

THE MOM & CAREGIVER™

NOVEMBER 2020
VOLUME 22 ISSUE 11

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**THE PAIN OF
ENDOMETRIOSIS 06**

**I WEAR A POPPY
TO REMEMBER 10**

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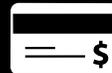
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CLEAN AND DISINFECTED.



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THOROUGHLY AND OFTEN.



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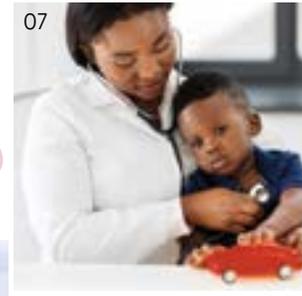
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ON THE COVER

Rezi arrived happy and fresh to our photo shoot, but the struggle was real. Mom explained that they ran out of gas, needed to make a bathroom stop, and then got lost on the way. We say "way to go, ladies" for overcoming all these obstacles to make for a wonderful cover shot!

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A HAND TO HOLD WHEN NEEDED THE MOST

"In Flanders fields the poppies blow, Between the crosses row on row, That mark our place; and in the sky, The larks, still bravely singing, fly, Scarce heard amid the guns below."
- John MacCrae

Did you know that the author of "In Flanders Fields" was born in Guelph, Ontario, and studied medicine at the University of Toronto? He was the first Canadian to be appointed consulting surgeon to the British Army, and tended to injured soldiers at the Battle of Ypres. It was after the death of a close friend that he wrote the poem widely known by school children today.

It really hits me in November how unbearable war times must have been, and continue to be, for those on the front lines, and for those left at home. I am joined in my thinking by our most-honest of contributors, Janet Smith, who shares, "I realized that I was avoiding these stories because I literally got sick to my stomach trying to understand what our ancestors endured." You'll want to read about her courageous grandfathers, who helped to give us our freedoms, on page 10. Our most heartfelt thanks go out to those who continue to do it today.

It might be said that our world is currently going through historic times as well. This pandemic has taken lives and changed how we live. Many parents are left questioning how to best take care of the health of their families. We've asked an expert to walk you through it. Heather Bywaters is an RN with the Middlesex London Health Unit, and will help you re-establish healthy routines for your baby in "What Am I Supposed to Do and When Am I Supposed to Do It?" (p. 7)

We'll hear also from family physician, Dr. Bhayana, about the pain of endometriosis. I feel like we all know someone (or maybe you, yourself) who has suffered through this condition (10% of women will experience it during their reproductive years). Find out what it is, and how to treat it, plus some links to much needed support, on page 6.

May this month bring healing to those who are suffering, and joy to families who are going through tough times. Through the magazine and our social media pages, we hope to be a hand you can hold when needed the most.



*Where there is no struggle,
there is no strength.*
- OPRAH WINFREY

*Editorial photography
by Flavia Zaidan
Make-up by Sanah Zebian*



November

Daylight Savings Time Ends
turn your clocks back one hour at 2:00am

01ST

Celebrate Cookie Monster's birthday!
www.sesamestreet.org/art-maker?canvas=cake&toolkit=birthday&nid=3604beefy-minestrone-soup/

02ND

Kustermans Fall Festival, Kustermans Berry Farms,
www.kustermans.ca

06TH

It's a Beethoven Party Livestream, Aeolian Hall,
www.londonsymphonia.ca

07TH

Remembrance Day - Lest We Forget

11TH

Black Lives Matter, Museum London,
www.museumlondon.ca

14TH

It's "Take a Hike" Day - find a park near you.
www.ontarioparks.com/park-locator

17TH

Another exciting birthday - Mickey Mouse is 92!
www.disney Parks.disney.go.com/blog/2020/03/draw-mickey-mouse-at-home-with-a-disney-parks-artist/

18TH

Cool weather means indoor fun (no prep required!)
www.themomandcaregiver.com/old-mother-hubbard-went-to-her-cupboard/

21ST

Mmm - the smell of cinnamon!
www.themomandcaregiver.com/cranberry-apple-chutney-makes-3-cups/

24TH

Are you an expecting mama who loves to read?
www.cafemom.com/parenting/223962-20-baby-names-inspired-by-popular-modern-books

26TH

Fridays call for Death by Chocolate!
www.themomandcaregiver.com/deadly-chocolate-layer-dessert/

27TH

Get a head-start on the holidays.
www.themomandcaregiver.com/homemade-holiday-ornaments/

30TH

A Letter to my fellow Parents,

For parents, as school returns each year, we start to think about cold and flu season. The worry might be escalated this year due to COVID-19. I am a mother of three and I worry about all of them getting sick. They are at very different stages of their lives. My oldest daughter just started at Western and I don't want her to get sick and fall behind. My youngest is in grade 10 and plays hockey and feels he doesn't need a lot of sleep. I worry that he will get run down and be more vulnerable to illness. My middle daughter is in a very different situation. She has Down Syndrome and many related health issues, so when she is exposed to someone who has a cold, it ends up being pneumonia for her. My message to parents is please do not send your kids to school when they are sick. I understand that we have to work to pay bills but you have to be considerate of others. My little girl takes a long time to heal from sickness, so I write this request from my heart. We are living in a time when we need to be aware of sickness around us and protect our children. We want the children at school to be healthy and happy and less likely to spread illnesses. If your child has a fever they should not return to school until they have been fever free for 24 hours. Let's all work together for our children's sake and keep them as healthy as possible for as long as we can.

Kim Hardman



For More Details and Events Visit



Your Online Parenting Resource

THE PAIN *of* ENDOMETRIOSIS

About 10% of women will be diagnosed with endometriosis during their reproductive years. This very painful condition can present as pelvic pain, debilitating pain with periods, pain with intercourse and urinary and bowel problems. The endometrium, or lining of the uterus, is a very special tissue. It grows each month and then sheds away in the form of a period. In endometriosis, this tissue is found in places that it should not exist. It may occur in the fallopian tubes, the ovaries, the bowel and the bladder. In these places it behaves in the same way, but there is no escape. The tissue then produces areas of hemorrhage and sometimes cysts in the ovaries called ovarian cysts.

It is not known what causes endometriosis. One theory is that some of the lining of the uterus travels backwards in the pelvis instead of “out” during menstruation. This is called retrograde menstruation. Another theory is that the tissue is just formed by itself in those areas.

The diagnosis of endometriosis is very largely based on history and examination. If there are large hemorrhagic cysts on the ovaries, they may be seen on ultrasound. For the most part, the spots are flat and cannot be seen on ultrasound. These areas may be seen through a small surgical procedure called laparoscopy. Laparoscopy, though considered minor, still has risks so the diagnosis is made clinically and treated as the first step.

There are a number of hormonal treatments used for endometriosis. Most women will have successful remission with these treatments. Occasionally, surgery to “clean up” the areas of endometriosis may be required. This treatment may be successful to resolve pain and scarring but does not “cure” the underlying disease as new lesions may form at a later time.



There are many organizations that provide support and helpful information about endometriosis.

<https://endometriosis.ca/>
The World Endometriosis Society- research and advocacy

<https://endometriosis.org/> Provides information to help women become informed and empowered.

Until there is a cure, we can at least manage pain and live full lives with endometriosis. 

Dr. Bhooma Bhayana is a family physician in London and the mother of two young men and proud grandmother of two! She continues to find wonder and enjoyment in family practice despite more than 30 years on the job!



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WHAT AM I SUPPOSED TO DO *and* WHEN AM I SUPPOSED TO DO IT?

There are many things to know as a parent. It can be difficult to keep track of everything! Here are some health-related recommendations for the Early Years.

* COVID-19 caused changes in the delivery of some services, but as communities re-open, it's time to re-establish healthy routines and habits. Contact each service to see what they are currently offering.

When should my I take my baby to the dentist?

- The Ontario Dental Association recommends babies have their first dental checkup when teeth first come in or by their first birthday. Dentists and dental hygienists also encourage brushing or using a cloth to wipe baby's teeth and gums after feedings.
- Healthy Smiles Ontario is a free program funded by the Province of Ontario providing dental services for children and youth under 17 years of age. Preventative, routine and emergency care are included.

Submitted by Heather Bywaters RN PHN
on behalf of the Middlesex-London
Community Early Years Partnership

When is my baby's first hearing test?

- Ideally, an infant should have their first hearing test in hospital, before discharge after birth as part of the Infant Hearing Program. When this is not possible, families receive a phone call within two weeks of discharge to schedule an appointment. Call **519-663-0273** or **1-877-818-TALK** if the two-week time period passes.

When should my baby/child have their vision tested?

- The Ontario Association of Optometrists recommends infants have their eyes examined first at six months and then once a year after that. Annual eye exams for children from birth to 19 years of age are covered under OHIP, Ontario's health care plan.
- Eye See...Eye Learn is a program providing free eyeglasses to students in junior kindergarten with a prescription from a participating optometrist.

How often should my baby go for a well-baby visit and have their weight checked?

- The Dietitians of Canada, the Canadian Pediatric Society and other health experts have established a schedule for growth and development monitoring of children:
- Within one to two weeks after birth and at one, two, four, six, nine, 12, 18 and 24 months, with annual check-ups after that
- At 18 months, your healthcare provider should provide the 18 month enhanced well-baby visit. To prepare for this visit, you complete the 18 month Looksee Checklist yourself. Sign-up for all of the checklists from one month to six years of age.
- If your child cannot complete a task on any checklist for their age, contact your health care provider.
- Well-baby visits also coincide with the Ontario Immunization Schedule. Routine immunizations are one of our most important tools for health. 

QUESTIONS? Call 519-663-5317 to speak to a Public Health Nurse or consult: www.healthunit.com

HYPERPIGMENTATION after CHILD BIRTH

Nine months of pregnancy are nine months of roller-coaster hormone changes! A.C. Handel in 2014 states that about 40-50% of females have symmetric skin patterns on their cheeks, forehead, nose, etc. Asian, Indian and African American women are usually more prone to this due to melanocytes producing more pigmentation. When you are seeing such pigmentation on your face then you might have the condition called melasma.

Melasma is a chronic skin condition, characterized by irregular brown spots symmetrically distributed on sun-exposed area of the body, mostly the facial skin. There are some known triggering factors such as sun exposure, pregnancy, hormones and inflammatory processes of the skin. Melasma is also referred to as the Pregnancy Mask but it is not only associated with pregnancy, and can affect women in all stages of life.

I always recommend my clients see a dermatologist for diagnosis to confirm that darkened skin patches are indeed melasma, and to determine what is causing it in order to decide correct treatment programs (which can be topical creams or medical devices). In some countries, people like to use a high percentage of lightening creams, but many of these products are unsafe and can cause potential dangers to thyroid and kidneys.

Hydroquinone is one of the topical creams approved by the FDA in North America but banned by some countries. From my own experience, 4% hydroquinone with retinol works best because it can penetrate deeply to the dermis area to control the melanocyte to produce the right amount of pigmentations. The safest way to use hydroquinone is to use for 26 weeks, then stop for 26 weeks. This will give the body time to flush out the toxins with metabolism without any accumulations.

The next step in treating melasma is sun protection with physical sunscreen, not the chemical type, which can cause irritation and inflammation on some skin. A Q-switch laser combined with a charcoal mask is another successful solution to treat melasma. Q-switch lasers use long wavelengths and a very quick pause to break down the pigmentation, then push broken particle size pigmentations to the skin surface. Multiple sessions of treatments are necessary. Protect skin with antioxidants followed by moisturizer to restore the lipid barrier of the skin to protect it from damage following treatment.

Melasma is hard to treat. There is no overnight fix. Being patient and being consistent is key. Please feel free to email me @lseed@revita-medispa.com if you have any questions about skin conditions. 📧

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THE ZONE, THE POCKET *and* TRUTH

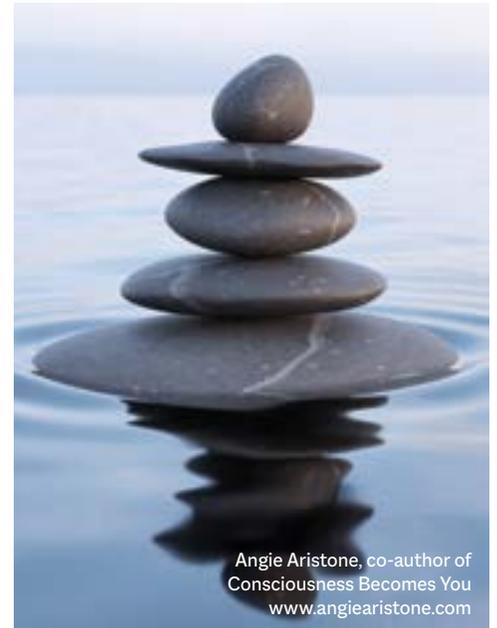
Athletes call a flow state “the zone”. Musicians know it as “the pocket” or “the groove”, while actors know flow as “truth”. In Taoism flow is “wu wei” - a state of effortless action in perfect harmony with nature. On the spiritual side, words like “enraptured” and “ecstatic” apply. Many of us simply understand flow as a state of inspiration, the word inspiration coming from the Greek *enteos* meaning “God within” or “possessed by God”. Even the hero’s journey, the archetypal story around which all stories unfold, is a tale of flow, a tale of journeying into the underworld of our own minds, finding a supernatural aid, and returning transformed with treasures to share.

The variety of methods humanity has discovered to induce flow states is both impressive and confusing. There’s a diversity of rituals and practices athletes, writers, and artists employ, from jumping and wriggling on the starting block, to wearing special items of clothing, to repeating a special prayer, to listening to a

particular song. Frustratingly, what works for one person may not work for anyone else, and what works one day may not work the next or ever again. Flow is a very personal journey, and a fickle partner that needs to be romanced, cultivated, and sometimes snuck up on.

Historically, music, dance, prayer, chanting, ritual, fasting, sensory deprivation, isolation, extreme exertion, extended focus, heat exposure, and plant medicines have all proven to be highly effective methods of inducing flow-like states, especially in guided group settings. Flow is contagious and participating in any coordinated group activity can often effectively induce flow. Engagement is key, so active participation in intrinsically rewarding activities that provide the right amount of immediate feedback and challenge are what easily induce a flow state. Too little challenge or feedback is boring, while too much is frustrating. To stay engaged, focus on the process, not the outcome. Lastly, risk is a highly potent

flow inducer, both physical and emotional. Race, climb, jump, surf, ride, create, or simply say “I love you” without knowing what the outcome will be and you will find flow.



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SAINTE-JEANNE-D'ARC
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519-457-3141

SAINTE-MARGUERITE-BOURGOYS
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TO REMEMBER

History was one of my favourite classes in high school. I remember reading my text book, imagining myself in the stories we learned about, partly to remember the details, partly because I was a compulsive day dreamer. But there were certain parts of history that I was never able to comprehend... the war stories.

As I grew older, my perspective changed, and I realized that I was avoiding these stories because I literally got sick to my stomach trying to understand what our ancestors endured.

I don't know specifics about my grandfathers' experiences; it wasn't something they talked about.

My paternal grandfather worked in the army payroll department. Not to minimize his role (it's how our family deals with uncomfortable situations), but we joked about how important

his job was. I've never heard any stories, but always admired the photos of him in his uniform, which hung proudly in my grandparent's bedroom.

My mother had only one story to share when I once asked about her father and the war. Grandpa desperately tried to go to war. The night before he was supposed to board the train to leave, he and a buddy were goofing around wrestling in their bunks. Grandpa broke his foot between two rails on the top bunk. Although he was told he would never go to war that night, he was determined to go. I guess the officials had to drag him off the train twice the next day.

His entire battalion was wiped out at Dieppe, very early in the war. None of his friends came home. I don't know if my grandfather felt relief or regret.

Since hearing that story, November has become a melancholy month for me. I ponder the waves of emotions our grandparents must have experienced. From the pride in their decision to enlist for what they believed was a big, glamorous job, to the realization of every horrible truth associated to war.

Knowing what I know about war, I can't say that I would ever volunteer to go, like they did. I can't say, I'm as brave or courageous. Because of them, that is only a nightmare. Because of them, I'm free. And because of them, I wear a poppy to remember. &

Janet Smith is a proud single-mom of one daughter and a marketing professional who is grateful for her rural roots in the London area. She is a big believer in connecting with people through laughter and honesty.





TWINGENUITY

What is it like to celebrate birthdays when you are a twin?

Charlie: It's a gong show! We wake up and eat chocolate cupcakes for breakfast! If we have a party with our friends we each get to invite four or five different people. We always get two different cakes because we are two different people. Birthdays are great but double fun when you have a twin.

Harrison: It's great! I think we get more presents than normal - we get some for each of us and we also get some that we can share! At our birthday parties we get to invite more friends than someone who doesn't share a birthday with a twin. And we always get two cakes!



What makes you alike and what makes you different?

Charlie: Our hair is the only thing that I think makes us look alike. Sometimes we say the same thing at the same time - I think that's pretty cool. Our voices sound different. I'm better at math, Harrison is better at science. I like to read a lot and Harrison likes to do art. The biggest difference between my brother and me is he's a lot louder than me!

Harrison: The number one thing that makes us alike is our hair. People can't tell us apart when they just look at our hair. Our faces look a little bit alike but they are mostly different. We're the same height and weight most of the time. We like many of the same things like playing soccer, football and most sports. What makes us different is our close friends are different, but we hang out in the same group. We don't like to dress the same. We have different favourite colours and different favourite foods. Many people just call us the twins - I hope someday everyone will see us as Charlie and Harrison, and not just twins.



Do you prefer being in the same or different classes at school?

Charlie: This year we're in the same class because of COVID-19, but I like being in different classes. When we're in different classes we learn different things and I can share that with my brother.

Harrison: Both, it's complicated! When we're in the same class, we have the same homework and can help each other with it. When we're in different classes people don't get us confused and when we learn things we can come home and teach it to each other. 🧐

*Meet 10 year-old twins, Charlie and Harrison, our new Kid Zone writers!
Each month, they'll be sharing perspectives on life as a child sees it.*

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DIVISION of DUTIES

Raising children and running a household is a lot of work – no question. And for many parents it’s easy for us to fall into autopilot and just do what needs to be done. But how often do we stop and think about how equitable our at-home workload is? Are we sharing the load evenly with our spouse/partner? How much of your load falls on your lap because of your gender? Or the career you’ve chosen?

It’s time to take a pause and have this conversation because statistics are showing that moms still take on much more of the duties, and we dads are letting it happen. Think about how we were raised. Many of our moms likely stayed home or had part time jobs while taking care of the household

chores and anything related to the kids. On the other hand, dads worked 40+ hours a week, took care of finances, and did the outdoor jobs. These stereotypical gender roles get unconsciously woven into the fabric of our parenting and it takes some effort to break the cycle.

Family life has changed significantly in the last few decades. More moms are in the workforce and more dads are actively involved in raising children.

Frank Emanuele is a proud father of two sons, a special education teacher, and a director of Dad Club London.



But when it comes to who-does-what, moms still tend to be the ones managing their kid's schedules and activities, taking time off when kids are sick, planning meals, and lugging loads of laundry. Dads tend to be more involved in kids' extra-curricular activities, discipline decisions, and we cling tight to our precious outdoor chores.

Studies show that this division of labour can also be influenced by the type of work we do. The more career-focused parent tends to take a step back from household and parenting chores. And when both parents are similarly career driven, the work naturally becomes more equitable. Curiously, same-sex couples

tend to divide labour based on each other's strengths rather than being influenced by gender biases. Personally, I found it quite amusing to hear that I've taken on more of the "mom" roles in parenting.

Don't get me wrong, it's not that dads don't want to take on more of the work, we just need a little nudge sometimes to change the habits we all fall into. As kids get older and life changes, so does the way we run our households. After all, it's good practice to check-in with your partner every so often, work together, and make some fair adjustments. 🧡



A JUICY LEMON GEMSTONE *for* NOVEMBER

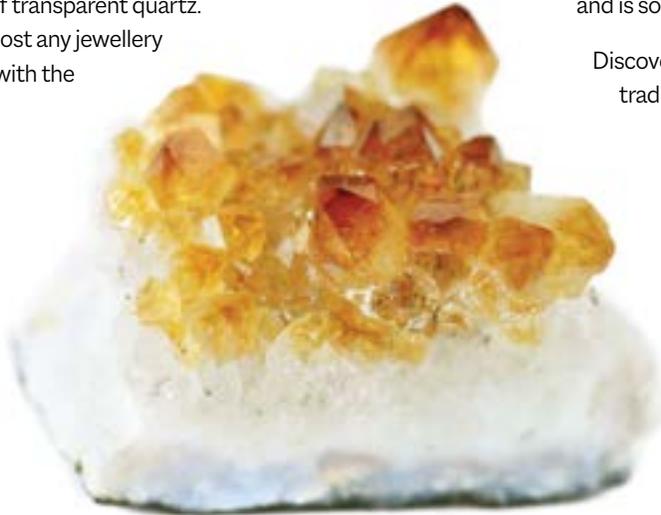
Citrine is the birthstone for November. It is one of the most affordable gemstones, thanks to the durability and availability of this golden quartz.

Named from the French name for lemon, "citron", many citrines have a juicy lemon color. However, citrine includes yellow to gold to orange-brown shades of transparent quartz. Sunny citrine can brighten almost any jewellery style, blending especially well with the yellow gleam of polished gold.

In ancient times, citrine was carried as a protection against snake venom and evil thoughts. Most citrine is now mined in Brazil.

Citrine is generally more inexpensive than amethyst and is also available in a wide range of calibrated sizes and shapes, including very large sizes. It is noted for its bright colors and high clarities and is sometimes in fact produced by heating amethysts!

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*Colin Nash,
Certified Gemologist Appraiser,
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TECH NEGLECT HURTS *more than* their MENTAL HEALTH



Here are the newest statistics boiled down.

- On average, families are spending less than 80 hours per month, which is 960 hours a year together. Dr. Michelle Ponti, from the CPS Task Force, says, “Phones are not toys nor do they replace parents. Children should only be on devices one hour a day.”

WHAT IS TECH NEGLECT?

- Spending time with your children has to be uninterrupted time. You can't be glancing at your emails or scrolling through Instagram while dressing Barbie. If you do, children feel neglected. They need to play, exercise, and talk to develop their brains. This means those 35-40 hours of device time need to disappear and be replaced with play, or children won't form the security and attachment they need to move on to the next stage of development.

Here are 6 TIPS to gain back hours with your family.

- 1. ORGANIZE YOUR TIME TO BOND.**
Spend 10 minutes each week and organize your family's time. Plan to eat meals together. Children need to learn how to do chores. Studies show a higher level of success if children do chores on a routine basis.
- 2. CONTROL THEIR DEVICE TIME.**
It is simple. If you can't monitor their phone, don't let them use it. Installing a control app will save you time.
- 3. TEACHERS' CONCERNS.**
Experienced JK/SK teachers say, “Children are falling short of most standards: socially, emotionally, physically, athletically, or academically. Speech and sentence structure is delayed.” Dr. John Hutton, who MRIs children's brains, is finding children who have more than one hour of screen time, especially just watching videos, show the linguistic part of the brain is not stimulated.

<https://www.cnn.com/2019/11/04/health/screen-time-lower-brain-development-preschoolers-wellness/index.html>

4. YOUR DEVICE BEHAVIOUR DETERMINES THEIR DEVICE BEHAVIOUR.

The psychological consequences of mental health and feelings of isolation derived from how we use technology have revealed more dire consequences than we thought. See Dr. Twenge's work and Dr. Colliers'.

5. KEEP READING.

Reading to children builds a tight bond and relaxes them before sleep.

6. OUTSIDE THEY GO.

Going outside helps their immune systems by inhaling necessary microbes. Children need to exert energy and develop proprioception, which helps their athleticism later on. Coaches have observed children are not as coordinated or strong.

CONCLUSION:

Teachers, coaches and medical professionals are saying we are in a Family Mental Health crisis. Turn off devices and bond with your children. 📵



Larissa Mills, B.A., M.Ed. is the founder of parentgen.com. She is a mother of three, a Parent Coach and a 4KIDS Sports & Educational Consultant.



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Each month we introduce you to a business that offers families in London and the surrounding area, services or products you won't want to miss.

Ashley Aarts is the Director and Owner of Dance London. Since she began dancing at age three, her lifelong dream has been to teach. When she first joined the Dance London family 10 years ago as a faculty member, she wholeheartedly fell in love with the supportive environment and passion her colleagues had for dance.

At Dance London, each dancer is equally valued - no matter how many classes they are taking or how long they've been with them. There is an atmosphere of an extended family among students, parents, and staff. Most importantly, Dance London does not participate in competitions. While they foster and teach dancers of all talents and passions, they respectfully do not compete with their dancers. After a 25+ year dance career in the competitive world, Ashley found this approach to teaching refreshingly different.

Dance, although sport-like in discipline, is first and foremost an art form. By removing the competition from dance, Dance London's dancers are able to embrace the art of dance for all that it is - a graceful passion. All of their dancers have an in-depth understanding of technique and are taught to embrace a love for performing, without the stress of competition.

In 2015, Ruth Anne Rogerson retired and Ashley Aarts had the honour of taking over ownership of Dance London. At that time, she promised to carry on Ruth Anne's legacy - continue to build a dance studio that is fun, welcoming, and inspiring for all students.

Her objective as a dance educator is to build strong technical dancers that have stylized movement and great performance qualities. From the dancers that take one class a week to the performance company dancers who are in six or more classes, each child is so very special. The faculty encourages dancers to be authentic and build self-esteem through performing, in order to maximize their potential, both inside and outside of the studio.

If you're looking to increase your child's self-esteem, improve their social skills, and help them develop great habits for life, enrolling them in a class at Dance London can be the start of a love for performance, arts, and a great way to socialize with other peers in a positive, encouraging environment.

For more information on how Dance London can enrich your child's life, visit www.dancelondonstudio.com.

Dance your way through life and you'll be happy

Ashley Aarts
Owner, Dance London



MANAGING DIABETES

November 14TH is **World Diabetes Day**, so we decided to focus this month's article on the role of a certified orthotist in the management of diabetes!

Diabetes is one of the most common chronic diseases in our society. In North America, there are over 500,000 new cases of diabetes diagnosed each year and about half of these individuals will have Diabetic Neuropathy (nerve damage). Nerves in the legs and feet become damaged and sensation becomes impaired. Living without pain sounds pretty good, but it comes at a high cost. Pain is the body's way of telling you something's wrong so you can take care of yourself. If you don't feel pain in your feet, you may not notice a cut, blister or sore. Individuals with diabetes have compromised vascular systems, leading to poor blood flow and reduced healing capabilities.

Non-healing foot ulcers are responsible for 85% of all lower limb amputations. Of these individuals, the Canadian Diabetes Association

estimates half could have been prevented with daily foot inspections. A key focus of diabetic foot management is prevention and early treatment of the initial ulceration.

The prevention and management of a neuropathic foot should include patient education, wound care and off-loading pressures. Orthotists are biomechanical specialists that provide orthoses to off-load certain areas of the foot. These devices can also be designed to redistribute pressure away from areas of ulceration or areas at risk of ulceration.

FOOT CARE PRACTICES:

- Check your feet daily for sores, cuts, blisters and irregularities
- Have your doctor check your feet regularly
- Clean cuts or scratches with mild soap and water, cover with dry dressing
- Always wear clean socks
- Wear custom foot orthotics that are designed to evenly distribute pressures and offload sensitive areas

- Wear supportive and comfortable closed-toe shoes that fit well
- Do not cut your own corns or calluses
- Do not treat your own in-grown toenails or slivers. See your foot care specialist.

ULCER PREVENTION:

Accommodative Foot Orthotics (FO): This style of FO is custom to the individual's foot and created to redistribute the pressures on the foot, reduce friction and shear forces. Common areas that experience excessive pressures are the big toe and metatarsal heads. Once prescribed by your physician, the orthotist will work with you to design and choose the appropriate materials specific to your needs, comfort level and functional goals.

THERAPEUTIC FOOTWEAR:

The wide design, extra depth and generous toe box accommodate swollen, sensitive feet. When paired with accommodative FOs, they create a pressure free environment ideal for preventing ulcerations. 

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NO PAIN, NO GAIN...NO MORE!

Let's face it, when you hear about braces or Orthodontic treatment in general, thoughts of discomfort come to mind. In fact, common questions we still get from patients are "are you going to tighten my braces today?" and "is this going to hurt?" I am not going to deny that on occasion during orthodontic treatment there may be some soreness but with the technological advances made over the past few decades, the discomfort is nothing like it was in the past.

Contrary to popular belief, teeth move best if the forces on them are light and continuous as opposed to heavy and intermittent. In the past, it was difficult to control the force when moving teeth because the technology at the time was limited. The braces were big and bulky and the wires that moved the teeth were only made of stainless steel. This meant that the forces were heavy and intermittent. So what has changed that allows orthodontists to make sure that the forces are light and continuous?

The most significant change that has occurred has been in the wires that are now available.

The wires are "high tech". They are a combination of metals including nickel, titanium and copper which makes them flexible and imparts low forces on teeth. To go one step further, there are "smart" wires available now that impart the ideal force on each particular tooth in the arch from the incisors at the front to the molars at the back. That is, different forces throughout the same wire to move the teeth safely and efficiently with less discomfort.

The other technological advance that has improved the way teeth move is the advent of self-ligating braces. These braces have a little door or clip that secures the wire in place instead of an elastic that wraps around the corners of the braces. The significance of this is that there is less friction at each brace. The less friction there is, the more freely the tooth moves. Less friction also reduces the force needed to move the teeth which means there is less discomfort.

The other benefit of these two advances is that the number of adjustments during the course of orthodontic treatment are fewer

than in the past. Instead of adjustments monthly, we can see patients on average every six to 10 weeks. Let's face it, the fewer appointments you need to make for yourself or your child, the better. I forgot to mention that the overall treatment times are generally less as well. Fewer appointments and faster treatment - it's a win-win!

I guess you can say that when it comes to moving teeth, slow and steady wins the race! 



Stay safe!

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6 WAYS TO ENRICH YOUR DOG'S LIFE

My senior mutt, Roxy, has always been leash-reactive. We grew up together on a farm, so neither one of us ever really learned how to properly walk on city streets. Recently, I decided that enough was enough; I would try to teach an old dog a new trick.

We set out with some boiled chicken breast. Upon seeing another dog, I would tap on her twice to redirect her attention to me. I'd make a fist as a visual cue and say "sit", despite knowing her old ears can barely hear me anymore.

It was a bit of a struggle at first, but in only a few sessions, we started making progress. It made me realize how much of a disservice I had been doing to my best friend by not keeping up with her needs for mental stimulation.

Dr. I. Wonder is here to answer your questions regarding your furry family members. If you have a question, email it to us at danielle@NeighbourhoodPetClinic.com. Our team at Neighbourhood Pet Clinic will tap into their collective experience to answer your various questions.

Together, Roxy and I created this list of ways to enrich a dog's life!

1 KEEP TRAINING

Not only does Roxy love the challenge, but I now cherish the bonding time we spend together during our sessions.

2 ENGAGE THE SENSES

Most dogs love to sniff and explore. By slowing the pace of our walks, we can give them time to engage in their favourite hobby.

3 LIFESTAGE-SPECIFIC FOOD

A proper diet can make all the difference. Growing puppies have different needs than adult dogs, and some senior diets can even help to improve cognitive function!

4 QUALITY TIME

Roxy and I spend a lot of time in the same house, but not together. We both benefit when we take time to connect with extra snuggles, a massage, or even just lying on the floor together.

5 TREAT PUZZLES

A hollow toy stuffed with low calorie snacks makes the perfect food puzzle, but egg cartons and paper towel tubes make fun DIY challenges too!

6 PAY ATTENTION TO THE LITTLE THINGS

Dogs age much faster than humans. By monitoring their eating, drinking, urine, bowel movements, and even their breath, we can help to identify small changes before they become big problems.

Like any pet parent, I want Roxy to live the best life possible, and addressing her leash reactivity made me realize how much we could both improve. It's taking work, but we're getting there. It turns out we both just needed a little bit of training! 



5 TIPS for MEAL PLANNING during a PANDEMIC

Meal planning has never been more essential than it has been over the last nine months. It has saved us here in our household! As much as it's essential, it may not be top of mind, leaving you scrambling at the last minute to get a warm meal on the table at the end of a busy day juggling work and family life. Planning your meals helps to ensure you have enough food on hand to feed the family AND assures you that you can use up the food you do have on hand, saving you money and preventing waste.

Never done it before? That's OK! Here are some of my top tips to get you started:

1 COOK ONCE/EAT TWICE

This doesn't mean you have to eat the same meal twice though! With some thought and a little planning, you can get creative. For example, you can double the rice for your stir-fry one night and with the extra rice, prepare a pilaf the next day. Just add a can of beans and whatever veg you have in the fridge or freezer and voila! Dinner number two is served.

2 BATCH COOK

Make meals in bigger batches and freeze meal size leftovers for easy weeknight meals or lunches. I like to batch cook chili, soups, stir-fries, and spaghetti sauce.

3 USE TIME-SAVING KITCHEN TOOLS

Make cooking at home easier (and quicker) by using these tools:

- Mini chopper for dicing foods like garlic and onion
- Hand blender for soups and sauces
- Slow cooker to do the cooking while you get stuff done
- Pressure cooker to make meals in a hurry and with little effort

4 STOCK YOUR FRIDGE AND PANTRY WITH HEALTHY OPTIONS

Stock your pantry with canned beans to add to soups, salads or main dishes. I like to add chickpeas to salads and lentils to rice. Another staple in my cupboard is canned tuna for quick tuna salad sandwiches or to add to a salad.

My freezer is stocked with bread, frozen fruit and veggies and frozen homemade meals galore (plus a few Costco pre-made essentials like pizza and lasagna).

5 GATHER RECIPES

Place a folder in your kitchen or on your computer in an accessible spot. As you come across recipes you'd like to try, add them to your folder. Canada's food guide has some great quick and easy recipes to help you make healthy and convenient weeknight meals.

Stay healthy folks! Happy meal planning 🍴



Jenn Giurgevich is the founder of Spark Nutrition & Health, a virtual nutrition consulting business. Visit www.sparknutritionandhealth.ca for more information



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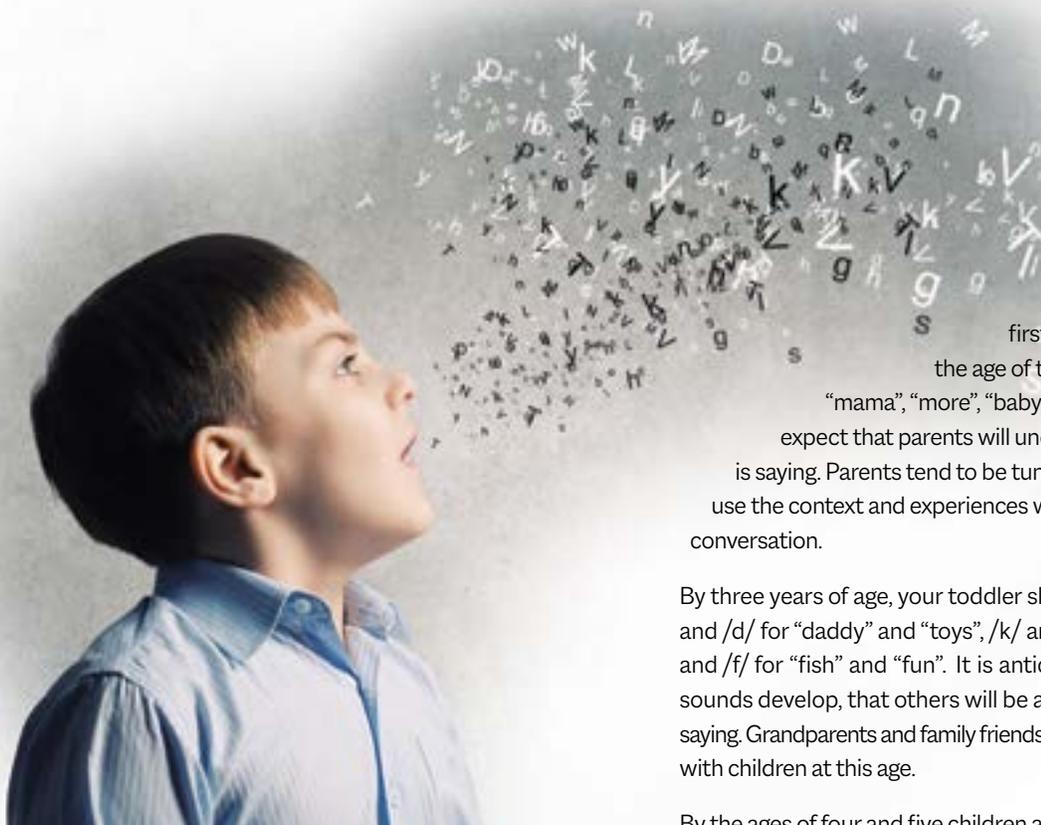
"Sometimes the smallest things take up the most room in your heart."



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A PARENT'S GUIDE to SPEECH SOUND DEVELOPMENT



When babies babble, they are practicing how to make different sounds that will eventually become words. You will hear sounds that are made by the lips, such as /b/, /p/, /m/ and /w/. These are the first sounds that typically develop by the age of two years, and lead to words such as “mama”, “more”, “baby”, “ball” and “bubbles”. At this age, we expect that parents will understand most of what their toddler is saying. Parents tend to be tuned into their child’s sounds and can use the context and experiences with the child to interpret the child’s conversation.

By three years of age, your toddler should be adding sounds such as /t/ and /d/ for “daddy” and “toys”, /k/ and /g/ for “cookies”, “keys” and “go”, and /f/ for “fish” and “fun”. It is anticipated that as the child’s speech sounds develop, that others will be able to understand what the child is saying. Grandparents and family friends should be able to enjoy conversations with children at this age.

By the ages of four and five children are heading to school, and should have mastery over the sounds that will allow their connected speech to be understood by their peers and teachers. By the age of five, it is expected that children will be using sounds such as /s/, /sh/, /ch/, /j/ and /l/.

The last sounds that typically develop are /r/ and /th/ and any blends with two sounds that combine such as /fl/, /st/, /tr/. It is expected that children should be able to produce all of the speech sounds in the English language by the age of 7 years.

When children have difficulty making speech sounds, it can be related to hearing difficulties due to ear infections, motor speech difficulties such as tongue movement and sequencing of those movements in connected speech. Speech sound delays can impact a child’s confidence and willingness to talk with others and participate in class discussions. Additionally, a delay in speech sound development can impact the development of early literacy skills, as children will have difficulty associating the appropriate letter and sound connections for reading and spelling. Early assessment and intervention with a speech-language pathologist can reduce speech sound difficulties and will foster the development of positive academic and social skills.

Should you have any questions about your child’s speech, language and literacy development, please give us a call to discuss your concerns. We are offering in-person and virtual speech-language pathology services at this time. 📞

Elizabeth Skirving, M.S., M.Ed., Reg. CASLPO LSc.,
Speech-Language Pathologist | Fern Speech and Language Services

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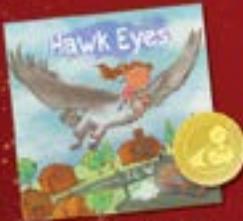
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BUYING *in a* SELLER'S MARKET

HOW TO WIN AS A BUYER

Housing prices have been skyrocketing to unaffordable amounts this year. So how is it possible for homebuyers (especially first time homebuyers) to win in such a competitive market?

The first thing you must do is get pre-approved by a lender. That means providing proof of income, tax documentation and employment letters, as well as doing a thorough review of your credit. If there are mistakes or issues with any creditors, correct them right away. You need to fully understand how much money you have for a down payment, and how much your mortgage payments and closing costs will be. Fortunately, interest rates are at an all-time low.

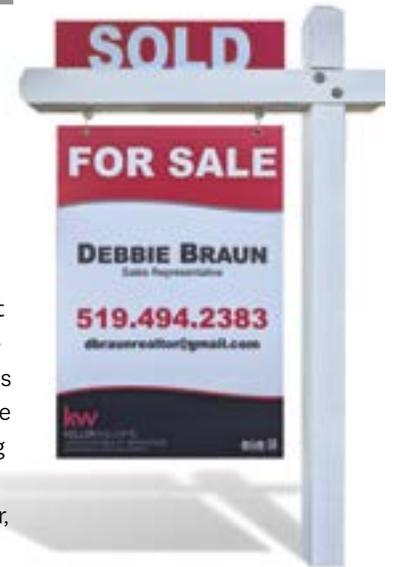
Next interview a local realtor (or several) who understands the market in your area and can explain exactly what they plan to do to help you. I go through my new buyers' needs and wants, discuss their financial position and help them fully understand what is happening in the market where they plan to buy. I also calculate how much their closing costs will be based on the purchase price. Find an agent who you trust and feel comfortable working with.

Closing costs include lawyer's fees and disbursements (title search, registrations, title insurance, etc.), Land Transfer Tax (first time buyers only pay tax on the purchase price over \$400,000), pre-inspections and

moving costs. This could potentially add up to thousands so make sure you factor them in when doing your calculations.

Some of the ways you can stand out from the competition when submitting an offer are having no conditions (do a pre-inspection), offering a large deposit, being flexible on the closing date and the no-fail, offering the highest amount. Be careful, however, when offering over asking price as your lender may send an appraiser to value the property. If the value is lower than what you have paid, you will have to make up the difference. These are all things you should discuss with your lender and realtor prior to making an offer.

Above all, stay positive, be realistic and listen to your chosen experts and you'll be a homeowner before you know it. 



*Debbie Braun,
Realtor at Keller Williams*





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