



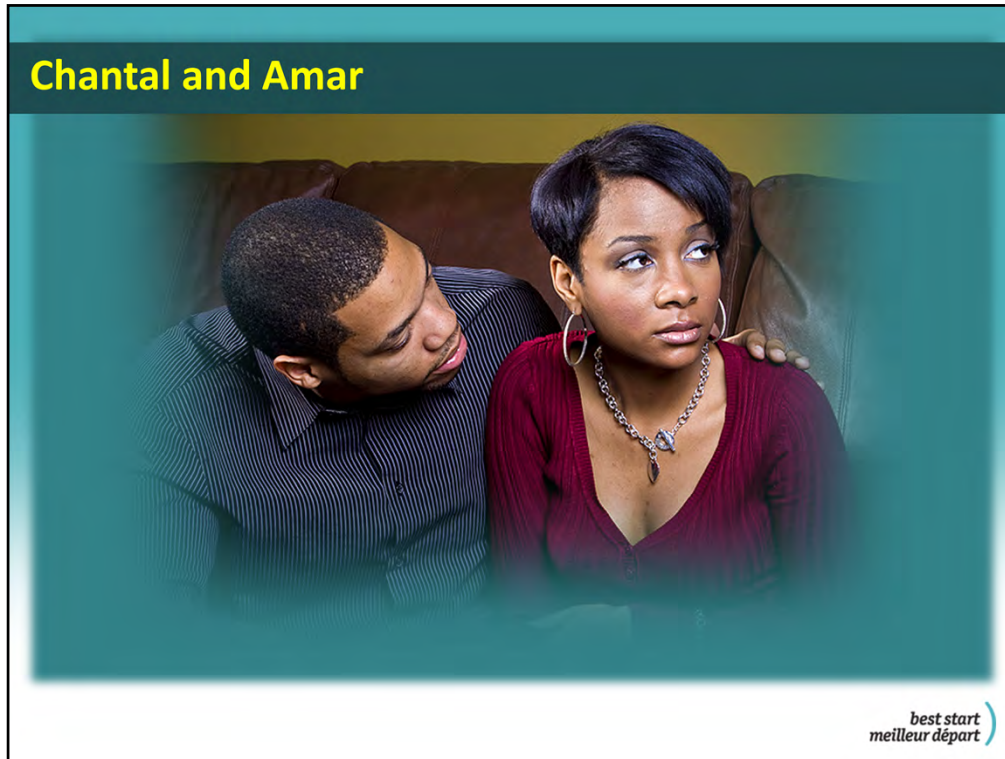
NOTE: Refer to module outline for goal, objectives, class outline, equipment, resources required and references.

If this is the first class:

- Welcome participants to class.
- Housekeeping: bathroom, breaks, length of session, ground rules/respect.
- Have participants introduce themselves (name, due date, HCP, anything they would like to share about the pregnancy).
- Provide an outline of topics to be discussed.
- Provide the choice of prenatal handout (depending on your organization, this may be *Healthy Beginnings* or *A Healthy Start for Baby and Me*) for each expectant mother.
- Provide a list of community resources.

**Suggestion for Facilitator:** on a flip chart, list the topics to be discussed in this session.

- Physical changes
- Sexuality and birth control
- When to seek medical attention
- Baby blues
- Postpartum mood disorders
- Father involvement
- Transition to parenting



**Suggested activity:**

Read the following story and discuss

*“Chantal and Amar are new parents of a 10 day old baby boy. Chantal had a healthy pregnancy and an uncomplicated vaginal delivery at 39 weeks. She is exhausted from being up all night breastfeeding every 1-2 hours. The kitchen is untidy from visitors who came to see the baby last night. The laundry is piling up and she is starting to feel overwhelmed. When Amar arrives with dinner from Chantal’s favorite restaurant, she starts to cry and states, “I’m so tired, I don’t think I’m making enough milk because he is always eating, and I can’t keep up with this house.” Chantal is confused because she loves her baby but she does not understand why she is sad. Amar gives her a big hug and encourages her to have a rest once they have eaten dinner, while he takes care of the baby.”*

**Points to highlight:**

- What is happening to Chantal? (baby blues, 10-day growth spurt, fatigue, too many visitors, frustration with household tasks)
- How is Amar being supportive? (brings home dinner, reassures her, takes the baby, encourages her to rest, attentive to her needs and emotions)

## Your Changing Body

### Common discomforts:

- Sore breasts
- Cramps in the uterus
- Perineum soreness
- Vaginal flow
- Difficulties with urination and bowel function
- Changes in the menstrual period



best start  
meilleur départ

Over the nine months of pregnancy a woman's body undergoes tremendous change. It will take time for her body to return to its pre-pregnant state so it is important to be patient.

The first 6 weeks after delivery is known as the postpartum period. During this time the uterus returns to its almost pre-pregnant size and shape, breastfeeding and milk supply is being established, the body is physically healing, and hormone levels are stabilizing. The new mother's first follow-up visit with her health care provider usually occurs about six weeks after the birth date.

Common discomforts in the postpartum period include:

- Sore breasts
- Cramps in the uterus
- Perineum soreness (area around the vagina and anus)
- Vaginal flow
- Difficulties with urination and bowel function
- Changes in the menstrual period



Common discomforts in the postpartum period (continued):

### **Sore breasts**

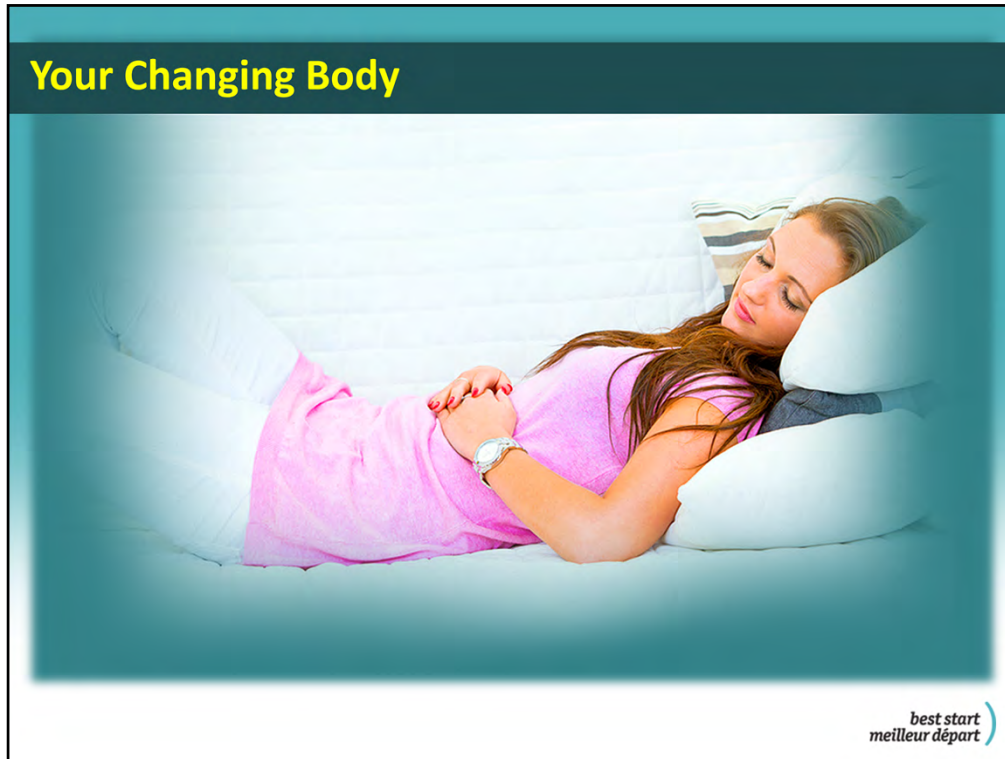
#### **What you can do to prevent engorgement?**

- Breastfeed at least 8 times in 24 hours.
- Make sure your baby is latched well and feeding efficiently. You should hear your baby swallowing often.
- Use both breasts at each feeding. If your baby will not take the second breast, express enough milk from that side to make you feel comfortable.
- Massage your breast to encourage your milk to flow.

#### **What to do if your breasts are engorged**

- Breastfeed your baby more often.
- If your baby will not latch, express breastmilk to soften the areola then try again.
- Some mothers find it more comfortable to wear a bra. Other mothers prefer to go without. If you wear a bra, make sure it is not too tight.
- Apply a wrapped ice pack or cold compress to your breasts between feedings.
- If the engorgement does not improve and your baby does not seem to be feeding well, express milk from your breasts until they feel soft.

Note: Mastitis is an inflammation of the breast tissue which may develop into an infection. A health care provider should be consulted if it is suspected (pain, redness, heat, red streaking in the breast, fever and flu-like symptoms, feeling achy and run down, feeling nauseated).



Common discomforts in the postpartum period (continued):

#### **Cramps in the uterus**

- Immediately after birth the top of the uterus (fundus) is at the level of the navel. Every day thereafter, the uterus shrinks about the width of one finger. It takes about 6 weeks for the uterus to return to its almost pre-pregnant size and shape.
- As the uterus shrinks (contracts) some women feel cramping known as after-pains during the first week or two. First-time mothers may not feel after-pains however with subsequent deliveries after-pains are more noticeable.
- After-pains often occur especially during the first week while breastfeeding since the hormone responsible for let-down of breastmilk is the same as the hormone responsible for uterine contraction. This hormone is called oxytocin.
- Warm baths, heating pads, or pain medication can provide relief. Deep breathing and relaxation techniques are also helpful.



## Your Changing Body



best start  
meilleur départ

Common discomforts in the postpartum period (continued):

**Perineal soreness and vaginal flow (lochia)** (indicate that sexual relations will be covered later)

- Perineum (area around the vagina and anus) may be sore, swollen, and bruised from the birthing process.
- If stitches were required they usually dissolve around 2-4 weeks and the tissue heals over 6 weeks.
- Vaginal flow after birth is made of blood and tissue from the uterine lining. It starts as bright red and may contain some small clots. Within ten days the flow starts to change to a pale pink and decreases in amount. The flow becomes a whitish yellow colour and the amount gradually decreases over the next several weeks .
- Empty your bladder often since a full bladder may interfere with contractions of the uterus that are needed to close off the placental site and prevent postpartum haemorrhage.
- The flow may be heavier during breastfeeding, with position changes, and increased activity. It is generally recommended to limit activity and rest particularly for the first few days postpartum to promote recovery from birth.
- Contact a health care provider if the flow is heavier than it has been, it has a foul odour, or clots larger than a plum are passed.
- It is best to use sanitary pads during this time and avoid tampons.
- For comfort, wet and freeze a maxi pad and place it in your underwear. This will reduce swelling.
- A warm bath or a sitz bath with or without Epsom salts may relieve some of the itching related to healing of sutures.
- Keep the perineal area clean and always wipe front to back to avoid infections. Consider using warm water in a squeeze bottle to cleanse the perineal area after urinating or having a bowel movement. Pat the area dry with toilet paper to minimize irritation or pain.



Common discomforts in the postpartum period (continued):

#### **Difficulties with urination and bowel function**

- For the first few days after birth, it may be difficult to urinate due to swelling of the perineum, a tear near the urethra, or having had a catheter.
- It may be helpful to turn on the taps while trying to urinate or to urinate while in the shower. To decrease stinging, it may be helpful to use a squeeze bottle and spray water over the area while urinating.
- If you get a burning sensation when urinating and this condition persists, contact your health care provider.
- Within a couple of days it is normal to have increased urination as the body eliminates extra fluids.
- A bowel movement may not occur until 2-3 days after birth because the abdominal muscles have stretched and are not as effective. Also, limited food and fluid intake during labour and use of pain medication may contribute to sluggish bowel function.
- It is important to prevent constipation by eating foods high in fibre and drinking plenty of fluids. It is also helpful to move around and be active (i.e., walking).
- Hemorrhoids are swollen varicose veins around the rectum that are often painful and itchy. They may bleed during a bowel movement. Hemorrhoids are common following childbirth. Having easy regular bowel movements will improve hemorrhoids.
- Try a dampened, frozen pad, lie down to decrease pressure, and try special products to help shrink the swelling of the hemorrhoids.

## Your Changing Body



best start  
meilleur départ

Common discomforts in the postpartum period (continued):

### Changes in the menstrual periods

- If breastfeeding, a woman's menstrual period may not return for months or until breastfeeding is discontinued.
- It is still possible to get pregnant because the ovaries may start to work before her period returns.
- If the woman has made a choice not to breastfeed, her period will start within 2-3 months after birth.
- The first few periods may be different than they were prior to pregnancy—longer or shorter, heavier or lighter. They eventually return to what was normal for the woman before pregnancy.
- A woman's menstrual period can return anytime, but exclusive breastfeeding can delay it. It is more likely to return once solid foods are introduced to the baby, if the mother regularly provides any supplementation, or when she stops breastfeeding all together.



## Sexuality and Birth Control



best start  
meilleur départ

- Many couples wonder when it is safe to resume sexual activity after the birth of a baby. While the general guideline is 4-6 weeks after birth, some couples feel comfortable to have sex again before that time.
- Some factors that may influence this decision include the type of delivery, physical discomforts (such as a sore perineum), fatigue, and demands of the new baby.
- If the woman is breastfeeding she may notice decreased vaginal lubrication related to changing hormone levels. Using a water-based lubricant can increase comfort during intercourse.
- In general, it is recommended to wait until any stitches have healed, the vaginal flow has decreased, and the mother feels emotionally ready. It is important that the woman and her partner both discuss their feelings and frustrations as they adjust to parenthood.
- Keep in mind that pregnancy can still occur in the absence of a menstrual period so using contraception is recommended. The woman should discuss birth control options with the health care provider at the 6 week postpartum follow-up visit or before.



Breastfeeding and birth control are compatible. You and your partner have several reliable birth control options to choose from. The following choices have no effect on the breastfeeding relationship and can generally be started soon after childbirth or the postpartum check-up.

### **Lactational Amenorrhea Method (LAM)**

Can be used if :

- Your baby is less than 6 months old.
- Your menstrual periods have not yet returned.
- Your baby is fully or nearly fully breastfed.
- Your baby breastfeeds at least every four hours during the day and at least every six hours at night.

*“Fully breastfed”* means that your baby gets all his food from suckling at your breast.

*“Nearly fully breastfed”* means that, in addition to breastfeeding and Vitamin D, your baby is only receiving one or two mouthfuls per day of any other vitamins, minerals, fluids or solids.

If you are not planning a pregnancy and have answered no to even one of the statements, begin another form of birth control.

### **Male and female condoms**

- Acts as a physical barrier.
- Can be used in combination with spermicides to increase effectiveness.
- No effect on milk supply.

(Continued next slide)

## Sexuality and Birth Control

Birth control options with no effect on breastfeeding:

- Lactational Amenorrhea Method (LAM)
- Male and female condoms
- Spermicides
- Intrauterine Contraceptive Device (IUD)
- Diaphragm
- Vasectomy (permanent)
- Tubal ligation (permanent)

best start  
meilleur départ

### Birth control options (continued)

- Spermicides (foam, gel, vaginal contraceptive film)
- Intrauterine Contraceptive Device (IUD)
  - A small, T-shaped device with a copper wire.
  - Inserted into the uterus, the copper wire changes the chemistry in the uterus and destroys sperm.
  - Requires a prescription
  - Can be left in place for up to 5 years.
  - Contains no estrogen therefore has little to no effect on milk supply.
- Diaphragm (must be refitted after childbirth)
- Vasectomy (permanent for male)
- Tubal ligation (permanent for female)

## Sexuality and Birth Control



**Hormone-based birth control choices include (progestin-only - baby > 6 weeks)**

- Mini pill
- Injection (Depo-Provera)
- Intra-Uterine System (IUS)

### **Estrogen and progestin**

**(if all other methods have been ruled out)**

- Birth control pill
- Birth control patch
- Vaginal contraceptive ring



best start  
meilleur départ

### **Birth control options (continued)**

It is recommended that mothers use progestin-only type birth control which can be started after your baby is 6 weeks old. Combined estrogen-progestin birth control methods should only be used if all other methods have been ruled out. They may decrease your milk supply. Hormone-based birth control choices include:

#### **Progestin-only**

- Mini pill
- Injection (Depo-Provera)
- Intrauterine System (IUS)
  - A T-shaped device containing a slow release hormone that is inserted into the uterus by the health care provider.
  - Requires a prescription.
  - Can be left in place for up to 5 years.

#### **Estrogen and progestin**

- Birth Control Pill
- Birth Control Patch
- Vaginal Contraceptive Ring

For information about other birth control options, the couple should talk to the health care provider or contact the local public health department.

## When to Seek Medical Attention



best start  
meilleur départ

It is important for a woman to seek immediate medical attention if any of the following symptoms occur in the postpartum period:

- Fever.
- Sudden onset of new pain (i.e. abdominal tenderness).
- Pain or burning upon urination or inability to urinate.
- Soaking a maxi pad with bright red blood in less than an hour and the bleeding does not slow down or stop with rest.
- Passing large blood clots (size of a plum or golf ball).
- Foul smelling vaginal discharge.
- Red, swollen, painful area on the leg that may be hot and sensitive to touch.
- Red, hot, painful area on one or both breasts accompanied by flu-like symptoms.



## **“Baby Blues”**



best start  
meilleur départ

- Pregnancy and the birth of a baby brings physical, emotional, and social changes to the new family. The transition to parenthood is not always easy. New mothers may experience a variety of conflicting emotions such as feeling happy one minute and overwhelmed the next or feeling energetic some of the time and exhausted other times.
- After birth it is normal to cry and feel sad for no reason. A mother may also notice changes to her sleeping or eating patterns. This stage is referred as the ‘baby blues’ and usually occurs within a few days after birth and passes by two weeks. Four out of five (80%) mothers will have some form of the ‘baby blues’. The baby blues usually subsides without any treatment.
- During this time the new mother needs to ask her partner, family, and friends for the type of support she needs such as help with the housework, limiting visitors, or taking time to listen to her concerns.

## Postpartum Mood Disorders (PPMD)



best start  
meilleur départ

If the baby blues seem to be getting worse or are lasting longer than two weeks the new mother may be experiencing postpartum mood disorder. One in five (20%) mothers will have a postpartum mood disorder which can occur anytime with the first year. Postpartum mood disorder is real and not only affects the mother but can also impact her relationships with her partner, family, and friends. Provide each couple with a copy of *Life with a new baby is not always what you expect* (Best Start) and review the list on page 4.

The new mother may feel depressed or anxious, which may make her:

- Not feel like herself.
- Be sad and tearful.
- Feel exhausted but unable to sleep.
- Have changes in eating or sleeping patterns.
- Feel overwhelmed and unable to concentrate.
- Have no interest or pleasure in activity that she used to enjoy.
- Feel hopeless or frustrated.
- Feel restless, irritable, or angry.
- Feel extremely high and full of energy.
- Feel anxious (i.e. chest pain, shortness of breath, 'lump in the throat').
- Feel guilty and ashamed, thinking she is not a good mother.
- Not be bonding with the baby or feel afraid to be alone with baby.
- Have repeated scary thoughts about the baby.

## Postpartum Mood Disorders (PPMD)



best start  
meilleur départ

### Postpartum mood disorders may look like this:

- *You tell everyone you are feeling great and they believe you. You are up early, you try to look perfect, and get back into shape. The house is spotless and so is the baby. But you wonder how long you can keep this up. Inside you feel like a totally different person.*
- *You can't seem to be able to get out of the house, no matter how many people invite you. You don't even feel like getting dressed, and don't want to be around anyone. When people drop by, you have a hard time keeping up the pretense and often cry when they leave or even while they are still there.*

It is important that mothers and partners know that postpartum mood disorder presents itself in many different ways. The new mother and her partner need to recognize the signs and symptoms of postpartum mood disorder and to speak with her health care provider.

Remember, postpartum mood disorders can be treated and are not anyone's fault. It is a stressful time however help is available.

## Postpartum Mood Disorders (PPMD)

You are more at risk if you:

- Have been depressed or anxious during your pregnancy.
- Have a history of depression and/or other mood disorders.
- Have family members with mood disorders.
- Had a recent stressful life event such as a move or a loss in the family.
- Have little social support.
- Have relationship difficulties with close family members.

best start  
meilleur départ

### Risk Factors for Postpartum Mood Disorders

Some women are more likely to develop postpartum mood disorders. You are more at risk if you:

- Have been depressed or anxious during your pregnancy.
- Have a history of depression and/or other mood disorders.
- Have family members with mood disorders.
- Had a recent stressful life event such as a move or a loss in the family.
- Have little social support.
- Have relationship difficulties with close family members.

### Postpartum Psychosis

Very rarely, women will have postpartum psychosis which is a serious illness requiring immediate medical attention. Symptoms include:

- Having thoughts of harming yourself or the baby.
- Hearing or seeing things that are not there.
- Believing people or things are going to harm you or your baby.
- Feeling confused or out of touch with reality.

If you have any of these feelings or thoughts, don't wait. Get medical help right away.

Partners or other family members may notice this before the mother does. If you do, make sure she gets the help she needs.

## Coping with PPMD

What mom can do	What partner, family, and friends can do
Ask for help	Listen and support her feelings
Take care of yourself - sleep, nutrition, exercise	Develop your relationship with the baby
Take time for yourself	Ask her how you can help
Get counseling or join a support group	Educate yourself about PPMD
Consider medication	Take care of yourself

best start  
meilleur départ

Read the above points.

For more details about how to help a new mother cope with PPMD refer to the booklet, *Life with a new baby is not always what you expect*—Best Start, 2006



## Postpartum Depression in Fathers/Partners



best start  
meilleur départ

New research is emerging regarding postpartum depression in new dads and partners. Studies indicate that approximately 10.4% of fathers will experience depression in the first year postpartum. However, if the mother also has postpartum mood disorders, the incidence of depression in the father increases to 25%-50%. Typically the onset of postpartum depression in fathers occurs *later* in the postpartum period, unlike new mothers, who usually exhibit symptoms in the *early* postpartum period.

Some contributing factors for postpartum depression in dads/partners include:

- The increased responsibility of supporting a mother with postpartum mood disorders.
- Limited time for social and recreational activities.
- Decreased household income.
- Personal history of depression.
- Lack of support.
- Relationship stress with partner.
- Changes in family dynamics with new mother, parents, siblings.
- Lack of sleep.

## PPD Symptoms in Men



best start  
meilleur départ

PPD symptoms in men may include:

- Being easily stressed.
- Increased frustration and anger.
- Increased risk taking behaviours.
- Feeling discouraged.
- Ongoing physical symptoms such as headaches.
- Fatigue, lack of motivation and difficulty concentrating.
- Weight loss.
- Loss of interest in work, hobbies, or sex.
- Violent behaviour.
- Isolation from family and friends.

What can a father do:

- Be aware of his changing feelings.
- Take time for himself.
- Eat properly, exercise, and get adequate rest.
- Consider joining a 'dads only' parenting group.
- Talk to his health care provider.
- Consider counseling.
- Refer to [www.postpartummen.com](http://www.postpartummen.com)

The emotional well-being of a father is an important building block for developing a healthy attachment with his child. Fathers need to allow themselves time to adjust to life as a new parent.

## Note to Fathers/Partners



Fathers/partners need to allow themselves time to adjust to their new role as a parent. Over time each parent develops their own special way of nurturing and taking care of their baby. The early days of parenting are overwhelming and confusing, but, with time confidence will grow.

Research shows that children who are raised by involved fathers have increased self-esteem, do better in school, and have positive social and language skills.

Some interesting facts:

- Babies as young as 3 months old can distinguish between their mother and father by the way each one interacts.
- Healthy father involvement decreases problem behaviours with boys and contributes to positive mental health with girls.
- Babies have decreased risk of cognitive delay when fathers nurture them, are attentive to their needs and are affectionate.

Recognize that a father's/partner's role is vital to the growth and development of their child. Consider the following ways to be involved from the start:

- Plan time alone with baby, go on outings, play at home, visit a friend.
- Participate in the care of baby - bathing, burping, diapering, reading, singing.
- Spend time holding, talking, and playing with the baby.
- Make yourself aware of community resources and activities (i.e. dad's groups).
- Take care of yourself.

## Video



best start  
meilleur départ

Video suggestions:

- Life with a new baby: Dealing with Postpartum Mood Disorders. Best Start Resource Centre. 2006
- If the *Life with a new baby* video is too long, show the following video with Amy Sky, which is a short introduction to PPMD (stop before mention is made of the Best Start campaign)  
[http://www.lifewithnewbaby.ca/index\\_eng.htm](http://www.lifewithnewbaby.ca/index_eng.htm) click on 'video' in the PPMD resources list.

## Transition to Parenting



best start  
meilleur départ

- Many expectant parents wonder what life will be like with a baby—there are so many questions and unknowns. Is it really possible to prepare for parenting?
- Remember what life was like at the beginning of your relationship as a couple, there were likely numerous adjustments that had to be made. Who would pay the bills? Who would do the grocery shopping? Who would clean the house? Those changes probably resolved, but not without some conflict and compromise. Similarly, introducing a new baby into the family will require a few more adjustments.
- Life with a newborn can be exhausting and chaotic and there are not enough hours in a day to accomplish all of the tasks that must be done. In fact, most people cannot really anticipate all the extra jobs that come with having a new baby.
- It may be helpful for expectant parents to spend time talking about what each person thinks it means to be a parent, or specifically what it means to be a mother or a father. Think about:
  - How each of you was parented—what did you agree or disagree with, and how do you see yourself reacting to various parenting situations
  - How past experiences may impact your parenting views such as growing up in a large family or being an only child.
- Another consideration is that other family members and friends also take on new roles when a baby joins the family--parents become grandparents and siblings become aunts and uncles. Recognize that having many loving people in his or her life will enrich the baby's growth and development, however, it may be necessary to set some boundaries along the way.
- While it is challenging, it is vital that new parents communicate their feelings and frustrations regularly. Make time for each other as a couple even if it means being a bit creative. For instance if your baby falls asleep during a car ride consider this a date!



## Transition to Parenting

Who is most responsible?

Partner's Responsibility			Both Responsible				Mother's Responsibility		
1	2	3	4	5	6	7	8	9	10

Using the above scale, rate where you would place your and your partner's responsibility for the tasks listed below. Compare the answers and identify areas that are similar and use these strengths to help you find ways to compromise in areas where you differ widely.

General Areas	Partner	Mother	Child Care Areas	Partner	Mother
grocery shopping	—	—	staying home	—	—
preparing meals	—	—	feeding	—	—
cleaning up after meals	—	—	playing with	—	—
repairs around the house	—	—	health care	—	—
house cleaning	—	—	dental care	—	—
general shopping	—	—	transporting	—	—
paying bills	—	—	bedtime	—	—
laundry	—	—	comforting	—	—
making social arrangements	—	—	sick child	—	—
car maintenance	—	—	up at night	—	—
home decorating	—	—	diapering	—	—
yard work	—	—	toilet training	—	—
snow removal	—	—	play dates	—	—
gardening	—	—	diaper bag	—	—
birth control	—	—	doctor's appt	—	—

From Virginia Collins, *Childbirth Experience*, with permission.

best start  
meilleur départ

### Suggested Activity:

*Who is most responsible? Preparation for Family Life.* The purpose of this activity is to promote dialogue between partners about how they will help each other after the birth of a baby. This is not a group activity, however, the facilitator can reinforce the importance of communicating expectations.

Roles and responsibilities in maintaining the home will need to be revisited after the baby arrives. In the first weeks and months, baby care can consume about 13 hours a day with feeding, diapering, soothing, comforting and spending time with the baby.

## For More Information

- o 24hr Cribside Assistance  
[www.newdadmanual.ca](http://www.newdadmanual.ca)
- o Best Start Hubs
- o Best Start website:  
[www.lifewithnewbaby.ca](http://www.lifewithnewbaby.ca)
- o Breastfeeding support groups
- o Early parenting programs
- o Health care provider
- o Healthy Babies Healthy Children program
- o Local public health department
- o Ontario Early Years Centres
- o Postpartum Dads website:  
[www.postpartumdads.org](http://www.postpartumdads.org)
- o Postpartum Mood Disorder Support Groups
- o Postpartum Men website:  
[www.postpartummen.com](http://www.postpartummen.com)
- o The Society of Obstetricians and Gynaecologists

This Best Start Resource Centre teaching tool  
was developed with input from a wide range  
of individuals from these organizations



Algoma  
PUBLIC HEALTH  
Santé publique Algoma



The Phoenix Centre  
for Children & Families



THE SOCIETY OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA  
LA SOCIÉTÉ DES  
OBSTÉTRICIENS ET  
GYNÉCOLOGUES  
DU CANADA



ELGIN ST. THOMAS  
PUBLIC HEALTH

FIRA

Father Involvement Research Alliance



Thunder Bay District  
Health Unit

MOUNT SINAI HOSPITAL  
Joseph and Wolf Lebovic Health Complex  
Bright Minds. Big Hearts. The Best Medicine.



PRINCE EDWARD  
FAMILY HEALTH TEAM  
A team approach to your good health



THE CHILDBIRTH EXPERIENCE  
Providing Support and Education for Parents and Professionals  
Specializing in higher-risk pregnancy



CONESTOGA  
Connect Life and Learning



Touching Lives Since 1897  
Au cœur de la vie depuis 1897



Ottawa | Public Health  
Santé publique



Association of Ontario Midwives

best start  
meilleur départ

The information represents the  
best practice guidelines at the time of publication.  
The content is not officially endorsed by the Government of Ontario.  
Consult your health care provider for information specific to your pregnancy.



This document has been prepared with funds provided by the Government of Ontario

[www.beststart.org](http://www.beststart.org)

**best start**  
**meilleur départ**

by/par health **nexus** santé

© 2011



*Algonquin*  
**PUBLIC HEALTH**  
Santé publique Algonquin