



This guide will help you choose well when deciding where to go for advice if your child is ill or injured

Minor bumps, cuts and bruises, sore throat, coughs and colds, mild tummy pain or headache	<b>Self Care</b>	You can treat minor illnesses and injuries at home by using the recommended medicines and make sure they get plenty of rest <a href="http://www.nhs.uk">www.nhs.uk</a>
If, as a parent, you are unsure, confused, need help or advice	 <b>Health visitor or NHS 111</b>	Write your health visitor's number here <input type="text"/>
Mild diarrhoea, constipation, mild skin irritations including spots/rash, mild fever	<b>Pharmacist</b> For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: <a href="http://www.nhs.uk/chemist">www.nhs.uk/chemist</a>
High temperature, persistent cough, head injuries not involving loss of consciousness, headache, tummy pain, vomiting/diarrhoea, worsening health conditions (inside GP hours)	<b>GP</b> For the treatment of illnesses and injuries that will not go away.	Write your GP's (family doctor) telephone number here: <input type="text"/>
Unexpected and sudden sickness, severe pain, worsening health conditions (outside GP hours)	<b>NHS 111</b> For 24 hour health advice and information	As directed by NHS 111
Struggling for breath or choking, fitting, loss of consciousness, broken bones, swallowed poisons or tablets, blood loss, gaping wound, serious burns	<b>A&amp;E or 999</b> For serious and life-threatening emergencies.	As directed by 999 call handler 

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.

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# A Parent's Guide

Children aged 0-5

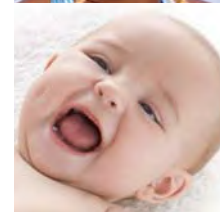
## Childhood wellbeing & common illnesses



**Walsall Healthcare**  
NHS Trust



**Walsall Council**





# Welcome

Every parent or carer wants to know what to do when a child is ill - use this handbook to learn how to care for your child at home, when to call a GP and when to contact emergency services.

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

This handbook helps point you in the right direction and explains what you can do at home to help, or where you need to go to get assistance and advice. It has been put together with help from healthcare professionals. If you are worried you must get further advice. Trust your instincts, you know your child better than anybody else.

This handbook also contains general welfare information which will help you keep you and your child safe and healthy.

To view the latest version of this booklet online

**[www.walsallhealthychild.co.uk](http://www.walsallhealthychild.co.uk)**

An app is also available for Android and iPhone,  
search **Walsall healthy child**



@ WalsallHcCareNHS

All factual content has been sourced from Department of Health, NHS Choices, British Association of Dermatologists, Allergy UK, Meningitis Now, NICE guidelines and other expert sources as relevant. This information cannot replace specialist care.

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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 injuries 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](http://www.nhs.uk) to find the pharmacy nearest to you.

All pharmacies in Walsall operate a free minor ailments scheme (Pharmacy First), 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 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**.



## Health visitor

Health Visitors are there to support you in pregnancy and until they start full time school. 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.



## Midwife

Your midwife assesses yours and your baby's health and wellbeing 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.



## Dentist

Discuss registering your child early on with your dentist and take them with you to appointments. Visit [www.nhs.uk](http://www.nhs.uk) to find your nearest dentist. For out-of-hours dentist information call **NHS 111**.

## Urgent Care Centres

Urgent Care Centres treat patients who have an injury or illness that needs help quickly, but is not a 999 emergency. Visit [www.walsallurgentcare.nhs.uk/how-find-us](http://www.walsallurgentcare.nhs.uk/how-find-us) to find details of your local Urgent Care Centre.

## A&E & 999

**For serious and 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.



# Know the basics

## Being prepared and knowing the signs

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

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

**Make sure you've got the right strength of medicine for the age of your child**, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

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

[www.redcrossfirstaidtraining.co.uk](http://www.redcrossfirstaidtraining.co.uk)

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

### Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed (as a general rule a temperature of over 38°C 100.4°F), as these can help to reduce fever and distress. Often a fever can be left to run its course unless there are other signs of serious illness. Ensure they are drinking enough and appear otherwise well. 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 medicines in a locked cabinet or somewhere up high** where a child cannot reach them. Include things like:

-  Thermometer
-  Plasters
-  Liquid painkillers (e.g. **sugar-free** paracetamol or ibuprofen)
-  Barrier cream
-  Antihistamine

# Children's medicines

## Not always needed for childhood illnesses

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

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

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

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

1

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

2

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

3

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

### Antibiotics for children

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

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

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

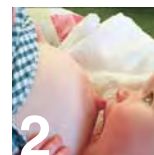




**Tongue-tie** can sometimes affect feeding, making it hard to attach properly to the breast. Speak to your health visitor.



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



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.



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.



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.

Source: DoH, [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

# Feeding your baby

## The best start in life

Breastfeeding is the healthiest way for a mum to feed her baby with many health benefits for both mother and child. Breastfeeding isn't just about food - baby's immediate needs are to feel safe and secure, and to be able to feed whenever hungry. We encourage responsive feeding, which means recognising your baby's cues to feed, whenever and for as long as baby needs. Frequent feeding is normal. Exclusive breastfeeding is all your baby needs for the best start in life, babies need no food or drink other than breast milk for the first six months.

If your baby is formula fed, you will be shown how to do so while holding baby close with skin-to-skin contact.

To reduce the risk of infection, make up each formula feed as your baby needs it, using boiled water at a temperature of 70°C or above. This link will show you a step by step guide on how to do this - <https://www.gov.uk/government/publications/start4life-updated-guide-to-bottle-feeding/start4life-guide-to-bottle-feeding>

### Babies ask for feeds by:

- Moving their eyes.
- Wriggling, waving.
- Rooting.
- Sucking fists, blanket etc.
- Making murmuring noises.

Crying is a last resort, so try and feed your baby when they show the early cues above. They will feed better then.

## Health visitor says

You can look out for the following signs that show your baby is getting enough milk for their needs:

- Your baby will be content and satisfied after most feeds.
- Your baby may lose weight in the first few days, but should be back to their birth weight by two weeks of age.
- Your baby should be happy and alert when they're awake.
- In the early weeks, your baby's nappies are a good sign of how much milk your baby is getting. From day 5 onwards, babies should have at least 6 wet nappies a day and 2 soft yellow stools a day. After around 4-6 weeks, breastfed babies might not have their bowels open every day.

Source: iHV.org.uk 2017

If you require support for breastfeeding, you can contact your midwife, health visitor or community breastfeeding support.

Walsall Healthcare host breastfeeding support groups across Walsall throughout the week, there will be one local to you, please see our website:  
[www.walsallhealthcare.nhs.uk/breastfeeding/](http://www.walsallhealthcare.nhs.uk/breastfeeding/)

### **Signs that your baby is feeding well**

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below your baby's bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it is normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on his or her own.





### Health visitor says

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

Things to check first are:

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

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

# Crying and colic

## Understanding why

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

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

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

### Colic

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

1

My baby is crying more than usual.

2

When a baby cries, it can be upsetting.

3

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



### GP says

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



### 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](http://www.gosh.nhs.uk)





### 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's nappy rash tips



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



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



Remember to change and check their nappy often.

### Health visitor's cradle cap tips

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



Massaging baby oil or natural oil - such as almond or vegetable oil (not olive oil) - into their scalp at night can help loosen the crust.



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

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



# Rashes and dry skin

## A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (see page 40).

### Nappy rash

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

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

### Dry skin

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

1

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

2

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

3

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



### Pharmacist says

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

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

## A safe sleeping environment

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



Call 0300 123 1044 or visit  
[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

Source: [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

# Sleeping

## Keep your baby close

There are many different reasons why babies do not sleep. It might be reassuring to know that it is both normal and essential for your baby to feed during the night. Babies grow quickly in the early weeks and months of their lives and have very small stomachs. Therefore they need to feed around the clock to meet their needs.

Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. There may be times when your baby remains unsettled after feeds. Placing your baby in skin-to-skin contact with you and gently rocking can provide comfort. Your partner can help with this too. Keep your baby close. The safest place for your baby to sleep is in a cot by the side of your bed. This means you can hear your baby and respond to her needs before she starts crying or becoming distressed, and reach her easily without having to get up. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to their cot after the feed.

While it can be frustrating when your sleep is disturbed during the night, it can also be a lovely quiet time to be with your baby away from the bustle and distractions of daytime. Babies rely on the security and comfort of being close to their parents and need this at night as well as during the day.

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.

### For further information

[https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2011/11/Caring-for-your-baby-at-night\\_online-singles.pdf](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2011/11/Caring-for-your-baby-at-night_online-singles.pdf)

## Beware

It is not safe to bed-share in the early months.

- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal).
- Do not sleep with your baby if you or anyone else is a smoker.
- Do not put yourself in a position where you could doze off with your baby on a sofa or armchair.





## **Walsall Momma's - Baby talk you can trust**

Walsall Momma's talk about baby sleep

Click [www.walsallhealthcare.nhs.uk/safe-sleep.aspx](http://www.walsallhealthcare.nhs.uk/safe-sleep.aspx) to play video.



### 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 talk to your GP, your baby may be referred to an eye specialist for treatment.

Source NHS Choices



# Sticky eyes and eye care

## Protect your baby's eyes

'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.



### Eye tests and checks

It is important to look out for any signs of problems with your baby's eyes. Routine eye tests are offered to newborn babies and children to identify any problems early on in their development. It's quite normal for the eyes of newborn babies to 'cross' occasionally, particularly when they're tired. However, speak to your GP if you notice this happening to your child after three months of age. Left untreated, 'lazy eye' can develop.

Although serious vision problems during childhood are rare, early testing ensures that any problems are picked up and managed as early as possible.

1

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

2

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

3

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



### Conjunctivitis

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



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
8 weeks	<b>DTaP/IPV/Hib/HepB and PCV and MenB and Rotavirus</b> diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b (Hib) and hepatitis B, pneumococcal (13 serotypes), meningococcal group B (MenB), rotavirus gastroenteritis
12 weeks	<b>DTaP/IPV/HibHepB and Rotavirus</b> diphtheria, tetanus, pertussis, polio, Hib and hepatitis B, rotavirus
16 weeks	<b>DTaP/IPV/Hib/HepB and PCV and MenB</b> diphtheria, tetanus, pertussis, polio, Hib and hepatitis B, pneumococcal (13 serotypes), MenB
One year old on or after the child's first birthday	<b>Hib/MenC</b> haemophilus influenzae type b (Hib) meningococcal C vaccine <b>PCV</b> pneumococcal <b>MMR</b> measles, mumps and rubella (German measles) <b>MenB booster</b> MenB
Two to eight years old (including children in reception class and school years 1-4)	<b>Live influenza vaccine</b> influenza (each year from September)
Three years and sixteen weeks old or soon after	<b>DTaP/IPV and MMR (check first dose given)</b> diphtheria, tetanus, pertussis and polio, measles, mumps and rubella

See the link for video information:

[www.nhs.uk/video/Pages/vaccines-and-your-childs-immune-system.aspx](http://www.nhs.uk/video/Pages/vaccines-and-your-childs-immune-system.aspx)

# 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. 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 if you think your child may have missed an immunisation. 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. You will also be offered the flu vaccine, which is perfectly safe in pregnancy, to protect against flu.

Babies should have a dose of liquid paracetamol following meningococcal group B disease vaccination to reduce the risk of fever.

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

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

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





HEALTHY  
START

free fruit,  
vegetables  
and vitamins

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

If a family is eligible for Healthy Start vitamins then they are given free and if not, they have the option to buy these from their local chemist. The vitamins supplied for mums are in tablets and the vitamins for babies and children are drops.

# Vitamin D

## Is your child getting enough?

Vitamin D deficiency is a very common problem in the UK. 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.

Vitamin D helps your baby's body absorb calcium, which is needed for the healthy development of strong bones and teeth. A deficiency of vitamin D can result in rickets, which affects the way bones develop and grow. The bones of a child with rickets are unable to sufficiently support their body weight, resulting in bowed legs.

The most important source of vitamin D is sunlight. Be aware that exposure of 10 to 15 minutes to the UK summer sun, without suncream, several times a week is probably a safe balance between adequate vitamin D levels and any risk of skin cancer.\* Healthy Start vitamins are available free of charge for all under fives, new mums and pregnant women across Walsall. It is advisable for mums who breastfeed their baby to take a vitamin D supplement. If your baby is six months or older, and/or is drinking less than 500ml (1 pint) of formula milk per day, it is recommended they are given vitamin drops containing vitamins A, C and D.

1

Vitamin D is naturally present in only a few foods such as fortified margarines, eggs and fatty fish.

2

Vitamin D is made naturally by the skin when it is exposed to gentle sunlight, so encourage your children to play outside.

3

It is advised to give all children vitamin drops with vitamins A, C and D from the age of one to five years old.

\*Source: British Association of Dermatologists.



## Pharmacist says

Vitamin D deficiency can result in rickets in severe cases. Babies with severe vitamin D deficiency can get muscle cramps, seizures and breathing difficulties. Poor growth can also be a symptom and affected children might be reluctant to start walking. Children with vitamin D deficiency may also be late teething as the development of their milk teeth has been affected.

## 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](http://www.allergyuk.org)

**Allergy UK**  
01322 619 898 [www.allergyuk.org](http://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** - Weals 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 or milk, 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)** - a raised, itchy rash that appears on the skin can be one of the first symptoms of an allergic reaction. If concerned contact your health visitor or 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 for your child, make sure you know the correct way to use it in advance of an emergency.





### Painkillers

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

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

### Health visitor says

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

### Midwife says

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

# Chickenpox and 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](http://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.



## 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](http://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.



## 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. Ensure they drink plenty of fluids.

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 and water as soon as you can.

### Flu prevention

An annual nasal spray flu vaccine is available free from the age of two as part of the NHS Childhood Vaccination Programme. Children aged two, three and four years can be given the vaccination at their GP surgery usually by the practice nurse. [www.nhs.uk/Conditions/vaccinations/Pages/child-flu-vaccine.aspx](http://www.nhs.uk/Conditions/vaccinations/Pages/child-flu-vaccine.aspx)  
Contact your GP practice for more information.



# Coughs, colds and 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. If your baby is under three months and has a cough, take them to your GP who may check them for whooping cough. Young babies do not always make the characteristic whooping cough sound.

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. Coughing at night may keep them awake. Children under six months should not be given over-the-counter cough and cold medicine unless prescribed by your GP or pharmacist.

Most viruses will run their course without doing any real harm because they will get better on their own. An annual nasal spray

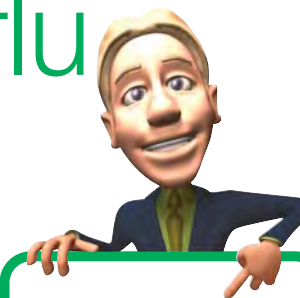
flu vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your GP or pharmacist for details.

### Things you can do at home to help:

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

### Contact your GP if:

- ✓ Your baby has a persistent temperature of **38°C** (fever) or more.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine ([see page 36](#), [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.





### 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).



Call 0300 123 1044 or visit  
[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

# Earache and tonsillitis

## A baby's ears need to be treated with care

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

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

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

1

My toddler has earache but seems otherwise well.

2

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

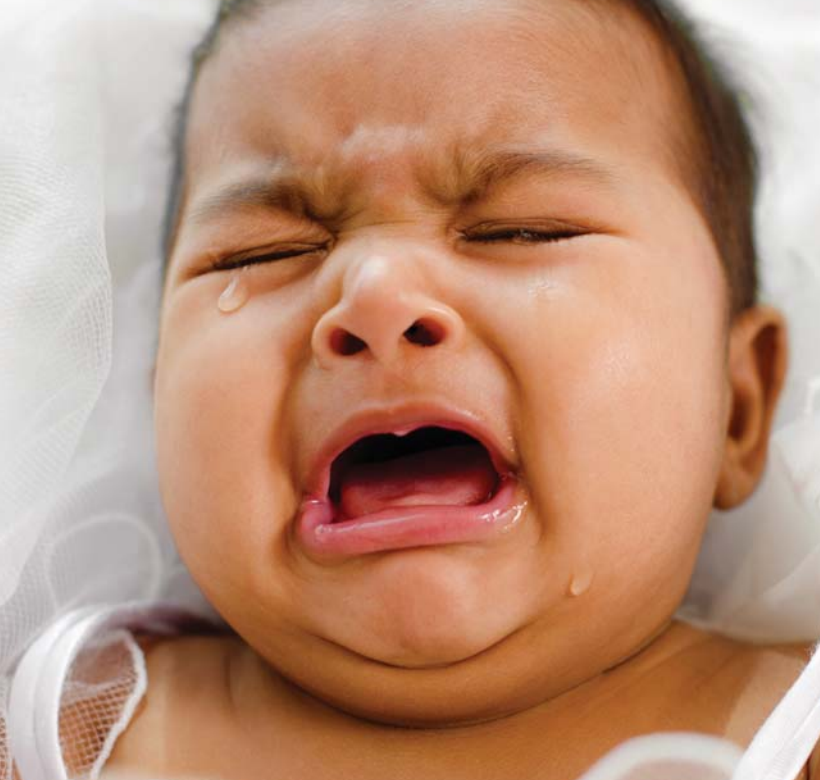
3

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

### To reduce ear infections

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





### 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 for an older child. Contact your GP if your child seems unusually ill, has a high temperature which doesn't come down or is having difficulty breathing. With older children it's not so much the temperature to look out for but the other symptoms. 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 plenty 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. This is important to prevent your child from becoming dehydrated, which can cause kidney problems. Your child's urine should be pale yellow - if it is darker, your child needs to drink more fluids.

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

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

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



### GP says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- If your child is dehydrated contact your GP or **call 111**.
- Know how to identify a meningitis rash (see page 40).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



### Health visitor says

If your baby has oral thrush and you're breastfeeding, it is possible for your baby to pass a thrush infection to you. You can contact your health visitor for advice and support.

[www.breastfeedingnetwork.org.uk/wp-content/dibm/thrush-oct14.pdf](http://www.breastfeedingnetwork.org.uk/wp-content/dibm/thrush-oct14.pdf)

# Thrush

## Usually harmless and easily treatable

Oral thrush in babies and young children is a fungal infection in the mouth caused by a yeast fungus called *Candida albicans*. Babies are at an increased risk of oral thrush because their immune systems haven't yet fully developed and are less able to resist infection. This is particularly the case with babies born prematurely.

It looks like spots or patches of cottage cheese or milk curds in and around your baby's mouth. These patches may appear inside the cheeks. If your baby has a white coating on their tongue that can be rubbed off easily, it's probably milk coating the tongue and not thrush.

Babies may not seem bothered by the patches, but they may be reluctant to feed, or keep detaching from the breast during feeds if they're sore.

There may also be associated nappy rash caused by the same infection that needs to be treated as well.

Oral thrush in babies isn't usually serious, but you should visit your GP if you think your child may have the condition. You can also ask your health visitor for advice or call NHS 111. If your GP or health visitor feels your baby needs treatment, they'll probably prescribe an antifungal medicine.

- Sterilise dummies regularly, as well as any toys that your baby puts in their mouth.
- Sterilise bottles and other feeding equipment regularly.

Washing your hands thoroughly after changing your baby's nappy can also be helpful in stopping thrush spreading because the infection can be passed through their digestive system.



### Antibiotics

Oral thrush can also affect babies if they've recently been treated with antibiotics. Antibiotics reduce the levels of healthy bacteria in your baby's mouth, which can allow fungus levels to increase. If you are breastfeeding and have been taking antibiotics for an infection, your own levels of healthy bacteria in your body can be affected. This can also make you prone to a thrush infection that may then be passed to your baby during breastfeeding.





### The glass test

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

**Go straight to the Accident and Emergency Department**



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



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

Find out more from [www.meningitisnow.org](http://www.meningitisnow.org)

# Meningitis and sepsis

## Not common but serious

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

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

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

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

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

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



### GP says

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



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning







### 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 responsively.
- ✓ Being extra careful with hand hygiene (use soap and water 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.

# Diarrhoea and 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. They are generally caused by viruses and those affected (adults and children) recover within 48 hours. It is important to drink plenty of fluid to prevent becoming dehydrated.

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 and older people, 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 is more dipped in than usual).

Try a rehydrating solution from your pharmacist.



### 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 if your child is only able to feed half the normal amount, or seems short of breath, or if you are generally worried about them.

Source:  
[www.nhs.uk/conditions/Bronchiolitis/](http://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. 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 or you think your child may have croup contact your GP.



Call 0300 123 1044 or visit  
[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

# Wheezing and breathing difficulties

## Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. A cough can often be treated at home, if you are worried contact your GP.

### 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 and flu).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP.
- 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 or call 111 **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.





### Falls

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

#### PREVENTION:

- Make sure your baby cannot roll off any surfaces, put pillows around them.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile.
- Make sure balconies are locked and fit restrictors and safety locks to windows.

# Bumps, bruises and falls

## Part of growing up

It is almost impossible to prevent every accident, although there are things we can do at home which might help. Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected, which are the more serious bumps. If your child has unexplained bruising or injury, you need to find out how this happened.

If it looks like the bump may swell, use a cold flannel (soaking the cloth with cold water) or ice pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

**If your child has had a bump to the head and it looks serious or symptoms worsen, call your GP. Read the information on the right.** ➡

If your child is under a year old and has a bump on the head, get advice from your GP.

1

After a fall, comfort your child, check for injuries, treat bumps and bruises.

2

Give your child some **sugar-free** paracetamol and let them rest whilst watching them closely.

3

Seek immediate help if they:

- Have seriously injured themselves.
- Are unconscious.
- Have difficulty breathing.
- Are having a seizure.

## Head injury

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

#### You need to get medical attention if:

- **They are vomiting persistently (more than three times).**
- **They are complaining it hurts.**
- **They are not responding at all.**
- **Pain is not relieved by sugar-free paracetamol or ibuprofen.**

If your child is 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 they are okay and responding normally throughout the night.





# Burns and scalds

## Knowing what to do

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

**Treat any burn or scald straight after the accident but always take your child to hospital for anything more than a very minor 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 20 minutes (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Don't apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who'll have to clean the area before it can be treated. Give paracetamol or ibuprofen ([see page 6 for advice on usage](#)). Take your child to hospital.

Babies/toddlers pull up on everything when learning to stand and walk. Keep hot drinks out of reach and not on tablecloths that they may pull onto themselves. Look at home safety equipment like a stairgate to keep them safe.

1

My child has burnt or scalded themselves.

2

Treat the burn or scald straight after the accident by running under cold water for 20 minutes. Do not use creams, lotions or ointments on the burn or scald.

3

For small burns take your child to the practice nurse or minor injuries unit.  
**For large or facial burns you should go to A&E.**

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

## Preventing scalds and burns

- Always supervise children in the kitchen.
- The front of the oven can become hot enough to burn a young child. Use the back rings of cookers when possible.
- Never drink hot drinks with a baby or child on your lap.
- Never let a child drink a hot drink through a straw.
- Never heat up a baby's milk in a microwave. Stir baby food well if it is heated in a microwave.
- Candles should be up high and out of reach.
- Put cold water in the bath first, and then bring up the temperature with hot water.



# Medicines and 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**.



## Choking

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

### PREVENTION:

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

### WHAT TO DO:

- Act immediately and calmly.
- If you can see the object, try to remove it. But **don't poke blindly with your fingers**. You could make things worse by pushing the object in further.
- If your child is coughing loudly, there is no need to do anything. Encourage them to carry on coughing and don't leave them.
- If your child's coughing is not effective (it's silent or they cannot breathe in properly), shout for help immediately and check whether they are still conscious.
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows.
- If they become unconscious, call for help (do not leave your child alone) and start CPR.



### 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.

### 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.

# Choking and CPR

## Keeping children safe

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

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

1

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**.





## Cuts

Glass, knives and sharp objects can cause serious cuts.

### PREVENTION:

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

### WHAT TO DO:

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

## Drowning

Children can drown in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

### PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or fill in to use as a sand pit.
- Make sure your child learns to swim. Local sessions are available. [www.go.walsall.gov.uk/leisure/Lessons-Courses](http://www.go.walsall.gov.uk/leisure/Lessons-Courses)

### WHAT TO DO:

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

## Poisoning

Poisoning from medicines, household products and cosmetics are common.

### PREVENTION:

Lock all chemicals, medicines, alcohol, batteries and cleaning products away.

### WHAT TO DO:

Find out what your child has swallowed and take it with you when you **go to A&E**.

## Strangulation

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

### PREVENTION:

- Install blinds that do not have a cord.
- Pull cords should be kept short and out of reach.
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.
- Do not place a child's cot, bed or highchair near a window.
- Do not hang toys or objects on the cot or bed.
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR.

### WHAT TO DO:

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

## Fractures

A fracture is a broken or cracked bone.

### PREVENTION:

Supervise play, use correct safety equipment (helmet, knee and elbow pads) for scooters, skateboards and bikes.

How do I know it's a break?

- Sometimes it's obvious and you can see the bone through the skin.
- They are in pain and sometimes shock.

- Limb can appear to be disjointed.
- Swelling and bruising.

### WHAT TO DO:

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

## Falls

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

### PREVENTION:

- Do not leave you baby alone on a surface where they could roll off.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile. Make sure balconies are locked and fit window safety locks.

### WHAT TO DO:

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

## Bumps and bruises

Most bumps, bruises, cuts and grazes can be treated at home.

### PREVENTION:

- Make sure play is supervised in a safe place.

### WHAT TO DO:

Contact your GP if:

- Their injury doesn't seem to be getting better.
- The cut or graze might be infected.
- They have a fit for the first time.

Minor head injuries often cause a bump or bruise. If the child is awake and with no deep cuts, it's unlikely there will be any serious damage. Other symptoms of a minor head injury may include:

- A mild headache • Feeling sick
- Dizziness • Mild blurred vision

If these symptoms get worse or if there are other, more serious symptoms, **go to A&E** or **call 999** to request an ambulance.

## Head injury

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

### You need to get medical attention if:

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

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

### WHAT TO DO:

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

### Dentist's tooth care tips:

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



### Health visitor says

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

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

# Teething trouble

## Every baby goes through it

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

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

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

1

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

2

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

3

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

### Pharmacist says

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

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



**First foods** - Include mashed or soft cooked fruit and vegetables like parsnip, potato, sweet potato, carrot, apple or pear, all cooled before eating. Soft fruits like peach or melon, or baby rice or baby cereal mixed with your baby's usual milk, are good as well. Do not add salt or sugar.

**Finger foods** - Finger food is food that is cut up into pieces big enough for your baby to hold. Things like slices of cucumber, carrot, banana or melon cut into pieces about the size of your own finger.

**Next foods** - Once your baby is used to the idea of more solid foods you can try soft cooked meat such as chicken or mashed fish (check for bones), pasta, noodles, toast or pieces of chapati, rice and mashed hard-boiled eggs. They can also have full-fat dairy products such as yoghurt, or fromage frais. Whole cows' milk can be used in cooking or mixed with food from six months.



# Introducing solids

## It pays to wait until they're ready

Introduction to solid foods is a really important step in your child's development. Babies can get all the nutrients they need from breast milk until they are around six months old. Up until this time their digestive system is still developing and it can't yet cope with solid foods.

To begin with, how much your baby takes is less important than getting them used to the idea of eating. They will still be getting most of their nutrition from breast milk, so do not stop.

Babies do not need three meals a day to start with, so you can begin by offering foods at a time that suits you both. Gradually, you'll be able to increase the amount and variety of food your baby eats, until they can eventually eat the same as the rest of the family, in smaller portions. It can be great fun to explore new flavours and textures together.

Every baby is an individual, but there are three clear signs (see below) that, together, show your baby is ready for solid foods alongside breast milk or formula. It's very rare for these signs to appear together before your baby is six months old.

## Getting started with solid foods

- Always stay with your baby when they are eating in case they start to choke.
- Let your baby enjoy touching food.
- Allow your baby to feed themselves, using their fingers, as soon as they show an interest.
- Do not force your baby to eat, this is a gradual process.
- If you are using a spoon, wait for your baby to open their mouth before you offer the food (do not try to force the food in). Your baby may like to hold a spoon too.
- Start by offering just a few pieces or teaspoons of food, once a day.
- Make sure you cool hot food (and test it before giving it to your baby).
- Do not add salt, sugar or stock cubes to your baby's food or in cooking.



### Your baby is ready if they can:



It's rare for these signs to appear together before 6 months.

### They're sweet enough already!

If you give your baby sweet things they are likely to get a taste for it. In fact giving babies food and drink with added sugar or honey can cause serious problems. Here's why sugar is not so sweet:

- Sugar can rot their tiny teeth. Drinks with added sugar are really bad news for baby teeth.
- Giving babies sugary things makes them more likely to pester for more.
- Too much sugar means excess energy, which can give babies a higher risk of becoming overweight or obese. This can lead to type 2 diabetes, heart disease and some cancers in later life.

Offer water with meals instead of sugary drinks, and choose healthier snacks like fruit or toast, pitta or chapati fingers.

#### For further information

<https://353ld710iigr2n4po7k4kgv-wpengine.netdna-ssl.com/babyfriendly/wp-content/uploads/sites/2/2008/02/introducing-solid-foods.pdf>

### Tips which may help

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

1

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

2

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

3

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

# Fussy eaters

## Often a normal part of growing up

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

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

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

After the first year weight gain will slow down. This will affect their appetite. Your toddler may well eat lots at some meals, and barely touch anything during others. The correct portion size can also make a difference. A huge plate of food can seem daunting.

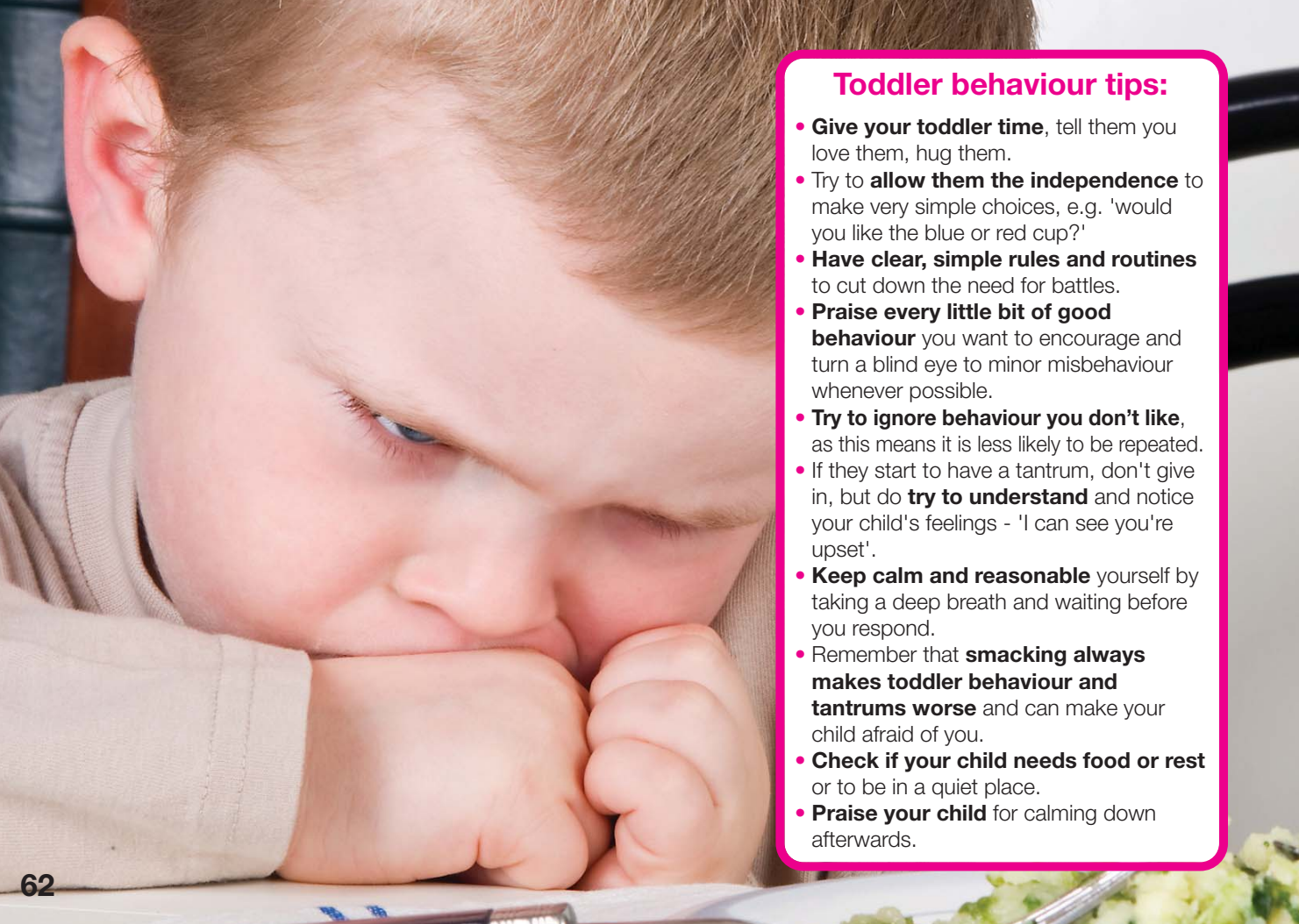
You may feel that your toddler cannot sit still long enough to eat much but they are generally good at regulating their own food intake. Picky eating may also be your toddler's way of showing independence. Many toddlers want to see how far they can push the limits of your authority and try to assert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



### Health visitor says

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





### Toddler behaviour tips:

- **Give your toddler time**, tell them you love them, hug them.
- Try to **allow them the independence** to make very simple choices, e.g. 'would you like the blue or red cup?'
- **Have clear, simple rules and routines** to cut down the need for battles.
- **Praise every little bit of good behaviour** you want to encourage and turn a blind eye to minor misbehaviour whenever possible.
- **Try to ignore behaviour you don't like**, as this means it is less likely to be repeated.
- If they start to have a tantrum, don't give in, but do **try to understand** and notice your child's feelings - 'I can see you're upset'.
- **Keep calm and reasonable** yourself by taking a deep breath and waiting before you respond.
- Remember that **smacking always makes toddler behaviour and tantrums worse** and can make your child afraid of you.
- **Check if your child needs food or rest** or to be in a quiet place.
- **Praise your child** for calming down afterwards.

# Challenging behaviour

## Temper tantrums are common

All children test the limits you set and try to cross boundaries some of the time. This is all part of growing up, learning and becoming an independent person. It is important to remember that babies behave as they do in order to get their needs met. Crying or not sleeping is not them being naughty or done to upset you. Older babies may spit out food they don't like or wriggle away from a nappy change. All they are doing is trying to communicate their likes and dislikes in the only way they can.

Many reasons for challenging behaviour can be put down to simple things like tiredness or hunger, needing physical contact or emotional support, a change in a child's life (maybe a new nursery or a new baby in the house) or they may feel powerless and frustrated because they cannot put into words what they want to tell you. A good sleep routine and eating well can make a big difference to behaviour.

### Serious behavioural difficulties

In a small minority of children behavioural problems become persistent and severe, such as when a child gets stuck in a pattern of challenging behaviour. They often feel unhappy, unsafe and out of control (and so do their parents). It is characterised by repeated and persistent bad behaviour much worse than would normally be expected in a child of that age. This can occur in children of all ages but more often starts in early life, with it being more common in boys than girls.

Signs of behavioural problems can present in many ways from aggression, refusing to speak and tics (rapid, repetitive, involuntary contractions of a group of muscles) to repeated head banging. You know your child best. If you are worried, discuss with your childminder, nursery, health visitor or GP. Some children may need to be referred to a specialist where they can get the help they need.

### Toddler tantrums

Tantrums may start around 18 months and become less common at four. Tantrums often happen when a child is frustrated and is not able to express themselves clearly. Tantrums are especially likely to happen if a child is tired, hungry or uncomfortable and often occur in busy places. Give your child attention and find a quiet place. Try to understand your child's feelings. Don't feel you have to cope alone. Talk to your health visitor or GP, ask about support groups and local parenting programmes.



### 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 and have faster language development if they spend no time in front of screens in the first two years of life.

\*Source: [www.gov.uk](http://www.gov.uk) - Research Report DFE-RR134

# Speech, language & communication

## It starts with you!

Parents are often a child's very first teachers and those who actively play a part can have a great impact on the child's ability to communicate verbally. 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.

While there is no magic formula to help your child talk, there are things you can do to help with your child's development. The process of talking involves listening, understanding, thinking, wanting and needing to speak, and being able to coordinate all the right muscles.

Talking to babies everyday is important as babies learn to talk from listening to others. Communication should be fun and this is the essence of baby talk. Babble and baby talk is an essential step in early language development. Talking can easily fit into your daily routine.

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. If you think your child's communication skills are not developing as they should discuss with your health visitor or your child's nursery.



## Dummies

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.





### 10 Tips

1. Breastfeeding provides the best nutrition for babies.
2. Brush teeth as soon as the first primary tooth appears (at approximately 6 months of age).
3. Teeth should be brushed at least twice daily with a fluoride toothpaste, last thing at night and on at least one other occasion.
4. Brushing at bedtime ensures that the fluoride continues protecting the teeth while children sleep.
5. For maximum protection from tooth decay use a family toothpaste containing 1350 to 1500 ppm of fluoride but only a small amount. Children under 3 years old should use a smear of toothpaste, and children aged 3-6 years no more than a pea-size amount.
6. Parents/carers should brush or supervise tooth brushing until at least 7 years of age.
7. Don't rinse with water after brushing teeth as this rinses off the fluoride from the tooth. Spitting out excess toothpaste is preferable.
8. The amount of foods and drinks that contain free sugars should be reduced.
9. Avoid foods and drinks containing sugar at bedtime. **Sugar-free** medicine should be recommended.
10. Parents/carers should be advised to take their children to visit the dentist for preventive advice as soon as they are born.

# Good oral health

## Tooth care matters

In theory, tooth care should be quite simple - don't allow children to have sugary things too often and make sure their teeth are brushed well twice a day for two minutes. In practice, it's not that easy, the way sugary products are advertised and promoted can make it difficult to limit them.

Get your child used to visiting the dentist and take them to an appointment with you to reassure them. Talk to your health visitor and take your child to a dentist as soon as you can.

<https://vivbennett.blog.gov.uk/wp-content/uploads/sites/90/2016/11/Improving-oral-health-for-children.pdf>

## Good habits

Use a family fluoride toothpaste right from the start. Remember that good tooth care will come from you, mums and dads, brothers and sisters. Take opportunities to let them watch you brushing your teeth. Explain what you are doing and why you are doing it. Try to make it fun. Visit the dentist as a family.



## Dentist says

As soon as teeth appear in the mouth, parents should brush their baby's teeth in the morning and last thing before bed.

Provide a healthy, balanced diet and limit sugary food and drinks to mealtimes only. Sugar or honey should not be added to weaning foods. Introduce drinking from a cup from six months and stop bottle feeding by one year. If children are brought up to care for their teeth early on, it should stand them in good stead for the rest of their lives.

Do not give your toddler juice in a bottle or sippy cup. They may use this as a comforter and expose teeth to fruit sugar all day long.



# Sun safety

## Simple steps to protect their skin

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 from the sun. Try to use loose long sleeved clothing. Apply high factor suncream regularly, particularly if your child is in and out of the sea or a paddling pool.

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.

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. SPFs 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



## Partners' health

In the early days, there is often a lot of support and focus on mum and how she is feeling or coping. While this is really important, partners need some support too. Becoming a parent can be an exciting and overwhelming experience. New parents may find they are struggling to cope with the pressures. Greater financial responsibility, combined with a lack of sleep and changes in relationships can all affect a partner's wellbeing. Men who are supporting women with postnatal depression are also much more likely to suffer from it themselves. (It is now increasingly recognised that postnatal depression and other perinatal mental health issues can be experienced by men as well as women).

Make sure you take care of yourself too, and speak to your GP or health visitor if you are finding things difficult.



# Parental wellbeing

## Your health and wellbeing matters too

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 wellbeing. A positive attitude and a good social outlook encourages us all to have a healthy lifestyle. You should have your postnatal check about six to eight weeks after your baby's birth to make sure that you feel well and are recovering properly.

Family life plays an important role in the wellbeing of both children and parents. Doing active and creative things together can really boost happiness levels all round.

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 wellbeing as I want to do the best for my child.

2

Your child's wellbeing 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 - not feeling like yourself?

Postnatal depression is more common than people think and can begin within days of giving birth or occur up to 12 months after.

Postnatal depression does not always mean having low mood or feeling sad but can often create feelings of too much anxiety. Some mums feel overly anxious about themselves or their babies or other issues such as money worries. Poor sleep, poor eating and staying away from family and friends can be signs to discuss with the health visitor and GP. Seeking help is important to reduce the length of time a mum is unwell/affected by this illness and can include talking therapies, practical support and medication. Treatment for mum does not mean separation from her baby. Talk to your GP or health visitor.



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

#### How can I get my child school ready?

- Make sure they are toilet trained ✓
- Help them understand how to follow simple tasks ✓
- Help them to answer to their name ✓
- Encourage them to share and understand turn-taking ✓

# School readiness

## Is my child ready for school?

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

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

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

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

1

My child seems to have no friends and makes no effort at nursery to mix with other children.

2

Closeness between parent and child, combined with consistent rules, are most likely to lead to children doing well and becoming more social.

3

Do not panic. Invite one or two children over for tea with their parents. Chat to your health visitor.



### Teacher's tip

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



# Useful contacts

## NATIONAL

### Allergy UK

01322 619 898  
<https://www.allergyuk.org/>

### Asthma UK

0300 222 5800  
[www.asthma.org.uk](http://www.asthma.org.uk)

### Baby LifeCheck

[www.babylifecheck.co.uk](http://www.babylifecheck.co.uk)

### Child Accident Prevention Trust

020 7608 3828  
[www.capt.org.uk](http://www.capt.org.uk)

### Cry-sis

08451 228 669  
[www.cry-sis.org.uk](http://www.cry-sis.org.uk)

### Dental Helpline

0845 063 1188

### Diabetes UK

[www.diabetes.org.uk](http://www.diabetes.org.uk)

### Family Lives

0808 800 2222  
[www.familylives.org.uk](http://www.familylives.org.uk)

### Healthy Start

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

### La Leche League GB

0345 120 2918 available 24 hours  
7 days a week.  
[www.laleche.org.uk](http://www.laleche.org.uk)

### The Lullaby Trust

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

### Meningitis Now

0808 80 10 388  
[www.meningitisnow.org](http://www.meningitisnow.org)

### National At-home Dad Network

Dad's views, chat, news and support.  
[www.athomedad.org](http://www.athomedad.org)

### National Breastfeeding Network Helpline

0300 100 0212, 9.30am-9.30pm  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

### National Childbirth Trust

0300 330 0700 8am-10pm 7 days a week  
[www.nct.org.uk](http://www.nct.org.uk)

### National Domestic Violence Helpline

0808 2000 247  
[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)

### Netmums

Parenting advice and information.  
[www.netmums.com](http://www.netmums.com)

### NHS Information Service for Parents

[www.nhs.uk/start4life](http://www.nhs.uk/start4life)

### Red Cross

Information on CPR (kiss of life)  
[www.redcrossfirstaidtraining.co.uk](http://www.redcrossfirstaidtraining.co.uk)

### Start4Life Healthy tips

[www.nhs.uk/start4life](http://www.nhs.uk/start4life)

### To find an NHS dentist

Call **NHS 111** or visit [www.nhs.uk](http://www.nhs.uk)

### Unicef

0300 330 5580, Mon-Fri, 8am-6pm  
Text message 07860 027 540 (UK residents only)  
[www.unicef.org.uk](http://www.unicef.org.uk)



Call 0300 123 1044 or visit  
[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

## 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 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.

Call 999 in an emergency

## LOCAL

### Walsall Family Information Service

For extra support call 01922 653383  
[walsallfis@walsall.gov.uk](mailto:walsallfis@walsall.gov.uk)  
Facebook: walsall families in the know

### Child Protection

If you are worried about a child contact Walsall Safeguarding Children Board.  
01922 659529  
To report a concern 01922 658170

### Walsall Children and Young People's Service Directory

[www.mywalsall.org](http://www.mywalsall.org)  
[walsallfis@edu.walsall.gov.uk](mailto:walsallfis@edu.walsall.gov.uk)  
01922 653383

### Children's Services

01922 658170

### Walsall breastfeeding

[www.walsallhealthcare.nhs.uk/breastfeeding/](http://www.walsallhealthcare.nhs.uk/breastfeeding/)  
<http://healthywalsall.co.uk/starting-well/>

### 0-5 Healthy Child Programme

[www.walsallhealthcare.nhs.uk/health-visiting.aspx](http://www.walsallhealthcare.nhs.uk/health-visiting.aspx)