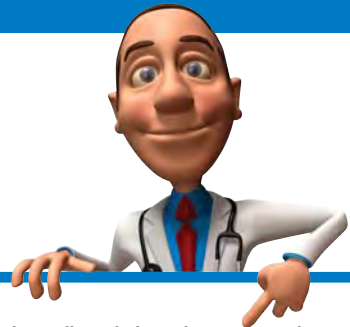


A Guide

FOR **PARENTS** AND **CARERS** of children aged **birth-5 years**

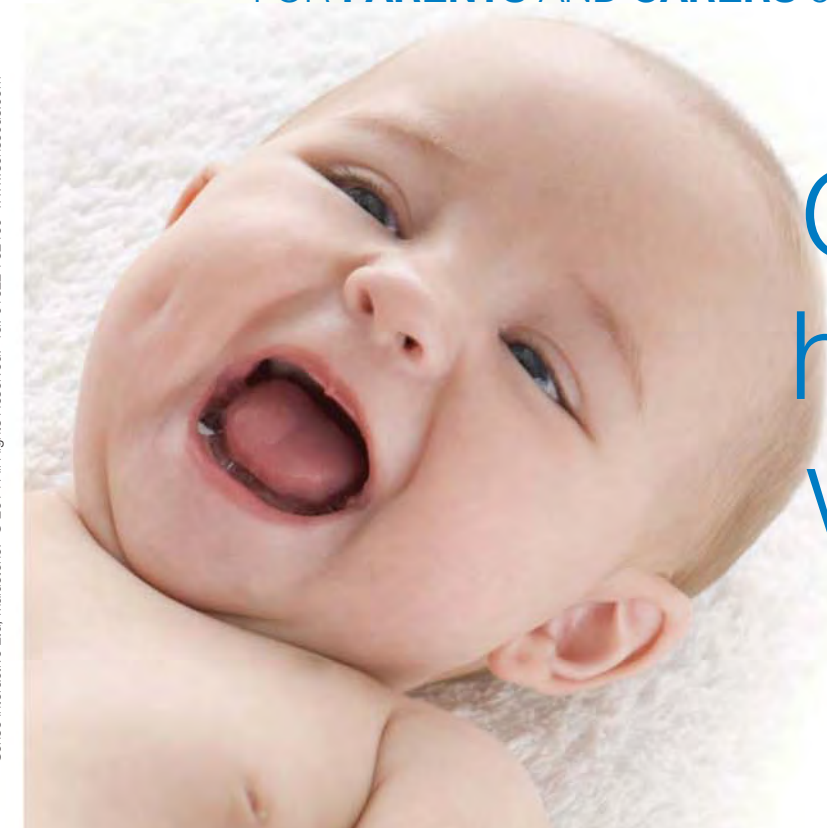


This handbook has been produced by:
West Leicestershire Clinical Commissioning Group,
NHS East Leicestershire and Rutland Clinical Commissioning Group
NHS Leicester City Clinical Commissioning Group

This booklet is available online and in other languages visit:
www.westleicestershireccg.nhs.uk
www.eastleicestershireandrutlandccg.nhs.uk
www.leicestercityccg.nhs.uk

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Childhood health and well-being



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

Grazed knee, sore throat, coughs and colds	Self Care	You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk .
As a parent if you are: Unsure, confused, need help	NHS 111 For 24 hour health advice and information.	Ring NHS 111 when it is less urgent than 999 Tel: 111 www.nhs.uk/111
Mild diarrhoea, mild skin irritations (including spots/rash), mild fever	Pharmacist For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist
Teething problems, tooth brushing and dental care, preventing dental decay	Dentist For advice, prevention and treatment of dental decay.	To find your local NHS dentist: visit NHS Choices website at www.nhs.uk/dentists or call your local Healthwatch on 0116 2574 999
High temperature, head injuries not involving loss of consciousness, persistent cough, worsening health conditions, minor bumps, cuts and possible fractures, dehydrated, headache, tummy pain	Doctor or Walk-in Centre (when your surgery is closed) For the treatment of illnesses and injuries that will not go away.	Doctor/Walk-in Centre Write your Doctor's (family doctor) telephone number here: <div></div>
Unexpected and sudden sickness, severe pain, worsening health conditions (outside GP hrs)	Urgent Care When you need healthcare in a hurry 24 hours a day.	A&E/Urgent Care Centre
Choking, loss of consciousness, fitting, broken bones	A&E or 999 For very severe or life threatening conditions.	A&E

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

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A guide to services

www.choosebetter.org.uk

You can
choose better

Self-care

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



111

If you think you need help urgently during the day or night you should call 111 before you go to any other health service. By calling 111 you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call NHS 111:

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



Doctor or GP

You will need to register with a local GP practice. The surgery will have a range of services; find out about them from:

- Surgery reception
- Leaflets in the surgery
- Surgery website

You will usually need to make an appointment but you can get initial telephone advice from a Doctor or Nurse.

Out of hours (6.30pm-8.00am) cover is provided by the GP out-of-hours service. Ring the usual surgery number and follow the instructions or telephone **0845 0450 411**.



Pharmacist

Your local Pharmacist knows about most everyday health issues. They can suggest the best medicine to help. There are often pharmacies in supermarkets and many are open late.

Midwife

Your Midwife can also give you help. They will support you during pregnancy and up to 14 days after the birth. Your Health Visitor will then take over your care.



Health Visitor

Your Health Visitor will know you and your baby well. They are there to support you when you need them. They will visit you at home or see you in a clinic and can offer support and advice and can tell you where to get extra help if you need it. They are part of a team of Nurses and Nursery Nurses.

Contact No:

Dentist

NHS dental care is FREE until the age of 18. NHS dental care is also FREE for ALL pregnant mothers AND for 12 months after birth. Take children to see the Dentist AS SOON AS the first baby tooth shows in the mouth. Take your child to the Dentist REGULARLY, not just when in pain.



Children's Centres

Children's Centres are for families with children under five. Together the centres offer a wide range of services including:

- Health Visitors
- Midwifery services
- Play sessions for children
- Parenting support (including support for teenage parents)
- Services for disabled children
- Speech and language support

Many centres also provide high quality early learning and childcare.



Urgent Care Centres

If your GP practice is closed and you have a minor injury or require urgent care you can visit an Urgent Care Centre or Walk-in Centre.

They provide convenient access to a range of treatments for minor illnesses and injuries that don't need an appointment or a trip to hospital.



A&E

A&E and the 999 ambulance service are only for critical or life threatening situations.

This includes things like major head injuries, severe bleeding, burns, broken bones, breathing difficulties, severe allergic reactions or if you are really worried. You do not need an appointment but may need to wait. Some hospitals have separate A&E facilities for children.



Types of thermometer

As a general rule, in children, a temperature of over 37.5°C (99.5°F) is a fever.

Digital thermometers are quick to use, accurate and can be used under the arm (always use the thermometer under the arm with children under five years old). Hold your child's arm against their body and leave the thermometer in place for the time stated in the instructions.

Ear thermometers are put in the child's ear. They take the temperature in a few seconds and do not disturb the child, but they can be expensive to purchase. Ear thermometers may give low readings when not correctly placed in the ear. Read the instructions carefully.

We do not advise using strip or mercury thermometers.

Source: www.nhs.uk

Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong with their baby/child from quite early on. It is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary. Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. There is a useful list in the box on the right, of things to have at home just in case. Make sure you've got the right strength of medicine for the age of your child, always follow instructions carefully and check use by dates. Read the label carefully.

If your baby seems to have a serious illness it is important to get medical attention as soon as possible.

1

My baby is crying more than usual and seems to be irritable and hot.

2

Is there a fever, have you checked their temperature? Look at 'normal temperature level' on left. Have you tried paracetamol? Remember to check the label to give the right dose.

3

If you have tried this and it has not worked see your Pharmacist. **If temperature is 38°C or above coupled with a rash**, contact your Doctor immediately.

Source: NHS choices



Pharmacist says

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



Thermometer



Plasters



Liquid painkillers
(e.g. paracetamol or ibuprofen)



Barrier cream



Natural oils
like olive oil or almond oil
(for dry skin)



Antihistamine

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

- **Are your baby's head and body in a straight line?**

If not, your baby might not be able to swallow easily.

- **Are you holding your baby close to you?**

Support their neck, shoulders and back. They should be able to tilt their head back easily.



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: County Health Partnerships

Feeding your baby

The best start in life

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

Sterilising and bottle hygiene

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

1

Are your nipples sore? If yes, please ask for help as soon as possible.

2

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

3

Go to your local Breastfeeding Support Group, usually held at a Children's Centre, call 0300 3000 103 for details. Other mums and Peer Supporters will be there to give you lots of tips.

Source: UNICEF UK Baby Friendly Initiative 2010

Midwife says

How to tell your baby is having enough milk:

- Lots of wet heavy nappies - around 6 in 24 hours.
- Soiled nappies, 2-3 soft stools per day.
- Baby is content and settled during and after each feed.
- During a feed, you can hear baby swallowing.
- Weight gain - which will be checked by your Midwife or Health Visitor.

Remember, your milk fulfils all of your baby's needs for around 6 months, after which you can start to offer food, alongside breast milk. Cow's milk should not be offered until your baby reaches its first birthday.



Health Visitor says

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

Being sick

A problem likely to get better on its own

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

Make sure your baby is positioned correctly when breast or bottle feeding as incorrect positioning can cause a baby to be sick.

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

1

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

2

They always seem to bring
up small amounts of milk.

3

This is known as
'possetting'. As they
develop it will stop
naturally. Talk to your
Health Visitor or Midwife.

Doctor says

After the first few months, if your baby is suddenly sick it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is a tummy bug (see [Upset tummy page 34](#)), which can come with diarrhoea (runny poo).

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

Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your Doctor's advice straightaway.



Health Visitor says

Know your baby. 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?
- ✓ Are they uncomfortable?

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

Crying

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.

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping.

When a baby cries, it can be upsetting. It is very important to stay calm and don't be afraid to ask for help. Do not shake your baby.

1

My baby is crying more than usual.

2

Have you followed the advice given by your Health Visitor? Have you thought about what your baby is trying to tell you, it may be something really simple.

3

If you have tried this and it has not worked speak to your Health Visitor, or contact your Doctor if you are worried.



Doctor 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. Trust your instincts - you know your baby best.

Health Visitor's cradle cap tips

This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the first 3 months. It can look like a bad case of dandruff and clears up over time without causing your baby discomfort.



Wash scalp gently every day using luke warm water.



Use a small amount of natural oil (vegetable oil) on the scalp and leave on for 15 minutes before washing off with luke warm water.

It is important not to pick at the scales as this may cause infection.

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.

Nappy rash & dry skin

A common problem that's easy to treat

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

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

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

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 you are worried about contact your Midwife, Health Visitor or Pharmacist.

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 Doctor.



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 wee 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 e.g. Health Visitor or Pharmacist.



Sticky eyes & conjunctivitis

Two different issues

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

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



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

1

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

2

Sticky eyes is a common condition that affects most babies, speak to your Health Visitor.

3

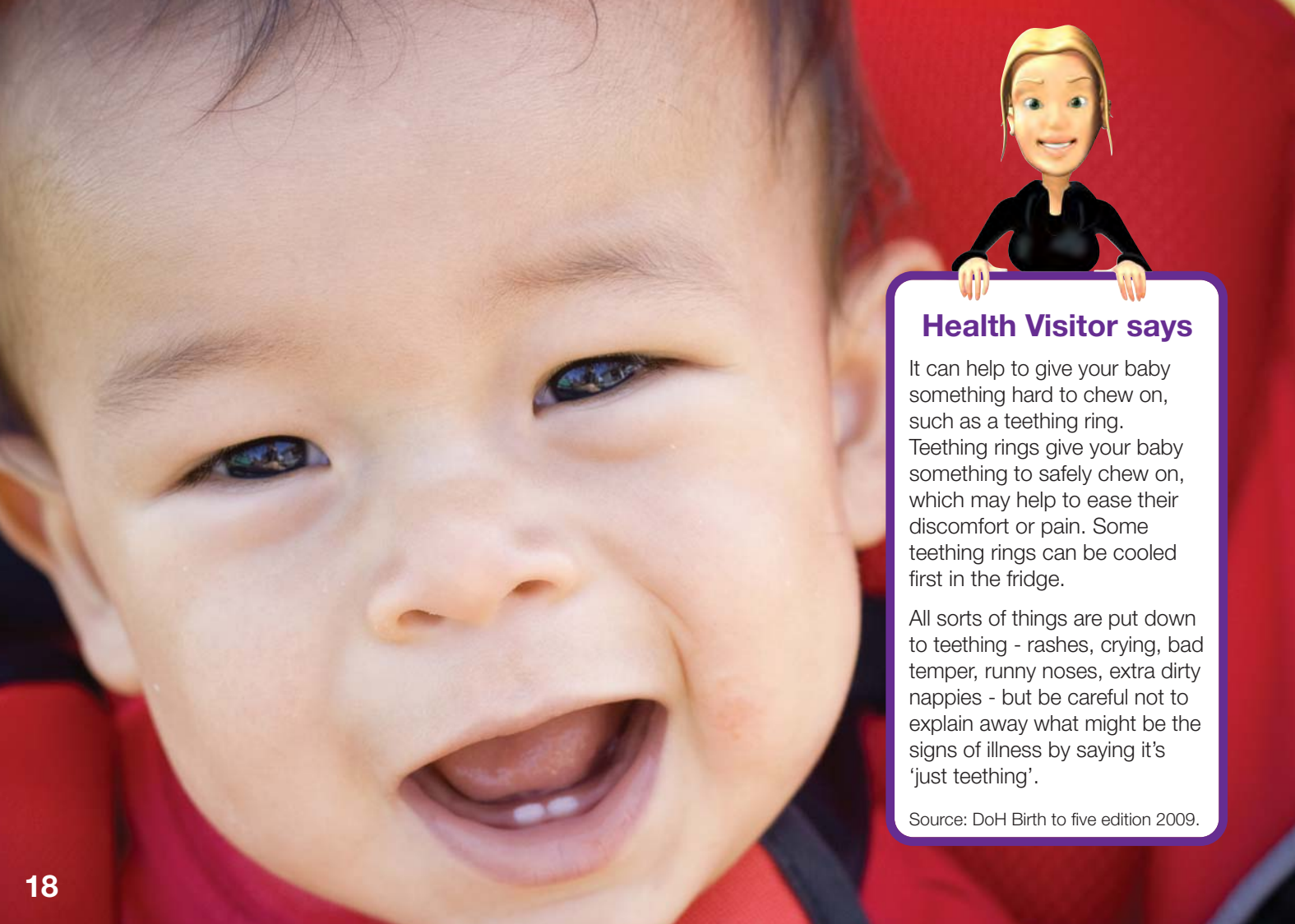
Use cooled boiled water on a clean piece of cotton wool for each wipe.

Source: DoH 2006.



Doctor says - Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are yellowy, green sticky goo which comes back regularly. If you notice this, contact your Health Visitor or Doctor. This can be passed on easily, so wash your hands and use a separate towel for your baby.



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 - but be careful not to explain away what might be the signs of illness by saying it's 'just teething'.

Source: DoH Birth to five edition 2009.

Teething trouble

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. Very 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. Source: www.nhs.uk

If babies have pain or discomfort they can be treated with a painkiller that is available from your Pharmacist. This will help ease any discomfort your child has. Always tell your Pharmacist about other treatments you have given your baby. The medicine will contain a small dose of paracetamol and should be sugar free.

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 paracetamol available. If you are worried and things do not feel right contact your Health Visitor or Doctor or Out-of-hours helpline 0845 840 0065.

Source: DoH Birth to five edition 2009.



Dentist says

Talk to your Dentist about your child's tooth care routine. They can show you how to brush your baby's teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see a Dentist regularly and take your baby with you, too. NHS dental care is FREE for ALL pregnant mothers AND for 12 months after birth. NHS dental care is also FREE until the age of 18. Ask your Dentist to brush on FLUORIDE VARNISH for added protection against tooth decay (for children aged 3 and above) - IT'S FREE!



Chickenpox

Chickenpox is a mild disease that most children catch at some point.

Chickenpox is easy to pass on to someone who has not had it before. If your child has chickenpox keep them away from others.

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

Rashes & chickenpox

Baby skin needs extra care

A baby's skin is thinner and needs extra care. Dry, flaky skin, some blemishes, blotches and slight rashes are normal in newborns and will naturally clear up. If your baby is well but has a rash you are worried about contact your Midwife or Health Visitor. Another common rash for babies is heat rash. This mainly appears on the head and neck as tiny red spots and is nothing to worry about. Keep them warm but not hot and try to dress them in natural cotton clothes, with nothing that can rub on their skin.

Your baby may also suffer from something called cradle cap. This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the baby's first three months. It can look like a bad case of dandruff and is harmless, it doesn't cause any irritation to your baby and usually clears up by the time they are two years old.

1

Your baby's skin may be flaky and dry.

2

Dry skin is common in newborn babies, as their skin is 15 times thinner than that of an adult.

3

Avoid soap and using products on your baby's skin. Wash your baby in clean water.

The above information cannot replace specialist treatment. If you are worried contact your Doctor.



Doctor says

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

Call 999 or go to A&E if your baby has a rash and a high temperature or vomiting ([see page 30 for more information on meningitis](#)).

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 paracetamol and cough medicines?

3

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

Paracetamol - can be given to children for pain or fever. Check you have the right product, dose and strength for your child's age. Read the box carefully.

Ibuprofen - can be given to babies and children of 3 months and over who weigh more than 5kg. Read the box carefully. Avoid if your child has asthma unless advised by your Doctor.

Do not give paracetamol and ibuprofen at the same time. If your child is still distressed you could consider changing to the other drug when the next dose is due.

Aspirin - do not use for children under 16.

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. Clean your hands as soon as you can.

Coughs, colds & flu

Not usually serious

You will probably find when your child goes to playgroup or nursery that they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system.

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

Most bugs 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 for all children aged two and three as part of the NHS Childhood Vaccination Programme. Ask your Health Visitor.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try paracetamol (not aspirin).
- ✓ 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.

See your Doctor if:

- ✓ Your baby has a temperature of 38°C or more.
- ✓ They have a fever with a rash.
- ✓ They are not waking up or interacting.
- ✓ Your child is finding it hard to breathe.



Pharmacist says

Children can often be treated using over the counter medicines to help to bring down a raised temperature and ease discomfort. Paracetamol and cough medicines can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of about three months. Check with the Pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your Doctor.

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 slight fever, a persistent cough and difficulty feeding.

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

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

1

My child has a distinctive barking cough and makes a harsh sound when they breathe in. This is known as croup.

2

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever, paracetamol will help lower their temperature and ease discomfort from coughing.

3

Some people have found that allowing their child to breathe in steam from a hot bath or shower in a closed room has eased symptoms. Make sure the water isn't too hot as it will scald the skin. If symptoms get worse contact your Doctor.

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. It may be nothing to worry about and could just be normal baby 'snuffles'.

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

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 22 Coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.
- Child appears pale.

If you're worried about your child wheezing or having breathing difficulties even after reading this, contact your Doctor or call 999 immediately.

Source: NHS Choices - Symptoms of bronchiolitis



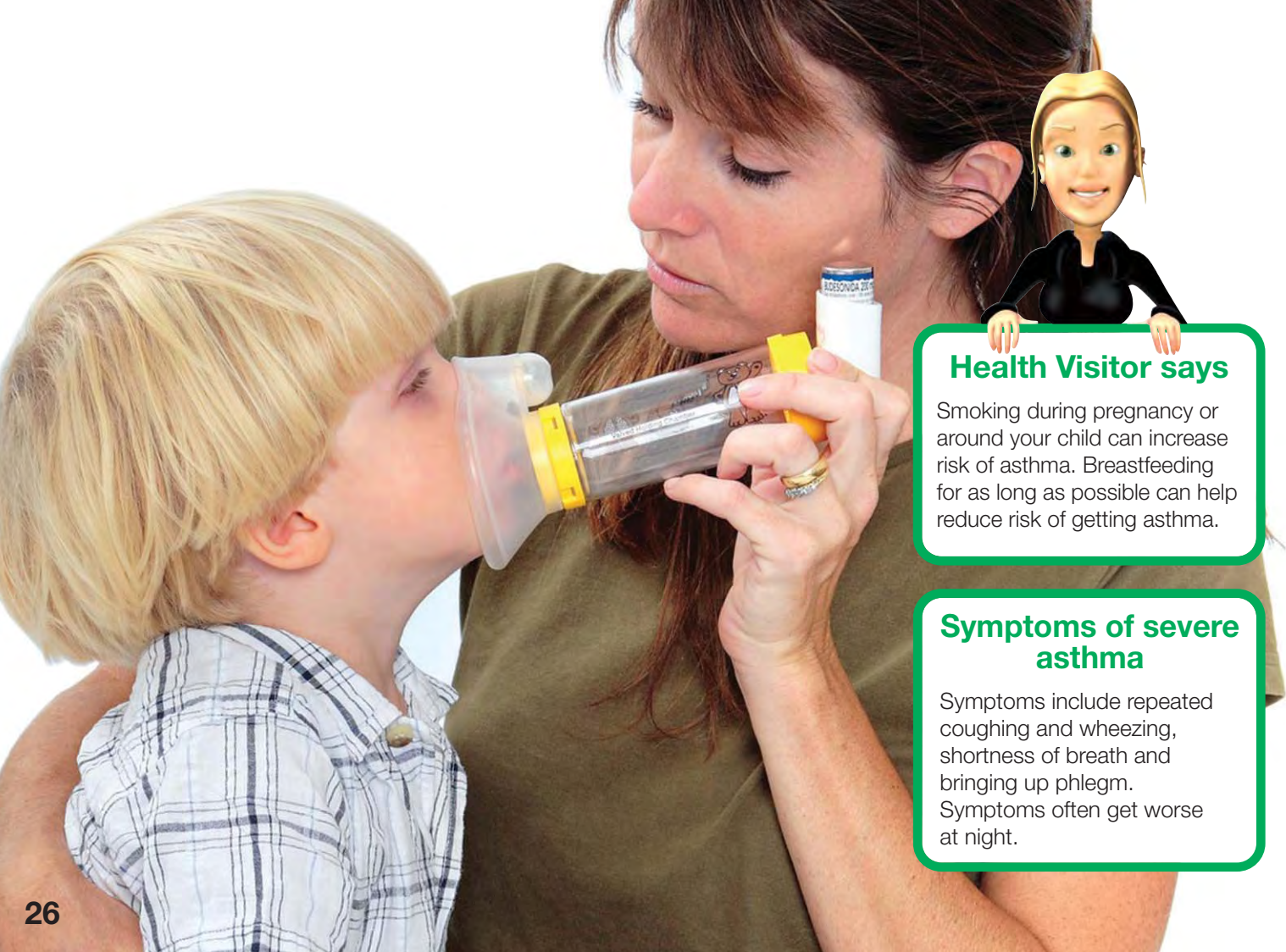
Doctor's tips

Get help and contact your Doctor now if your child:

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

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

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



Health Visitor says

Smoking during pregnancy or around your child can increase risk of asthma. Breastfeeding for as long as possible can help reduce risk of getting asthma.

Symptoms of severe asthma

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

Asthma

Know the symptoms

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Parents learn how to be prepared and how to recognise symptoms and deal with them.

Asthma affects the airways and makes it difficult to breathe and causes wheezing, coughing, shortness of breath and can make the chest feel tight.

A sudden, severe onset of symptoms is known as an asthma attack. Asthma attacks can sometimes be managed at home but may require hospital treatment. They are occasionally life threatening.

Triggers can include exercise (especially in cold weather), an allergy with dust mites, animal fur, grass and tree pollen or exposure to air pollution, especially tobacco smoke or a cold virus. Asthma often runs in families.

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

1

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

2

Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you discussed with your Health Visitor?

3

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

Source: Department of Health, Birth to five 2009



Doctor says

Your Doctor will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. They will want to know about your child's medical history and whether there is a history of allergic conditions in your family. They will also want to know about the circumstances surrounding the onset of your child's symptoms, such as when and where it happened, because this could help to identify the possible trigger(s) of their asthma.



Babies under 6 months:

Always contact your Practice Nurse, Doctor or Health Visitor without delay - if your baby has other signs of illness, as well as a raised temperature and/or if your baby's temperature is 38°C (102°F) or higher.

Older children:

A little fever isn't usually a worry. Contact your Doctor if your child seems unusually ill, or has a high temperature which doesn't come down.

- Make sure they are not too hot from too many clothes or blankets.
- Give liquid paracetamol in the correct recommended dose for your child.
- It is important to ensure your child drinks as much fluid as possible.
- Keep the room at a comfortable temperature (18°C).
- Aspirin should not be given to children for treatment of pain or a fever.
- Please ask your local Pharmacist to advise about medicines.

Fever/temperature

Common in young children

As a general rule, in children, a temperature of over 37.5°C (99.5°F) is a fever. 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.

A fever is part of the body's natural response to infection and can often be left to run its course provided your child is drinking enough and is otherwise well. It is important to prevent your child from becoming dehydrated, which can lead to more serious problems. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids.

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment.

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

1

My baby/toddler is hot and grumpy.

2

Are they wearing too many clothes? Are they sleeping under too many blankets? Have you tried liquid paracetamol? Have you made sure they are drinking lots of fluids?

3

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

Source: DoH Birth to five edition 2009.



Doctor's tips

These are things you can do at home to help:

- Keep them comfortable - give regular paracetamol as directed on the bottle.
- Children with fever should not be left in light clothing.
- It is important to ensure your child drinks as much fluid as possible.



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. Contact a Doctor immediately. 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 contact NHS 111, your Doctor or go to A&E.

Source: Meningitis Now

Meningitis

A serious, contagious illness

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's a very serious, contagious illness which can sometimes get confused with other more common illnesses, but if it's treated early most children make a full recovery.

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

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

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

1

My child is showing some of the signs of meningitis.

2

Have you tried the glass test?

3

Treat all cases of suspected meningitis as an emergency. If the spots do not fade under pressure **call 999 or go to A&E.**



Doctor says

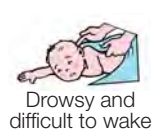
If any of the signs below are present contact a Doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



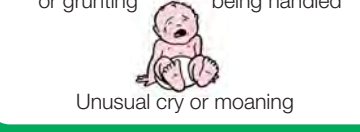
Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning





What are the signs of an ear infection?

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

Earache

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. Ear infections can be painful and your child may just need extra cuddles and painkillers (paracetamol) from the Pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Children who live in households where people smoke (passive smoking) or who have a lot of contact with other children, like those who go to nursery, are more likely to get ear infections. Speak to your Health Visitor about safely cleaning your baby's ears as they can be easily damaged.

1

My toddler has earache but seems otherwise well.

2

Have you tried paracetamol or ibuprofen from your Pharmacist? Do not put oil or cotton buds into your child's ears.

3

Most ear infections get better by themselves. Speak to a Doctor 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.

Source: DoH Birth to five edition 2009.



Health Visitor's tips

- ✓ A baby's ears need to be treated with care when cleaning.
- ✓ 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.



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

If your child is unwell for more than 24 hours see your Doctor. If your baby is newborn or very unwell contact your Doctor straight away.

Upset tummy

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 - like playgroups or nurseries.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. **Take them to see your Doctor 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. Offer older children plenty of fluids, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

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

1

My baby has runny poo 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 rehydrating solutions.

3

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

Signs of dehydration

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

Try rehydrating solution from your Pharmacist.



Constipation

Easy to treat

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

Breastfed infants will generally have more stools per day. 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. When babies are weaned onto solid food their poos can change colour, smell and frequency.

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 Doctor.

1

Does your child have a balanced diet?

2

If your child is constipated, they may find it painful to go to the toilet.

3

Ask your Health Visitor or Pharmacist whether a suitable laxative may help.

Source: NICE guidelines 2009, constipation in children



Health Visitor says

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

If a bottle fed baby becomes constipated you can try offering water between feeds (never dilute baby milk). If the problem doesn't go away, talk to your Health Visitor or Doctor again.

Cuts

Glass causes serious cuts with many children ending up in A&E.

PREVENTION:

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

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 (maybe they trod on some glass) go to A&E.

Drowning

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

PREVENTION:

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

WHAT TO DO:

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

Poisoning

Poisoning from medicines, household products and cosmetics are common.

PREVENTION:

Lock all chemicals, medicines and cleaning products away.

WHAT TO DO:

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

Strangulation

Window blind cords and chains can pose a risk for babies and children who could injure or even strangle themselves on the hanging looped cords.

PREVENTION:

- Install blinds that do not have a cord, particularly in a child's bedroom.
- Pull cords on curtains and blinds should be kept short and kept 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, playpen or highchair near a window.
- Do not hang toys or objects that could be a hazard 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
www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

Untangle child, call 999 and start CPR.

Source: The Royal Society for the Prevention of Accidents (RoSPA)

Household accidents

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 stair gates for toddlers. Make sure balconies are locked and fit restrictors and safety locks to windows.

WHAT TO DO:

If your child has a serious fall call 999.

Choking

Babies and toddlers can easily swallow, inhale or choke on small items like balloons, peanuts, buttons, plastic toy pieces, strings or cords.

PREVENTION:

- Check on the floor and under furniture for small items.
- Check that toys are age appropriate and in good condition.
- Find out more about CPR (a first aid technique that is a combination of rescue breaths and chest compressions. Sometimes called the 'kiss of life').

WHAT TO DO:

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

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 3 times).**
- **They are complaining it hurts.**
- **They are not responding at all.**
- **Pain is not relieved by paracetamol or ibuprofen.**

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

WHAT TO DO:

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



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.

If back blows don't relieve the choking and your child is still conscious, and under one year **give chest thrusts.**

If your child is choking

If back blows don't relieve the choking and your child is still conscious, and over one year **give abdominal thrusts.**

Chest thrusts for children under one year

- Support the baby down your arm, which is placed down (or across) your thigh as you sit or kneel.
- Find the breastbone and place two middle fingers in the middle.
- Give five sharp chest thrusts, compressing the chest by about a third of its diameter.



Abdominal thrusts for children over one year

- Stand or kneel behind the child. Place your arms under the child's arms and around their upper abdomen.
- Clench your fist and place it between navel and ribs.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to five times.
- Make sure you don't apply pressure to the lower ribcage as this may cause damage.

Following chest or abdominal thrusts, reassess your child:

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

How to resuscitate a child

Back blows, chest thrusts & cardiopulmonary resuscitation (CPR)

CALL FOR HELP FIRST

Babies under one year old

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

Children over one year old

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

Source: NHS Choices, DoH birth to five 2009.



Keeping them safe

Being a toddler means your child is discovering the world around them. This can result in bumps and bruises. It is almost impossible to prevent every accident although there are things we can do at home which might help.

Bumps & bruises

Part of growing up

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. If your child has unexplained bruising or injury you need to find out how this happened.

If it looks like the bump may swell then 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 a Doctor. Read the information on the right. ➡

1

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

2

Give the child some painkillers and let the child rest whilst watching your child closely.

3

Seek immediate help if:

- They have seriously injured themselves.
- They are unconscious.
- They have difficulty breathing.
- They are having a seizure.

Head injury

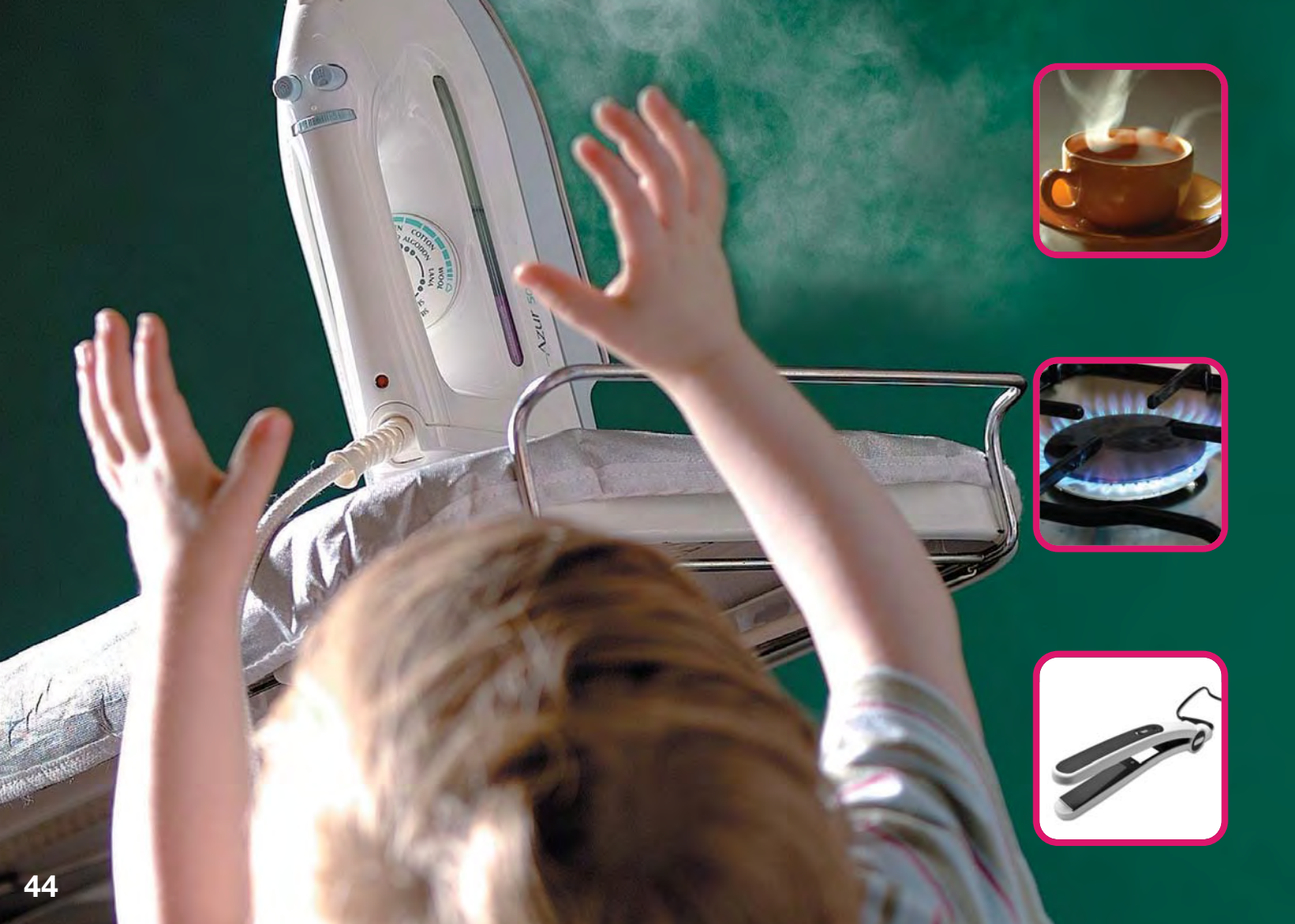
One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

You need to get medical attention if:

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- **They are complaining it hurts.**
- **They are not responding at all.**
- **Pain is not relieved by paracetamol or ibuprofen.**

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

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



Burns & scalds

Knowing what to do

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

Treat any burn or scald straight after the accident but always take your child to hospital for anything more than a very small burn or scald. A baby's skin is very delicate and can be scarred without the right treatment.

Cool the burnt area by placing under cold running water for at least twenty minutes. When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Give paracetamol or ibuprofen. Then take your child to hospital.

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

1

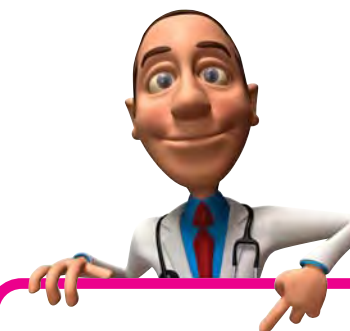
Treat the burn or scald straight after the accident by running under cold water for 20 minutes.

2

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

3

Always take your child or baby to hospital.

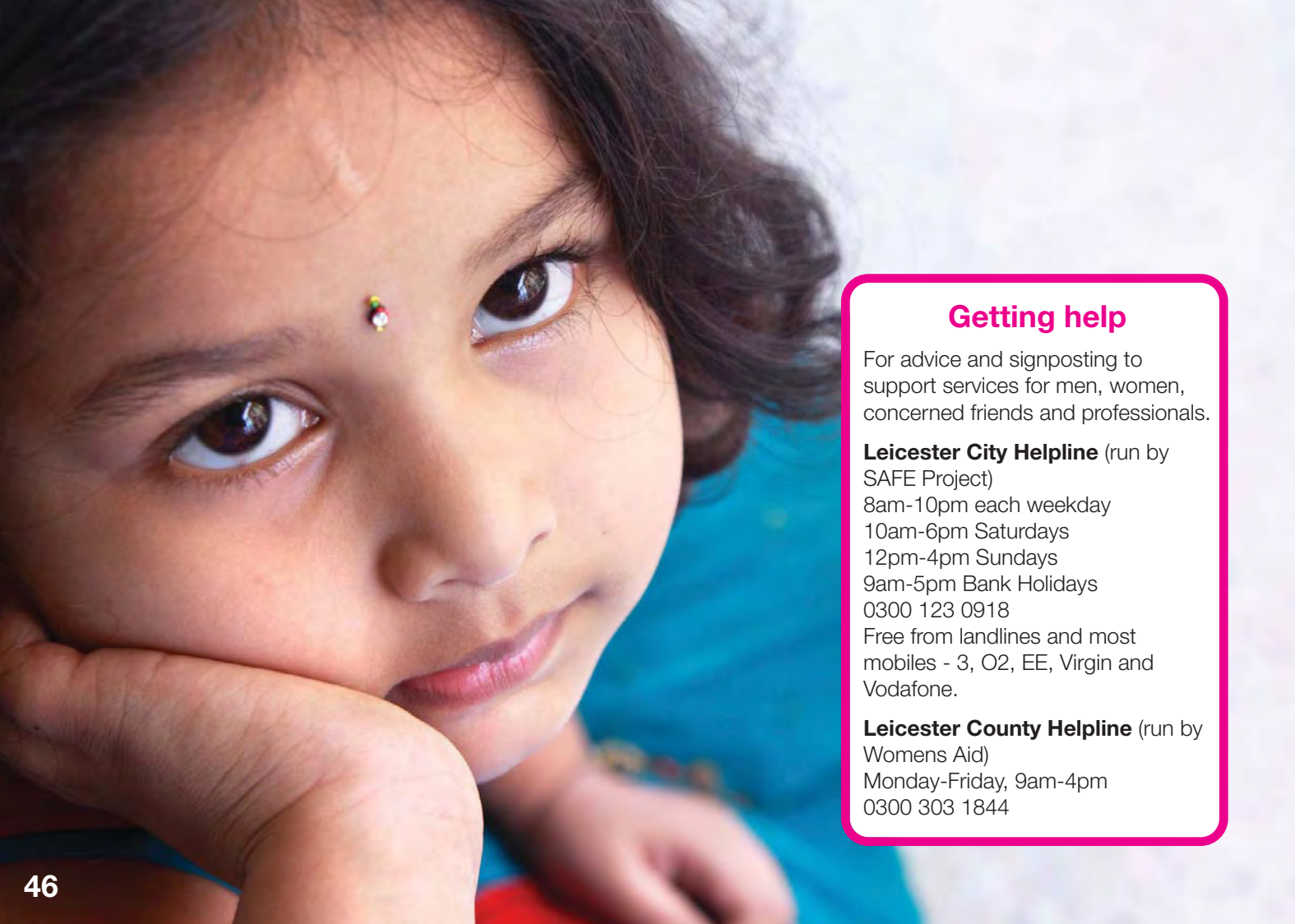


Do

Hold the affected area under cold water for at least 20 minutes. Cover the burn with cling film if you have some, then wrap in a cloth soaked in cold water.

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.



Getting help

For advice and signposting to support services for men, women, concerned friends and professionals.

Leicester City Helpline (run by SAFE Project)
8am-10pm each weekday
10am-6pm Saturdays
12pm-4pm Sundays
9am-5pm Bank Holidays
0300 123 0918
Free from landlines and most mobiles - 3, O2, EE, Virgin and Vodafone.

Leicester County Helpline (run by Womens Aid)
Monday-Friday, 9am-4pm
0300 303 1844

Domestic abuse

Keeping your child safe

Domestic abuse is a major social problem, which affects many families. It includes threatening behaviour, violence, psychological, sexual, financial and emotional abuse. Children who see, hear, witness or become aware of violence in the family are affected in many ways, all of which can have a major harmful impact on their health and well-being that might make them appear to be ill. Children do hear, they do see and they are aware of violence in the family.

If you are worried about domestic abuse, discuss it with someone else, such as your Health Visitor or Doctor, or phone the National Domestic Violence Helpline (0808 2000 247). If you are violent and have children, you can seek help to stop what is happening.

Remember, domestic abuse is a crime. It can have serious long-term consequences.

1

Is domestic abuse affecting your child.

2

There are many possible signs of abuse, ranging from injury to changes in the way a child is behaving.

3

Be aware that abuse, or fear of abuse, can make children seem ill.

Children at risk

Children will learn how to act from what their parents do. Domestic abuse teaches children bad things about relationships and how to deal with people. Long-term abuse is much more likely to cause problems for a child or young person.

It is also important to recognise if you or your partner need help with an alcohol or drug problem. This does not mean you will be seen as bad parents, but there are services that can help and support you, that will be beneficial for the sake of your children.

Also, post-natal depression, like any mental illness, can have a negative impact on children and their well-being.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Source: The Food Standards Agency www.food.gov.uk

What can I do?

Many parents are unaware of the dangers of childhood obesity but by following the top tips below you can make a difference to your child's health.

- 1. Sugar Swaps** - Swapping sugary snacks and drinks for ones that are lower in sugar can make a huge difference.
- 2. Meal Time** - It's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 3. Snack Check** - Many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try and keep a careful eye on how many the kids are having.
- 4. Me Size Meals** - It's important to make sure kids get just the right amount for their age.
- 5. 5 A Day** - 5 portions of fruit and/or vegetables a day.
- 6. Cut Back Fat** - Too much fat is bad for us. It's not always easy to tell where it's lurking.
- 7. Up and About** - Most of us spend too long sitting down. Keep active. Encourage your child to walk, you may need to use child safety reins.

Source: Start4Life
(www.dh.gov.uk/obesity).



Children in shape

Obesity is rarely due to a medical problem

Obesity is a medical term used to describe kids (and adults) who carry 20 per cent extra body weight. This extra weight, if not treated early on, could cause serious health problems such as arthritis, cancer, heart disease, stroke, diabetes and depression in later life. Help stop obesity before it starts by making sure they eat a balanced diet and get enough exercise.

Being overweight is rarely to do with a medical problem, many kids simply have unhealthy diets and don't do enough exercise. It is better to prevent your child becoming overweight or obese in the first place. Many parents feel guilty (or in denial) that their child is overweight and ignore it, but this will have a damaging effect on your child in many ways including their physical health, mental health and self-esteem. If your child feels bad about themselves they can comfort eat to make themselves feel better, so leading to them being more overweight - this creates a vicious circle.

You are responsible for your child's health and well-being, this includes what they eat. A healthy balanced diet (see the eatwell plate opposite) and exercise is the simple answer to many worries about being overweight. Try to have family outings which include walking and cycling so you can all get fitter together. Being active burns more energy and the body then starts to use up its fat stores.

1

My child looks chubby and seems to only want to eat junk food.

2

Exercise together as a family and find out more about healthy eating.

3

If you are worried discuss with your Doctor.

Dietician says

Salt and sugar is added to nearly all processed products. Three-quarters of the salt and sugar we eat is already in the food, the rest is what we add to cooking or shake on our meals. Children aged 7 to 10 years need less than 5g of salt a day (1 teaspoon).



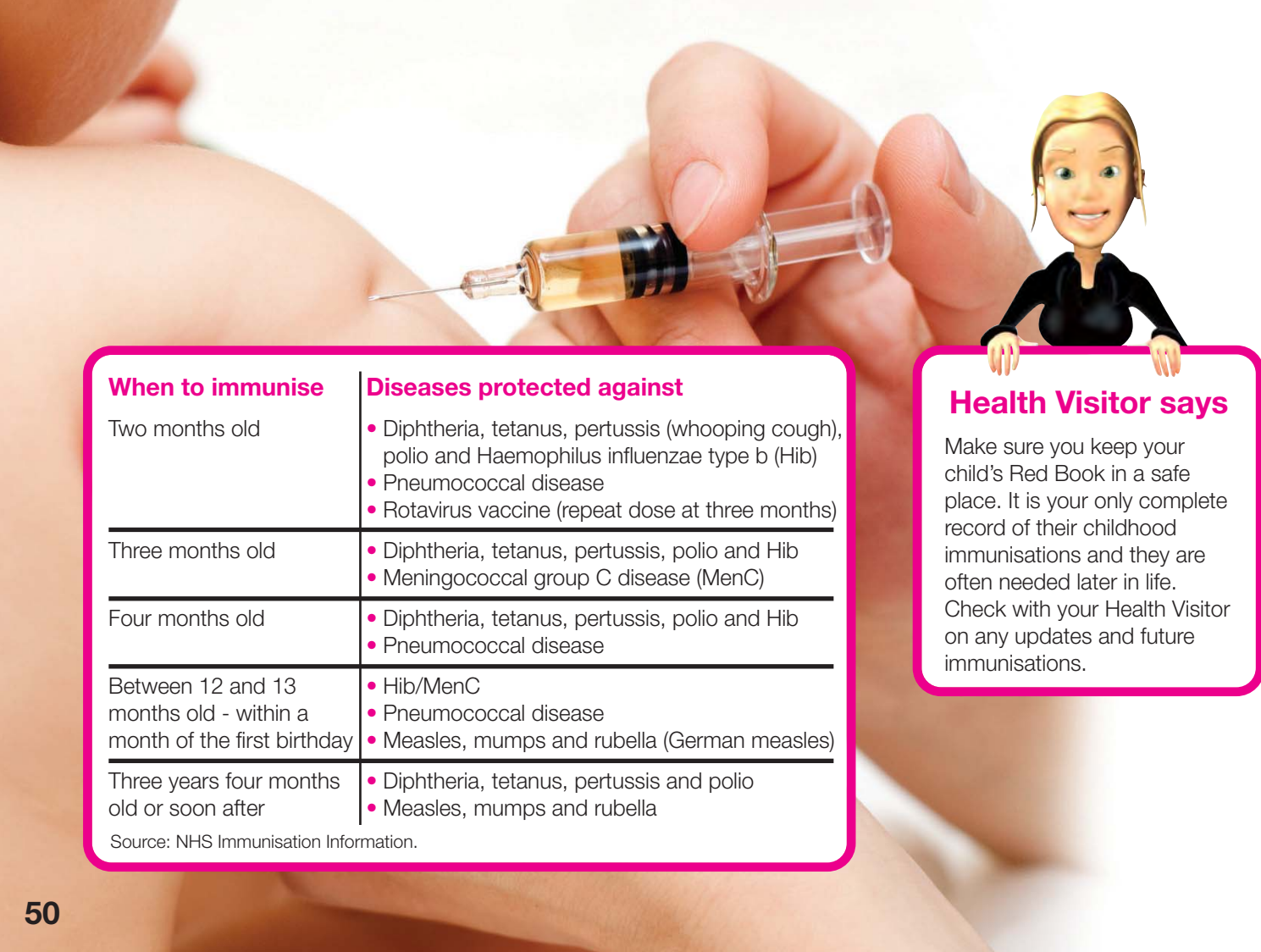
Juice drink
23g sugar
(5 teaspoons)



Cereal bars
8g sugar
(1.5 teaspoons)



Fromage frais
12.4g sugar
(2 teaspoons)



When to immunise

Diseases protected against

Two months old

- Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)
- Pneumococcal disease
- Rotavirus vaccine (repeat dose at three months)

Three months old

- Diphtheria, tetanus, pertussis, polio and Hib
- Meningococcal group C disease (MenC)

Four months old

- Diphtheria, tetanus, pertussis, polio and Hib
- Pneumococcal disease

Between 12 and 13 months old - within a month of the first birthday

- Hib/MenC
- Pneumococcal disease
- Measles, mumps and rubella (German measles)

Three years four months old or soon after

- Diphtheria, tetanus, pertussis and polio
- Measles, mumps and rubella

Source: NHS Immunisation Information.

Health Visitor says

Make sure you keep your child's Red Book in a safe place. It is your only complete record of their childhood immunisations and they are often needed later in life. Check with your Health Visitor on any updates and future immunisations.

Immunisations

Protect your child now and in the future

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

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. It is normal to worry about vaccinations, so don't hesitate to ask your Health Visitor or Doctor for advice - that's what they are there for! Childhood immunisations are free and most are given at your Doctor'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.

An annual nasal spray flu vaccine is available for all children aged 2 and 3 years old as part of the NHS childhood vaccination programme. Ask your Health Visitor.

The whooping cough vaccine is recommended for all women between 28 and 38 weeks pregnant. You should be offered this at your routine antenatal appointment.

1

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

2

Your Health Visitor will tell you when local immunisation sessions are taking place.

3

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

Doctor says

Immunisations are used to protect children from diseases which can be very serious and sometimes even cause death.

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

You may have concerns about the safety of immunisations, discuss these with your Doctor. Mild side effects such as a mild fever, are common after immunisation.





If children are not 'school ready' it can be difficult for them to learn and for the opportunities of education, play and learning to be available to them. The key areas are: personal, social and emotional development, physical development and communication and language.

If you are worried about aspects of your child's development chat to your local Children's Centre or your Health Visitor.

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.

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

1

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

2

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

3

Do not panic. Invite one or two children over for tea with their parents. Chat to your Health Visitor or local Children's Centre.



Teacher's tip

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

If you want to improve reading skills, there are lots of opportunities. There are adult learning courses, find out more from your local Children's Centre.



Safer sleeping

Keeping your baby safe and healthy:

- Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months.
- Place your newborn baby in the 'feet to foot' position i.e. baby's **feet** at the **foot** of the bed/cot. Once babies move around and roll, they will find a position that's comfortable for them.
- Do not let your baby get too hot and keep their head uncovered.
- Never sleep with your baby on a sofa or armchair.
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby.

It's dangerous for your baby to sleep in your bed if you (or your partner):

- Are a smoker (even if you never smoke in bed or at home).
- Have been drinking alcohol or taken any drugs.
- Have taken any medication that makes you drowsy.
- If your baby was premature (born before 37 weeks).
- If your baby was low birth weight (less than 2.5kg or 5 1/2 lb).
- If you or your partner are overweight.

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

www.lullabytrust.org.uk

Sleeping difficulties

Patience, praise and peace

There are many different reasons why babies and toddlers do not sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts.

Try to establish a regular day and night time sleep routine for your child until they are 2-3 years old. Put them to bed at a regular time, routine is important. Prepare a warm, comfortable place for them to relax in. Reading to your child at bedtime helps them to unwind, and gives you some special time together. If your child is scared of the dark, try keeping a night light on. Adult beds are not designed for babies and toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed, and if so, should be positioned on the outside of the bed and returned to the cot after the feed has finished.

Bedwetting may be stressful for both of you and can wake your child. It is not easy to know why some children take longer to be dry at night than others. Try not to lose your patience or punish them, your child is not doing this on purpose. Children learn at their own pace and praise and support will help.

1

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

2

The safest place for your baby to sleep is in a cot by your bedside for at least the first 6 months. Try to establish a regular sleep routine.

3

Speak to your Health Visitor about how to keep baby safe and get some sleep.



Health Visitor

If your sleep is often disturbed, arrange for a trusted relative or friend to care for your baby or child so that you can get some sleep. Talk to your Health Visitor.

Your child's sleep may be disturbed by bedwetting. Between the ages of three and four they are likely to have the occasional accident but gradually more and more nights will be dry.



Smokefree homes

Protecting your child's health

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

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

'Step right out' of your home to ensure it does not affect your children. Also, have a smokefree car at all times as exposure to the chemicals in secondhand smoke is increased in a confined space even with the windows open!

1

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

2

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

3

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

Source: www.steprightout.org.uk

Make your home smokefree

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



Good habits

Be firm and try to give healthier sugar-free snacks and drinks in between meals. 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.

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. In practice it's not that easy, the way sugary products are advertised and promoted can make it difficult to limit them.

Although it's not always easy you should get your child into good habits at an early age. They will need your help until they are seven. Make sure your child brushes their teeth twice a day with a family fluoride toothpaste. When your child turns 3 use a pea sized amount of toothpaste, prior to that use just a smear. Children (particularly young children) should spit not rinse after brushing with a fluoride toothpaste for maximum effectiveness.

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. Ask your Dentist to brush on FLUORIDE VARNISH for added protection against tooth decay (for children aged 3 and above) - IT'S FREE !

1

Golden rule - never give a sugary drink last thing at night.

2

It's never too early to start taking your child to the Dentist.

3

Tooth decay is almost totally preventable. Get it right from the start. Know what causes teeth to go bad.



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 6 months and stop bottle feeding by 1 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.

A healthier diet means better resistance to infections, less time off nursery or school, enough energy to last the day and less tooth decay.



There are 3,100 new cases of Skin Cancer in England every year. Cancer groups are working together to tell us about sun damage from an early age. 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.

Source: www.qub.ac.uk/nicr

Vitamin D

Is your child getting enough?

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

Vitamin D helps your baby's body absorb calcium, which is needed for the healthy development of strong bones and teeth.

Sun safety

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.

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 6 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 better the protection for the skin. You should use a complete sun block on your baby or toddler. SPFs of up to 60 are available and these 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. Don't forget to protect their head, skin and eyes. For older children, you can buy sunglasses from a pharmacy.

Useful contacts

National contacts

NHS Choices

www.nhs.uk

www.healthystart.nhs.uk

www.nhs.uk/start4life

National Domestic Violence Helpline

0808 2000 247

www.nationaldomesticviolencehelpline.org.uk

National Smoking Helpline

0800 0224 332

www.smokefree.nhs.uk

Meningitis Now

0808 80 10 388

www.meningitisnow.org

British Nutrition Foundation

020 7557 7930

www.nutrition.org.uk

Child Accident Prevention Trust

020 7608 3828

www.capt.org.uk

Family Lives

0808 800 2222

www.familylives.org.uk

Local contacts

Choose the best service for your needs

www.choosebetter.org.uk

Patient Advice and Liaison Service (PALS)

Tel: 01509 564444 or 01455 441971

To find a GP, Pharmacist, Dentist or Optician

Contact Leicestershire Area Team on 0116 2957500 or visit

www.nhs.uk

www.westleicestershireccg.nhs.uk

www.leicestercityccg.nhs.uk

Breastfeeding

For support in North West Leicestershire and Hinckley and Bosworth text feed to 60777. Other areas visit www.leicspart.nhs.uk/infantfeeding

Healthwatch

www.healthwatchleicester.co.uk

www.healthwatchleicestershire.co.uk

www.healthwatchrutland.co.uk/

Urgent Care and Walk-in Centres

Loughborough Urgent Care Centre

(24 hrs, 365 days a year)

Loughborough Hospital, Hospital Way, Loughborough LE11 1BE.

Tel: 01509 553998

Leicester Urgent Care Centre

(24 hrs, 365 days a year)

Leicester Royal Infirmary, LE1 5WW. Tel: 0116 295 7200

SSAFA Walk-in Centre

(8.00am-10.00pm, 365 days a year)

Leicester, LE5 3GH.

Tel: 0116 242 9450

Oadby and Wigston Walk-in Centre

(8.00am-8.00pm, 365 days a year)

Oadby, LE2 5BJ. Tel: 0116 271 1360

Feilding Palmer Hospital

(8.00am-10.00pm, 365 days a year)

Lutterworth, LE17 4DZ.

Tel: 01455 552150

Camp Hill Walk-in Centre

(8.00am-10.00pm, 365 days a year)

Nuneaton, CV10 9EB.

Tel: 024 7639 0008

Market Harborough Minor Injury and illness Unit

(9.00am-9.00pm, 365 days a year)

Coventry Road, Market Harborough LE16 9DD. Tel: 01859 410500

Latham House Medical Practice Minor Injury Unit

(Monday-Friday 8.30am-6.30pm)

Sage Cross Street, Melton Mowbray Leicester LE13 1NX.

Tel: 01664 503000

Other Urgent Care Centres and Walk-in Centres adjacent to West Leicestershire are situated in:

- Derby • Nottingham • Swadlincote
- Burton-on-Trent • Rugby • Coventry

Dental

If you do not have a dentist and require urgent dental care: Dental Access Centre, Nelson Street, Leicester Tel: 0116 2951278 (Mon-Fri 9am-5pm) Out of hours helpline 0845 840 0065 (Mon-Fri 6.30pm-8.00am) and 24 hours during weekends and Bank Holidays.

Accident & Emergency Departments In and around Leicestershire

Leicester Royal Infirmary

(Includes separate children's A&E) Infirmary Square, Leicester LE1 5WW. Tel: 0300 303 1573

George Eliot Hospital

College Street, Nuneaton CV10 7DJ. Tel: 024 7635 1351

University Hospital

(Separate children's A&E) Clifford Bridge Road, Coventry CV2 2DX. Tel: 024 7696 6200

Queen's Hospital

Belvedere Road, Burton-on-Trent DE3 0RB. Tel: 01283 566333

Royal Derby Hospital

Utttoxeter Road, Derby DE22 3NE. Tel: 01332 340131

Queen's Medical Centre

Derby Road, Nottingham NG7 2UH. Tel: 0115 924 9924

Miscellaneous

Leicestershire Family Information Service

(Includes SureStart Children's Centres)

Tel: 0116 305 6545

www.leics.gov.uk/family

email: family@leics.gov.uk

Rutland Family Information Service

Tel: 01572 722577

www.fis.rutland.gov.uk

Email: fis@rutland.gov.uk

The Family Information Directory

Information, advice and guidance aimed at helping parents, carers, young people and professionals with many aspects of family life.

Contact your local Sure Start Children's Centre or email family@leicester.gov.uk