

Health



I'm here to take care of you.

Monitoring Your Baby's Health

Monitoring your baby's health is your responsibility

To grow up strong and healthy, your baby first needs her parents. You will usually know what to do to deal with her inevitable minor problems.

However, you will sometimes have to seek the help of health professionals, who are there to care for your child and to guide and support you. This guide indicates the situations in which you should consult a health professional.

Who can help your baby?

Info-Santé

Throughout Quebec, you have access to the Info-Santé service (see “Useful addresses,” page 462). This free telephone assistance is very useful. You can confidently consult a nurse 24 hours a day, 7 days a week.

Depending on the situation, you can then decide whether to see a CSSS (CLSC) nurse or doctor, visit a medical clinic with or without an appointment, or go to an emergency room.

An important reminder

Emergency is for emergencies only

You should only go to an emergency room if no medical clinic is open or your child's condition is serious. Otherwise, ask the nurse at the Info-Santé service for a list of clinics that are open.

Family doctor

Your family doctor can monitor a child who does not have major health problems. During the first examination, the doctor will ask you questions and record information in your baby's file in order to better meet her needs. The doctor will examine your child again. Your child's growth, development, nutrition, health and safety (including vaccinations) will be addressed.

Always going to the same clinic will ensure better follow-up. If your doctor is unavailable, his replacement will have access to your child's file, which is updated with each visit. You can also record essential information in your child's vaccination record.

CSSS (CLSC) nurse

CSSS (CLSC) nurses can help parents in various ways (see "Services offered by CSSS [CLSCs]," page 163). A nurse from the CSSS (CLSC) vaccination clinic can give your child all of the necessary vaccines according to the recommended vaccination calendar.

Lactation consultant (IBCLC)

A lactation consultant is a professional who specializes in breast-feeding. The IBCLC designation (*International Board Certified Lactation Consultant*) certifies that she has the required skills to work in this field. Some health institutions offer the services of a lactation consultant.

Many consultants work in the private sector, from home or in an office. To find out more or to obtain the address of the IBCLC nearest you, call the AQC (Association québécoise des consultant·es en lactation diplômées de l'IBLCE) at (514) 990-0262 or consult the Web site: www.ibclc.qc.ca.

Midwife

Your midwife can ensure follow-up for your baby during the first 6 weeks. After that time, you must choose another professional to examine and vaccinate your child.

Pediatrician

A pediatrician can examine children with major health problems. If need be, the pediatrician who examined your infant after her birth at the hospital will make an appointment for you or refer you to a colleague. If problems

arise later, your family doctor will advise you whom to consult.

Dentist and dental hygienist

A dentist and a dental hygienist can help you maintain your baby's dental health, regardless of her age.

Optometrist

An optometrist can evaluate your child's vision development and eye health. It is recommended that your baby's first visit take place at the age of 6 months and, if all is well, again at 3 and 5 years of age. In the case of visual or eye problems the optometrist can prescribe treatment or, if required, refer the child to a specialist.

Normally an optometrist appointment will be scheduled a few days in advance. In case of emergency, you should call and describe the situation so that your child can be seen without delay.

For more information about your child's vision: <http://www.aoqnet.qc.ca/public/informations/laVisionDeVotreEnfant.php>

Specialists

If you think child needs specialized services, consult your doctor. Do not be embarrassed. Each child is different and has specific needs. Health professionals in hospitals and private clinics are available to help you help your child. Never hesitate to ask questions.

Some children need to see a speech therapist to learn to speak correctly. Others need to consult a special-education teacher, a dietician/nutritionist, a physiotherapist or an occupational therapist.

Choosing a doctor

How should you choose a doctor for your child? Talk to your family and friends and request information from health professionals. Observe the doctor's waiting room and the doctor and trust your instincts.

- Is the waiting room adapted to babies and young children?
- Is there a changing table? Are there toys to play with?
- Are children welcome?
- Do you feel at ease nursing in the waiting room?

If you do not feel at ease, you are perfectly entitled to consult another doctor.

The doctor

- Is he available to listen to your concerns?
- Does he introduce himself to your child?
- Does he address your child by name?
- Does he smile at your child and talk to her?
- Does he place himself at eye level to examine the child?
- Does he let you hold the child as much as possible?
- Is he patient and calm even if the child does not cooperate?

Handy hint

Bring a book, toy or your baby's favourite blanket or stuffed animal to reassure her during the visit to the doctor's office.

How baby grows

Each baby develops at her own pace and experiences growth spurts. Premature babies grow at a slower pace. However, they catch up with full-term babies around the age of 5 years (see “Stages in your baby’s development,” page 94).

A baby gains roughly:

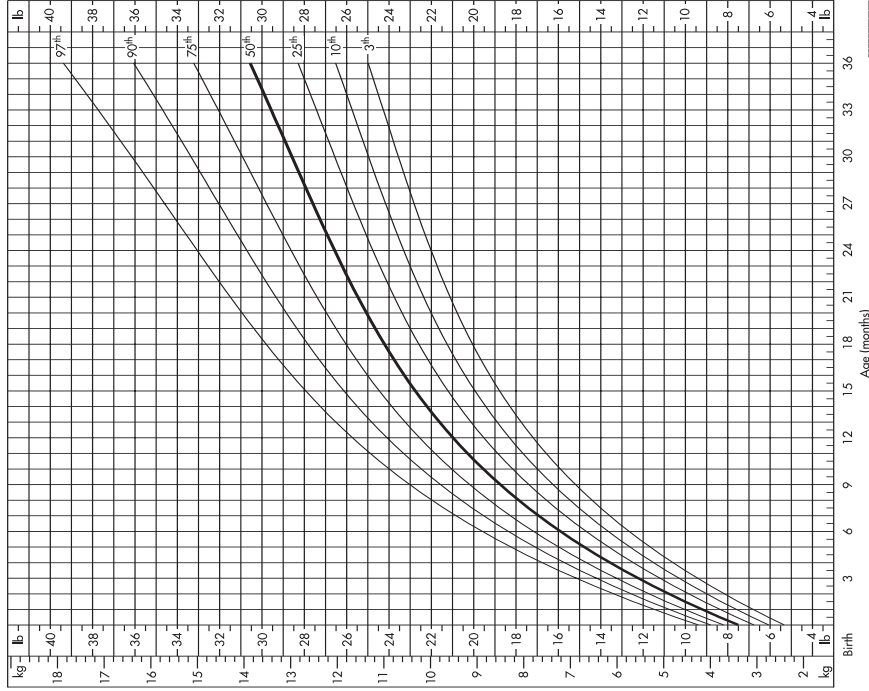
- 1 kg (2 lb.) per month from birth to the age of 3 months;
- 500 g (1 lb.) per month between the ages of 4 and 6 months;
- 250 g (1/2 lb.) per month between the ages of 7 and 12 months;
- 1.8 to 2.3 kg (4 to 5 lb.) between the ages of 1 and 2 years.

A baby’s weight usually doubles between birth and around 4 or 5 months and triples by around the age of 12 months. The growth pattern of premature babies is somewhat different.



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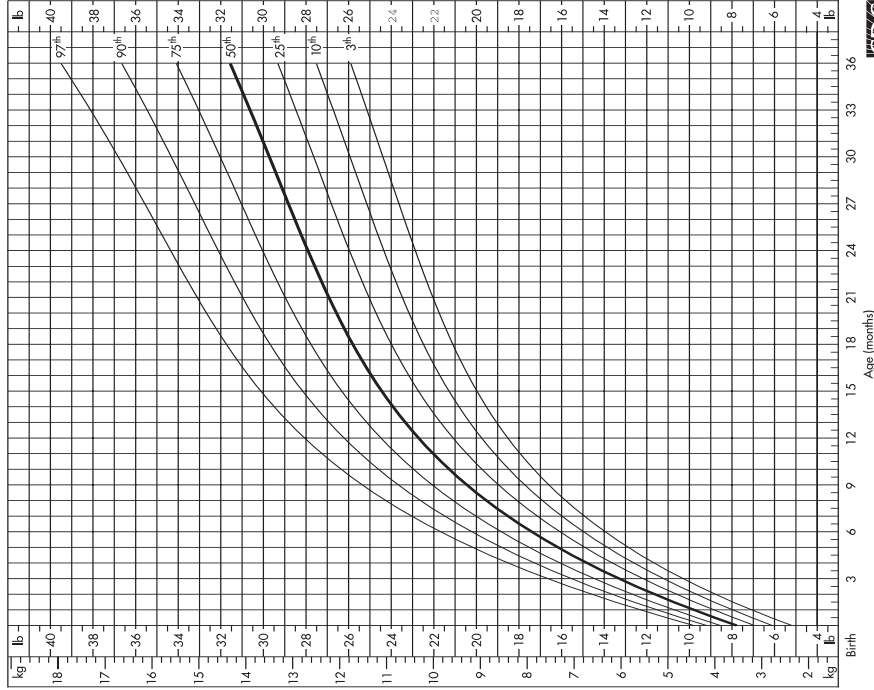
GROWTH CHART
Weight-for-age percentiles: Girls, birth to 36 months



Published May 30, 2000.
 SOURCE: Developed by the National Center for Health Statistics in collaboration with
 the National Center for Chronic Disease Prevention and Health Promotion (2000).



GROWTH CHART
Weight-for-age percentiles: Boys, birth to 36 months



SAFER • HEALTHIER • PEOPLE™

Published May 20, 2000.
 SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).

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Is your baby drinking enough?

To determine whether your newborn is drinking enough **during the first 4 weeks**, pay close attention to the following points for breast-fed babies (see the table on page 252).

Elimination – Count the number of diapers that your baby wets. After the first week, she should urinate at least 6 times in 24 hours.

Weight gain – During the first 4 weeks, an infant must gain between 20 and 30 g a day.

Growth – To determine whether your baby is growing normally, answer the questions below.

- Is she gaining weight?
- Does she seem well? Does she respond when you talk to her?
- Does she seem to have good muscle tone and a good complexion?
- Does she seem satisfied after nursing?

If you answer NO to any of these questions, your baby may not be drinking enough milk or may be absorbing it poorly. Consult a health professional (see “Who can help your baby?,” page 332).



Growth charts

Growth curves make it possible to compare your baby's weight and height and the circumference of her head with a standard based on a group of healthy babies of the same age. A normal child's growth curve falls between the upper and lower lines and runs smoothly in one of the corridors.

The growth curve of a breast-fed baby differs from that of a bottle-fed baby. Breast-fed babies grow faster up to the age of 3 months. Conversely, bottle-fed babies grow faster between the ages of 3 and 6 months.

An important reminder

A growth spurt only lasts for a few days, after which the situation gets back to normal. Even if your baby seems famished, this is not the time to introduce solid food. Before the age of 4 or 5 months, the introduction of new foods often causes intolerance and digestive problems.

The World Health Organization recently published new growth charts for breastfed children which can be consulted at the following address: http://www.who.int/childgrowth/standards/weight_for_age/en/index.html.



Photo: Annie Fournier

Vaccination: a protection against disease

Having your child vaccinated offers her the best protection from certain serious diseases. While these diseases have declined, they are still a threat to your child. If vaccination were halted, the diseases would flourish.

In addition to being effective, vaccines are very safe. Of the millions of doses administered each year, very few cause serious reactions. It is better to be vaccinated than to risk catching one of the diseases the vaccination prevents.

All children should receive the recommended vaccinations, even those who are in good health and who are eating properly. Breast-feeding protects against several infections but does not prevent your child from catching the diseases prevented by vaccination.

Vaccines and the immune system

Some parents are afraid that vaccines will exhaust the child's immune system. To the contrary, vaccines stimulate the immune system. The body naturally produces antibodies against the thousands of microbes found in the air, in food, in water and on objects. Vaccines enable a child to produce her own antibodies against the disease without experiencing the harmful effects of the disease itself.

Where and when to vaccinate your baby

You can have your child vaccinated at the CSSS (CLSC) or by your doctor when she is 2 months old. It is important to follow the vaccination schedule. Your child must receive several doses of the vaccine to produce sufficient antibodies to fight the disease. **By having each vaccine administered as soon as your baby reaches the recommended age, you are offering her the best protection.** If several injections are required during a single visit, it is recommended that they all be given at that time so that your child is immediately provided with protection against infection. This will not increase the frequency or severity of side effects and will decrease the number of clinic or CSSS (CLSC) visits required.

RECOMMENDED VACCINATION SCHEDULE

DTaP-Polio-Hib	Pneumococcus	MMR	Influenza
<p>This combined vaccine protects against:</p> <p>Diphtheria (D) Tetanus (T) Pertussis (aP) Poliomelitis (Polio) <i>H</i>aemophilus influenzae type b infections (Hib)</p> <ul style="list-style-type: none"> • 2 months • 4 months • 6 months • 18 months • Between 4 and 6 years (without the Hib) 	<p>This vaccine protects against various pneumococcus infections (meningitis, bacteriemia, pneumonia)</p> <ul style="list-style-type: none"> • 2 months • 4 months • 12 months 	<p>This combined vaccine protects against:</p> <p>Measles (M) Mumps (M) Rubella (R)</p> <ul style="list-style-type: none"> • 12 months • 18 months 	<p>During influenza season</p> <ul style="list-style-type: none"> • Between 6 and 23 months
Chicken pox	Meningococcal group C	Hepatitis B	dTaP
<p>This vaccine protects against chicken pox</p> <ul style="list-style-type: none"> • 12 months 	<p>This vaccine protects against serious meningococcal group C infections (meningitis, meningococemia)</p> <ul style="list-style-type: none"> • 12 months 	<p>This vaccine protects against Hepatitis B</p> <ul style="list-style-type: none"> • Grade 4 (3 doses) 	<p>This combined vaccine protects against:</p> <p>Diphtheria (D) Tetanus (T) Pertussis (aP)</p> <ul style="list-style-type: none"> • Between 14 and 16 years, followed by a booster shot every 10 years of a vaccine against diphtheria and tetanus (d₂T₅)

Possible reactions to vaccines

Vaccines can cause redness, sensitivity or swelling where the injection was made. Apply a cold compress to soothe these reactions. If a small bump (nodule) appears, do not worry. It will disappear within a few weeks. When the injection is administered in the thigh, the child may also limp, although the situation is only temporary.

Between 15 and 20% of children develop a fever after being vaccinated. If this is the case with your baby, acetaminophen (see “Fever,” page 422) will soothe her. If the fever persists for more than 48 hours or your child cries abnormally, consult your doctor. MMR (measles, mumps and rubella) vaccine can cause a fever between 5 and 12 days after the vaccination.

Serious allergic reactions are very rare. If they occur, they will begin shortly after the vaccination and the doctor or nurse can treat them immediately. For this reason, you stay at the clinic for at least 15 minutes following the vaccination.

Contraindications

There are few obstacles to having your child vaccinated. A mild or serious acute illness may be one such reason to wait and should be discussed with your doctor or CSSS (CLSC) nurse. If your baby has a fever that exceeds 38.5°C or 101.3°F on a rectal thermometer, postpone the appointment. Otherwise, the fever could be mistaken for a reaction to the vaccine when your child is only sick. A child with a cold who does not have a fever can be vaccinated immediately. Otitis, a runny nose or antibiotics do not justify delaying vaccination.

Children who are allergic to eggs can now be vaccinated against MMR without problem. A serious allergy to eggs is a contraindication for the influenza (flu) vaccine. However, it is not necessary for the child to have tried eggs before being vaccinated.

Premature babies

A premature baby must receive her first vaccine at the age of 2 months, regardless of her birth weight or the number of weeks of pregnancy.

Vaccination record

This important document makes it possible to keep track of the vaccinations your child receives. Bring it with you and ask the doctor or nurse to record the vaccinations administered. Your baby's growth measurements (weight and height) and other vaccination-related information can also be recorded in the vaccination record.

Do not lose it, as it will be useful to your child throughout her life.

Vitamins and minerals

Up to 12 months

Breast-fed babies do not need supplements, except vitamin D. Breast milk contains sufficient amounts of the other vitamins and minerals necessary for her growth.

Bottle-fed babies do not need supplements. Do not give your baby any, even if you receive free samples. Commercial infant formula already contains all of the necessary vitamins and minerals.

After the age of 12 months

If your child is eating a variety of wholesome foods, she will obtain everything she needs. Vitamin and mineral supplements do not replace food but complement it when necessary. If you must give your child supplements, choose only those that she really needs. Only give her multi-vitamins on the advice of a health professional.

An important reminder

If you must give your child supplements, do not overdo it. Vitamins or minerals can poison a child much faster than an adult. Read product labels to avoid an overdose. Measure quantities exactly.

Vitamin D

Health Canada recommends a supplement for all breast-fed babies. The recommended dose is 400 IU a day from birth, that is, 1 mL of vitamin D drops placed directly in her mouth. If you are bottle-feeding your baby with commercial infant formula, the formula is already enriched with vitamin D and you do not need to give a supplement.

Normal exposure of the skin to the sun is the best source of vitamin D. Just 5 to 30 minutes a day of exposure will ensure that the body produces enough of the vitamin. However, your baby should not be exposed directly to the sun. Moreover, winter sunlight appears to be too weak to promote the production of vitamin D.



Photo: Health Canada

Infants absorb a small amount of vitamin D from breast milk. The vitamin D supplement is recommended for your baby until her diet provides her with 200 IU per day of vitamin D, which is equivalent to roughly 500 mL of cow's milk or commercial infant formula per day.

Vitamin D is found mainly in dairy products enriched with the vitamin.

Vitamin A

Whether your baby is breast-fed or bottle-fed with commercial infant formula, **do not give her a vitamin A supplement**. Later, she will obtain enough of the vitamin from milk, fruit and yellow, orange and dark green vegetables.

Vitamin C

Whether your baby is breast-fed or bottle-fed with commercial infant formula, **do not give her any vitamin C supplement.**

Once she is given cow's milk, a varied diet rich in fruit and vegetables should satisfy her vitamin C needs. For example, a 60 to 90 mL (2- to 3-oz.) serving of juice rich in vitamin C, half an orange or 50 mL ($\frac{1}{4}$ cup) of broccoli provide the necessary amount for the day. Cow's milk contains hardly any vitamin C.

Iron

Whether your baby is breast-fed or bottle-fed with commercial iron-enriched infant formula, **no supplement is necessary.** However, she may need a supplement if she is fed another kind of milk. Similarly, premature babies must take an iron supplement. See a health professional.

Later on, a varied diet that includes iron-rich foods should suffice (see "Anaemia," page 320).

Vitamin B₁₂

When a nursing mother is a vegan (she does not consume any animal products) her baby may suffer from a vitamin B₁₂ deficiency. To prevent such a deficiency, the mother should take a supplement (see "Breast-feeding and diet," page 142).

Fluorine

Fluorine effectively prevents tooth decay. Before you give your child a fluorine supplement, consult a health professional (see "How to prevent early childhood tooth decay," page 354).