



A Guide for Parents and Carers of children from 0-5 years COMMON CHILDHOOD ILLNESSES



Welcome

Every parent or carer wants to know what to do when a child is ill. This handbook will help you to care for your child at home, to know when to call a doctor and when to contact the emergency services.

Being poorly is an everyday part of growing up, which can be helped with a chat with your health visitor or midwife. Almost all babies, toddlers and children aged up to five will also 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 with a visit to your doctor and then cared for at home.

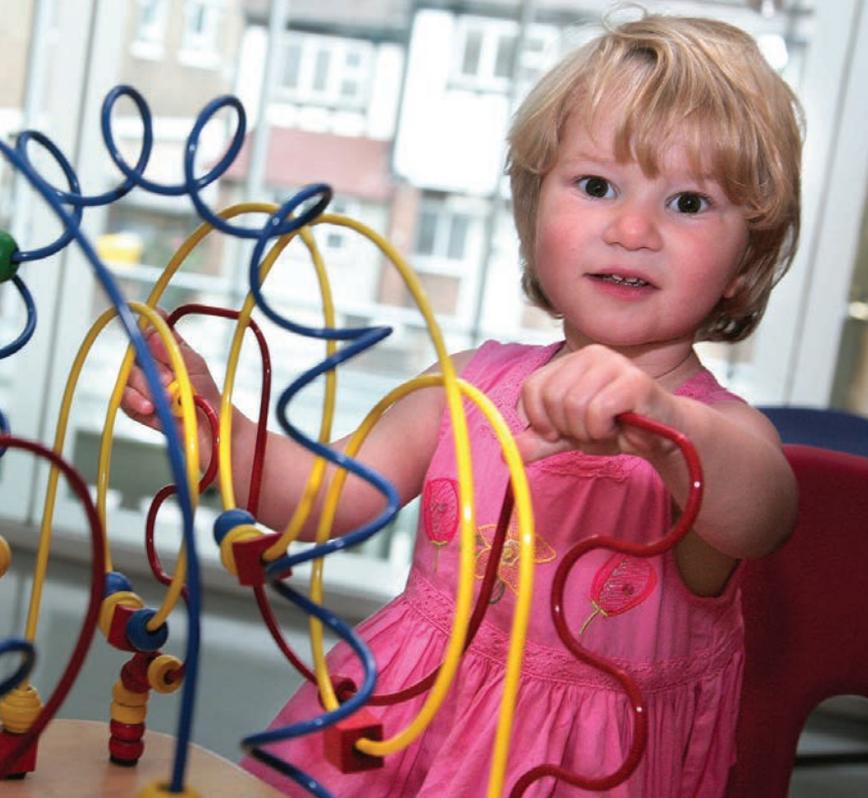
This handbook has been put together with help from doctors. If you are worried you must get further advice. Trust your instincts - you know your child better than anybody else.

More often than not something that can cause worry, like a high temperature, can be caused by a cold, which can often be sorted out with a quick trip to your local pharmacy. It is so easy to panic and rush your child to Accident & Emergency (A&E) when they might just have a simple cough or cold which can be treated at home. If you are worried, you must of course go and see your doctor - but finding out a little more about the common, everyday illnesses will help you learn more about what to do and where to go to get help.

Contents

Know the signs	p06	Taking your child's temperature	p30
Flu	p08	Meningitis	p32
Crying	p10	Upset tummy	p34
Nappy rash	p12	Wheezing and breathing difficulties	p36
Rashes and dry skin	p14	Bumps and bruises	p38
Sticky eyes	p16	Healthy lifestyles	p40
Teething trouble	p18	Immunisations	p42
Chickenpox	p20	Sun safety	p44
Coughs and colds	p22	Safer sleeping	p46
Ear problems	p24	Emotional wellbeing	p48
Being sick	p26	Useful contacts	p50
Fever	p28	NHS 111	p51







Know the signs

Being prepared and knowing the signs

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

Learning how to spot the signs of serious illness and how to cope if an accident happens will be really useful for you and your child. If you know the basics and you are well prepared, you will find it easier to manage and take action. Keep a small supply of suitable medicines somewhere up high where a child cannot reach them. After this page there is a useful list of things to have at home just in case. Make sure they are suitable for your child, follow the instructions carefully and check use by dates.

If your baby seems to be very poorly it's important to get medical attention as soon as possible.

Stop

I have a new baby at home and I am worried I won't know what to do or what to look out for.

Think

Be prepared so that if they do become unwell you will know what to do and who to contact.

Do

Keep a small supply of suitable medicines. Keep emergency numbers in a place you can find them quickly.





This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP practice or walk-in centre).

Pharmacist's tip

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

- Thermometer (See page 30)
- Plasters
- Liquid painkillers (e.g. baby paracetamol)
- Barrier cream.



Is your child aged 2, 3 or 4?* Help protect them from flu

Flu can be horrible for little children and if they get it, they can spread it around the whole family.

The flu vaccine is not an injection, just a quick and easy nasal spray.

It's also free. So don't put it off. Ask your GP about the free flu nasal spray for your child.

**STAYWELL
THISWINTER**

Flu mmunisation



nhs.uk/staywell

Rachel Keith, Nurse



Midwife

Your midwife will know you and your baby well. They offer support and advice during pregnancy and the early days, and can tell you where to get extra help if you need it.

Health visitor

Your health visitor is there to support you until your child is five years old. They will visit you at home or see you in a clinic and can offer support and advice, as well as pointing you in the right direction for additional help if you need it. They are part of a team of nurses and nursery nurses who are there to support you during the early years.



Crying

Understanding why your baby cries

Crying is natural - it's your baby's way of letting you know they need something or are uncomfortable. They may need their nappy changed, they may be hungry or just need a cuddle. It's important to remember to burp your baby after a feed as this will help to get rid of their wind and make them more comfortable.

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, usually in the late afternoon or evening. Other signs include babies being flushed, drawing their legs to their chest, clenching their fists, passing wind and having trouble sleeping.

It can be upsetting when a baby cries. It is very important to stay calm and don't be afraid to ask for help.



My baby won't stop crying.

Think

Check for signs of colic.

Do

Talk to your health visitor if worried.



Health visitor's advice

To find out why your baby is crying, first go through all the possible options.

Simple questions to ask yourself first are:

- Does their nappy need changing?
- Could they be hungry?
- Could they be too hot?
- Could they be too cold?

NHS 111 says

If your baby's crying seems different in any way (such as a whimper or a very high-pitched cry), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. Trust your instincts – you know your baby best. If in doubt, call NHS 111 where you can speak to a trained nurse.

Nappy rash

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 the 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 may need to increase how often you change their nappy.

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.

However, some nappy rashes are more serious and can be caused by something else. A bad rash will be more upsetting for your baby, and they may need medical treatment. Talk to your health visitor if the problems continue.

Stop

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

Think

Has your baby been in a dirty nappy long?

Do

Change their nappy sooner than usual. Speak to your health visitor and ask your pharmacist about creams.





Health visitor's advice

- Leaving your baby in a warm, safe place with no clothes or a nappy on, will let the air get to their skin
- Use a barrier cream (see pharmacist's tips below)
- Change your baby's nappy more often.

This information cannot replace specialist treatment. If you are still worried, contact a pharmacist or your health visitor.

Pharmacist's tips

Call in and chat to us about creams we can provide you with.

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.

Rashes and dry skin

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 otherwise 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 it shouldn't cause concerns. 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 a newborn and usually appears in 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.



Stop

Your baby's skin may be flaky and dry.

Think

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

Do

Avoid using soap and products on your baby's skin. Check that water is always as clean as it can be.



Health visitor's advice

Baby skin is more delicate than ours. Try to limit the amount of products you use on their skin and never leave your baby out in the sun (see sun safety pages 44-45).

Cradle cap needs no specific treatment, although gently washing the baby's hair and scalp may stop build-up of the scale. Use just a small amount of a pure, natural oil – such as olive oil or vegetable oil – on your baby's scalp and leave it on for at least 15 minutes before washing it off.

This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP or walk-in centre).

Doctor's tips

Contact your GP or 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. Seek immediate advice if your baby has a rash and a high temperature or vomiting (see page 32 for more information on meningitis).

Sticky eyes

Common in newborn babies

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 and wipe each eye from the corner by the nose outwards. Use a clean piece of cotton wool for each wipe.

The signs of sticky eyes can sometimes be confused with an infection called conjunctivitis.

With conjunctivitis the signs are a yellow, green sticky goo that comes back regularly. If you notice this, contact your health visitor or doctor. The infection can be passed on easily, so wash your hands and use a separate towel for your baby.

Health visitor's advice

Cooled boiled water is the best option for cleaning a newborn baby's eyes.

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.

Stop

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

Think

Sticky eyes are a common condition that affects most babies; speak to your health visitor.

Do

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



This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP surgery or walk-in centre).

Teething trouble

Every baby goes through it

Your baby's first teeth (known as milk teeth) will usually develop before they are born.

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 – they get hot, red cheeks; dribble a lot; are not hungry; seem a bit grumpy; and chew on everything.

There are ways you can help make teething easier for your baby. You may have to try a few things until you find one that works for your baby. Try teething gels and teething rings and talk to your pharmacist for advice.

The start of teething is a good time to think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and baby toothpaste and take them with you when you see your dentist.

Stop

Look for red cheeks and gums, dribbling, lack of appetite, chewing on things and seeming cross.

Think

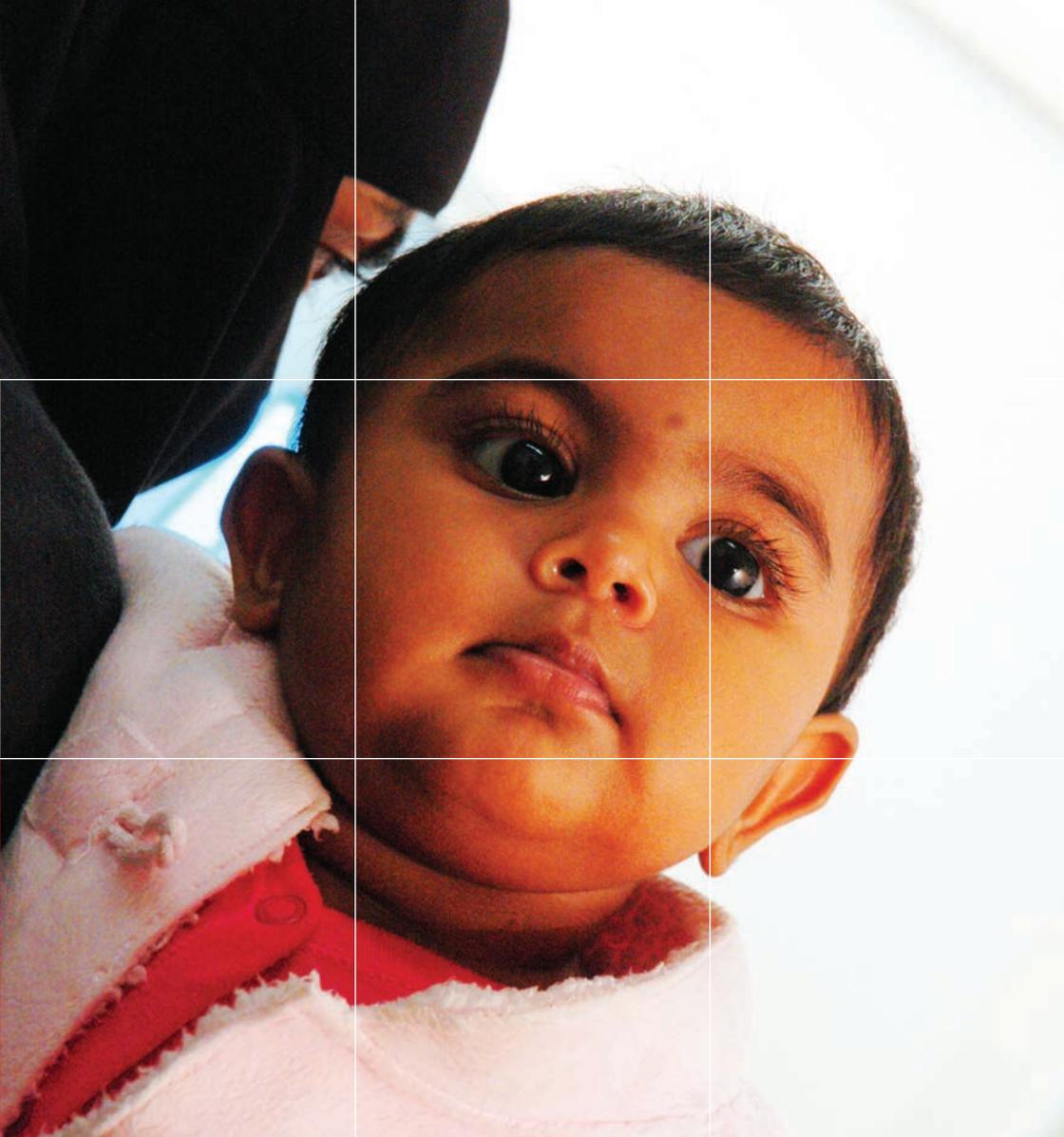
Your baby is four to nine months old, and may be teething.

Do

Ask your pharmacist about gels and teething rings. Start your baby's tooth care routine as soon as possible.

Health visitor's advice

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. It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread, a breadstick or a stick of peeled carrot (stay nearby in case of choking).



This information cannot replace specialist treatment. If you are still worried, contact a pharmacist or your health visitor.

Pharmacist's tips

If your baby is uncomfortable, you may want to give them a child-friendly medicine which you can buy from the pharmacist. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. Check that they are sugar-free and that you use them correctly.

Chickenpox

Most children will catch it

Chickenpox is a mild disease that most children catch at some point. It takes 10-21 days for the signs to show. If you are sure your child has chickenpox you do not need to go to your doctor unless your child is very poorly.

Chickenpox is most common in children who are between two and eight years old. They can pass it on to others from about two days before the rash appears until roughly five days after. The rash usually appears on the chest and back. You and your child should stay away from other people until all of the blisters have fully burst and dried. This usually happens five to seven days after the first blister appears. You can take your child out if they are well enough, but be careful to keep away from other people. After the last blister has burst and dried, your child is no longer likely to pass the infection on.

Chickenpox spreads from spit, sneezes and coughs from a person who has chickenpox. Symptoms include a fever for more than five days, not drinking well, developing a cough or breathing difficulties, and confusion or fits.

Health visitor says

It is important to keep your child cool, as itching gets worse if they are hot. Try calamine lotion or anti-histamine medication (especially at night) to help stop them itching and scratching the blisters which could cause scarring.

Stop

Do they have an itchy rash (looks like blisters) mainly on the chest and back?

Think

Chickenpox is a common illness among children, particularly those under eight years old.

Do

Stay away from others until the blisters have dried. Call NHS 111 for advice on how to care for your child.



Doctor's advice

After having chickenpox, the virus stays in the body. Later in life the virus can come back in a different form known as shingles.

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

If you are pregnant it is likely that you are immune to chickenpox. However, please contact your midwife for advice.

Coughs and colds

A cuddle can go a long way

There are some good things about children catching a few coughs and colds, as it helps them to build up natural defences and fight off viruses.

Most bugs will run their course without doing any real harm because they are viruses which get better on their own, but there are things you can do at home to help:

- Give your child lots to drink
- Try infant paracetamol (not aspirin)
- Keep them away from smoke, do not let people smoke at home or around your child or come into contact with your child if they have recently smoked
- Keep calm – a cuddle goes a long way
- Remember that coughing is the body's way of keeping the lungs clear, but talk to your pharmacist if you are concerned.

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, so throw them in the bin as soon as possible.

Kill it

Hands can pass on germs to everything you touch. Clean your hands as soon as you can.





This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP practice or walk-in centre).

Pharmacist's tips

Children can also be treated using over-the-counter painkillers to help to bring down a raised temperature.

Some are available as a liquid for children and can be given from the age of about three months. Always check with your pharmacist if you aren't sure which treatments you can give your child.

Ear problems

Babies' ears need to be treated with care

Babies may develop some sort of ear problem at certain times. Most children have grown out of ear infections by the age of seven. Most ear infections are caused by a virus which will get better by itself and will not need antibiotics.

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 painkillers from the pharmacist and extra cuddles may be all they will need.

Your child may have swollen glands in their neck - this is a sign of the body fighting the infection.

Children who live in households where people smoke 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.





What are the signs of an ear infection?

The signs are a raised temperature, general irritability and pain or discomfort. 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).

This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP practice or walk-in centre).

Health visitor's advice

- Babies' ears need to be treated with extra care when cleaning
- Never use a cotton bud inside your child's ear
- If they have a temperature, wax may flow out
- Use a different, clean damp piece of cotton wool on each ear to gently clean around the outer area.

Being sick

A problem likely to get better on its own

It's common for babies to be sick in the early weeks as they get used to feeding and their bodies develop. You can tell when your baby is vomiting, rather than just bringing up small amounts of milk, because there will be a lot more coming out. It can be frightening for your baby, so they are likely to cry. Lots of things can cause your 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.

Stop

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

Think

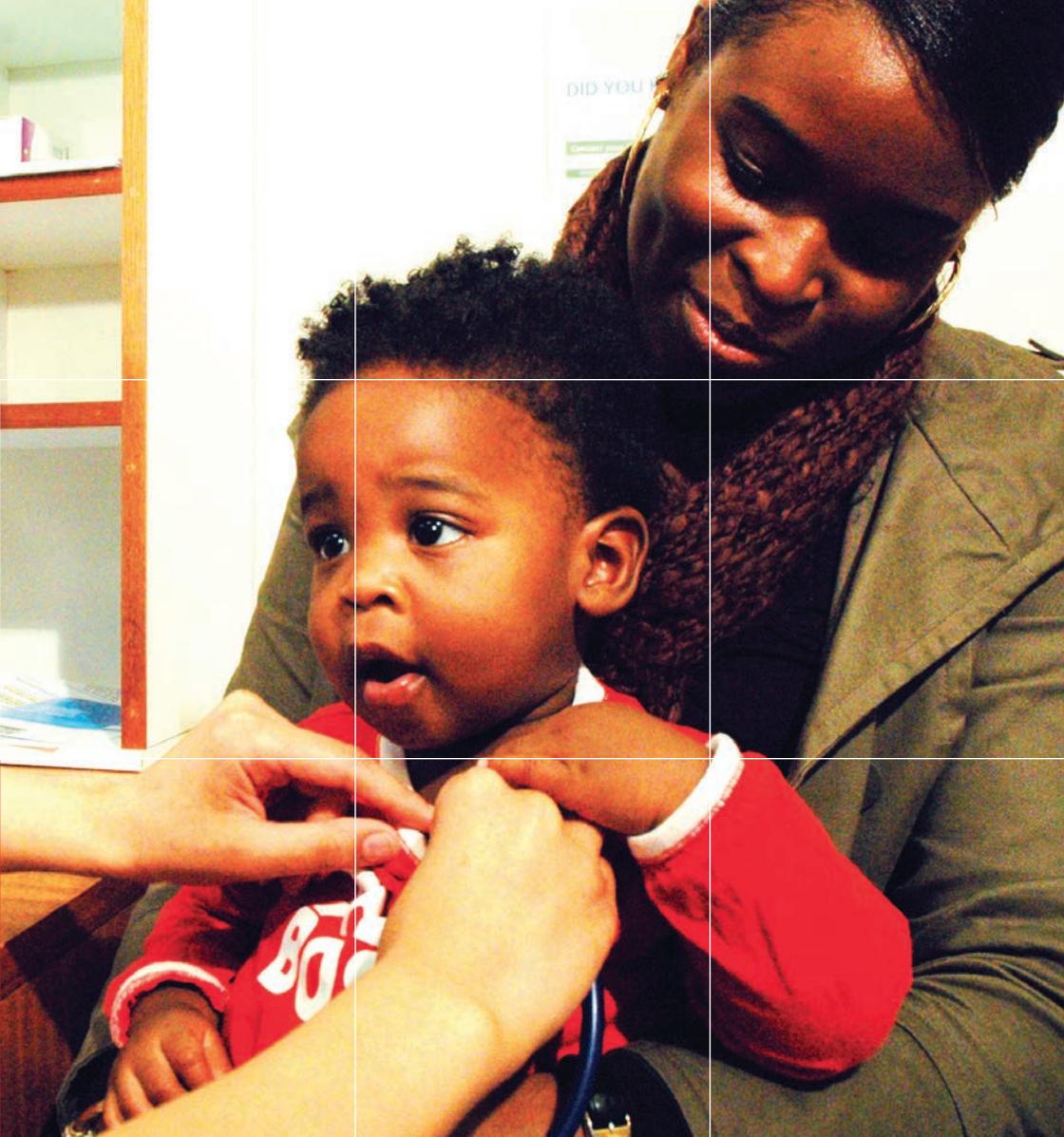
They always seem to bring up small amounts of milk. This is known as 'possetting'. As they develop it will stop naturally.

Do

Talk to your health visitor.

Health visitor's advice

'Possetting' is when a baby brings up small amounts of milk. This is very common in the first few weeks and may be nothing to worry about. Ask for advice if you are worried.



This information cannot replace specialist treatment. If you are still worried, contact your health visitor or NHS 111.

Health visitor's advice

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).

Contact your health visitor or NHS 111 where you can speak to a trained nurse.

Fever

Over 38°C means a fever

A normal temperature is between 36-36.8°C (96.8-98.24°F). In children, any temperature of 38°C (100.4°F) or above is considered high and is classed as a fever. Use a thermometer to find out if your child has a fever. There are different kinds, including digital thermometers, ear thermometers and skin-strip thermometers (see page 30 for more information).

A baby can't regulate its own body temperature and can easily get too hot. Teething can also cause a slight rise in temperature and it is common for babies and children to get a fever within 48 hours of being immunised. Whenever a baby or toddler has a high temperature, check on them more regularly than you normally do. There are certain times when you should contact your doctor:

- If your baby is under three months and has a temperature of over 38°C (100.4°F) or is three to six months and still has a temperature higher than 39°C (102.2°F) an hour after they have been given infant paracetamol
- If they are being sick without diarrhoea, or develop a rash as well as a fever
- If they drink less than usual, wee less than usual and are unusually sleepy
- If your child has been unwell for some time.

Parents and carers should:

- Offer regular fluids (if breastfeeding, continue this as normal).
- Check the child regularly, including during the night (two to three times).
- Dress the child appropriately for their surroundings, to prevent overheating or shivering.
- Keep the child away from nursery or school while the fever persists, and notify the nursery or school of the illness.



This information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a doctor (e.g. your GP surgery or walk-in centre).

Doctor's advice

Seek medical help if your child:

- Is dehydrated (signs include drier nappies and weeing less, dry mouth, sunken fontanelle, absence of tears, sunken eyes and poor overall appearance)
- Has a fit
- Develops a non-blanching rash i.e. the rash doesn't disappear when pressed
- Has a fever that lasts longer than five days
- Is getting more unwell.

Taking your child's temperature

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. Ear thermometers may give low readings when not correctly placed in the ear, so always make sure you read the instructions carefully.

Strip-type thermometers, which you hold on your child's forehead, are not always an accurate way of taking their temperature. They show the temperature of the skin, not of the body.

Mercury-in-glass thermometers haven't been used in hospitals for years and are no longer available to buy.

Source: NHS Choices.

A normal temperature is between

36-36.8°C
(96.8-98.24°F).





Meningitis

A serious illness

Meningitis is a swelling around the brain. It's a very serious illness, 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, and if so do the glass test (next page). 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).

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 below.

Doctor's advice

Look and learn about the signs below; if any are present contact your doctor:

- Fever, cold hands and feet
- Rapid breathing or grunting
- Floppy and unresponsive
- Fretful, dislikes being handled
- Drowsy and difficult to wake
- Unusual cry or moaning
- Spots/rash. Do the glass test

Stop

Is your child showing signs like those in the box below?

Think

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

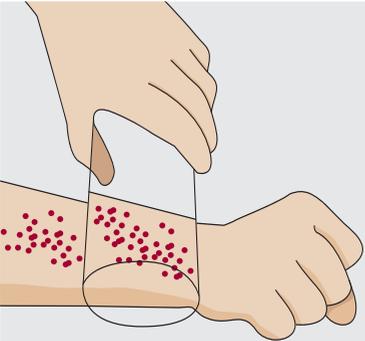
Do

Do the glass test.

If spots do not change colour treat as an emergency and get help now.

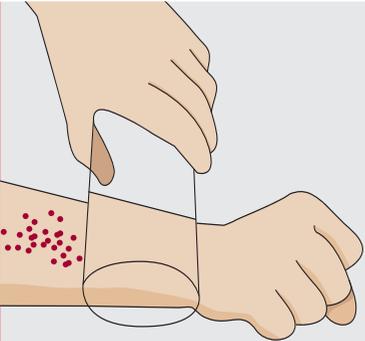
The glass test

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 Accident & Emergency

In this example the spots are still visible through the glass. Contact a doctor immediately (e.g. your doctor or Urgent Care Centre). If you cannot get help straight away go to Accident & Emergency.



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 Accident & Emergency.

If you are worried, contact a doctor (e.g. your GP surgery or walk-in centre). If you cannot get help straight away go to Accident & Emergency.

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 (runny poo) can follow afterwards. Take your child to see your doctor if they are unwell for longer than 24 hours. Take them 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 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 who may pick up infection. Be extra careful and make sure everyone washes their hands regularly.

Stop

Your child is being sick and/or has runny poo.

Think

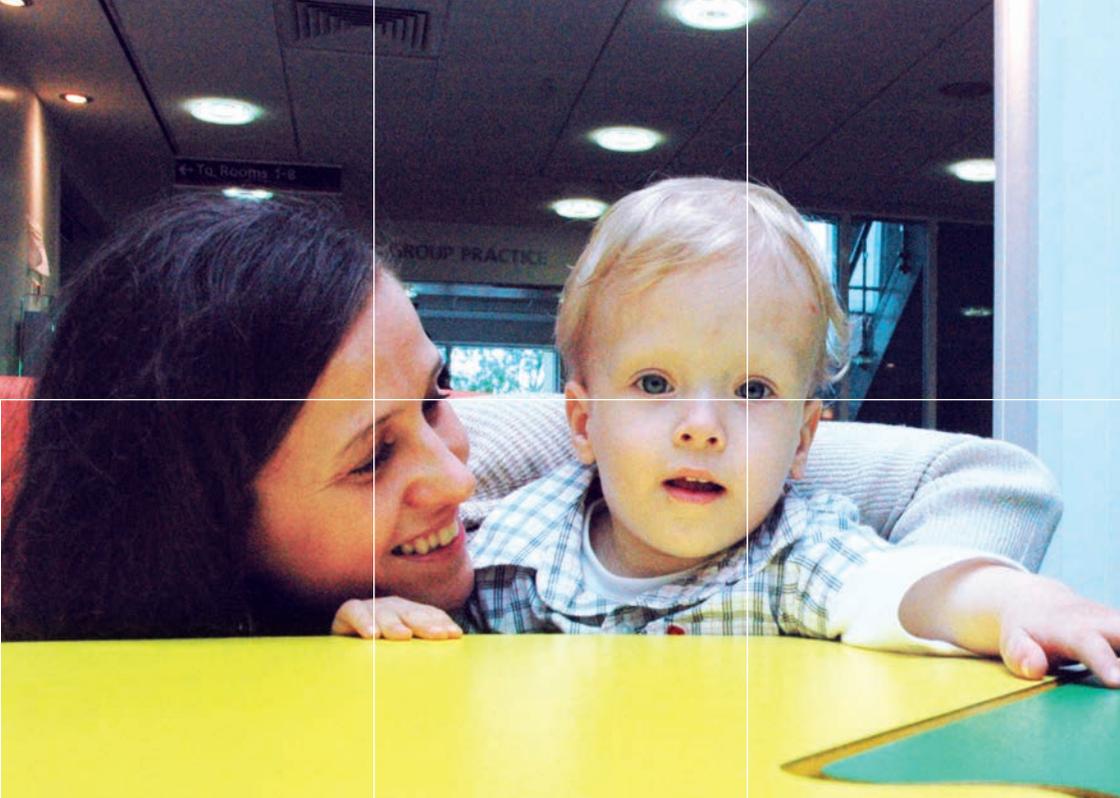
To help, get them to drink lots. They most probably have a tummy upset.

Do

See your doctor if your child is unwell for longer than 24 hours. Keep them away from others.

Signs of dehydration

- Sunken fontanelle (i.e. the soft spot is more dipped in than usual)
- Less wet nappies (i.e. they wee less)
- Sleepier than usual
- Runny poo
- Dry mouth.



Pharmacist's tips

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

- Give them regular drinks – try small amounts of cold water
- Be extra careful with hand hygiene (use soap and water and dry hands well with a clean towel)
- Rehydrating solutions, which come in pre-measured sachets to mix with water, help 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 GP practice straight away.

If you are still worried, contact a pharmacist or a doctor (e.g. your GP practice or Urgent Care Centre/walk-in centre).

Wheezing and breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for you. Please remember 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. 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 and letting them sleep upright in your arms
- Occasional coughing or choking which may occur when a baby takes in milk too quickly with feeds. Try to slow things down a bit.
- A cold or mild cough. Keep an eye on your child at this stage and use your instincts.

If you are worried talk to your health visitor or call NHS 111.

A midwife's advice

Newborns often have unusual breathing patterns and most babies have a stuffy nose for the first several weeks of life. Newborn babies breathe much faster than older children.

Health visitor's advice

Make sure your baby or toddler has not swallowed something they should not have, like a plastic toy. Get help straight away if this happens and they appear to be choking.

If you are still worried, contact NHS 111, or a doctor (e.g. your GP practice or Urgent Care Centre/ walk-in centre).



In older babies and toddlers you may notice:

- Coughing, runny nose, or mild temperature – (see page 22 coughs and colds).
- Croup (hoarse voice, barking cough) needs to be assessed by a doctor and may need treating with steroids.
- Their lips and nose appear a blue colour.

While you are contacting your doctor try sitting with them in a steamy bathroom – do not leave your child alone.

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



Doctor's advice

You need to get advice immediately if your baby or toddler:

- Seems to find breathing hard work and they are sucking in their ribs and tummy
- Their chest looks like it is 'caving in'
- Their skin turns a blue colour, especially lips and nose
- They are unable to complete a full sentence without stopping to take a breath.

Bumps and bruises

Part of growing up

Minor cuts, bumps and bruises are a normal part of growing up. Allowing toddlers to safely explore the world around them helps them develop and learn. Most of your toddler's bumps will require just a cuddle to make them better. You will quickly be able to tell which are the more serious bumps by the noise of the bang, the reaction of your child and the colour of the area affected.

If it looks like the bump may swell, use a cold flannel or an 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 NHS 111. Read the information on the right.

If your child is under a year old and has a bump on the head please seek advice from your doctor.

Stop

My child has had quite a hard bump to the head. I have used a cold flannel on the bump.

Think

They are tired. They have gone to sleep. This is normal after an upset.

Do

Check regularly that they are okay and behaving as usual.

Keeping them safe

Being a toddler means they are 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. Think about installing safety gates, corner cushions for sharp furniture, cupboard locks, fire guards, window locks and non-slip bath mats. Remember to keep hot drinks out of children's reach.



Head injury

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

You need to get medical attention if your child is:

- Vomiting
- Complaining it hurts
- Not responding at all.

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.



If you are still worried, contact a doctor (e.g. your GP practice or walk-in centre). If you cannot get help straight away go to Accident & Emergency.

Healthy lifestyles

Start healthy habits early in life

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for your baby's growing needs and giving them breast milk can make a big difference. Now could be a great time to establish good healthy habits for all the family.

Babies like the foods they get used to. If you give them lots of different, healthy foods to try when they are babies and toddlers, they are more likely to eat a variety of healthy foods as they grow up.

Being active takes brain and muscle power, so it plays an important part in your baby's development. As they grow, you can help them by playing with them and helping them make new movements and explore their surroundings. The whole family can enjoy a healthy lifestyle together.

Stop

Do you drink too much alcohol, take drugs or smoke?

Think

You may be passing these habits onto your child. Now is the time to get healthy together.

Do

Get help if you need it from NHS websites and speak to your doctor.

Health visitor says

Smoking at home can lead to health problems. This is called passive smoking and it means you are forcing your child to breathe in your smoke. Even if you smoke outside it can still damage their health. If you or your partner smoke, never share a bed with your child. If you want to give up smoking, visit www.smokefree.nhs.uk



Here are some basic rules to follow to help you lead a healthier lifestyle:

- Your good health habits will become your child's good health habits
- Keep active together
- Drink alcohol with caution, and know the limits
- Do not smoke or take drugs, or if you do, get help to give up
- There are vitamins and healthy food vouchers available. These are sometimes free
- Eat lots of fruit and vegetables.

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). You keep this book, which contains 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. 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. These are known as boosters, and your child will really benefit from receiving them so it's a good idea to keep them up to date.

Stop

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

Think

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

Do

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





Doctor's advice

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.

It is important your child's vaccinations are kept up-to-date.

Health visitor's advice

Make sure your child's Red Book is kept in a safe place. It is your only complete record of their childhood immunisations and they are often needed later in life.

NHS 111 says

If you have any questions or concerns about childhood immunisation and vaccines in the UK, then call NHS 111 or visit www.nhs.uk

Sun safety

Fresh air is great, but the sun can burn

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

A sunshade attached to your baby's pushchair will keep them out of direct sunlight. A sunhat, with a wide brim or a long flap at the back, will protect your child's head and neck from the sun. Hair does not stop the head from burning. Apply sun cream regularly, particularly if your child is in and out of the sea or a paddling pool.

If your baby is over six months old, encourage them to keep drinking water. Try giving them tiny pieces of ice and fruit juice lollies. For older toddlers and children, plenty of fruit will also help to keep their fluid levels up.

Stop

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

Think

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

Do

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

Skin specialist says

There are over 113,000* new cases of skin cancer treated each year in the UK. Cancer groups are working together to tell us about sun damage from an early age. Parents can take simple measures to protect their children. Remember, babies and toddlers are not interested in tanning and sunburn can cause damage to their skin.

*Source: Cancer Research UK 2011.



Pharmacist's tips

The higher the SPF (Sun Protection Factor), the better protection it is for the skin. You should use a complete sunblock 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 sun cream, keep children in the shade whenever you can and make sure newborn babies are never in the sun. Don't forget to protect their eyes with sunglasses you can buy from the pharmacist.

Safer sleeping

Where will your baby be sleeping tonight?

The safest place for your baby to sleep is always in their cot. 'Safe sleeping' means always putting your baby safely in the cot for every sleep. This includes after night-time feeding and for daytime naps. Remember, the cot is not just for night time.

If you feed your baby on the sofa or in bed, and then fall asleep, you may accidentally smother your baby. This risk is greater if you have drunk alcohol, or taken any drug that slows your response to your baby. Babies can be smothered when sleeping on a sofa or bed, either alone or with you. Rolling into cushions, bedclothes, pillows or your body can severely restrict baby's breathing.

Never put your baby to sleep on the sofa or in your bed. Take note of the following which will help to reduce accidents:

- Let your baby sleep in their cot in your room until they are six months old
- Place baby on their back in the cot when putting them to sleep
- Make sure their feet are at the bottom of the cot. This prevents them suffocating under the covers.
- Ideal room temperature is between 16-20 degrees centigrade
- Don't drink or take drugs if you are feeding or cuddling your baby
- Don't smoke near your baby
- Don't share a bed with your baby if you have been drinking alcohol, taken drugs or medication or are very tired
- Don't ever sleep with your baby on a sofa or armchair

Stop

Putting your baby to sleep?

Think

Where is the safest place for them?

Do

Put them to sleep in their cot where they have room to breathe.



Doctor's advice

If you are on medication, drink alcohol regularly or take drugs then stop and think – you may be putting your baby at risk. Seek advice from your doctor and ensure that accidents don't happen.

Health visitor's advice

Cot deaths and deaths from smothering are rare, but the risk is increased if baby is not put to sleep in the right way. Always put them half way down their cot and check the temperature of the room is correct.

Emotional wellbeing

Each new developmental stage is likely to present new challenges for you and your child. It is helpful to think about children's stages of development, rather than a specific age that your child may learn a particular skill. Being nurturing and reacting positively towards your child and ignoring unwanted behaviour, along with praise and rewards for good behaviour, contributes to forming a healthy environment.

Children need consistency and regular routines order in to feel listened to. Providing this structure helps your child feel safe and protected and that their needs are understood. Caring for children can be both rewarding and challenging as well as very demanding. If you're finding parenting a challenge you can contact:

- A health visitor and doctor
- Local children's centre
- Nursery staff.

There are a range of organisations that provide services for children and families. You should be concerned if your child is:

- Very withdrawn
- Unresponsive
- Showing signs of behavioural problems
- Having delayed speech, poor language and communication skills.

Your health visitor can offer you direct advice as well as refer you to specialist services

Remember

Each child is unique and there is a very wide range of what is seen to be "normal" development





The Child Psychotherapy Trust

publishes a leaflet series called 'Understanding Childhood', which expands upon some of the information presented in this booklet.

Family Lives

A national charity providing help and support with changes that are a constant part of family life.

Helpline: 0808 800 2222

www.familylives.org.uk

Useful contacts

British Nutrition Foundation

020 7557 7930
www.nutrition.org.uk

Change4Life

0300 123 4567
www.nhs.uk/change4life
www.nhs.uk/start4life

Fatherhood Institute 0845

634 1328
www.fatherhoodinstitute.org

Meningitis Trust

0808 80 10 388
www.meningitis-trust.org

National Breastfeeding Helpline

0300 100 0212
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700
www.nct.org.uk

NHS website

For services in your area www.nhs.uk

NHS 111

Freephone 111 or online at 111.nhs.uk when it's less urgent than 999

NHS Lifecheck

www.nhs.uk/LifeCheck

NHS Live well

www.nhs.uk/Livewell/childhealth0-1
www.nhs.uk/Livewell/Goodfood

NHS Smokefree 0800

022 4 332
www.nhs.uk/smokefree

Family Information

Service 0121 303 1888
www.birmingham.gov.uk/fis

Family Lives

0808 800 2222
www.familylives.org.uk

Real Baby Milk

www.realbabymilk.org
www.direct.gov.uk
www.dh.gov.uk

NHS 111

NHS 111 makes it easier for you to access local NHS healthcare services. You can call 111 or visit 111.nhs.uk when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time.

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.

Call 111 if:

- You need medical help fast but it's not a 999 emergency
- You think you need to go to A&E or need another NHS urgent care service
- You don't know who to call or you don't have a doctor to call
- You need health information or reassurance about what to do next.

For less urgent health needs, contact your doctor or local pharmacist in the usual way.

For immediate, life-threatening emergencies, continue to call 999.

The NHS 111 service is staffed by a team of fully trained advisers, supported by experienced nurses. They will ask you questions to assess your symptoms, then give you the healthcare advice you need or direct you straightaway to the local service that can help you best. That could be A&E, an out-of-hours doctor, a walk-in centre or urgent care centre, a community nurse, an emergency dentist or a late-opening chemist.

Where possible, the NHS 111 team will book you an appointment or transfer you directly to the people you need to speak to. If you need an ambulance, one will be sent just as quickly as if you had dialled 999.

If a health professional has given you a specific phone number to call when you are concerned about your condition, continue to use that number.



