Locality contacts:

Wokingham
Community Midwifery Office
0118 949 5129

Children’s Centres
Red Hall 0118 908161
Stanton 0118 908195
Winnipeg 0118 9081602
Bramble 0118 9086710
Finchampstead 0118 9081969
Aldermaston 0118 2764444
childrenscentres@wokingham.gov.uk

Referral and Assessment Team
If you are worried about a child.
0118 908 8002

Family Information Service (FIS)
Information on registered childcare, support services, voluntary organisations, leisure and much more.
0118 9083499
www.wokingham.gov.uk/services-directory

Health visitors
Wokingham South 0118 9495132
Wokingham North 0118 9346599

West Berkshire
East Family Wellbeing Hub - Calcot
0118 9461617
Central Family Wellbeing Hub - Thatcham
01635 863318
West Family Wellbeing Hub - Newbury
01635 511443

Children and Families Social Care Services
Contact Advice and Assessment Service
Office hours 01635 503190
Outside office hours 01344 780543
Family Information Service (FIS)
Information on registered childcare, support services, voluntary organisations, leisure and much more.
01635 503100
http://fis.westberks.gov.uk
Duty health visitor
01635 273626

Breastfeeding Support
01635 760310

Common childhood illnesses & well-being

Community midwife
01635 273 380
Post-natal Depression Support Group
01635 190319

A Parent’s Guide

Children aged 0-4

Post-natal Depression Support Group
01635 190319
Breastfeeding Support
07501 466818
Every parent or carer wants to know how to do what is best for their growing baby and to give them the best start in life. This handbook aims to help you understand what to do and who to ask in a number of situations; including what to do when your baby or child is ill. Learn how to care for your child at home, when to seek advice from a health visitor or call a doctor and when to use emergency services.

Most of the issues you will be confronted with are simply an everyday part of growing up, often helped by a chat with your midwife or health visitor. Almost all babies, toddlers and children will get the most common childhood illnesses like chickenpox, colds, sore throats and ear infections. While these are not very nice at the time, they are easily treated at home with support from your GP or health visitor, with no need to visit the Accident and Emergency (A&E) department. The information in this booklet is a guide and cannot replace specialist care. If you are worried, you must seek further advice - trust your instincts, you know your child best.

All factual content has been sourced from the Department of Health (DoH), NHS Choices, NICE guidelines and other specialist services.
We have a wide range of healthcare and children and family services. See which service or professional is best to help you.

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 111:
• When you need help fast but it’s not life threatening.
• When you think you need to go to A&E or another NHS urgent care service.
• When it’s outside of your GP’s surgery hours.
• When you do not know who to call for medical help.
• If you do not have a local GP to call.

A guide to services

A&E

For serious and life-threatening emergencies, call 999. A&E and 999 are emergency services that should only be used by people who are seriously or dangerously ill, or show symptoms of a medical or psychiatric emergency such as choking, bleeding out, or limb loss.

Self-care

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

111
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• If you think you need to go to A&E or another NHS urgent care service.
• If you think you are going to have a heart attack or stroke.
• If you are feeling suicidal or at risk of self-harm.
• If you need a non-emergency home visit.

Pharmacist

Your local pharmacist will know about most everyday health issues. They can suggest the best medicine to help. There are often pharmacists in supermarkets and many are open late. If your child has a fever which has not come down with paracetamol or ibuprofen see your GP. Visit www.nhs.uk where you can find the service locator in your area where you will be able to find the pharmacist nearest to you.

GP/doctor

You will need to register with a local GP. Your GP can advise you, give you medicines and point you to the right direction if you need other specialist services. You will usually need to make an appointment.

111
All GPs will be a child if you are worried.

Health visitor

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

Children’s Centre/ Family Wellbeing Hub

These centres are for families with children up to five and they offer a wide range of services which include:
• Health visitor lead baby clinics and checks.
• First Aid courses for all parents.
• Support for emotional well-being.
• Play sessions and activities for children and families.
• Parenting support (including support for teenage parents).
• Access to speech & language assessment and support.
• Access to midwifery services and ante/post natal support.
• High quality early learning in safe and friendly environments.
• Crèche facilities for adult training programs. (See back cover for details)

Midwife

Your midwife can give you advice. They will support you during pregnancy and up to 14 days after the birth. Your health visitor will then take over your care.

Dentist

Make sure you see a dentist on a regular basis. To find your nearest dentist visit www.nhs.uk or call 111. Your nearest dentist will give you advice. (See back cover for details)

Urgent Care

Make an appointment to see a local Urgent Care Centre.

A&E

For serious and life-threatening emergencies, call 999. A&E and 999 are emergency services that should only be used by people who are seriously or dangerously ill, or show symptoms of a medical or psychiatric emergency such as choking, bleeding out, or limb loss.

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Know the basics

Being prepared and knowing the signs

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

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

Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them.

Paracetamol and ibuprofen

Consider using either sugar-free paracetamol or ibuprofen for children with fever who appear distressed as a general rule a temperature of over 38°C (100.4°F) - as these can help to reduce fever and distress. Treat them with either paracetamol or ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should NOT be given together at the same time. However, if your child remains distressed before the next dose is due, then you may want to try a dose of the other medicine. If your child suffers from asthma, seek advice from your GP or pharmacist before giving ibuprofen.

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

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

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

Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. 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.

Don’t give aspirin to children under 16 and if you’re breastfeeding, ask your health visitor first before taking aspirin yourself.

Children’s medicines

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

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

Don’t give aspirin to children under 16, and if you’re breastfeeding, ask your health visitor first before taking aspirin yourself.

Children don’t often need antibiotics. Most childhood infections are caused by viruses. Antibiotics are medicines which kill bacteria. They work only against bacteria, not viruses which cause colds, sinus infections and bronchitis. For bacterial infections however, antibiotics work quickly, and symptoms usually improve within 24-48 hours.

Often children can feel completely better by the time they begin the antibiotic course. To beat the bacterial infection, it is important that your child finishes the entire course prescribed. Even if your child feels better, it is important that they finish the whole course of antibiotics.

Antibiotics work by killing the bacteria that cause your child’s infection. They don’t work against viruses which can cause infections like colds, sore throats, and flu.

Antibiotics can destroy the bacteria which are responsible for the infection, but they cannot stop your child from being unwell. Take the antibiotics for the full amount of time prescribed and do not stop before you have. This will help to prevent the bacteria from becoming resistant to the antibiotics and make it harder to treat future infections.

Symptoms of a bacterial infection include:

- Fever or high temperature
- Persistent cough
- Purple or dark urine
- Extreme tiredness or weakness
- Difficulty eating or drinking
- Persistent headache
- Coughing up blood
- Discharge from eyes, ears or nose
- Change in body rhythm

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

Antibiotics for children

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

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

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

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

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Feeding your baby

The best start in life

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 their needs encourages healthy brain connections. Most of this development will occur within the first two years. Responsive parenting will enable your baby to reach their full potential, to be able to form good relationships and communicate well, giving them the best start in life.

Safety advice and sterilising

- The cleaning and sterilisation instructions are the same, whether you are using expressed breast milk or infant formula milk.
- All the equipment you use for bottle feeding your baby should be washed in hot soapy water, rinsed and sterilised. You should keep sterilising your feeding equipment until your baby is at least six months old. However, continue to sterilise bottles until your baby is 12 months old.
- Infections (like gastroenteritis) are rare, but, if they do occur, can be very serious.

Making up a bottle of formula milk

- Wipe down the work surfaces you are going to use with a clean cloth.
- Wash your hands with soap and water.
- Read the instructions on the tin or packet to find out how much water and milk powder you will need.
- Always fill the kettle with fresh water from the tap. Do not use bottled mineral water or artificially softened water.
- Boil the kettle and leave it to cool for no longer than 30 minutes. It is important that the water is still hot, otherwise any bacteria in the milk powder may not be destroyed. Always take care, as at 77°C water is still hot enough to scald.
- Always check the temperature before feeding it to your baby.

Feeding your baby

Hold your baby’s body close with their nose level with your nipple to help them latch correctly.

Let your baby’s head tip back a little so that their top can touch 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 fully, with their head fairly still. Place your free hand on your baby’s back to support them.

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

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

- Are your baby’s head and body in a straight line?
- If not, your baby might not be able to swallow easily.
- Are you holding your baby close to you? Support their neck, shoulders and back. They should be able to do this without effort.

Health visitor’s tips

How to tell your baby is having lots of milk:

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

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

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.

A problem likely to get better on its own

Being sick & reflux

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

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

Gastroenteritis is a tummy bug (see diarrhoea & vomiting page 38), which can come with diarrhoea (runny poo). This is more serious in babies than older children because babies can 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.

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

1. I have a new baby. I have just given my baby a feed.
   They always seem to bring up small amounts of milk.

2. This is known as possetting. As they develop it will stop.
   If they are feed well but don’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.

3. This is known as possetting. As they develop it will stop.
   If you notice any of these, talk to your health visitor.

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

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

Have you noticed your baby?

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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.

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

Crying & colic

Understanding why

All babies cry, especially in the first few weeks after birth. Crying is their way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle.

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

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

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

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My baby is crying more than usual.

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 very simple.

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If you have tried this and it has not worked, speak to your GP. If you are worried.

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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?
- Could they be teething?
- Do they want a cuddle?

These are simple things which could be causing your baby to cry.
Rashes & dry skin

A common problem that’s easy to treat

It’s normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell, contact your GP. Most rashes are nothing to worry about, but do be aware of the signs of meningitis (see page 26).

Nappy rash
Nappy rash is very common and can affect lots of babies. It is usually caused when your baby’s skin comes into contact with the wee and poo that collects in their nappy. A nappy rash causes your baby’s skin to become sore. Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the pharmacist. With a mild nappy rash, your baby won’t normally feel too much discomfort.

Health visitor’s nappy rash tips

Health visitor’s cradle cap tips

This is the name given to the greasy yellow-brown scales and crusting affecting the scalp in newborn babies. Do not pick the scales as this may increase the risk of infection. It is not a serious condition and is not contagious. It is not usually itchy and will usually clear up within weeks to a few months.

Gently massaging a small amount of baby or vegetable oil (not olive oil) into the scalp at night can help to soften and loosen the scales. In the morning use a soft baby brush or cloth to gently remove any loose skin scales. If any hair comes out with the scales it will grow back. Gently wash the baby’s hair and scalp with a baby shampoo. Talk to your health visitor if the rash spreads or there is any infection or scaling.

Source: NICE Clinical Knowledge Summaries 2013

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.

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

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

Change nappy often. If you are worried, see your GP.

Source: NICE Clinical Knowledge Summaries 2013

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

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Change nappy often. If you are worried, see your GP.

Source: NICE Clinical Knowledge Summaries 2013

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 the skin.

Use a barrier cream. (See pharmacist’s box opposite.)

Remember to change and check their nappy often.

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

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Change nappy often. If you are worried, see your GP.

Source: NICE Clinical Knowledge Summaries 2013
A safe sleeping environment

1. Place your baby in the "feet to foot" position, i.e. baby's feet at the foot of the cot.
2. Newborn babies should sleep in a cot in either the parents' bedroom or room where you are during the day.
3. Make sure baby is not too hot nor too cold.
4. Put baby to sleep on their back to reduce the risk of cot death.
5. Keep baby's head uncovered.
6. Do not smoke and keep the house smoke free.
7. No pillow, stuffed animals, toys or bumper pads.
8. No heavy or loose blankets.
9. If a blanket is used, it must be tucked in and only as high as the baby's chest.
10. Crib sheets must fit tightly over mattress.

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts. To try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Try to avoid always rocking your baby or "feeding them" to sleep as this can become a habit. Adult beds are not designed for babies and toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to the cot after the feed.

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

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

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

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

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

Source: www.lullabytrust.org.uk

Sleeping Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts. To try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Try to avoid always rocking your baby or "feeding them" to sleep as this can become a habit. Adult beds are not designed for babies and toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to the cot after the feed.

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

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

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

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

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

Source: www.lullabytrust.org.uk

1. Place your baby in the "feet to foot" position, i.e. baby's feet at the foot of the cot.
2. Newborn babies should sleep in a cot in either the parents' bedroom or room where you are during the day.
3. Make sure baby is not too hot nor too cold.
4. Put baby to sleep on their back to reduce the risk of cot death.
5. Keep baby's head uncovered.
6. Do not smoke and keep the house smoke free.
7. No pillow, stuffed animals, toys or bumper pads.
8. No heavy or loose blankets.
9. If a blanket is used, it must be tucked in and only as high as the baby's chest.
10. Crib sheets must fit tightly over mattress.

These apply to day time and night time sleeps.

Source: www.lullabytrust.org.uk
Health visitor says

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

Source: NHS choices

Conjunctivitis

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

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

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

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

Protect your baby’s eyes

“Sticky eyes” are common in newborn babies and young children while their tear ducts are developing. You may see some sticky stuff in the corner of the eyes or their eyelashes may be stuck together. It normally clears up on its own, but you may have to clean your baby’s eye regularly with damp cotton wool. Use clean, cooled boiled water. Wipe each eye from the corner of the nose outwards. Use a clean piece of cotton wool for each wipe. Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection.

Eye tests and checks

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

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

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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 nose and extra dirty nappies. Be careful not to explain away what might be the signs of illness by assuming it’s just teething.

Dentist’s tooth care tips

1. Clean teeth twice a day, for two minutes, especially at night.
2. Reduce sugars to meal times only.
3. Visit the dentist every six months.
4. Don’t give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.

For help accessing an NHS dentist, call NHS 111 or visit www.nhs.uk/dentist

Pharmacist says

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

1. If your baby has red cheeks and seems a bit frustrated and grumpy. Have you asked your health visitor about teething? Have you discussed options with your pharmacist?
2. If you are worried and things do not feel right, contact your health visitor or GP.

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as teething. Some babies show few signs whilst 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, groan and chew a lot, or just be fussy.

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

Think about your child’s tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see your dentist regularly and discuss your child’s oral health with them (see good oral health page 45).
Bonding & communication

Helping children thrive

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

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

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Contact your health visitor and local Children’s Centre for information about the activities they provide or if your child seems to be having difficulties.

Look out for signs of emotional attachment delays, including:
• They do not like to be touched or hugged.
• They are indiscriminately affectionate with strangers.
• They resist social interaction.
• They seem to want to be alone.
• They display intense anger.
• They can be destructive or aggressive.

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

Top 10 tips to develop your child’s speech and language

• Get your child’s full attention first.
• Make learning language fun.
• Imitate children’s language.
• Use a full range of expression.
• Use simple, repetitive language.
• Make it easy for your child to listen and talk.
• Build on what children say.
• Give children time to respond.
• Be careful with too many questions.
• Demonstrate the right way.

Source: www.talkingpoint.org.uk

1. My six month old baby is quiet, withdrawn and difficult to engage with.
2. Try the ideas in ‘Top tips’ when communicating with your baby.
3. Speak to your health visitor for further advice and support.

5.
6.
7.
8.
9.
10.

My six month old baby is quiet, withdrawn and difficult to engage with.

Try the ideas in ‘Top tips’ when communicating with your baby.

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Source: www.talkingpoint.org.uk
Always contact your GP or health visitor if your baby has other signs of illness, as well as a raised temperature and/or if your baby’s temperature is **38°C (100.4°F)** or higher. **Older children** A little fever isn’t usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature which doesn’t come down. • It’s important to encourage your child to drink as much fluid as possible. Water is best. • Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion. To help reduce temperature: • Undress to nappy/pants. • Keep room at a comfortable temperature (16-20°C). • Encourage your child to drink more (little amounts often). • Give sugar-free paracetamol or ibuprofen in the correct recommended dose for your child (see page 6 for usage advice). **If your child has a fever, he or she will have a body temperature above 38°C (100.4°F).** Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit (always use the thermometer under the armpit with children under five, never use it in the mouth). However, bear in mind that these measurements are less accurate as the armpit is slightly cooler. A fever is part of the body’s natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. It is important in preventing your child from becoming dehydrated, which can 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. However, a fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood (septicaemia), urinary tract infection, pneumonia or meningitis. You should contact your GP if fever symptoms are not improving after 48 hours. Check your child during the night. Always seek medical advice if your child develops a fever soon after an operation, or soon after travelling abroad. **How to reduce a temperature?** • Unless told to do so, keep child at a comfortable temperature (16°C-20°C). • Encourage your child to drink more (little amounts often). • Give sugar-free paracetamol or ibuprofen in the correct recommended dose for your child (see page 6 for usage advice). **When looking after a feverish child at home you should:** • Get the child to drink more (where a baby or child is breastfed, the most appropriate fluid is breast milk). • Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on the top of the head in babies. • It is not advisable to give ibuprofen if your child is dehydrated. • Know how to identify a non-blanching rash (see page 26). • Check your child during the night. Source: NICE, Feverish illness in children/2013
The glass test

If you press the side of a clear glass firmly against the skin and the rash does not fade, it is a sign of meningococcal septicaemia. In this example the spots are still visible through the glass. This is called a non-blanching rash — it does not fade. Contact a doctor immediately (e.g. your own surgery or walk-in/urgent care centre). If you cannot get help straight away go to A&E.

In this example the spots under the glass have virtually disappeared. It is unlikely to be anything serious but if you are still worried call NHS 111, contact your GP or go to A&E. Find out more from www.meningitisnow.org.

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

GP says

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

Meningitis & sepsis

Not common but serious

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

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

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

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

Early signs may be like having a cold or flu. Children with meningococcal septicaemia 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’s 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.
Don’t pass it on

Coughs, colds & flu

Not usually serious

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

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may feel achy and unwell, 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 from the age of two as part of the NHS Childhood Vaccination Programme. Ask your health visitor for details.

Things you can do at home to help:

- Give your child lots to drink.
- Try sugar-free paracetamol or ibuprofen (not aspirin) (see page 6 for usage).
- Keep them away from smoke and anyone who smokes.
- Talk to your pharmacist but remember that coughing is the body’s way of keeping the lungs clear.
- Make sure they get plenty of sleep/rest.
- See your GP if:
  - Your baby has a temperature of 38°C (100.4°F) or more.
  - They have a fever with a rash.
  - They are not waking up or interacting.
  - Your child is finding it hard to breathe.
  - Persistent temperature does not respond to medicine (see fever page 24).

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

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

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

A nappy rash last for more than 10 days if it is coughing up yellow? If they may have an infection. Contact your GP.

Not usually serious

Children can often be treated using over the counter medicines to help to bring down a raised temperature. Sugar-free paracetamol or ibuprofen can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of 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 GP.

Pharmacist says

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Source: 2013 NICE guidance

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Asthma

Know the symptoms

Asthma has many causes and is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma is more than just wheezing. Other symptoms can be coughing, difficulty breathing and a tight, sore feeling in the chest. Asthma is difficult to diagnose in children under the age of two years as nearly one third of children will wheeze at some point. The two most common triggers of asthma in children are colds and allergies. In older children allergies become particularly important, so avoiding the triggers to which your child is allergic may help improve their asthma. Don’t get any pets if your child has asthma and make sure no one in the house smokes. A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment. Make sure you know how to use your child’s inhaler properly and attend the yearly review with your GP.

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

Asthma UK
0300 222 5800 www.asthma.org.uk

Call 0800 622 6360 or visit www.smokefreelife berkshire.com

DO NOT SMOKE AROUND CHILDREN

Symptoms of severe asthma

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

1. My child seems to wheeze and cough a lot and it seems to get worse at night. Is there a family history of asthma? See your GP for advice.
2. Do you smoke? Do not smoke in the house or near children.
3. Did you break your child’s seasonal asthma action plan? See your practice’s asthma nurse or GP for regular reviews (read more at www.asthma.org.uk). If your child has had a serious asthma attack call 999.

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Asthma Nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack. Make sure your child’s asthma action plan is kept up to date.

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

GP says

Your GP will normally be able to diagnose asthma by asking about your child’s symptoms, examining their chest and listening to their breathing. A peak flow test may be useful if your child is old enough.

Parents should regularly attend their practice’s Asthma Clinic to get support on better management of their child’s asthma at home, as this will save unnecessary trips to hospital. Ask your GP or practice nurse to give you an asthma action plan for your child.

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

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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 GP or health visitor if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source: www.nhs.uk/conditions

My child with croup has a distinctive barking cough and makes a harsh sound when they breathe in.

Combating your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can include: a hoarse voice, children’s sugar-free paracetamol can help lower their temperature.

Symptoms are often worse at night and can wake your child up. Coughing, runny nose, mild temperature (see coughs, cold and flu page 25),

Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treatment with steroids.

Wheezing & breathing difficulties

Look at the signs

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

Using your instincts with newborns and babies. You may notice:

- 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.
- 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 coughs, cold and flu page 25).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treatment with steroids.

Get help and contact your GP now if:

- They appear pale or even slightly blue-ish.
- Their chest looks like it is caving in.
- They appear pale or even slightly blue-ish.
- They can’t complete a full sentence without stopping to take a breath.

GP’s tips

Get help and contact your GP now if your child:

- Seems to find breathing hard work and they are sucking in their ribs and tummy.
- Their chest looks like it is caving in.
- They appear pale or even slightly blue-ish.

Call 0800 622 6360 or visit www.smokefreelife berkshire.com

DO NOT SMOKE AROUND CHILDREN
Chickenpox & measles

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

Chickenpox is caused by a virus. It is infectious from one to two days before the rash starts, until all the blisters have crusted over (five to six days after the start of the rash). To prevent spreading the infection, keep children away from nursery/school until all their spots have crusted over.

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

Paracetamol (sugar-free) can help relieve fever and calamine lotion or cooling gels help ease itching.

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

Contact your GP straight away if:
• Blisters become infected.
• Your child has chest pain or difficulty breathing.

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

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

Painkillers
If your child is in pain or has a high temperature (fever), you can give them paracetamol. Do not give ibuprofen to children with chickenpox because it may increase the risk of skin infection. Aspirin should not be given to children under the age of 16.

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

Symptoms develop around 10 days after you are infected and can include:
• Cold-like symptoms.
• Red eyes and sensitivity to light.
• A fever.
• Greyish white spots in the mouth and throat.

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

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

Help to make your child comfortable:
• Close the curtains/doors to help reduce light sensitivity.
• Use bland cotton wool to clean eyes.
• Give sugar-free paracetamol or ibuprofen.
• Ensure they drink lots.

Chickenpox

Measles
Constipation

Rare in babies who are solely breastfed

Constipation is very rare in babies who are solely breastfed, but not uncommon in babies who have formula, or who have solid foods. Ask your health visitor or pharmacist for advice on treatment.

Make sure you are making up the formula powder with the correct amount of water. Some formulas are specially targeted at babies who have minor constipation - your health visitor can discuss your options.

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

Source: www.nct.org.uk
There are lots of ways you can care for your child at home. Things to try are:

1. **Give them regular drinks** - try small amounts of cooled boiled water. Breastfed on demand if breastfeeding.

2. **Being extra careful with hand hygiene** (use soap and water or antibacterial hand gel and dry hands well with a clean towel).

3. **Rehydrating solutions** come in pre-measured sachets to mix with water. It helps with dehydration.

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

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**Pharmacist says**

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

1. **Give them regular drinks** - try small amounts of cooled boiled water. Breastfed on demand if breastfeeding.

2. **Being extra careful with hand hygiene** (use soap and water or antibacterial hand gel and dry hands well with a clean towel).

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**Health visitor says**

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

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Diarrhoea & vomiting

Not nice for you or your baby

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

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

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

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

Keep them away from others, especially children, who may pick up the infection.

Be extra careful with everyone’s handwashing.

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**Signs of dehydration**

Less wet nappies (i.e. they wees less).

More sleepy than usual.

Dry mouth.

Sunken fontanelle (the soft spot on the top of the head that is more dipped when you touch it).

Try a rehydrating solution from your pharmacist.
What are the signs of an ear infection?

The signs are 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).

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

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

To reduce ear infections

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

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

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

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

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

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

Baby blues

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

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Postnatal depression

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

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

Part of growing up

It is almost impossible to prevent every accident, although there are things we can do at home which might help. Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler’s bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected, which are the more serious bumps. If your child has unexplained bruising or injury, you need to find out how this happened. If it looks like the bump may swell, use a cold flannel (soaking the cloth with cold water) or ice pack (but don’t put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

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

If your child is under a year old and has a bump on the head, get advice from your GP. If your child is tired from what’s happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their doziness, then you should wake your child an hour after they go to sleep. Check they are okay and responding normally throughout the night.

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. Make stairgates once your child is mobile.
• Make sure balconies are locked and fit restrictors and safety locks to windows.

1. After a fall, comfort your child, check for bumps and bruises.
2. Give your child some sugar-free paracetamol and let them rest whilst watching them closely.
3. Seek immediate help if they:
   • Have seriously injured themselves.
   • Are unconscious.
   • Have difficulty breathing.
   • Are having a seizure.

Head injury

One of the signs of a severe head injury is being unusually sleepy; this does not mean you cannot let your child sleep. You need to get medical attention if:

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

If your child is tired from what’s happened, or from crying, then it is fine to let them sleep. If you are worried in any way about their tiredness, then you should wake your child an hour after they go to sleep. Check they are okay and responding normally throughout the night.

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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 need less than 5g of salt a day (2g sodium).

Juice drink 25g of sugar per 100ml (6 teaspoons)

Fromage frais 13g of sugar per 100g (3 teaspoons)

Dietician says

Pizza slice 2.8g salt

Many parents are unaware of the dangers of childhood obesity. By following these top tips you can make a difference to your child’s health.

1. Sugar swaps - swapping sugary snacks and drinks for ones with no added sugar can make a huge difference. Milk and water are the best choices for children.

2. Meal time - it’s important for kids to have regular, proper meals as growing bodies respond better to routine.

3. Snack check - many are high in ingredients that we often eat too much of, such as sugar and salt. Swap sweets, crisps, cake and biscuits for fresh fruit, vegetable batons, toast or unsweetened yogurt.

4. Me size meals - it’s important to make sure kids get just the right amount for their age.

5. 5 a day - five portions of fruit and/or vegetables a day. A child’s portion is about the same size as their fist.

6. Cut back fat - too much fat is bad for us. It’s not always easy to tell where it’s lurking. Encourage your child to walk, you may need to use child safety reins.

7. Up and about - most of us spend too long sitting down. Keep active.

Health visitor says

Be in control

It can be easy for busy parents (or family members) to prioritise their children’s immediate happiness over their long-term health by giving them the chocolate bar or sugary drink they are crying for. Many parents allow children to decide what goes into the supermarket trolley in order to avoid rows.

You are responsible for what your child eats. What your child eats now will set a pattern for life and overweight children are being set up for a lifetime of sickness and health problems.

My mum confuses giving her grandson chocolate with being kind to him. She only wants him to be happy, but I am worried. It can be difficult, but try to explain to her why you would prefer him to have healthy snacks and that in the long run, it is best for him. Use some healthy meal ideas and maybe send him along with some fruit or vegetable slices to snack on.
Fizzy drinks

Fizzy drinks can contain large amounts of sugar, which will increase the risk of tooth decay. All fizzy drinks (both those containing sugar and sugar-free or diet versions) contain acids that can erode the outer surface of the tooth. If you do have sugary or fizzy drinks, drinking them with meals can help reduce the damage to teeth. The best drinks to give children are water, milk and milkshakes without added sugar.

If you or your children like fizzy drinks, try diluting with sparkling water instead. Remember to dilute squashes well to reduce the sugar content in the drink. Diet versions of fizzy drinks also contain very few nutrients. Milk or water are much healthier choices, especially for children. Source: NHS Choices

Good habits

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

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 that has levels of 1450 parts per million (ppm) fluoride. When your child turns three, use a pea-sized amount of toothpaste; prior to that use just a smear. Children (particularly young children) should 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 three and above) - IT’S FREE!

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

As soon as teeth appear in the mouth, parents should brush their baby’s teeth in the morning and last thing before bed. Provide a healthy, balanced diet and limit sugary food and drinks to mealtimes only. Sugar or honey should not be added to weaning foods. Introduce drinking from a cup from six months and stop bottle feeding by one year. If children are brought up to care for their teeth early on, it should stand them in good stead for the rest of their lives.

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

Dentist says

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Healthy lifestyles

A combination of the right food and exercise

Screen time

The first two years of life are a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, thinking and interacting, which all encourage learning and healthy physical and social development.

Children who consistently spend more than four hours a day watching TV are more likely to be overweight (less time for play).

TV and electronic media can limit communication and social skills, resulting in the child preferring to listen rather than take part in a real-life conversation. TV can affect sleep patterns too.

Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for baby’s growing needs. It is easy to develop healthy eating habits at an early age in 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 keep a steady healthy diet as they grow up. Avoid salt, sugar, honey, nuts, saturated fats, fast foods, raw shellfish or eggs for babies.

The Department of Health recommends that all children from six months to five years old are given supplements, in the form of vitamin drops which contain vitamins A, C and D. Please speak to your health visitor or pharmacist who will be able to give you further advice.

Physical exercise helps with all aspects of physical and mental well-being and it helps prevent becoming overweight or obese. Try to have family cuttings that include walking and cycling so you can all get fitter together.

Health visitor says

You can give your child whole (full-fat) cow’s milk as a drink from one year old (and on breakfast cereal from six months old). Do not give children under two years old semi-skimmed, 1% fat or skimmed milk, these don’t contain enough calories or essential vitamins for children of this age. From two to five years old, children can drink whole or semi-skimmed milk.

If your child doesn’t like milk, it’s important to try to include other dairy foods in their diet such as yoghurt or cheese, but don’t give them lower-fat versions.

Health visitor says

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If your child doesn’t like milk, it’s important to try to include other dairy foods in their diet such as yoghurt or cheese, but don’t give them lower-fat versions.

How much exercise should my child have daily?

Children who can walk on their own should actively exercise every day for at least three hours. This should be spread throughout the day, indoor and outside.

Safety, active play, such as using a climbing frame, riding a bike, playing in water, chasing games and badminton games should be supervised.

Source: www.health.gov.uk

Healthy lifestyle means many things: having fun, eating well, being active, staying safe, getting enough sleep, taking care of our minds and bodies. Practical things are important too, like making sure your child eats the dentist regularly. Their vaccinations are kept up-to-date, they are receiving their daily vitamin drops and that they attend health and development checks. Look out for, and be aware of, your child’s health in order to prevent illness and discuss any concerns with your health visitor. Developing a healthy attitude early on will help to ensure they become healthy throughout life.

Being physically active every day is important for healthy growth and development and impacts on their social skills. Babies should be encouraged to be physically active from birth. Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing during supervised floor play, including tummy time (when you place your baby on their stomach while awake and you are watching).

Minimise the amount of time children spend sitting watching TV, in a buggy, playing computer games and travelling by car, bus or train. Try to make exercise fun and part of everyday life for all the family.

Physical exercise helps with all aspects of physical and mental well-being and it helps prevent becoming overweight or obese. Try to have family cuttings that include walking and cycling so you can all get fitter together.

Natural Text Start Page 50

Healthy lifestyles

A combination of the right food and exercise

Screen time

The first two years of life are a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, thinking and interacting, which all encourage learning and healthy physical and social development.

Children who consistently spend more than four hours a day watching TV are more likely to be overweight (less time for play).

TV and electronic media can limit communication and social skills, resulting in the child preferring to listen rather than take part in a real-life conversation. TV can affect sleep patterns too.

Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for baby’s growing needs. It is easy to develop healthy eating habits at an early age in 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 keep a steady healthy diet as they grow up. Avoid salt, sugar, honey, nuts, saturated fats, fast foods, raw shellfish or eggs for babies.

The Department of Health recommends that all children from six months to five years old are given supplements, in the form of vitamin drops which contain vitamins A, C and D. Please speak to your health visitor or pharmacist who will be able to give you further advice.

Physical exercise helps with all aspects of physical and mental well-being and it helps prevent becoming overweight or obese. Try to have family cuttings that include walking and cycling so you can all get fitter together.

Health visitor says

You can give your child whole (full-fat) cow’s milk as a drink from one year old (and on breakfast cereal from six months old). Do not give children under two years old semi-skimmed, 1% fat or skimmed milk, these don’t contain enough calories or essential vitamins for children of this age. From two to five years old, children can drink whole or semi-skimmed milk.

If your child doesn’t like milk, it’s important to try to include other dairy foods in their diet such as yoghurt or cheese, but don’t give them lower-fat versions.

Source: www.health.gov.uk

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Natural Text End Page 51
CPR

CPR is a first aid technique that is a combination of rescue breaths and chest compressions - sometimes called the kiss of life. To find out more about CPR, go to www.redcrossfirstaidtraining.co.uk

Choking

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

PREVENTION:
• Check on the floor and under furniture for small items and that toys with small pieces are not left out for a toddler to chew and choke on.
• Check toys are age appropriate, in good condition and include toy safety marks.

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 999 (do not leave your child alone) and start CPR.

Hospital

Our homes can be full of danger

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 non-fluffy cloth.
• if the cut is serious, is bleeding a lot or has a piece of glass under the skin, go to A&E.

Drowning

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

PREVENTION:
• Supervise children near water at all times. Use a grille on ponds or consider filling it in to use as a sandpit.
• 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.

Eye

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 on the cot or bed that could be a hazard.
• Do not hang dressing bags where a small child could get their head through the loop of the dressing bags.

WHAT TO DO:
• Untangle your child, call 999 and start CPR.

Strangulation

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Burns and scalds

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.

Our homes can be full of danger

PREVENTION:
• Keep hot drinks out of reach.
• When running a bath, turn the cold water on first and always test the temperature with your elbow before letting your child get into the bath or shower.
• Keep hot irons, curling tongs and hair straighteners out of reach, even when cooling down.
• Turn pan handles away from the front of the counter.

WHAT TO DO:
• Treat the burn or scald straight after the accident by running under cold water for 20 minutes.
• Do not use creams, lotions or ointments on the burn or scald.
• Always take your child or baby to A&E if it is anything other than a very mild burn.

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Immunisations

Protect your child now and in the future

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

Immunisations are a way of protecting babies and children against a range of serious infectious diseases which can be quick, safe and extremely effective.

Immunisations do not just protect your children; they also help to protect your family and the whole community.

It is important that your baby has their immunisations at the right age - the first ones are given at 8 weeks old. They will be given further doses of these immunisations when they are 12 weeks old and sixteen weeks old. Other immunisations are given at 12 months of age and then three years and 4 months old.

If you are pregnant, you will be offered the whooping cough vaccine at your GP’s surgery. The ideal time is 20 to 32 weeks of pregnancy so that your baby will be born protected against whooping cough infection. You will also be offered the inactivated flu vaccine to protect against flu.

When to immunise

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 weeks</td>
<td>DTaP/IPV/HiB and PCV and MenB and RotaVirus (diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hi) vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine)</td>
</tr>
<tr>
<td>12 weeks</td>
<td>DTaP/IPV/HiB and RotaVirus (diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hi) vaccine and rotavirus vaccine)</td>
</tr>
<tr>
<td>16 weeks</td>
<td>DTaP/IPV/HiB and PCV and MenB (diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hi) vaccine and meningococcal B vaccine)</td>
</tr>
<tr>
<td>12 months</td>
<td>Hib/MenC (haemophilus influenza b (Hi) vaccine and meningococcal C vaccine)</td>
</tr>
<tr>
<td>3 years 4 months</td>
<td>PCV pneumococcal conjugate vaccine (pasteurised) (MenB vaccine (Booster))</td>
</tr>
<tr>
<td>2 to 7 years</td>
<td>MMR (Measles, mumps and rubella)</td>
</tr>
</tbody>
</table>

Diseases protected against

- Diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hi) vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine
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- Haemophilus influenzae b (Hi) vaccine and meningococcal C vaccine
- Pneumococcal conjugate vaccine
- Meningococcal B vaccine (Booster)
- Measles, mumps and rubella

Immune at eight weeks, when a baby’s natural immunity to illness begins to drop.

1. Immunisation begins at eight weeks, when a baby’s natural immunity to illness begins to drop.
2. The protection immunisations offer to your child against serious diseases are worth the small amount of pain.
3. Immunisations don’t just protect your child during childhood; they protect them for life.
4. The protection immunisations offer to your child against serious diseases are worth the small amount of pain.
5. Immunisations are used to protect children from diseases which can be very serious causing long-term complications and even death.

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

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

Temper tantrums

Often a simple answer

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

Many reasons for challenging behaviour can be put down to simple things like tiredness or hunger, needing physical contact or emotional support, a change in a child’s life (maybe a new nursery or a new baby in the house) or they may feel powerless and frustrated because they cannot put into words what they want to tell you. You can use positive feedback when they are misbehaving too. Tell them you are upset about their behaviour, not them. That way they will not see themselves as a naughty person and know they have the power to change the way they act. It is up to you to set boundaries and rules in their life, which will change as they grow. Discuss your parenting styles early on with your partner so you both keep to consistent rules.

Sometimes, it’s just some one to one time they need. Give them your full attention, with no distractions. Talk to them about how they feel, play with them, read to them or just enjoy a cuddle.

1. My child has loud, violent tantrums and it’s upsetting.
2. Sometimes it can be hard to tell whether a child has over-reacted or it’s the signs of a behaviour disorder.
3. You are worried, talk to your health visitor or primary care nurse.
4. My child has bad, violent tantrums and it’s upsetting.
5. If possible, find a quiet place or some way of distracting their attention. Do not give in, but do try to understand your child’s feelings. Praise your child for calming down afterwards.

Toddler tantrums

Temper tantrums

Tantrums may start around 18 months and become less common at four. Toddler tantrums often happen when a child is not able to express themselves as they want to. Their frustration may come on as a tantrum and they are especially likely to happen if a child is tired, hungry or uncomfortable. They often happen in places, public places, which can be highly embarrassing and add to the parents’ stress.

Keep calm and reasonable whenever possible, check if your child needs food or rest. If your child’s tantrums are becoming more serious or occur often, talk to your health visitor or nursery nurse.

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Allergy
07525 619 095, www.allergy.org.uk
Association of Breastfeeding
Mothers 020 330 29335, 9.30am-4.30pm, seven days a week, www.abm.org.uk
Asthma UK 020 330 33930, www.asthma.org.uk
BabyLifeCheck
0333 102 0000, www.babylifecheck.co.uk
British Dental Health Foundation 01788 539 780, 9am-5pm, Monday–Friday, www.dentalhealth.org
Cry-sis 08451 228 669, 9am-10pm, www.cry-sis.org.uk
Diabetes UK www.diabetes.org.uk
Family Lives 0808 800 2222, www.familylives.org.uk
Healthy Start www.healthystart.nhs.uk
La Leche League GB 0845 120 2918, available 24 hours, seven days a week, www.laleche.org.uk
The Lullaby Trust www.lullabytrust.org.uk
Meningitis Now 0808 80 10 388, www.meningitisnow.org
National At-Home Dad Network www.athomedad.org
National Breastfeeding Network Helpline 0300 100 0212, 9.30am-9.30pm, seven days a week, www.breastfeedingnetwork.org.uk
National Childbirth Trust 0300 330 0700, 8am-midnight, seven days a week, www.nct.org.uk
Netmums Parenting advice and information, www.netmums.com
Red Cross Information on CPR (kiss of life), www.redcrossfirstaidtraining.co.uk
Start4Life Healthy tips, www.nhs.uk/start4life
To find an NHS dentist Call NHS 111 or visit www.nhs.uk/dentists
Bracknell Urgent Care Centre Royal Berkshire Hospital, Healthcare Parks, London Road, Bracknell 0300 100 2343. Open 7 days a week, from 9am-9pm, www.smokefreelifeberkshire.com
Breastfeeding Network Supporterline 0300 300 2712
Smoking
If you smoke - now is the time to quit. Call 0800 622 6360 or visit www.smokefreelifeberkshire.com
Breastfeeding Network Supporterline 0300 123 1044 or visit www.nhs.uk/smokefree
NHS 111
NHS 111 makes it easier for you to access local NHS healthcare services. It is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.
• 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 GP to call.
• You need health information or reassurance about what to do next.
• If a health professional has given you a specific phone number to call when you are concerned about your child’s condition, continue to use that number.

Call 0300 123 1044 or visit www.nhs.uk/smokefree
Locality contacts:
Reading
Access and Assessment Team 0118 937 3641 (Office hours only)
01344 786543 (Out of hours only)
www.reading.gov.uk/childprotection
Family Information Service (FIS)
Information on registered childcare, support services, voluntary organisations, leisure and much more.
0118 9375777
www.reading.gov.uk/fis
Find us on Facebook: www.facebook.com/readingfis
Health visitor 0118 931 2111
Midwifery Community Midwifery Office 0118 322 8059

Locality contacts:
East Cluster Children’s Centres
Hamilton Road Children Centre East Reading Children Centre 0118 931 6644
Kalev Grove Children Centre
Southbridge Children’s Centres
Blagdon Children Centre 0118 257 2694
Sure Start Whitley Children’s Centre
West Berkshire Community Health
Norcot Children Centre 0118 937 2532
West Central Children’s Centres
Coley Children Centre
Southcote Children Centre
Blagrave Children Centre
Norcot Children Centre 0118 937 2532
West Central Children’s Centres
Coley Children Centre
Southcote Children Centre
Blagrave Children Centre
Norcot Children Centre 0118 937 2532
North Reading Children’s Centres
Caversham Children’s Centre
North Reading Children’s Centre 0118 257 2575

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National contacts

Reading

Midwifery
If you think you are in labour 0118 322 7304
Post Natal Unit (Marsh Ward) 0118 322 7319/7288
Main Reception for Maternity 0118 322 7296

Locality contacts:
Reading
Access and Assessment Team 0118 937 3641 (Office hours only)
01344 786543 (Out of hours only)
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