Labour Of Love

New Parent Package

Congratulations on the arrival or expected arrival of your new baby! Having a baby is exciting, but it can also be overwhelming and even frightening to find out your child has Down syndrome. The Manitoba Down Syndrome Society (MDSS) is here to support and encourage you through all of the ups and downs of having a loved one with Down syndrome. We have put together this Labour of Love Package to introduce you to our community - we hope this guide supports you through the beginning of your journey.

We encourage you to keep your focus on your new baby - enjoy watching your baby grow, and rejoice in each milestone as they come. It is important to remember that all babies respond to love, attention, and effort. Babies grow and develop in response to the environment we create. As they grow, so does our pride in all of their accomplishments.

In addition to familiarizing yourself with the MDSS website, we encourage you to follow us on Facebook and Instagram to learn more about our organization, see posts for important events you may want to learn about or attend and to meet other families in our community.

We are excited to welcome you to our community! We hope to meet your family soon.

Sincerely,
The Members of the Manitoba Down Syndrome Society

Manitoba Down Syndrome Society

We Are Here For You

Visiting Parents Program

As you learn more about Down syndrome, you may find you have questions or concerns that you can't find answers for. You may feel a need to connect with other fam-lies experiencing similar challenges.

Our Visiting Parents Program provides new parents with the opportunity to visit with a qualified volunteer parent. We understand the many emotions that you may be experiencing. A visit may simply help you to realize you are not alone.

Contact us at for a personal visit:
Phone: 204-992-2731
Email: info@manitobadownsyndromesociety.com

Redeem Your Free One-Year Membership

As a special gift to new parents, we are honored to welcome families to our community with a one-year free membership to the Manitoba Down Syndrome Society!

MDSS Membership provides access to free and reduced admission rates, educational resources, special programming and more.

Contact us to redeem your free 1-year membership:
Phone: 204-992-2731
Email: info@manitobadownsyndromesociety.com

About the Manitoba Down Syndrome Society

The Manitoba Down Syndrome Society is a non-profit organization that provides support, educational resources and inclusive social opportunities for individuals with Down syndrome, parents, professionals and other interested persons.

MDSS Strives to:

- Be a support for parents, caregivers and families of indi- viduals with Down syndrome.
- Provide an opportunity for individuals with Down syn- drome to participate in the direction of the MDSS.
- Maintain a communications network from which members can access current, comprehensive information about Down syndrome.
- Develop support services and projects which benefit individ- uals with Down syndrome.
- Provide forums for the ex- change of information and ideas between parents and professionals.
- Enhance public awareness and understanding of Down syndrome.

As an organization committed to supporting individuals with Down syndrome and their families, your membership plays a crucial role in driving positive change and fostering a more inclusive society.

For more information about Down syndrome, the MDSS, news and upcoming events, please visit our website:

MDSS Events & Services

Walk With Us

Our largest annual fundraiser, funding inclusive programming and social opportunities for Manitobans with Down syndrome

Visiting Parents Program

Upon request, our Visiting Parent coordinator will visit new parents to provide support, information, and an empathetic listening ear.

Baby Love Gatherings

Providing a fun and supportive environment in which new families meet and network.

Fun Family Events

Fall Dinner and Dance and other family events/outings provide special times and memories to members and their families.

Conference for Parents and Educators

Our annual See Me Beautiful Conference brings together teachers, parents, and sel-advocates to highlight inspiring stories and share teaching practices that maximize learning for students with Down syndrome.

Social Club

Creating opportunities for young adults to build friendships, enjoy accessible social activities, and belong in community.

AGM

Attend our Annual General Meeting to receive and discuss important information, listen to guest speakers about relevant topics and receive the report of the society's activities, events and successes for the previous year.

Down Syndrome and Dental Health

Produced with the support of The Manitoba Dental Association and the Dr. Gerald Niznick College of Dentistry

A Parent's Guide

Oral health is an essential component of total body health, yet it has been said that the greatest unmet need of persons with disabilities is dental care.
This guide describes the special dental problems associated with Down syndrome and how they can be prevented.

Special Dental Problems

The dental problems experienced by individuals with Down syndrome are not unique to the disability; however, their severity is greater.

Periodontal Disease

Periodontal disease (Gingivitis, Pyorrhea, gum disease) is the major dental problem associated with Down syndrome. Periodontal disease is an infection of the gums and bone supporting the teeth which is caused by plaque. Plaque is a soft, sticky, colorless film of bacteria that forms constantly on the teeth. It can be removed by tooth brushing and dental flossing.

For unknown reasons, individuals with Down syndrome have as high as 90% incidence of periodontal disease, especially around the lower front teeth. If left uncontrolled, this may lead to loss of some permanent teeth during young adulthood. However, this destructive process can be managed by meticulous home care and treatment by the dentist.

Malocclusion

Malocclusion (crooked teeth, bad bite) is the irregular alignment of teeth and improper biting relationship. Maloccluded teeth are a dental problem because they are more difficult to clean, they cause more food retention, and the biting stress accelerates the rate of periodontal breakdown.

Malocclusion Continued...

Most individuals with Down syndrome have a problem with malocclusion due to underdevelopment of the upper jaw. Your dentist may not recommend orthodontic treatment (braces) because the pressure of moving the teeth can accelerate periodontal disease.

Dental Decay

Dental caries (decay) is a bacterial infection caused by plaque in the presence of sugars. Individuals with Down syndrome experience a lower decay rate than the average. However, this does not mean they never get decay; like everyone else, they should restrict their sugar consumption and brush with fluoridated toothpaste recognized by the Canadian Dental Association.

Other Dental Problems

Eruption of the teeth may be delayed: the first primary teeth may not appear until two years of age, and eruption may not be complete until four or five. The primary teeth may be retained until fourteen or fifteen years of age. The teeth may also erupt in an abnormal sequence.

Some teeth may be small or cone-shaped, have enamel defects, or be missing.
The tongue may be large and protruded, making the teeth more difficult to clean. It may also be fissured or furrowed. Open mouth is common, and the resulting mouth breathing leads to dry oral tissue.

Managing Dental Problems

The most important preventive behavior is maintaining meticulous home care by thorough brushing and flossing every day.

Begin cleaning the teeth as soon as they appear with a damp gauze sponge, clean washcloth or small soft bristled toothbrush. For children under three, only a grain of rice size amount of toothpaste should be used. After three, if the child can spit out the toothpaste, a pea sized amount of toothpaste can be used. If the child objects to the taste, it would be better to do a thorough brush with no toothpaste than a poor job with.

Managing Dental Problems Continued...

Managing Dental Problems Brushing in the evening has the most significant effect on reducing decay. During the night, salivary flow reduces, so the acids produced by the bacteria cannot be buffered as they would during the day. Evening brushing should occur after the child is done eating for the day and will only be drinking water. Some parents find it easier to brush their child's teeth well in advance of bedtime, as both child and care giver are less tired, and it is not part of the bedtime ritual which some children object to.

Consistency is key to having any child accept brushing. Brushing teeth requires more manual dexterity than tying shoes, It is easy to scrub the front teeth but getting cheek side, tongue side and biting surface of all the teeth is quite challenging for all kids. It is not uncommon for all children to require help with this till they are six years of age or even older. A floss-aid or floss holder may make flossing easier.

Although good oral hygiene cannot completely prevent periodontal disease in individuals with Down syndrome, it can reduce the severity of the problem.
Dental caries can be further reduced through good home care practices. In particular, do not use candy or other sweet or sticky foods as a reward for good behavior. The frequency of exposure to sugars is also important, as children who tend to snack throughout the day are much more likely to develop cavities. If the child is going to have a sugary treat, it will have less impact if it is dessert after a meal than as a separate exposure to sugar.

Snack foods that are low in sugar and high in protein and fat will be less likely to cause cavities. This includes foods such as cheese, high fiber raw vegetables such as celery and broccoli, fresh fruits, nuts, and seeds.

Parents can help the child become a good dental patient by never using going to the dentist as a threat; treat it as a routine occurrence. Regular visits will help your child become comfortable and familiar with the dentist.

Parents expecting difficulty will often avoid visiting the dentist until there is an issue, but if your child ever requires dental treatment, it will be much easier if they have had a series of regular checkups prior to required care. This also means issues can be detected while they are still small and be much easier to treat.

The Dentist

The dentist contributes to oral health by providing diagnostic and therapeutic services. The first visit to the dentist should be made by the time the child is one year old or six months after the eruption of their first tooth, whichever occurs first. If your general dentist is uncomfortable seeing children this young, ask for a referral to a pediatric dentist.

Early professional advice can help prevent dental disease. As with other aspects of your child's care, it is important to find a dentist compatible with your child's needs. The Manitoba Dental Association, your physician, the local association for people with disabilities or other parents will be able to recommend a dentist who works with people with disabilities.

Give the dentist a complete medical history. Cardiac defects associated with Down syndrome may necessitate the use of prophylactic antibiotics prior to completing some dental work.

Optimum preventive and restorative dental procedures which reduce the severity of oral health problems can best be performed on a cooperative patient.

Summary

Although the dental problems experienced by those who have Down syndrome are not unique to the disability, there is a greater susceptibility and severity of periodontal disease and malocclusion.

These problems can be managed by:

1. meticulous home care: parental brushing and flossing daily.
2. regular dental care.

Communication and cooperation among the patient, parent or guardian, and the dentist can ensure better oral health for the individual with Down syndrome

Speech and Language Development in Children with Down Syndrome

The Role of the Speech-Language Pathologist (SLP)

An SLP can be of great benefit to parents and to a child with Down syndrome. An SLP can complete an assessment of your child's communication skills and determine their strengths and areas that require intervention. They can offer suggestions on how to work on specific goals at home and in the childcare facility. The SLP works with parents to choose functional communication goals that are important to the family and child.

Oral Motor Development

Children with Down syndrome have low muscle tone (i.e.: hypotonia) in their whole bodies, including their mouths. Due to this low muscle tone, children may have an open-mouthed, tongue forward position at rest. This directly affects their ability to move their articulators (i.e. lips, tongue, jaw, and cheeks) with precise movement patterns which are required to make speech sounds. For this reason, children with Down syndrome may have articulation (speech sound) errors and be difficult to understand.

Begin working on improving movements of the tongue, lips and jaw at an early age. A qualified SLP can help the family practice oral motor exercises, games and feeding techniques that are appropriate for the age and cognitive skill of the child. These techniques can improve feeding, lip closure, and sound development.

Communication Development

Children with Down syndrome will develop language skills according to their intellectual abilities. Often their skills are delayed but still follow the same sequence of development as other children (first they coo, babble, jargon, then do gestures, and then first word approximations, words and phrases follow). It is important that children are exposed to a language-rich environment during their preschool years.

The SLP can provide families with a variety of activities to help this occur.

Communication Development Continued...

Often children with Down syndrome will benefit from using visual cues when they are trying to learn the meanings of words. For this reason, many therapists will introduce manual sign language, picture boards, print and/or iPad/tablet use. All of these forms of teaching language can emphasize what words look like as well as what they sound like. When teaching your child what words mean, remember to try to show them as much as possible what you are talking about (point, act out what you're saying).

Pre-Language Activities

The following skills are pre-requisites for developing important communication skills:

1. Eye Contact: encourage your child to watch your face for important cues and information. This can be accomplished by holding an object near to the fact while using an animated expression. This also helps to improve your child's attending skills.
2. Turn-taking: conversations involve a speaker and a listener. First one person talks, makes a sound or does an action while the other person 'listens or waits'. Then the roles are reversed. You and your child can play turn-taking games using: pat-a-cake; rolling a ball; imitating each other's sounds; putting objects in containers.
3. Vocal play: Speech begins with an infant cooing and babbling. The frequency and variety of sounds increases with development and practice. Encourage your child to make a variety of speech sounds as often as possible by modeling sounds during peek-a-boo. Nursery rhymes and silly songs can be used as they get older. Parents should take advantage of everyday activities such as eating, bathing, driving in a car, going for walks, to engage in vocal play. Say what your child says and then add to it.
4. Imitation of actions: Begin by copying your child's actions, which shows them that copying is fun to do. Then encourage your child to watch your actions and imitate you as best they can. Begin with simple familiar tasks (banging a hammer, rolling balls, pushing a toy car) and move to more complex tasks (stirring with a spoon, combing hair, putting puzzle pieces in).

The Role of the Parents

As parents, there are a few things to keep in mind. It's important to always talk to your child, especially when they are infants. Label things in their environment as much as possible. Allow enough time so your child has a chance to take in the information and process it. Children with Down syndrome need repeated exposure to the same information before it is learned. Repetition of sounds, words, and actions is very important. As your child acquires more advanced skills, challenge their abilities by expecting slightly more from them.

You are your child's best teacher, and the therapists are there to offer advice and support, working as a team with you to find the next steps to work on.

Services Available

In Manitoba, SLPs work in government-funded agencies (ex: schools, hospitals) as well as in private practice. Preschool therapy services can be initiated in government-funded agencies, parents can refer their child by contacting SSCY Central Intake or having their doctor send in the referral.

Public preschool SLP services are provided through WRHA/Shared Health or the Provincial Outreach Therapy for Children program (Manitoba Possible or St. Amant Centre) and provide consultative intervention in the clinic, home or childcare facility. SLP services are available to school-aged children once they enter the school system.

Children with Down syndrome also have an increased risk of ear infections or hearing loss. A parent or doctor referral to Audiology is recommended.

Parents should contact their local school to alert them to the needs of their child at age 5. Private services are also available upon the parent's request if they do not wish to wait for public services. Private SLP services can provide direct therapy in the home or a private clinic. Some insurance coverage is often available through private insurance policies. A listing of agencies and private practitioners is available through The College of Audiologists and Speech Language Pathologists of Manitoba.

Telephone: (204) 453-4539

Hearing Loss in Children with Down Syndrome

Hearing loss affects children with Down Syndrome. They are at an increased risk of being born with or developing hearing loss over time. This may present as conductive, sensorineural, or mixed hearing loss.

Types of Hearing Loss

- **Conductive Hearing Loss**- Temporary hearing loss, which develops because of middle ear issues such as trapped fluid in the ear, ear wax build up, middle ear infections, and chronic nasal and sinus infections. Generally, these conditions are medically treatable and hearing improves following treatment.
- **Sensorineural Hearing Loss**- Permanent hearing loss, which is caused by damaged to the inner ear. This may be caused by trauma at birth, family history of childhood hearing loss, or infection (e.g. meningitis). There is no medical treatment available and hearing technology (e.g. hearing aids, cochlear implants) may be prescribed to make speech sounds louder to hear.
- **Mixed Hearing loss**- combination of conductive and sensorineural hearing loss

Hearing Test

Since 2017, infants born in Manitoba receive an offer for a newborn hearing screening at birth, followed by a diagnostic Auditory Brainstem Response test before 3 months of age. This will help identify hearing loss in newborns. ABR takes place at the three locations, namely:

Children's Hospital
CK214 - 820 Sherbrook Street
Winnipeg, MB R3A 1R9
PH: 204-787-2740

St. Boniface General Hospital
409 Tache Avenue
Winnipeg, MB R2H 2A6
PH: 204-237-2131

Specialized Services for Children and Youth (SSCY) Centre
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1
PH: 204-258-6551

Infants with Down Syndrome are followed for their regular hearing test/surveillance at the above sites at 9 months of age, and annually until 6 years of age. If you need further information regarding the Provincial Universal Newborn Hearing Screening Program, you may contact the program by calling UNHS 204-258-6685.

Pediatric Hearing Services

Publicly funded pediatric hearing services accessed through a referral via Children's Therapy Network of Manitoba-Winnipeg at 204-258-6550. Hearing services are available within the community through ACCESS Centres. In Winnipeg, hearing services can be accessed through the following locations:

ACCESS Fort Garry
135 Plaza Drive
Winnipeg, MB R3T 6E8
PH: 204-940-7143

Seven Oaks Health and Social Services Building
Unit 4B-1050 Leila Avenue
Winnipeg, MB R2P 1W6
PH: 204-938-5811

ACCESS River East
975 Henderson Highway
Winnipeg, MB R2K 4L7
PH: 204-938-5094

Specialized Services for Children and Youth (SSCY) Centre
1155 Notre Dame Avenue
Winnipeg, MB R3E 3G1
PH: 204-258-6551

ACCESS Winnipeg West
280 Booth Drive
Winnipeg, MB R3J 3R7
PH: 204-940-6608

Rural hearing services are available at the following sites:

Interlake-Eastern RHA

Selkirk
Selkirk Community Health Office
237 Manitoba Avenue
Selkirk, MB R1A 0Y4
PH: 204-785-7577

Beausejour
Beausejour Primary Health Care Centre
P.O. Box 550, 240-151 First Street South
Beausejour, MB R0E 0C0
PH: 204-268-7465

Southern Health – Sante Sud

Boundary Trails Health Centre
Box 2000, Station Main
Winkler, MB R6W 1H8
PH: 204-331-8828

Central Regional Hearing Centre
Portage General Hospital – Audiology
524 5th Street South East
Portage la Prairie, MB R1N 3A8
PH: 204-239-2412

Audiology - Steinbach
Southern Health-Santé Sud
365 Reimer Avenue
Steinbach, MB R5G 0R9
PH: 204-346-7009

Northern Health Region

The Pas Audiology
111 Cook Avenue, Box 240
The Pas, MB R9A 1K4
PH: 204-677-5385

Thompson Audiology
867 Thompson Drive South
Thompson, MB R8N 1Z4
PH: 204-677-5357

Prairie Mountain Health

Parklands Regional Hearing Centre
625-3rd Street South West
Dauphin, MB R7N 1R7
PH: 204-622-6221

Swan River Health Centre
1013 Main Street
PO Box 1450
Swan River, MB R0L 1Z0
PH: 204-622-6221

Brandon Audiology Department
Unit A5, 800 Rosser Avenue
Brandon, MB R7A 6N5
PH: 204-578-2390

Manitoba Possible Referrals

f your child (0-5 years old) is diagnosed with a permanent hearing loss in Manitoba, their audiologist will refer you to Manitoba Possible, where you will be invited to attend a Communication Program Options meeting. You will also receive some handouts and educational materials. This online meeting will educate you about the 2 different early intervention programs available for children with a hearing loss in Manitoba and give you a chance to ask any questions you may have to these programs directly.

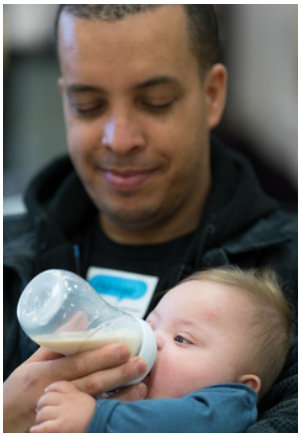
The 2 programs available are:

- Communication Centre for Children who are Deaf or Hard of Hearing https://www.manitobapossible.ca/communication-centre-for-children/
- Central Speech and Hearing Clinic https://www.centralspeech.ca/.

After the meeting, your family will be given a week or two to discuss your options, and then a staff member from Manitoba Possible will reach out to discuss your decision. From there, you will begin early intervention services with your program of choice.

Challenges in the Transitioning to Textured Foods in Children with Down Syndrome

GINA REMPEL, M.D., FRCPC
Developmental Pediatrician Director, Feeding Clinic,
Rehabilitation Centre for Children



Though most young children with Down syndrome are skilled little feeders who enjoy a wide variety of foods, some have challenges which make eating more difficult and less pleasurable. Some children experience feeding problems from birth while others need a little extra help in moving from strained baby purees and liquids to foods with more texture, such as thicker purees, lumpy foods and table foods.

What are the factors affecting the move to textured foods?

In general, children with Down syndrome have the basic skills necessary for eating strained and lumpy foods but may lack strength, efficiency, and control.

- Low muscle tone may make them slower to mature in their oral skills.
- Decreased jaw strength and control may hinder efficient biting and chewing.
- Poor tongue coordination may delay the learning of how to move food to the side of the mouth for chewing, tasting and feeling the food.
- Sensing and tasting the food may be different.
- Personality, behavioral, and environmental factors all influence the feeding process.

If children can't process the food efficiently and sense it as pleasurable, they may continue to prefer liquids and purees. Aside from the processing challenges, they may simply choose the security of the breast or bottle to the newness of the spoon and textured foods.

My child does not seem to want to eat foods other than liquids and purees. Can I just wait and hope things will fall into place later?

The simple answer is probably not. Of course, some children with and without Down syndrome require liquids or purees for longer than average for a variety of reasons. Check with your pediatrician, therapist or feeding specialist about the appropriateness of adding more textured food to your child's diet.

Is there a right time to try adding solids and progressively adding more challenging foods?

There is a critical time to introduce chewable textures in children with and without developmental variation. If textured foods are not introduced during this critical time, the opportunities to learn these processing skills may be markedly delayed. Children not offered chewable food during the critical period may resist changes in texture to a much greater degree than a child who was introduced to lumpier texture before the 12 months. Remember that your child's feeding skills and not their age will affect their ability to handle new foods and textures.

So how do I start?

Speak to your pediatrician, therapists or feeding specialist and ask for directions in feeding your baby. Ask them about the suggestions made below to see which ones would be appropriate for your child. Also ask them about community resources for help with feeding if required.

Early on when first adding purees - around 4-6 months

- Wake up your child's muscle tone and alertness prior to eating. Waking up the child's whole body is important, as the body is the base of support for the mouth area.
- Wake up the face. A cool, textured face cloth or tapping the mouth and cheeks with your fingers may help. Give the mouth a wakeup call with a finger toothbrush often used for pets. They fit on your finger and have small, soft "bristles" which can be used to rub the gums and introduce new tastes. Sometimes a finger, even one with a gum massager on it, is less threatening than a spoon. Other baby toothbrushes and massagers are also valuable therapy tools and can be used on the cheeks, lips, and tongues. The use of these will help your baby get used to different sensations in the mouth. Remember that in the first year of life we spend a good deal of time getting our mouths used to different textures and sensations by exploring the world with our mouths. This is a very important developmental task.
- When first introducing strained foods, give your baby a small amount on a gum massager or very small spoon. Let your baby suck the food. It may get pushed back out - put it back. First let your babies' tongue do the work. As your child's interest has increased in the food, allow your child time to remove the food from the spoon independently.
- Wake up the taste sensation with different tastes and food temperatures. Babies are more efficient at handling foods when their sensation to the presence of the food is heightened. This is also discussed in the next section.

When should I try purees and textures?

Most typically developing children are ready for some purees when they are 4-6 months old. At this age babies can't chew, primarily using their tongues to mash the food. For babies with Down syndrome, purees may have to wait a bit longer for a variety of reasons.

Here are some general guidelines, not rules carved in stone. The ages mentioned are merely guidelines often used for children without developmental variation. Your child may require a modified schedule for a variety of reasons. Ask for guidance as you move from step to step with these suggestions. Also, remember, not all children will be able to attain the different levels. Safety in feeding comes first. Be careful of choking.

Pureed Foods

Usually introduced at around 4-6 months of age:

- Consider supplementing commercial baby food with blended homemade baby food - NO LUMPS. This will make the transition to table foods easier because the baby will be used to the taste.
- Offer one food at a time and allow the baby to get used to the spoon and the taste.
- Progress to thickened pureed foods when the child displays a sucking action during feeding, but cannot move food to the sides of the mouth using the tongue. This occurs somewhere around 6 - 8 months.

Thickened Pureed Foods

Often offered around 6-8 months. Thickened purees, oatmeal or cream of wheat, mashed potatoes, mashed banana, applesauce or yogurt.

- Some babies have a hard time with commercial "toddler foods" which are basically purees with a - few lumps added. They don't know how to process this food, because it feels like a puree and yet when they try to swallow it like a puree, one of the small chunks makes them gag. It doesn't take many gagging episodes to turn a baby off solids and yearn for the days of bottles and purees.
- We called foods like commercial toddler foods "mixed textures." Mixed textures can be difficult for babies because of the confusing messages they give the mouth. Other examples of mixed textures are soups with lumps, stews and fruit cocktail.
- Thicken pureed foods in order to encourage tongue and jaw movements which are not required to process thinner foods. Nutritious thickeners include mashed potato flakes, wheat germ, bread crumbs, or dry baby cereals.
- When skills improve, add dry breakfast cereal or 1 granola to yogurt or pudding.
- Once thicker, pastier foods are tolerated start blending the food less. It should still be fairly homogeneous, but thicker foods are better at accommodating lumps than thin ones. Think about it. If you put a small chunk of soft banana in apple sauce or in thicker porridge or baby cereal, in which is it less likely to be noticed?

- Try not to “trick” your baby into trying new foods in old favorites. Feeding is about trusting and if they don’t trust what you give them, it will turn them off.
- Progress to ground food when the child begins to display up and down munching movements usually around 8-10 months. In general, it is easier for a baby to eat chewable food when they have a good sitting balance in their high chairs. It’s easier for the mouth to work on a stable base.

Ground Foods

Often offered around 8-10 months. Ground meat with broth, gravy or cream, ground or mashed vegetables and fruit, scrambled egg, egg salad or other soft sandwich fillings, cottage cheese, and cheerios.

- Grind regular table foods by using a food grinder, or a food chopper or processor
- Offer foods designed to stimulate biting and chewing - toast strips, cheese strips, soft cooked vegetables or strips of soft fruits such as kiwi, avocado and bananas.
- As your babies mouth gets more used to textured foods, consider alternating crunchy foods like dry breakfast cereal or biting foods with spooned foods. These changes help keep the mouth active and developing.
- Bitable foods that shatter in the mouth when bitten into, like crackers, are often hard for babies. Bread may become too gummy as an early textured food. Consider sugar cookies or shortbread in very small pieces placed on the babies’ gums next to the cheeks.
- Try “Cheerios” to encourage hand to mouth for self- feeding.
- Progress to chopped foods when the child begins to move the food to the sides of the mouth for chewing by using the tongue (often around the first birthday).

Chopped foods
Often offered around 12 months. Include chopped meats and casseroles, chopped cooked vegetables and fruits, grilled cheese or chopped meat sandwiches, regular table foods.

- Obtain textures for this stage by chopping meats, fruits, and vegetables into small bite-sized pieces by using a knife.
- Don't forget to wake up the taste buds. Bring on the spice, ketchup, mustard, salad dressings or vegetable dips. Some babies don't sense the presence of the food very well and are much more efficient if we add more flavour. They may like it better too. You can also wake up the mouth with cold foods. Some babies pack their mouths too full - sometimes this is related to a decreased sensation of the presence of the food - a bit of spicing up may help this too.

Do I have to keep trying, it's not working!!

- Yes, you must keep trying, but if your baby is very resistive get some help in dealing with the situation before it becomes a problem.
- Some children handle chewable food better than thick purees. They may actually be more efficient with the cheerios than blended lumpy stuff. However, it is important to remember that feeding is a complex process that involves food processing, swallowing and breathing, all precisely timed. Don't put babies at risk of choking – be diligent and careful!! Always give only foods that your baby can handle safely.
- Remember to keep that tongue active to improve its efficiency and to help it get the food to the teeth to be chewed. Sometimes spicing up the food and changing the temperature helps with the efficiency of the tongue. Ask your therapist for some tips.
- Remember that eating is supposed to be a pleasurable experience. Have fun - enjoy your baby!

SCCY Feeding Clinic

Feeding Clinic provides family-centered care for children and youth with feeding problems. Our goal is to improve the quality of life for the children, youth and families that we see.

The frequency of visits is based on what each child or youth needs. It ranges from monthly to yearly. The average waitlist time is 3 months.

Referrals are made by a physician or nurse practitioner. You can make an appointment by calling our clinic coordinator at (204) 258-6564.

Occupational Therapy for Children with Down Syndrome

Occupational therapy is provided by occupational therapists who are university trained allied health professionals that must be registered with a regulatory body. In Manitoba, the regulatory body is the College of Occupational Therapists of Manitoba.

The focus of the occupational therapist, when working with children with Down syndrome, is to work towards goals that the family (and child) would like to address in areas such as fine-motor skills (using their hands in play/daily activities), movement, self-care skills (eating, toileting, bathing, and dressing, sleep), sensory processing/attention, academic engagement, social interaction, engagement and play.

Through careful assessment of your child's capabilities and needs, the occupational therapist will formulate a plan to support your child's success particularly in areas that are creating challenges or that would be important to your family/child.
This may include:

- HANDLING (various methods of which to hold your baby) to help your child develop balance and posture, and position changes, to support strength building in your child's head/neck/trunk and upper limbs.
- ACTIVITIES to develop fine motor and manipulation skills (using their hands for play and daily activities).
- SUPPORT to help your child develop eating and drinking skills.
- DEVELOPING a "sensory diet" for your child to enable greater tolerance of visual, auditory, and touch stimuli.
- TASK ANALYSIS to break down everyday activities into small steps that allow your child to have more successful learning experiences.
- MODIFYING the environment at home and at school to allow your child to attend, engage, and learn more effectively.
- IDENTIFYING their play preferences and supporting opportunities to develop joint attention with caregivers/play partners to further enable their participation in daily activities.
- ONGOING SUPPORT and EDUCATION for parents and caregivers.

Sensory Processing

Sensory Integration is a term describing how the brain organizes incoming sensory information. This includes touch, movement, body awareness, sight, sound, and the pull of gravity. Occupational therapy will allow your child to participate in a variety of activities that stimulate each of these senses. It will also encourage your child to explore their environment and will enable them to be better able to organize sensory information. This may improve your child's social skills, behavior, learning, attention, communication, and motor development.

Developmental Intervention

Through activity, your child will have opportunities to develop competence in gross motor, fine motor, self-help, and cognitive skills. Breaking down the tasks into parts and teaching each piece will help your child to feel successful in their learning.

For more information on Occupational Therapy options, please contact the SCCY Centre Central Intake staff at (204) 258-6552. Occupational Therapy referrals are made through Children's Therapy Network of Manitoba. You can make a self-referral by calling (204) 258-6550; referrals can also be made by your child's physician or nurse practitioner.

Private Practice Occupational Therapy

Manitoba Society of Occupational Therapists (MSOT) carry a list of some OT's providing private OT services in Manitoba (however this list does not include all private practice clinicians in the province).

Or you can also complete an internet search for "Occupational Therapy, Manitoba, private practice" in your preferred search engine

Occupational Therapist Directory:

COTM provides a public directory that includes individuals who are legally registered to practice occupational therapy in Manitoba.

Children's Therapy Network of Manitoba

Who are we?

The Children's Therapy Network of Manitoba (CTNM) is a coordinated program of service providers and provincial government departments of Education, Families and Health. This program updates and replaces the Children's Therapy Initiative (CTI).

What services are available?

Therapy services include:

- **Speech-language pathology**
  Helps with talking, understanding and using words, making sounds, speaking in sentences, making and playing with friends, stuttering, communicating using pictures and gestures or technology and swallowing.
- **Physiotherapy**
  Helps with learning to sit, moving (rolling, crawling, walking, jumping and running), improving strength, balance and coordination, using equipment such as braces, walkers or bikes.
- **Occupational therapy**
  Focuses on eating, dressing, using the toilet, paying attention, making and playing with friends, learning new play skills, understanding sensory needs, using hands for play and everyday tasks, participation in home and community.
- **Audiology**
  Helps with hearing, hearing loss, identifying types of hearing loss, fitting hearing aids and other devices, understanding hearing loss, functioning in day care or classroom, auditory processing.

Who is eligible to receive services?

Children and youth who need help with speech, hearing, movement, learning and/or social development.

Where are services available?

CTNM is available in every region of the province.

Family-Centred Service

The CTNM supports and provides a family-centred service. If you have a concern about your child in areas such as speech, hearing, movement, learning and/or social development, call us – we can help!

How do I make a referral?

Contact the CTNM region where the child lives. Parents can refer directly to CTNM along with professions such as teachers, physicians, childcare workers, public health nurses, etc.

This document is available in alternate formats upon request.

Children's Therapy Network of Manitoba Regions

Division scolaire franco-manitobaine (DSFM) is in all regions

DIVISION SCOLAIRE FRANCO-MANITOBAINE (DSFM) CTNM	204-878-4424 ext. 3667
INTERLAKE-EASTERN CTNM	204-785-7730
NORTHERN CTNM	204-677-5385
PRAIRIE MOUNTAIN CTNM	204-622-2991
PROMISE YEARS CTNM	204-748-2692
SOUTHERN CTNM	204-346-9359
CHURCHILL-WINNIPEG CTNM	204-258-6550

Please visit **manitoba.ca/fs/ctnm** for further information and parent materials.

Manitoba

Benefits & Credits Available for Persons With Disabilities

Tax Credits

Disability tax credit (DTC):

The disability tax credit (DTC) is a non-refundable tax credit that helps people with disabilities, or their supporting family member, reduce the amount of income tax they may have to pay.

If you have a severe and prolonged impairment, you may apply for the credit. If you are approved, you may claim the credit at tax time. By reducing the amount of income tax you may have to pay, the DTC aims to offset some of the extra costs related to the impairment. Being eligible for the DTC can open doors to the other programs.

Canada Caregiver Credit

This non-refundable tax credit is available to individuals who support a spouse, a common-law partner, or other qualifying dependant with a mental or physical impairment.

Manitoba Primary Caregiver Tax Credit

A non-refundable tax credit that may be available to you if you provide support to a spouse, a common-law partner, or certain other individuals with a mental or physcal impairment.

You may also be eligible to claim medical expenses, the disability suports deduction, and the refundable medical expenses supplement.

Manitoba Possible Access 2 Benefits

Manitoba Possible provides assistance in applying for benefits programs, such as the Disability Tax Credit, Registered Disability Savings Plan (RDSP), Primary Caregiver Tax Credit, Canada Pension Plan Disability and more. Throughout the process, participants receive one-on-one support to access available benefits.

For more information, please contact the Financial Empowerment Program at Manitoba Possible at 204-975-3103 or 1-866-282-8041 (Toll Free)

Home Accessibility Tax Credit

Tax credit for people making a home accessible, eligible homes, and eligible expenses.

Home Buyer's Amount

This is a non-refundable tax credit for the purchase of a home. If you or the relative you acquired the home for are eligible for the DTC, you do not have to be a first-time home buyer to claim the home buyers' amount.

Benefits

Canada Workers Benefit

The Canada Workers Benefit (CWB) is a refundable tax credit to help individuals and families who are working and earning a low income.

The CWB has two parts: a basic amount and a disability supplement.

Child Disability Benefit

Monthly payment to families who care for a child under age 18 who has a severe impairment.

Canada Disability Benefit

The Canada Disability Benefit provides direct financial support to people with disabilities who are between 18 and 64 years old. The program is administered by Service Canada.

Plans

Registered Disability Savings Plan

Long-term savings plan to help Canadians with disabilities save for the future. The Government can help you save by contributing to your plan.

Home Buyers' Plan

Withdraw funds from your RRSPs to buy or build a qualified home.

Canadian Dental Care Plan

The Canadian Dental Care Plan (CDCP) is helping make the cost of dental care more affordable for eligible Canadian residents.