “good baby.” They mean, “Does your baby sleep a lot and cry very little?” But parents may wonder, “If my baby’s not like that, does it mean he’s a ‘bad’ baby?”

There are no “good” or “bad” babies. Every baby’s temperament is a mix of qualities that parents can find easy to handle or hard to deal with.

Your job as a parent is to understand your child’s temperament and love him for who he is.
Help Your Baby Learn to Love
Attachment

Attachment is a bond of love and trust between parent and child. You build this bond when you pay attention to your baby and respond to her needs.

Your baby depends on you for everything. She needs to learn that she can trust you to come every time she needs you.

When you respond to your baby with loving care, you aren’t spoiling her. You are teaching her that:

• She can trust and depend on you.
• She is important to you.
• She matters.
• Her world is a good and safe place.

You are teaching her what it feels like to be loved. You are building a bond of attachment between you and your baby.

How your baby thinks, feels, and acts for the rest of her life depends on this bond. When the bond between you and your baby is strong, she can love, learn, and grow. She can be healthy and happy. She will be able to give you—and others—the love you have given her. A healthy relationship with you will enable her to have healthy relationships throughout her life.

Attachment doesn’t happen all at once. It takes time to develop. As your baby grows, the bond of love and trust between you grows too. This attachment between you and your baby will keep growing and will last a lifetime.

Added info...

You may find it hard to respond to your child with the love and care she needs. There are many reasons for this—for example, you may have had a difficult childhood yourself. Or you may be suffering from post-partum depression.

You need to deal with your own feelings so you can build a loving bond with your baby.

If you are worried, talk to a health care provider or call Tele-Care at 811.

You’ll find more information on post-partum depression in Loving Care: Parents and Families.
It's never too late to begin building bonds between you and your baby.

You may be adopting a baby or may have been separated from your baby for a while and wonder if you've missed your chance for attachment. You have not.

Responding to your baby's needs will build love and trust between you at any age.

**Your baby wants you to know...**

**Respond to me!** Teach me to love and to trust by responding to my needs with loving care. This won’t spoil me.

**Come when I cry.** I need to know I can depend on you. When you don’t come quickly, I think you might not come at all.

**Comfort me.** Feed me when I’m hungry. Change me when I’m wet. Warm me when I’m cold. Hold and cuddle me when I’m upset or scared.

**Notice me.** Pay attention to my cues. Try to figure out what I like and what I don’t like. Talk to me when I make little sounds. Smile at me when I smile at you.
Newborn babies love skin-to-skin contact.

Snuggling against their mother’s chest right after birth helps babies get used to the outside world after being born. It helps keep their heart rate, blood pressure, breathing, and body temperature normal. Babies who get skin-to-skin contact cry less. It helps them feel safe, warm, and calm.

Snuggling your baby skin-to-skin in the weeks after birth helps you to feel close to your baby. It lets your baby learn how you feel and smell. It’s a way of connecting with your baby and building bonds of love and attachment that last a lifetime.

**Added info...**

To cuddle skin-to-skin, lay your naked baby belly down on your chest and cover her with a blanket.

If you are sleepy, put your baby in the crib or skin-to-skin with someone else who is alert. Do not risk falling asleep with your baby skin-to-skin.

Dads and partners can snuggle skin-to-skin with their baby, too.

**For information on how to do skin-to-skin safely go to:** https://www2.gnb.ca/content/dam/gnb/Departments/h-s/pdf/en/HealthyPeople/BFI/Holding_Your_Baby_Skin-to-Skin.pdf
Help Your Baby Learn to Love
Step by step ................................................................. 14
What a newborn baby can do........................................ 16
Developing new skills ................................................ 18
New skills to watch for .............................................. 20
Helping your baby develop ...................................... 22
When to wonder about your baby’s development........ 24
My baby is so small! He seems so helpless. What can he do? How much can he see? Can he hear me?

Step by step

From the minute your baby is born, he’s busy doing two things:

- **Growing**: Getting stronger, growing longer, and gaining weight.
- **Developing**: Learning new things and being able to do new things.

Babies grow and develop step by step over time. As they grow bigger and stronger, they’re able to develop new skills.

Every baby grows and develops at his own pace. Your baby needs your help to grow and develop into a healthy, happy person.

When you feed and take care of your baby, you help him to **grow**.

When you pay attention to him and play with him, you help him to **develop**. You teach him about himself and his world.
If your baby is premature or has health concerns, he will develop in different ways and at different times than other babies. Check with your health care provider about what’s normal for your baby.
What a newborn baby can do

From the moment they’re born, babies have abilities that will help them to learn and grow.

Your newborn baby can:

See

- New babies see light and dark, black and white shapes, and bright colours.
- They see things clearly when they are 18 to 25 cm (7 to 10 inches) away.
- They blink at bright lights.
- They stare at faces.

Hear

- New babies hear very well.
- They turn toward a sound or voice.
- Gentle sounds soothe.
- Sudden or loud noises startle them.

Added info...

Your baby’s hearing should be tested in the hospital after birth.

If for some reason your baby’s hearing hasn’t been checked, contact the Speech and Hearing Department at your local hospital (contact information, page 105).
What a newborn baby can do

Growth and Development 17

Added info...

Babies can also FEEL. It’s important to hold them close. Babies love to be held skin-to-skin and to hear your heartbeat. This not only makes them feel good, it helps them grow and develop.

Move

- New babies move their arms and legs.
- They hold your finger.
- They turn their heads.
- They lift their head for a few seconds when lying on their tummy.

Make sounds

- New babies cry.
- They make soft little sounds.

Make sounds

- New babies cry.
- They make soft little sounds.

Move

- New babies move their arms and legs.
- They hold your finger.
- They turn their heads.
- They lift their head for a few seconds when lying on their tummy.
Babies grow and develop at their own speed, step by step. Every baby develops in her own way.

Every day, your baby is learning new things and developing new skills. She’s developing a personality and becoming her own special self. Your baby will develop new skills bit by bit over the months. It doesn’t happen all at once. Your baby needs time to learn.

In the end, most babies do just fine.

By the time I’m about 6 weeks old, I’ll have learned to smile at you! Smile back when I smile at you! Your smiles tell me you love me.
New skills to watch for

At 1 month, does your baby...

• Look at you?
• Lift his head for a few seconds when lying on his tummy?
• Notice sounds? Startle at loud noises?
• Blink at bright lights?

At 3 months, does your baby...

• Know your face?
• Smile when you smile?
• Follow objects with his eyes?
• Hold his head steady?
• Coo, gurgle, laugh, and squeal?
• Open and close his hands?
• Hold your finger?
• Kick his legs?
At 6 months, does your baby...

- Like to look at faces more than anything else?
- Smile when he hears your voice? When he sees someone he knows? When he’s happy? When he wants to play with you? When he sees himself in a mirror?
- Make singsong noises and copy sounds?
- Turn his head to see where a sound is coming from?
- Make sounds while he’s playing by himself?
- Love listening to music, rhythm, voices, and toys that make noise?
- Recognize voices he hears a lot? Look for you when he hears your voice? Notice when he hears a strange voice?
- Enjoy games like peek-a-boo?

- Push himself up on his arms when lying on his tummy?
- Pull himself to a sitting position if you hold his hands?
- Roll over—from front to back and back to front?
- Push down on his legs and support his weight when you hold him?
- Put his hands—and other things!—in his mouth?
- Reach for things with one or both hands?
- Grab and shake small toys?
- Pass things from one hand to the other?
You can help your baby develop by talking, reading, and singing to her, playing with her, and responding to her.

**To help your baby develop her muscles:**

- Hold toys so your baby will reach for them.
- Give her things to hold and feel.
- Give your baby lots of tummy time. (See page 28 to learn more about tummy time.)

**To help your baby develop social skills:**

- Respond to your baby. Smile back when she smiles at you. Go to her when she cries. Help her learn she can depend on you.
- Make faces for her to copy. Stick out your tongue. Puff out your cheeks. Wrinkle your nose. Let your baby try to copy you.
- Respect your baby’s feelings. Some babies warm up to new people quickly. Others take more time. Let your baby get used to people in her own way.
- Give your baby new things to think about. Take her for walks outside. Talk to her about what she’s seeing.
Your baby wants you to know...

**Smile at me!** I love to look at faces! Hold me close so I can see your smile. Give me bright colours, patterns, and shiny things to look at.

**Talk to me!** I like gentle voices and soft sounds. Read to me. I like music. I like to hear you sing and hum.

**Cuddle me!** I need to feel gentle touches and cuddles. Your touch tells me that you love me. It welcomes me to the world. You can’t hold or cuddle me too much.

**To help your baby develop hearing and speech:**

- Give your baby lots of things to listen to. Sing to her. Talk to her. For example, tell her what you’re doing while you work. Tell your baby what you’re doing while you dress her, wash her, and change her diaper. Describe what you see when you’re out walking. It is a gift to your baby when you and other members of your family speak to her in different languages.

- Give your baby rattles to make noise with. Play music for her. Give her soothing sounds to listen to. Sudden loud noises can scare her.

- Copy the sounds your baby makes. Make sounds for her to copy.

- Play games with her that have songs or words—like patty-cake, peek-a-boo, or this little piggy.

- Read to your baby.
By 6 months, most babies have developed a set of basic skills. You should talk to your baby’s health care provider if your baby:

- Does not roll over
- Does not push down with his legs when his feet are placed on a firm surface
- Has not started babbling
- Has not started smiling
- Does not turn his head toward sounds
- Cannot sit up, even with help
- Does not laugh or make squealing sounds
- Seems very stiff—like his muscles are tight
- Seems very floppy—like a rag doll
- Still holds his hands in fists and doesn’t hold things
- Has crossed eyes most of the time

**Added info...**

If your baby is a preemie, remember that he may develop skills at different ages. Check with your health care provider to find out what’s normal for your baby.
Helping your baby develop

When to wonder about your baby's development
Games and activities

- Tummy time ............................................................. 28
- Baby massage ....................................................... 29
- Tracking ............................................................... 29
- Copycat ............................................................... 30
- Pull-ups ............................................................... 30

Toys ......................................................................... 31
Games and activities

Play is how your baby learns. It helps her to develop the skills she needs to grow and learn.

When you spend time playing with your baby, you’re showing her that you love her and that she’s important to you. And it’s fun for both of you!

**Tummy time—To build strong muscles**

Tummy play gives your baby a break from lying on his back. It helps him learn to lift his head and to push up on his hands and arms.

- Lay on your back.
- Lay your baby on his tummy on top of your chest.
- Play with him. Talk to him so he’ll lift his head to look at you.

**OR**

- Lay baby tummy down on a blanket on the floor.
- Lay on your tummy, facing him.
- Talk to him. Play with him.
- Show him toys so he’ll lift his head to look. Put an unbreakable mirror nearby, so he can see himself when he looks down.
- Play music so he’ll look to see where it’s coming from.

*I know that play is important for babies. But she’s so small! What can I do that she’ll like and is safe?*

*Tummy time will also help prevent flathead. For information on flathead, see page 87.*
Games and activities

Baby massage—
To teach baby about her body

While doing this, sing to your baby. Talk to her. Say the names of her body parts.

• Lay your baby on her back.
• Sit or kneel next to her.
• Gently stroke each of her arms, from top to bottom, all the way to her fingertips. Do this several times.

• Stroke each of her legs from top to bottom, all the way to her toes. Do this several times.
• Stroke the sides of her head from top to bottom. Go from the top of the forehead, around the cheeks, and under the chin.
• Rub her hands and feet between your hands.

Tracking—To help baby learn to follow things with his eyes

• Lay your baby on his back.
• Say his name until he looks at you.
• Hold something black and white about 20 cm (8 inches) from his face.
• Slowly move it from side to side. Go slowly so baby’s eyes have time to follow.
• Give baby a rest. Smile, talk to him.
• Repeat the game a few more times.
Copycat—To help baby learn by copying what you do

- Lay your baby on her back.
- Say her name until she looks at you.
- Bring your face close to hers—about 25 cm (10 inches) away.
- Slowly stick out your tongue. Wait a few seconds. Do it again.
- Give baby time to copy you.

Pull-ups—To help your baby use his muscles

Do this activity with your baby when he’s old enough to hold up his head.

- Lay your baby on his back.
- Hold both his hands.
- Slowly pull up until baby is sitting.
- Talk to him while pulling. Say things like, “Up we go!” Do this several times.
- After a while, you’ll find that your baby tries to do more of the work and you have to pull less.
Toys

Babies don’t need a lot of expensive toys. They need:

• **Things to look at** —
  colourful pictures, mobiles, books

• **Things to hold and chew on** —
  teething toys, clean wet facecloth

• **Things that make noise** —
  rattles, musical toys

• **Soft toys** —
  to feel different textures

For a baby, a parent is the best toy in the world!

Your face and smile to look at...
Your voice to hear...
Your fingers to grab and hold...
Your warm body and arms to keep her safe while she learns about the world...

**You are your baby’s best toy!**

---

**Your baby wants you to know...**

*The best times to play with me or read to me are when I’m quiet, calm, and awake.*

*When I’m tired of playing, I’ll look away or turn my head.*

*If I’m very tired, I’ll cry.*
The best start .............................................................. 34
Connecting with your baby ............................................ 36
Breastfeeding to comfort your baby ............................... 37
Babies need to feed often............................................. 38
How to tell if your baby is breastfeeding well ............... 39
Weight gain and growth ................................................ 40
Growth spurts ................................................................ 41
It’s too soon for solid food .......................................... 42
Breastfeeding anytime, anywhere ............................... 44
Support is important when you breastfeed .................. 45

If you decide to feed your baby with infant formula, talk to your health care provider about infant formula and your baby’s health. You’ll find information about how to use infant formula as safely as possible in How to Feed Your Baby with Infant Formula. You can get a copy from your local Public Health office (contact information, page 105).

You’ll find more information about breastfeeding in Breastfeeding Your Baby.
You can get a copy from your local Public Health office (contact information, page 105).

Caution!
Cow and goat milk, and fortified plant-based beverages including soy milk, cannot be used as an alternative to breastfeeding. They do not have the nutrition necessary for healthy growth and development.

If you are not breastfeeding, talk to your health care provider about using store-bought infant formula.
Breastfeeding
Breastfeeding turned out to be the most amazing experience for me and for my family. I was a bit uncertain at first, but I’m glad that I did it.

The best start

Breastfeeding gives your baby the healthiest possible start! It’s the best food for your baby.

Breastmilk is the only food babies need until they’re about 6 months old. If your baby gets any other food or drink—including infant formula—you may make less breastmilk. This means that your baby will get less breastmilk and will not get all the benefits that breastfeeding offers.

Breastfeeding has lots of benefits—for babies, mothers, families, and communities.

Breastfeeding is important for babies

- Human milk is the perfect food for human babies.
- It keeps them healthy by protecting them from ear infections, allergies, diarrhea, vomiting, and anemia (low iron).
- It helps their brain develop. Breastmilk contains exactly the right mix of the nutrients that babies need for their brain to develop.
- It lowers the risk that babies will develop childhood leukemia, type 1 and 2 diabetes, respiratory infections, and SIDS (Sudden Infant Death Syndrome).
- Babies are less likely to come into contact with germs because breastmilk is always clean.
- Babies can be fed right away when they’re hungry, because breastmilk is always ready.
- Babies are less likely to be burned, because breastmilk is always the right temperature.

Added info...

Your baby may need extra vitamin D every day. Talk to your health care provider or contact your local Public Health Services office for more information (contact information, page 105).
Breastfeeding is important for mothers

- Breastfeeding helps your uterus return to its pre-pregnancy size more quickly.
- It uses up the fat your body stored during pregnancy.
- It releases a hormone that makes you feel good!
- It makes it less likely that you will develop breast cancer, ovarian cancer, or osteoporosis.
- Breastmilk is ready and waiting all the time. You do not have to purchase, measure, and mix formula. You don’t have to warm bottles during the night. You can meet your baby’s need right away.

Breastfeeding is important for families and communities

- Breastfeeding saves money. You don’t need to buy formula, bottles, and equipment. Breastmilk requires no preparation. There’s no need to use electricity and hot water.
- Breastfeeding protects the environment. Breastmilk doesn’t need packaging. Producing it doesn’t harm the environment.
- Breastfeeding reduces health care costs. Breastfed babies are sick less. They need fewer visits to health care providers and hospitals.
- Breastfeeding may reduce the number of sick days that families must use to care for their sick children.

Added info...

You and your baby will both be healthier if you don’t smoke or use alcohol or other drugs while you are breastfeeding.

However, even if you smoke, breastfeeding is still the best way to feed your baby.

You can find more information in Breastfeeding Your Baby. You can get a copy from your local Public Health office (contact information, page 105) or visit www.gnb.ca/breastfeeding

You’ll find more information on stopping smoking in the “Parents” section of Loving Care: Parents and Families.
Connecting with your baby

Feeding your baby is a special time. It’s a time to cuddle, enjoy, and connect with your baby.

**When you feed your baby:**

- Hold him close. Babies love to be held skin-to-skin. Babies latch on and breastfeed better when they’re often snuggled skin-to-skin.
- Look into his eyes.
- Smile, talk, and sing to him.

**Other family members can share in breastfeeding, too.**

Feeding times are a good time for brothers and sisters to connect with their new baby. They can sit with you and have a snack. They can talk or sing to the baby. You can tell everyone a story.

Support from fathers and partners helps mothers to breastfeed happily and successfully. By bringing the baby to Mom for breastfeeding, or by bringing Mom food, drinks, and pillows, fathers and partners can connect with both Mom and baby. Their encouragement, praise, and pride in giving their baby the best start in life can get mothers through times when they are tired and wonder if breastfeeding is worth it.

When you feed your baby, you do more than nourish his body. You are making connections that will last a lifetime.

**Your baby wants you to know...**

*Hold me close when you feed me. Look into my eyes and tell me you love me.*

---

**Added info...**

There are many ways that fathers and partners can connect with their baby.

- Skin-to-skin cuddling
- Holding, rocking, cuddling, massaging, and playing
- Changing, burping, and bathing

There are many ways to build a loving connection with your baby!
Breastfeeding does more than make your baby’s body strong. Your breast gives your baby comfort as well as food. You can breastfeed your baby when she’s lonely, tired, or scared—not just when she’s hungry.

Being held close to breastfeed helps a baby feel safe and loved. You aren’t spoiling your baby by breastfeeding her when she needs comfort and closeness.

To get your baby off to a good start with breastfeeding, it’s best not to use a soother until about 6 weeks. By this time, your baby will be breastfeeding well.
Babies need to feed often

Babies come in different weights and lengths, but all babies have very tiny tummies!

Babies’ tummies can’t hold much at one time, so they need to be fed often—day and night.

Every baby has his own way of breastfeeding. Most newborn babies need to feed every 1 to 3 hours. Some babies need to feed many times during the night. Others may not need to feed as often. Follow your baby’s cues. You’ll soon learn what’s normal for him.

**Added info...**

Your baby has many ways to tell you he’s hungry. Some feeding cues are:
- Holding hands or fists over his chest
- Sucking on his fingers or fist
- Turning toward your body with an open mouth
- Smacking his lips
- Sticking out his tongue
- Making sucking sounds
- Crying

A newborn baby’s tummy is the size of a cherry.

By 3 or 4 days, a baby’s tummy is the size of a walnut.

By 5 or 6 days, a baby’s tummy is the size of an apricot.

By 1 to 3 weeks, a baby’s tummy is the size of an egg.

Information on ‘Baby’s Tummy Size’ is adapted with permission from Best Start Resource Centre.
How to tell if your baby is breastfeeding well

You know your baby is breastfeeding well when:

- **You can hear her swallowing while she’s feeding.**
- **She’s content after breastfeeding.**
- **She has wet or dirty diapers each day.** As your baby’s tummy gets bigger, she’ll have more wet diapers. On the first day, she might have 1. Then, each day of the first week, she’ll have a few more. After the first week, she should have between 6 and 10 wet or dirty diapers each day.
- **She’s growing and gaining weight.**

**Added info...**

There may be a good reason why babies want to breastfeed during the night! Nighttime feedings increase your milk supply. You make more milk at night because that’s when the hormones that help you make breastmilk are at their highest levels.

**Your baby wants you to know...**

**Come when I call!** Crying is only one of the ways I can let you know I’m hungry. When you come as soon as I start to cry, you help me learn that I can trust you to come when I need you.

When I cry, I need you to come quickly. If you wait too long, I worry that you won’t come. I cry so hard you’ll have to calm me down before I can breastfeed.
Weight gain and growth

It’s normal for babies to lose a little weight in the first few days after they’re born. By 2 to 3 weeks, most babies have gained that back and weigh the same as they did at birth.

From birth to 3 months, most babies gain about 675 to 900 grams (1 and a half to 2 pounds) per month.

From 4 to 6 months, most babies gain about 450 to 560 grams (1 to 1 and a quarter pounds) a month.

As well as gaining weight, your baby is also growing longer. You may notice her outgrowing her newborn size sleepers!

Remember that every baby grows at her own pace. Talk to your health care provider if you have any concerns about how your baby is growing.
Growth spurts

Babies have times when they grow very fast. For most babies, these growth spurts happen at around 10 days, 3 weeks, 6 weeks, 3 months, and 6 months.

Growth spurts usually last for only a few days.

During a growth spurt, babies usually want to breastfeed more often or for longer at each feeding. Follow your baby’s cues. He’ll let you know when he’s hungry and how much he needs.

By feeding your baby whenever he’s hungry, you will make enough milk to meet your baby’s needs. Your milk will give him the nourishment he needs to grow. At this age he does not need solid foods.

**Added info...**

Just because your baby reaches for the foods she sees you eating, it doesn’t mean she’s ready for solid food. Babies reach for just about everything they see—not just food.
When will my baby be ready for solid food?  My mother says that she gave me cereal when I was just a couple of months old.  She says it will help my baby sleep through the night.  Is that true?

It’s too soon for solid food

Parents often feel pressure to give their baby solid food.  Babies will be ready for solid food at around 6 months of age.

When you give your baby solid food too soon, it fills her tummy.  It makes her too full to drink much breastmilk.  This means that you will make less and your baby will not get enough breastmilk to give her the nourishment she needs.

Six months may be later than the age you were when your parents first gave you solid foods.  It may be different from what others tell you.

But there are good reasons to wait until 6 months.

• By 6 months, babies are able to begin learning how to swallow, chew, and pick up solid food.
• By 6 months, babies’ bodies are ready for solid food.
• By 6 months, babies need foods that contain iron.

Until they’re 6 months old, the nourishment babies get from breastmilk is more important to their growth and development than anything they could get from solid food.
It's too soon for solid food

Added info...

Giving your baby solid food will not help him sleep through the night.

Giving a baby solid food early does not mean he is more mature or is developing faster than other babies.
Breastfeeding anytime, anywhere

You have the right to breastfeed your baby anytime, anywhere. The Canadian Charter of Rights and Freedoms protects this right. No one can legally ask you to leave a public place because you’re breastfeeding.

Other mothers are a good source of ideas for ways to breastfeed in public. Look for La Leche League meetings or breastfeeding support groups in your community. If you have friends who have breastfed their babies, talk to them.

You can also get information about how to continue breastfeeding when you return to work or school from your local Public Health office (contact information, page 105).

Everyone has a part to play in making our communities welcoming to breastfeeding families.

Added info...

You will see moms and babies breastfeeding in many places in your community. There are many options for breastfeeding in public. Do whatever feels comfortable to you.

• You can wear clothes that lift up from the waist.
• You can drape a blanket or towel around you and your baby.
• You can use a cloth baby sling that will cover the baby while breastfeeding.
• You can turn your body away from other people while your baby latches on.

Look for breastfeeding rooms in malls, airports, and other public spaces. Breastfeeding rooms are especially helpful if you are uncomfortable breastfeeding in public—for example, because of your religion, cultural beliefs, or personal feelings.
Support is important when you breastfeed

Every mother and baby learn to breastfeed together. For some, it comes easily. Others have more questions or concerns. Parents often enjoy sharing their stories, experiences, and feelings about breastfeeding with other parents.

Other mothers who are breastfeeding—or who have breastfed—are one of the best sources of support, information, and someone to talk with. You can meet other breastfeeding mothers in your community through:

- Family Resource Centres
- La Leche League Canada
  (Contact information, page 105)

You can get information and support for breastfeeding from:

- Health care providers, public health offices, community health centres, First Nation health centres
- The New Brunswick Prenatal Breastfeeding Class: www.gnb.ca/breastfeeding
- Books and videos from your local library
- Websites like:
  www.lllc.ca
  www.gnb.ca/publichealth
  www.nb.unvanl.ca
  www.facebook.com/
  BreastfeedingNB.AllaitementNB

I have many questions about breastfeeding! Who can I talk to? Who will listen?
Why babies cry ............................................................ 48
How to comfort a crying baby........................................ 50
Crying and colic............................................................ 52
  • Comfort for parents .............................................. 53
  • Colic comfort ...................................................... 54
When your baby keeps crying ...................................... 56
Never shake your baby ................................................ 57
Crying
What should I do when my baby cries? Will I spoil her if I pick her up as soon as she cries?

Why babies cry

Most of the time, babies cry because they need something. They don’t cry to upset you or bother you. You cannot spoil your baby by going to him every time he cries.

Your baby needs to know that he can depend on you to be there when he needs you. When you answer his cries with loving care you are teaching him that he can trust you.

Most healthy babies cry between 1 and 3 hours a day. Babies start to cry a little less after about 3 months. They don’t do all their crying at once, though. It’s spread out over the day and night.

If your baby cries for more than 4 to 5 hours a day, talk to your health care provider.

Watch your baby closely. Pay attention to his sleep patterns and to what he is telling you. As you get to know him, you’ll get better at understanding and meeting his needs. Trust your instincts. You know your baby best. Most of the time, you’ll probably be able to figure out why he’s crying and what he needs. Sometimes, you won’t be able to figure out why your baby is crying. When this happens, all you can do is keep trying to comfort him.
You’ll find information on what your baby is telling you on page 2.

You’ll find information on baby’s sleep and wake patterns on page 62–63.

Your baby wants you to know...

I don’t cry to make you mad! When I cry, it’s not because I’m mad at you. It’s not because you’re a bad parent.

I cry because I need something. But I don’t always know what it is I need. Sometimes I cry because I just can’t help it.
How to comfort a crying baby

Nobody’s calm all the time, but the calmer you are, the calmer your baby will be. When you go to your baby, take a deep breath, make an effort to calm down, and smile.

• Go to your baby as soon as she starts to cry. You can’t spoil your baby by picking her up when she cries. When you come quickly, it helps both you and your baby. Babies cry less when someone comes as soon as they start to cry.


• Offer comfort and loving care. If your baby isn’t hungry and doesn’t need a diaper change, try different things until you find what she needs. For example:
  • Cuddle her close.
  • Hold her against your shoulder.
  • Rub her back.
  • Move her around. Try walking or gentle rocking. Take her out for a walk in the stroller. Take her for a drive.
  • Give your baby something to suck. Most babies like to suck on their fingers or fist.

• Try a baby carrier. Some babies need a lot of close contact with a parent. Try carrying your baby next to your body in a cloth baby carrier or sling. Try carrying your baby next to your skin.

• Try soothing with sound. Hum or sing. Make soft shushing sounds—“shhh, shhh.” Play soft music. Some babies like the sound of the clothes dryer, washing machine, vacuum cleaner, running shower, or dishwasher. Make a tape or a CD of a sound your baby likes and play it when she cries.

• Move your baby to a different room. If there’s a lot of noise or activity going on, your baby might be too excited. Try moving to a quieter room. If your baby is in a quiet place, she might be bored. Try moving her to a place where there’s more activity.

Added info...

To see if your baby is too warm, touch the back of her neck. If it’s damp, she’s too hot.
You can get help and information about how to handle your baby’s crying from your health care provider.
Crying and colic

A baby with colic cries for hours at a time every day, often in the evening. Your baby may scream as if he’s in pain. He might pull his knees up toward his chest. He keeps crying no matter how many things you try.

If your baby is going to have colic, it usually starts when he’s a few weeks old. It will usually stop by 3 months.

Colic is more than just a baby being fussy. It’s a medical condition. No one knows what causes colic. No one knows why some babies have it and others don’t. It is not the result of anything you did or didn’t do. Talk to your health care provider if you think your baby might have colic.

Colic is hard for both babies and parents. It can be very difficult to stay calm when your baby keeps crying. It’s important to keep trying to comfort your baby. He may not be able to show it, but he needs to know you’re there.

Your baby wants you to know...

When I’m crying, I need your loving care the most. Even when it seems like I’ll never stop crying, I still need you to comfort me. When you help me through this difficult time, it makes the bonds between us stronger.
Comfort for parents

You may need help from friends and family to get through this difficult time.

If you have someone with you, take turns when your baby cries. One of you can go outside or to another room for some quiet or some exercise, while the other comforts the baby.

If you are on your own, call someone you trust for help when you need a break.
Often, a baby with colic can’t calm down, no matter how many things you try. But even if she keeps crying, your baby might feel better if you try some of these things.

- Hold your baby over your arm. Lay your baby with her belly on your forearm and her head in the bend of your elbow. Hold her with her back against the front of your body. Let her arms and legs hang down.

- Lay your baby with her belly on your forearm, with your hand supporting her head. Let her arms and legs hang down. Rub or pat her back.
Hold your baby with her back against the front of your body. Support her bum with one hand. Wrap your other arm under her legs, so that her knees are bent and she’s curled up against you.

• Hold your baby skin-to-skin on your stomach or chest.

• Carry your baby next to your chest in a cloth baby carrier or sling. Walk, dance, or move around.

• Take your baby for a walk or a drive.

• Give your baby a warm bath.

Added info...

Some colicky babies find massage very comforting. You can find some basic information on this on page 29 of this book.
Sometimes my baby just cries and cries. Nothing seems to help! I get so upset and angry. I don’t know what to do!

When your baby keeps crying

Sometimes your baby cries and cries no matter how many things you try. This can be very difficult for parents. You can feel helpless, frustrated, angry, and alone.

You may even feel so desperate that you’re afraid you might hurt your baby.

If you start to feel out of control:

• Gently lay your baby in his crib, leave the room, and close the door.

• Give yourself 10 to 15 minutes to calm down.

• Go back to your baby and try again to comfort him.

• If you start to lose control again, put him down and leave again.

• Call someone you trust—a friend, neighbour, or family member.

Keep returning to comfort your baby every 10 to 15 minutes. Even when he can’t stop crying, he still needs to know you’re there. He still needs to know you love him.

All parents need help sometimes. Try to find someone to help you—like a trusted friend or relative who can come on short notice when you need a break. Keep their phone number handy for the times when you need support. Talking to other parents can also be a source of information and support.
Never shake your baby!

Your baby has a heavy head and a weak neck. If you shake her, her head will jerk back and forth. Her brain will be damaged and will bleed. Her spine can be injured. Your baby could die.

**No matter how upset or angry you feel, never, ever shake your baby!**

Babies can be injured by caregivers or other family members. Be sure everyone who takes care of your baby knows that they should **NEVER SHAKE A BABY**.

**Double Check**

You’ll find information about how to handle stress and anger in the “Parents” section of *Loving Care: Parents and Families*.

Your baby wants you to know...

*Shaking can kill me. It can hurt my brain or spine in ways that can never be healed.*
How much do babies sleep? ........................................... 60
Your baby’s sleep and wake cycle ........................................... 62
Helping your baby fall asleep ........................................... 64
Helping your baby put herself to sleep ................................ 67
Bedtime routines .................................................................. 68
Reducing the risk of SIDS ...................................................... 69
Safe places to sleep ................................................................ 70
  • Bed-sharing ........................................................................ 70
How much should a baby sleep? It seems like mine just gets to sleep and then he’s awake again!

How much do babies sleep?

Babies sleep more than you might think. A newborn sleeps between 12 and 17 hours a day.

This can be hard to believe because babies don’t often sleep for more than a few hours at a time. In fact, a new baby should not have more than one long sleep of about 4 to 5 hours in a 24-hour day. This is because babies’ tummies are very small. They need to be fed every few hours, day and night.

Over the first weeks and months of your baby’s life, you’ll start to see a pattern to when your baby is awake and when he needs to sleep. Watch what your baby is telling you. Put him on his back in his crib when he shows you he’s tired. This will help him learn to connect sleeping with his crib.

As your baby grows, he’ll slowly spend less time sleeping.

- At 1 month, most babies sleep about 15 and a half hours a day.
- At 3 months, they sleep about 15 hours a day.
- At 6 months, they sleep about 14 hours a day.

During the day, babies sleep in short naps. At night, they sleep for longer periods, but will still wake up to be fed.

By the time they’re about 4 months old, most babies start to be awake more during the day and to sleep a bit more during the night. Most babies like 2 or 3 naps during the day—1 nap in the morning and another 1 or 2 naps in the afternoon.

Between 3 and 6 months, some babies start to sleep through the night once in a while. This means that they sleep for about 5 hours without waking up to feed. This doesn’t mean that your baby will sleep through every night. But slowly, over time, he’ll sleep through more and more often.

Some babies are very sensitive to being handled. They get upset when they get too much attention from too many people at once. This can happen at parties, social events, or when you have visitors.

When your baby gets wound up like this, he’ll need some quiet time before he can calm down and go to sleep.
Your baby wants you to know...

When I wake up at night:
Come as soon as I start to cry. It’s easier for me to go back to sleep if I stay calm.
Keep the room dim. Bright lights can wake me up.
Keep things quiet. Hum or talk softly to me.
Every baby has her own pattern of sleeping and waking. She moves through this cycle several times over the course of a day and night. What your baby needs can depend on where she is in her journey from sleeping to being awake.

Watch closely and you’ll learn where your baby is in her sleep cycle. When you know this, it’s easier to figure out what she needs.

---

### Baby’s Sleep and Wake Cycle

<table>
<thead>
<tr>
<th>WHAT BABY DOES</th>
<th>WHAT BABY NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deep Sleep</strong></td>
<td><strong>Let baby sleep. Take a nap yourself.</strong></td>
</tr>
<tr>
<td>• Lies mostly still, but may move a little</td>
<td></td>
</tr>
<tr>
<td>• Face and eyes are still, except for a little sucking</td>
<td></td>
</tr>
<tr>
<td><strong>Active Sleep</strong></td>
<td><strong>Wait. Your baby may wake up or go back to deeper sleep.</strong></td>
</tr>
<tr>
<td>• Still asleep, but not so deeply</td>
<td></td>
</tr>
<tr>
<td>• Body moves more</td>
<td></td>
</tr>
<tr>
<td>• Face moves—baby may suck or smile, eyelids may flutter</td>
<td></td>
</tr>
<tr>
<td>• Might make fussy sounds or cry a little</td>
<td></td>
</tr>
<tr>
<td><strong>Drowsy–Half Asleep</strong></td>
<td><strong>Wait. Your baby may wake up or go back to deeper sleep.</strong></td>
</tr>
<tr>
<td>• Body moves slowly</td>
<td></td>
</tr>
<tr>
<td>• Eyes open and close, but are dull and sleepy looking</td>
<td></td>
</tr>
<tr>
<td>• Face moves</td>
<td></td>
</tr>
</tbody>
</table>

---

Watch closely and you’ll learn where your baby is in her sleep cycle. When you know this, it’s easier to figure out what she needs.
### Baby’s Sleep and Wake Cycle

#### WHAT BABY DOES

**Awake and Alert**
- More body movement
- Bright, open eyes
- Bright, alert face
- Interested in what’s going on around her

**Awake and Active**
- Lots of movement of arms and legs
- Fussy
- Eyes wide open
- Bothered by noises
- May be hungry

**Awake and Crying**
- Cries
- Makes faces

#### WHAT BABY NEEDS

**Awake and Alert**
- This is the best time to feed your baby.
- This is a good time to play or talk to your baby. When your baby looks away, she’s telling you she needs a rest.
- Give your baby something to look at or listen to.

**Awake and Active**
- If you’re playing with baby, stop and let her rest. Try another activity.
- See if she wants to suck on her fist or fingers.

**Awake and Crying**
- If you are playing with your baby, stop. She’s had enough.
- Comfort your baby. *(See page 50 for information on how to comfort a crying baby.)*
- Be patient.
All babies are different. Some sleep more than others. Some sleep less. Some fall asleep easily and stay asleep. Others find it hard to get to sleep and wake up at the least little noise. This is not something you can change. It’s just the way your baby is.

If your baby has problems going to sleep, be patient. Help him to get the sleep he needs by:

• Having bedtime and naptime routines (For more information see page 68.)
• Going to bed and having naps at the same time every day
• Waking him up at the same time every morning
• Helping him put himself to sleep

Parents can feel very frustrated if their baby falls asleep in their arms or while feeding, but then wakes up the minute they try to lay him in the crib. Or if their baby just doesn’t want to go to sleep. The table on the next 2 pages lists some reasons why this might be happening and some things you can try if it does.

CAUTION!

Never prop a bottle or put your baby to bed with a bottle.

This can cause ear infections and choking. It can also cause early childhood tooth decay (for more information see page 88).

Double Check

If your baby always sleeps with his head turned in the same direction, he can develop flathead. See page 87 for more information on preventing flathead.
Sleeping

### Causes of sleep problems

<table>
<thead>
<tr>
<th>POSSIBLE PROBLEM</th>
<th>WHAT PARENTS HAVE TRIED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temperature Change</strong></td>
<td></td>
</tr>
<tr>
<td>Your baby has been warm and snug in your arms. The cold sheets in the crib can be enough to shock him awake.</td>
<td>• Lay your baby on a warm blanket. You can warm the blanket by sitting on it while feeding your baby. Or you can wrap your baby in a blanket while feeding, and then lay him on it in his crib.</td>
</tr>
<tr>
<td><strong>Loneliness</strong></td>
<td></td>
</tr>
<tr>
<td>Your baby feels better knowing you’re near.</td>
<td>• Pat your baby's tummy when you lay him down. Slowly make your pats lighter until you can move your hand away without waking baby up.</td>
</tr>
<tr>
<td><strong>Noise</strong></td>
<td></td>
</tr>
<tr>
<td>Normal family noises keep some babies awake.</td>
<td>• Use a soothing sound to cover other noises. This can be a fan, or a tape or CD of some other noise your baby likes—like a dishwasher, a vacuum cleaner, or a dryer. • When your baby wakes in the night, keep things quiet. Use a calm voice and soft, soothing sounds—like “shhh.”</td>
</tr>
</tbody>
</table>
Help your baby learn the difference between day and night.

- During the day, give him lots of light—especially outdoor light—but keep him out of direct sunlight. Talk to and play with your baby during the day. At night, keep the room he sleeps in dark and quiet.
- Try dimming the light during your bedtime routine. Talk and play quietly to your baby in the evening and the night. Save the active fun and games for daytime.

Try to stop this problem before it starts. Pay attention to the ways your baby tells you he’s sleepy. Some babies get quiet. Some get fussy. Some yawn or blink their eyes. Put him down to sleep before he gets too tired. Try to organize the day so he gets regular naps. This will help keep him from getting too tired.

If your baby is too wound up to relax and sleep, you can try soothing him by cuddling, walking him in a carrier, rocking, or doing anything else you know calms your baby down.
Helping your baby put herself to sleep

Little babies often fall asleep in a parent’s arms. But sooner or later, all babies put themselves to sleep. For some babies, this happens at an early age. For some, it can take up until they’re about 3 years old.

There is no hurry for your baby to learn to go to sleep by herself. Some parents find that if they start laying a sleepy baby in her crib once in a while, it helps her get used to falling asleep in the crib.

When you do this, you can make it easier for your baby by gently rubbing her tummy until she’s nearly asleep. This lets her know you’re still there.

Do what feels right to you. What works for every family will be different.

Your baby wants you to know...

I need to sleep, even when it seems like I don’t want to sleep. I need your love, care, and patience to help me get the sleep I need.
Bedtime routines

By the time your baby is 3 to 5 months old, he may be ready for a bedtime routine. This means doing the same things at the same time every night. This will help your baby calm down and ease into sleep.

A bedtime routine should be very quiet and gentle. It should also suit your baby. For example, a common bedtime routine for a baby is a bath, a story or song, a feeding with a cuddle, and then bed. But if a bath makes your baby excited and eager to play, it won’t work as part of a soothing bedtime routine. You’ll need to use something that soothes and quiets him instead.

Added info...

It’s never too soon to start reading to your baby. Reading a story as part of a bedtime routine is a good way to start your baby on a lifetime of reading.

You’ll find contact information for the “Born to Read” Program on page 107.
SiDS—Sudden Infant Death Syndrome or Crib Death—is the sudden death of a baby who seemed perfectly healthy. SiDS is the most common cause of death in babies’ first year of life. SiDS usually happens while the baby is sleeping.

No one knows what causes SiDS. No one knows how to prevent it.

But we do know that there are things parents can do to make SiDS less likely. Since parents started following these suggestions, the number of babies dying from SiDS in Canada has been cut almost in half.

**SiDS is LESS LIKELY to happen when:**

- Babies sleep on their back.
- Babies live in a smoke-free home.
- Babies are breastfed.
- Babies are not too hot.
- The crib has a firm mattress. There should be no pillows, comforters, stuffed toys, or bumper pads in cribs. If your baby needs a blanket, a knitted or crocheted blanket is a good choice.
Safe places to sleep

The safest place for all babies to sleep for the first 6 months is in a crib within arm’s reach of your bed. To lower the risk of SIDS, your baby should sleep on her back.

Bed-sharing

Many breastfeeding mothers enjoy the closeness of sharing their bed with their baby and find that it makes nighttime feedings easier.

There has been a lot of research looking at whether bed-sharing is safe or whether it increases the risk of SIDS. One thing that the research shows is that if you smoked during pregnancy or if you smoke now, bed-sharing increases the risk of SIDS.

The safest approach is room sharing. Have your baby sleep in a crib near you. Bring her into your bed to breastfeed and return her to her own crib after the feeding.

If you are a breastfeeding mother who does not smoke and did not smoke during pregnancy, you can make bed-sharing as safe as possible by being sure that:

• Your mattress is firm. No waterbeds, soft mattresses, or cushions.
• Your baby can’t fall out of bed or get stuck between the mattress and the wall. She can’t get trapped under the sheets, blankets, or pillows.
• Your partner knows the baby is in the bed.
• Your baby sleeps on her back when she’s finished feeding.

It is NOT SAFE to bring your baby into bed if there is any reason that you might find it hard to respond to your baby. This could be because you or any other person in the bed:

• Are so tired that you might have trouble waking up when your baby cries
• Have an illness or condition that could affect your ability to respond to your baby
• Have taken medicine that could make you very sleepy
• Have had alcohol or other drugs

It is NOT SAFE to bring your baby into bed with you if you (or any other person in bed) smoke—even if you never smoke in bed. If you smoked during pregnancy or after the baby’s birth, it increases the risk of SIDS. If you smoke, sharing a bed with your baby increases this risk even more.

It is NOT SAFE to sleep with your baby on a sofa, armchair, or recliner. They can fall off or get stuck between the cushions and the back of the sofa.

It is NOT SAFE for pets to sleep with your baby.

*Added info...*

Room sharing means that your baby is near you, but in his own crib. Research has shown that this is safe and may reduce the risk of SIDS.

Bed-sharing means bringing your baby into your bed.
There is a risk that your baby’s head can fall forward and block her breathing if she sleeps while sitting up.

All babies sometimes fall asleep in a car seat, stroller, or swing. But it is **NOT SAFE** to use a car seat or stroller as a bed.

Watch your baby closely when she falls asleep while sitting up.

Never leave your baby alone when she falls asleep in a car seat, stroller, or baby swing.
Cord care........................................................................... 74
Diapers............................................................................. 75
Diaper rash ....................................................................... 76
Bathing............................................................................. 77
Keeping Clean
How clean do babies need to be? Should I give mine a bath every day? What should I do about the cord?

Cord care

Your baby’s cord can take anywhere from a week to several weeks to dry up and fall off. It’s normal to have a little bleeding when this happens.

Don’t worry if the cord gets wet while you’re changing a diaper or bathing the baby. Just gently dry it off.

Until the cord falls off, turn the top of the diaper back to let the air dry the cord. You don’t need to do anything else to it.

CAUTION!

Call the health care provider if:
- The area around the cord is red or swells up
- It’s leaking pus or fluid
Diapers

A healthy newborn has about 6 to 10 wet or dirty diapers over the day and night. Babies between ages 6 weeks and 6 months usually have 6 to 8 wet or dirty diapers per day.

Check with your health care provider if your baby has fewer than 6 wet diapers a day.

A dry bottom will keep your baby comfortable. Change your baby’s diaper as soon as it gets wet or dirty.

Wash and dry the diaper area carefully every time you change the diaper.

- For girl babies, wash from front to back. Be sure all the creases are clean.
- For boy babies, don’t pull back the foreskin when you wash the penis.

Added info...

You don’t need to use baby powder or cornstarch.

If you choose to use baby powder, make sure the baby doesn’t breathe it in.

Added info...

Washing your hands after you change your baby’s diaper stops the spread of germs. This helps keep the whole family healthy.

Your baby wants you to know...

I like to play while I’m getting my diaper changed. Kiss my fingers, toes, and belly. Talk to me. Sing to me. Tell me the names of my body parts.
Diaper rash is very common. All babies get a red or sore bottom once in a while. To help prevent diaper rash:

- Change your baby’s diaper often.
- Wash the diaper area with a clean wash cloth whenever you change a diaper. Dry the area well.
- Leave your baby’s bottom bare as often as possible.

To treat diaper rash:

- Change diaper as soon as it is wet.
- Wash and dry the diaper area carefully at each diaper change.
- Cover the rash with a zinc-based ointment.

Call your health care provider if:

- The skin in the diaper area is very red and peeling.
- There are sores along with the rash.
- You’ve tried everything on this page and the rash won’t go away or is getting worse.
Bathing

It’s important to keep your baby clean. Make your baby’s bath time fun by talking, singing, and playing.

You can give your baby a tub bath every day if you and your baby enjoy it, but it’s not necessary.

Every day, you need to:

- **Wash your baby’s face** with warm, clear water.
- **Wash your baby’s hands and diaper area.** Use a clean washcloth and mild soap. Rinse well.
- **Wash and dry around the base of the cord.**

It may take a while for some babies to learn to like tub baths. This is because babies like to be warm and snug. Many don’t like the feel of cool air on their bare, wet skin.

Many babies enjoy an after-bath massage.

**CAUTION!**

Always test the water before you put your baby in the bath. You can test the water by dipping your elbow. Hot tap water can burn your baby.

Never turn your back or let go of your baby during a bath, even for a second. A baby can drown in less than 2.5 cm (1 inch) of water.

Bath seats and rings are **NOT** safe for babies.

Your baby wants you to know...

*Give me time to get used to a bath. In a few months, I might like playing with you during bath time so much, I won’t want to stop!*
Hand washing .............................................................. 80
Well-baby check-ups ..................................................... 81
Immunizations ............................................................. 82
Questions that your health care provider may ask .......... 83
When to see a health care provider ................................ 84
Common concerns........................................................ 86
  • Baby pimples ....................................................... 86
  • Swollen genitals and breasts, erections .................. 86
  • Cradle cap .......................................................... 86
  • Flat head ............................................................ 87
  • Pee and poop ....................................................... 87
Dental health .................................................................. 88
  • Mouth and gum care ............................................. 88
  • Teething ............................................................... 89
  • Soothers ............................................................. 89

Added info...

If your language or culture is different from your health care provider’s, a cultural health interpreter may be able to help you.

Ask your health care provider if cultural health interpreters are available in your community. If they are, a health care provider can help you contact one.
One of the best and easiest things you can do to keep your baby healthy is to be sure that you—and anyone else who cares for your baby—wash their hands before they feed, wash, or dress him.

Hand washing protects you, your baby and your family from germs that could make you all sick.

Hands should be washed:
- After you change a diaper
- Before you eat
- Before you feed your baby
- Before you cook or prepare food
- Before you clean your baby’s mouth
- After you use the toilet
- After you handle anything dirty
- After you pet an animal
- After you wipe your nose—or anyone else’s nose—or after sneezing or coughing into your hand
How often does my baby need a check-up? When does she get her needles?

Well-baby check-ups

Your baby will need well baby check-ups. Ask your health care provider about when you and your baby should be seen.

The health care provider is interested in your baby’s growth and development and will ask lots of questions while examining your baby.

During a check-up, the health care provider usually:

• Weighs and measures your baby to be sure she’s growing well
• Checks to be sure your baby is developing normally
• Checks your baby’s vision and hearing
• Answers your questions about your baby’s health, growth, and development
• Offers suggestions for how to handle any concerns you have about your baby

Added info...

During your baby’s check-up, your health care provider will also ask how you are doing. If you have any questions or concerns about your own mental or physical health, this is a good time to talk about them with your health care provider.

Added info...

Make a running list of questions as they come up between visits to your baby’s health care provider. This will help you keep track of all your concerns.
Immunizations

Immunizations are an important part of keeping your baby healthy. They protect babies from serious illnesses. The vaccines your baby gets during her first six months protect her from hepatitis B, diphtheria, whooping cough, rotavirus, tetanus, polio, haemophilus influenzae type b, and pneumonia and some ear infections.

Your baby should get a vaccine from a nurse or midwife at birth and from a public health nurse, doctor or nurse practitioner at 2, 4, and 6 months.

It’s your responsibility to keep a record of your baby’s vaccines. You can use the green personal Immunization Record card to do this. The health care provider that immunizes your baby should provide you with this card. You’ll find the complete childhood immunization schedule on the Department of Health website.

The immunizations that your child has received from a Physician/Nurse Practitioner or Public Health Nurse has been entered in the New Brunswick Public Health Information Solution electronic record system. If at any time you need a copy of your child’s immunization record, you can contact your local Public Health Office.

You can get information on where to take your baby from your local Public Health office (contact information, page 105).

Flu vaccine

Flu can make your baby very sick, very quickly. Flu vaccine is not recommended for babies under 6 months of age, so it is important for mothers to get immunized for flu during pregnancy so they will pass on temporary immunity to their babies once they are born. It’s also a good idea for anyone who lives with or cares for your baby to get the flu vaccine. In New Brunswick, flu vaccine is free of charge for everyone.

You can find out more about flu and flu vaccine from your health care provider or local Public Health office (contact information, page 105).
Your baby wants you to know...

I depend on your loving care to keep me well. When I’m sick I need you to take care of me and get me the help I need.

Questions that your health care provider may ask

When your baby is sick, the health care provider will ask questions about your baby’s illness.

Before you talk to your health care provider think about what’s wrong and why you think your baby is sick. This will help you to explain your concerns clearly.

Be ready to answer questions like:

- Fever? How high? How long has she had it?
- Diarrhea? How often? How much? What does it look like?
- Throwing up? How often? What’s it look like?
- Cough or runny nose? Is she having trouble breathing?
- Not feeding?
- Bad rash?
- Is your baby acting differently than usual? Is she very sleepy or fussy?

Write down your baby’s symptoms as you notice them. If you can, write down the time you noticed them. Write down anything you think you might forget to tell the health care provider.

When you visit or talk to the health care provider, make sure you understand everything you’re told to do. If you’re not sure, keep asking until you understand.

Added info...

All of us are entitled to health care that responds to our individual needs and allows us to feel safe and respected.

Talk to your health care provider about what you want and need for yourself and your baby. Help your health care provider to offer care that respects your race, culture, religion, sexual orientation, and ability.

Added info...

If you are looking for a family doctor you can register with Patient Connect NB by calling Tele-care at 811.
When to see a health care provider

Don’t worry about taking your baby to the health care provider too often. Trust your instincts. You know your baby best. If you are concerned about any change in your baby—either physical or in the way he behaves—see your health care provider or call Tele-Care at 811.

Talk with a health care provider if your baby has any of these symptoms:

- Is having a hard time breathing
- Is sleepy all the time and you have a hard time waking him up
- Has fewer wet diapers than usual or has dark yellow, smelly pee
- Cries a lot more than usual, or sounds different when crying
- Not interested in eating or drinking
- Keeps rubbing or pulling on his ear
- Has very runny or liquid poop
- Has hard, dry poop
- Has a cough that lasts for several days
- Has diaper rash that is red and peeling or has sores in it
- Is not alert or smiling at you
- Isn’t interested in playing
- Has a temperature higher than 37.3°C (99.1°F)

I don’t want to be one of those mothers who’s always running to the doctor. But if my baby really is sick, I want him to get the help he needs—fast. How can I tell what to worry about?

Use a plastic digital thermometer when you take your baby’s temperature.

Put the thermometer in the baby’s armpit. Keep the thermometer in place by gently pressing your baby’s elbow against his side.

Wait 2 minutes or until you hear the beep. Check the temperature.

If you are concerned about your baby and can’t reach your health care provider, call Tele-Care at 811 or go to the Emergency Room or a walk-in clinic.
Your baby wants you to know...

You know me better than anyone else does. If I just don’t seem right to you, trust your instincts.

You’ll find information on some things to do when looking for medical care in the “Welcome” section of Loving Care: Parents and Families.

CAUTION!

Check with your health care provider or pharmacist before you give your baby any medicine.
You should check with your doctor anytime your baby is sick. Fevers, colds, diarrhea, and other illnesses in a baby under 6 months of age can be serious. This section covers conditions that you may wonder about but which aren’t usually serious.

### Baby pimples

Many babies get little white pimples on their face. They’re caused by oil in the baby’s skin.

Leave them alone. Continue to wash baby’s face with warm, clear water. These pimples won’t hurt your baby and they will go away on their own.

### Swollen genitals and breasts, erections

Both boy and girl babies may have swollen breasts or genitals after they’re born. Girl babies may have a little bit of bleeding from their vagina. These are caused by hormones from their mother’s pregnancy. They’re normal and will go away on their own.

It’s normal for a baby boy to get erections. The penis gets hard for no reason. This is nothing to worry about.

### Jaundice

Jaundice is common in newborn babies. It is caused by extra bilirubin that has built up in fatty tissues under the skin. In all newborns, it is normal for bilirubin levels to rise a few days after birth, then slowly fall as your baby’s body learns to deal with the bilirubin. Jaundice usually goes away on its own, but in a few newborns, the level rises above what is considered acceptable and needs to be treated with a special light.

The most common sign of jaundice is yellowish skin and eyes. Other signs could include:

- Your baby is sleepy and hard to wake
- Your baby does not feed well or refuses to feed
- Your baby seems very tired and cranky
- Your baby has fewer wet diapers (urine) or bowel movements (poop) than expected for their age.

If you have concerns about jaundice, call your health care provider. It is important to feed your baby often, keep track of the number of dirty diapers and keep all of your follow-up appointments. If your baby is very sleepy or having difficulty feeding get help right away.

---

**Added info...**

Some racial or ethnic groups have health issues that are of particular concern to their community. Talk with your health care provider if you are concerned about a health issue of this kind.
Flat head

Flat head has become more common since babies sleep on their backs to prevent SIDS. This is because new babies have soft skulls. If babies are always in the same position, the back or side of their head can get flattened.

Flat head can be serious. If you have concerns about it, talk to your health care provider.

To prevent flat head:

- **Change your baby’s position in the crib from day to day.** One day lay her with her head at the top of the crib. The next, with her head at the foot of the crib.

- **Hang a mobile or other interesting thing on the side of the crib facing the room.** This will give her a reason to change the position of her head.

- **Give your baby lots of awake time on her tummy.** It’s important that babies sleep on their back. But when your baby is awake and someone is with her, lay her on her tummy. Make tummy time fun. Lie on the floor with your baby and play together. Or lie on the floor with baby laying tummy down on your chest.

Pee and poop

**Pee**

Baby pee should be light yellow and not too smelly. **Check with your health care provider** if your baby’s pee:

- Has a strong smell
- Is dark yellow

**Poop**

Your baby’s poop will look different as your baby grows.

- Right after birth, his poop will be black and sticky.
- During the first week, it turns greenish brown.
- After the first week, a breastfed baby’s poop will be yellowish and runny. Sometimes it looks as if it has seeds in it. After the first month, it’s okay for a breastfed baby to go several days without pooping. This doesn’t mean that he’s constipated.

---

**CAUTION!**

Your baby may be constipated if his poop is hard and dry and:

- He’s fussy and seems uncomfortable.
- He seems to be straining to poop.
- He isn’t pooping as often as usual.

If this happens, call your health care provider.

**Call your health care provider** if your baby’s poop smells bad, is watery, and is different from the way it usually looks. A baby with diarrhea can lose a lot of fluid. This can make him very sick, very fast.

---

**Added info...**

Your baby can get flat head from spending too much time in any reclining seat—a car seat, baby seat, or stroller.

If your baby spends lots of time in a seat, be sure she has lots of time on her tummy when she’s awake.
Dental health

Healthy baby teeth are important for overall health. Pain and infection from tooth decay can make it hard for a child to sleep, chew, and grow normally. They make it difficult for her to concentrate and to learn. Baby teeth also help shape your child’s face and guide adult teeth into place.

Good dental health starts even before the baby teeth come in. Make cleaning your baby’s mouth fun! Sing a song. Make up stories about cleaning away the germs.

Baby teeth are worth taking care of! Start early to keep your baby cavity free for life.

Mouth and gum care

Clean your baby’s mouth and gums after each feeding.

- Wash your hands.
- Wrap a clean, soft, damp facecloth around your finger.
- Gently wipe the inside of baby’s mouth and around the gums.
- If you notice white spots or a white coating that doesn’t wipe off the gums, tongue, or cheeks, contact your health care provider.

Added info...

Germs that cause cavities can pass from your mouth to your baby. To protect your baby, take care of your own dental health.

Keep your own teeth and mouth clean. You will set a good example for your baby and there will be fewer cavity-causing germs in your mouth to pass along.

Most babies get their first tooth at around 6 months. If your baby gets a tooth sooner, check the “Health” section of Loving Care: 6 to 12 Months for information on taking care of her teeth.
Teething

Teething is a natural process during which your baby’s teeth push through the gums. Most babies’ first teeth start to come in at around 6 months. Some start teething a little earlier, some start a little later.

Teething can make your baby restless and fussy. Some parents have found that these ideas help their baby feel better.

• Give your baby something safe to chew on—for example, a cold, damp face cloth or a cold—but not frozen—teething ring. Whatever you give your baby to chew on should be clean. Wash it often. Use warm soapy water. Rinse well.

• Massage your baby’s gums using a clean finger.

Fever or diarrhea is not a normal part of teething. If your baby has a fever or diarrhea for more than 24 hours, call your doctor.

If your baby continues to be restless or fussy, check with your health care provider.

Soothers

Sucking is natural for babies. Many babies are happy sucking on their fists or fingers. Some enjoy a soother.

If you give your baby a soother:

• Don’t dip a soother in anything, especially honey. Honey can cause infant botulism, a kind of food poisoning that only affects babies.

• Make sure the soother can’t come apart.

• Keep it clean. Use warm soapy water, and rinse it well before giving it to your baby.

• Get a new one when it becomes sticky or has cracks or tears.

• Don’t put a soother on a string around baby’s neck. Strings can choke.

• Don’t pin soothers to clothes. Pins can hurt or be swallowed.

DON’T use teething gels. They can affect your baby’s health or cause choking by making the throat numb.

Check with your dentist, health care provider, or pharmacist if you think your baby might need medicine for teething pain. Ask which kind to use and how much is best for your baby.

Your baby wants you to know...

I need your loving care most when I’m feeling fussy.
Car safety ................................................................. 92
Safety at home ........................................................... 93
• Baby furniture ...................................................... 93
• Baby slings ......................................................... 94
• Toys .................................................................. 95
Protect your baby ...................................................... 96
• Falls ................................................................... 96
• Overheating ........................................................ 96
• Pets .................................................................... 96
• Choking ............................................................... 96
• Drowning ............................................................ 97
• Burns .................................................................. 97
A smoke-free home and car ....................................... 98
Safety
Car safety

Car seats save lives. When you use the right car seat in the right way, you can lower the risk that your child will be hurt or killed in a crash by 70%.

In New Brunswick, it is the law that your baby must be in a car seat whenever she is in a car or truck. Protect your baby by using a car seat on every ride, including when travelling with grandparents, caregivers or in taxis.

A rear-facing seat provides the best protection for your child’s head, neck and spine in a sudden stop or crash.

Once your baby is too heavy or too tall for the infant seat, use a larger rear-facing seat.

A rear-facing car seat is safest for your baby. Keep your baby in a rear-facing seat until she reaches the seat’s height or weight limit.


Buy your baby’s car seat in Canada.

Car seats purchased outside of Canada—or on-line from non-Canadian sources—do not meet Canada’s safety standards. Before you buy, check with Transport Canada to be sure there have been no problems or recalls with the car seat you are considering (contact information, page 107).

Look for this safety mark.

CAUTION!

Never leave your baby alone in a car, not even for a few minutes.

In New Brunswick, it is illegal to smoke in a car with children present.

Your baby needs a smoke-free car! This includes your own car and any others your baby rides in.

You’ll find information about a smoke-free home and car on page 98.
Safety at home

Baby furniture

Whether you are buying new or second-hand baby furniture or borrowing furniture from friends or family, whatever you use should be clean, sturdy, and meet safety standards. Buy only CSA approved cribs, cradles, playpens and strollers.

Strollers

Buying safe strollers

• **Made after 1985.** They should have a label that says who made it, when it was made, and gives a model number.

• **The right size** for baby’s age and weight.

• **Sturdy safety belt** that is solidly attached to the frame.

• **Good brakes** and well-attached wheels.

Using strollers safely

• **Never leave your child alone in a stroller.**

• **Always use the safety belts.** Be sure your baby stays seated in the stroller.

• **Use the brakes whenever the stroller is stopped.** Use them when putting your baby into, or taking him out of, the stroller.

• **Don’t pad the stroller with pillows or blankets.** These can cause suffocation.

• **Don’t use the stroller on an escalator.**

• **Check the stroller often** to be sure it’s in good repair.

Second-hand baby furniture is not always safe. Do not use or buy second-hand baby furniture unless:

• The manufacturer’s name, the model number, and the date when it was made are marked on the product.

• The product comes with directions for putting it together and using it safely.

Before you buy or use second-hand furniture, check with Consumer Product Safety (contact information, page 107).

Added info...

You can find information about recalls of baby toys and furniture from Consumer Product Safety (Contact information, page 107).

You can find more information about the safety and safe use of baby furniture and products at Child Safety Link (Contact information, page 107).
**Crib Safety**

**Buying safe cribs**

- **Made after 1986.** The crib should have a label that says who made it, when it was made, and gives a model number.
- **Sturdy.** It should be built with screws and bolts. Nothing should rattle or come loose when you shake it.
- **Firm, well-fitting mattress.** You should not be able to fit more than 2 fingers between the mattress and the side of the crib. The mattress should be no more than 15 cm (6 in.) thick.
- **Easy to put together.** The crib should come with clear, easy to understand directions.

**Using cribs safely**

- **Keep the side rails locked in place** when your baby is in the crib.
- **Place the crib away from windows.** Be sure there are no blind cords, curtains, or electrical cords within reach.
- **Move the mattress to its lowest level as soon as your baby can sit up.**
- **Bumper pads can cause suffocation.** Keep pillows, stuffed animals, and heavy blankets out of the crib.
- **Don’t harness or tie your baby in a crib.**
- **Don’t put your baby in the crib with a soother on a cord or string.**

**CAUTION!**

Cradles are only safe until your baby can roll over or is 6 months old.

**Bassinettes**

Bassinettes are not regulated in Canada.

**Buying bassinettes**

- **Sturdy base.** If the bassinette has wheels, they should lock in place.
- **Right size for your baby.** Many bassinettes are not safe if your baby weighs more than 6.8 kg (15 pounds), is older than 4 months, or can roll over.
- **Should not rock from side to side.**

**Using bassinettes**

- Follow the manufacturer’s instructions carefully. Call the manufacturer if you have questions or have lost the instructions.

**Baby slings**

Many parents find slings to be a cozy way to carry their baby. However, when not used correctly, slings can cause suffocation.

A baby can suffocate in a sling for two reasons:

- Her face is pressed against your chest or the sling.
- She’s curled up in a position where her chin is on her chest.

**Every time you use a sling:**

- Check to be sure that it is in good shape—no rips, tears, or damaged hardware.
- Keep the baby’s head above the edge of the sling.
- Make sure her face is not pressing into your body.

**When you use a sling, make sure that you can always see your baby’s face.**
Toys

Toys that are safe for older children are not always safe for babies. Check your baby’s toys often. Throw away broken or damaged toys. Check the toy package for safety information. Read and follow all directions. Throw away all plastic, cellophane, or styrofoam package materials.

Safe baby toys:

- Are right for your baby’s age
- Have no sharp points or edges
- Have no small parts that could break or pull off
- Are bigger than your baby’s fist—too big to swallow or choke on

First aid for children can be different from what you would do for an adult. Many parents take a first aid course to learn what to do if their child is hurt.

St. John Ambulance and the Red Cross both offer first aid courses. Check to see what’s offered near you (contact information, page 107).

Babies love to chew. Anything a baby can hold will go right into his mouth.

Be sure anything your baby plays with is clean and safe to chew on.
Protect your baby

Your baby is always safest when someone is watching her. Never leave your baby alone unless she is in a safe crib or playpen. It takes only a second for your baby to get hurt.

**Falls**

- On a change table, use the safety strap and keep at least one hand on your baby at all times. Consider using the floor instead of a table so your baby can’t fall.
- Unless your baby is in a safe crib, never leave her alone with no one watching. Babies can wiggle off of a sofa or other surface.

**Overheating**

- Infants and small children overheat easily in hot, humid weather. Overheating can cause serious health problems.
- During hot weather:
  - Keep your baby in cool, shady places.
  - Dress her in light clothing.
  - Give her baths in lukewarm water to help keep her cool.
  - Feed your baby more often to give her the fluid she needs. Babies don’t need to drink water.
  - Use fans or air conditioners indoors.

Humidex and Health Advisories are issued when the weather is hot enough to cause concern. Listen for these on local radio and TV stations on very hot days.

**Pets**

- Never leave your baby alone with a pet that could hurt her—for example, a dog or cat. Talk to your vet about the best way to introduce your pet to the new baby.

**Choking**

- Keep anything small enough to fit into your baby’s mouth out of reach.
- Avoid clothing with long belts, strings, or ties.
- Don’t prop a bottle anywhere—for example, in a crib, car seat, or stroller.
- Don’t put your baby to bed with a bottle.

**Double Check**

You’ll find information on pet and animal safety in the “Families” section of Loving Care: Parents and Families.

Propping or putting your baby to bed with a bottle can also cause early childhood tooth decay (for more information on dental health see page 88).
Drowning

- Hold on when bathing your baby. Don’t leave her alone or turn your back. Babies can drown in just 2.5 cm (1 inch) of water.
- Don’t use a baby bath seat or bath ring in the tub. Health Canada warns parents that baby bath seats can cause drowning.

Burns

- Don’t carry hot liquids when you’re carrying your baby.
- Don’t drink anything hot while you’re feeding her.
- Don’t hold your baby while cooking.
- Check the temperature of the bath water before you put the baby in. The water should be lukewarm. Check the temperature by dipping your elbow into the water. If it feels hot to you, it’s too hot for your baby.
- Make sure your home has a working smoke alarm on every floor. For information on fire safety, see the “Families” section of Loving Care: Parents and Families.

Double Check

Babies under 1 year should not be in direct sunlight.

You’ll find information on sun safety and preventing sunburn in the “Families” section of Loving Care: Parents and Families.
One of the best things you can do for your baby’s health is to give her a smoke-free home and car.

There is no level of tobacco smoke that is safe for your baby. Tobacco smoke hurts babies in several ways.

- **Second-hand smoke** is smoke that babies breathe in. It’s smoke that you can see in the air. Second-hand smoke is even more dangerous for babies than for adults. Babies have smaller lungs and they breathe more quickly. This means they breathe in more smoke.

- **Third-hand smoke** is smoke that babies pick up through their skin and mouth. The poisons in tobacco smoke stick to everything they touch—for example, toys, clothes, sheets, towels, carpets, furniture, and dishes. Babies are exposed to third-hand smoke just by living in a house where people smoke. They crawl on floors, sit on furniture, play with—or chew on—toys, and touch clothes, sheets, and towels that are all covered with third-hand smoke. These poisons stay around for a long time. When someone smokes in a house or car, the third-hand smoke they leave behind can affect a baby months later.

There is a link between babies who live with tobacco smoke and several serious illnesses. These include:

- Sudden Infant Death Syndrome (SIDS)
- Childhood cancer
- Leukemia
- Brain cancer
- Ear and lung infections
- Asthma

In New Brunswick, it is illegal to smoke in a car with children present. Second- and third-hand smoke in cars is even more dangerous than smoke indoors. The smoke in a car builds up quickly, even with the window down. Smoking in the small space inside a car is 23 times more toxic than smoking in a home. Even if you only smoke in your car when your baby isn’t present, she will be exposed to the third-hand smoke on the car seats and upholstery.

Your baby can’t control the amount of second- and third-hand smoke she’s exposed to. Only you can do that. Air exchangers and open windows will not protect your baby. The only way to protect your child is to make sure no one smokes in your home or your car.

Ask others who care about your baby not to smoke in their home when your baby is there. Remind them that it’s illegal to smoke in their car when a child is present.
You’ll find more information on stopping smoking in the “Parents” section of Loving Care: Parents and Families.

You can also contact the Smokers’ Helpline. (Contact information, page 108).
Provincial Services ......................... 102
• Addiction Services ......................................................... 102
• Child Protection Services ............................................ 102
• Department of Education and Early Childhood Development ................. 102
• Department of Health ....................................................... 103
• Department of Social Development ..................................... 103
• First Nation Community Health Centres ................................ 103
• Healthy Environments ..................................................... 104
• Healthy Smiles, Clear Vision ............................................ 104
• Mental Health Centres ..................................................... 104
• New Brunswick Courts ..................................................... 104
• New Brunswick’s Family Law Information Centre ......................... 104
• New Brunswick Fetal Alcohol Spectrum Disorder (FASD) Centre of Excellence .......... 104
• Office of the Attorney General ............................................ 104
• Prescription Drug Program ................................................ 104
• Public Health Offices ......................................................... 104
• Regional Health Authorities .............................................. 105
  • Horizon Health Network ................................................. 105
  • Vitalité Health Network .................................................. 105
Other Resources and Services .............. 105
• Adoptive and Foster Families .......................................... 105
• Breastfeeding Support ...................................................... 105
• Cancer Resources ............................................................ 105
• Communicable Diseases .................................................... 106
• Early Learning and Childcare Services .................................. 106
• Family and Early Childhood .............................................. 106
• Family Resource Centres ................................................... 106
• Family Resource Centres for the Military ................................ 106
• First Nations Family Support ............................................. 106
• Food Safety Resources ....................................................... 106
• Hearing and Speech ......................................................... 107
• Libraries ........................................................................... 107
• Literacy Resources ............................................................ 107
• Multiple Birth Families ...................................................... 107
• Newcomer/Immigrant Families .......................................... 107
• Nutrition ........................................................................... 107
• Physical Activity ............................................................... 107
• Preschool Autism Program .................................................. 107
• Safety Resources ............................................................... 107
• Smoking Resources ........................................................... 108
• Tele-Care ........................................................................ 108
• Transition Houses ............................................................. 108
• Women’s Services ............................................................. 108
Support and Information
Provincial Services

Addiction Services
Website: www.gnb.ca/0378/addiction-e.asp

- Bathurst.................................(506) 547-2086
- Campbellton...........................(506) 789-7055
- Edmundston............................(506) 735-2092
- Fredericton..............................(506) 453-2132
- Miramichi.................................(506) 778-6111
- Moncton ..................................(506) 856-2444
- Saint John .................................(506) 674-4300
- Tracadie-Sheila...........................(506) 394-3615

Child Protection Services
If you have concerns about a child call your local Social Development Regional office. See Department of Social Development

Report abuse: 1-888-992-2873
Website: www.gnb.ca/children
Click on “Be Vigilant, Report Child Abuse Booklet”

Department of Education and Early Childhood Development
You’ll find information and resources for early childhood development in New Brunswick.
Website: https://www2.gnb.ca/content/gnb/en/departments/education.html

Early Learning and Childcare Services
You can find information about childcare in your community by accessing the Department of Education and Early Childhood Development “Parent Portal”
Website: www.nbed.nb.ca/parentportal/en/

For more information about the Parent Subsidy program, contact the Department of Education and Early Childhood:
Website: www.nbed.nb.ca/parentportal/en/
Telephone: 1-833-221-9339
Email: ELCGP-PSCPE@gnb.ca

Early Learning and Childcare Services - Provincial Regions

- Moncton .................................. (506) 533-3712
- Saint John ................................. (506) 658-2604
- Fredericton ............................... (506) 453-3005
- Bathurst .................................... (506) 394-4696
Talk With Me:
An early language program that offers free training and information to parents and early childhood community partners to help develop language for all children from birth to five years old. This program provides access to speech-language pathologists, and a variety of programs and services in your community ensuring the best possible language and communication outcomes for children before school.

To find out more on the programs and services in your area, contact your local school district:

- Anglophone School District North (Miramichi and area) .................................................... 1-888-623-6363
- Anglophone School District East (Moncton and area) .................................................... 1-888-746-1333
- Anglophone School District South (Saint John and area) .................................................... 1-877-492-8255
- Anglophone School District West:
  - Fredericton ........................................ 1-877-691-8800
  - Woodstock ........................................ 1-866-423-8800
- District scolaire francophone nord-ouest
  - Edmundston ...................................... (506) 739-2863
  - Grand-Sault ...................................... (506) 475-2863
  - Saint-Quentin/Kedgwick .................... (506) 235-2863
- District scolaire francophone nord-est:
  - .................................................... 1-833-560-8679
- District scolaire francophone sud
  - .................................................... 1-877-869-2040

Department of Health
You’ll find information and resources about health in New Brunswick
Website: www.gnb.ca/health

Department of Social Development
Website: www.gnb.ca/socialdevelopment

You can connect with Social Development Regional Offices through this website.

Social Development Regional Offices:
- Main number: 1-833-733-7835
- Wellness: For information about programs and services in your community.
Website: www.wellnessnb.ca

First Nation Community Health Centres
There are Community Health Centres in all First Nation communities in New Brunswick.
- Elsipogtog First Nation Health and Wellness Center ...........................................................(506) 523-8227
- Bouctouche First Nation Health Centre ...................................................................................(506) 743-2537
- Eslenotipetj (Burnt Church) First Nation Wellness Center ....................................................(506) 776-1246
- Eel Ground First Nation Health and Wellness Centre .........................................................(506) 627-4664
- Eel River Bar First Nation Health Centre .............................................................................(506) 684-6277
- Fort Folly First Nation Health Centre ....................................................................................(506) 379-3400
- Indian Island First Nation Health Centre ..............................................................................(506) 523-9795
- Kingsclear First Nation Health and Wellness Centre .........................................................(506) 363-4001
- Madawaska Maliseet First Nation Health Centre .................................................................(506) 735-0676
- Oromocto First Nation Wel-A-Mook-Took Health Centre ....................................................(506) 357-1027
- Pabineau First Nation Community Health Center ...............................................................(506) 548-9211
- Metepenagiag (Red Bank) First Nation Health Centre ..........................................................(506) 836-6130
- St. Mary’s First Nation Health Centre ......................................................................................(506) 452-2760
- Tobique First Nation Neqotkuk Health Center ........................................................................(506) 273-5430
- Woodstock First Nation Health Centre ...................................................................................(506) 325-3570

Support and Information
Healthy Environments
You’ll find information and resources for health protection in New Brunswick
Website: www.gnb.ca/publichealth

Regional Health Protection Branch Offices:
Bathurst ....................................... (506) 549-5550
Fredericton ................................. (506) 453-2830
Moncton ....................................... (506) 856-2814
Saint John ................................... (506) 658-3022

Healthy Smiles, Clear Vision
The Department of Social Development manages the Dental and Vision Program.
Website: www.gnb.ca/children Click on “Healthy Smiles, Clear Vision”

Mental Health Centres
Website: www.gnb.ca/0055/mental-health-e.asp

- Bathurst ...................................(506) 547-2110
- Campbellton ................................. (506) 789-2440
- Caraquet ................................. (506) 726-2030
- Edmundston ................................(506) 735-2070
- Fredericton ...................................(506) 453-2132
- Grand Falls ...................................(506) 475-2440
- Grand Manan ......................... (506) 662-7023
- Kedgwick ..................................... (506) 284-3431
- Miramichi ...................................(506) 778-6111
- Moncton (Horizon) ....................... (506) 856-2444
- Moncton (Vitalité) ......................... (506) 862-4144
- Perth-Andover ............................. (506) 273-4701
- Richibucto ................................(506) 523-7620
- Sackville ...................................(506) 856-2444
- Saint John ...................................(506) 658-3737
- Shediac ..................................... (506) 533-3354
- Shippagan .................................(506) 336-3367
- St. George ...................................(506) 755-4044
- St. Stephen ................................(506) 466-7380
- Sussex ....................................... (506) 432-2090
- Tracadie-Sheila ............................(506) 394-3760
- Woodstock ..................................(506) 325-4419

New Brunswick Courts
The New Brunswick Courts website provides information for matters related to family court.
Website: www.gnb.ca/cour

New Brunswick’s Family Law Information Centre
This website offers general information and resources about family law in New Brunswick such as child custody and access. If you have questions about how the courts work, court rules, and court procedures, you can call the toll-free Family Law Information Line.
Phone: 1-888-236-2444
Website: www.familylawnb.ca

New Brunswick Fetal Alcohol Spectrum Disorder (FASD) Centre of Excellence
(506) 862-3783

Office of the Attorney General
Check this website for basic information about family law in New Brunswick.
Website: https://www2.gnb.ca/content/gnb/en/departments/public-safety/attorney-general.html

Prescription Drug Program
Website: www.gnb.ca/0051/0212/index-e.asp
For information about which drugs are covered:
Phone: 1-800-332-3692

Public Health Offices
Website: www.gnb.ca/publichealth

- Bathurst ......................................... (506) 547-2062
- Blackville ...................................... (506) 778-6102
- Boiestown .................................... (506) 453-5200
Other Resources and Services

Adoptive and Foster Families
Adoptive parents can contact a local Social Development office for support and advice. You’ll find contact information at: Website: www.gnb.ca/children

Adoption Council of Canada
Website: www.adoption.ca;
Phone: (613) 680-2999

New Brunswick Adoption Foundation
Website: www.nbadoption.ca
Phone: (506) 832-0676

Breastfeeding Support
For information on breastfeeding and the prenatal breastfeeding class:
Website: www.gnb.ca/breastfeeding

www.facebook.com/breastfeedingnb.allaitementnb

Information about pregnancy and breastfeeding
www.nb.unvanl.ca

La Leche League Canada
Website: www.lllc.ca
French: https://allaitement.ca/

Cancer Resources
Cancer Information Service
Phone: 1-888-939-3333 (Toll free)
(Monday to Friday, 9am to 6pm)

Canadian Cancer Society
Website: www.cancer.ca

New Brunswick Cancer Network
Website: www.gnb.ca/0051/cancer/index-e.asp

Regional Health Authorities
The Regional Health Authorities are good sources of information about local programs and services.

Horizon Health Network
Website: http://www.horizonnb.ca/
Phone: (506) 623-5500
Toll-Free: 1-888-829-6444

Vitalité Health Network
Website: www.vitalitenb.ca/en
Phone: (506) 544-2133
Toll-Free: 1-888-472-2220

Support and Information
Communicable Diseases
For information on Communicable Diseases:
Website: www.gnb.ca/publichealth
Click on “Diseases and Conditions A-Z”

Early Learning and Childcare Services
Early Childhood Care and Education New Brunswick
Telephone: (506) 454-4765

Family and Early Childhood
For information on the services offered by Family and Early Childhood call the agency in your school district.
Anglophone School District South:
Family and Early Childhood South: 1-855-383-5437
Anglophone School District West:
Family and Early Childhood West: 1-855-454-3762
Anglophone School District North:
Family and Early Childhood North: 1-855-778-6532
Anglophone School District East:
Family and Early Childhood East: 1-855-238-3694
District scolaire francophone Sud :
Agence famille et petite enfance Francophone Sud: 1-855-840-6269

Family Resource Centres
Website: http://www.frc-crf.com/
- Acadian Peninsula Family Resource Centre, Caraquet (506) 727-1860
- Care N' Share Family Resource Centre Inc., Chipman (506) 339-6726
- Chaleur Resource Centre for Parents Bathurst (506) 545-6608
- Early Childhood Family Resource Centre of Westmorland-Albert Inc. (506) 384-7874
- Family Resource Centre of Charlotte County, St Stephen (506) 465-8181
- Family Resource Centre, Saint John (506) 633-2182
- Fredericton Regional Family Resource Centre (506) 474-0252
- Kent Family Resource Centre, Richibucto (506) 524-9192
- Kings County Family Resource Centre, Sussex (506) 433-2349
- Madawaska Victoria Family Resource Centre, Grand Falls (506) 473-6351
- Restigouche Resource Centre for Parents, Campbellton (506) 753-4172
- Northumberland County Family Resource Centre, Miramichi (506) 622-5103
- Valley Family Resource Centre, Woodstock (506) 325-2299

Family Resource Centres for the Military
Gagetown Military Family Resource Centre
Phone: (506) 422-3352 or 1-800-866-4546

First Nations Family Support
NB Aboriginal Peoples Council (506) 458-8422
Fredericton Native Friendship Centre (506) 459-5283
Gignoo Transition House (506) 458-1224
and 24 hour Crisis Line 1-800-565-6878
Skigin Elnog Housing (506) 459-7161
Under One Sky Daycare (506) 458-9269

Food Safety Resources
Health Canada offers information about food safety.
Website: https://www.canada.ca/eng/services/food-nutrition/food-safety/chemical-contaminants/mercury-mercury-fish.html
Health Canada offers more information about mercury levels in fish.
Hearing and Speech
New Brunswick Audiology departments are located in your local hospital.

Libraries
NB Public Library Service
Website: www.gnb.ca/libraries

Literacy Resources
Literacy Coalition of NB (LCNB)
Website: www.nbliteracy.ca
Phone: (506) 457-1227, 1-800-563-2211
Conseil pour le développement de l’alphabétisme et des compétences des adultes du Nouveau-Brunswick (CODACNB)
Website: www.codacnb.ca
Phone: 1-866-473-4404
Born to Read program
Website: www.borntoreadnb.com

Multiple Birth Families
Moncton
Website: ttps://www.facebook.com/monctonmultiples
Phone: (506) 204-2203

Newcomer/Immigrant Families
Website: www.bienvenuenb.ca
Click on “Immigrating and Settling.”
New Brunswick Multicultural Council
Website: www.nb-mc.ca/
Phone: (506) 453-1091

Nutrition
For information on reading Nutrition Facts labels
Website: https://www.canada.ca/en/health-canada/services/understanding-food-labels/nutrition-facts-tables.html

Physical Activity
Active for Life
Website: www.activeforlife.com

Preschool Autism Program
Early Intensive Behavioural Intervention (EIBI) is available to all preschool children with Autism Spectrum Disorder (ASD). For more information contact:
Education and Early Childhood Development
Preschool Autism Program
Place 2000, 250 King Street
Fredericton, NB
E3B 9M9
1-844-377-3819
Fax: 1-506-462-2104
Autism.autisme@gnb.ca

Safety Resources
Trauma NB
Website: https://nbtrauma.ca/
Canadian Red Cross Society, NB
Website: www.redcross.ca
Phone: (506) 674-6200
Child Safety Link
Website: www.childsafetylink.ca
Phone: 1-866-288-1388
Consumer Product Safety (Health Canada)
Website: www.healthycanadians.gc.ca/index-eng.php
Click on “Product Safety”
Phone: 1-866-662-0666
Health Canada
For more information about lead-based paint
Website: www.canada.ca/en/health-canada/services/home-safety/lead-based-paint.html
Kids’ Help Line
Website: www.kidshelpphone.ca
Phone: 1-800-668-6868
Parachute
www.parachute.ca
Phone: 1-888-537-7777
St. John Ambulance
Website: www.sja.ca Select “New Brunswick.”
Phone: 1-800-563-9998
Transport Canada
For car seat safety information.
Website: https://tc.canada.ca/en
Click on “Child Car Seat Safety”
Phone: 1-800-333-0371

Smoking Resources
Website: www.smokershelpline.ca
Phone: 1-866-366-3667

New Brunswick Anti-Tobacco Coalition
Website: www.nbatc.ca
Phone: (506) 381-6438

Health Canada
Website: http://www.hc-sc.gc.ca/hc-ps/tobac-tabac/index-eng.php

Tele-Care
Tele-Care is a free, bilingual, and confidential telephone service for non-urgent health concerns.
Available 24 hours a day, 7 days a week.
Website: www.gnb.ca/health Click on “Tele-Care 811”
Phone: 811

Transition Houses
You can find information about transition houses on the NB website or contact your local Social Development office.
Website: www.gnb.ca/0012/violence/PDF/Freeshelter.pdf

- Bathurst, Maison de Passage House
  .....................................................(506) 546-9540
- Campbellton, Maison Notre Dame,
  .....................................................(506) 753-4703
- Edmundston, Escale Madavic, .....(506) 739-6265
- Fredericton, Gignoo Transition House,
  .............. (506) 458-1236; 1-800-565-6878 (crisis)
- Fredericton, Liberty Lane Inc., (506) 451-2120
  ..................................................... (506) 458-9774 (outreach)
- Fredericton, Women in Transition House Inc.
  .....................................................(506) 459-2300
- Miramichi Emergency Centre for Women Inc.
  .....................................................(506) 622-8865
- Moncton, Crossroads for Women
  .................... (506) 857-4184; (506) 853-0811 (crisis)
- Saint John, Hestia House Inc., (506) 634-7571
  ..................................................... (506) 634-7570 (crisis)
- Saint John, Second Stage Housing Inc.
  .....................................................(506) 632-9289
- Ste-Anne-de-Kent, Maison Sérénité/Serenity House
  ..................................................... 506-743-1530
- St. Stephen, Fundy Region Transition House
  .....................................................(506) 466-4590
- Sussex Vale Transition House........ (506) 433-1649
  .....................................................(506) 432-6999 (crisis)
- Tracadie-Sheila, Accueil Ste-Famille
  .....................................................(506) 395-1500
- Woodstock Sanctuary House........ (506) 325-9452

Women’s Services
Executive Council Office: Women’s Equality
Website: www2.gnb.ca/content/gnb/en/departments/women/Violence_Prevention_and_Community_Partnerships.html
Select: “Support Services”
Thanks!................................................................. 112
Thanks!
The Nova Scotia Department of Health and Wellness acknowledges—with thanks!—the many people whose commitment and concern for Nova Scotia’s mothers, babies and families have shaped this book. Your advice, insight, support and hard work have made this book possible.

In particular, we’d like to thank the Parent Health Education Resource Working Group whose work has been at the heart of Loving Care.

Parent Health Education Resource Working Group

- Jennifer Macdonald (Co-chair), Provincial Health Educator, Department of Health and Wellness
- Kathy Inkpen (Co-chair), Family Health Coordinator, Department of Health and Wellness
- Bonnie Anderson, Public Health Nutritionist, Capital Health
- Susan DeWolf, Family Support Worker, Extra Support for Parents Volunteer Service, IWK Health Centre
- Natasha Horne, Community Program Coordinator, Dartmouth Family Centre
- Sherry MacDonald, Public Health Nurse, Guysborough Antigonish Strait & Cape Breton District Health Authorities
- Vicki MacLean, Public Health Nurse, Colchester East Hants & Pictou County District Health Authorities
- Kathy Penny, Public Health Nurse, Capital Health
- Trudy Reid, Public Health Nutritionist, Cumberland Health Authority
- Annette Ryan, Perinatal Nurse Consultant, Reproductive Care Program of Nova Scotia
- Tina Swinamer, Coordinator, Early Childhood Nutrition, Department of Health and Wellness
- Shelley Wilson, Public Health Nutritionist, Southwest Nova District Health Authority

Special thanks to the many people who, over the years, have contributed to the development or revision of the Loving Care books.

- Kim Arcon, Community Home Visitor, South West Nova, Annapolis Valley, and South Shore District Health Authorities
- Sue Arsenault, Public Health Nurse, Colchester, East Hants, Cumberland, and Pictou County Health Authorities
- Rose Couch, Early Childhood Coordinator, Department of Health and Wellness
- Amy MacAulay, Early Childhood Coordinator, Public Health Services, Capital Health
- Shelley Thompson, Coordinator, Child Care Centres Policy & Program Development, Department of Community Services
- Shannon O’Neill, Public Health Dental Hygienist, Public Health Services, Capital Health
- Marika Latham, Early Childhood Development/Community Outreach Specialist, Department of Community Services
Thanks!

- Alana Baxter, Program Administration Officer, Family and Youth Services, Department of Community Services
- Fran Gorman, Public Health Nurse, Public Health Services, South Shore, Southwest, and Annapolis Valley District Health Authorities
- Rita MacAulay, Public Health Nutritionist, Public Health Services, Capital Health
- Donna Malone, Program Consultant, Community Action Program for Children (CAPC) and Canadian Prenatal Nutrition Program (CPNP), Public Health Agency of Canada
- Deanna MacDonald, Regional Prevention Coordinator, New Glasgow District office, Department of Community Services
- Darlene MacInnis, Regional Prevention Coordinator, Eastern Regional office, Department of Community Services
- Pauline Raven, Photo Consultant
- Geneviève Flynn, Resource Specialist, Department of Health and Wellness
- Michelle Newman, Resource Specialist, Department of Health and Wellness

We also offer special thanks to the many public health and community partners who have contributed to the development of this resource.

Focus Groups

We are especially grateful to the many parents who participated in the focus groups that reviewed the various drafts of Loving Care: Birth to 6 Months. Their generosity in sharing their experiences and ideas has contributed greatly to this resource.

- ESP (Extra Support for Parents) Group, Bayers Westwood Family Resource Centre, Halifax
- Cape Breton Family Place, Sydney
- Parents’ Place Family Resource Centre, Yarmouth
- Kids First Family Resource Centre, Guysborough
- Dartmouth Family Centre, Dartmouth
- Maggie’s Place Family Resource Centre, Truro
- Maggie’s Place Family Resource Centre, Amherst
- Supportive Housing for Young Mothers, Halifax
- East Preston Family Resource Centre, East Preston
- Native Council of Nova Scotia, Liverpool

Expert Reviewers

We thank our reviewers for giving generously of their time and expertise in reviewing this book.

- Michelle Amero, Healthy Eating Coordinator, Department of Health and Wellness
- Ross Anderson, D.D.S., FRCD(C), Chief of Dentistry, IWK Health Centre
- Heather Christian, Director of Healthy Development Responsibility Centre, Department of Health and Wellness
- Janelle Comeau, Directrice du département des professions de la santé, Coordinatrice du Baccalauréat en service social, Université Sainte Anne
- Confederacy of Mainland Mi’kmaq, Catherine Knockwood, Maternal Child Health Program Coordinator, for coordinating a review by member communities
Sharon Davis Murdoch, Special Advisor to the Associate Deputy Minister on Diversity and Social Inclusion, Department of Health and Wellness

Carolyn d’Entremont, Executive Director, Maggie’s Place (Cumberland)

Maren Dietze, Registered Midwife (RM UK) BA

Doris Gillis, PhD Candidate, University of Nottingham, CIHR Fellow, Associate Professor, Department Human Nutrition, St. Francis Xavier University

Krista Jangaard, M.D., Neonatal Co-director, Nova Scotia Reproductive Care Program

Charlotte Jesty, Mijua’jij Aqq Ni’i’n Coordinator, Unama’ki Maternal Child Health Program, Eskasoni

Michelle LeDrew, Health Promotion Manager and National Baby Friendly Initiative assessor candidate, Public Health Services, Capital Health

Joanne MacDonald, M.D., Clinical Director, Reproductive Mental Health, IWK Health Services

Steve Machat, Manager, Tobacco Control, Department of Health and Wellness

Beverley Madill, Community Health Nurse, Potlotek Health Centre, Chapel Island

Hillary Marentette, Volunteer Doula Coordinator, Single Parent Centre, Spryfield

Heather McKay, Health Promotion Specialist, Child Safety Link, IWK Health Centre

Patricia Millar, Volunteer La Leche League Canada Leader, Dartmouth, Nova Scotia

Kim Mundle, Car Seat Safety Specialist, Child Safety Link, IWK Health Centre

Tanya Poulette, Community Health Nurse, Membertou Wellness Centre

Dan Steeves, Nicotine Specialist, Capital Addiction Services

Gaynor Watson-Creed, M.D., Medical Officer of Health, Public Health Services, Capital Health

Tracey Williams, M.D., Paediatric physician, Colchester East Hants Health Authority

Families Volunteering for Photo Shoots

We are especially grateful to the Nova Scotian families whose photos appear in this book. Your bright and beautiful children make this book special.
All four Loving Care books can be downloaded at:
www.gnb.ca/publichealth

Loving Care is given free of charge to all new parents in New Brunswick.