

A Parent's Guide

From birth to five and beyond

Child health & common illnesses

Breastfeeding Worried, need support and advice?

Call the National
Breastfeeding Helpline
0300 100 0212. Open
daily 9.30am to 9.30pm

Immunisations Confused, unsure or need advice?

Speak to your
health visitor or
GP practice nurse



Call 0800 032 0102
or visit
www.smokefree.nhs.uk



When it's less urgent
than 999



This handbook has been produced by NHS Waltham Forest Clinical Commissioning Group (May 2015)

To view the latest version of this booklet and extra topics online

www.walthamforestccg.nhs.uk/childhealthguide

An app is also available for Android and iPhone, search **childhealthguidewf**



We would welcome your feedback on this booklet for our next edition. Please email Waltham Forest CCG on
WFCCG.Enquiries@nhs.net

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Waltham Forest
Clinical Commissioning Group



Welcome

This book has been put together by NHS Waltham Forest Clinical Commissioning Group.

Every parent or carer wants what is best for their growing baby and to give them the best start in life. You can use this handbook to help you know what to do when your baby/child is ill. Learn how to care for your child at home, when to seek advice from a health visitor/call a doctor and when to contact emergency services.

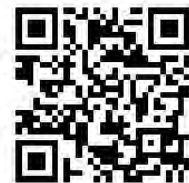
Most issues are simply an everyday part of growing up, often helped by a chat with your midwife or health visitor. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and ear infections. While these are not very nice at the time they are easily treated at home with support from your GP or health visitor rather than going to A&E.

If you are worried you must get further advice - you know your child best - trust your instincts.

To view the latest version of this booklet and extra topics online www.walthamforestccg.nhs.uk/childhealthguide
An app is also available for Android and iPhone, search **childhealthguidewf**



All factual content has been sourced from Department of Health, Birth to Five 2009 edition, NHS Choices, British Association of Dermatologists, Meningitis Now and NICE guidelines. This information cannot replace specialist care.



To view this booklet and other related topics online, scan this QR code with your smartphone.

Your contacts

GP:

.....

Nearest pharmacy:

.....

Health visitor:

.....

Dentist:

.....

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A guide to services

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

Self care

Many minor illnesses and illnesses can be best treated in your home by using over-the-counter medicine from your pharmacist and getting plenty of rest. 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. **NHS 111** is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You will be directed straight away to the local service that can help you best. 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.

Some local pharmacies operate a free minor ailments scheme (Care at the Chemist), or they can direct you to one that does. See your local pharmacist for a confidential consultation about coughs, colds, sore throats, pain and temperature, minor eye infections, head lice and lots more. This NHS scheme is available from age one and over and any medicine dispensed is free if you do not pay for your prescriptions.

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**.



Midwife

Your midwife assesses yours and your baby's health and well-being at various stages throughout your pregnancy and supports you both in the two weeks after the baby is born. They will also support you if you choose a home birth.

Health visitor

Health visitors are there to support you until your baby is five years old. They will visit you at home for a new birth visit when the baby is about 10-14 days old and then may see you in a baby clinic. They will help with advice about feeding and weaning, or any other worries, and can direct you to where to get extra help if you need it.

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. They can also direct you to other local health and social support services. Families need to register with their local Children's Centre soon after birth to access services provided.

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**.

**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

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

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

Concern	Service	What to do?
Grazed knee Sore throat Coughs and colds	Self Care	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 .
As a parent if you are: Unsure Confused Need help	 NHS 111 For 24 hour health advice and information.	Call NHS 111 when it is less urgent than 999 Tel: 111 www.nhs.uk/111
Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever	Pharmacist For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist
High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hours) Minor bumps, cuts and possible fractures Dehydrated Headache Abdominal pain	GP For the treatment of illnesses and injuries that will not go away.	Write your GP's (family doctor) telephone number here: <div></div> Use NHS 111 out-of-hours service
Severe pain Worsening health conditions Choking Loss of consciousness Fitting/convulsions Broken bones	Urgent Care When you need healthcare in a hurry 24 hours a day. A&E or 999 For very severe or life-threatening conditions.	A&E

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.

Know the basics



Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong with their baby from quite early on. 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.

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

Paracetamol and ibuprofen

Fever in itself is just a sign of your child's body fighting an infection. Consider using either **sugar-free** paracetamol or ibuprofen for children with significant fever *who appear distressed* (a temperature of over 38°C), as these can help to reduce fever and pain. 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



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 visit www.walthamforest.childrensservicedirectory.org.uk or call 020 8520 4753 for details. Other mums and Peer Supporters will be there to give you lots of tips.

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.



Never shake your baby

No matter how frustrated you feel, you must never shake your baby. Shaking moves their head violently, and can cause bleeding and brain damage.

Source: NHS Choices



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.

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. 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 having trouble sleeping.

When a baby cries, it can be upsetting, it can be easy to get frustrated and you may not be getting much sleep. It is very important to stay calm and don't be afraid to ask for help.

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.

1

My baby is crying more than usual.

2

What is your baby trying to tell you? It may be something really simple.

3

If you are still worried, speak to your health visitor, or contact your GP.



Health visitor says

Know your baby. Try to understand what it is they need.

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?
- ✓ Could they be teething?
- ✓ Do they want a cuddle?
- ✓ Are they tired and need a sleep?

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



Midwife says

Jaundice usually disappears after 10 to 14 days. Jaundice appearing in the first few days of life should be reported as soon as possible to the midwife. Jaundice starting at less than 24 hours of age is an emergency and requires an urgent blood test.

See your GP without delay if:

- Your baby's jaundice does not disappear after two weeks.
- The jaundice does not start until seven days after they are born.
- Your baby's faeces (poo) are chalky white.

Jaundice



What is newborn jaundice?

Jaundice is a common condition in newborn babies that causes yellowing of the skin and the whites of the eyes. In black and brown-skinned babies, the yellowing may be more difficult to see and visible only in the palms of the hands and the soles of the feet. It is very common and usually nothing to worry about.

You should *feed as often as possible* to encourage frequent bowel movements. If you are breastfeeding, you should continue to breastfeed your baby regularly. In some breastfed babies, the skin can continue to look a little bit yellow for up to 12 weeks. This is related to the breast milk, and is normal as long as your baby is otherwise healthy and thriving.

In more severe cases, you may be required to bring your baby back to the hospital to spend some time under a special ultraviolet light. Newborn jaundice is usually gone by about two weeks of age. More severe jaundice may need treatment. If jaundice continues for over 14 days you must contact your health visitor or GP.

1

My baby appears to have mild jaundice, what should I do?

2

Feed your baby as often as possible to ensure they are not dehydrated.

3

If worried ask your midwife, health visitor or GP.

Testing for jaundice

Step 1

Press your fingers lightly on the skin, as if you are checking a peach to see if it is ripe, and look at the colour of the spot where your finger was. Try pressing the tip of their nose.

Step 2

If it looks yellow (rather than white), it is likely to be jaundice. This test must only be used under good daylight or fluorescent lighting (next to a window is ideal). The baby should be undressed so different parts of the body can be compared. On darker skin check palms of hands and soles of the feet.

Step 3

Talk to your health visitor or GP.



Health visitor says

Possetting (vomiting a small amount of milk) is normal during or after a feed. If this carries on at other times, between feeds it may be a tummy bug. It is important for babies to have plenty of fluids to stop any dehydration.



Being sick & reflux



GP says

After the first few months, if your baby is suddenly sick it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is an infection which can come with diarrhoea (runny poo).

This is more serious in babies than older children because babies easily lose too much fluid from their bodies. If they become dehydrated they may not pass enough urine, lose their appetite and have cold hands and feet.

If your baby is unwell, or if vomiting has green bile stained fluid or has lasted more than a day get your GP's advice straight away.

A problem likely to get better on its own

It is common for babies to be sick in the early weeks as they get used to feeding and their bodies develop. Bringing up small amounts of milk is known as possetting. When your baby vomits there will be a much larger amount. It can be frightening for your baby, so they are likely to cry. Lots of things can cause your baby to be sick.

Make sure your baby is positioned correctly when breast or bottle feeding. Incorrect positioning can cause a baby to be sick. Your midwife or health visitor can help with this.

Being sick often or with large amounts may be due to '*gastric reflux*' where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during and after a feed to make them more upright. Feeding smaller amounts and more often may also help.

1

I have a new baby.
I have just given my baby a feed.

2

They always seem to bring up small amounts of milk. This is known as 'possetting'.

3

As babies develop it will stop naturally. Talk to your health visitor.

Your baby's six week check

This is an essential part of the Healthy Child Programme. The check should take place between 6-8 weeks and include:

- A physical examination.
- A review of development.
- Health advice.
- An opportunity for you to express any concerns.

Don't forget to take your baby's Child Health Record, usually known as the 'Red Book', as all the results will be recorded in it.

Your six week postnatal check

You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering properly and to discuss contraception etc. Tell your GP if:

- You are having trouble holding urine or problems opening your bowels.
- Having sex is painful.
- You are feeling very tired, low or depressed.
- You are worried about anything.

Baby blues



Our children's health is closely linked

As parents whether you are a single parent, a mum, dad or carer we all want to do what's best to keep our children safe, fit and well. However, it can be easy to forget about our own health and well-being. If as parents we have a positive attitude, a good social outlook and a healthy lifestyle it is often the case that our children will too.

Family life plays an important role in the well-being of both children and parents. Doing active and creative things together can really boost happiness levels all round. Children's Centres can be great places for you to socialise and meet other parents as well as giving your child the opportunity to meet friends. Sometimes it can be a bit daunting when meeting a group of complete strangers, but it can be an easy way to meet new people and make friends, after all, you all have something in common - your children!

We are often our children's first teachers and they not only learn about practical things from us, but pick up on attitudes that can last a lifetime. It is important to take care of your own physical and mental health in order to be able to 'parent' well.

1

I often overlook my own well-being as I want to do the best for my child.

2

Your child's well-being is linked to your health.

3

It is important to have a healthy family lifestyle and treat your own health as importantly as your child's.

Postnatal depression

Some women experience depression after having a baby and this is more common than many people realise. It can develop within the first few weeks after giving birth, or may not occur until around six months after the birth. Some women feel they are unable to look after their baby or they feel too anxious to leave the house or keep in touch with friends.

Treatment will benefit both your health and the healthy development of your baby, as well as your relationship with your partner, family and friends. Seeking help for postnatal depression does not mean you are a bad mother or unable to cope. Talk to your health visitor or GP about how you feel.



Health visitor's cradle cap tips

This is the name given to the greasy yellow-brown scales and crusting affecting the scalp in newborn babies.

Do not pick the scales as this may increase the risk of infection. It is not a serious condition and is not contagious. It is not usually itchy and will usually clear up within a few months.



Soften the scales with natural oil such as coconut oil (not olive oil) overnight. After softening the scales use a soft brush or cloth and gently remove any loose scales and wash the hair with a baby shampoo. If any hair comes out with the scales it will grow back.



Gently wash the baby's hair and scalp with a baby shampoo. Use a soft brush or cloth to loosen and remove the loose skin flakes.

Talk to your health visitor if the rash spreads or there is any infection or oozing.

Source: NICE CKS 2013

Nappy rash & cradle cap

A common problem that's easy to treat

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wetness that collects in their nappy.

A nappy rash causes your baby's skin to become sore. The skin in this area may be covered in red spots or blotches. You should change their nappy more often.

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.

Talk to your pharmacist about creams that you can buy 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.

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 nappies often. Speak to your health visitor and if you are still worried, your GP.



Health visitor's nappy rash tips



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



Use a barrier cream.



Remember to change and check their nappy often.

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 should 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 0800 032 0102 or visit
www.smokefree.nhs.uk

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 for them 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 toddlers 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 the cot after the feed.

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.

Reading to your child at bedtime helps them to unwind, and gives you some special time together. If your child is scared of the dark, try keeping a night light on.

- 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.



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
Birth to 12 months	• BCG protects against tuberculosis (TB)
Two months old	• Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib) • Pneumococcal disease • Rotavirus
Three months old	• Diphtheria, tetanus, pertussis, polio and Hib • Meningococcal group C disease (MenC) • Rotavirus
Four months old	• Diphtheria, tetanus, pertussis, polio and Hib • Pneumococcal disease
Between 12 and 13 months old - within a month of the first birthday	• Hib/MenC • Pneumococcal disease • Measles, mumps and rubella (German measles)
Two, three and four year olds	• Influenza - The flu nasal spray vaccine is to be gradually rolled out to other age groups in future years, consult your practice nurse or health visitor
Three years four months old or soon after	• Measles, mumps and rubella • Diphtheria, tetanus, pertussis and polio (Pre-School Booster)

Make sure you keep your child's Red Book in a safe place. It is your only complete record of their childhood immunisations and it is often needed later in life. The MenB vaccine will be introduced as part of the routine childhood vaccination programme, check with your health visitor.

For updates please see www.walthamforestccg.nhs.uk/childhealthguide

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 so that your baby will be born protected against whooping cough infection, a very serious infection for young babies.

1

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

2

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

3

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



GP says

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

If you wish to have further information on childhood immunisations, visit www.nhs.uk or speak to your health visitor, practice nurse or GP.



Health visitor says

Some babies have watering eyes. Massaging the tear ducts helps 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 should be referred to an eye specialist 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.

Source: DoH 2006.



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.

Health visitor's tips

Increase 'tummy time' - put your baby on their front to play. Supervise them at all times and don't let them fall asleep like this.

- Get down to your baby's level for face-to-face fun so they will enjoy lying on their tummy.
- Use a sling to carry your baby upright so they are not always on their back in a car seat or pram.
- Do lots of active play with your baby on your lap.
- Change the position of toys and mobiles in their cot to encourage them to turn their head to the non-flattened side.
- Don't use a car seat except when travelling.

It may take 6-8 weeks before noticing any improvement.



Flat head syndrome



Sleep on his back and let him play on his tummy

Flat head syndrome can occur in the womb or can be caused by a baby sleeping, resting and playing in one position.

Many babies develop a flattened head when they are a few months old, usually from sleeping on their back. Flat head syndrome happens when the back or one side of the baby's head is squashed against a firm mattress for a long time, which eventually forces the soft bone of the skull to flatten.

It often corrects itself over time and is usually nothing to worry about.

The solution is not to change your baby's sleeping position from lying on their back at night. It is important for babies to sleep on their back as this *reduces the risk of sudden infant death syndrome*. Put your baby to sleep on their back and let them play on their tummy.

No treatment is normally needed. Your baby's skull should naturally correct itself over time. You can take some simple measures to take pressure off the flattened part of their head and encourage them to try different positions (see health visitor's tips).

1

I have heard about helmets that a baby can wear to help.

2

Their use is controversial, expensive and there is still not enough evidence to prove it will correct the problem.

3

If you have tried the health visitor's tips and are still worried talk to your GP.



GP says

Most cases of mild plagiocephaly correct naturally by about one year. Download the excellent information leaflet from Great Ormond Street Hospital www.gosh.nhs.uk

Dentist's 4 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.

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 and safe to chew on, such as a teething ring, 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'.

Source: DoH Birth to five edition 2009.



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. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure your child is registered with a dentist by around 2-3 years and has yearly check-ups. Children's Centre staff and health visitors can also give you advice about your child's oral health - just ask.

1

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

2

Ask your pharmacist about options for teething.

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 medicine containing 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.



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 to 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.

Source: DoH Birth to five edition 2009.



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 36](#)).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013

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 7](#)).
- ✓ 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 30, 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.



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.



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 GP). 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

Rare but serious and contagious

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.

You should always treat any case of suspected meningitis 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.

1

My child is showing some of the signs of meningitis.

2

Have you tried the glass test?

3

If the spots do not fade under pressure contact a doctor (e.g. your GP). If you cannot get help straight away go to A&E.




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



Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies and young children 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 causes a distinctive barking cough with a harsh sound, when the child breathes 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, paracetamol can be given from the age of three months and will ease discomfort. If symptoms get worse contact your GP.



Call 0800 032 0102 or visit
www.smokefree.nhs.uk

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. 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:

- Rapid breathing or panting is common. If 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 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 - (see page 32, coughs, colds & flu).
- 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.



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. Make sure your child's asthma action plan is kept up to date.

Our practice Asthma Clinics offer advice and treatment. Ask about whether your child needs the 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.

SMOKEFREE

Call 0800 022 4332 or visit
www.smokefree.nhs.uk

Asthma

Know the symptoms

Asthma has many causes and 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 is more than just wheezing. Other symptoms can be coughing, difficulty breathing and a tight, sore feeling in the chest. Asthma is difficult to diagnose in children under the age of two years as nearly one third of children will wheeze at some point.

The two most common triggers of asthma in children are colds and allergies. In older children allergies become particularly important, so avoiding the triggers to which your child is allergic may help improve their asthma. Don't get any pets if your child has asthma and make sure no-one in the house smokes.

A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment. Make sure you know how to use your child's inhaler properly and attend the yearly review with your GP.

Asthma often runs in families and parents should avoid smoking indoors or near to their children.

1

My child seems to wheeze and cough a lot and it seems to get worse at night. Is there a family history of asthma? See your GP for advice.

2

Do you smoke? Try to stop. Do not smoke in the house or near children.

3

Has your child got a personal asthma action plan? See your practice's asthma nurse or GP for regular reviews (read more at www.asthma.org.uk). If your child has a serious asthma attack **call 999**.



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. A peak flow test may be useful if your child is old enough. Parents should regularly attend your practice Asthma Clinic to get support on better management of their child's asthma at home, as this will save unnecessary trips to hospital. Ask your GP or practice nurse to give you an asthma action plan for your child.

All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid tablets should have the seasonal flu vaccine.

Source: Department of Health, Birth to five 2009



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 are common in babies and toddlers following a cold. 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. Earache can be painful and your child may just need extra cuddles and painkillers (such as **sugar-free** paracetamol or ibuprofen) from the pharmacist.

Tonsillitis - Earache can also sometimes be caused by tonsillitis (inflammation of the tonsils). It is a common type of infection in children. Other symptoms include a sore throat, coughing and a high temperature. Your child may have swollen glands in the neck - this is the body's way of fighting infection.

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, difficulty swallowing, a very high temperature or breathing difficulties.

1

My toddler has earache or a sore throat but seems otherwise well.

2

Have you tried **sugar-free** paracetamol or ibuprofen from your pharmacist? (See page 7).

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.

Looking after your baby's ears

- 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.

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.
- ✓ 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.

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 boiled cooled water if bottle fed.
- ✓ Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or anti-bacterial hand gel and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with boiled cooled 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.

Health visitor says

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

Source: www.nhs.uk/conditions 2015



Hand, foot & mouth

A common mild illness

This is a disease caused by a group of viruses that usually affect young children. It causes blisters on the hands and feet, and mouth ulcers inside the cheeks and on the tongue. Those affected may have a sore throat and develop a high temperature. These symptoms last for 7 to 10 days. It is generally a mild infection and those affected will make a complete recovery.

The virus is spread by coughs and sneezes, and is also found in the faeces (poo) of infected children. Some children infected with the virus do not have symptoms but can still pass it to others.

There is no specific treatment for hand, foot and mouth disease - it is usually a mild and self-limiting illness. If a child feels unwell paracetamol may be helpful (do not use aspirin in children under 16 years of age). Antibiotics and creams or ointments for the blisters are not effective. Children recover just as quickly without them.

1

Your child has blisters on the hands and feet, and mouth ulcers inside the cheeks and on the tongue.

2

There is no specific treatment. Antibiotics and creams or ointments are not effective.

3

Generally it is a mild infection and those affected will make a complete recovery.

If you are still worried, contact your health visitor or doctor.



Health visitor says

Children should avoid contact with pregnant women but only need to be kept off school if they are unwell.

To avoid transmitting infection, scrupulous attention must always be paid to handwashing after using the toilet.

Whilst a person has the blisters present they should avoid sharing towels and face cloths/flannels with other people. Soiled clothes, bedding and towels should be washed separately on the 'hot cycle' of the washing machine.



Health visitor says

Baby skin is more delicate than ours. Try to limit the amount of products you use on their skin and never leave your baby out in the sun.



Rashes & eczema



Baby skin needs extra care

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 clear up naturally. If your baby is otherwise well but has a rash that you are worried about contact your midwife or health visitor. Heat rash is common and is nothing to worry about. It mainly appears on the head and neck as tiny red spots. Keep babies warm but not hot and try to dress them in natural cotton clothes, with nothing that can rub on their skin.

Eczema

Eczema is common in babies and they normally grow out of the condition. Eczema in babies often starts between the ages of two and four months. The symptoms are patches of red, dry and itchy skin. If you think your child has eczema, speak to your GP or health visitor.

In all cases of eczema, frequent unperfumed emollients (moisturisers) help. These can also be used for washing and bathing and should also be used at nursery and school.

1

Your baby's skin may be flaky and dry. Dry skin is common in newborn babies, as their skin is 15 times thinner than that of an adult.

2

Avoid soap and fragranced products on your baby's skin. Wash your baby in clean, warm (not hot) water.

3

Use non-biological 'sensitive' washing powder and fragrance free fabric softener when washing your children's clothes.



GP says

Go to A&E immediately if your baby has a rash that does not disappear when you press a glass to it. This may be a sign of meningitis (see page 36) and needs to be seen by a doctor no matter how well your baby seems.

Seek immediate advice if your baby has a rash and a high temperature or vomiting.

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. Make sure you are making up the formula powder with the correct amount of water.

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 (faeces/poo) 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 bottle fed baby gets constipated.

2

Try cooled, boiled water between feeds.

3

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

Source: NICE guidelines 2009, constipation in children



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.

Foods to avoid:

There is controversy over the role of diet in people with long-term hives. There are two groups of chemicals in some foods that may trigger urticaria. It is important to discuss your child's diet with your health visitor.

Possible triggers:

- Shellfish
- Strawberries, bananas, mangoes, pumpkin, tangerines, kiwi
- Tomatoes, peas
- Fish
- Chocolate
- Pineapple

Source: Allergy UK

Cut down on:

- Spices
- Orange juice
- Raspberries
- Tea

Source: Allergy UK



Urticaria or hives

Easy to confuse with more serious illnesses

Childhood rashes are very common and often nothing to worry about. Most rashes are harmless and go away on their own.

Urticaria or hives is a raised, red, itchy rash that appears on the skin. It can be frightening especially if you don't know the cause. It happens when a trigger causes a protein called histamine to be released in the skin. Histamine causes redness, swelling and itching, the rash can be limited to one part of the body or spread across large areas of the body. It can sometimes be confused with other types of more serious rashes such as meningitis.

Urticaria is common and can be triggered by many things, including a viral infection. Less often it may be allergens (such as food or latex), irritants (such as nettles), medicines or physical factors, such as exercise or heat. Usually no cause can be identified. The rash is usually short lived and mild, and in many cases does not need treatment as the rash often gets better within a few days. If it is very itchy, a medication called antihistamine usually helps. Creams can help with the itching and are available over-the-counter at pharmacies. Speak to your pharmacist for advice. (See page 54 allergies).

1

My child has developed itchy red spots.

2

It can be difficult to identify what has triggered the rash. Try to think about any new or different foods they have had.

3

If itching persists ask your pharmacist about anti-histamine medication.



GP says

Some things which can trigger urticaria should be avoided where possible, these include:

- Food such as peanuts, shellfish, eggs.
- Environmental factors such as pollen, dust mites or chemicals.
- Insect bites and stings.
- Emotional stress.
- Some medications - but do not stop any prescribed medicines without speaking to your GP.
- Physical triggers such as pressure to the skin, change in temperature, sunlight, exercise or water.

Source: www.nhs.uk/conditions/skin-rash-children

Spotting 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 anti-allergy medicines, and most are readily available from a pharmacy without prescription. While older antihistamines have a reputation for making people drowsy, more modern antihistamines only occasionally have those side effects.

Source: www.allergyuk.org

Nose, throat and ears

Hay fever symptoms - runny/blocked/itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of smell and taste, sore throat, swollen larynx (voice box), itchy mouth and/or throat, blocked/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

50% of children in the UK have allergies. For parents it is a learning curve in understanding what to avoid and how to control and manage the allergy. Find out as much as you can. There are many types of allergies.

An allergy is when the body has a reaction to a protein such as foods, insect stings, pollens, house dust mite or medicines such as antibiotics. Some families seem to include more individuals with allergies than other families.

Allergic symptoms can be mild, moderate or severe. 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. Urticaria (wheals or hives) can be one of the first symptoms of an allergic reaction. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your GP.

1

Food allergies occur when the body's immune system reacts negatively to a particular food or food substance.

2

Allergens can cause skin reactions, digestive problems and hay fever-like symptoms.

3

Children are most commonly allergic to cow's milk, hen's eggs, peanuts and other nuts, such as hazelnuts and cashew.

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:

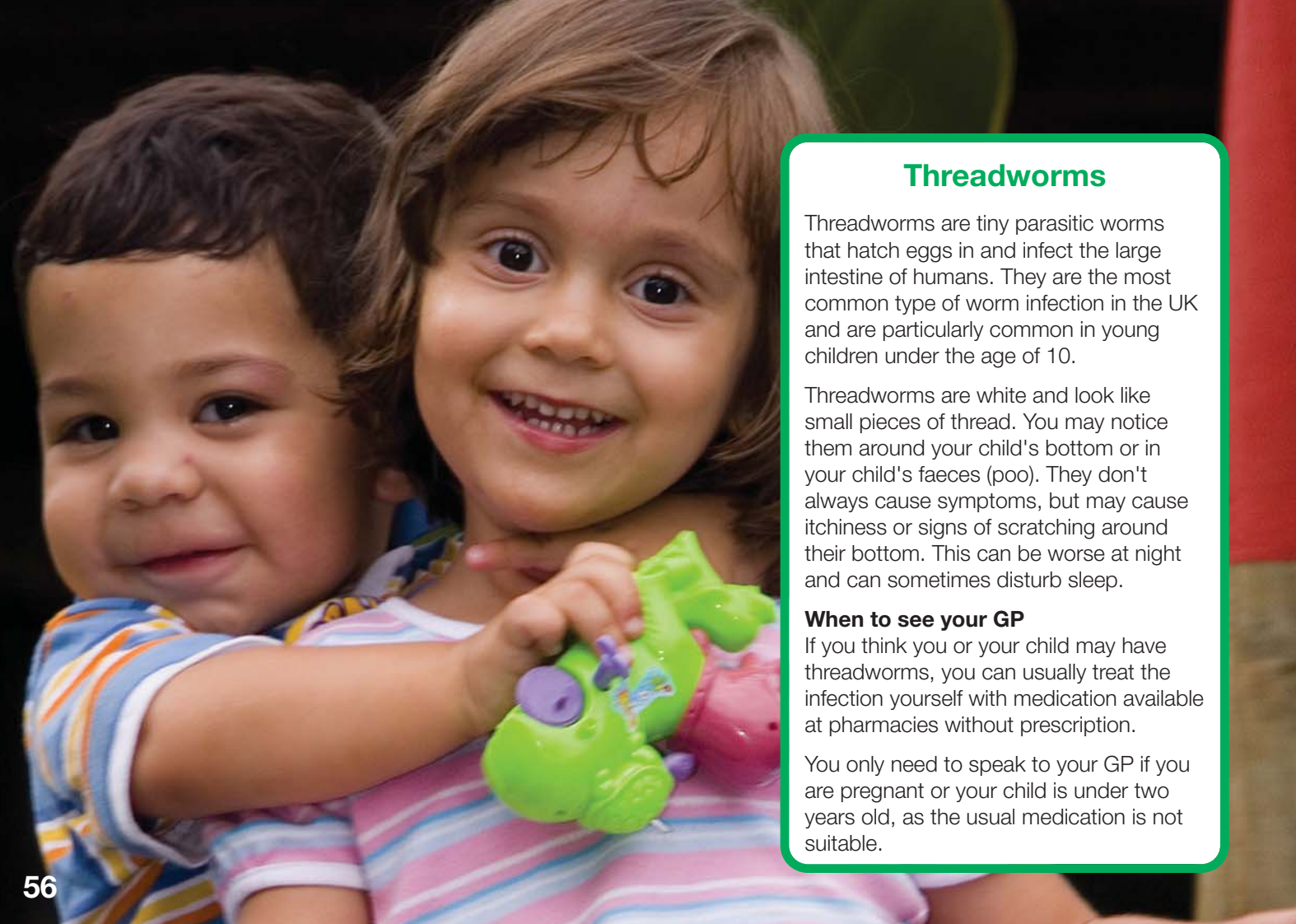
- Swelling and itching; the face may be flushed and wheals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting/abdominal pain.

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.



Threadworms

Threadworms are tiny parasitic worms that hatch eggs in and infect the large intestine of humans. They are the most common type of worm infection in the UK and are particularly common in young children under the age of 10.

Threadworms are white and look like small pieces of thread. You may notice them around your child's bottom or in your child's faeces (poo). They don't always cause symptoms, but may cause itchiness or signs of scratching around their bottom. This can be worse at night and can sometimes disturb sleep.

When to see your GP

If you think you or your child may have threadworms, you can usually treat the infection yourself with medication available at pharmacies without prescription.

You only need to speak to your GP if you are pregnant or your child is under two years old, as the usual medication is not suitable.

Head lice & threadworms

A common problem

Head lice are tiny wingless insects that are grey-brown in colour. They are the size of a pinhead when they hatch and 3mm long (the size of a sesame seed) when fully grown. Head lice cannot fly, jump or swim. They are spread by head-to-head contact and climb from the hair of an infected person to the hair of someone else. Head Lice are **not** the result of dirty hair or poor hygiene. Children are often affected by head lice because they tend to have more head-to-head contact while at school or during play. Head lice are most common in children between 4 to 11 years old.

Getting rid of head lice:

Head lice can be effectively treated using medicated lotions or by wet-combing, using a specially designed head lice comb. Neither treatment method will protect against re-infestation if head-to-head contact is made with someone with head lice during the treatment period.

The wet-combing method involves removing the head lice by systematically combing the hair, from the scalp towards the ends, using a special fine-toothed comb with a spacing of less than 0.3mm. Your pharmacist can advise you on which combs are suitable. No medicated products are necessary for wet-combing.

Medicated lotion or spray is an alternative method for treating head lice. However, no medicated treatment is 100% effective.

You can also ask your school nurse, health visitor or pharmacist.



Pharmacist's tips

Your Pharmacist can recommend an over-the-counter lotion or spray. Medicated treatments should only be used if a living (moving) head louse is found. Conditioners and shampoos are not thought to be effective and are therefore not recommended. Make sure that you have enough lotion to treat everyone in your family who is actually affected by head lice.

Step right out

- Take seven steps from your home.
- It can help improve the health of your children.
- Your children won't see you smoking, so might not be tempted to start.
- It might cut down the number of cigarettes you smoke.
- It keeps your home smelling and looking fresh.
- When returning inside after smoking, remember to wash your hands and try to change your clothes before touching or cuddling your baby/child.



Call 0800 022 4332 or visit
www.smokefree.nhs.uk

for your free local Stop Smoking service

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.
- Smoking around babies increases the risk of sudden infant death syndrome (SIDS).
- 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.

'Step right out' of 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!

Help to stop smoking is free on the NHS, for quitting support and advice visit the smokefree website.

1

Smoking anywhere near your children, like in the car, affects their health as well as yours.

2

Opening a window or standing by the door is not enough to protect children from the effects of smoking.

3

'Step right out' to ensure you are protecting your children.

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 outside away 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.

Source: www.steprightout.org.uk



Healthy Start vitamins



What is Healthy Start?

In addition to eating a healthy diet, we recommend that all pregnant and breastfeeding women and children aged six months to five years take a vitamin D supplement to help them grow and maintain strong bones and prevent other diseases.

If breastfeeding you should also be taking vitamin D to ensure that your own levels are high enough to benefit your baby. To help baby get off to the best start, in Waltham Forest you will receive a free bottle of vitamin drops for your baby, which provides two months worth of free vitamins. **We strongly recommend that children continue these vitamin drops up to the age of five.**

At the new birth visit, your health visitor will tell you when to start giving your baby the vitamin drops depending on how your baby is feeding. Breast fed babies should start the vitamins at four weeks of age.

If you are registered on the Healthy Start Scheme, you will receive vouchers which you can use to continue to get free vitamins as well as weekly supplies of fresh milk and vegetables. Lots of shops accept Healthy Start Vouchers but if you are having trouble finding local shops where you can use your vouchers call 0845 6076823.

For where to collect your baby's free bottle of Healthy Start vitamin drops or to exchange vouchers for vitamins please [see page 78 useful contacts](#).

1

Where do I get my free Healthy Start vitamins?

2

Ask your midwife or health visitor if you have any questions about the local or national Healthy Start vitamin scheme.

3

When you finish your free bottle of vitamins, visit your local pharmacy and ask for Healthy Start vitamins - they're very cheap!

Healthy Start Voucher Scheme

You qualify for Healthy Start if you're at least 10 weeks pregnant or have a child under four years old and you or your family get:

- Income Support, or
- Income-based Jobseeker's Allowance, or
- Income-related Employment and Support Allowance, or
- Child Tax Credit (some exclusions apply).

You also qualify if you are under 18 and pregnant, even if you don't get any of the above benefits or tax credits.

See your midwife or health visitor for an application form or call the Healthy Start helpline on 0845 607 6823 or visit www.healthystart.nhs.uk



A healthy weight

Many parents are unaware of the dangers of their child being overweight or obese but by following the top tips below you can make a difference to your child's health.

- 1. Meal Time** - It's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 2. 5 A Day** - Include 5 portions of fruit and/or vegetables a day.
- 3. Sugar Swaps** - Avoid sugary drinks particularly between meals - water or milk are the best option.
- 4. Snack Check** - Many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try fruit, cut vegetables or breadsticks as an alternative.
- 5. Me Size Meals** - It's important to make sure kids get just the right amount for their age.
- 6. Up and About** - Children are naturally active. Limit the amount of time they spend watching TV or playing computer games.

Source: Change4Life - DoH 2009
(www.dh.gov.uk/obesity).



Healthy weight & exercise

Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for your baby's growing needs. Talk to your health visitor if you have any questions about how and when best to *wean* your baby.

It is easy to develop healthy eating habits at an early stage in their lives. Babies like the foods they get used to. If you give them lots of different, healthy foods to try when they are babies and toddlers, they are more likely to eat a variety of healthy foods as they grow up. Avoid salt, sugar, honey, nuts, saturated fats, low-fat foods, raw shellfish or eggs for babies.

Being physically active takes brain and muscle power so it plays an important part in your baby's development. As they grow, you can help them by playing with them and helping them make new movements and explore their surroundings. Physical exercise helps with all aspects of physical and mental well-being and it helps avoid becoming overweight or obese.

1

My child is a fussy eater and I worry that they are not getting enough food.

2

If your child is active, gaining weight and it's obvious they're not ill, then they're getting enough to eat.

3

As long as your child eats some food from the four main food groups (milk and dairy products, starchy foods, fruit and vegetables, protein), you don't need to worry.

Source: NHS Choices Fussy Eaters/Department of Health

Tips for fussy eaters

- Your child will learn from you so eat your meals together if possible.
- Give small portions and praise your child for eating, even if they only manage a little.
- If your child rejects the food, don't force them to eat it. Try to stay calm!
- Don't leave meals until your child is too hungry or tired to eat.
- Your child may be a slow eater so be patient.
- Don't give too many snacks between meals. Limit them to a milk drink and some fruit slices or a small cracker with a slice of cheese, for example.
- It's best not to use food as a reward. Your child may start to think of sweets as nice and vegetables as nasty. Instead, reward them with a trip to the park or play a game with them.



TV tips

For children under two years even children's TV has been found to have limited value. It is suggested that children of this age find it more difficult to learn new words from the TV than they do in a face-to-face situation.* Children under two should not be left watching screens on their own, because research has shown that this may slow language development.

*Source: www.gov.uk - Research Report DFE-RR134

Dummies

Babies suck on dummies differently from the way they suck on the breast. Giving a dummy in the first few weeks can interfere with establishing breastfeeding.

It is better to use the dummy only when settling the baby to sleep to be sure that you are not missing feeding cues by replacing a feed with giving the baby a dummy.

UNICEF UK Baby Friendly Initiative statement on dummy use

Prolonged dummy use and thumb sucking for long periods each day can affect a child's speech and language development, as well as teeth alignment. They also reduce babbling and a child's experimentation with sounds which is an important step in learning to talk.

If your toddler or child continually uses a dummy after 12 months it may affect speech and language development by restricting tongue movement.

Speech, language & communication



Start early

If children can't understand the words they hear, they will struggle with reading, writing and spelling.

Children with communication difficulties are more likely to have behavioural problems and often see themselves as less able and less popular than their friends. Without effective help a third of children with speech, language and communication problems require treatment for mental health problems in adult life.

It starts with you!

Language (as well as body language) is how we get to know each other and build relationships. Talking to babies, and having fun with nursery rhymes and songs is a great way to lay the groundwork when it comes to learning speech.

If a parent or carer is responsive to a baby's signals or cues, and communicates with them from birth, babies develop a secure attachment. Communication is the foundation of relationships and is essential for learning, play and social interaction. This involves listening, understanding, thinking, wanting and needing to speak, and being able to coordinate all the right muscles. Talking to babies every day is important, preferably without using 'baby talk'.

If a child can start school with good speech and language skills they can maximise their full personal and social potential. These skills underpin all areas of a child's development. Children with poor communication skills are at increased risk of being bullied.

Friendships are incredibly important for children. Making and keeping friends is difficult with poor communication skills, so self-esteem and confidence can be affected. Children often choose friends who are good at communicating, so children with difficulties are doubly disadvantaged.

If you think your child's language skills are not developing as they should, you can discuss with your health visitor, children's centre or school who can advise about local speech therapy drop-in sessions or a referral to a speech and language therapist (SALT) if needed.



1

My son is almost a year old, and has started to bang his head on the wall or the floor when he's cross or frustrated. We try not to react too much, but we are shocked!

2

This behaviour is very normal in a pre-verbal child, especially in a boy. He does not have the verbal skills to express his frustration so this is a way he can make his feelings known to you.

3

Interrupt the banging by teaching him less hurtful ways to express his frustration (such as stomping his feet). Fortunately, extreme behaviours in children this young often end as suddenly as they start. Talk to your health visitor or GP if this continues.

Tics, head banging & unusual behaviour



Can mean lots of things

Extreme and unusual behaviour can be lots of things such as children hurting themselves on purpose, developing a tic or head banging.

Stress is something as adults we come to accept and manage. Young children are unable to recognise and cope with stressful situations. Instead, they often show their anxiety in physical and emotional outbursts. Sometimes stress can lead to a 'tic' - a sudden, repetitive, non-rhythmic movement involving a distinct muscle group, like uncontrolled eye blinking. Head banging or banging the head against a wall or cot on purpose is also common, especially in boys. They are not trying to be naughty or annoying.

In rare cases, a tic or another behaviour pattern may be the symptom of a more complicated condition. Your health visitor or GP can advise if you are worried. In general, the best thing to do is just ignore the tic, help minimise stress and make sure your child is getting enough sleep.

With head banging or other forms of self-harm like severe nail biting, scratching or hitting, keep your child safe and get them to stop by distracting them. Try to get them to vent their frustration in another way, like stomping their feet or throwing something really hard (maybe a ball at a wall outside). These are the best measures to help your child deal with a problem that will most likely disappear in a short time.

Health visitor says

Possible reasons your toddler may bang his head:

- **Self-comfort.** Most children who bang their heads do it to relax.
- **Pain relief.** A child is more likely to bang his head when he has an ear infection or is suffering from some other physical discomfort.
- **Frustration.** Your child may bang his head during temper tantrums as a way of venting strong emotions.
- **A need for attention.**
- **A developmental problem.**

Head banging can be associated with autism and other developmental disorders, but in most of these cases, it's just one of many behavioural issues. Rarely does head banging alone signal a serious problem.



Vitamin D

Is your child getting enough?

Vitamin D is important for good health, strong bones and growth. Most foods contain very little vitamin D naturally and it is mostly made in the skin by exposure to sunlight. However, you shouldn't over-expose your child to the sun, as casual sun exposure is enough.

Vitamin D helps your baby's body absorb calcium, which is needed for the healthy development of strong bones and teeth. (See page 60 Healthy Start Vitamins).

Sun safety

Simple steps to protect their skin and eyes

Keep your child cool and protect them from the sun and heat. Babies under six months should be kept out of the sun and older children should be allowed in the sun for a limited time only, and their skin should be well protected. Stay out of the sun, especially during the middle of the day. All types of skin, fair or dark, need protection.

As parents we can take simple measures to protect our children. Remember babies and toddlers are not interested in tanning and sunburn can cause damage to their skin.

Attach an effective sunshade to the pushchair to keep them out of direct sunlight. A sun hat, with a wide brim or a long flap at the back, will protect your child's head and neck. Use loose long sleeved clothing. Apply a thick layer of high SPF suncream 30 minutes before sun exposure to allow time for it to absorb into the skin. Reapply a **thick layer every two hours**, particularly if your child is in and out of the sea or a paddling pool. Don't forget behind the ears, backs of the hands and the soles of the feet on the beach.

If your baby is under six months, offer more fluids and if breastfeeding, breastfeed more often. If your baby is over six months old encourage them to drink water. For older toddlers and children, plenty of fruit will also help to keep their fluid levels up.

If you're making a journey in the car, do make sure your car has a sunshade to protect your child. Take drinking water for the journey and ensure children do not become overheated. Never leave children in cars parked in the sun.

1

It is a bright day and your child is playing outside.

2

Are they in the shade and wearing sunscreen? Are they wearing a hat, long sleeves and trousers?

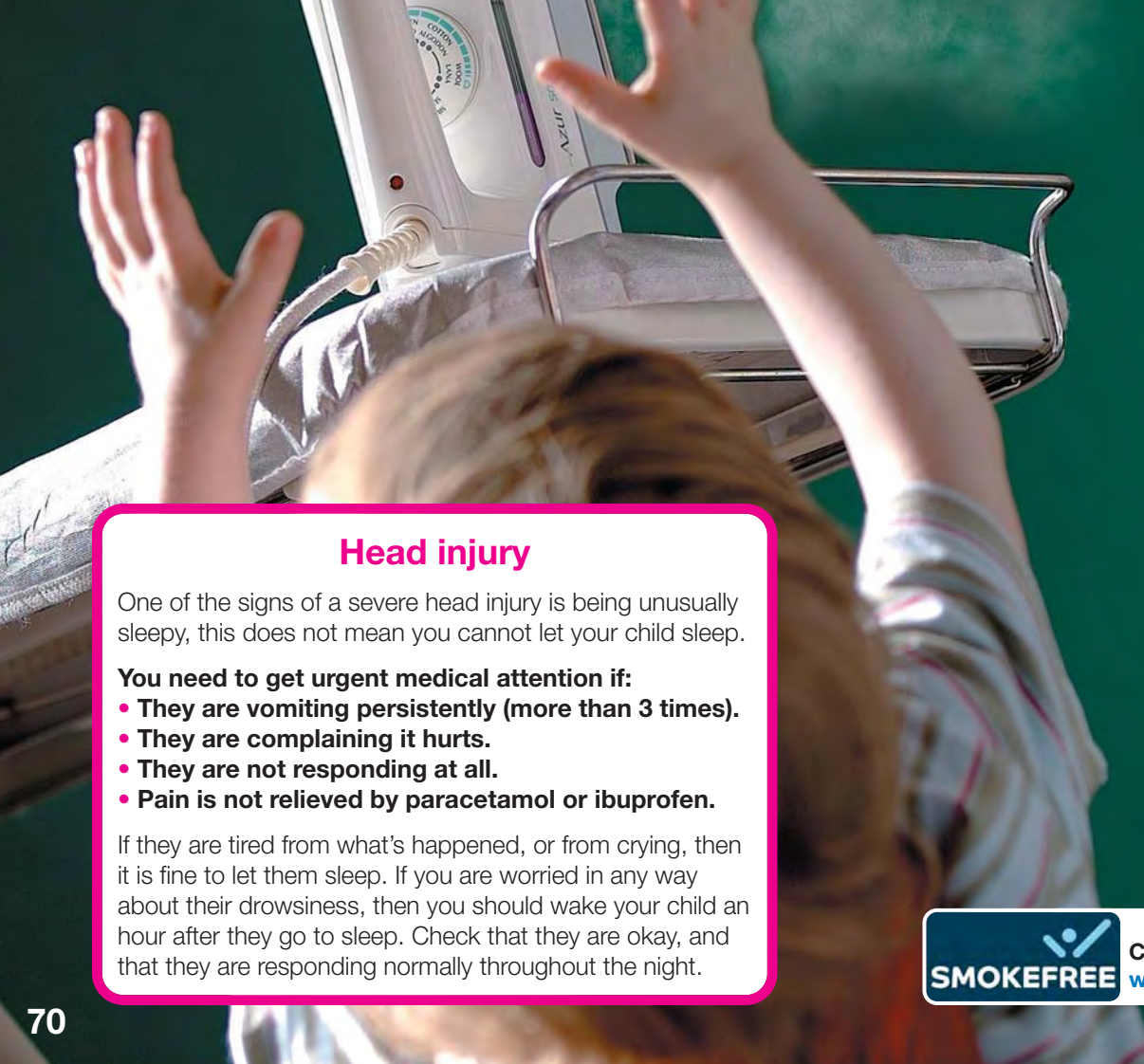
3

Make sure you protect your child's head, skin and eyes especially during the middle of the day.



Pharmacist says

The higher the SPF (Sun Protection Factor) the more protection. Use a complete sun block on your baby or toddler. SPF's of up to 60 are available which block out almost all of the sun's rays. Even with suncream, keep them in the shade whenever you can and make sure newborn babies are never in the sun. Do not forget to protect their head, skin and eyes. For older children, you can buy sunglasses from a pharmacy. Check they offer 100% UV protection.



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 urgent medical attention if:

- **They are vomiting persistently (more than 3 times).**
- **They are complaining it hurts.**
- **They are not responding at all.**
- **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. Check that they are okay, and that they are responding normally throughout the night.



Call 0800 032 0102 or visit
www.smokefree.nhs.uk



Household injuries



Most accidents happen at home

Babies and toddlers learn by exploring. Shouting or smacking will not teach them about safety and when they are too young to understand the dangers it is up to us to make sure they are safe. A typical household is full of possible dangers. There are lots of things we can do to help prevent accidents in the home. Equally we need to make sure children are safely contained within the house with door locks and windows being closed and having safety catches. There can be dangers from outside, so make sure your child understands that if they are able to open the door, they do not open it to anyone they do not know or trust.

Check toys with small pieces are not left out for a toddler to chew and choke on. Make sure toys have safety marks.

Balconies and outdoor spaces and garden ponds can be danger areas, so make sure your child is never left alone. Make sure there is nothing they can climb onto whilst on a balcony and ensure there are no gaps through which they could squeeze.

Even the most good-natured pet can lash out or bite. Animals and young children should not be left alone together. Never trust an older toddler to be left alone with a baby even for a few minutes.

1

Spend some time at home exploring as if you were a toddler.

2

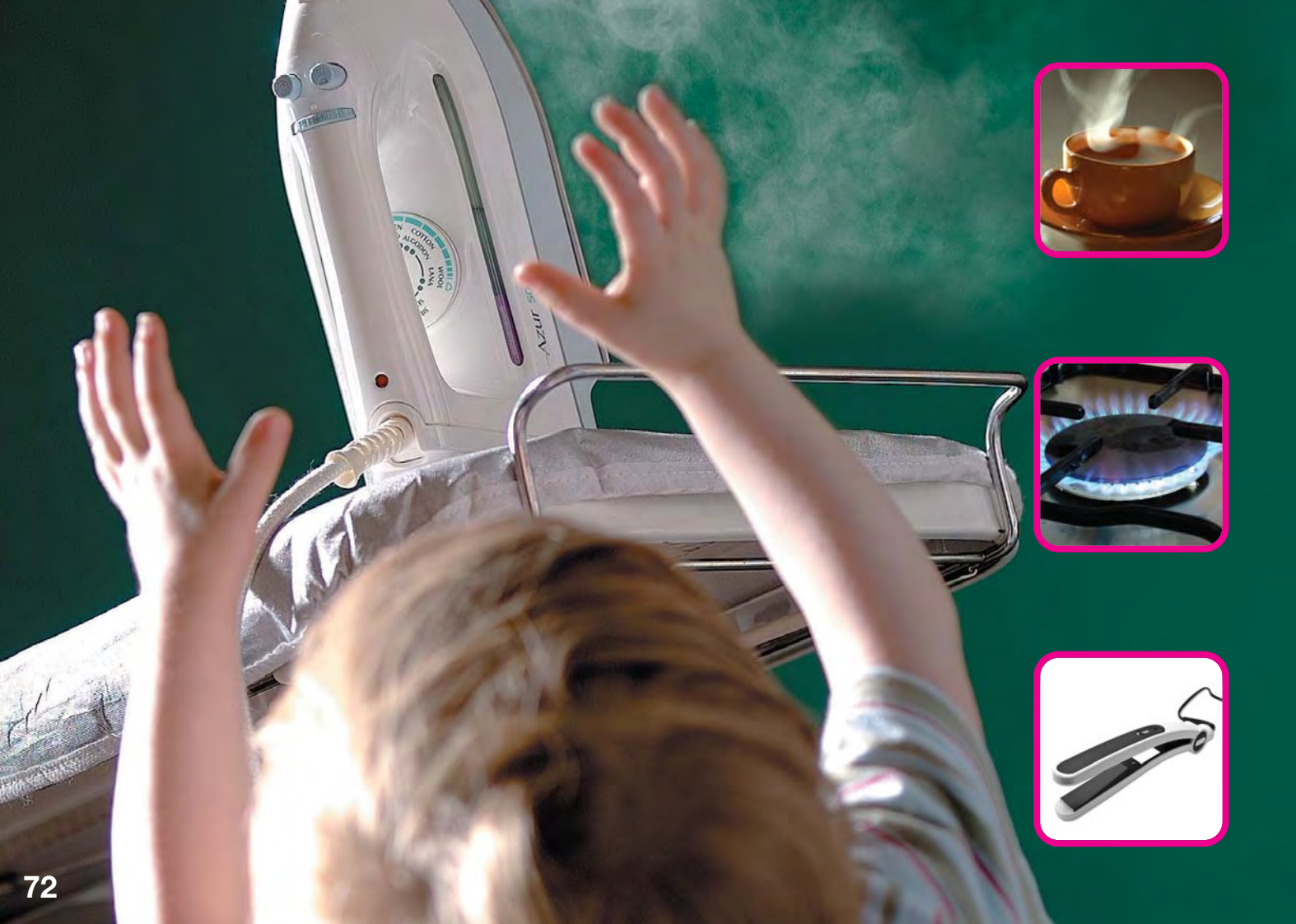
Make a list of potential dangers.

3

Think about types of safety equipment or how you can move these things out of your child's reach.

Dangers around the home

- **Sockets, wires and plugs** - use plug guards.
- **Danger of falls** - use window locks, stair guards and do not leave babies alone on beds or chairs.
- **Smoking at home** - STOP.
- **Burns** - children can get burnt from straightening irons, hot pans, scalding water. Use an oven guard and install a smoke detector.
- **Medicines, drugs and chemicals** - keep them up high and in a locked cupboard.
- **Pets** - never leave a child alone with a pet.
- **Small items** which could be swallowed and cause choking.



Burns & scalds

Knowing what to do

A burn is damage to the skin, which is 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.

Cool the burnt area by placing under cool running water for at least twenty minutes. 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. Give **sugar-free** paracetamol or ibuprofen ([see know the basics](#)). Then take your child to hospital.

Remember to keep hot drinks out of children's reach.

1

Treat the burn or scald straight after the accident by running under cold water for 20 minutes.

2

Do not use creams, lotions or ointments on the burn or scald.

3

Always take your child or baby to hospital if it is anything other than a very mild burn.

Source: www.nhs.uk/conditions 2015



GP says

Do

Hold the affected area under cold water for at least 20 minutes (make sure your child does not get too cold). Cover the burn with cling film, then wrap in a cloth soaked in cool water.

Don't

Apply fatty substances like butter or ointment as this will not help and will only waste time for hospital staff who will have to clean the area before it can be treated.

Choking

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

PREVENTION:

- Check on the floor and under furniture for small items and 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 online/app](#) version of this guide.

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.



Call 0800 032 0102 or visit www.smokefree.nhs.uk

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.

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.

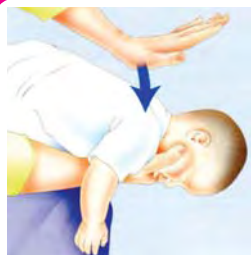
3

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



Alcohol

Even a small amount can cause alcohol poisoning in children. Alcohol affects the central nervous system and symptoms can include confusion, vomiting, and seizures. The child may have difficulty breathing and flushed or pale skin. Alcohol impairs the gag reflex, which can cause choking. If your child has drunk alcohol call **NHS 111** or go to A&E.



Back blows for children under one year

- Support your child in a head-downwards position. Gravity can help dislodge the object.

- Sit or kneel and support the child on your lap. If this is not possible, support your child in a forward-leaning position and give the back blows from behind.
- Don't compress the soft tissues under the jaw as this will make the obstruction worse.
- Give up to five sharp blows to the back with the heel of one hand in the middle of the back between the shoulder blades.

How to proceed if your child is conscious and under one year, give **chest thrusts**. If the child is unconscious proceed to CPR.

Chest thrusts for children under one year

- Support the baby down your arm, which is placed down (or across) your thigh as you sit or kneel.
- Encircle the chest with your hands putting your two thumbs on the middle of the breastbone.
- Give five sharp chest thrusts, compressing the chest by about a third of its diameter.

Back blows for children over one year

- Back blows are more effective if the child is positioned head down.
- Put a small child across your lap as you would a baby.
- If this is not possible, support your child in a forward-leaning position and give the back blows from behind.

How to proceed if your child is conscious and over one year, give **abdominal thrusts**. If the child is unconscious proceed to CPR.



Abdominal thrusts for children over one year

- Stand or kneel behind the child. Place your arms under the child's arms and around their upper abdomen.

- Clench your fist and place it between navel and ribs.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to five times.
- Make sure you don't apply pressure to the lower ribcage as this may cause damage.

Following chest or abdominal thrusts, reassess your child:

- If the object is not dislodged and your child is still conscious, continue the sequence of back blows and either chest thrusts or abdominal thrusts.
- Call out or send for help if you are still on your own.
- Don't leave the child at this stage.

How to resuscitate a child



Cardiopulmonary resuscitation (CPR)

If your child is not breathing

Babies under one year old

1. Open the baby's airway by placing one hand on the forehead while gently tilting the head back and lifting the chin, keeping the face parallel with the ground. Remove any visible obstructions from the mouth or nose.
2. Place your mouth over the mouth and nose of the infant and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**.
3. Place two fingers in the middle of the chest and press down by one-third of the depth of the chest. After 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two **rescue breaths**.
4. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives.

Children over one year old

1. Open their airway by placing one hand on the forehead and gently tilting the head back and lifting the chin, keeping the face parallel with the ground. Remove any visible obstructions from the mouth or nose.
2. Pinch their nose. Seal your mouth over their mouth and blow steadily and firmly into their mouth, checking that their chest rises. Give five initial **rescue breaths**.
3. Place your hands on the centre of their chest and, with the heel of your hand, press down by one-third of the depth of the chest using one or two hands.
4. After every 30 **chest compressions** at a steady rate (slightly faster than one compression a second), give two **rescue breaths**.
5. Continue with cycles of 30 **chest compressions** and two **rescue breaths** until they begin to recover or emergency help arrives.

Useful contacts

NATIONAL

Allergy UK

01322 619 898 www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453

9.30am-10.30pm www.abm.me.uk

Asthma UK

0800 121 62 44 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

Dental Helpline

0845 063 1188

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

Start4Life Healthy tips

www.nhs.uk/start4life

National At-home Dad Network

Dad's views, chat, news and support.

www.athomedad.org



Call 0800 032 0102 or visit
www.smokefree.nhs.uk

To find an NHS dentist

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

NHS 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 free to call, including from a mobile, and is available 24 hours a day, 365 days a year.

When should I 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 doctor's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local doctor to call.

Call 999 in an emergency

LOCAL - For updates please see www.walthamforestccg.nhs.uk/childhealthguide

For a range of local family support networks, health providers and social activities in Waltham Forest, see the Children and Young People's Directory <http://walthamforest.childrensservice.directory.org.uk>

Breastfeeding Support

There are infant feeding support groups and breastfeeding cafes throughout Waltham Forest. Speak to your midwife, health visitor or children's centre or download an up to date list of support groups from <http://walthamforest.childrensservice.directory.org.uk>

Children's centres

If you need social support, job centre advice, food bank or baby bank, pop into your local children's centre - they provide you with support or point you in the right direction of local services to help you.

To find your local children's centre, go to www.walthamforest.gov.uk

Child Health Clinics

Ask your GP or contact one of the clinics below to find out about drop-in baby clinics. You can also pick up your free Healthy Start vitamins at the following sites.

Chingford Health Centre

109 York Road, Chingford E4 8LF.

020 8430 8010

Silverthorn Medical Centre

2 Friars Close, Chingford E4 6UN.

020 8430 7210

Comley Bank Clinic

46 Ravenswood Road, Walthamstow

E17 9LY. 020 8430 7171

Forest Rd Medical Centre

354-358 Forest Rd, Walthamstow

E17 5JG. 020 8430 7710

Wood St Health Centre

6 Linford Rd, Walthamstow E17 3LA.

020 8430 7750

Langthorne Health Centre

13 Langthorne Rd, Leytonstone

E11 4HX. 020 8430 7510

Leyton Green Health Clinic

Leyton Green Rd, Leyton E10 6BL.

0208539 8646

Parenting support

For more information, ask at your local Children's Centre or contact the Early Intervention & Prevention Service to register.

020 8496 3000

WFFIS@walthamforest.gov.uk

Healthwatch Waltham Forest

To make sure your views on local health and social care are heard.

020 3078 9990

info@healthwatchwalthamforest.co.uk

Free Two Year Old Education

Some two-year-olds in Waltham Forest can get up to 15 hours a week of free early education and childcare. Your child will get to make new friends, try different activities, learn through play and have fun. To find out if you are eligible and to apply, visit

www.walthamforest.gov.uk/freechildcare