

Loving Care

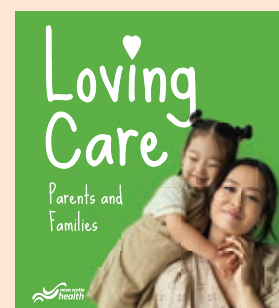
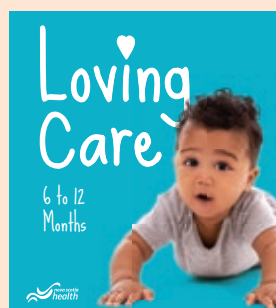
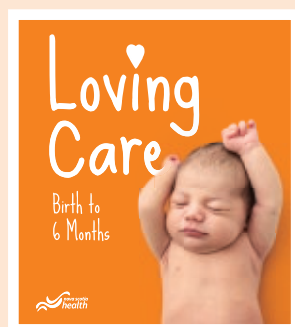
Birth to
6 Months



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.



Writing: Janis Wood Catano, Easy-to-Read Writing
Graphic design: John Thomson

When referring to this resource, please cite it as follows:

Parent Health Education Resource Working Group. **Loving Care: Birth to 6 Months**.
[Halifax]: Nova Scotia Health Public Health, 2025.

ISBN: 978-1-0692479-0-2

Copyright, Nova Scotia Health, 2008, Revised 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, 2020, 2021, 2023, 2024 and 2025.

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.

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, surrogacy, 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, asexual, pansexual, queer, or straight. You may be male, female, transgender, two-spirited, intersex, non-binary, queer or cisgender. You may be Indigenous, 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 Nova Scotia a good place to live.

Did you know?

Some people use the term “breasts” and some use “chest” to talk about their body. Similarly, the term “breastfeeding” can be used to explain a method of infant feeding, and some people use “chestfeeding”, “bodyfeeding” or “nursing.” You can decide your own preferences and share them with your health care team.



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 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**.



Double check

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



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.



Did you know?

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.

Contents

Getting to know your baby 7

What your baby is telling you 8

Baby temperament 10

Help your baby learn to love 13

Attachment 14

Skin-to-skin contact with your baby 16

Growth and development 19

Step by step 20

What a newborn baby can do 22

Developing new skills 24

New skills to watch for 26

Helping your baby develop 28

When to wonder about your baby's
development 30

Play 33

Games and activities 34

Tummy time 35

Baby massage 36

Tracking 36

Copycat 37

Pull-ups 37

Toys 38

Screen time 39

Breastfeeding 41

The best start 42

Connecting with your baby 44

Breastfeeding to comfort your baby 45

Babies need to feed often 46

Burping your baby 47

Spit-up 47

How to tell if your baby is
breastfeeding well 48

Weight gain and growth 49

Growth spurts 50

Vitamin D 51

It's too soon for solid food 52

How can I tell that my
baby is ready for solid food? 53

Breastfeeding
anytime, anywhere 54

Support is important when you breastfeed . 55

Crying 57

Why babies cry 58

How to comfort a crying baby 60

Crying and colic 62

Comfort for parents 63

Colic comfort 64

When your baby keeps crying 66



Sleeping **69**

How much do babies sleep?	70
Your baby's sleep and wake cycle	72
Helping your baby fall asleep	74
Babies need your comfort	77
Bedtime routines	78
Safer sleep	79

Keeping clean **85**

Cord care	86
Diapers	87
Diaper rash	88
Bathing	89

Health **91**

Hand washing	92
Well-baby check-ups	93
Immunizations	94
Questions that your health care provider may ask	96
When to see a health care provider	97
Common concerns	99
Baby pimples	99
Swollen genitals and breasts, erections	99
Cradle cap	99
Flat head	100
Pee and poop	101
Jaundice	102

Dental health	103
Mouth and gum care	103
Teething	104
Soothers (pacifiers)	104

Safety **107**

Car safety	108
Safety at home	109
Baby furniture	109
Sleep sacks	111
Baby slings	111
Toys	112
Protect your baby	113
Falls	113
Overheating	113
Pets	114
Choking	114
Sunscreen	115
Drowning	115
Burns	115
A smoke-free home and car	116

Resources **119**

Public Health	120
Routine Immunization Schedules for Children, Youth & Adults	121
Health appointments for your child covered by MSI	122

Thanks **125**





Getting to know your baby

What your baby is telling you	8
Baby temperament	10

“I was happy when I brought my baby home, but I was scared, too. How would I ever figure out what they need? 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 them. You are giving them what they need to grow and be well.

Your baby can't talk yet, but they have ways to let you know what they need. These are called “cues.”

Pay attention to your baby. You'll soon begin to understand their cues and see what they're telling you.

Your baby is telling you, “I’m hungry,” by:

- Holding hands or fists over their chest
- Sucking on their fingers or fist
- Turning toward your body with their mouth open
- Smacking their lips
- Sticking out their tongue
- Making sucking sounds
- Crying

Your baby is telling you, “I’m full,” by:

- Turning away
- Closing their mouth
- Falling asleep
- Relaxing their 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 their forehead, frowning
- Opening and closing their eyes
- Arching their 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 their head
- Smiling

Your baby is telling you, “I’m sleepy,” by:

- Becoming calmer, quieter and less active
- Slowly opening and closing their 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.

Baby temperament

Every baby is born with their 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 their own special person.

A baby's temperament affects how they see the world and how the world reacts to them. 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 their personality by interacting with the world around them. How you respond to your baby's temperament will have a big effect on the kind of person they become.

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 them feel safe and loved. Your baby can't change who they are. But you can change what you expect from them 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 them, you can keep visits short. Or you can take your baby to a quieter room to calm down when they start to get fussy.

“I thought all babies were the same. But my baby is NOTHING like my sibling's. Their baby is quiet and cuddly. Mine is noisy and pulls away when I try to cuddle. Is something wrong with my baby?”

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 them with loving care, your baby will learn to feel good about themselves. And you'll feel good too!

Your baby wants you to know...

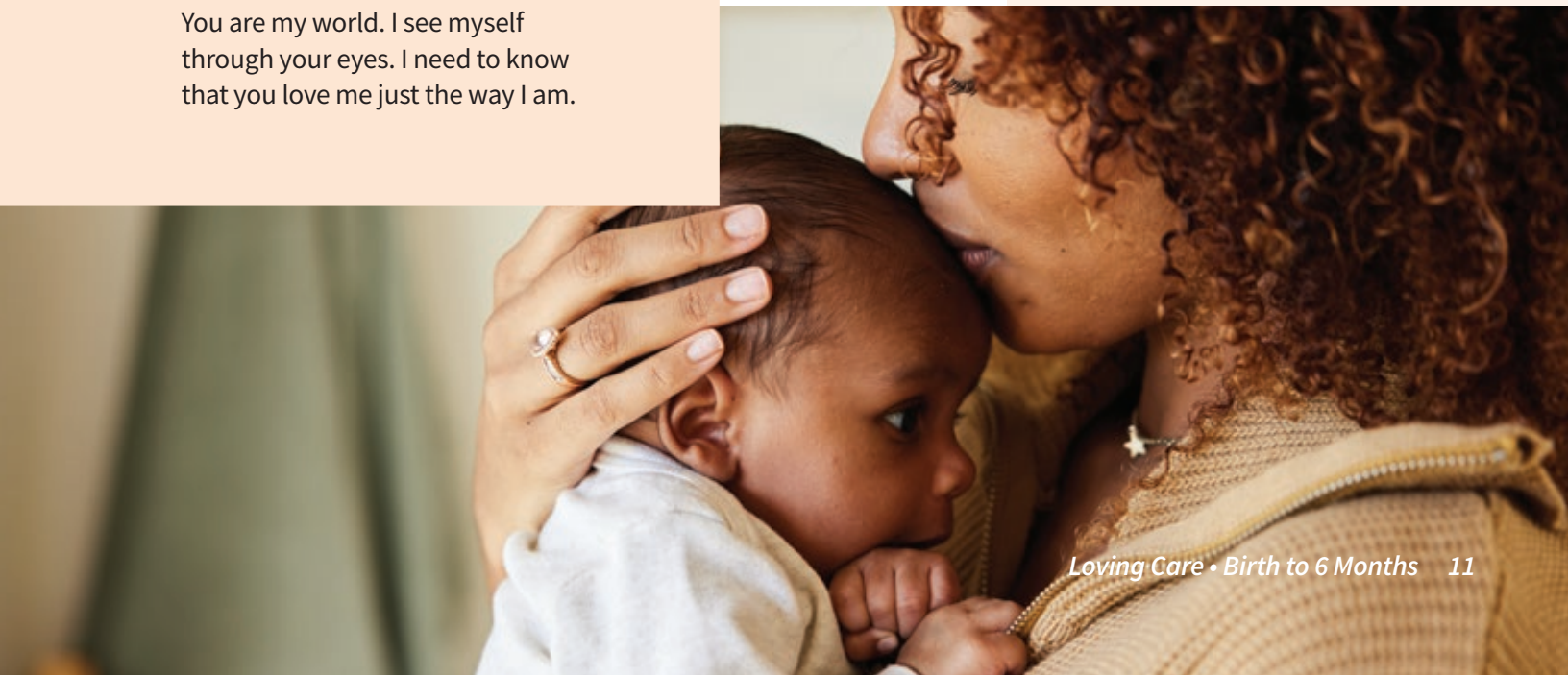
You are my world. I see myself through your eyes. I need to know that you love me just the way I am.

Did you know?

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 they're 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 them for who they are.







Help your baby learn to love

Attachment	14
Skin-to-skin contact with your baby	16

“I’ve heard that something called “attachment” is very important for a baby. But what exactly is attachment and how do I make it happen?”

Did you know?

You may find it hard to respond to your child with the love and care they need. 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.

Working to understand and seeking support for your own feelings can be an important step in building a loving bond with your baby.

If you are worried, talk to a health care provider, Family Resource Centre or call the Helpline (contact information, **Loving Care: Parents and Families**).

You’ll find more information on post-partum depression in **Loving Care: Parents and Families**.

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 their needs.

Your baby depends on you for everything. They need to learn that they can trust you to come every time they need you.

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

- They can trust and depend on you.
- They are important to you.
- They matter.
- Their world is a good and safe place.

You are teaching them 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 their life depends on this bond. When the bond between you and your baby is strong, they can love, learn, and grow. They can be healthy and happy. They will be able to give you—and others—the love you have given them. A healthy relationship with you will enable them to have healthy relationships throughout their 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.

Did you know?

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.

Help your baby learn to love



Skin-to-skin contact with your baby



Newborn babies love skin-to-skin contact. Skin-to-skin contact benefits both babies and parents.

Snuggling against their parent'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, and helps your baby recognize you sooner. 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. It can also reduce parents' feelings of depression and stress.

To cuddle skin-to-skin, lay your naked baby's belly against your chest and cover them with a blanket. You can cuddle skin-to-skin in a seated or lying position.

If you are sleepy, put your baby in their crib, or put them skin-to-skin with someone who is awake and alert. Do not risk falling asleep with your baby skin-to-skin, as this can be dangerous for your baby.

Partners can snuggle skin-to-skin with their baby, too.

Skin-to-skin cuddling is important not just immediately after birth, but through your baby's early weeks and beyond.



Help your baby learn to love





Growth and development

Step by step	20
What a newborn baby can do	22
Developing new skills	24
New skills to watch for	26
Helping your baby develop	28
When to wonder about your baby's development.....	30

“My baby is so small! They seem so helpless. What can they do? How much can they see? Can they hear me?”

Step by step

From the minute your baby is born, they're 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 their 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 them to grow.

When you pay attention to them and play with them, you help them to **develop**. You teach them about themselves and their world.



Did you know?

If your baby is premature or has health concerns, they 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.

Did you know?

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 your local Hearing and Speech Centre (contact information is in **Loving Care: Parents and Families**).



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.

Did you know?

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.



Developing new skills

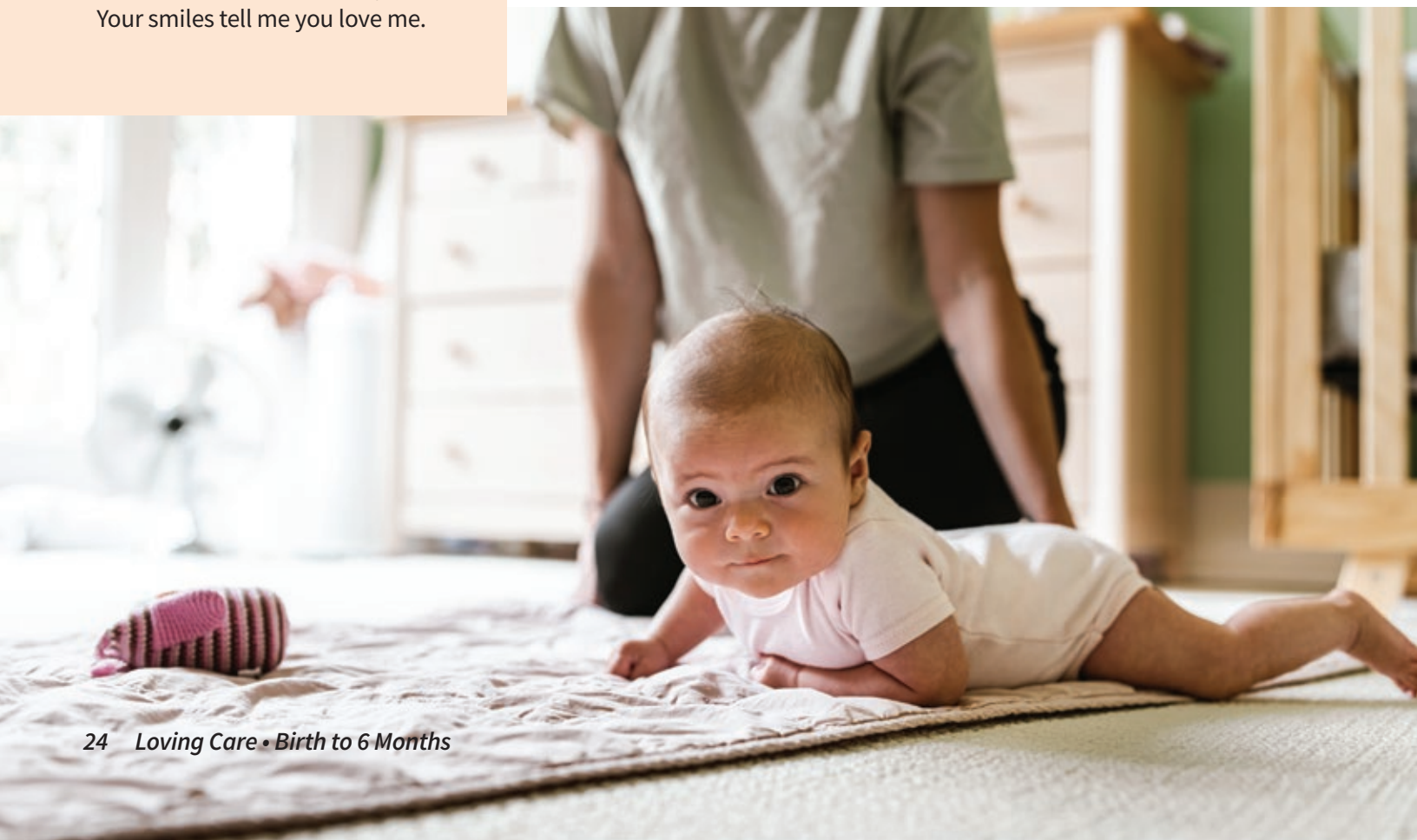
Babies grow and develop at their own speed, step by step. Every baby develops in their own way.

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

In the end, most babies do just fine.

Your baby wants you to know...

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 their head for a few seconds when lying on their 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 their eyes?
- Hold their head steady?
- Coo, gurgle, laugh, and squeal?
- Open and close their hands?
- Hold your finger?
- Kick their legs?



At 6 months, does your baby...

- Like to look at faces more than anything else?
- Smile when they hear your voice? When they see someone they know? When they're happy? When they want to play with you? When they see themselves in a mirror?
- Make singsong noises and copy sounds?
- Turn their head to see where a sound is coming from?
- Make sounds while they're playing by themselves?
- Love listening to music, rhythm, voices, and toys that make noise?
- Recognize voices they hear a lot? Look for you when they hear your voice? Notice when they hear a strange voice?
- Enjoy games like peek-a-boo?
- Push themselves up on their arms when lying on their tummy?
- Pull themselves to a sitting position if you hold their hands?
- Roll over—from front to back and back to front?
- Push down on their legs and support their weight when you hold them?
- Put their hands—and other things!—in their mouth?
- Reach for things with one or both hands?
- Grab and shake small toys?
- Pass things from one hand to the other?

Helping your baby develop

You can help your baby develop by talking, reading, and singing to them, playing with them, and responding to them.



To help your baby develop their muscles:

- Hold toys so your baby will reach for them.
- Give them things to hold and feel.
- Give your baby lots of tummy time. (See **page 35** to learn more about tummy time.)



To help your baby develop social skills:

- Respond to your baby. Smile back when they smile at you. Go to them when they cry. Help them learn they can depend on you.
- Make faces for them 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 their own way.
- Give your baby new things to think about. Take them for walks outside. Talk to them about what they're seeing.



To help your baby develop hearing and speech:

- Give your baby lots of things to listen to. Sing to them. Talk to them. For example, tell them what you're doing while you work. Tell your baby what you're doing while you dress them, wash them, and change their 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 them in different languages.
- Give your baby rattles to make noise with. Play music for them. Give them soothing sounds to listen to. Sudden loud noises can scare them.
- Copy the sounds your baby makes. Make sounds for them to copy.
- Play games with them that have songs or words.
- Read to your baby.

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.



Did you know?

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

When to wonder about your baby's development

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







Play

Games and activities	34
Tummy time	35
Baby massage	36
Tracking	36
Copycat	37
Pull-ups	37
Toys	38
Screen time	39

Games and activities

“I know that play is important for babies. But they’re so small! What can I do that they’ll like and is safe?”

Play is how your baby learns. It helps them to develop the skills they need to grow and learn.

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





Double check

Tummy time will also prevent flat head. For information on flat head, see **page 100**.



Caution!

Never leave your baby unattended during tummy time.

Tummy time—Why is it important?

Supervised tummy time is an important daily activity for your baby's development. It helps babies develop strong muscles and helps to prevent tight neck muscles and baby flat head. It also helps to improve your baby's movement skills.

Your baby should be getting supervised tummy time every day. Beginning at birth, start out slowly with a few minutes of tummy time throughout the day. You can do tummy time by having your baby lay on their tummy on top of your chest, or by laying your baby tummy-down on a blanket on the floor.

By three months of age, make sure your baby is doing frequent tummy time throughout each day. You can do tummy time after every diaper change, and let your baby play on their tummy on the floor every day.

Your baby may not enjoy tummy time, so here are a few tips on how to include tummy time into your day:

- Get down face to face with your baby.
- Give them a mirror, a book, or toys to look at while on their tummy so they will lift their head to look.
- Cuddle your baby chest to chest, in a semi-reclined position.
- Put a rolled-up blanket under their chest at armpit level to help support them.
- Encourage your baby to look in different directions by changing the position of mobiles, books, and toys for them to look at.
- Roll baby on their tummy for a few minutes after each diaper change.
- Play music so they will look to see where it is coming from.



Baby massage—To teach baby about their body

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

- Lay your baby on their back.
- Sit or kneel next to them.
- Gently stroke each of their arms, from top to bottom, all the way to their fingertips. Do this several times.
- Stroke each of their legs from top to bottom, all the way to their toes. Do this several times.
- Stroke the sides of their head from top to bottom. Go from the top of the forehead, around the cheeks, and under the chin.
- Rub their hands and feet between your hands.



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

- Lay your baby on their back.
- Say their name until they look at you.
- Hold something black and white about 20 cm (8 inches) from their 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 them.
- Repeat the game a few more times.

Copycat—To help baby learn by copying what you do

- Lay your baby on their back.
- Say their name until they look at you.
- Bring your face close to theirs—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 their muscles

Do this activity with your baby when they're old enough to hold up their head.

- Lay your baby on their back.
- Hold both their hands.
- Slowly pull up until baby is sitting.
- Talk to them 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 them safe
while they learn 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.



Screen time

Babies learn best and have the most fun playing with people and exploring their world. Babies do NOT understand screens—they might be interested in colours and sounds, but screens do not help them to learn. Babies learn best through face-to-face interactions with parents and caregivers. Your baby develops best through live, interactive experiences with real people in real settings.

Screen time—with phones, TV, tablets, and computers—can't replace your love and attention.

Screen time can't replace the benefits your baby gets from playing.

The only good kind of screen time is interactive video chatting—like FaceTime or WhatsApp—when it's used to strengthen and maintain long-distance relationships with family and friends.

To help your child develop:

- Do not allow any screen time, except for video chatting, for children younger than 2 years old.



- Avoid exposing your baby to background screens by turning off the TV and other technology if no one is watching or if your baby is present in the room.
- Be mindful of your screen use. Focus on your baby to support their development. Turn off notifications or put your phone away during your time together.

You'll find more information on limiting screen time in the “**Families**” section of **Loving Care: Parents and Families**.

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 **Infant Formula: What You Need to Know**. You can get a copy from your local Public Health office (contact information, **page 120**).

Did you know?

The terms breastfeeding, chestfeeding, nursing, and bodyfeeding can be used interchangeably. Breastmilk may also be referred to as human milk or chestmilk. It's important to decide what feels right for you and communicate your preferences with your health care providers.

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

The best start	42
Connecting with your baby	44
Breastfeeding to comfort your baby.....	45
Babies need to feed often	46
Burping your baby.....	47
Spit-up	47
How to tell if your baby is breastfeeding well.....	48
Weight gain and growth	49
Growth spurts	50
Vitamin D	51
It's too soon for solid food.....	52
How can I tell that my baby is ready for solid food?.....	53
Breastfeeding anytime, anywhere	54
Support is important when you breastfeed.....	55

“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.”



Double check

Breastfeeding Basics is an excellent resource for breastfeeding parents. It includes information about the importance of breastfeeding, getting off to an important start, continued breastfeeding, overcoming breastfeeding challenges, breast care, breastmilk, healthy living, and getting help. You can get a copy from your local Public Health office (contact information, **page 120**).



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, parents, 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.

Breastfeeding is important for you

- 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.

Did you know?

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 Basics**. You can get a copy from your local Public Health office (contact information, **page 120**).

You'll find more information on stopping smoking in the "**Parents**" section of **Loving Care: Parents and Families**.

Did you know?

There are many ways that 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!

Your baby wants you to know...

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

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 them 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 their eyes.
- Smile, talk, and sing to them.

Other family members can share in breastfeeding, too.

Feeding times are a good time for siblings 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 partners and family members helps breastfeeding parents to breastfeed happily and successfully. One example of how partners can give support to the breastfeeding parent is by bringing food, drinks, and pillows during breastfeeding. Their encouragement, praise, and pride in giving their baby the best start in life can get breastfeeding parents through times when they are tired and wonder if breastfeeding is worth it.

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

Breastfeeding to comfort 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 they're lonely, tired, or scared—not just when they're hungry.

Being held close to breastfeed helps a baby feel safe and loved. You aren't spoiling your baby by breastfeeding them when they need comfort and closeness.

Your baby wants you to know...

When you breastfeed me, your love nourishes me too.

Did you know?

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 their 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 them.

Did you know?

Your baby has many ways to tell you they're hungry. Some feeding cues are:

- Holding hands or fists over their chest
- Sucking on their fingers or fist
- Turning toward your body with an open mouth
- Smacking their lips
- Sticking out their 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 Health Nexus.

Burping your baby

Burping your baby can help bring up air that was swallowed during a feed. Your baby may also gulp air down when they cry and even as they are breathing. Although burping may be helpful for some babies, it's not always needed. Often, burping just happens on its own when your baby changes positions. And if your baby seems content, it may not be necessary at all.

Babies fed with formula sometimes need to be burped more than breastfed babies. This is because breastfed babies have better control over the flow of milk and often suck at a slower pace, so they often swallow less air when drinking.

Newborn babies who are fed with formula should be burped often during the feeding and after the feeding to make sure the swallowed air is released. Burping can help to prevent more spit-up.

Spit-up

Almost all babies spit up, especially newborns. Spit-up rolls out of the mouth, sometimes with a burp, and doesn't usually bother a baby. If you notice your baby spitting up more after feeding them, try burping them more often throughout the feeding.

Spitting up should not be confused with vomiting. Vomiting is forceful and happens over and over. If your baby is throwing up more than a few tablespoons of liquid, they may become dehydrated. If you think your baby is vomiting, contact your health care provider.

Did you know?

More information on burping your baby and tips to reduce spitting up can be found in **Infant Formula: What You Need to Know**.

You can get a copy from your local Public Health office (contact information, **page 120**).



Did you know?

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.

How to tell if your baby is breastfeeding well

You know your baby is breastfeeding well when:

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





3 days old



3 months old

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 them outgrowing their newborn size sleepers!

Remember that every baby grows at their 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.

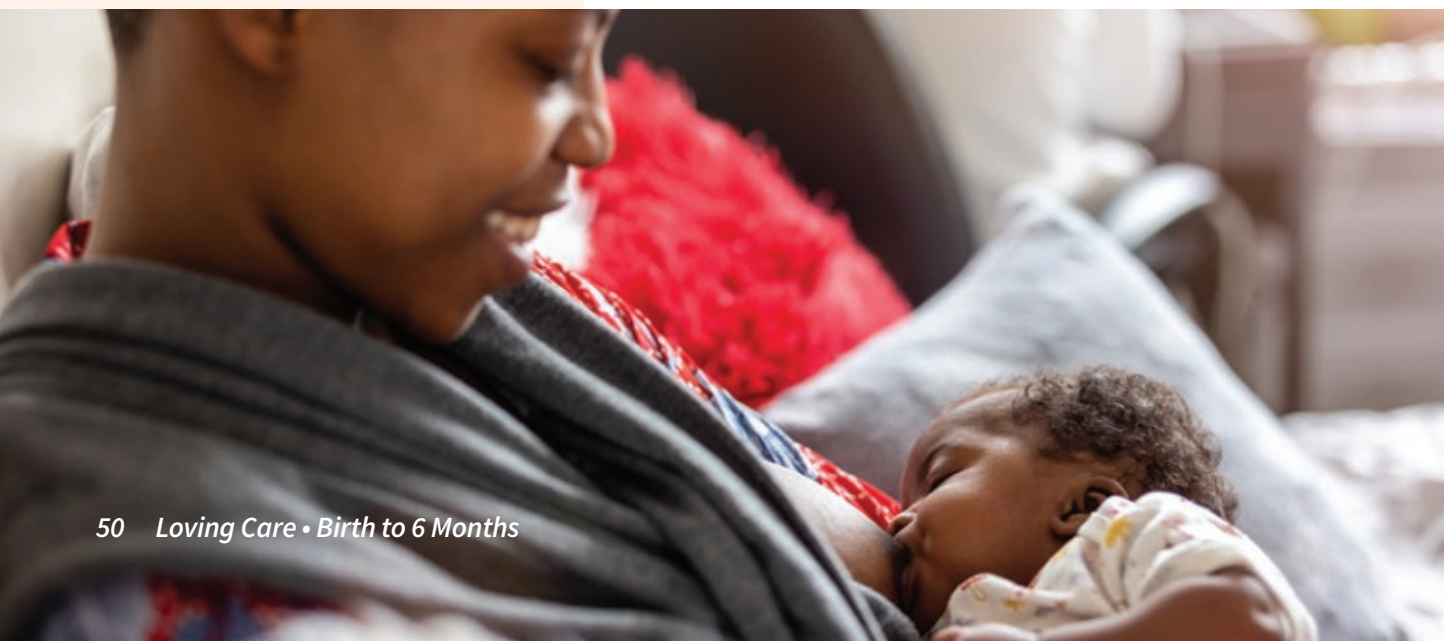
Growth spurts usually last for only a few days. During a growth spurt, babies usually want to breastfeed more often or for longer at each feeding. Follow your baby's cues. They'll let you know when they're hungry and how much they need.

By feeding your baby whenever they're hungry, you will make enough milk to meet your baby's needs.

Your milk will give them the nourishment they need to grow. At this age they do not need solid foods.

Did you know?

Just because your baby reaches for the foods they see you eating, it doesn't mean they're ready for solid food. Babies reach for just about everything they see—not just food.



Vitamin D

All babies need vitamin D. It helps their bodies to build and keep strong, healthy bones and teeth. If a baby does not get enough vitamin D, they could get rickets. Rickets is a disease that causes the bones to not grow properly. Breastmilk only has small amounts of vitamin D, which may not be enough to meet your baby's needs. Babies who are breastfed should receive a daily supplement of vitamin D from birth until they get enough from their diet. Babies who are breastfed should get 400 IU (international units) per day.

Formula companies add vitamin D to infant formula, so most full-term babies who are fed only formula don't need a supplement. Babies who are fed a combination of breastmilk and formula should still receive a 400 IU vitamin D supplement daily.

Aside from supplements, you can get vitamin D through sunlight, and vitamin D–fortified foods. Since infants should not be exposed to direct sunlight, and breastfed infants, especially under 6 months, do not eat vitamin D–fortified foods, they need to get their vitamin D from a supplement.

Did you know?

Babies with risk factors for vitamin D deficiency may need extra vitamin D supplement. Talk with your health care provider if your baby is breastfed and:

- Has darker skin.
- Their skin is covered with clothing much of the time (for example, for religious reasons).
- Lives in a community where vitamin D deficiency is common (for example, some northern communities).
- Their parent has a known vitamin D deficiency.

Did you know?

Try not to compare your baby to other babies. Healthy babies come in all weights, shapes, and sizes. They grow and gain weight at different rates.



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 their tummy. It makes them too full to drink much breastmilk. This means that you will make less and your baby will not get enough breastmilk to give them the nourishment they need to support growth and development.

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' bodies are ready to digest solid food.
- By 6 months, babies are able to begin learning how to swallow, chew, and pick up solid food.
- By 6 months, babies need solid foods that contain iron for growth and development.

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.

**"My baby is growing so fast!
Are they ready for solid food?"**

How can I tell that my baby is ready for solid food?

Once your baby is around 6 months old, you can begin looking for signs that they're ready to try solid food. These include:

- Holding their head up with good head and neck control
- Sitting up in a high chair with little help
- Showing interest in food when others are eating
- Picking up food and trying to put it in their mouth
- Opening their mouth wide when food is offered
- Showing you that they don't want food by turning their head away, keeping their mouth closed, or pushing the food away

When your baby can do most of these things, they're ready to start solid foods.

Talk to your health care provider if you're not sure if your baby is ready for solid foods or if you're worried because your baby isn't eating solid foods.

Did you know?

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

Giving a baby solid food early does not mean they are more mature or are developing faster than other babies.



Did you know?

Your baby doesn't need to have teeth to be ready to try solid food!

Breastfeeding anytime, anywhere

You have the right to breastfeed your baby anytime, anywhere. In Nova Scotia, both the law and government policy protect this right. No one can legally ask you to leave a public place because you're breastfeeding.

Other parents 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 120**).

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

Did you know?

You will see babies breastfeeding in many places in your community. There are many options for breastfeeding in public. Some parents choose to cover up while breastfeeding, and others choose not to. You do not need to cover up while 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.
- You can 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.



“I have many
questions about
breastfeeding!
Who can I talk to?
Who will listen?”

Support is important when you breastfeed

Parents and babies 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 parents 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 parents in your community through:

- Family Resource Centres
- La Leche League Canada (Contact information for these organizations is in **Loving Care: Parents and Families.**)

You can get information and support for breastfeeding from:

- Health care providers, public health services, community health centres, Indigenous health centres
- Books and videos from your local library
- Websites like:
l11c.ca
www.nshealth.ca/pregnancy-supports





Why babies cry	58
How to comfort a crying baby	60
Crying and colic	62
Comfort for parents.....	63
Colic comfort.....	64
When your baby keeps crying	66

“What should I do when my baby cries? Will I spoil them if I pick them up as soon as they cry?”



Did you know?

Letting your baby cry does **NOT** develop their lungs.

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 them every time they cry.

Your baby needs to know that they can depend on you to be there when they need you. When you answer their cries with loving care you are teaching them that they 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 their sleep patterns and to what they are telling you. As you get to know them, you'll get better at understanding and meeting their needs. Trust your instincts. You know your baby best. Most of the time, you'll probably be able to figure out why they're crying and what they need. 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 them.

Double check



You'll find information on what your baby is telling you on **page 8**.

You'll find information on baby's sleep and wake patterns on **pages 72–73**.

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 they start to cry.** You can't spoil your baby by picking them up when they cry. When you come quickly, it helps both you and your baby. Babies cry less when someone comes as soon as they start to cry.
- **Try to figure out what your baby needs.** Look for what your baby is telling you. Are they hungry? Wet? Too warm? Cold? Sick? Are they lonely? Tired? Bored? Upset? Too excited? Maybe it's just your baby's fussy time of day.
- **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 they need. For example:
 - **Cuddle them close.**
 - **Hold them against your shoulder.**
 - **Rub their back.**
 - **Move them around.** Try walking or gentle rocking. Take them out for a walk in the stroller. Take them 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 recording of a sound your baby likes and play it when they cry.
- **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, they might be bored. Try moving them to a place where there's more activity.

Did you know?

To see if your baby is too warm, touch the back of their neck. If it's damp, they're too hot.

Did you know?

You can get help and information about how to handle your baby's crying from your local Public Health office (contact information, **page 120**).

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.

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 they're in pain. They might pull their knees up toward their chest. They keep crying no matter how many things you try.

If your baby is going to have colic, it usually starts when they're 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. They may not be able to show it, but they need to know you're there.





Crying

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.

Crying



Colic comfort

Often, a baby with colic can't calm down, no matter how many things you try. But even if they keep crying, your baby might feel better if you try some of these things.

- Hold your baby over your arm. Lay your baby with their belly on your forearm and their head in the bend of your elbow. Hold them with their back against the front of your body. Let their arms and legs hang down.
- Lay your baby with their belly on your forearm, with your hand supporting their head. Let their arms and legs hang down. Rub or pat their back.

- Hold your baby with their back against the front of your body. Support their bum with one hand. Wrap your other arm under their legs, so that their knees are bent and they're 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. You can find safety information on slings on **page 111** of this book.
- Take your baby for a walk or a drive.
- Give your baby a warm bath.

Did you know?

Some colicky babies find massage very comforting. You can find some basic information on this on **page 36** of this book.

Some Family Resource Centres offer infant massage training sessions. Check to see what's available near you (contact information is in **Loving Care: Parents and Families**).

“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 their 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 them.
- If you start to lose control again, put them 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 they can’t stop crying, they still need to know you’re there. They still need to know you love them.

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.



Double check

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



Never shake your baby!

Your baby has a heavy head and a weak neck. If you shake them, their head will jerk back and forth. Their brain will be damaged and will bleed. Their 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**.





Sleeping

How much do babies sleep?	70
Your baby's sleep and wake cycle.....	72
Helping your baby fall asleep	74
Babies need your comfort	77
Bedtime routines	78
Safer sleep	79

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 they need to sleep. Watch what your baby is telling you. Put them on their back in their crib when they show you they're tired. This will help them learn to connect sleeping with their crib.

As your baby grows, they'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.

“How much should a baby sleep? It seems like mine just gets to sleep and then they're awake again!”

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, they'll sleep through more and more often.

Did you know?

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, they'll need some quiet time before they 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.

Your baby's sleep and wake cycle

Every baby has their own pattern of sleeping and waking. They move through this cycle several times over the course of a day and night. What your baby needs can depend on where they are in their journey from sleeping to being awake.

Watch closely and you'll learn where your baby is in their sleep cycle. When you know this, it's easier to figure out what they need.

Baby's sleep and wake cycle		
	What baby does	What baby needs
Deep sleep	<ul style="list-style-type: none">• Lies mostly still, but may move a little• Face and eyes are still, except for a little sucking	<ul style="list-style-type: none">• Let baby sleep. Take a nap yourself.
Active sleep	<ul style="list-style-type: none">• Still asleep, but not so deeply• Body moves more• Face moves—baby may suck or smile, eyelids may flutter• Might make fussy sounds or cry a little	<ul style="list-style-type: none">• Wait. Your baby may wake up or go back to deeper sleep.

Baby's sleep and wake cycle

Drowsy —half asleep

What baby does

- Body moves slowly
- Eyes open and close, but are dull and sleepy looking
- Face moves

What baby needs

- Wait. Your baby may wake up or go back to deeper sleep.
- If you need to wake your baby, talk to them, undress them, or change their diaper.

Awake and alert

- More body movement
- Bright, open eyes
- Bright, alert face
- Interested in what's going on around them

- 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, they're telling you they need a rest.
- Give your baby something to look at or listen to.

Awake and active

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

- If you're playing with baby, stop and let them rest. Try another activity.
- See if they want to suck on their fist or fingers.

Awake and crying

- Cries
- Makes faces

- If you are playing with your baby, stop. They've had enough.
- Comfort your baby. (See **page 60** for information on how to comfort a crying baby.)
- Be patient.

Double check

If your baby always sleeps with their head turned in the same direction, they can develop flat head. See **page 100** for more information on preventing flat head.



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 103**).



Helping your baby fall asleep

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 them to get the sleep they need by:

- Having bedtime and naptime routines (For more information see **page 78**.)
- Going to bed and having naps at the same time every day
- Waking them up at the same time every morning
- Comforting them 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 their baby 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.

Causes of sleep problems

Loneliness

Possible problem

Your baby feels better knowing you're near.

What parents have tried

- Pat your baby's tummy when you lay them down. Slowly make your pats lighter until you can move your hand away without waking baby up.

Noise

Normal family noises keep some babies awake.

- Use a soothing sound to cover other noises. This can be a fan, or a recording 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.”

Causes of sleep problems

Light

Possible problem

Too much light can keep some babies awake.

What parents have tried

Help your baby learn the difference between day and night.

- During the day, give them lots of light— especially outdoor light—but keep them out of direct sunlight. Talk to and play with your baby during the day. At night, keep the room they sleep 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.

Too tired or excited

If your baby has had a busy day or missed some naps, they may be too tired and wound up to sleep.

- Try to stop this problem before it starts. Pay attention to the ways your baby tells you they're sleepy. Some babies get quiet. Some get fussy. Some yawn or blink their eyes. Put them down to sleep before they get too tired. Try to organize the day so they get regular naps. This will help keep them from getting too tired.
- If your baby is too wound up to relax and sleep, you can try soothing them by cuddling, walking them in a carrier, rocking, or doing anything else you know calms your baby down.

Babies need your comfort

Little babies often fall asleep in a parent's arms. Falling asleep in your arms is healthy for your baby because they feel comforted by you. Sooner or later, all babies put themselves to sleep.

There is no hurry for your baby to learn to fall asleep by themselves. Especially in the first 6 months, your baby will need your comfort and support to fall asleep. When parents comfort and soothe their babies, it leads to greater self-esteem for the child. Every time that you respond to your baby by comforting them or soothing them, you are teaching them that their needs will always be met.

If your baby begins to cry, comfort and soothe them. When babies are actively crying, they can't soothe themselves and need your comfort. The longer they cry, the more upset they get and the harder it is for them to go back to sleep.

Did you know?

You may have heard that you can “spoil” your baby by responding to them too quickly when they cry instead of letting them “cry it out”. Current research shows that letting your child “cry it out” can be harmful to you and your baby and is not recommended. Babies cannot calm themselves on their own. Babies who are regularly comforted before they turn six months old cry less as they get older. You will not “spoil” your baby by responding and comforting them when they cry. Holding and cuddling your baby makes them feel safe and secure.



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.



Did you know?

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 **"Read to Me"** program in **Loving Care: Parents and Families**.

Bedtime routines

By the time your baby is 3 to 5 months old, they 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 them instead.

Safer sleep

Following safer sleep practices can reduce the risk of SIDS.

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, with 90% of SIDS deaths happening to babies before they turn 6 months old. Babies born premature and babies born with low birth weights are at a higher risk of SIDS. SIDS usually happens while the baby is sleeping. No one knows what causes SIDS. But there are things that 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.** Always put your baby on their back to sleep.
- **Babies room-share** while sleeping in a crib, cradle, or bassinet within arm's reach of your bed **for the first six months.**
- **The crib, cradle, or bassinet has a firm mattress.**
- **There is nothing in the crib, cradle, or bassinet except the mattress and baby.** Pillows, comforters, stuffed toys, or bumper pads in cribs, cradles, or bassinets can increase the chance of a baby suffocating.
- **Babies are breastfed.** Breastfeeding for at least 2 months will lower the risk of SIDS by about half. Your baby will get the protective effect from breastmilk, even if you only breastfeed some of the time. The longer you can breastfeed, the more protection your baby will have.
- **Babies are offered a soother at naptime and bedtime.** Consider waiting to offer the soother until your baby has learned to breastfeed with a deep latch. Babies often learn how to breastfeed well in the first 4 to 6 weeks. You know your baby best. Using a soother as your baby is learning to breastfeed may create challenges with breastfeeding. Soother use has also been linked to earlier weaning from breastfeeding.
- **Babies live in a smoke-free home.**
- **Babies are not covered with a blanket.** Blankets can accidentally cover your baby's mouth and nose, causing a suffocation risk.

- You keep your baby's temperature comfortable at night by dressing them in **one layer of clothing**, such as a sleeper, instead of putting a blanket on them.
- **Babies are not too hot, overdressed, swaddled, or bundled.** It is best not to swaddle your baby overnight or when they are unattended, as swaddling can be a suffocation risk and a risk of overheating. Using a sleep sack is a safer option than swaddling your baby, however it is safest to have your baby sleep in one layer of clothing, such as a sleeper.

Did you know?

For more information on safe sleep, contact your local Public Health office or read the Public Health Agency of Canada's document "**Safe Sleep for your Baby**". Contact information is in **Loving Care: Parents and Families**.

There has been a lot of research on whether having your baby sleep in your bed with you is safe. Sleeping in the same bed as your baby is called "bed-sharing" or sometimes "co-sleeping". In this book, we call it bed-sharing. Recent research has shown that bed-sharing may increase the risk of SIDS, and therefore is not recommended. You should not sleep with your baby in your bed. Babies can fall off, get trapped under the sheets, blankets, or pillows, get rolled on, overheat, or suffocate.

When breastfeeding, parents often find it easier to bring the baby into the bed for the nighttime feedings. Nighttime feedings are important for your baby's growth and development. Bringing your baby into bed to breastfeed is safe and recommended as long as you return them to their crib, cradle, or bassinet after the feeding and before you go back to sleep. Remember to place them on their back, without blankets, pillows, stuffed toys, or bumper pads.

While bed-sharing is never recommended, **it is ESPECIALLY not safe** if you sleep with your baby on a sofa, armchair, or recliner. Babies can fall off or get stuck between the cushions and the back of the sofa.

Bed-sharing is ESPECIALLY not safe 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.

Bed-sharing is ESPECIALLY not safe if you allow pets or other children to sleep with your baby.

Bed-sharing is ESPECIALLY not safe if you or any other person in the bed:

- Might find it hard to respond to your baby for any reason
- 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 sleepy
- Have had alcohol, cannabis, or other drugs



Double check

See **page 116** for more information on a smoke-free home and car.

Caution!

Never leave your baby alone if they fall asleep in a car seat, stroller, baby swing, baby bouncer, or any other infant equipment. 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.

There is a risk that your baby's head can fall forward and block their breathing if they sleep while sitting up. Watch your baby closely when they fall asleep while sitting up.



Double check

See **pages 109–111** for more information on baby furniture, such as strollers, cribs, bassinets, baby slings, and sleep sacks.



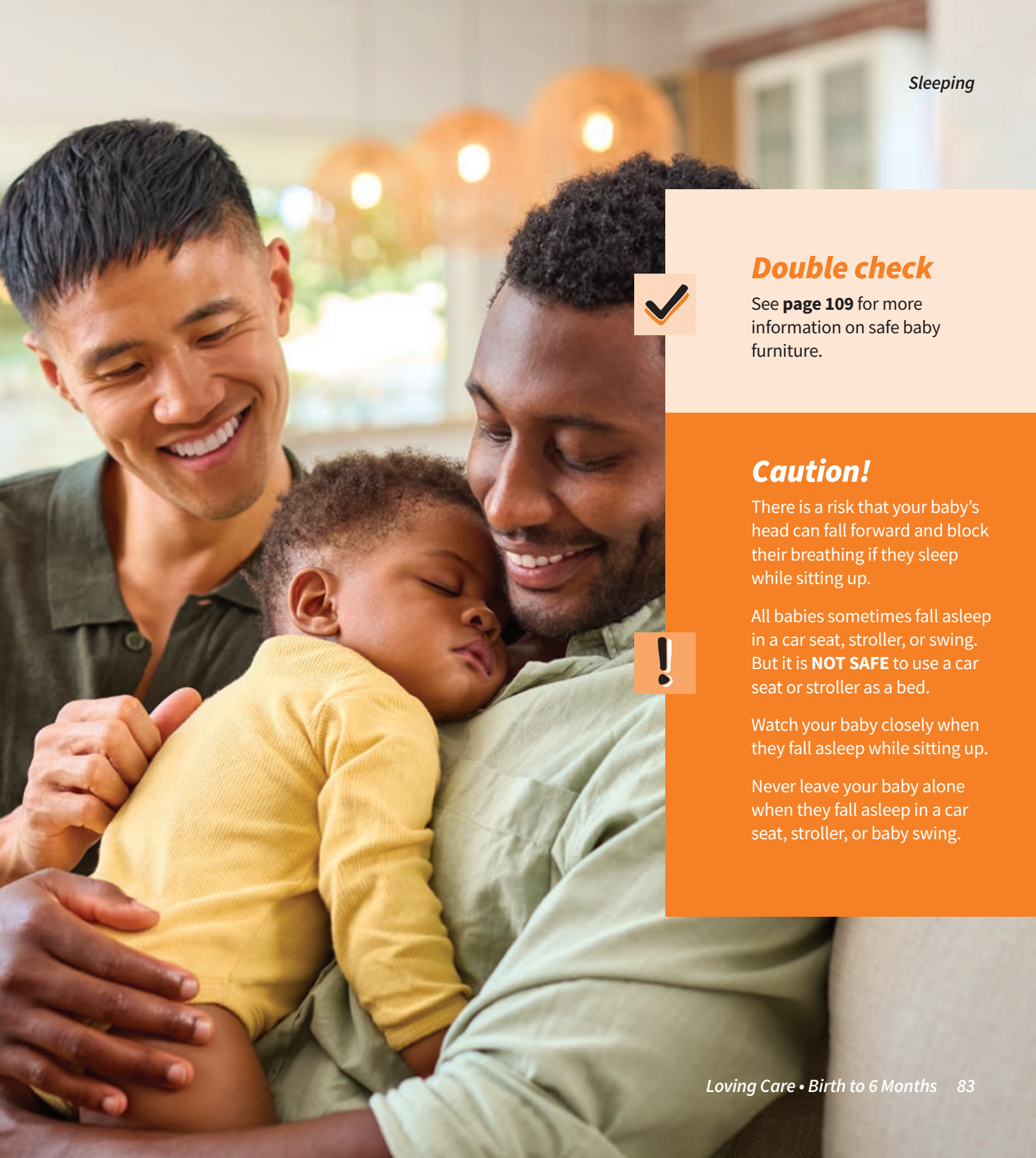
Bed-sharing risk reduction tips

Even if you understand the serious risks of bed-sharing, there may be times that you still bed-share with your baby. This may be unplanned, for example, if you accidentally fall asleep while breastfeeding your baby in your bed. Or you may still decide to bed-share — as a parent it is your right to choose. Bed-sharing can be dangerous for your baby, so if you still decide to bed-share use the following steps to decrease the risk as much as possible:

- Always put your baby on their back.
- Have a firm, flat, and clean sleep surface. Do not bed-share on a waterbed, pillow top, feather bed, air mattress, sagging mattress, or soft memory foam mattress.
- Put your mattress on the floor to reduce the risk of falls. Make sure the mattress is away from walls and there is space around the bed so your baby cannot get trapped between the mattress and the wall or bedside table.
- Keep soft loose bedding or other objects far away from your baby. Pillows, duvets and heavy blankets can increase your baby's chance of suffocation and getting tangled.
- Dress your baby in a one-layer sleeper so they are at less risk of overheating.
- Do not swaddle your baby.

- Sleep in a “C” shape —lay on your side, facing the baby, with your knees drawn up under the baby's feet and your arm above the baby's head. This protects the baby from moving down under the covers or up under the pillow. This “C” shape position is also known as the lying down position for breastfeeding. You can see what the lying-down position looks like in **Breastfeeding Basics**. You can get a copy from your local Public Health office (contact information, **page 120**).
- Have your baby sleep on the side of the bed, instead of between adults. Any adults in the bed need to be aware that the baby is in the bed. All adults need to be comfortable with this decision to bed-share and be aware of the risks.
- If any adult in the bed has long hair, make sure it is tied back so that it can't get tangled around the baby's neck.
- Never leave the baby alone in the bed. Adult beds are not designed to keep babies safe.
- Never bed-share if you meet any of the conditions that make **bed-sharing ESPECIALLY not safe**. See **page 81** for a list of conditions.

Safe sleep text adapted/reproduced with permission from Safer Sleep for My Baby and Safe Sleeping for Babies. Copyright Province of British Columbia. All rights reserved.



Double check

See **page 109** for more information on safe baby furniture.



Caution!

There is a risk that your baby's head can fall forward and block their breathing if they sleep 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 they fall asleep while sitting up.

Never leave your baby alone when they fall asleep in a car seat, stroller, or baby swing.





Keeping clean

Cord care	86
Diapers	87
Diaper rash	88
Bathing	89

“How clean do babies need to be? Should I give mine a bath every day? What should I do about the cord?”

Caution!

Call your health care provider if:

- The area around the cord is red or swells up
- It's leaking pus or fluid



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.

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.



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.

- Wash from front to back. Be sure all the creases and folds of the vaginal area are clean.
- Don't pull back the foreskin when you wash the penis.



Caution!

Do not use baby powders or other powders that contain talc. If your baby breathes these powders in, they can cause severe lung damage and breathing problems.

Did you know?

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

Did you know?

It's a good idea to use the correct names for body parts, such as "penis," "testicles," "labia," and "vagina" when you talk to your baby. If you start using correct names for body parts when your baby is young you will not need to change what you call these body parts later.

Knowing the correct names for body parts improves your child's body image, self-confidence, and communication with you. It also gives children the language they need to tell a trusted adult if sexual abuse has happened.

Diaper rash

Caution!

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.



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 the 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**.





Keeping clean

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!

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.



Did you know?

If you speak a different language than your health care provider, ask your health care provider if a language interpreter is available. A language interpreter is trained to help you understand and communicate with health care providers when your language is different from theirs.



The YourHealthNS App



YourHealthNS provides safe and quick access to healthcare information, resources and services. You can use it to look for health services near you, find your health records, book vaccines and blood collection appointments, get appointment reminders and more.

Visit www.yourhealthns.ca or download the app.



Download on the
App Store



GET IT ON
Google Play



Health

Hand washing	92
Well-baby check-ups	93
Immunizations	94
Questions that your health care provider may ask	96
When to see a health care provider	97
Common concerns	99
Baby pimples	99
Swollen genitals and breasts, erections	99
Cradle cap	99
Flat head	100
Pee and poop	101
Jaundice	102
Dental health	103
Mouth and gum care	103
Teething	104
Soothers (pacifiers)	104

Hand washing

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 your hands before you feed, wash, or dress them.

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



Well-baby check-ups

Your baby will need well-baby check-ups at 1 week and 3 or 4 weeks, and at 2, 4, and 6 months.

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 they're 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

“How often does my baby need a check-up? When do they get their vaccines?”

Did you know?

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.

Did you know?

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.



Did you know?

Most vaccines are given with a needle. This can be scary and painful for children.

Putting off or stopping your child's vaccines because you don't want them to feel pain can mean they will not get protection from some serious diseases.

For more information on ways to reduce your child's pain during vaccinations, please call your local Public Health office (**contact information, page 120**).

Immunizations

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

Your baby should get vaccines from your health care provider at 2, 4, and 6 months.

It's your responsibility to keep a record of your baby's vaccines. You can use the yellow **Personal Immunization Record** card to do this. If you don't have one, you can get one from your local Public Health office. You can also use VaxRecordNS to track your child's vaccination records **online** at vaxrecordns.nshealth.ca.

You can check the **Routine Immunization Schedules for Children, Youth & Adults** on **page 121** to find out what immunizations your baby and other family members need, and when to get them.

For the most up-to-date version of the schedules, check the Department of Health and Wellness website (<https://novascotia.ca/dhw/cdpc/documents/Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf>) or scan this code:



If you do not have a health care provider, such as a family doctor, to provide childhood immunizations, contact 811.

Did you know?

All pregnant people should receive the tetanus, diphtheria and pertussis (Tdap) vaccine during every pregnancy, regardless of when they have had their last Tdap vaccine. Pertussis, also known as whooping cough, is particularly dangerous for infants who are too young to receive their first dose of vaccine, which is given at 2 months. When Tdap vaccine is given in pregnancy, the pregnant person will pass on temporary immunity to their baby.

Ideally, pregnant people should get the Tdap vaccine sometime between 27 and 32 weeks of their pregnancy. Pregnant people who did not get the vaccine during those weeks can still receive the Tdap vaccine anytime until their baby is born.

Did you know?

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 pregnant people 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 Nova Scotia, flu vaccine is free of charge.

You can find out more about flu and flu vaccine from your health care provider or local Public Health office (contact information, **page 120**).



Did you know?

If you do not have a doctor or health care provider, check the Nova Scotia Health website for the “Need a Family Practice Registry” (contact information is in **Loving Care: Parents and Families**).

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.

Did you know?

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. You have a right to health care that respects your race, culture, religion, sexual orientation, identity and ability.

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 have they 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? Are they having trouble breathing?
- Not feeding?
- Bad rash?
- Is your baby acting differently than usual? Are they 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.

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 they behave—see your health care provider or call 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 them 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 their 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 parents who’s always running to the doctor. But if my baby really is sick, I want them to get the help they need—fast. How can I tell what to worry about?”

Did you know?

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

Place the tip of the thermometer in the centre of your child's armpit. Keep the thermometer in place by gently pressing your baby's elbow against their side.

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

Did you know?

If you are concerned about your baby and can't reach your health care provider, go to the Emergency Room or a walk-in clinic.

Double check

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.



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.



Common concerns

You should check with your health care provider 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

Babies may have swollen breasts or genitals after they are born. Some babies may have a little bit of bleeding from their vagina. This is caused by pregnancy hormones from the birthing parent. It is normal and will go away on its own. It's also normal for some babies to get erections. The penis gets hard for no reason. This is nothing to worry about.

Cradle cap

Cradle cap is a dry, yellowish crust on the scalp.

To prevent cradle cap:

You may be able to prevent cradle cap by:

- Rinsing well after washing baby's head or hair.
- Brushing baby's hair and scalp every day.

To treat cradle cap:

Don't try to pick off the cradle cap.

1. Rub vegetable oil, baby oil, or mineral oil into your baby's scalp. Be careful to keep it out of their eyes.
2. Leave it overnight or for at least 15 to 20 minutes.
3. Wash the oil off.
4. Brush gently with a fine-tooth comb to remove the cradle cap.
5. Do this every day until the cradle cap is gone.

See your baby's health care provider if this doesn't clear up the cradle cap.

Did you know?

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 they have lots of time on their tummy when they're awake.



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 them with their head at the top of the crib. The next, with their 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 them a reason to change the position of their head.
- **Give your baby lots of awake time on their tummy.** It's important that babies sleep on their back. But when your baby is awake and someone is with them, lay them on their 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, their 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 they're constipated.
- Breastfed babies' poop tends to be more yellow than the poop of formula-fed babies. The poop of breastfed babies may also be seedy looking. A formula-fed baby's poop may be more tan or brown.

Caution!

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

- They're fussy and seem uncomfortable.
- They seem to be straining to poop.
- They aren'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 them very sick, very fast.



Jaundice

Jaundice is common in newborn babies. It is caused by extra bilirubin that builds up in fatty tissues under the skin. Bilirubin is a yellowish substance made when the body breaks down red blood cells, which is a normal process. In most newborns, bilirubin levels rise a few days after birth, then slowly fall as your baby's body learns to get rid of the bilirubin.

Your baby's body gets rid of jaundice through peeing and pooping. Feeding your baby often in the first few hours and days helps to get rid of jaundice, since feeding often will make your baby pee and poop more. Colostrum is the first breastmilk the body produces after giving birth. It has a laxative effect which helps your baby to poop.

Did you know?

If your baby has jaundice, it is important to wake your baby to feed regularly if they are not waking on their own. Feeding your baby is the best way to get rid of jaundice. Your baby needs to feed at least 8 times in 24 hours. See **Breastfeeding Basics** for tips on how to wake your baby to feed. You can get a copy from your local Public Health office (contact information, **page 120**).



Caution!

Exposing your baby to sunlight (directly or indirectly) at home as a treatment for jaundice is not recommended and can be harmful to your baby. If you have concerns about your baby's jaundice, talk to your health care provider.

In some newborns, their bilirubin level gets too high and needs to be treated with a special light in the hospital. Your baby's bilirubin levels will be checked in the hospital before you go home. However, if you notice any of the signs of jaundice listed on this page, contact your health care provider.

Signs of jaundice to look out for:

- **Your baby has yellowish skin and eyes.**
This is the most common sign of jaundice.
- **Your baby is sleepy, hard to wake, or too tired to feed.**
- **Your baby does not feed well or refuses to feed.**
- **Your baby has fewer wet diapers (pee) or bowel movements (poop) than expected for their age.**

Contact your health care provider if you are worried your baby has jaundice. See **Breastfeeding Basics** for a chart that tells you how many times you should expect your baby to pee and poop, based on your baby's age in the first three weeks.

You can get a copy from your local Public Health office (contact information, **page 120**).

Dental health

Oral health is essential to overall health at every age and stage of life. For children, good oral health supports growth and development, behaviour and their ability to learn, socialize and play.

Tooth decay is one of the most common, yet preventable, childhood diseases. Tooth decay happens when sugar in food and drinks is broken down by bacteria in the mouth. This makes acid that hurts the tooth enamel (the outer layer of the tooth). Pain and infection from tooth decay can make it hard for your baby to sleep, talk, and grow.

Supporting good oral health starts early

Baby teeth are worth taking care of! Dental health starts even before the baby teeth come in. Healthy baby teeth are important for your baby's overall health. Baby teeth help shape your child's face and guide adult teeth into place.

Make cleaning your baby's mouth fun! Sing a song. Make up stories about cleaning away the bacteria that can cause tooth decay.

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.



Double check

Most babies get their first tooth at around 6 months. Once their first tooth appears, it's a great time to schedule their first dental visit. If your baby gets a tooth sooner, check the “**Health**” section of **Loving Care: 6 to 12 Months** for information on taking care of their teeth.



Did you know?

Bacteria that cause cavities can pass from your mouth to your baby. To protect your baby, take care of your own dental health. You will set a good example for your baby and there will be fewer cavity-causing bacteria in your mouth to pass along.



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 health care provider.

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

Soothers (pacifiers)

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.

Caution!

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

Check with an oral health professional, such as a dentist or dental hygienist, 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.





Caution!

Not every teething product is safe. Teething products, like teething necklaces and amber necklaces, that can tie around a baby's neck can cause serious injury or death and should not be used. They can put your baby at risk of strangulation and can be a choking hazard.

Your baby wants you to know...

I need your loving care most when I'm feeling fussy.



Double check

For information on emergency preparedness, visit Nova Scotia Health's Parenting Supports web page and the Department of Health and Wellness Emergency Preparedness web page. Websites are only available when you have power, so be sure to check out this information in advance of storms so you can prepare.





Safety

Car safety	108
Safety at home	109
Baby furniture	109
Sleep sacks.....	111
Baby slings	111
Toys.....	112
Protect your baby	113
Falls.....	113
Overheating	113
Pets	114
Choking.....	114
Sunscreen	115
Drowning	115
Burns.....	115
A smoke-free home and car.....	116

Caution!

In Nova Scotia, 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 116**.

Caution!

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.

If your seat was previously used, check with Transport Canada to make sure there have been no recalls with the seat. A car seat that has been previously involved in a crash may no longer be safe to use.

Look for this safety mark.



Caution!

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

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 Nova Scotia, it is the law that your baby must be in a car seat whenever they are 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 they reach the seat's height or weight limit.

You'll find information on how to choose and install car seats in **Keep Kids Safe: A Caregiver's Guide to Car Seats**. You'll find a copy in the back of **Loving Care: Parents and Families**.



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.

Buy safe baby furniture and equipment. Use it safely. Follow the directions that come with it. Always use any safety straps that come with the product.

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 them 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.

Did you know?

You can find information about recalls of baby toys and furniture from Consumer Product Safety. (Contact information is in **Loving Care: Parents and Families.**)

You can find more information about the safety and safe use of baby furniture and products at Child Safety Link. (Contact information is in **Loving Care: Parents and Families.**)

Caution!

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 is in **Loving Care: Parents and Families.**)



Cribs

Buying safe cribs

- **Meets Canadian safety regulations.** As of 2016, drop-side cribs cannot be sold, imported, or advertised because they are unsafe. Do not use drop-side cribs as they are not safe and have been linked to injuries and deaths.
- **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.

Caution!

A co-sleeper is a type of crib that attaches to the side of an adult bed. Co-sleepers are not recommended as they can cause suffocation. Babies can become trapped between the edge of the mattress and the side of the co-sleeper.



Using cribs safely

- **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.**

Bassinets

Bassinets are not regulated in Canada.

Buying bassinets

- **Sturdy base.** If the bassinet has wheels, they should lock in place.
- **Right size for your baby.** Many bassinets 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 bassinets

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

Sleep sacks

Using a sleep sack is a safer choice than swaddling your baby in a blanket, however the safest way for your baby to sleep is in just one layer of clothing, such as a sleeper.

If you do use a sleep sack, keep your baby as safe as possible by making sure the sleep sack:

- Is snug around your baby's upper body, but not tight around their chest
- Is loose around their hips
- Has no snaps, buttons, or other choking hazards
- Meets Health Canada's children's sleepwear flammability guidelines. (Contact information is in **Loving Care: Parents and Families.**)



Caution!

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

Caution!

Baby slings are especially risky for babies under 4 months because they can't hold up their necks well and are at a higher risk of suffocating.

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:

- Their face is pressed against your chest or the sling.
- They're curled up in a position where their chin is on their 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 their 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

Did you know?

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 is in **Loving Care: Parents and Families**).

Caution!

Babies love to chew. Anything a baby can hold will go right into their 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 them. Never leave your baby alone unless they are 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 them alone with no one watching. Babies can wiggle off of a sofa or other surface.
- Keep stairs and high-traffic areas in your home free from clutter and tripping hazards. This is especially important for parents who must use stairs while carrying their baby.
- Set infant car seats and other carriers down on the floor instead of on top of furniture.



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 them in light clothing.
 - Give them baths in lukewarm water to help keep them cool.
 - Feed your baby more often to give them the fluid they need. Babies don't need to drink water.
 - Use fans or air conditioners indoors.

Nova Scotia Health and Wellness issues Humidex and Health Advisories 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 them—for example, a dog or cat. Talk to your vet about the best way to introduce your pet to the new baby.



Double check

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

Double check

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 103**).

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.



Sunscreen

- Sunscreen is not recommended for babies under 6 months old, because they can rub it in their eyes and mouth. No sunscreen is safe at this age.

Drowning

- Hold on when bathing your baby. Don't leave them 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 them.
- 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**.



A smoke-free home and car

One of the best things you can do for your baby's health is to give them 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 Nova Scotia, 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, they 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 they're 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.

Double check

You'll find more information on stopping smoking in the “**Parents**” section of **Loving Care: Parents and Families**.

You can also contact Tobacco Free Nova Scotia. (Contact information is in **Loving Care: Parents and Families**.)







Resources

Public Health	120
Routine Immunization Schedules for Children, Youth & Adults	121
Health appointments for your child covered by MSI.....	122

Public Health

You'll find contact information for all the resources and supports referred to in this book in **Loving Care: Parents and Families**.

- Amherst..... 1-800-767-3319 or 902-667-3319
- Antigonish.....902-867-4500 ext. 4800
- Baddeck.....902-295-2178
- Barrington Passage902-742-7141
- Berwick902-542-6310
- Bridgewater902-543-0850
- Cheticamp.....902-224-2410
- Digby902-742-7141

- Elmsdale902-883-3500
- Glace Bay902-842-4050
- Guysborough902-533-3502
- Halifax Regional Municipality, West Hants and Eastern Shore902-481-5800
- Inverness.....902-258-1920
- Liverpool902-543-0850
- Lunenburg902-543-0850
- Meteghan Centre902-742-7141
- Middleton.....902-542-6310
- Neil's Harbour.....902-336-2295
- New Glasgow902-752-5151
- New Waterford.....902-862-2204
- North Sydney.....902-794-2009
- Port Hawkesbury.....902-625-1693
- Shelburne902-742-7141
- Sydney.....902-563-2400
- Truro.....902-893-5820
- Wolfville902-542-6310
- Yarmouth902-742-7141





Routine Immunization Schedules for Children, Youth & Adults

The vaccines listed on these schedules are given free of charge. Children, youth and adults with high-risk conditions may require additional doses and be eligible for additional/different vaccines. For more information, talk to your health care provider or call your [Public Health office](#).

Childhood Vaccines	Schedule					
	2 months	4 months	6 months	12 months	18 months	4-<7 yrs
Influenza*			*			
DTaP-IPV-Hib Diphtheria, tetanus, acellular pertussis (whooping cough), polio, and Haemophilus influenzae type b vaccine	✓	✓	✓		✓	
RV Rotavirus	✓	✓	✓			
Pneumo Conj. Pneumococcal 15-valent conjugate vaccine	✓	✓		✓		
Men C Conj. Meningococcal group C conjugate vaccine				✓		
MMRV Measles, mumps, rubella and varicella vaccine				✓	✓	
Tdap-IPV Tetanus, diphtheria, acellular pertussis (whooping cough), and polio vaccine						✓

* Every flu season for all children 6 months of age and older. Children under 9 years old getting their first flu vaccine need 2 doses

School Vaccines	Grade 7	
HPV Human papillomavirus vaccine (2 doses)	✓	✓
Hepatitis B Hepatitis B vaccine (2 doses)	✓	✓
Tdap Tetanus, diphtheria, and acellular pertussis (whooping cough) vaccine	✓	
Meningococcal Quadrivalent Meningococcal Quadrivalent vaccine (Groups A, C, W, and Y)	✓	

Adult Vaccines	Schedule	
	All Adults	Adults 65 & older
Influenza Every influenza season	✓	
Enhanced Influenza Every influenza season		✓
Tdap* Tetanus, diphtheria and acellular pertussis vaccine (One dose in adulthood, 10 years after previous receipt of tetanus containing vaccine.)	✓	
Td Tetanus, diphtheria vaccine (Every 10 years)	✓	
Pneumococcal Conj. Pneumococcal 20-valent conjugate vaccine		✓
Shingles Shingles vaccine (2 doses)		✓
MMR Measles, mumps and rubella vaccine (2 doses for those born in 1970 or later) See the NS Vaccine Publicly Funded Eligibility Policy for additional eligibility.	✓	

* Regardless of age, Tdap should be offered with every pregnancy.

Revised April 2025

For the most up-to-date version of the schedules, check the Department of Health and Wellness website (<https://novascotia.ca/dhw/cdpc/documents/Routine-Immunization-Schedules-for-Children-Youth-Adults.pdf>) or scan this code:



Source: Government of Nova Scotia. Crown Copyright 2025.

Health appointments for your child covered by MSI

Dental

MSI covers basic dental care for children from birth up to the end of the month of their 15th birthday.

Once a year, the MSI Children’s Oral Health Program covers:

- One dental recall exam
- One fluoride treatment
- Two routine x-rays
- Fillings, necessary extractions and nutritional counselling. Additional fluoride treatments are sometimes covered, as determined by your dentist.
- Scaling (1 unit for children 10 and younger; 2 units for children 11 to 14)

- One other preventive service— includes, but may not be limited to, brushing and flossing instruction, and/or cleaning.

Check with your dental office about current services covered by MSI, as coverage options may change, or check the Department of Health and Wellness website for the Children’s Oral Health Program.

As well, MSI covers sealant application on permanent molars. In some cases, MSI also covers a second fluoride treatment. Check with your dental office to see if your child qualifies for a second fluoride treatment paid for by MSI.

Vision

Routine Vision Exam

The Canadian Association of Optometrists recommends children receive their first eye exams between 6 and 9 months old. MSI covers a routine comprehensive eye examination **once in a 2-year period** for children who have not yet reached their 10th birthday. You can take your child to any optometrist in the province for this appointment.

A comprehensive eye exam looks at all aspects of a child’s vision function, including how well the eyes focus up close, how the eyes work together and the overall health of the eyes. Even if your child has 20/20 vision, they still need to have an eye exam.

Hearing and Speech- Language Pathologists

Hearing and Speech Nova Scotia is a provincially funded resource for testing and treating hearing, language, and speech-related issues in Nova Scotians of all ages. The audiologists and speech-language pathologists can help with any hearing, language, and speech-related challenges you or your child may have, from prevention to diagnosis to treatment.

These services are free with a valid Nova Scotia Health Card (MSI). You can refer yourself or your child. You do not need a referral from a doctor or other professional.

Most newborns in Nova Scotia have their hearing tested before leaving the hospital. If your baby did not have their hearing tested as a newborn, contact Hearing and Speech Nova Scotia to make an appointment as soon as possible. Even if your newborn had their hearing tested, consider getting their hearing tested again if you have any concerns or questions. You may also want to have your child's hearing tested if they have:

- a close family history of hearing loss
- frequent middle ear fluid and/or ear infections
- certain illnesses that may cause hearing loss, such as meningitis
- certain medical conditions, or if they take certain medications that can cause hearing damage
- facial or skull differences, such as cleft lip and palate

Speech and language skills develop over time. Every child will develop at their own rate. For more information on what to expect from your child at different ages, visit www.hearingandspeech.ca. If you have **any** concerns about your child's communication skills, contact **Hearing and Speech Nova Scotia** by calling the toll-free number **1-888-780-3330** or by email at info@nshsc.nshealth.ca





Thanks

Thanks

The Nova Scotia Department of Health and Wellness acknowledges—with thanks!—the many people whose commitment and concern for Nova Scotia’s parents, 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 (2008-2011)

- **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, Capital Health
- Sarah Morrison, Early Years Program Officer, Nova Scotia Health
- Shelley Thompson, Coordinator, Child Care Centres Policy & Program Development, Department of Community Services
- Shannon O'Neill, Public Health Dental Hygienist, Public Health, Capital Health
- Marika Lathem, Early Childhood Development/Community Outreach Specialist, Department of Community Services
- 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, 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
- Breana Rubin, Early Years Program Specialist, Nova Scotia Health
- Haileigh Robb, Early Years Consultant, Nova Scotia Health
- Danielle Duncan, Early Years Program Specialist, Nova Scotia Health

Thanks

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
- Healthy Communities, Science and System Performance, Nova Scotia Health
- Katherine Hutka, Health Promotion Specialist — Child Passenger Safety, Child Safety Link, IWK Health Centre
- Krista Jangaard, M.D., Neonatal Co-director, Nova Scotia Reproductive Care Program

- Charlotte Jesty, Mijua’jij Aqq Ni’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
- Laurie Phalen, Health Protection Communicable Disease & Prevention Lead, Nova Scotia Health
- Tanya Poulette, Community Health Nurse, Membertou Wellness Centre
- Public Health Dental Hygienists, all zones, Nova Scotia Health for collaborating on enhancements to the dental health sections of the **Loving Care** series
- Public Health Nutritionists, all zones, Nova Scotia Health for collaborating on enhancements to the nutrition sections of the **Loving Care** series

- Dan Steeves, Nicotine Specialist, Capital Addiction Services
- Gaynor Watson-Creed, M.D., Medical Officer of Health, Public Health, Capital Health
- Tracey Williams, M.D., Paediatric physician, Colchester East Hants Health Authority

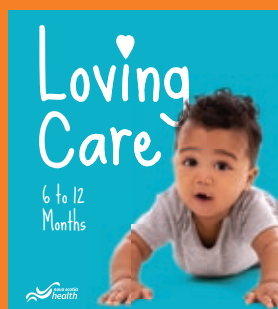
Families Volunteering for Photo Shoots

A special thank you to the Nova Scotia and New Brunswick families whose photos appear in this book.



Loving Care

Birth to
6 Months
2025



All four Loving Care books can be downloaded at:
nshealth.ca/parenting-supports

Loving Care is given free of charge to all new
parents in Nova Scotia.