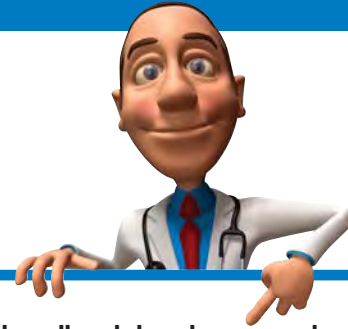


A Guide

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



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

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

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Childhood health and well-being



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

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

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

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A guide to services

www.choosebetter.org.uk

You can
choose better

Self care

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



111

If you think you need help urgently during the day or night you should call **NHS 111** before you go to any other health service.

By calling **NHS 111** you will be directed straight away to the local service that can help you best. It is available 24 hours a day, 365 days a year and is free to call, including from a mobile. You should call **NHS 111**:

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



Doctor or GP

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

- Surgery reception
- Leaflets in the surgery
- Surgery website

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

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



Pharmacist

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

Midwife

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



Health visitor

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

Contact No:
.....



Children's centres

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

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

Many centres also provide high quality early learning and childcare.



Urgent care centres

If your GP practice is closed and you have a minor injury or require urgent care you can visit an urgent care centre or walk-in centre.

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



A&E

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

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

Dentist

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

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. See box on the right, for things to have at home just in case. **Make sure you've got the right strength of medicine for the age of your child**, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

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

www.redcrossfirstaidtraining.co.uk

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

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed (as a general rule a temperature of over 38°C 100.4°F), as these can help to reduce fever and distress. Treat them with either paracetamol **OR** ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should **NOT** be given together at the same time. However, if your child remains distressed before the next dose is due, then you may want to try a dose of the other medicine. Aspirin should not be given to children under 16 years of age.



Pharmacist says

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



Thermometer



Plasters



Liquid painkillers
(e.g. **sugar-free** paracetamol or ibuprofen)



Barrier cream



Antihistamine

Children's medicines

Not always needed for childhood illnesses

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

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

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

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

1

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

2

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

3

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

Antibiotics for children

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

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

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



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

- **Are your baby's head and body in a straight line?**
If not, your baby might not be able to swallow easily.
- **Are you holding your baby close to you?**

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



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



2 Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3 When your baby's mouth opens wide, **their chin is able to touch your breast first**, with their head tilted, so that their lower lip can make contact with the breast 2-3cm below the nipple.



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

Source: County Health Partnerships

Feeding your baby

The best start in life

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

Sterilising and bottle hygiene

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

1

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

2

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

3

Go to your local breastfeeding support group, usually held at a children's centre. Other mums and peer supporters will be there to give you lots of tips.

Source: UNICEF UK Baby Friendly Initiative

Midwife says

How to tell your baby is having enough milk:

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

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



Health visitor says

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

Being sick & reflux

A problem likely to get better on its own

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

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

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

1

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

2

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

3

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



Doctor says

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

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

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



Never shake your baby

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

Source: NHS Choices

Crying & colic

Understanding why

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

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

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

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

1

My baby is crying more than usual.

2

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

3

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



Health visitor says

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

Things to check first are:

- ✓ Does their nappy need changing?
- ✓ Could they be hungry?
- ✓ Could they be too hot?
- ✓ Could they be too cold?
- ✓ Does their cry sound different?
- ✓ Could they be teething?
- ✓ Do they want a cuddle?
- ✓ Are they tired and need a sleep?

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



Health visitor's cradle cap tips

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



Wash scalp gently every day using luke warm water.



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

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

Health visitor's nappy rash tips



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



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



Remember to change and check their nappy often.

Nappy rash & dry skin

A common problem that's easy to treat

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

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

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

Dry skin

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

1

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

2

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

3

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



Pharmacist says

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

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



Health visitor says

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

Source: NHS choices

Sticky eyes & eye care

Protect your baby's eyes

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

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

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



Eye tests and checks

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

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

1

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

2

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

3

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



Conjunctivitis

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

Dentist's 4 tooth care tips:

1. Clean teeth twice a day, for two minutes, especially at night.
 2. Reduce sugars to meal times only.
 3. Visit the dentist every six months.
 4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.
- For help accessing an NHS dentist call **NHS 111** or visit www.nhs.uk



Health visitor says

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

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

Teething trouble

Every baby goes through it

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

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

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

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

2 Ask your pharmacist about options for teething.

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



Pharmacist says

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

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

Ask your health visitor about free oral health packs given at regular health checks.



Painkillers

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

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

Health visitor says

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

Midwife says

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

Chickenpox & measles

Chickenpox

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

Chickenpox is caused by a virus. It is infectious from one to two days before the rash starts, until all the blisters have crusted over. To prevent spreading the infection, Public Health England advises to keep children off nursery/school until five days after the onset of the rash.

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

Paracetamol can help relieve fever and calamine lotion or cooling gels help ease itching.

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

Contact your doctor straight away if:

- Blisters become infected.
- Chest pain or difficulty breathing.

Source: www.nhs.uk

Measles

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

Symptoms develop around 10 days after you are infected and can include:

- Cold-like symptoms.
- Red eyes and sensitivity to light.
- A fever.
- Greyish white spots in the mouth and throat.

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

Contact your doctor if you suspect that you or your child may have measles.

Help to make your child comfortable:

- Close the curtains/dim lights to help reduce light sensitivity.
- Use damp cotton wool to clean eyes.
- Give **sugar-free** paracetamol or ibuprofen.
- Ensure they drink lots.

1

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

2

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

3

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

Don't pass it on:

Catch it Germs spread easily. Always carry tissues and use them to catch coughs or sneezes.

Bin it Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.

Kill it Hands can pass on germs to everything you touch. Wash your hands with soap as soon as you can.

Coughs, colds & flu

Not usually serious

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

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

Most viruses will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your doctor or pharmacist for details.

Things you can do at home to help:

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

Contact your doctor if:

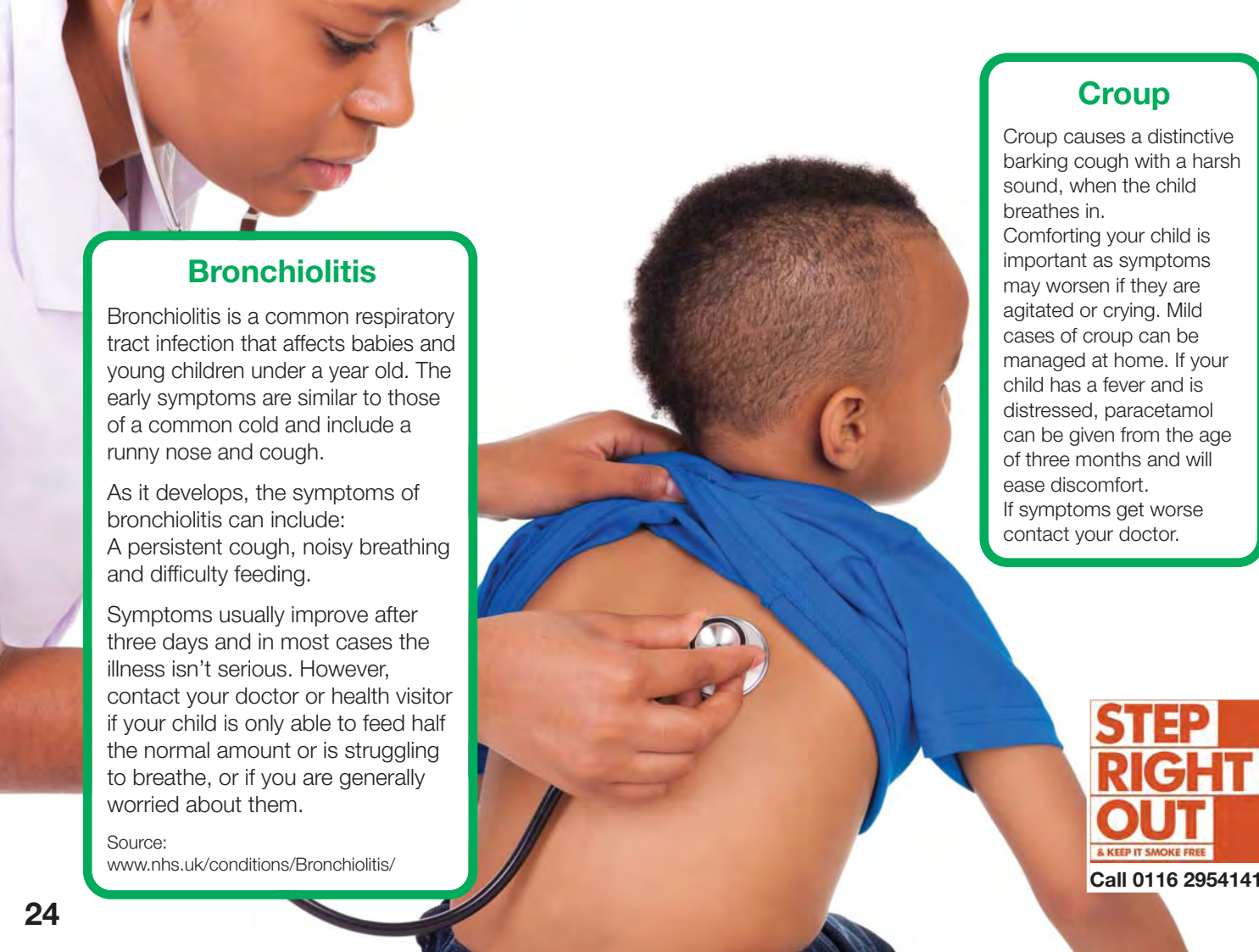
- ✓ Your baby has a persistent temperature of **38°C** or more.
- ✓ They have a fever with a rash.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine ([see page 28, fever](#)).



Pharmacist says

Children can be treated using over the counter medicines to bring down a raised temperature if it is causing distress. **Sugar-free** paracetamol or ibuprofen liquid can help and can be given from the age of about three months. Check the label carefully. If in doubt, check with the pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your doctor.

Source: 2013 NICE guidance.



Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies and young children under a year old. The early symptoms are similar to those of a common cold and include a runny nose and cough.

As it develops, the symptoms of bronchiolitis can include:
A persistent cough, noisy breathing and difficulty feeding.

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

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

Croup

Croup causes a distinctive barking cough with a harsh sound, when the child breathes in.

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever and is distressed, paracetamol can be given from the age of three months and will ease discomfort. If symptoms get worse contact your doctor.



Call 0116 2954141

Wheezing & breathing difficulties

Look at the signs

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

Use your instincts with newborns and babies:

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 22, coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by your doctor and may need treating with steroids.
- Child appears pale.
- Wheezing is fairly common in the under 5s associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.



Doctor's tips

Get help and contact your doctor now if your child:

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

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

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



Call 0116 2954141

Asthma nurse says

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

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

Symptoms of severe asthma

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

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

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 doctor.

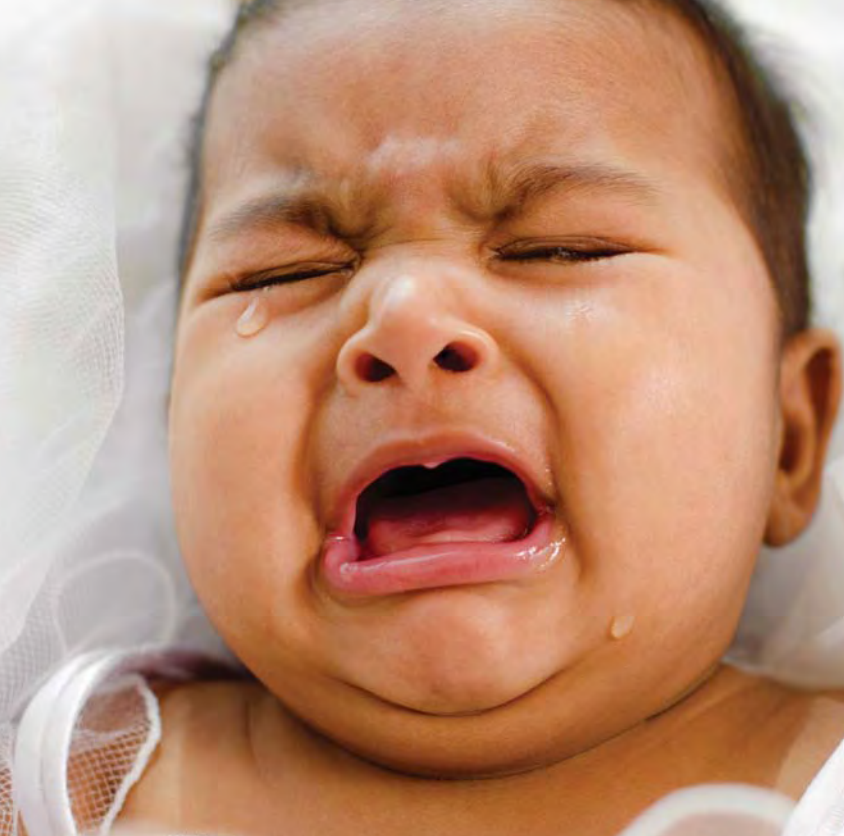
Asthma often runs in families and parents should avoid smoking indoors or near to their children.

- 1 My child seems to wheeze and cough a lot and it seems to get worse at night. Is there a family history of asthma? See your doctor for advice.
- 2 Do you smoke? Try to stop. Do not smoke in the house or near children.
- 3 Has your child got a personal asthma action plan? See your practice's asthma nurse or doctor for regular reviews (read more at www.asthma.org.uk). If your child has a serious asthma attack **call 999**.



Doctor says

Your doctor will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. A peak flow test may be useful if your child is old enough. Parents should regularly attend your practice Asthma Clinic to get support on better management of their child's asthma at home, as this will save unnecessary trips to hospital. Ask your doctor 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.



Young babies:

Always contact your doctor or **NHS 111** if your child:

- Is under three months of age and has a temperature of **38°C** or above.
- Is between three and six months of age and has a temperature of **39°C** or above.
- Is over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

Older children:

A little fever isn't usually a worry. Contact your doctor if your child seems unusually ill, or has a high temperature which doesn't come down. It's important to encourage your child to drink as much fluid as possible. Water is best.

To help reduce temperature:

- Undress to nappy/pants.
- Keep room at comfortable temp (18°C).
- Encourage your child to drink more (even little amounts often).
- Give **sugar-free** paracetamol or ibuprofen in the correct recommended dose for your child (see packaging).

1

My toddler is hot and grumpy.

2

Have you tried infant paracetamol? Have you made sure they are drinking lots of fluids?

3

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

Fever/temperature

Part of the body's natural response

A child with a significant fever will have a body temperature above **38°C**. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit, using an electronic thermometer (don't use in the mouth of under 5s) or use an ear thermometer. Remember that measurements from under the arm are less accurate as the armpit is slightly cooler.

A fever is part of the body's natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important to prevent your child from becoming dehydrated, which can cause kidney problems. Your child's urine should be pale yellow - if it is darker, your child needs to drink more fluids.

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

You should also contact your doctor 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.



Doctor's tips

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a meningitis rash (see page 30).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



The glass test

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

Go straight to the Accident and Emergency Department



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



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

Find out more from www.meningitisnow.org

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 meningococcus bacteria, which can also cause meningitis.

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








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

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



Doctor says

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

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





Newborn hearing screening

All newborn babies should be offered a hearing test. If your baby's hearing is not screened in hospital, ask your midwife or health visitor to arrange an appointment.

What are the signs of an ear infection?

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

Earache & tonsillitis

A baby's ears need to be treated with care

Ear infections are common in babies and toddlers following a cold. A child may pull at their ear, but babies often cannot tell where their pain is coming from, so they just cry and seem generally uncomfortable.

Babies have some natural protection against infections in the first few weeks - this is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Earache can be painful and your child may just need extra cuddles and painkillers (such as **sugar-free** paracetamol or ibuprofen) from the pharmacist.

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

It is not a serious illness and you only need to see your doctor if symptoms last longer than four days or become more serious with severe pain, difficulty swallowing, a very high temperature or breathing difficulties.

1

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

2

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

3

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

Looking after your baby's ears

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



Pharmacist says

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

- ✓ Give them regular drinks - try small amounts of boiled cooled water if bottle-fed.
- ✓ Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or antibacterial hand gel and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with boiled cooled water. It helps with dehydration.

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

Health visitor says

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

Source: www.nhs.uk/conditions 2015

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.

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 doctor if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration. →

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

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

1

My baby has diarrhoea and is being sick.

2

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your pharmacist and ask about a rehydrating solution.

3

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

Signs of dehydration

- ✓ Less wet nappies.
- ✓ More sleepy than usual.
- ✓ Dry mouth.
- ✓ Sunken fontanelle (the soft spot on the top of the head that is more dipped in than usual).

Try a rehydrating solution from your pharmacist.

Breastfed babies

Constipation is very rare in babies who are solely breastfed, but not uncommon in babies who have formula milk, or who have solid foods. Make sure you are making up the formula powder with the correct amount of water.

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

Source: www.NCT.org.uk



Constipation

Rare in babies who are solely breastfed

Constipation is a very common problem in children. Many children normally pass stools (faeces/poo) as far apart as every few days. Regardless, you should treat hard stools that are difficult to pass as constipation.

Breastfed infants will generally have more stools per day but occasionally can pass normal soft stools only once a week. Their stools vary more in frequency when compared to bottle-fed infants. For example, breastfed infants produce anywhere from 5 to 40 bowel movements per week whereas formula-fed infants have 5 to 28 bowel movements per week. Switching the type of milk or formula can also cause constipation.

Many things contribute to constipation but infants and children who get well-balanced meals typically are not constipated.

Ask your health visitor for advice. In rare cases, constipation can be due to an underlying illness, so if the problem doesn't go away in a few days, it's important to talk to your doctor.

1

My bottle-fed baby gets constipated.

2

Try cooled, boiled water between feeds.

3

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



Health visitor says

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

Cuts

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

PREVENTION:

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

WHAT TO DO:

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

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, nappy sacks, plastic toy pieces, strings or cords.

PREVENTION:

- Check on the floor and under furniture for small items and that toys with small pieces are not left out for a toddler to chew and choke on.
- Check 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.

Safety in the home



Our homes can be full of danger

Strangulation

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

PREVENTION:

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

WHAT TO DO:

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

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. Scalds are treated in the same way as burns.

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.



Back blows for children under one year

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

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

If back blows don't relieve the choking and your child is still conscious, and under one year

If your child is choking

Back blows for children over one year

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

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

Chest thrusts for children under one year

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

Abdominal thrusts for children over one year



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

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

Following chest or abdominal thrusts, reassess your child:

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

How to resuscitate a child

Back blows, chest thrusts & cardiopulmonary resuscitation (CPR)

CALL FOR HELP FIRST

Babies under one year old

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

Children over one year old

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

Source: NHS Choices



Falls

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

PREVENTION:

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

Bumps, bruises & 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 doctor. 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 doctor.

1

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

2

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

3

Seek immediate help if they:

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

Head injury

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

You need to get medical attention if:

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

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

Alcohol

Even a small amount can cause alcohol poisoning in children. Alcohol affects the central nervous system and symptoms can include confusion, vomiting and seizures. The child may have difficulty breathing and flushed or pale skin. Alcohol impairs the gag reflex, which can cause choking. If your child has drunk alcohol, act quickly to get your child to hospital.

Storing medicines

Keep medicines well out of reach and out of sight of young children. Put them in a high cupboard, a cupboard fitted with a child-resistant catch, a lockable cabinet, or even a lockable suitcase. If a medicine needs to be kept in the fridge, keep it as high up and hidden as possible.

Don't keep them:

- On your bedside table - your child can easily get into the bedroom without being seen.
- In your handbag - this is a favourite place for toddlers to find tablets.



Medicines & poisonings

Keeping children safe

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

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

1

You think your child has swallowed a harmful medicine, chemical or batteries.

2

Find the bottle or packet and take it with you when you seek medical help.

3

Act quickly to get your child to hospital.



Health visitor says

If you have young children, be extra careful when you have guests to stay or when you go to visit other people. If your friends and relatives do not have children, they may not think to keep certain items out of the reach of children and their homes may not be child friendly. Children need to be kept an eye on and you may wish to politely ask for items such as alcohol, medicines and cigarettes to be kept out of their reach.



Getting help

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

Leicester City Helpline (run by SAFE Project)

0300 123 0918

8am-10pm each weekday

10am-6pm Saturdays

12pm-4pm Sundays

9am-5pm Bank Holidays

Free from landlines and most mobiles - 3, O2, EE, Virgin and Vodafone.

Leicester County Helpline (run by Womens Aid)

0300 303 1844 Monday-Friday, 9am-4pm

Leicestershire County Council Children's Social Care enquiries

0116 305 0005 childrensduty@leics.gov.uk

Leicester City Children and Young People's Service 0116 454 1004 (24 hour service)

Rutland Council, Rutland Social Services Children and Families Team

Social Care Duty Worker 01572 722 577 ext 8407

Emergencies only, outside office hours and at weekends and bank holidays 0116 305 0005 OR the police 0116 222 2222.

Domestic abuse

Keeping your child safe

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

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

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

1

Is domestic abuse affecting your child.

2

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

3

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

Children at risk

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

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

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

The eatwell plate

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



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

What can I do?

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

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

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



Children in shape

Obesity is rarely due to a medical problem

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

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

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

1

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

2

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

3

If you are worried discuss with your doctor.

Dietician says

Salt and sugar is added to nearly all processed products. Three-quarters of the salt and sugar we eat is already in the food, the rest is what we add to cooking or shake on our meals.



Juice drink
23g sugar
(5 teaspoons)



Cereal bars
8g sugar
(1.5 teaspoons)



Fromage frais
12.4g sugar
(2 teaspoons)



Source: NHS Immunisation Information.

When to immunise	Diseases protected against
8 weeks	DTaP/IPV/Hib and PCV and MenB and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and pneumococcal vaccine and meningococcal B vaccine and rotavirus vaccine
12 weeks	DTaP/IPV/Hib and MenC and Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and meningococcal C vaccine and rotavirus vaccine
16 weeks	DTaP/IPV/Hib and PCV and MenB diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) vaccine and meningococcal B vaccine
Between 12 and 13 months old - within a month of the first birthday	Hib/MenC haemophilus influenzae b (Hib) vaccine and meningococcal C vaccine PCV pneumococcal conjugate vaccine MenB meningococcal B vaccine (Booster) MMR Measles, mumps and rubella
Two to six year olds (including children in school years 1 and 2)	Influenza (flu) - nasal spray vaccine in autumn each year
3 years 4 months	DTaP/IPV/Hib diphtheria or low dose diphtheria, tetanus, acellular pertussis, inactivated polio vaccine, (Pre-School Booster) MMR Measles, mumps and rubella

Immunisations

Protect your child now and in the future

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

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. Don't hesitate to ask your health visitor or doctor for advice - that's what they are there for! Childhood immunisations are free and most are given at your doctor's surgery.

Some immunisations are given more than once to make sure the protection continues. This is known as a booster, so make sure your child gets it.

If you are pregnant, you will be offered the whooping cough vaccine at your doctor's surgery. The ideal time is 28 to 32 weeks of pregnancy so that your baby will be born protected against whooping cough infection. You will also be offered the inactivated flu vaccine to protect against flu.

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

- 1 Immunisation begins at two months, when baby's natural immunity to illness, begins to drop.
- 2 The protection immunisations offer to your child against serious diseases are worth the small amount of pain.
- 3 Immunisations don't just protect your child during childhood, they protect them for life.

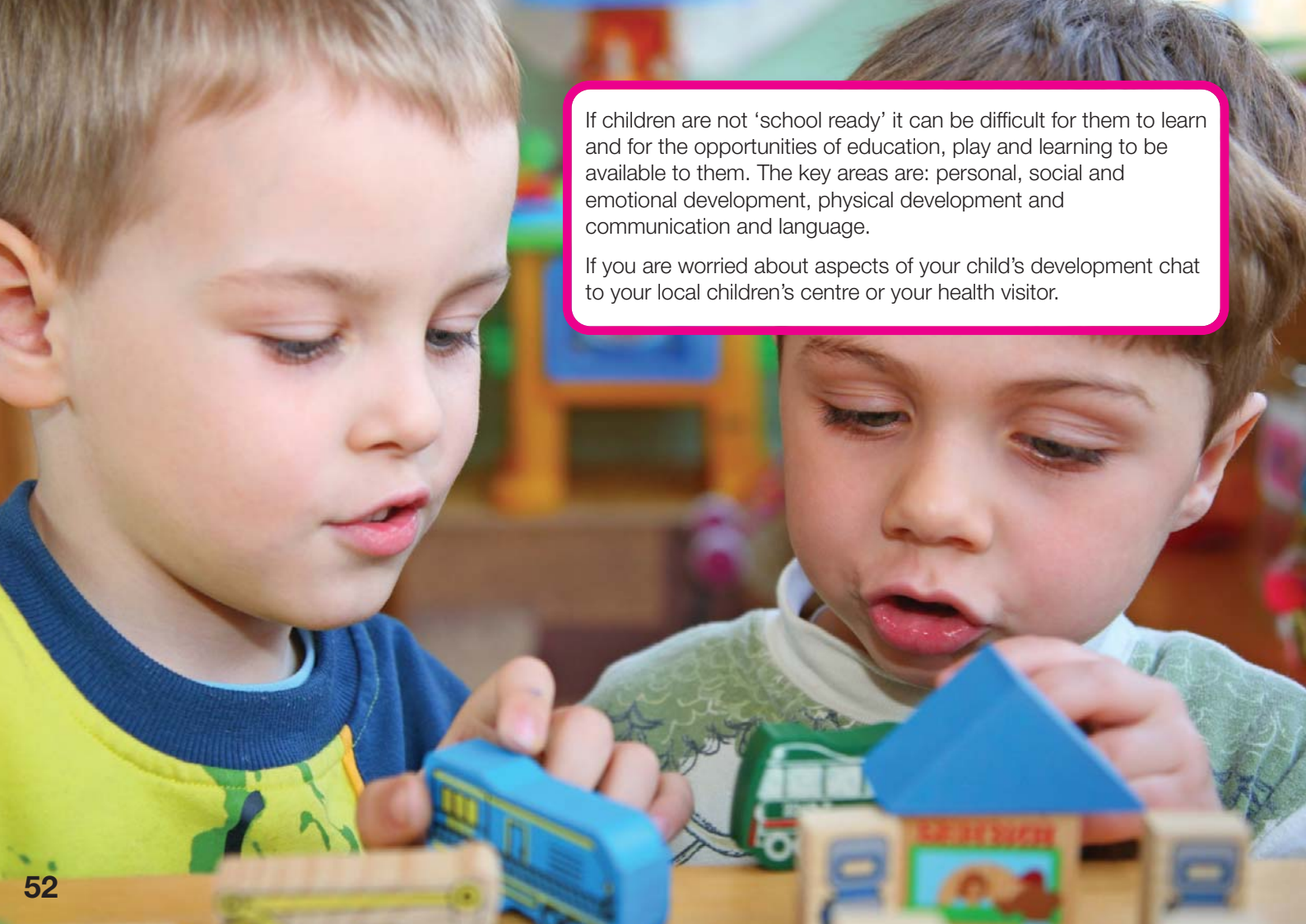


Doctor says

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

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

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



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

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

School readiness

Is my child ready for school?

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

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

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

1

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

2

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

3

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



Teacher's tip

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

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

A safe sleeping environment

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



Source: www.lullabytrust.org.uk

Sleeping

Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts.

Try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Try to avoid always rocking your baby or 'feeding them' to sleep as this can become a habit. Adult beds are not designed for babies and toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to the cot after the feed.

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

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

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

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

3 Speak to your health visitor about how to keep your baby safe and get some sleep.

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

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

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



Call 0116 2954141

Smokefree homes

Protecting your child's health

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

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

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

1

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

2

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

3

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

Source: www.steprightout.org.uk

Make your home smokefree

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



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 fruit juice 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 spit not rinse after brushing with a fluoride toothpaste for maximum effectiveness.

Get your child used to visiting the dentist and take them to an appointment with you to reassure them. Talk to your health visitor and take your child to a dentist as soon as you can. Ask your dentist to brush on FLUORIDE VARNISH for added protection against tooth decay (for children aged three and above) - IT'S FREE!

1

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

2

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

3

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



Dentist says

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

Provide a healthy, balanced diet and limit sugary food and drinks to mealtimes only. Sugar or honey should not be added to weaning foods. Introduce drinking from a cup from 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.



There are 3,100 new cases of skin cancer in England every year. Cancer groups are working together to tell us about sun damage from an early age. As parents we can take simple measures to protect our children. Remember babies and toddlers are not interested in tanning and sunburn can cause damage to their skin.

Source: www.qub.ac.uk/nicr

Vitamin D

Is your child getting enough?

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

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

Sun safety

Protect their skin

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

Attach an effective sunshade to the pushchair to keep them out of direct sunlight. A sun hat, with a wide brim or a long flap at the back, will protect your child's head and neck from the sun. Try to use loose long sleeved clothing. Apply high factor sunscreen regularly, particularly if your child is in and out of the sea or a paddling pool.

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

1

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

2

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

3

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



Pharmacist says

The higher the SPF (Sun Protection Factor) the better the protection for the skin. You should use a complete sun block on your baby or toddler. SPFs of up to 60 are available and these block out almost all of the sun's rays. Even with sunscreen, keep them in the shade whenever you can and make sure newborn babies are never in the sun. Don't forget to protect their head, skin and eyes. For older children, you can buy sunglasses from a pharmacy.

Useful contacts

National contacts

NHS Choices

www.nhs.uk

www.healthystart.nhs.uk

www.nhs.uk/start4life

National Domestic Violence Helpline

0808 2000 247

www.nationaldomesticviolencehelpline.org.uk

National Smoking Helpline

0300 123 1044

www.nhs.uk/smokefree

Meningitis Now

0808 80 10 388

www.meningitisnow.org

British Nutrition Foundation

020 7557 7930

www.nutrition.org.uk

Child Accident Prevention Trust

020 7608 3828

www.capt.org.uk

Family Lives

0808 800 2222

www.familylives.org.uk

Local contacts

Choose the best service for your needs

www.choosebetter.org.uk

Patient Advice and Liaison Service (PALS)

Tel: 01509 564444 or 01455 441971

To find a GP, pharmacist, dentist or optician

Contact Leicestershire Area Team on 0116 2957500 or visit

www.nhs.uk

www.westleicestershireccg.nhs.uk

www.leicestercityccg.nhs.uk

Breastfeeding

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

Healthwatch

www.healthwatchleicester.co.uk

www.healthwatchleicestershire.co.uk

www.healthwatchrutland.co.uk/

Urgent Care and Walk-in Centres

Loughborough Urgent Care Centre

(24 hrs, 365 days a year)

Loughborough Hospital, Hospital Way, Loughborough LE11 1BE.

Tel: 01509 553998

Leicester Urgent Care Centre

(24 hrs, 365 days a year)

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

SSAFA Walk-in Centre

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

Leicester, LE5 3GH.

Tel: 0116 242 9450

Oadby and Wigston Walk-in Centre

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

Oadby, LE2 5BJ. Tel: 0116 271 1360

Feilding Palmer Hospital

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

Lutterworth, LE17 4DZ.

Tel: 01455 552150

Camp Hill Walk-in Centre

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

Nuneaton, CV10 9EB.

Tel: 024 7639 0008

Market Harborough Minor Injury and illness Unit

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

Coventry Road, Market Harborough

LE16 9DD. Tel: 01858 410500

Latham House Medical Practice Minor Injury Unit

(Monday-Friday 8.30am-6.30pm)

Sage Cross Street, Melton Mowbray

Leicester LE13 1NX.

Tel: 01664 503000

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

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

Dental

If you do not have a dentist and require urgent dental care: Dental Access Centre, Nelson Street, Leicester

Tel: 0116 2951278 (Mon-Fri 9am-5pm)

Out of hours helpline 0845 840 0065

(Mon-Fri 6.30pm-8.00am) and 24 hours during weekends and Bank Holidays.

Accident & Emergency Departments In and around Leicestershire

Leicester Royal Infirmary

(Includes separate children's A&E)

Infirmary Square, Leicester LE1 5WW.

Tel: 0300 303 1573

George Eliot Hospital

College Street, Nuneaton CV10 7DJ.

Tel: 024 7635 1351

University Hospital

(Separate children's A&E)

Clifford Bridge Road, Coventry CV2 2DX.

Tel: 024 7696 6200

Queen's Hospital

Belvedere Road, Burton-on-Trent

DE3 0RB. Tel: 01283 566333

Royal Derby Hospital

Uttoxeter Road, Derby DE22 3NE.

Tel: 01332 340131

Queen's Medical Centre

Derby Road, Nottingham NG7 2UH.

Tel: 0115 924 9924

Miscellaneous

Leicestershire Family Information Service

(Includes SureStart Children's Centres)

Tel: 0116 305 6545

www.leics.gov.uk/family

email: family@leics.gov.uk

Rutland Information Service

Tel: 01572 722577

ris.rutland.gov.uk

Email: ris@rutland.gov.uk

The Family Information Directory

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

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