

Family to be



MY EXPECTATIONS FOR THE BABY, THE OTHER PARENT AND MYSELF



1. I imagine that my baby will be...

2. I would like to be a parent who...

3. For each letter of the word “parents”, find a word that represents the role of parent.

P _____

A _____

R _____

E _____

N _____

T _____

S _____

4. My main concern regarding my role as a parent is:

5. The values that I would like to transmit to my child are:

6. What I would like to do with my child later:

7. My main expectation of my spouse in their role of parent:

8. My life as a couple after the birth of my child will be:

9. The activities that I would like to continue as a person/individual are:

WHO DOES WHAT AT HOME?

Household tasks	Him	Her
Planning meals	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Doing the dishes	<input type="checkbox"/>	<input type="checkbox"/>
Doing the groceries	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning up (vacuum, dusting, floors, countertops, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Housecleaning	<input type="checkbox"/>	<input type="checkbox"/>
Doing the laundry	<input type="checkbox"/>	<input type="checkbox"/>
Doing the ironing	<input type="checkbox"/>	<input type="checkbox"/>
Preparing the budget	<input type="checkbox"/>	<input type="checkbox"/>
Paying the bills	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of various repairs (fridge, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Taking out the trash	<input type="checkbox"/>	<input type="checkbox"/>
Doing the grounds maintenance and mowing the lawn	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of snow removal	<input type="checkbox"/>	<input type="checkbox"/>
Caring for the garden	<input type="checkbox"/>	<input type="checkbox"/>
Doing maintenance outside the house	<input type="checkbox"/>	<input type="checkbox"/>
Tasks related to the baby and/or children	Him	Her
Bathing the child	<input type="checkbox"/>	<input type="checkbox"/>
Making the child eat	<input type="checkbox"/>	<input type="checkbox"/>
Staying home when the child is sick	<input type="checkbox"/>	<input type="checkbox"/>
Going to the physician with the child	<input type="checkbox"/>	<input type="checkbox"/>
Getting up during the night for the child	<input type="checkbox"/>	<input type="checkbox"/>
Taking the child to the daycare	<input type="checkbox"/>	<input type="checkbox"/>
Picking up the toys	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of the child's essentials (clothes, diapers, milk, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Playing with the child	<input type="checkbox"/>	<input type="checkbox"/>

P.S.: Keep in mind that sharing tasks fairly, respecting your differences, communicating your expectations and frustration, and creating intimate moments all favour a relationship of equality and help prevent violence. You are an important model for your child.

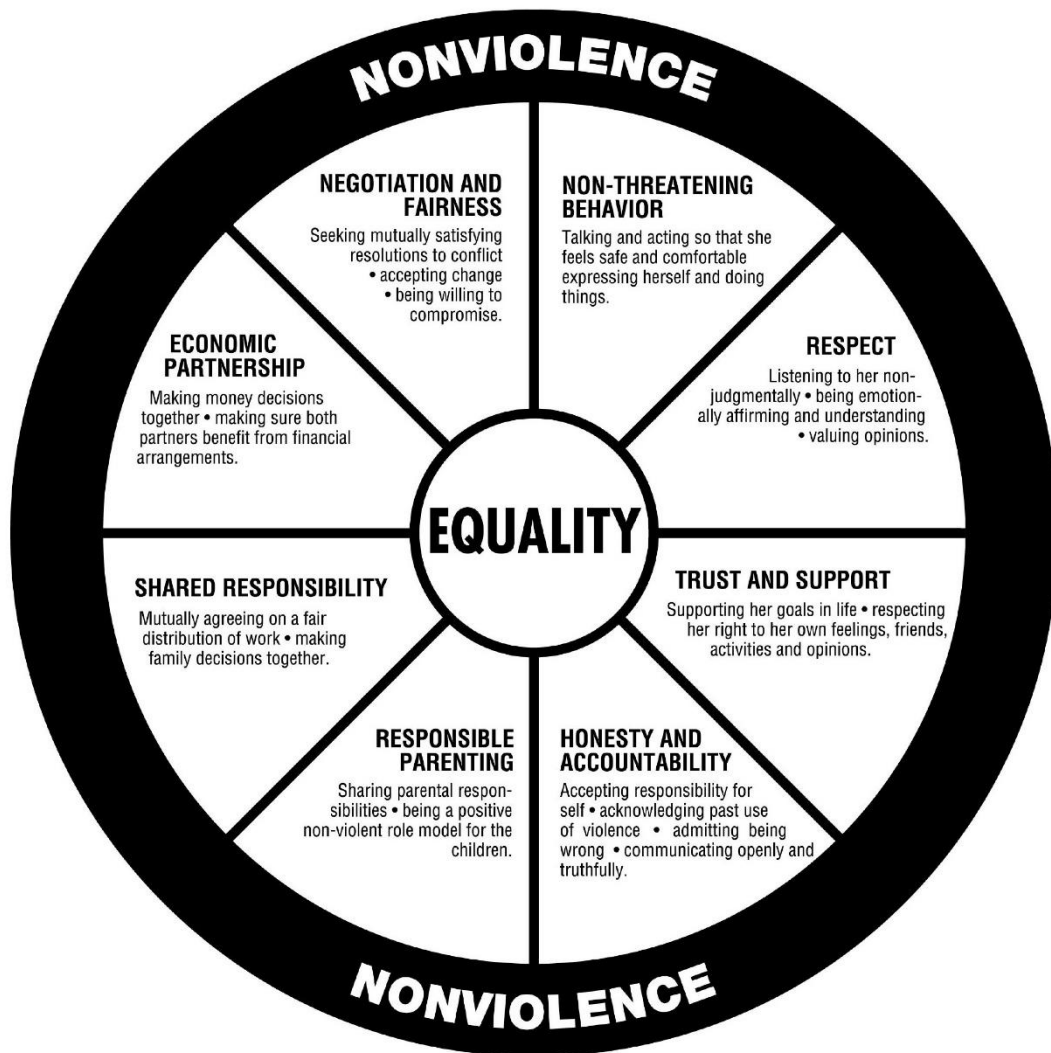
Inspired from a document from Trajectoires Hommes du KRTB, March 2000

THE FATHER'S ROLE

With the arrival of the baby, some fathers may feel clumsy or even intimidated. Some of them have limited reference on this new role, and others may want to share with other fathers.

Here are two websites and a text on the role of father to appreciate paternity (French only):

- Regroupement pour la valorisation de la paternité. www.rvpaternite.org
- Être papa.ca, portal to appreciate paternity. etrepapa.ca
- Text on the role of father:
https://naitreetgrandir.com/fr/etape/0_12_mois/viefamille/fiche.aspx?doc=ik-naitregrandir-bebe-implication-pere-papa

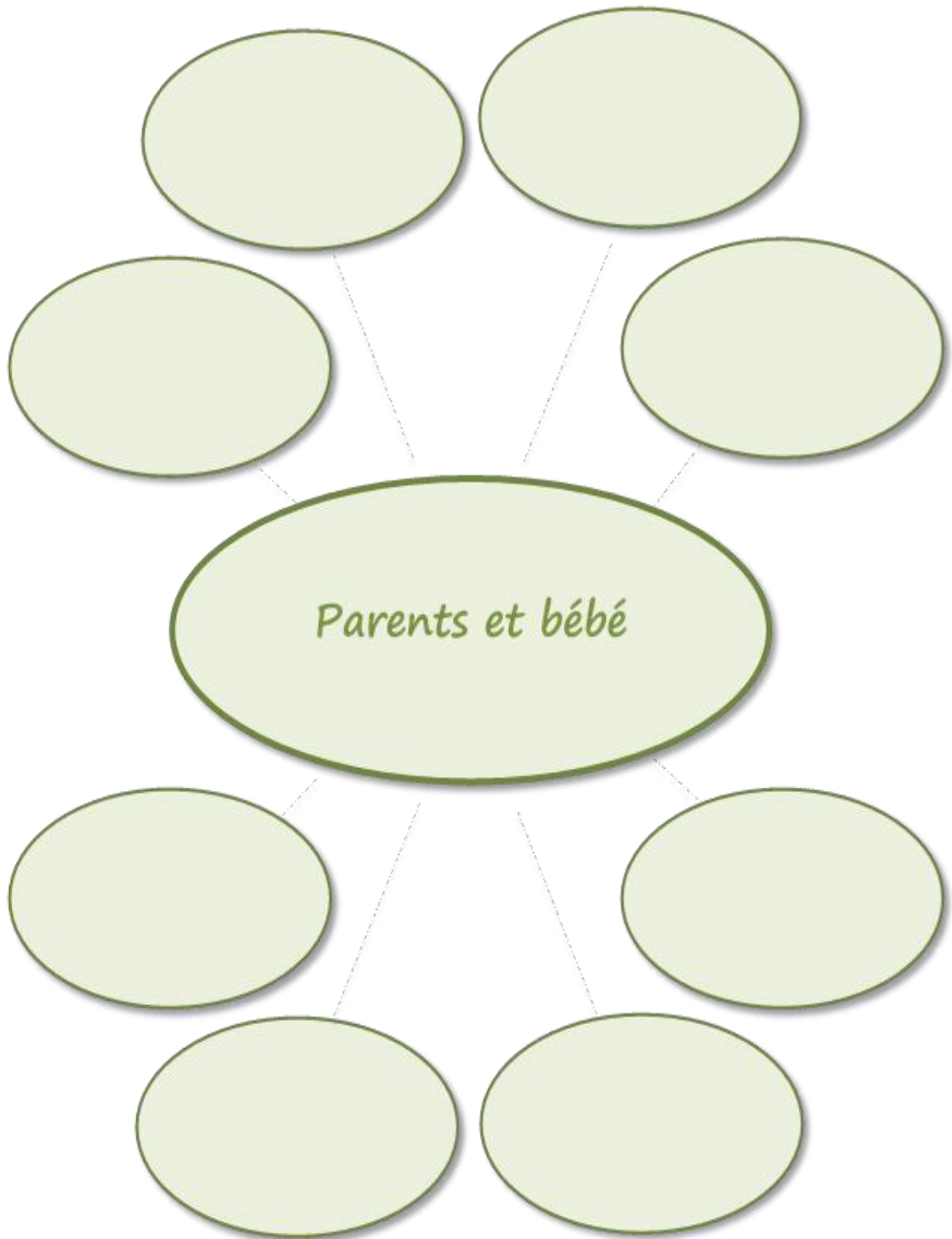


This model was developed by the Domestic Abuse Intervention Project and describes a healthy relationship based on equality



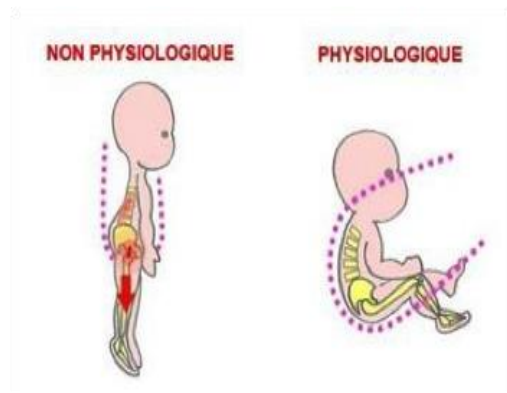
Developed by the Domestic Abuse Intervention Project, Duluth, Minnesota
www.duluth-model.org

OUR SUPPORT NETWORK



PHYSIOLOGICAL CARRYING

- The physiological position allows the child to naturally adopt a grasping position on the carrier.
- The baby carrier supports the base of your child.
- The fabric goes from one knee to the other, and supports thighs and buttocks.
- The child is sitting rather than hanging.
- This way, the child's weight is not on the perineum and genital organs.
- The child's spine is naturally rounded, and not arched by the child's weight.
- The child's head is well supported, it moves freely, and the airways are clear.



Benefits of physiological carrying

- Helps avoid risks of hip dislocation and compression of the arteries in the hip.
- Favours the involvement of the father and mother, and the recognition of their skills.
- Allows you to quickly meet your child's needs.
- Your arms are free, and it is comfortable for you and your baby.
- Increases bonding.
- The baby cries less.

Back carrying

You can carry your child on your back, but you must respect certain principles.

- You must be comfortable with placing your baby on your back.
- It is not suitable for newborn babies, because they lack muscle tone and are unable to support their head. Ideally, wait around 6 months old.

- You can install your baby on your back once they are able to sit, be more stable and support their head. That way, they will be able to move it and clear their airways.
- Back carrying requires practice. It is easier when you are two people to install the baby.

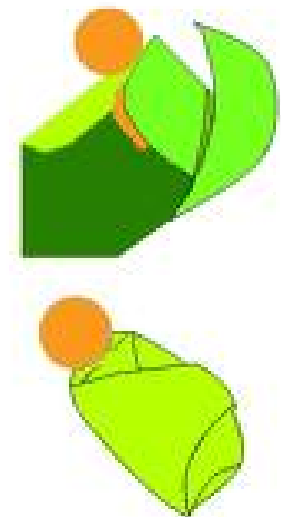
Front-facing carrying

Front-facing carrying is possible, **but only for a short time**, and you must adjust the baby's position to ensure it is physiological.

- The position is called the Buddha baby position. The child must be seated cross-legged in the sling.
- Front-facing carrying leads to the hyperstimulation of the baby. Favour this carrying technique at home in order to be able to manage the stimuli.

ONE WAY TO SWADDLE A BABY -“BABY BURRITO TECHNIQUE”

- 1- Lay the baby diagonally on the blanket. Avoid sudden movements and gently talk to your baby.
- 2- Take a corner of the blanket, bring it across the baby's chest and tuck it under their body. Make sure that the baby's arms are alongside their body.
- 3- Then, fold the bottom corner.
- 4- Take the last corner, bring it across the baby's chest and tuck it under their body.



YOUR BABY'S CRYING

Babies cry to communicate their needs, for example, when they:

- Are hungry
- Are too cold or too hot
- Need to suck
- Are uncomfortable or feel pain
- Need to be held or cuddled
- Feel lonely
- Are overstimulated
- Are tired

Normally, a baby cries more intensely between six and eight weeks old. This phase will gradually decrease until four months old (intense crying phase, brain development).

Since the baby can feel your stress and discomfort, try to stay calm when you try to calm them down.

If you feel impatient, you had better leave the baby in the crib until you calm down, rather than risk hurting the baby.

Here are a few suggestions if your baby cries:

- Check if the baby is crying for a specific need.
- If you think that you will lose control: STOP, place your child safely in their crib and leave the room for a few minutes.
- Speak out and get support.
- Make a backup plan.

SIGNS THAT MAY INDICATE A HEALTH PROBLEM:

- The baby cries differently for over an hour.
- The baby is hot to the touch.
- Changed behaviour.
- Changed eating habits.
- The baby pulls their ears or rolls their head from side to side.

- Vomiting or diarrhea
- Rapid and noisy breathing

Consult a health care professional in case of:

- Forced or more frequent vomiting.
- Refusal to drink for more than six to eight hours.
- Any fever before three months old.
- Persistent cough.
- A baby who complains excessively or who is unusually irritable.
- A baby who is unusually lethargic or sleepy.
- A change in colour of the lips or face.
- A baby with severe diarrhea or unusually frequent and liquid stools.
- A baby who seems dehydrated.
- A baby who manifests any unusual symptom.

At any time, if you are worried about your baby's health or well-being, do not hesitate to consult your physician or seek medical attention.

FEVER IN THE BABY

The best option is a digital rectal thermometer made out of plastic

Rectal:

- Precise, more reliable, safe and quick **Normal: between 36.5 °C and 37.5 °C**
- Insert about 2 cm deep

Consult immediately

- If the child has fever (over 38 °C)
- If the child is under three months old

Over three months old:

- Lightly dress the child and cover them with a sheet, make them drink often.
- The room temperature should not exceed 21 °C.

If the temperature reaches 38.5 °C, fever-reducing medication is recommended.

P.S.: Do not mix medication with a liquid (how much medication was administered if the child does not drink all the liquid?).

1st choice: acetaminophen

- Tylenol, Tempra, Atasol, Pediaphen, Pediatrx.
- Always rely on the child's weight to determine the dose to administer.
- Give 15 mg acetaminophen per kilogram.
- Administer every 4 h, and no more than five doses per 24 h, if necessary.

2nd choice: ibuprofen

- Motrin, Advil.
- Do not administer under six months old.
- The recommended dose is 10 mg/kg.
- Administer every 8 h, if necessary.

Nasal aspirator

- When your baby's nose is very stuffed-up or nasal hygiene is not effective.
- Use the aspirator to suck the secretions from your child's nose, following the manufacturer's instructions.
- Always use the saline solution before the nasal aspirator to make secretions more liquid.
- Choose a nasal aspirator that can be fully dismantled for easy cleaning.

THE IMPORTANCE OF NASAL HYGIENE

Since babies cannot blow their nose effectively, it is difficult for them to manage secretions. Therefore, they need their parents to help them breathe better.

Regular nasal hygiene with a saline solution eliminates secretions and particles (dust, pollen, pet hair, etc.). It reduces congestion, moisturizes the nose and prevents nosebleeds.

It also allows for:

- Better nutrition and sleep;
- Less frequent or shorter colds;
- Fewer ear infections, sinusitis and coughs;
- Reduced use of antibiotics;
- Better control of asthma in children suffering from it;
- Lower absenteeism from the daycare and school for children, and from work for parents.

Start nasal hygiene as soon as your child is born, and continue until seven or eight years old, or longer if necessary.

A good nasal hygiene for your child will take you **5 to 10 minutes** per day, and will reduce the frequency of airway infections and thus the number of visits to health care professionals.

Nasal hygiene must be carried out with a saline solution. This solution can be **homemade (no cost)*** or **bought at the pharmacy (low cost) or in big-box stores** (Sinus Rinse™, NetiRinse™, box of 100 or 200 packets).

The solution (homemade or commercial) may be too cold when you use it, which may cause discomfort to your child. You can heat it using a container of warm water. Always check the water temperature on your wrist before use. The water must be at body temperature, which is about 37 °C.

* The recipe for the homemade solution is in your From Tiny Tot to Toddler guide.

For children under two years old or older children who have difficulty protecting their airway

Minimum frequency recommended for your child

Summer	Winter (Oct. – May)	Cold or congestion
Once a day	2 to 3 times a day	3 to 6 times a day

Syringe irrigation technique

Here are the suggested amounts of saline solution based on your child's age. If your physician mentioned a different amount, follow their advice.

Premature baby	1 to 3 ml per nostril
Under 6 months old	3 to 5 ml per nostril
Over 6 months old	5 to 10 ml per nostril

Certain children may have difficulty getting used to nasal hygiene. If your child has difficulty tolerating nasal hygiene, start with a smaller amount. Then, you can progressively increase the amount based on their tolerance to reach the volume recommended in the table above.

Lying position technique for children under 6 months old

1. Always wash your hands BEFORE and AFTER carrying out your child's nasal hygiene.
2. Fill the syringe with the salt water solution (see table above for the recommended amount).
3. Lay your child down on their side and place a washcloth under their nose. Irrigate the top nostril by quickly emptying the content of the syringe. Secretions can come out of the nostrils as well as the mouth.
4. Then, turn your child on the other side and repeat the same technique for the other nostril, which will also be at the top.
5. If your child is unable to blow their nose, pat their nose dry with a tissue. If necessary, repeat steps 2, 3 and 4. Your child's nose should be clean, with a good airflow.

Sitting position technique for children over 6 months old

One-person technique

1. Your child must be sitting on your knees with their head straight (not tilted forward or backward). To achieve this, you can swaddle your child in a large towel. You can also place a towel on your child to keep them dry.
2. Stabilize their jaw with one hand and rest your cheek against theirs in order to keep them from moving during the procedure.
3. Hold the syringe with the other hand. Insert the nozzle into the nostril. Slightly bend forward.
4. Quickly empty the content of the syringe into the nostril. Secretions can come out of both nostrils as well as the mouth.
5. Use the same technique for the other nostril.
6. If your child is unable to blow their nose, pat their nose dry with a tissue. If necessary, repeat steps 2, 3 and 4. Your child's nose should be clean, with a good airflow.

Two-person technique

1. Your child must sit on the knees of the person helping you, with their head straight (not tilted forward or backward) and their back resting against the person's belly. The person can maintain your child's legs between their own. One hand is used to hold the child's arms and the other one rests against their forehead to keep their head from moving.

2. Place a washcloth under your child's nose with one hand and hold the syringe with the other hand. Insert the nozzle into one nostril. Ask the person helping you to slightly bend forward.
3. Quickly empty the content of the syringe into the nostril. Secretions can come out of both nostrils as well as the mouth.
4. Use the same technique for the other nostril.
5. If your child is unable to blow their nose, pat their nose dry with a tissue. If necessary, repeat steps 2 and 3. Your child's nose should be clean, with a good airflow.

Source: CHU Sainte-Justine, "L'hygiène nasale" leaflet, revised: 02/2018, www.chusj.org

POSTNATAL EXERCISES - AFTER CHILDBIRTH

Here are exercises and advice to favour the rehabilitation of certain muscle groups that have changed during the pregnancy and childbirth. These include exercises to do in the days following childbirth and in the coming weeks. Have a good rehabilitation!

The first days...

1. Perineum exercises and care

During pregnancy and childbirth, pelvic floor muscles undergo physical and physiological changes. It also leaves them weakened and relaxed.

Many women will complain about stress urinary incontinence during their pregnancy or after childbirth. They can prevent or reduce this discomfort with the appropriate pelvic floor muscle care and exercises.

After childbirth, the perineum is often swollen (edematous) and painful, so:

- During sitz baths, use fresh water instead of warm water;
- Before sitting down, contract your buttocks and perineum muscles;
- You can use a small pillow on the seat.
- Before coughing, sneezing or even lifting your baby, contract pelvic floor muscles in order to avoid pain and pressure on your stitches.

To reduce the edema and pain, in addition to speeding up the recovery of your perineum, you can start doing small, gentle contractions of perineum muscles:

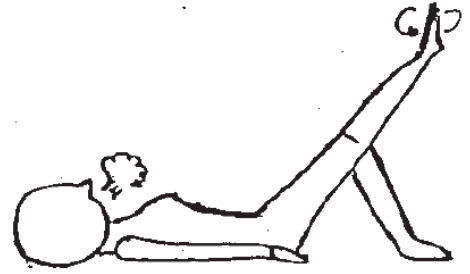
- Lying on your back with your knees bent, contract perineum muscles as if you were trying to hold in a gas or an urge to urinate;
- Pull inward and upward;
- Gently relax.

Repeat five times, several times per day.

2. Circulatory exercise (do not do it if you had a caesarian section)

This exercise promotes better circulation in your legs.

- Lying on your back, bend your knees.
- Lay your feet flat on the ground.
- While you breath out, straighten one knee and do circles with your ankle.
- Do it for five seconds and relax.



Do the same thing with the other leg.

3. Exercises to strengthen abdominal muscles

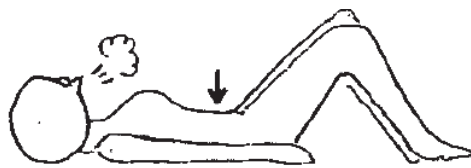
(0 to 6 weeks after childbirth) (you can start them on the third or fourth day if you had a caesarian section)

These exercises help relaxed and stretched out muscles to retake their shape. Therefore, they will help you get back to your size more quickly.

a) **PULLING THE NAVEL IN**

- Lie on your back with your feet flat on the ground.
- Pull your navel in by gently contracting your belly around the waist, and slowly breathe out. At the same time, contract your perineum. Hold the position for five seconds.

Repeat 10 times.



- Stand up against a wall with your knees slightly bent. When you breathe out, pull in your belly and press your entire back against the wall. Relax after a few seconds.

Repeat 10 times.



b) ON ALL FOURS (do not do it if you had a caesarian section)

- While you breathe out, pull in your belly (you do not need to arch your back).
- Hold for five seconds and then relax.

Repeat 10 times.

If you had a caesarian section, continue the first exercises to strengthen your abdominal muscles during the first six weeks. During this period, it is recommended that you avoid any activity that would stress your abdominal muscles to allow tissues to heal (significant housework, repetitively going up and down the stairs, lifting heavy loads, doing sit-ups). Walking is a good exercise during this period (!!).

4. Exercises to strengthen pectoral muscles

These muscles support your breasts, so it is important to strengthen them properly.

- Lie on your back and bend your knees, with your feet flat on the ground. Press your palms against each other with your elbows at shoulder height. While you breathe out, press your palms together for five seconds, and then relax.

Repeat 10 times.

Variations

Mother who breastfeeds:

- To relieve engorgement, do the same exercise, but while sitting with your feet flat on the ground and your trunk bent forward.
- After a few repetitions, the surplus milk will start to flow out, and once the breasts are no longer engorged, the baby will be able to suck more easily.

Mother who does not breastfeed:

- To prevent breast engorgement, do the same exercise while lying on your back, and when you release the pressure on your palms, bring your arms above your head.

With the contraction of pectoral muscles, this exercise helps pump the milk, and relaxing in this position invites the fluid to drain in the lymphatic vessels toward the armpit.

5. Posture advice

To avoid back pain, it is important to keep your spine as straight as possible. Avoid having your shoulders rounded and your back arched.



6. Scar massage (if you had a caesarian section)

In order to help your skin heal, you can massage your scar from the fifth week following the caesarian section. There needs to be no more redness, pain or scab on the scar.

Using a vitamin E oil or cream, massage in small circles on each side of the scar to soften the tissues.

Then, raise the skin along the scar with two fingers in order to break up adherence between the skin and other tissues.

- Massage Once a day
5 minutes

POSTNATAL EXERCISES

- A FEW WEEKS LATER...

Perineum muscle exercises and care

1. Strengthening exercises

Two to three weeks after childbirth, or when the perineum is no longer painful, you can start strengthening these muscles. You can start by doing the exercises while lying on your back. After three weeks, do them while sitting, and then while standing.

❖ ***Maximum contraction:***

- Contract perineum muscles (anus and vagina muscles) as much as you can.
- Hold for five seconds, and then relax for 10 seconds.
- Repeat 10 times.

❖ ***The wave:***

- Contract perineum muscles one section at a time. Start by contracting the anus, as if you were trying to hold in a gas.
- Hold for five seconds, and relax.
- Contract the vagina, as if you were trying to maintain a tampon in place.
- Hold for five seconds, and relax.
- Lastly, contract more toward the front, as if you were trying to hold in an urge to urinate.
- Hold for five seconds, and relax
- Repeat three times.

❖ **The elevator:**

- Contract all perineum muscles at the same time. Imagine that your perineum is an elevator.
- Count up to 3 while you progressively contract your perineum muscles, contracting one floor at a time until the third floor.
- Then, progressively relax muscles one floor at a time.
- When you arrive at the first floor, the muscle tension should be back to normal.
- Repeat three times.

The perineum should regain its strength within two months of childbirth. If you have urinary problems after these two months, consult your physician.

2. Stretching exercises

❖ **Crouched position:**

- Slowly crouch, with your feet apart and flat on the ground.
- Rest your elbows on your knees.
- Hold for several seconds, and then go back up.



❖ **Tailor position:**

- Sit on the floor with the soles of your feet together, close to your body.
- Gently push your knees toward the floor.
- Hold for a few seconds, and then relax.



Exercises to strengthen abdominal muscles

Start doing these exercises six weeks after childbirth (only if you have no stress urinary incontinence).

If you had a caesarian section, wait until you see your physician to make sure that your muscles are healed properly.

IMPORTANT:

Verification of the diastase (or separation) of the rectus abdominis muscles.

The separation can be minimal (two fingers or less) or reach three to four inches. It is very important to evaluate this condition and neutralize it to avoid long-term problems.

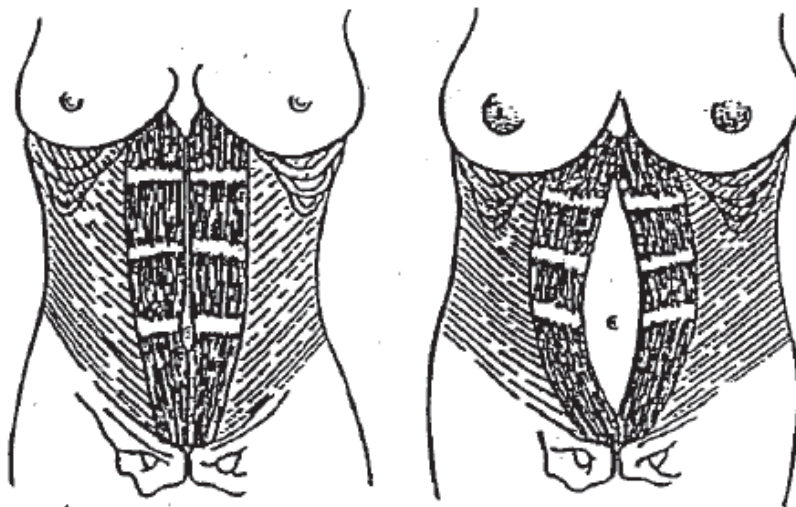


Figure 7.1 Diastasis recti abdominis.

Examination of the diastase of the rectus abdominis muscles:

- Lie on your back. The measurement is taken four fingers above the navel.
- Raise your head and shoulders slowly (seven inches from the floor).
- Slightly push in your fingers between the two muscle bands.
- If the distance exceeds two fingers, there is diastase of the rectus abdominis muscles.

You should still ask your physician to check it during your six-week visit.

If you have a diastase

□ **Modified straight partial sit-up:**

- Lie on your back with your feet flat on the ground, your arms crossed on your chest and your hands grabbing each side of your body.
- Raise your head and shoulders, and bring your rectus abdominis muscles together with your hands while you breathe out.
- Hold for five seconds, and then go back down.



NB: When the diastase is two fingers or less, you can do the following exercises.

If you do not have a diastase

□ **Straight partial sit-up:**

- Lie on your back with your feet flat on the ground and your arms extended toward your knees.
- When you breathe out, raise your head and shoulders.
- *Hold for five seconds, and then relax.*



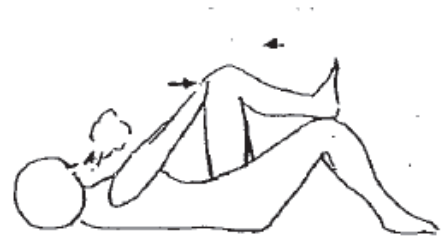
□ **Oblique partial sit-up:**

- Do the same exercise as above, but bring your hands to the right side of your knees.
- Do the same thing with the left side.

□ **Hip flexion with resistance:**

(helps resorb the lower “little belly”)

- Lie on your back with your feet flat on the ground.
- When you breathe out, raise one knee toward your chest.
- Resist with your hands and hold for five seconds, then go back down.



IMPORTANT

Always contract perineum muscles (perineum lock) before doing a sit-up.

This will prevent the relaxation of these muscles and, at the same time, urinary incontinence.

Sports

Following a pregnancy, the return to sport must be progressive. Walking can be the first activity. First, walk short distances and make sure that you have a good posture. Then, you can walk faster on medium and long distances. It must not cause excessive fatigue or acute pain.

Cardio-stroller, aerobics, running and sports with jumps are activities that require more strength, stamina and coordination of the pelvic floor, abdominals and back muscles. Waiting at three or four months to start these activities is recommended. However, the most important thing is to ensure that the return to sport is progressive.

Have a good return home and good fitness!

France Poirier, physiotherapist

Rehabilitation department – Physiotherapy

FP/cd

* *The information was taken in part from the book “Avant et après bébé – exercices et conseils”, from Chantale Dumoulin, Éditions CHU Ste-Justine, édition 2011.*

February 2017

FOR MORE INFORMATION

- From Tiny Tot to Toddler de la grossesse à deux ans.
 - Baby section
 - Family section
 - Health section
 - Useful information section

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

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