

# Useful contacts

## NATIONAL

### Asthma UK

0800 121 62 44 [www.asthma.org.uk](http://www.asthma.org.uk)

### Baby Lifecheck

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

**Childline** (for children and young people)  
0800 1111

### Child Accident Prevention Trust (CAPT)

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

### Meningitis Now

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

### National Breastfeeding Network Helpline

0300 100 0212  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)  
[enquiries@breastfeedingnetwork.org.uk](mailto:enquiries@breastfeedingnetwork.org.uk)

### Netmums

Parenting advice and information in England, Wales, Scotland and Northern Ireland.  
[www.netmums.com](http://www.netmums.com)

### NHS Choices

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

### NSPCC Helpline

0808 800 5000

Call 999 in an emergency



## LOCAL

### Referral and Assessment Team

If you are worried about a child.  
01635 503090

### 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

### Midwifery

If you think you are in labour  
0118 3227304  
Marsh Ward (Post Natal Unit)  
0118 3227319  
Community Midwifery Office  
0118 3228059

### Breastfeeding Network (BfN) Supporterline

0300 1000210

### Post-natal Depression Support Group

01635 760310

### Minor Injuries Unit Thatcham

West Berkshire Community Hospital, London Road, Thatcham, Berkshire RG18 3AS.  
01635 273508  
8am-10pm, Monday to Sunday except Christmas Day: 10am-6pm.

### West Berks Children's Centres:

**Bughfield and Area Children's Centre** 0118 9831866

**Calcot, Theale and Area Children's Centre** 0118 9456157

**Chieveley and Area Children's Centre** 01635 248866

**East Downlands Children's Centre** 0118 9845105

**Hungerford Children's Centre** 01488 682628 or 01488 683977

**North Newbury Children's Centre** 01635 31143

**South Newbury Children's Centre** 01635 34695

**Thatcham and Area Children's Centre** 01635 877642

**Tilehurst Children's Centre** 01189 413680

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# A Guide

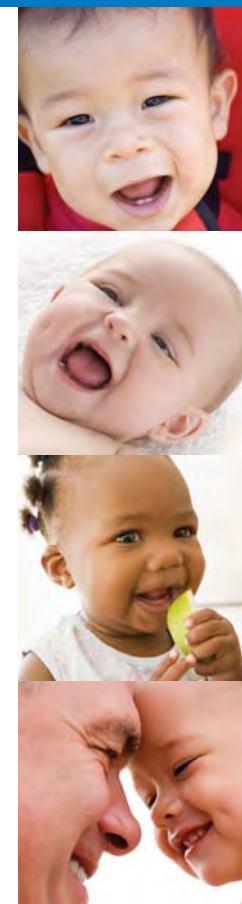
FOR **PARENTS AND CARERS** of children aged **birth-5 years**

## Common childhood illnesses

Keeping your child healthy and safe



**Newbury and District  
Clinical Commissioning Group**





# Welcome

**This book has been put together by NHS Newbury and District Clinical Commissioning Group.**

This handbook contains helpful information for parents/carers of children aged from birth to 5 years. It includes information on general welfare and well-being, common childhood illnesses to keeping you and your child safe and healthy.

Every parent or carer wants to know how to do what is best for their growing baby and give them the best start in life. You can use this handbook to help you know what to do and who to ask on a number of issues; including what to do when your baby/child is ill. Learn how to care for your child at home, when to seek advice from a Health Visitor/call a Doctor and when to contact Emergency Services.

Most of the issues you will come up against 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 the support from a Doctor or Health Visitor rather than a trip to A&E.

If you are worried you must get further advice - trust your instincts.

To view this booklet and other related topics online visit  
[www.newburyanddistrictccg.nhs.uk/your-health](http://www.newburyanddistrictccg.nhs.uk/your-health)

All factual content has been sourced from Department of Health, Birth to Five, 2009 edition, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE guidelines. This information cannot replace specialist care. You need to get specialist help if you are worried, you know your baby/child best.



To view this booklet and other related topics online, scan this QR code with your smartphone.

## Your contacts

GP:

.....

Nearest pharmacy:

.....

**NHS 111**

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# A guide to services

We have a wide range of healthcare and children and family services.  
See which service or professional is best to help you.

## Self-care

Many 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 Doctor.



## 111

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



## 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 temperature which has not come down with paracetamol or ibuprofen see your Doctor. Visit [www.nhs.uk](http://www.nhs.uk) where you can find the service locator that will help you find the Pharmacist nearest to you.



## Doctor

You will need to register with a local Doctor. Your Doctor can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. All Doctors will see a child quickly if you are worried. After 6.30pm weekdays, at weekends and public holidays you can call the GP out-of-hours service on 111.



## Health Visitor

Health Visitors are there to support you when you need them. They 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 Centres

Children's Centres are for families with children under five. The centres 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 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.

## Dentist

Make sure you see a Dentist on a regular basis. To find your nearest Dentist visit [www.nhs.uk](http://www.nhs.uk) For out-of-hours Dentist information call **111**.

## Urgent Care

Walk in Centres and Minor Injuries Units treat patients who have an injury or illness that needs help quickly, but is not a 999 emergency. To book an appointment with a local Urgent Care Centre call 111.

## A&E

**For immediate, life-threatening emergencies, call 999.** A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness such as choking, blacking out, or blood loss.



# Well-being & lifestyle

## Promoting good health

We cannot stop our children getting some illnesses or passing on coughs and colds. By making sure our children lead a healthy lifestyle, are immunised and their immunisations are up to date, live in a safe place, eat well, have emotional support and get enough exercise, we can really help with their long-term health and well-being.

Looking after yourself both mentally and physically is equally important - something all too easy to forget when overwhelmed with a new child.



## Smokefree homes

Making your home and car smokefree improves the health and safety of those you care about most. It is one of the best things you can do for your child.

Children are affected from secondhand smoke as their lungs, airways and immune system are less developed. Those exposed to secondhand smoke are at risk of asthma attacks, meningitis and ear infections. Breathing in other people's smoke increases risk of lung cancer and heart disease by 25%.

Babies exposed to secondhand smoke are more at risk of cot death.

If you smoke, or are exposed to secondhand smoke during pregnancy, it means that your baby shares chemicals from the smoke you breathe.



Call 0800 622 6360 or visit  
[www.smokefreelifeberkshire.com](http://www.smokefreelifeberkshire.com)

**DO NOT SMOKE AROUND CHILDREN**

# Know the basics

## Being prepared and knowing the signs

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

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary. Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. See box on the right, for things to have at home just in case. Paracetamol or ibuprofen can help reduce a fever and distress. Do not give your child both paracetamol and ibuprofen at the same time. 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.

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

1

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

2

Is there a fever, have you checked their temperature? **A normal temperature is between 36-36.8°C.** Have you tried paracetamol? Remember to check the label to give the right dose.

3

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



## Health Visitor says

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



Thermometer



Plasters



Liquid painkillers  
(e.g. paracetamol or ibuprofen)



Barrier cream



Natural oils  
like vegetable oil (for dry skin)



Antihistamine

Source: NHS choices. Health Visitors are available Monday-Friday 9am-5pm. Call 111 if you need a Health Visitor outside these times.



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

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

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

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

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



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



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



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



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

Source: County Health Partnerships

**Breastfeeding Network**  
0300 100 0210

# 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 help 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 6 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. Ask your Health Visitor and/or call 0300 100 0212 for details. Other mums and Peer Supporters will be there to give you lots of tips.

Source: UNICEF UK Baby Friendly Initiative 2010

## Midwife says

How to tell your baby is having enough milk:

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

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





### Health Visitor says

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



# Being sick

## A problem likely to get better on its own

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

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

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

1

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

2

He always seem to bring  
up small amounts of milk.

3

This is known as  
'possetting'. As he  
develops 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 a tummy bug (see [sickness & diarrhoea page 32](#)), which can come with diarrhoea (runny poo).

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

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



### Health Visitor says

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

Things to check first are:

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

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



# Crying

## Understanding why

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

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

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

1

My baby is crying more than usual.

2

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

3

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



### Doctor says

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



### Health Visitor's cradle cap tips

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



Massage a non-cosmetic moisturiser (emollient) which is oil based or liquid paraffin into the scalp (not olive oil) and leave to soak in.



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

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

### 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.

# 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 Health Visitor. Most rashes are nothing to worry about but do be aware of the signs of meningitis ([see page 36](#)).

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

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

### Dry skin

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

1

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

2

Has baby been in a dirty nappy for a long time? Have you followed advice from your Health Visitor, or spoken to your Pharmacist?

3

Change nappy often. Speak to your Health Visitor and if you are worried see your 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.



## Safer sleeping

### Keeping your baby safe and healthy:

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

### 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.

**smokefreelife**  
Berkshire

Call 0800 622 6360 or visit  
[www.smokefreelife.berkshire.com](http://www.smokefreelife.berkshire.com)

**DO NOT SMOKE AROUND CHILDREN**

# Sleeping difficulties

## Patience, praise and peace

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

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

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

1

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

2

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

3

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



## Health Visitor

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

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



# Sticky eyes & conjunctivitis

## Two different issues

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

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



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

1

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

2

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

3

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

Source: DoH 2006.



## Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are yellowy, green sticky goo which comes back regularly. If you notice this 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.





### Health Visitor says

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

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

Source: DoH Birth to five edition 2009.

# Teething trouble

## Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. 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. Keep all food and drinks containing sugar to a minimum. Make sure your child has regular dental checkups.

1

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

2

Have you asked your Health Visitor about teething? Have you discussed options with your Pharmacist?

3

Try some of the gels or baby paracetamol available. If you are worried and things do not feel right contact your Health Visitor.

Source: DoH Birth to five edition 2009.



### Pharmacist says

If your baby is uncomfortable, you may want to give them a medicine which has been made for children which you can buy from the Pharmacist. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. The medicine should also be sugar free. Make sure you read all instructions or ask your Pharmacist about how to use them.

For babies over 4 months old, you can try sugar-free teething gel rubbed on the gum.



### Babies under 6 months:

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

### Older children:

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

- It is important to ensure your child drinks as much fluid as possible.
- Keep the room at a comfortable temperature (18°C).
- Give paracetamol or ibuprofen in the correct recommended dose.
- Aspirin should not be given to children under the age of 16.
- Please ask your local Pharmacist to advise about medicines.

# Fever

## Common in young children

If your child has a fever, he or she 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.

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

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a urinary tract infection, pneumonia or meningitis. If the fever continues contact your Doctor.

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

1

My toddler is hot and grumpy.

2

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

3

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

Source: DoH Birth to five edition 2009.

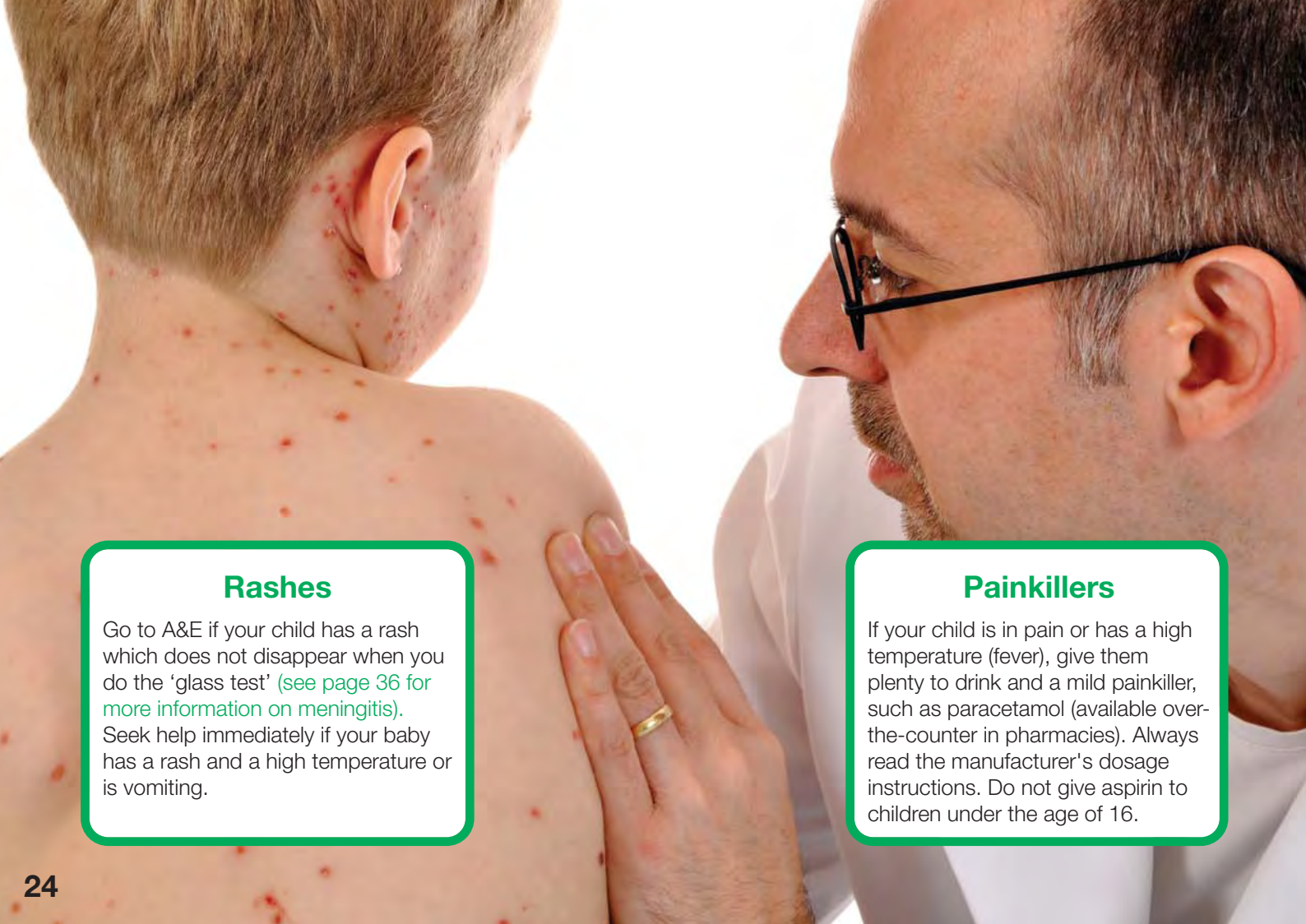


### Doctor's tips

These are things you can do at home to help:

- Children with fever should not be under or overdressed.
- It is important to ensure your child drinks as much fluid as possible.
- Keep them in a well ventilated room.





## Rashes

Go to A&E if your child has a rash which does not disappear when you do the 'glass test' ([see page 36 for more information on meningitis](#)). Seek help immediately if your baby has a rash and a high temperature or is vomiting.

## Painkillers

If your child is in pain or has a high temperature (fever), give them plenty to drink and a mild painkiller, such as paracetamol (available over-the-counter in pharmacies). Always read the manufacturer's dosage instructions. Do not give aspirin to children under the age of 16.

# Chickenpox & measles

## Take rashes seriously

### Chickenpox

Chickenpox is a mild disease that most children catch at some point. The spots often look like mosquito bites and can appear on any part of the body.

Chickenpox is easy to pass on to someone who has not had it before. If your child has chickenpox keep them away from others. The most infectious time is 1-2 days before the rash appears, but it continues to be infectious until all the blisters have crusted over.

Chickenpox can be incredibly itchy, but it's important for children to not scratch the spots so as to avoid future scarring. One way of stopping scratching is to keep fingernails clean and short. You can also put socks over your child's hands at night to stop them scratching the rash as they sleep.

If your child's skin is very itchy or sore, try using calamine lotion or cooling gels. These are available in pharmacies and are very safe to use. They have a soothing, cooling effect.

1

I am pregnant and I think my child may have chickenpox.

2

It is likely that you are immune.

### Measles

Measles is a very infectious illness and it is more serious than chickenpox. Consult your Doctor if you think your child has measles. About one in five children with measles experiences 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. If your children haven't yet had the Measles, Mumps and Rubella (MMR) vaccination, do not delay, book an appointment with the Practice Nurse at your Doctor's surgery.

Once the rash starts, your child will need to rest and you can treat the symptoms until your child's immune system fights off the virus. If there are no complications due to measles, the symptoms will usually disappear within 7-10 days. Keep them away from others for 4 days after the rash has gone.

Closing curtains or dimming lights can help reduce light sensitivity.

Damp cotton wool can be used to clean away any crustiness around the eyes. Use one piece of cotton wool per wipe for each eye. Gently clean the eye from inner to outer lid.

3

Contact your Midwife or Doctor for advice.



# Constipation

## Easy to treat

Constipation is a very common problem in children. Many children normally pass stools as far apart as every few days. Regardless, you should treat hard stools that are difficult to pass and those that happen only every 3 days as constipation.

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

Many things contribute to constipation but infants and children who get well-balanced meals typically are not constipated. When babies are weaned onto solid food their poos can change colour, smell and frequency.

Ask your Health Visitor for advice. In rare cases, constipation can be due to an underlying illness, so if the problem does not go away in a few days, it is important to talk to your Doctor.

1

Does my child have a balanced diet?

2

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

3

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

Source: NICE guidelines 2010, constipation in children



## Health Visitor says

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

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





1

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

2

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

3

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

**Paracetamol** - can be given for pain or fever to children over 2 months. Check you have the right dose and strength for your child's age. Read the box carefully.

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

**Aspirin** - do not use for children under 16.

# Coughs, colds & flu

## Not usually serious

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

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

Most bugs will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available for all children aged two and three as part of the NHS Childhood Vaccination Programme. Ask your Health Visitor.

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

- ✓ Give your child lots to drink.
- ✓ Try infant paracetamol (not aspirin).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear.

### See your Doctor if:

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



## Pharmacist says

Children can also be treated using over-the-counter painkillers to help reduce their distress and discomfort. Paracetamol or ibuprofen can help. Check the label carefully and always read and follow the instructions on the box carefully.

Always check with your Pharmacist if you are not sure which treatments you can give your child and check the correct dose.



### 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 (2 to 3 weeks).

### Breastfeeding

Breastfeeding boosts your baby's natural protection against infection.

**smokefree**life  
Berkshire

Call 0800 622 6360 or visit  
[www.smokefree.life/berkshire.com](http://www.smokefree.life/berkshire.com)

**DO NOT SMOKE AROUND CHILDREN**

# Ear problems & tonsillitis

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

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

In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful and your child may just need extra cuddles and painkillers from the Pharmacist. Your child may have swollen glands in their neck - this is the body's way of fighting infection.

Earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your Doctor if symptoms last longer than 4 days or become more serious with severe pain, a very high temperature or breathing difficulties. Babies exposed to second-hand smoke are more likely to develop infections.

1

My toddler has earache but seems otherwise well.

2

Have you tried infant paracetamol or ibuprofen from your Pharmacist?

3

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

Source: DoH Birth to five edition 2009.



### Health Visitor's tips

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



# Sickness & diarrhoea

## Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children - like playgroups or nurseries.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. **Take them to see your Doctor if they are unwell for longer than 24 hours or sooner if they are newborn or if you notice signs of dehydration.** ➡

If you're breastfeeding, keep on doing so. Offer older children plenty of 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 an infection for 48 hours after the diarrhoea has stopped. Be extra careful with everyone's handwashing.

1

My baby has runny poo and is being sick.

2

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

3

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

## Signs of dehydration

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

Try a rehydrating solution from your Pharmacist.



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

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



## Bronchiolitis

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

As it develops, the symptoms of bronchiolitis can include: A slight fever, a persistent cough and difficulty feeding.

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

Source: [www.nhs.uk/conditions/Bronchiolitis/](http://www.nhs.uk/conditions/Bronchiolitis/)



Call 0800 622 6360 or visit  
[www.smokefree Berkshire.berkshire.com](http://www.smokefree Berkshire.berkshire.com)

**DO NOT SMOKE AROUND CHILDREN**

## Croup

Croup is a childhood condition that affects the windpipe (trachea), the airways to the lungs (the bronchi) and the voice box (larynx).

A child with croup has a distinctive barking cough and will make a harsh sound, known as stridor, when they breathe in.

Most cases of croup are mild and can be treated at home. Sitting your child upright and comforting them if they are distressed is important, because crying may make symptoms worse. Your child should also drink plenty of fluids to prevent dehydration and use children's paracetamol to help lower your child's temperature if they have a fever.

Some people have found that allowing their child to breathe in steam from a hot bath or shower in a closed room has eased symptoms. Steam treatment should only be used under careful supervision as there is a risk of scalding your child.

# Wheezing & breathing difficulties

## Look at the signs

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

Babies exposed to secondhand smoke are more susceptible to breathing difficulties.

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

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

### In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 28 Coughs, colds & flu).
- Croup.
- Child appears pale.

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

Source: NHS Choices - Symptoms of bronchiolitis



## Doctor's tips

Get help and contact your Doctor now if your child:

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

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

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





### 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. The rash is harder to see on dark skin. Check paler areas like palms or tummy.

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



In this example the spots are still visible through the glass. Contact a Doctor immediately (e.g. your own surgery). 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 111, your Doctor or go to A&E.

Source: Meningitis Now

# Meningitis

## A serious, contagious illness

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

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

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

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

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

1

My child is showing some of the signs of meningitis.

2

Have you tried the glass test?

3

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

If you cannot get help straight away go to A&E.



### Doctor says

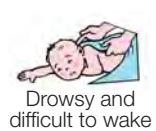
If any of the signs below are present contact a Doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



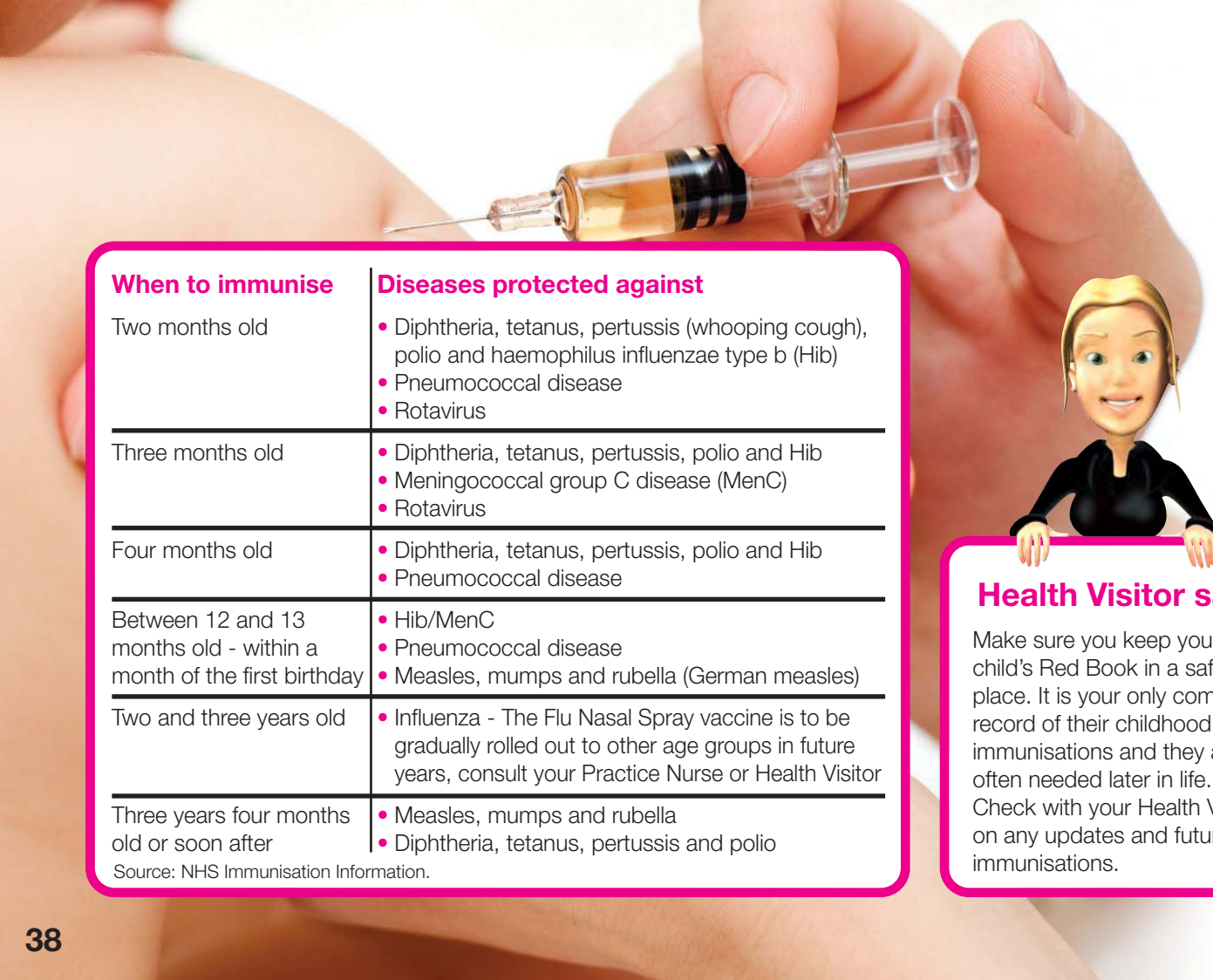
Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning



When to immunise	Diseases protected against
Two months old	<ul style="list-style-type: none"><li>• Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib)</li><li>• Pneumococcal disease</li><li>• Rotavirus</li></ul>
Three months old	<ul style="list-style-type: none"><li>• Diphtheria, tetanus, pertussis, polio and Hib</li><li>• Meningococcal group C disease (MenC)</li><li>• Rotavirus</li></ul>
Four months old	<ul style="list-style-type: none"><li>• Diphtheria, tetanus, pertussis, polio and Hib</li><li>• Pneumococcal disease</li></ul>
Between 12 and 13 months old - within a month of the first birthday	<ul style="list-style-type: none"><li>• Hib/MenC</li><li>• Pneumococcal disease</li><li>• Measles, mumps and rubella (German measles)</li></ul>
Two and three years old	<ul style="list-style-type: none"><li>• Influenza - The Flu Nasal Spray vaccine is to be gradually rolled out to other age groups in future years, consult your Practice Nurse or Health Visitor</li></ul>
Three years four months old or soon after	<ul style="list-style-type: none"><li>• Measles, mumps and rubella</li><li>• Diphtheria, tetanus, pertussis and polio</li></ul>

Source: NHS Immunisation Information.

**Health Visitor says**

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

# Immunisations

## Protect your child now and in the future

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

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

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

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

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

- 1 Immunisation begins at two months, when baby's natural immunity to illness, begins to drop.
- 2 Your Health Visitor will tell you when local immunisation sessions are taking place.
- 3 Immunisations don't just protect your child during childhood, they protect them for life.

**Doctor says**

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

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

You may have concerns about the safety of immunisations, discuss these with your Doctor. Mild side effects are possible.



## Eating a varied diet

Children should be encouraged to eat a varied diet. They should eat foods from each of the four main food groups every day. The four main food groups are:

- Bread, other cereals and potatoes.
- Fruit and vegetables.
- Milk and dairy foods.
- Meat, fish and alternatives such as pulses (peas, beans and lentils), eggs, vegetable proteins and soya.

A varied diet is associated with better health as it is more likely to contain all the vitamins and minerals the body needs.

## 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 and Salt Swaps** - Swapping sugary and salty snacks and sugary drinks for healthier options 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: [www.nhs.uk/Start4Life](http://www.nhs.uk/Start4Life)  
DoH 2009 ([www.dh.gov.uk/obesity](http://www.dh.gov.uk/obesity)).



# A healthy weight

## A combination of the right food and exercise

Your Health Visitor will be able to discuss your child's weight with you to determine if they are under or overweight. If you are worried your child is underweight and they have a poor appetite, discuss with your Health Visitor or Doctor. If they are overweight and it is not treated early on it could cause health problems such as raised blood pressure and cholesterol, type 2 diabetes, early puberty, asthma and other respiratory illnesses.

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. A combination of good sleep patterns, a healthy varied diet and regular exercise will all keep your child to a healthy weight. Eating too much salt can be linked to obesity. Children should eat less salt than adults (see box on the right). It can be hard to recognise weight issues in our own children. It is important that parents spot the signs early on to prevent things getting worse and to promote healthy growth.

You are responsible for your child's health and well-being, this includes what they eat. A healthy varied diet and exercise is often the simple answer. 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

I am unsure what to add to food other than salt to make it tasty.

2

Limit your child's salt intake. Avoid salty hams, processed cheese and crisps.

3

Do not add extra salt in cooking, try using herbs, lemon juice and mild spices.

## Dietician says

Sugar is added to nearly all processed products.



**Juice drink**  
5 teaspoons  
sugar (23g)



**Cereal bar**  
1.5 teaspoons  
sugar (8g)

## Maximum recommended daily salt intake:

- **1-3 years** 1/3 teaspoon of salt (2g)
- **4-6 years** 1/2 teaspoon of salt (3g)

Source: NHS Choices



### Keeping them safe

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



# Bumps & bruises

## Part of growing up

Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. 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 then use a cold flannel (soaking the cloth with cold water) or ice pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

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

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

1

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

2

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

3

Seek immediate help if:

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

If you are still worried, contact your Doctor or GP out-of-hours service. If you cannot get help go straight away to the Accident and Emergency Department.

## Head injury

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

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

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

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

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



### If you are the victim

Many people find it difficult to understand why people stay in abusive situations. Fear, love, the risk of homelessness and money worries can make it difficult for women with children to leave. If you are a victim of domestic abuse, you are not the only victim - your children are too. You can report domestic abuse to any professional. There are many agencies working in Berkshire who will help you to access support. For more information, call Berkshire Women's Aid 24 hour freephone helpline 0118 950 4003.

Even if you think an incident is just a one-off, other professional agencies may already have concerns. So your information could be very important.

Long-term abuse is much more likely to cause problems for a child or young person as they get older. The longer children are exposed to violence, the more severe the effects on them are. These can include a lack of respect for the non-violent parent, loss of self-confidence (which will affect their ability to form relationships in the future), being over-protective of a parent, loss of childhood, problems at school and running away.

# Domestic abuse

## Keeping your child safe

You are not responsible for your abuser's behaviour. You or your child do not deserve to experience any form of abuse. Your abuser may blame you and other things like being drunk, pressure of work, unemployment and minimise or deny what they are doing. You may have tried changing what you do, say and wear to try to pacify and not to antagonise the situation. Violence rarely happens only once and will get more and more serious as time goes on. You need to make sure you and your child are safe. It's not easy to accept that a loved one can act in this way and you may be trying to make the relationship work.

Domestic abuse can affect children in many ways. They may feel frightened, become withdrawn, aggressive or difficult, bedwet, run away, have problems at school, lack concentration and suffer emotional upset. Domestic abuse places children at risk of significant harm and professional support is needed. It is best that action is taken early to stop things getting worse. Keeping your child safe is your responsibility. Children can often get caught up in the crossfire and become victims.

Children need time to discuss the feelings they have about violence or abuse. Children need to know that it is not their fault and that this is not the way relationships should be.

1

I am being abused and it is affecting my child but if I contact someone it may get worse.

2

Don't keep what is happening secret, you have nothing to be ashamed of. The longer abuse goes on the harder it gets to take some action.

3

Don't suffer alone, get help by talking to someone you trust or contact one of the organisations listed. Be a survivor - not a victim.

## What is domestic abuse?

Abuse can take many forms:

- Physical including sexual violence.
- Mental and verbal cruelty.
- Financial control.
- Controlling behaviour.

## The facts

Domestic abuse affects many families. Women are at increased risk of domestic abuse during pregnancy and the first year after giving birth, even if there has not been any abuse before. Men can also be victims. Children hear, see and are aware of violence at home, even if you think that they are not. Children react in different ways to violence and research suggests that they are more likely to become abusers or victims later in life.



### Unusual behaviour

Stress is something as adults we come to accept and manage. Babies and young children are unable to recognise and cope with situations that cause stress in their lives. Instead, they can show their stress and anxiety in physical and emotional outbursts. Sometimes stress can lead to a 'tic' - a sudden, repetitive, non-rhythmic movement involving a distinct muscle group, like an uncontrolled eye blinking. Head banging or banging the head against a wall or cot on purpose is another common behaviour, especially in boys. They are not trying to be naughty or annoying. Your Doctor can advise if there are additional concerns. Once the Doctor gives your child a clean bill of health, the best thing to do is just ignore the tic, help minimise stress and make sure your child is getting enough sleep.

### Local support

Contact your local Children's Centre for services promoting parental mental health and emotional well-being. We can offer support and advice around post-natal depression.

# Emotional well-being

## Support healthy social and emotional development

Responsive relationships help build positive attachments that support your baby's healthy social and emotional development. These relationships form the foundation of good mental health for infants, toddlers and pre-schoolers.

An infant's world is usually pretty small. Infants grow up among family, friends and community. They learn about themselves and the world around them through the relationships they have with the people in their lives. Babies who are made to feel loved and cherished learn that they are lovable. They then grow up feeling good about themselves and develop friendships more easily. You cannot spoil your baby by responding to their needs.

It is also important to look after yourself both physically and emotionally. Don't be too hard on yourself - the perfect family does not exist! Get help if you think you are experiencing post-natal depression.

If you feel too sad to be happy with your baby contact your Health Visitor and Doctor for advice - it is good to talk.

1

How do I bond with my baby?

2

Use eye contact, smile and hold them up so you are face to face.

3

This contact, support and security will help your baby develop in many ways.

### What can I do?

- Surround your child with nurturing relationships.
- Be happy and show it.
- Create a trusting and loving environment.
- Provide stable and consistent care givers at home and in childcare.
- Try to understand your child's cues and respond.
- Spend unhurried time together.
- Comfort and reassure.
- Respond to your baby.
- Learn about developmental stages and have appropriate expectations.
- Have good relationships and ways to manage conflict.
- Your actions and mood may affect your child.
- Identify early signs of emotional or mental problems.



## 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 up high.

### WHAT TO DO:

If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth.

If the cut is serious, is bleeding a lot or has a piece of glass under the skin (maybe they trod on some glass) go to A&E.

## Drowning

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

### PREVENTION:

Supervise children near water at all times. Use a grille on ponds and fill in a garden pond to use as a sand pit. Learn to swim.

### WHAT TO DO:

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

## Poisoning

Poisoning from medicines, household products and cosmetics are common.

### PREVENTION:

Lock all chemicals, medicines and cleaning products away.

### WHAT TO DO:

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

## Strangulation

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

### PREVENTION:

- Install blinds that do not have a cord, particularly in a child's bedroom.
- Do not place a child's cot, bed, playpen or highchair near a window.
- 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 hang toys or objects that could be a hazard on the cot or bed.
- Don't hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR

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

### WHAT TO DO:

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

Source: RoSPA

# Household accidents

## Keeping your child safe in and around the home

## 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 a height e.g. from furniture or down stairs.

### PREVENTION:

Make sure baby cannot roll off any surfaces, put pillows around them. Do not put a bouncing cradle or car seat on a surface where they could wriggle off.

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

### WHAT TO DO:

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

## Choking

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

### PREVENTION:

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

### WHAT TO DO:

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

## Burns, scalds and fires

Domestic fires are a risk to all children. Never let a child play with lighters, matches or candles. Burns from hair straighteners and household appliances are common. Hot drinks cause burns and scalds and bath water which is too hot is the biggest cause of fatal accidents to under fives.

### PREVENTION:

Get a bath thermometer. Think about your home. Use oven guards, fireguards and electrical socket covers.

### WHAT TO DO:

For a minor burn run under cool water for 20 minutes (don't let child get too cold). Do not apply butter or any fatty substance. Cover loosely with cling film or a clean plastic bag.

Take your child to A&E if the burn is severe.

# Parental health & well-being

## Our children's health is closely linked

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 and 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.

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. Children's Centres can be great places for you to socialise and meet other parents as well as give your child the opportunity to meet friends. Sometimes it can be a bit daunting when meeting a group of complete strangers, but it can be an easy way to meet new people and make friends, after all, you all have something in common - your children!

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.



## Getting help

If things are getting you down, it's important to recognise this. Talk to someone you trust and see what they think. Many people go on struggling in difficult situations because they feel they should be able to cope. Post-natal groups are good places to chat to other new parents about how you feel.

1

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

2

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

3

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

**Breastfeeding**  
Worried, need support and advice?

Speak to your Health Visitor 01635 273626 or contact your local Breastfeeding Support Team 0300 1000 210

**Immunisations**  
Confused, unsure or need advice?

Speak to your Health Visitor 01635 273626 or Practice Nurse

**Oral health**  
Need advice about teething, oral health or registering?

Speak to your Health Visitor, Dentist or visit [www.westberks.gov.uk/brushing4life](http://www.westberks.gov.uk/brushing4life)

**Smoking**  
If you smoke - now is the time to quit.



Call 0800 622 6360 or visit [www.smokefree.lifeberkshire.com](http://www.smokefree.lifeberkshire.com)

## Help for Families

Helping children to thrive, achieve their full educational potential and have good life chances. Call our multi-professional team 01635 503090.

There are many everyday illnesses or health concerns which parents and carers need advice and information on. Please see the back cover for additional local contacts.