


If a child in your care is ill or injured, choose well from the following services available:

<p>Grazed knee Sore throat Coughs and colds</p>	<p>Self Care</p>	<p>You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk.</p>
<p>As a parent if you are: Unsure Confused Need help</p>	<p> NHS 111 For 24 hour health advice and information.</p>	<p>Ring NHS 111 when it is less urgent than 999 Tel: 111 www.nhs.uk/111</p>
<p>Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever</p>	<p>Pharmacist For advice on common illnesses, injuries and medication.</p>	<p>To find your local pharmacy and its contact details visit: www.nhs.uk/chemist OR text 'pharmacy' to 64746 for your nearest 3 pharmacist details.</p>
<p>High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hrs)</p>	<p>Doctor/GP For the treatment of illnesses and injuries that will not go away.</p>	<p>Write your GP (family doctor) telephone number here:</p>
<p>Minor bumps, cuts and possible fractures (during 9-5) Dehydrated Headache Tummy pain</p>	<p>Minor Injuries Unit For treatment of minor illnesses and injuries without an appointment.</p>	<p>Minor Injuries Unit or Walk-in Centre</p>
<p>Unexpected and sudden sickness Severe pain Worsening health conditions (outside GP hrs)</p>	<p>Urgent Care When you need healthcare in a hurry 24 hours a day.</p>	<p>A&E</p>
<p>Choking Loss of consciousness Fitting Broken bones</p>	<p>A&E or 999 For very severe or life threatening conditions when it is safe to move your child.</p>	<p>A&E</p>

NHS 111 is free to call from any landline or contract mobile phone. Pay-as-you-go mobile phones require 1 pence credit to make a call.

A Parent's Guide



Children aged 0-4

Common childhood illnesses & well-being



NHS West Cheshire Clinical Commissioning Group
NHS Vale Royal Clinical Commissioning Group

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Welcome

The first years of a child's life are crucial to their healthy development and will have a big influence on their well-being. Parents, carers and other family members are often children's prime carers and educators.

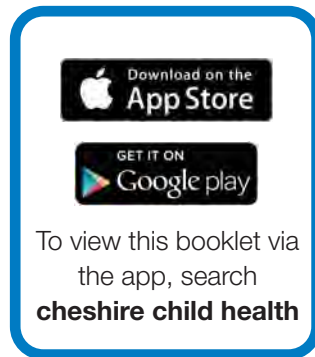
During the early years we can start to lay the foundations for positive long-term development. The time before school starts is also the perfect time for families to adopt a positive attitude to their health and well-being. If parents are confident they are doing all they can to make sure their children are safe, well-nourished, play and learn actively and create opportunities which build social and emotional confidence, they can rest assured that they are doing all they can to lay the path for a happy and positive future.

As well as general well-being, this handbook will help you to understand when is the right time to call **NHS 111**, visit your GP, chat to your health visitor or take a visit to your local pharmacy.

Every parent wants to know what to do if their child is unwell and how to recognise the signs. Trust your instincts, you know your child best, so if you are worried get further advice.

Visit www.cheshirewestandchester.gov.uk/fis or www.valeroyalccg.nhs.uk or www.southcheshireccg.nhs.uk or www.westcheshireccg.nhs.uk to view this booklet online.

All factual content has been sourced from Department of Health, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE guidelines.



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A guide to services

There are a wide range of healthcare and children and family services. See which service or professional is best to help you.

Self care

Many illnesses can be treated in your home by using over the counter medicine from your pharmacist and getting plenty of rest. Self care is the best choice to treat very minor illnesses and injuries. If you are still worried call **NHS 111** or your GP.



111

If you think you need help urgently during the day or night you should call **NHS 111** before you go to any other health service.

By calling **NHS 111** you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call **NHS 111**:

- When you need help fast but it's not life threatening.
- When you think you need to **go to A&E** or another NHS urgent care service.
- When it's outside of your GP's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local GP to call.



Pharmacist

Your local pharmacist can provide advice on most common health issues and can suggest and dispense medicines. There are often pharmacists in supermarkets and many are open late.

Visit www.nhs.uk to find the pharmacy nearest to you.



GP (Doctor)

You will need to register with a local GP. Your GP can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. All GPs will see a child quickly if you are worried. After 6.30pm weekdays, at weekends and public holidays you can call the GP out-of-hours service on **NHS 111**.



Dentist

Make sure you see a dentist on a regular basis. Discuss registering your child early on with your dentist and take them with you to appointments. To find your nearest dentist visit www.nhs.uk For out-of-hours dentist information call **NHS 111**.



Health visitor

Health visitors are there to support you when you need them. They will visit you at home or see you in a clinic. They offer support and advice and can tell you where to get extra help if you need it. They are part of a team who are there to support you during the early years. Your midwife may be the healthcare professional who knows you and your baby best in the early days. They can help with any feeding problems.



Children's centres

Children's centres are family friendly environments which provide support and advice for your child's health and development up until they start school. Activities include stay and play sessions, infant feeding support groups and parenting sessions. For local centre information, see www.cheshirewestandchester.gov.uk and search for children's centres.



Local Offer

A directory of local information for Cheshire West and Chester residents. www.westcheshirelocaloffer.co.uk

A&E & 999

For immediate, life-threatening emergencies. A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness.

These may be choking or breathing difficulties, unconscious or unaware of surroundings, taken poison or tablets, severe abdominal pain, fewer wet nappies suggesting dehydration.

Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong. However, it is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are prepared, you will find it easier to cope.

Keep a small supply of useful medicines in a **locked cabinet** or **somewhere up high** where a child cannot reach them. See box on the right, for things to have at home just in case. **Make sure you've got the right strength of medicine for the age of your child**, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

Find out about CPR (resuscitation) before a possible emergency, visit

www.redcrossfirstaidtraining.co.uk

If your baby seems to have a serious illness get medical help straight away.

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed (as a general rule a temperature of over 37.5°C 99.5°F), as these can help to reduce fever and distress. Treat them with either paracetamol **OR** ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should **NOT** be given together at the same time. However, if your child remains distressed before the next dose is due, then you may want to try a dose of the other medicine. Aspirin should not be given to children under 16 years of age.



Pharmacist says

Keep a small supply of useful items. Include things like:



Thermometer



Plasters



Liquid painkillers
(e.g. **sugar-free** paracetamol or ibuprofen)



Barrier cream

Children's medicines



Not always needed for childhood illnesses

Most illnesses get better by themselves and make your child stronger and able to resist similar illnesses in the future.

Paracetamol and ibuprofen are often used to relieve the discomfort caused by a high temperature. Some children, for example those with asthma, may not be able to take ibuprofen, so check with your pharmacist, GP or health visitor.

Don't give aspirin to children under 16, and if you're breastfeeding, ask your health visitor, midwife or GP for advice before taking aspirin yourself.

Children don't often need antibiotics. Most childhood infections are caused by viruses. Antibiotics are medicines which kill bacteria. They work only against bacteria, not the viruses that cause the majority of sore throats, colds, sinus infections and bronchitis. For bacterial infections however, antibiotics work quickly and symptoms usually improve within 24-48 hours. Often children can feel completely better shortly after beginning the antibiotic course. To beat the bacterial infection, it is important that your child finishes the entire course as prescribed, even if your child seems better.

1

My child has a bad cold and I want to get some antibiotics from my GP.

2

Do not expect your GP to automatically give you antibiotics (or any other medicine).

3

Antibiotics aren't always the answer when your child is unwell.

Antibiotics for children

If you're offered a prescription for an antibiotic, talk to your GP about why it is needed and how it will help. Ask about any possible side effects for example, whether it could make your child sleepy or irritable and other side effects like sickness and diarrhoea.

Repeated use and misuse of antibiotics are some of the main causes of the increase in resistant bacteria. Antibiotics are now no longer routinely used to treat chest infections, ear infections in children and sore throats.

If your child is prescribed antibiotics always finish the whole course to make sure all the bacteria are killed off. Your child may seem better after two or three days, but if the course is five days, they must carry on taking the medicine. The illness is more likely to return if your child does not finish all the antibiotics.



1 Hold your baby's whole body close with their nose level with your nipple to help them attach correctly.



2 Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3 When your baby's mouth opens wide, **their chin is able to touch your breast first**, with their head tilted, so that their lower lip can make contact with the breast 2-3cm below the nipple.



4 With their chin firmly touching and their nose clear, their mouth is wide open and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip. Your baby's cheeks will look full and rounded as they feed.

There are lots of different positions for breastfeeding. You just need to check the following:

- **Are your baby's head and body in a straight line?** If not, your baby might not be able to swallow easily.
- **Are you holding your baby close to you?** Support their neck, shoulders and back. They should be able to tilt their head back easily.

Source: DoH, www.lullabytrust.org.uk

Feeding your baby

The best start in life

At birth, giving your baby a long cuddle: Skin to skin contact for up to one hour, calms both mum and baby, it regulates baby's heart rate and temperature, and stimulates mothering hormones which helps to form a close bond and increase breast milk supply. Baby's immediate needs are to feel safe and secure, and to be able to feed whenever hungry. Holding your baby close to feed, and responding to all of baby's needs encourages healthy brain connections. Most of this development will occur within the first two years. Responsive parenting will enable your baby to reach its full potential, to help them form good relationships and communicate well, giving them the best start in life.

Sterilising and bottle hygiene

- All the equipment you use for bottle feeding your baby needs to be washed in hot soapy water, rinsed and sterilised.
- The cleaning and sterilising instructions are the same, whether you are using expressed breast milk or infant formula milk.
- You need to keep sterilising your feeding equipment until your baby is at least six months old.
- Infections (like gastroenteritis) are rare, but if they do occur, can be very serious.

1

Have you been shown how to hand express? This is a really useful skill, and it's free.

2

For one-to-one assistance or further breastfeeding support speak to your midwife, health visitor or children's centre.

3

Go to your local Breastfeeding Support Group. Other mums and Peer Supporters will be there to give you lots of tips. [See page 55 for contact details.](#)

Feeding tips

How to tell your baby is having lots of milk:

- Lots of wet heavy nappies - around six in 24 hours.
- Dirty nappies, two to three soft stools daily until four to six weeks, after which two to three per week.
- Baby is content and settled during and after each feed.
- During a feed, you can hear baby swallowing.
- Weight gain - checked by your health visitor at the local baby clinic.

Remember, your milk fulfils all of your baby's needs for around six months. It also reduces the incidence of sudden infant death syndrome (SIDS). Ordinary supermarket cow's milk should not be offered until your baby reaches one year, although it is suitable to use from six months in breakfast cereals.



Health visitor says

You will know your baby best of all. Try to understand what it is they need. Finding out why your baby is crying is often a matter of going through all the possible options.

Things to check first are:

- ✓ Does their nappy need changing?
- ✓ Could they be hungry?
- ✓ Could they be too hot?
- ✓ Could they be too cold?
- ✓ Does their cry sound different?

These are simple things which could be causing your baby to cry.



Crying & colic

Understanding why

All babies cry, especially in the first few weeks after birth. Crying is their way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle. Always burp your baby after a feed as this will help.

Early signs that your baby may be hungry are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed.

If you feel you can't cope with your baby's crying, it can help to talk to other parents. There are support groups such as www.cry-sis.org.uk

Colic

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives and improves on its own. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping. Infacol can help relieve pain from colic which may be caused by swallowing air (trapped gas).

1

My baby is crying more than usual.

2

When a baby cries, it can be upsetting.

3

It is very important to stay calm and don't be afraid to ask for help. **Do not shake your baby.**



GP says

If your baby's crying seems different in any way (such as a very high-pitched cry or a whimper), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. Trust your instincts - you know your baby best.

Dentist's tooth care tips:

1. Clean teeth twice a day, for two minutes, especially at night.
2. Reduce sugars to meal times only.
3. Visit the dentist every six months.
4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.
5. Offer your child water or milk to drink rather than juice or squash. For help accessing an NHS dentist call **NHS 111** or visit www.nhs.uk



Health visitor says

It can help to give your baby something hard to chew on, such as a teething ring. Teething rings give your baby something to safely chew on, which may help to ease their discomfort or pain. Some teething rings can be cooled first in the fridge.

All sorts of things are put down to teething - rashes, crying, bad temper, runny noses, extra dirty nappies. Be careful not to explain away what might be the signs of illness by assuming it's 'just teething'.

Teething trouble

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as 'teething'. Some babies show few signs while others find it more uncomfortable. Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor.

Think about your child's tooth care routine. Brush their teeth with a soft baby toothbrush and a smear of family toothpaste. See your dentist regularly and discuss your child's oral health with them. Take your baby with you so they get used to the surgery early on. Your child will need help with brushing until the age of seven.

1

My baby has red cheeks and seems a bit frustrated and grumpy.

2

Have you asked your health visitor about teething? Have you discussed options with your pharmacist?

3

Try some of the gels or **sugar-free** baby paracetamol available. If you are worried and things do not feel right contact your health visitor or GP.



Pharmacist says

If your baby is uncomfortable, you can buy some medicine from your local pharmacy. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. The medicine should also be **sugar-free**. Make sure you read all instructions and that the product is suitable for the age of your child.

You can try **sugar-free** teething gel rubbed on the gum.

Ask your health visitor about free oral health packs given at regular health checks.



Health visitor's nappy rash tips



Leave your baby in a warm, safe place with no clothes or a nappy on, to let the air get to their skin.



Use a barrier cream. (see Pharmacist says box opposite).



Remember to change and check their nappy often.

Health visitor's cradle cap tips

This is the name given to the large greasy yellow or brown scales that appear on your baby's scalp. Sometimes they may flake and the skin may be red. It should not cause your baby any discomfort and should settle over time. It is important not to pick at the scales as this may cause infection.



Massaging baby oil or natural oil - such as almond or olive oil - into their scalp at night can help loosen the crust.



Gently wash the scalp and use a soft baby brush or cloth and gently remove any loose scales.

If this does not settle, the redness spreads or your baby is itchy then seek medical advice.



Rashes & dry skin

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (see page 24).

Nappy rash

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. A nappy rash causes your baby's skin to become sore.

Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the pharmacist. With a mild nappy rash, your baby won't normally feel too much discomfort.

Dry skin

A baby's skin is thinner and needs extra care. Dry, flaky skin, some blemishes, blotches and slight rashes are normal in newborns and will naturally clear up. If your baby is otherwise well but has a rash and you are worried about it contact your health visitor.

1

There is a red, sore rash around the nappy area. Baby is uncomfortable and cries a lot.

2

Has baby been in a dirty nappy for a long time? Have you followed advice from your health visitor, or spoken to your pharmacist?

3

Change nappy often. Speak to your health visitor and if you are worried see your GP.



Pharmacist says

Call in and talk to us about creams we can provide you with over the counter.

There are two types of nappy cream available. One is a barrier cream to keep wetness away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional.



Health visitor says

Some babies have watering eyes. Massaging the tear ducts may help to dislodge tears that have collected in the upper part of your baby's tear duct, as well as encouraging the tear duct to develop. This can be done by applying light pressure with your clean, index finger and massaging from the outer corner of your baby's eye towards their nose. Repeat several times a day for a couple of months. If this persists past one year, your baby may be referred to an eye clinic for treatment.

Source: NHS choices



Sticky eyes & conjunctivitis

Two different issues

'Sticky eyes' are common in newborn babies and young children while their tear ducts are developing. You may see some sticky stuff in the corner of the eyes or their eyelashes may be stuck together.

It normally clears up on its own, but you may have to clean your baby's eyes regularly with damp cotton wool. Use clean, cooled boiled water.



Wipe each eye from the corner by the nose outwards. Use a clean piece of cotton wool for each wipe. Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection.

1

Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?

2

Sticky eyes is a common condition that affects most babies, speak to your health visitor.

3

Use cooled boiled water on a clean piece of cotton wool for each wipe.



Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the white of the eyes become red and there is more yellow or green sticky goo which comes back regularly. If you notice this and it continues for more than 24 hours, contact your health visitor or GP. This can be passed on easily, so wash your hands and use a separate towel for your baby.

A safe sleeping environment

- 1 Place your baby in the 'feet to foot' position i.e. baby's **feet** at the **foot** of the cot.
- 2 Newborn babies sleep in a cot in parent's bedroom or room where you are during the day.
- 3 Make sure baby is not too hot nor too cold.
- 4 Put baby to sleep on their back to reduce the risk of cot death.
- 5 Keep baby's head uncovered.
- 6 Do not smoke and keep the house smokefree.
- 7 No pillow, stuffed animals, toys or bumper pad.
- 8 No heavy or loose blankets.
- 9 If a blanket is used, it must be tucked in and only as high as the baby's chest.
- 10 Crib sheets must fit tightly over mattress.
- 11 Use a clean, firm, well-fitting mattress. Mattresses should carry the BSI number BS-1877-10:1997.
- 12 These apply to day time and night time sleeps.



Call 0300 123 1044 or visit
www.nhs.uk/smokefree

Source: www.lullabytrust.org.uk

Sleeping

Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts.

Try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place to relax in. Try to avoid always rocking your baby or 'feeding them' to sleep as this can become a habit. Adult beds are not designed for babies and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to their cot after the feed.

As they become toddlers, bedwetting may be stressful for both of you and can wake your child. Try not to lose your patience or punish them, your child is not doing this on purpose. Children learn at their own pace and praise and support will help.

You can help your baby to sleep safe and sound by keeping the temperature in their room between 16-20°C. A basic room thermometer will help you to keep an eye on the temperature.

1

I am so tired when my baby wakes up at night it seems easier to share the bed.

2

The safest place for your baby to sleep is in a cot by your bedside for at least the first six months. Try to establish a regular sleep routine.

3

Speak to your health visitor about how to keep your baby safe and get some sleep.

Bed-sharing with your baby is never completely safe. It is particularly dangerous for your baby to sleep in your bed if you (or your partner):

- Are a smoker (even if you never smoke in bed or at home).
- Have been drinking alcohol or taken any drugs.
- Have taken any medication that makes you drowsy.
- If your baby was premature (born before 37 weeks).
- If your baby was low birth weight (less than 2.5kg).
- If you or your partner are overweight.

It is very dangerous to fall asleep together on a sofa, armchair or settee and it is also risky to allow a baby to sleep alone in an adult bed.



A variety of factors may cause language and speech delays, including:

- Lack of communication from parents or carer.
- Lack of emotional bonding.
- A learning disability.
- Hearing loss, which may occur in children who have severe middle ear infections or occur as a result of certain medications, trauma, or genetic disorders.
- Autistic spectrum disorders (ASD) a group of neurological disorders that may involve impaired communication as well as impaired social interaction and cognitive skills.

It helps to talk to your child and encourage sounds and speech from an early age.

Bonding & communication

Helping children thrive

The bond (attachment, connection) is the unique emotional relationship between you and your baby. If a parent or carer is responsive to a baby's signals or cues and communicates with them from birth onwards, babies develop a secure attachment. Communication is the foundation of relationships and bonding and is essential for learning, play and social interaction.

Language (including body language) is how we get to know and bond with one another and build relationships. In talking and listening, we help our child develop and learn as well as make close connections.

What can I do to help my baby's communication?

By consistently responding to your baby's sounds, gestures and facial expressions, they should be developing the skills which are needed to begin using language by the end of their first year. Be positive and use praise, try not to use too much 'baby babble'. Read stories, rhymes and sing together. Talk to your baby about everyday things. Look at pictures and repeat words. Give them some of your undivided attention with your mobile phone and TV switched off.

If your child seems to be having difficulties chat to your health visitor or nursery nurse in the first instance, they may recommend Parenting Programmes or help you get more support if you need it.

1

I feel my toddler doesn't want to communicate with me, he seems to avoid any contact.

2

Does he seem to want to engage with strangers, need to be alone and resists being hugged?

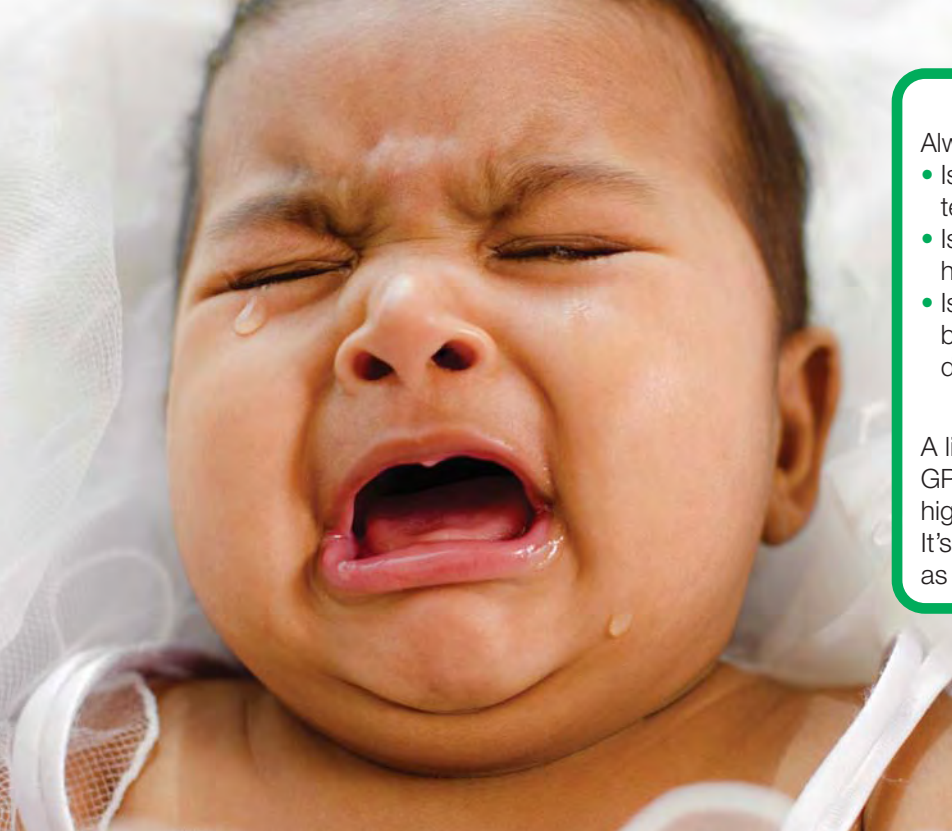
3

Speak to your health visitor, who may refer you to a specialist service.

Look out for signs of emotional attachment delays, including:

- They do not like to be touched or hugged.
- They are indiscriminately affectionate with strangers.
- They resist social interaction.
- They seem to want to be alone.
- Display intense anger (rage).
- They can be destructive or aggressive.

If you suspect a child may have attachment difficulties they will require a specialist assessment. Talk to your health visitor, nursery nurse or GP.



Young babies:

Always contact your GP or **NHS 111** if your child:

- Is under three months of age and has a temperature of **38°C** or above.
- Is between three and six months of age and has a temperature of **39°C** or above.
- Is over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Older children:

A little fever isn't usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature which doesn't come down. It's important to encourage your child to drink as much fluid as possible. Water is best.

To help reduce temperature:

- Undress to nappy/pants.
- Keep room at comfortable temp (18°C).
- Encourage your child to drink more (even little amounts often).
- Give **sugar-free** paracetamol or ibuprofen in the correct recommended dose for your child (see packaging).

1

My toddler is hot and grumpy.

2

Have you tried infant paracetamol? Have you made sure they are drinking lots of fluids?

3

If their temperature remains over 38°C and doesn't come down, contact your GP.

Fever

Part of the body's natural response

A child with a significant fever will have a body temperature above **38°C**. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit, using an electronic thermometer (don't use in the mouth of under 5s) or use an ear thermometer. Remember that measurements from under the arm are less accurate as the armpit is slightly cooler.

A fever is part of the body's natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. It is important in preventing your child from becoming dehydrated, which can cause kidney problems. Your child's urine should be pale yellow - if it is darker, your child needs to drink more fluids.

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood (septicaemia), urinary tract infection, pneumonia or meningitis.

You should also contact your GP if fever symptoms are not improving after 48 hours. Check your child during the night.

Always seek medical advice if your child develops a fever soon after an operation, or soon after travelling abroad.



GP says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a meningitis rash (see page 24).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



The glass test

The glass test is a really useful way of spotting suspected meningitis. If your child has a cluster of red or purple spots, press the side of a clear drinking glass firmly against the rash.

Go straight to the Accident and Emergency Department



In this example the spots are still visible through the glass. This is called a **non-blanching rash** - it does not fade. Contact a doctor immediately (e.g. your own surgery or Walk-in/ Urgent Care Centre). If you cannot get help straight away **go to A&E**.



In this example the spots under the glass have virtually disappeared. It is unlikely to be meningitis but if you are still worried call **NHS 111**, contact your GP or **go to A&E**.

Find out more from www.meningitisnow.org

Meningitis & sepsis

Not common but serious

Babies and toddlers are most vulnerable as they cannot easily fight infection because their immune system is not yet fully developed. They can't tell you how they are feeling and can get a lot worse very quickly. Keep checking them.

Meningitis is a swelling around the brain. It is a very serious, contagious illness, but if it is treated early most children make a full recovery.

Sepsis (often called septicaemia or blood poisoning) is a life threatening condition triggered by an infection. The skin may also develop pinprick bruises or large purple areas, which do not change colour if you roll a glass tumbler over them. This is a common sign of meningococcal septicaemia, a type of blood poisoning caused by the meningococcus bacteria, which can also cause meningitis.

You should always treat any case of suspected meningitis or septicaemia as an emergency.

Early signs may be like having a cold or flu. Children with meningitis can become seriously ill very fast, so make sure you can spot the signs. Your child may have a cluster of red or purple spots. Do the glass test. This rash can be harder to see on darker skin, so check for spots over your baby or child's whole body as it can start anywhere (check lightest areas first). **However, the rash is not always present - be aware of all the signs/symptoms.**

The presence of fever and any other of the above symptoms should be taken extremely seriously. Not all children will show all the signs listed on the right.



GP says

If any of the signs below are present contact a doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning



1

My child keeps coughing and sneezing, has a mild temperature and seems generally unwell.

2

Have they recently started nursery? Catching colds is very common. Have you spoken to your pharmacist about **sugar-free** paracetamol and cough medicines?

3

If symptoms last for more than 10 days or your child is coughing up yellow 'goo' they may have a bacterial infection. Contact your GP.

Don't pass it on:

Catch it Germs spread easily. Always carry tissues and use them to catch coughs or sneezes.

Bin it Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

Kill it Hands can pass on germs to everything you touch. Wash your hands with soap as soon as you can.

Coughs, colds & flu

Not usually serious

You will probably find when your child starts mixing with other children they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system.

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may have aching limbs and feel uncomfortable, and be ill for a week or more.

Most viruses will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your GP or pharmacist for details.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try **sugar-free** paracetamol or ibuprofen (not aspirin) ([see page 6](#)).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure they get plenty of sleep/rest.

Contact your GP if:

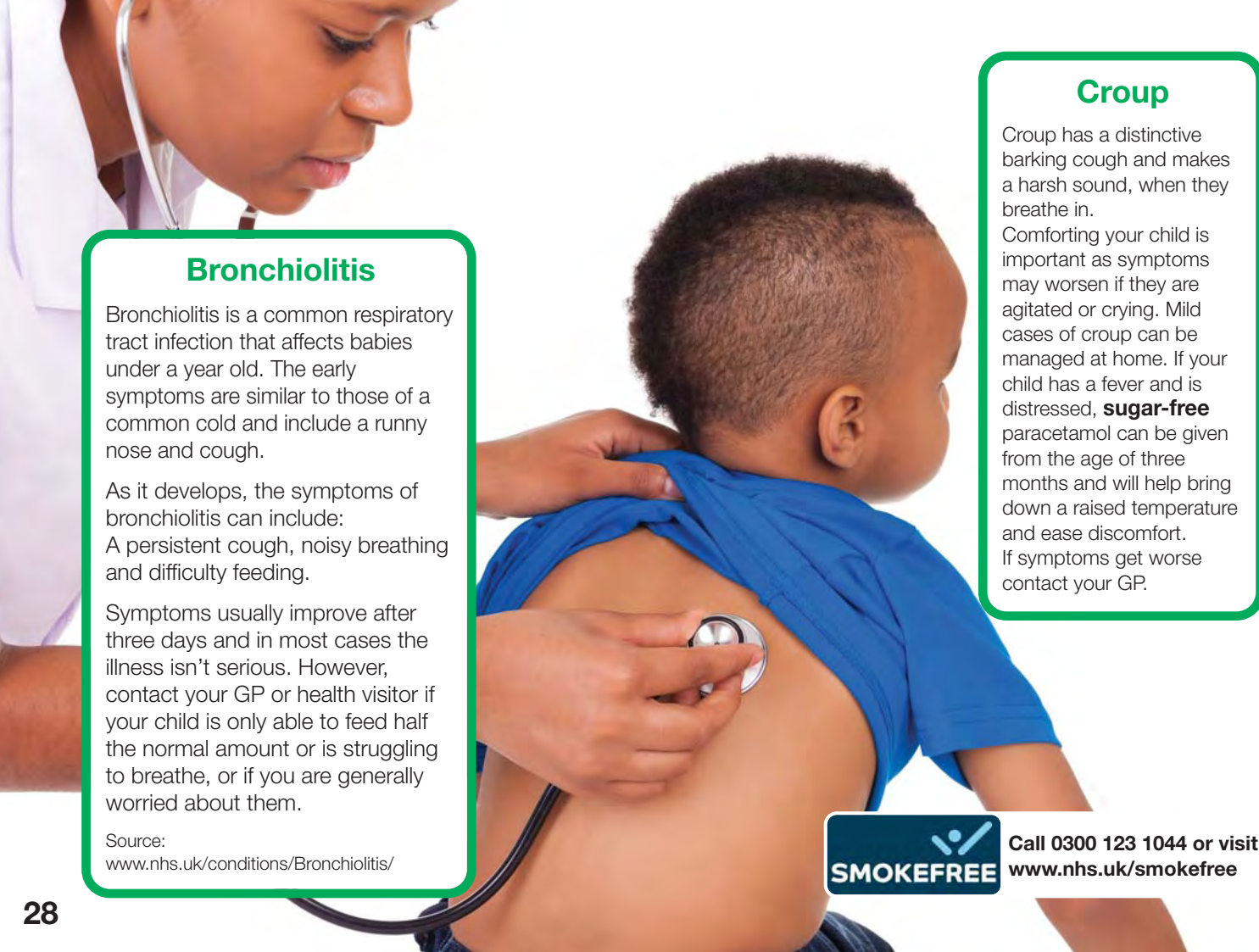
- ✓ Your baby has a persistent temperature of **38°C** or more.
- ✓ They have a fever with a rash.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine ([see page 22, fever](#)).



Pharmacist says

Children can be treated using over the counter medicines to bring down a raised temperature if it is causing distress. **Sugar-free** paracetamol or ibuprofen liquid can help and can be given from the age of about three months. Check the label carefully. If in doubt, check with the pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your GP.

Source: 2013 NICE guidance.



Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies under a year old. The early symptoms are similar to those of a common cold and include a runny nose and cough.

As it develops, the symptoms of bronchiolitis can include:
A persistent cough, noisy breathing and difficulty feeding.

Symptoms usually improve after three days and in most cases the illness isn't serious. However, contact your GP or health visitor if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source:
www.nhs.uk/conditions/Bronchiolitis/

Croup

Croup has a distinctive barking cough and makes a harsh sound, when they breathe in.

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever and is distressed, **sugar-free** paracetamol can be given from the age of three months and will help bring down a raised temperature and ease discomfort. If symptoms get worse contact your GP.



Call 0300 123 1044 or visit
www.nhs.uk/smokefree

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for both parent and child. It is often nothing to worry about and illnesses like bronchiolitis, mild croup and a cough can often be treated at home.

Use your instincts with newborns and babies. It could be:

- Rapid breathing or panting, which is common. There is no other sign of illness, it comes and goes and your baby is breathing comfortably most of the time, there's normally no need to worry.
- Breathing may sound a bit rattly. Try holding your baby upright.
- Occasional coughing or choking which may occur when a baby takes in milk too quickly with feeds. Try to slow things down a bit. Check feeding position.
- A cold or mild cough. Keep an eye on them at this stage and use your instincts. If you are worried talk to your health visitor.

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature.
- Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treating with steroids.
- Child appears pale.
- Wheezing is fairly common in the under 5s associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.



GP's tips

Get help and contact your GP now if your child:

- ✓ Seems to find breathing hard work and they are sucking in their ribs and tummy.
- ✓ They can't complete a full sentence without stopping to take a breath.

Get help and call 999 or take them to A&E now if:

- ✓ Their chest looks like it is 'caving in.'
- ✓ They appear pale or even slightly blue-ish.



Newborn hearing screening

All newborn babies should be offered a hearing test. If your baby's hearing is not screened in hospital, ask your midwife or health visitor to arrange an appointment.

What are the signs of an ear infection?

The signs are a raised temperature, general irritability and pain or discomfort. The ears may be red and your baby may pull them because they are uncomfortable. They may even have a pus-like discharge, which can also be associated with a blocked feeling in the ear or hearing loss. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks).

Earache & tonsillitis

A baby's ears need to be treated with care

Ear infections, which can result in earache are common in babies and toddlers. They often follow a cold and can sometimes cause a temperature. A child may pull at their ear, but babies often cannot tell where their pain is coming from, so they just cry and seem generally uncomfortable.

Babies have some natural protection against infections in the first few weeks - this is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles and painkillers (such as **sugar-free** paracetamol or ibuprofen) from the pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Tonsillitis - Earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your GP if symptoms last longer than four days or become more serious with severe pain, a very high temperature or breathing difficulties.

1

My toddler has earache but seems otherwise well.

2

Have you tried **sugar-free** paracetamol or ibuprofen from your pharmacist? (See page 6 for advice on usage).

3

Most ear infections get better by themselves. Speak to your GP if symptoms show no sign of improvement after 24 hours, your child seems in a lot of pain or you notice fluid coming from the ear.

To reduce ear infections

- A baby's ears need to be treated with care.
- Never use a cotton bud inside your child's ear.
- If they have a temperature wax may ooze out.
- Use different, clean damp cotton wool on each ear to gently clean around the outer area.
- Avoid smoky environments.
- Do not use ear drops or oil unless prescribed by your GP.
- If your child is still not hearing six weeks after infection, your GP/health visitor can refer them to audiology for a hearing test.



Asthma nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack.

GP Asthma Clinics offer advice and treatment. Ask about the seasonal flu vaccine.

Symptoms of severe asthma

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night.

Call 999 to seek immediate medical assistance if your child has severe symptoms of asthma.



Call 0300 123 1044 or visit www.nhs.uk/smokefree

Asthma

Know the symptoms

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma has multiple causes and it is not uncommon for two or more different causes to be present in one child. Asthma is more than wheezing. Coughing, recurrent bronchitis and shortness of breath, especially when exercising, are also ways that asthma appears.

The two most common triggers of asthma in children are colds and allergies. After infancy allergies become particularly important and avoiding the allergens to which your child is allergic may help improve their asthma.

Make sure you know how to use your child's inhaler properly by attending the yearly review with your GP practice. This can help prevent worsening or potential asthma attacks. A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment, please seek immediate medical attention.

Parents should avoid smoking indoors or near to their children.

1

My child seems to wheeze and cough a lot, it seems to get worse at night.

2

Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you talked to your health visitor?

3

If symptoms persist see your GP. If your child has a serious asthma attack **call 999.**

Source: Department of Health, www.nhs.uk



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing.

Parents should regularly attend their local Asthma Clinic and get regular support on better management of their child's asthma at home. This will save unnecessary trips to hospital. All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid are offered the seasonal flu vaccine. In addition, any child over six months who has been admitted to hospital with a lower respiratory tract infection should also be offered the seasonal flu vaccine.

Spotting symptoms

This example shows areas where allergy sufferers may experience symptoms. Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

Eyes

Itchy eyes, watery eyes, prickly eyes, swollen eyes, 'allergic shiners' - dark areas under the eyes due to blocked sinuses.

Antihistamines

Antihistamines are probably the best known type of allergy medication, and most are readily available from a pharmacy without prescription. While antihistamines used to have a reputation for making people drowsy, more modern antihistamines only occasionally have those side effects.

Source: www.allergyuk.org

Nose, throat and ears

Runny nose, blocked nose, itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of sense of smell and taste, sore throat, swollen larynx (voice box), itchy mouth and/or throat, blocked ear and glue ear.

Airways

Wheezy breathing, difficulty in breathing, coughing (especially at night time), shortness of breath.

Skin

Urticaria - Wheals or hives, bumpy, itchy raised areas, rashes.

Eczema - Cracked, dry or weepy, broken skin.

Digestion

Swollen lips/tongue, stomach ache, feeling sick, vomiting, constipation, diarrhoea, bleeding from the bottom, reflux, poor growth.

Source: Allergy UK/2014

Allergies

Managing and understanding your child's allergy

An allergy is when the body has a reaction to a protein such as foods, insect stings, pollens, house dust mite or other substance such as antibiotics. There are many common allergies.

Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood illnesses. Seek medical advice if your child has, or has had, a severe allergic reaction. Even if symptoms have died down, they could flare up again and even become life-threatening.

Urticaria - also known as hives, or nettle rash can be one of the first symptoms of an allergic reaction. It appears as a raised, itchy rash on just one part of the body or spread across large areas. Your child may have had a reaction to:

- Food, such as nuts, eggs, chocolate, citrus fruits, strawberries, shellfish, a reaction to cow's milk can also happen in babies younger than six months.
- Irritants such as nettles, latex and chemicals.
- Toddlers who have developed an allergy to cats may also break out in hives when stroking a pet.
- Some medicines.
- Insect bites and stings.
- Heat. A child can break out in hives if they become overheated.

It may go away in a few hours or days. If hives are particularly itchy or swollen, see your GP.

Source: NICE - Testing for food allergy in children and young people

Anaphylactic shock

Anaphylaxis is a dangerous type of allergic reaction which is most likely to be caused by particular foods, insect bites or medicines.

Early signs of allergic reaction:

- Swelling and itching; the face may be flushed and wheals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting/abdominal pain.

Anaphylaxis or severe reactions:

- Difficulty breathing, coughing and/or wheezing.
- Loss of colour; cold and clammy.
- Loss of consciousness (may appear asleep).

Call 999 and tell the operator you think the child has anaphylaxis.

If available, an adrenaline injection should be given as soon as a serious reaction is suspected. If you already have an EpiPen or injection device, make sure you know the correct way to use it in advance of an emergency.



Painkillers

If your child is in pain or has a high temperature (fever), you can give them paracetamol. Do not give ibuprofen to children with chickenpox because it may increase the risk of skin infection.

Aspirin should not be given to children under the age of 16.

Health visitor says

Do not forget to keep up-to-date with immunisations to protect your child from measles (MMR vaccination). It is never too late for your children (or yourself) to 'catch up' with the MMR vaccination if they missed it earlier.

Midwife says

If you are pregnant and have had chickenpox in the past it is likely that you are immune to chickenpox. However, please contact your GP or midwife for advice.

Chickenpox & measles

Chickenpox

Chickenpox is a mild and common childhood illness. It causes a rash of red, itchy spots that turn into fluid-filled blisters, which then crust over to form scabs, which eventually drop off. Some children have only a few spots, while others can have spots covering their entire body. These are most likely to appear on the face, ears and scalp, under the arms, on the chest, tummy and on the arms and legs.

Chickenpox is caused by a virus. It is infectious from one to two days before the rash starts, until all the blisters have crusted over. To prevent spreading the infection, Public Health England advises to keep children off nursery/school until five days after the onset of the rash.

Your child will probably feel pretty miserable and irritable while they have it. They may have a fever for the first few days and the spots can be incredibly itchy.

Paracetamol can help relieve fever and calamine lotion or cooling gels help ease itching.

Chickenpox usually gets better on its own. However, some children can become more seriously ill and need to see a doctor.

Contact your GP straight away if:

- Blisters become infected.
- Chest pain or difficulty breathing.

Source: www.nhs.uk

Measles

Measles is a very infectious, viral illness which, in rare cases, can be fatal. One in five children with measles experience complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. There is no treatment for measles. Vaccination is the only way of preventing it, so make sure your child has their MMR vaccination. Speak to your health visitor.

Symptoms develop around 10 days after you are infected and can include:

- Cold-like symptoms.
- Red eyes and sensitivity to light.
- A fever.
- Greyish white spots in the mouth and throat.

After a few days, a red-brown spotty rash appears. Starting behind the ears it then spreads around the head and neck before spreading to the rest of the body. If there are no complications symptoms usually disappear within 7-10 days.

Contact your GP if you suspect that you or your child may have measles.

Help to make your child comfortable:

- Close the curtains/dim lights to help reduce light sensitivity.
- Use damp cotton wool to clean eyes.
- Give **sugar-free** paracetamol or ibuprofen.
- Ensure they drink lots.

Diarrhoea & vomiting

Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. If your child is not vomiting frequently, is reasonably comfortable in between and you are able to give them frequent small amounts of water, they are less likely to become dehydrated and probably don't need to see a doctor.

Speak to your GP if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration. →

If you're breastfeeding, keep on doing so even more frequently. Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

Keep them away from others, especially children, who may pick up infection. Be extra careful with everyone's handwashing.

1

My baby has diarrhoea and is being sick.

2

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your pharmacist and ask about a rehydrating solution.

3

Speak to your GP if symptoms show no sign of improvement after 24 hours or straight away if they are newborn.

Signs of dehydration

- ✓ Less wet nappies (i.e. they wee less).
- ✓ More sleepy than usual.
- ✓ Dry mouth.
- ✓ Sunken fontanelle (the soft spot on the top of the head that is more dipped in than usual).

Try a rehydrating solution from your pharmacist.

Health visitor says

If you are breastfeeding continue to do so and keep drinking plenty of fluids.

Source: www.nhs.uk/conditions 2015

Pharmacist says

There are lots of ways you can care for your child at home. Things to try are:

- ✓ Give them regular drinks - try small amounts of cold water. Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or a liquid soap and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with water. It helps with dehydration.

If your child is unwell for more than 24 hours speak to your GP. If your baby is newborn or very unwell contact your GP straight away.

Breastfed babies

Constipation is very rare in babies who are solely breastfed, but not uncommon in babies who have formula milk, or who have solid foods. Ask your health visitor or pharmacist for advice on treatment. Make sure you are making up the formula powder with the correct amount of water. Some formulas are specially targeted at babies who have minor constipation - your health visitor can discuss your options.

If your baby is already on solid foods then the juice or the fruit itself should be fine for providing relief. Fruits, such as apples, pears and prunes, contain sorbitol which is a natural laxative, helping the lower bowel retain water, which in turn helps the poo stay soft and easy to pass. For younger babies, check with your health visitor before you start giving anything other than milk.

Source: www.NCT.org.uk



Constipation

Rare in babies who are solely breastfed

Constipation is a very common problem in children. Many children normally pass stools as far apart as every few days. Regardless, you should treat hard stools that are difficult to pass as constipation.

Breastfed infants will generally have more stools per day but occasionally can pass normal soft stools only once a week. Their stools vary more in frequency when compared to bottle-fed infants. For example, breastfed infants produce anywhere from 5 to 40 bowel movements per week whereas formula-fed infants have 5 to 28 bowel movements per week. Switching the type of milk or formula can also cause constipation.

Many things contribute to constipation but infants and children who get well-balanced meals typically are not constipated.

Ask your health visitor for advice. In rare cases, constipation can be due to an underlying illness, so if the problem doesn't go away in a few days, it's important to talk to your GP.

1

My baby gets constipated.

2

Try cooled, boiled water between feeds.

3

If the problem persists speak to your health visitor or GP.



Health visitor says

To avoid constipation and help stop it coming back make sure your child has a balanced diet including plenty of fibre such as fruit, vegetables, baked beans and wholegrain breakfast cereals. We do not recommend unprocessed bran (an ingredient in some foods), which can cause bloating, flatulence (wind) and reduce the absorption of micronutrients. Drink plenty of fluids.

HEALTHY START

free fruit, vegetables and vitamins

Healthy Start is a government scheme for pregnant women or women with children between the ages of 1-4. Women receive vouchers every week to support a healthy diet if they are receiving income support or other related benefits. The value of the vouchers depends on the number and age of the children. The vouchers can be used to purchase, plain cow's milk, fresh or frozen fruit and vegetables (with no added ingredients), whole or chopped, packaged or loose.

Healthy Start vouchers can be used in participating shops. Women and children getting Healthy Start vouchers also get a free weekly vitamin voucher to exchange for Healthy Start vitamins (these can be obtained from certain children's centres). All women can purchase vitamins at subsidised prices. Ask your health visitor or GP for details or visit www.healthystart.nhs.uk

As well as giving your baby a healthy start, you can help support them in early experiences and discovering the world around them. During the early months, babies explore and learn using their feet as well as their hands to feel textures and form. Leave their socks off when you can.

It's also important to spend one-to-one time, giving them your complete attention, without any distractions like the TV or mobile phone.



A healthy start

It's never too early

What happens to children before they are born and in their early years can affect their health and life opportunities later on. For example, babies that are breastfed have less chance of getting infections or of becoming obese and therefore developing type 2 diabetes and other illnesses as they get older. Those who grow up in a caring and safe environment and have a healthy relationship with their parents are more likely to do better as they go through life.

If we know how to prevent illness, and encourage healthy behaviour from pregnancy onwards, our children stand a great chance of having a healthy life.

Vitamins are essential nutrients that your body needs in small amounts so that it can work properly. Even though you can get lots of vitamins from a healthy balanced diet, you still might not get everything you need at certain times in your life - such as when you're pregnant, a new mum or a small child. Ask your health visitor about the free Healthy Start vitamin vouchers (see box on page 42).

If you don't already live a healthy lifestyle, now is a great time to start.

1

Should I give my baby sweet things to eat and drink, she loves fruit squash?

2

Drinks with added sugar are particularly bad for babies' teeth - it's like giving a baby a lolly to suck on all day. Giving your baby a 'sweet tooth' also means that they are more likely to keep pestering and crying for sugary things.

3

It's much easier to get your baby on the right track now than to try and change what they eat later.



Start4Life

Start4Life supports the Healthy Child Programme for 0-5 year olds

Start4Life has joined up with the NHS Information Service providing health advice for pregnant women and new mums, as well as offering tips and advice by e-mail, free of charge. It is part of the larger Change4Life initiative, which aims to help adults and families to eat well and move more. www.nhs.uk/start4life



Tips which may help

- **Eat well and eat together**, whenever you can.
- **Limit snacking** between meals.
- Give lots of **praise and encouragement** for good eating.
- Stick to a **routine for mealtimes**.
- **Limit the options** at mealtimes offer a meal that includes at least one thing you know they like.
- **Introduce new foods gently** and offer just one new food at a time.
- **Keep an eye on milky and sweetened drinks and sugary snacks** which may fill them up resulting in poor appetite at mealtimes.
- **Consider your toddler's sensitive palate**, they may not like the texture, colour, or taste of some foods.
- **Think about a vitamin supplement** specially designed for toddlers. It may be useful if your toddler is a fussy eater. Ask about the Healthy Start scheme.
- **Get them involved** in preparing and tasting food.

Fussy eaters

Often a normal part of growing up

Many parents experience problems around mealtime with their children. Many children go through phases of refusing to eat, being 'fussy' eaters, or having other eating problems. This is often a normal part of growing up.

It's natural for parents to worry about whether their child is getting enough to eat. As long as your child is active and gaining weight, and it's obvious they're not ill, then they're getting enough to eat.

Try to make sure your child eats some food from the four main food groups (milk and dairy products, starchy foods, fruit and vegetables, protein), even if it's always the same old favourites. Gradually introduce other foods or go back to the foods your child didn't like before and try them again.

After the first year weight gain will slow down. This will affect their appetite. Your toddler may well eat lots at some meals, and barely touch anything during others.

You may feel that your toddler cannot sit still long enough to eat much but they are generally good at regulating their own food intake. Picky eating may also be your toddler's way of showing independence. Many toddlers want to see how far they can push the limits of your authority and try to assert some control. This is one reason why pressurising your toddler to eat will often backfire. Try to keep mealtimes stress free and sociable.

1

My child often refuses to eat anything so I make him sit at the table for an hour.

2

Set a time limit of 20-30 minutes. If the food isn't eaten, take it away.

3

Don't get cross. Refusing food often loses its appeal if you ignore it.



Health visitor says

Your health visitor or GP can weigh and measure your toddler to check that he is growing well, and reassure you. If the problem shows no sign of improving, or if you are worried about your child's weight, growth, or health you should contact your GP or health visitor.



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
8 weeks	DTaP/IPV/Hib and PCV and MenB and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine
12 weeks	DTaP/IPV/Hib and MenC and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and meningococcal C vaccine and rotavirus vaccine
16 weeks	DTaP/IPV/Hib and PCV and MenB diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and meningococcal B vaccine
Between 12 and 13 months old - within a month of the first birthday	Hib/MenC haemophilus influenzae b (Hib) vaccine and meningococcal C vaccine PCV pneumococcal conjugate vaccine MenB meningococcal B vaccine MMR Measles, mumps and rubella
Two to six year olds (including children in school years 1 and 2)	Influenza (flu) - nasal spray vaccine in autumn each year
3 years 4 months	DTaP/IPV/Hib diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, (Pre-School Booster) MMR Measles, mumps and rubella

Immunisations

Protect your child now and in the future

Immunisations, also known as vaccinations are usually given by injection. Children in the UK are offered vaccinations against a variety of diseases as part of the Healthy Child Programme. You can get advice on the vaccinations from your GP, practice nurse or health visitor. A record is kept in the Parent Held Child Health Record (Red Book), which is a book you keep containing information on your child's health.

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. Don't hesitate to ask your health visitor or GP for advice - that's what they are there for! Childhood immunisations are free and most are given at your GP's surgery.

Some immunisations are given more than once to make sure the protection continues. This is known as a booster, so make sure your child gets it.

If you are pregnant, you will be offered the whooping cough vaccine at your GP's surgery. The ideal time is 28 to 32 weeks of pregnancy, your baby will be born protected against whooping cough infection, a very serious infection for young babies. You will also be offered the inactivated flu vaccine to protect against flu.

1

Immunisation begins at two months, when baby's natural immunity to illness, begins to drop.

2

Your health visitor will tell you when local immunisation sessions are taking place.

3

Immunisations don't just protect your child during childhood, they protect them for life.



GP says

Immunisations are used to protect children from diseases which can be very serious causing long-term complications and even death.

The protection immunisations offer to your child are worth the small amount of pain.

Check with your health visitor, practice nurse or GP for further information, updates and future immunisations or if your child has a chronic medical condition.



Basic skills like toilet training, communications skills, being able to understand and follow simple tasks, taking turns and having some social skills all prepare a child to be ready for learning. Teachers and classroom assistants are then freed up to teach rather than spend time toileting, feeding children and helping them with the most basic social skills.

- How can I get my child school ready?**
- Make sure they are toilet trained ✓
 - Help them understand how to follow simple tasks ✓
 - Help them to answer to their name ✓
 - Encourage them to share and understand turn-taking ✓

School readiness

Is my child ready for school?

The phrase 'readiness for school', seems to be cropping up all over the place. Part of the problem is that there is no clear definition of the term, and it can be difficult for parents to understand what their child will be expected to know and do. School readiness is more than just about children. It involves children, families, early environments (like nurseries and playgroups), schools and communities.

The earliest years in a child's life provide the foundation for everything that follows. We must all make sure that children are supported and encouraged to achieve their full potential as inquisitive, confident and secure individuals. This isn't just about making sure they can hold a pencil - children need the resilience, confidence and personal skills to be able to learn. If children lack the tools to benefit from education before they even get to the school gate it makes their chances of learning more difficult.

The key areas are: personal, social and emotional development, physical development and communication and language.

If you are worried about aspects of your child's development chat to your local children's centre or your health visitor.

- 1** My child seems to have no friends and makes no effort at nursery to mix with other children.
- 2** Closeness between parent and child, combined with consistent rules, are most likely to lead to children doing well and becoming more social.
- 3** Do not panic. Invite one or two children over for tea with their parents. Chat to your health visitor or local children's centre.



Teacher's tip

One helpful pre-school activity that parents can practice is giving their children the opportunity to listen to and learn language through story telling. One of the best ways to prepare children for school is to read to them. Not only does story reading offer a one-to-one quiet time, it helps develop children's listening and language skills. If you want to improve reading skills, there are lots of opportunities. There are adult learning courses, find out more from your local children's centre.

Burns, scalds & shocks

Knowing what to do



A burn is damage to the skin caused by direct contact with something hot. Burns can also be caused by certain chemicals, electricity and friction. A scald is a burn that is caused by a hot liquid or steam. Scalds are treated in the same way as burns.

Treat any burn or scald straight after the accident but always take your child to hospital for anything more than a very small burn or scald. A baby's skin is very delicate and can be scarred without the right treatment. **Treat any electrical or chemical burn as serious, call 999 or go to A&E.**

Cool the burnt area by placing under cool running water for at least 20 minutes (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Don't apply fatty substances like butter or ointment. Give paracetamol or ibuprofen ([see page 6 for advice on usage](#)). Take your child to hospital.

Babies/toddlers pull up on everything when learning to stand and walk. Keep hot drinks out of reach and not on tablecloths that they may pull onto themselves.

If you are still worried call **NHS 111**. If you cannot get help straight away, **go to A&E**.

Safe around electricity

RoSPA* recommends that all electrical equipment is stored safely away when not in use and children are supervised and warned to keep away from plug socket outlets. 13-amp power sockets made to BS 1363 incorporate a shutter mechanism, which stops access (of little fingers) to the live connectors. If your child has had a shock turn off the power before approaching your child. If this isn't possible, push the child away from the source of the electricity with a material that does not conduct electricity, such as a wooden stick or a wooden chair. Try tapping their feet or stroking their neck and shouting "hello." If you get no response from your child, start CPR and **call 999** immediately. Get medical attention for any electrical burn or shock.

*RoSPA: The Royal Society for the Prevention of Accidents

Choking & poisoning

Keeping children safe

Every week around 500 children under five are rushed to hospital because it's thought they have swallowed something poisonous. Most poisoning accidents involve medicines, household products and cosmetics. The most common form of poisoning is from medication.

- Keep medicines high up and out of reach.
- Keep anything that may be poisonous out of reach - this includes all medicines and pills, alcohol, household cleaners, liquid washing tablets and garden products, preferably in a locked cupboard.
- Use containers that have child-resistant tops - be aware that by the age of three, many children are able to open child-resistant tops.
- Keep all dangerous chemicals in their original containers - for example, do not store weedkiller in an old drinks bottle as a young child may mistake it for something safe to drink.
- Discourage your children from eating any plants or fungi when outside. Avoid buying plants with poisonous leaves or berries.
- Keep alcohol out of the reach of children. Even a small amount can cause alcohol poisoning in children.

1

If you think your child has swallowed a harmful medicine or chemical including batteries or a magnet.

2

Find the bottle or packet and take it with you when you seek medical help.

3

Immediately contact your pharmacist, GP, **go to A&E** or call **NHS 111**.

Choking

Babies and toddlers can easily swallow, inhale or choke on items like marbles, beads, lolly sticks, balloons, peanuts, buttons, nappy sacks, plastic toy pieces, strings or cords.

PREVENTION:

- Babies can suffocate or choke on nappy sacks, keep all plastic bags out of reach.
- Check that toys with small pieces are not left out for a toddler to chew and choke on.
- Check that toys are age appropriate, in good condition and include toy safety marks.
- Find out more about resuscitation (CPR) visit www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

If your child is choking, act immediately and calmly. Make sure you do not push the object further down the throat. Encourage your child to cough. Use back blows, if they become unconscious, call for help (do not leave your child alone) and start CPR.

Cuts

Glass, knives and sharp objects can cause serious cuts.

PREVENTION:

Do not leave drinking glasses on the floor. Make sure glass bottles are kept up high. Hide kitchen knives.

WHAT TO DO:

- If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth.
- If the cut is serious, is bleeding a lot or has a piece of glass under the skin **go to A&E**.

Drowning

Many children drown, often in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or fill in to use as a sand pit.
- Make sure your child learns to swim.

WHAT TO DO:

Get your child out of the water. Try to get them to cough up any water. If they are not responding **call 999**.

Insect bites and stings

Most insect bites and stings cause small reactions that are confined to the area of the bite (localised reactions). They can usually be treated at home.

PREVENTION:

Avoid swarms, use a net over a pram or pushchair if outside.

WHAT TO DO:

Most insect bites and stings cause itching and swelling that usually clears up within several hours. Minor bites and stings can be treated by:

- Washing the affected area with soap and water.
- Placing a cold compress or ice pack (frozen peas wrapped in a towel) over the affected area to reduce swelling.
- Avoid scratching the area as it can become infected.
- If painful give paracetamol or ibuprofen (children under 16 years of age shouldn't be given aspirin).
- Use a spray or cream that contains local anaesthetic, antihistamine or mild hydrocortisone (1%) to prevent itching and swelling.
- Take an antihistamine tablet to help reduce swelling (ask your pharmacist).

Call 999 if there is swelling or itching anywhere else on the body after being bitten or stung, or if they are wheezing or have difficulty swallowing. See your GP if the redness and itching gets worse or doesn't clear up after a few days.

Strangulation

Window blind cords and chains can pose a risk of injury or strangulation.

PREVENTION:

- Install blinds that do not have a cord.
- Pull cords should be kept short and out of reach.
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.

- Do not place a child's cot, bed or highchair near a window.
- Do not hang toys or objects on the cot or bed.
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR.

WHAT TO DO:

Untangle child, **call 999 and start CPR**.

Fractures

A fracture is a broken or cracked bone.

PREVENTION:

Supervise play, use correct safety equipment (helmet, knee and elbow pads) for scooters, skateboards and bikes. How do I know it's a break?

- Sometimes it's obvious and you can see the bone through the skin.
- They are in pain and sometimes shock.
- Limb can appear to be disjointed.
- Swelling and bruising.

WHAT TO DO:

- Don't let them eat or drink in case they need an anaesthetic.
- Hold an ice pack (frozen peas) wrapped in a tea towel gently onto the area.
- Stabilise a broken arm using a towel as a sling.
- Support the limb, especially when in a car, so ask someone else to drive if possible.
- **Go to A&E**.

Falls

For babies the biggest danger is rolling off the edge of a bed, or changing surface. For toddlers it is more about falling from furniture or down stairs.

PREVENTION:

- Ensure baby cannot roll off any surfaces (use pillows).
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile. Make sure balconies are locked and fit window safety locks.

WHAT TO DO:

If your child has a serious fall **call 999**.

Head injury

One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

You need to get medical attention if:

- they are vomiting persistently (more than three times)
- they are complaining it hurts
- they are less responsive to you
- pain is not relieved by paracetamol or ibuprofen.

If they are tired from what's happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their drowsiness, then you should wake your child an hour after they go to sleep.

WHAT TO DO:

Check that they are okay, and that they are responding normally throughout the night.

Smokefree homes

Protecting your child's health

Secondhand smoke is made up of two types of smoke: mainstream (breathed in and out by smokers) and sidestream (smoke from the burning tip of a cigarette). Secondhand smoke is dangerous for children as they are growing up because:

- Smoking near children is a cause of serious respiratory illnesses, such as bronchitis and pneumonia.
- Exposure to secondhand smoke increases the risk of children developing asthma and can cause asthma attacks.
- Younger children who are exposed to secondhand smoke are much more likely to contract a serious respiratory infection that requires hospitalisation.
- There is an increased risk of meningitis for children who are exposed to secondhand smoke.
- Children exposed to secondhand smoke are more likely to get coughs and colds, as well as middle ear disease, which can cause deafness.

Take 7 steps outside your home to ensure it does not affect your children. Also, have a smokefree car at all times as exposure to the chemicals in secondhand smoke is increased in a confined space even with the windows open!

1

Does it really affect my child if I smoke with the car window open?

2

Yes, and it is now illegal to smoke in a vehicle carrying anyone aged under 18.

3

It is also illegal not to stop any passengers smoking. There is a fine for both offences.

Source: www.take7stepsout.co.uk

Make your home smokefree

- Tell everyone in your house, and any visitors, that your home is now smokefree.
- Keep a pair of slip-on shoes and other all-weather bits by your back door, so you can go out anytime.
- Keep an ashtray 7 steps from your back door as a reminder. It'll help keep the garden tidy too.
- Can't make it outside? Nicotine replacement methods like patches and gum can help.
- If you smoke, or are exposed to secondhand smoke during pregnancy, it means that your baby shares chemicals from the smoke you breathe.



Call 0300 123 1044 or visit www.nhs.uk/smokefree

Useful contacts

NATIONAL

Allergy UK

01322 619 898 www.allergyuk.org

Asthma UK

0300 222 5800 www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

Child Accident Prevention Trust

020 7608 3828 www.capt.org.uk

Cry-sis

08451 228 669 www.cry-sis.org.uk

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222 www.familylives.org.uk

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

0845 120 2918 available 24 hours
7 days a week. www.laleche.org.uk

The Lullaby Trust

www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388 www.meningitisnow.org

National Breastfeeding Network Helpline

0300 100 0212, 9.30am-9.30pm
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700 8am-10pm 7 days a week
www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

Netmums

Parenting advice and information.
www.netmums.com

NHS Information Service for Parents

www.nhs.uk/start4life

Red Cross

Information on CPR (kiss of life)
www.redcrossfirstaidtraining.co.uk

RoSPA - The Royal Society for the Prevention of Accidents

0121 248 2130
www.rospa.com

To find an NHS dentist

Call **NHS 111** or visit
www.nhs.uk/dentist

Call 999 in an emergency

LOCAL

Local Offer

A directory of local information for Cheshire West and Chester residents.
www.westcheshirelocaloffer.co.uk

Local breastfeeding groups

Countess of Chester Hospital -
www.coch.nhs.uk/all-services/infant-feeding
Leighton Hospital 01270 612 287
Winsford and Northwich -
www.cherubsbreastfeeding.co.uk

For information on local GP practices:

NHS Vale Royal Clinical Commissioning Group
www.valeroyalccg.nhs.uk

NHS South Cheshire Clinical Commissioning Group
www.southcheshireccg.nhs.uk

NHS West Cheshire Clinical Commissioning Group
www.westcheshireccg.nhs.uk