

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

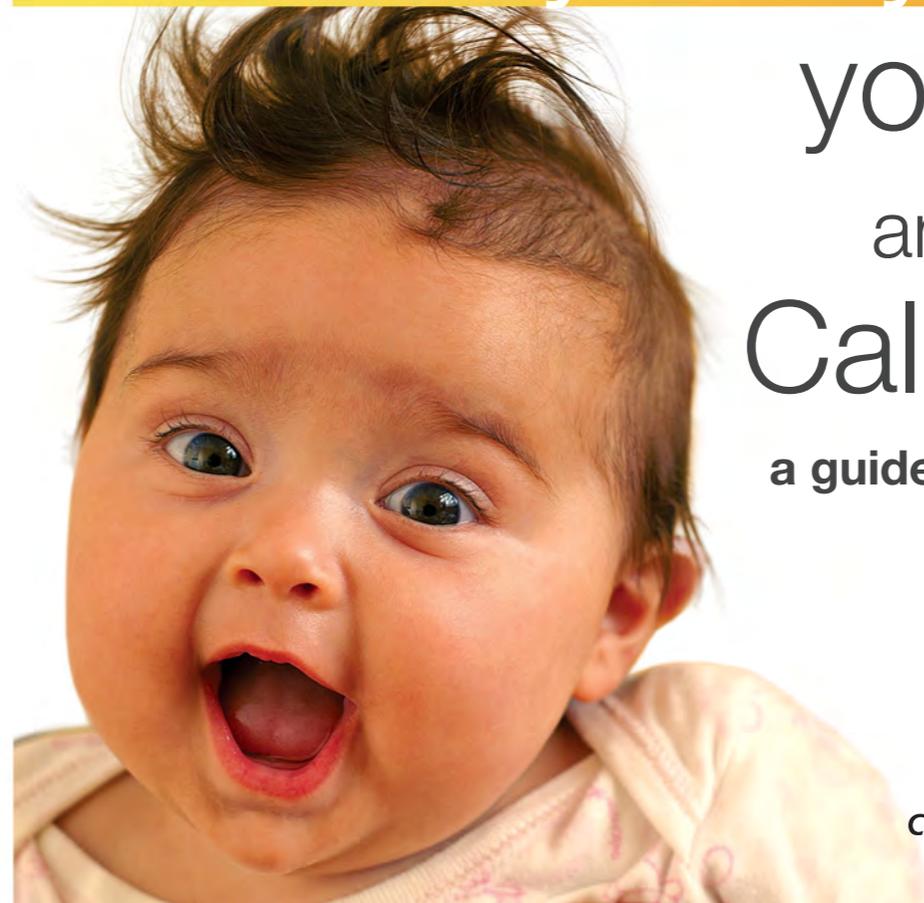
Concern	Service	What to do?
Grazed knee Sore throat Coughs and colds	Self Care	You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk .
As a parent if you are: Unsure Confused Need help 	NHS 111 For 24 hour health advice and information.	Call 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
High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hours) Minor bumps, cuts and possible fractures Dehydrated Headache Abdominal pain Oral problems	GP For the treatment of illnesses and injuries that will not go away. If you do not have a dentist, for urgent problems call 111	Write your GP's (family doctor) telephone number here: <input type="text"/> Use NHS 111 out-of-hours service For help finding a dentist: www.nhs.uk/Service-Search/Dentists/LocationSearch/3
Severe pain Worsening health conditions Choking Loss of consciousness Fitting/convulsions Broken bones	Urgent Care When you need healthcare in a hurry 24 hours a day. A&E or 999 For serious and life-threatening emergencies.	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.

Healthy Early Years

your child
and YOU in
Calderdale

a guide from birth to five





Welcome

Being a parent is a wonderful and rewarding experience. We want to help you enjoy parenting and we will support you during times when you may need a bit of extra help or advice.

This website has been put together by NHS Calderdale Clinical Commissioning Group and Calderdale Council who would like to thank members of the public and local organisations for their input. We are working together to improve the lives of all children and their families in Calderdale.

Working in partnership, we are able to offer advice about common health issues as well as social and emotional wellbeing alongside more specialised care in a much more coordinated way. There is of course specialist support if your child needs it, but there is so much you, as a parent or carer can do

to promote a healthy lifestyle early on, and in turn help prevent your child from becoming unwell or unhealthy in the first place.

This website promotes wellbeing and healthy lifestyles right from the start. Every parent or carer wants to know how to have a healthy pregnancy and what to do when a child is ill - use this resource to learn how to care for your child at home, when to call your GP, when to discuss with your health visitor or pharmacist and when to contact the emergency services. Most issues your child will experience are part of growing up and are often helped by talking to your health visitor or GP.

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

To view the latest version of this booklet online

www.healthyearlyyears.co.uk

An app is also available for Android and iPhone, search **healthy early years**



Make sure you keep a note of important contact details and places such as, your GP, local pharmacy, health visitor or dentist.

All factual content has been sourced from Department of Health, NHS Choices, British Association of Dermatologists, Allergy UK, Meningitis Now, NICE guidelines and other expert sources as relevant. This information cannot replace specialist care.

Contents

Who can help?

- A guide to services 4
- Children's medicines 6
- Know the basics 7

The first months

- Being sick and reflux 8
- Crying and colic 10
- Feeding your baby 12
- Jaundice 14
- Rashes and skin conditions 16
- Sleeping 18
- Sticky eyes and eye care 20
- Teething trouble 22

Childhood illnesses

- Allergies 24
- Asthma 26
- Chickenpox and measles 28
- Constipation 30
- Coughs, colds and flu 32
- Diarrhoea and vomiting 34
- Earache and tonsillitis 36
- Fever 38

- Managing eczema 40
- Meningitis and sepsis 42
- Wheezing and breathing difficulties 44

Wellbeing and safety

- A healthy lifestyle 46
- Bonding with your baby 48
- Burns and scalds 50
- Challenging behaviour 52
- Fussy eaters 54
- Good oral health 56
- Healthy weight and exercise 58
- Household accidents/choking 60
- Immunisations 62
- School readiness 64
- Speech, language and communication 66
- Weaning 68

Parents

- Genetics awareness 70
- Parental wellbeing 72
- Pregnancy and planning 74
- Useful contacts 76

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 GP.



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 Accident and Emergency or another NHS urgent care service.
- When it's outside of your GP's surgery hours.
- When you do not know who to call for medical help.
- If you do not have a local GP to call.

For serious, life-threatening emergencies, call 999.



Pharmacist

Your local pharmacist will know about most everyday health issues. They can suggest over-the-counter medicine or advise where may be best for you to get 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 GP. To find a local pharmacy visit www.nhs.uk/service-search



GP/doctor

You will need to register your child with a local GP as soon as possible after birth. Your GP can advise, give you the medicines you need and help if you need other specialist services. You will usually need to make an appointment. All GPs will see a child quickly if you are worried. To find a local GP visit www.nhs.uk/service-search



Health visitor

Health visitors are part of a team who are there to offer support and advice for families until the child reaches school age. They have knowledge about child development, breastfeeding, nutrition and local support in your community. The health visitor may visit you at home or see you and your baby in a clinic. By identifying health needs and promoting a healthy lifestyle they can help you achieve the best possible health and wellbeing for you and your child. They can offer additional support to families with a child with special needs or disability. There is more information on Locala's website at www.locala.org.uk/calderdale-physys or call Locala's Calderdale Health Visiting service on 030 0304 5076.

Children's Centres

Children's Centres are for all families with children under five. The Centres offer a wide range of services which may include:

- Health visitor led baby clinics and checks.
- First Aid courses for all parents.
- Support for emotional wellbeing.
- Play sessions and activities for children and families.
- Parenting support (including support for teenage parents).
- Access to speech and language assessment and support.
- Access to midwifery services and ante/post natal support.
- High quality early learning in safe and friendly environments.
- Family and adult learning.
- Stop smoking support.

To find your local Children's Centre <http://surestartchildrenscentresnhp.org.uk> www.childrencentres.co.uk

Local Offer

If your child has special educational needs or disabilities please click on the Local Offer link below to find details of the support available locally. It is a central hub to provide information, advice, guidance and support. www.calderdale.gov.uk/localoffer

Dentist

Make sure you and your child see a dentist on a regular basis. Register your baby as soon as possible and take them to your appointments so they get used to it. Discuss your baby's oral care with your dentist. To find your nearest dentist visit www.nhs.uk For out-of-hours dentist information **call 111**.



Minor Ailments Scheme

The Minor Ailments Scheme is available to all - it allows pharmacists to manage simple common medical problems and issue prescriptions. Your local pharmacy will be able to help you with things like colds and flu, constipation, earache, headlice, insect bites and stings and teething.

Walk-in centres

Walk-in centres 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**. Calderdale offers two locations for Walk-in centres which are open at weekends and bank holidays.

They are located at:

- Park Community Practice,
Horne Street, Halifax, HX1 5UA.
01422 399858
- Calder Community Practice,
Lower George Street,
Todmorden OL14 5RN.
01706 811106

Accident and Emergency (A&E)

For serious, 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, breathing difficulties, blacking out, blood loss or if they have swallowed tablets or poisons or have severe abdominal pain.

Children's medicines

Not all medicines are suitable for young children

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

The Minor Ailments Scheme may be useful if your child has a minor illness, skin condition or injury e.g. head lice. The scheme can be accessed at many pharmacies. See if your local pharmacy offers the scheme. Paracetamol and ibuprofen are often used to relieve the discomfort caused by a high temperature (make sure you've got the correct dosage for the age of your child). Some children, for example those with asthma or chickenpox, may not be able to take ibuprofen, so check with your pharmacist, GP or health visitor.

Don't give paracetamol to a baby under six weeks unless prescribed by a doctor. Don't give aspirin to children under 16, and if you're breastfeeding, ask your health visitor, midwife or GP 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 GP.
- 2 Do not expect your GP 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 GP about why it is needed and how it will help. Ask about any possible side effects.

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 and they may not work next time if they get a similar illness.

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.

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 a 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. Often a fever can be left to run its course unless there are other signs of serious illness. Ensure they are drinking enough and appear otherwise well. Treat them with either paracetamol **OR** ibuprofen in the first instance. Check packaging for the correct dose for your child. 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. If your child is no better before the next dose is due, ask your pharmacist if you can try the other medicine. Aspirin should not be given to children under 16 years of age.

A normal temperature in children is about 36.4°C but this can differ slightly from child to child.



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 (e.g. creams, drops or sprays to treat allergic reactions)





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. It can often be better to give them smaller amounts of fluid more often.



Being sick and 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.

If you are breastfeeding speak to your local breastfeeding peer supporter, midwife or health visitor.

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.



GP 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 GP's advice straight away.



Health visitor says

You will know your baby best of all. 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?
- ✓ Do they need burping?

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



The 10 minute 'Coping with Crying' DVD from the NSPCC provides a range of tips and advice on helping you keep calm and soothing your baby. Ask your midwife or health visitor to see a copy of the DVD. <http://copingwithcrying.org.uk/>

Crying and 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. Whether you are bottle feeding or breastfeeding, always burp your baby after a feed as this will help. To burp your baby, sit your baby upright or hold them against your shoulder and gently rub their back and tummy until they burp. They may vomit a small amount of milk when you do this.

Early signs that your baby may be hungry are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed. Your baby may be crying because they need a cuddle and want to be close to you.

If you feel you can't cope with your baby's crying, make sure baby is safe - like in a cot or pram, leave the room and calm down for a few minutes. It can help to talk to other parents and your health visitor. For more information and tips on ways to soothe your baby visit www.copingwithcrying.org.uk or www.cry-sis.org.uk 08451 228669.

Colic

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 and improves on its own. 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. Your local pharmacist may be able to supply over-the-counter medicine to help relieve pain from colic which may be caused by swallowing air (trapped gas).



GP 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.



1

My baby is crying more than usual.

2

When a baby cries, it can be upsetting.

3

It is very important to stay calm and don't be afraid to ask for help. **Do not shake your baby.**



Breastfeeding is a new skill for both you and your baby to learn. Be patient and kind to yourself, it will take time for you both to adjust and learn the skill together.



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.

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.

Tongue-tie can sometimes affect feeding, making it hard to attach properly to the breast. Speak to your health visitor.

Feeding your baby

The best start in life

It is recommended that where possible babies are exclusively fed breast milk for at least the first six months. Breast milk is the best nutrition for your baby and helps them to grow at the right rate and fight infections. Offer your baby lots of opportunities to feed in the early days. Babies have very small stomachs when they are born; they can hold just over a teaspoon full.

At birth, give your baby a long cuddle: Skin to skin contact for at least one hour calms both mum and baby, regulates baby's heart rate and temperature, and stimulates mothering hormones which helps to form a close bond and increase breast milk supply. 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 help them form good relationships and communicate well, giving them the best start in life.

Breastfeeding can be challenging and this is when dads and partners support and encouragement can really help. Dads and partners can help in other ways such as nappy changing, offering reassurance and helping with meals.

If you are struggling and finding breastfeeding difficult, don't feel alone, seek some help. Talk to your health visitor or breastfeeding peer supporter.

Feeding tips

How to tell your baby is having enough milk:

- Baby is content and settled during and after each feed.
- During a feed, you can hear baby swallowing.
- Weight gain - checked by your health visitor.
- Dirty nappies, two to three soft stools daily until four to six weeks, after which one a day, although it can be less frequent.
- Wet heavy nappies - around six in 24 hours from day five.

Remember, breast milk fulfils all of your baby's needs for around six months although you can continue breastfeeding for longer. It also reduces the incidence of sudden infant death syndrome (SIDS). Ordinary supermarket cow's milk should not be offered until your baby reaches one year, although it is suitable to use from six months in breakfast cereals.

1

There is breastfeeding group support and one to one support available from trained peer supporters, mums just like you, who have breastfed their babies. They can offer practical solutions and advice over the phone, through home visits or at locations across Calderdale. Contact Calderdale Breastfeeding Peer Support 07920 466660 or find them on Facebook.

2

Have you been shown how to hand express? It's a useful skill and free! Visit your local breastfeeding support group, speak to a peer supporter, your midwife or your health visitor.

3

There may be times when breastfeeding becomes a problem or it may feel painful from sore, cracked or bleeding nipples - seek help from your midwife, health visitor or GP. Get advice on positioning your baby. If your baby has oral thrush, it's possible for your baby to pass a thrush infection to you. The infection can affect your nipples or breasts.

For more information on the benefits of breastfeeding and advice on when and how to wean off breastfeeding please visit the links below

www.unicef.org.uk/babyfriendly/emotional-experience-breastfeeding/

www.nhs.uk/Conditions/pregnancy-and-baby/Pages/stopping-breastfeeding.aspx

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. Wash your hands.
- You need to keep sterilising your baby's feeding equipment including bottles and teats until your baby is at least 12 months old.
- Infections (like gastroenteritis) are rare, but if they do occur, can be very serious.
- Follow the instructions on the packet/tin. Do not put in extra scoops of formula.
- Use cooled boiled tap water (mains) to make up feeds. Bottled mineral water is not suitable.
- Bacteria that can make your baby ill may be present in small numbers in powder feed. Bacteria can multiply very quickly when they are in an environment that is warm, wet and full of nutrients, just like milk in a feed bottle. By making up feeds as they are needed rather than in batches you reduce the risk of bacteria multiplying in the feed.

www.nhs.uk/Conditions/pregnancy-and-baby/pages/sterilising-bottles.aspx

Baby Café

The Baby Café in Calderdale offers breastfeeding drop-in support. They offer help and support to breastfeeding mothers at any stage in their breastfeeding journey, regardless of the age of the baby or child, no matter how much breast milk you are giving. Pregnant women are welcome too, to go along and find out about breastfeeding.

www.thebabycafe.org/?option=com_babycafe&task=view&ID=4



Midwife says

Jaundice usually disappears after 10 to 14 days. Jaundice appearing in the first few days of life should be reported as soon as possible to the midwife. Jaundice starting at less than 24 hours of age is an emergency and requires an urgent blood test.

See your GP without delay if:

- Your baby's jaundice does not disappear after two weeks.
- The jaundice does not start until seven days after they are born.
- Your baby's faeces (poo) are chalky white.

Jaundice

What is newborn jaundice?

Jaundice is a common condition in newborn babies that causes yellowing of the skin and the whites of the eyes. In black and brown-skinned babies, the yellowing may be more difficult to see and visible only in the palms of the hands and the soles of the feet. It is very common and usually nothing to worry about.

You should feed as often as possible to encourage frequent bowel movements. If you are breastfeeding, you should continue to breastfeed your baby regularly. In some breastfed babies, the skin can continue to look a little bit yellow for up to 12 weeks. This is related to the breast milk, and is normal as long as your baby is otherwise healthy and thriving.

In more severe cases, you may be required to bring your baby back to the hospital to spend some time under a special ultraviolet light. Newborn jaundice is usually gone by about two weeks of age. More severe jaundice may need treatment. If jaundice continues for over 14 days you must contact your health visitor or GP.

1

My baby appears to have mild jaundice, what should I do?

2

Feed your baby as often as possible to ensure they are not dehydrated.

3

If worried ask your midwife, health visitor or GP.

Testing for jaundice

Step 1

Press your fingers lightly on the skin, as if you are checking a peach to see if it is ripe, and look at the colour of the spot where your finger was. Try pressing the tip of their nose.

Step 2

If it looks yellow (rather than white), it is likely to be jaundice. This test must only be used under good daylight or fluorescent lighting (next to a window is ideal). The baby should be undressed so different parts of the body can be compared. On darker skin where it's more difficult to see colour, check for yellowness in the whites of the eyes or gums instead.

Step 3

Talk to your health visitor or GP.



Slapped cheek

Slapped cheek syndrome gets its name from the bright red rash that appears on the cheeks. Like other viruses, such as colds and flu, your baby can catch slapped cheek syndrome from an infected person coughing or sneezing near them. The rash can look alarming but it is a mild infection that clears up by itself in one to three weeks. It usually starts with a fever and other flu-like symptoms, such as a sore throat, a headache and feeling tired. Some babies won't have all of the symptoms of slapped cheek syndrome. If you are worried you may want to take your baby to your GP to confirm that it is slapped cheek syndrome.

Hand, foot and mouth

It is a common infection that mostly affects children under 10 and causes mouth ulcers and spots on the hands and feet. Symptoms may include a high temperature (fever), usually around 38-39°C, a general sense of feeling unwell, tummy pain and a sore throat and mouth. After one or two days, red spots appear on the tongue and inside the mouth. These quickly develop into larger yellow-grey mouth ulcers with red edges. Hand, foot and mouth disease usually clears up by itself, within about a week. If you're worried, contact your health visitor or GP. To help ease your child's symptoms make sure they drink plenty of fluids to avoid dehydration and eat soft foods such as mashed potatoes, yoghurt and soups (or continue to breast or bottle feed as usual). You should keep your child away from nursery until they're feeling better.

Rashes and skin conditions

A common problem that's easy to treat

Nappy rash

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wetness 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 should 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. There are two types of nappy cream available. One is a barrier cream to keep wetness 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. With a mild nappy rash, your baby won't normally feel too much discomfort.

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 nappies often. Speak to your health visitor and if you are still worried, your GP.



Health visitor's nappy rash tips



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



Use a barrier cream.



Remember to change and check their nappy often.



Eczema

Eczema is common in babies and they normally grow out of the condition, it often starts between the ages of two and four months. [See page 40 for more information.](#)

Headlice

A rash at the back of the neck could be a sign of headlice. The skin may also be itchy. Some treatments are not suitable if your child is under two years old, has asthma or you are breastfeeding. Check with your pharmacist. See the link for video information: www.nhs.uk/Conditions/Head-lice/Pages/Introduction.aspx

For further information on skin rashes please visit
www.nhs.uk/conditions/skin-rash-children/Pages/Introduction.aspx

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 for at least the first six months.
- 3 Make sure baby is not too hot nor too cold.
- 4 Put baby to sleep on their back to reduce the risk of sudden infant death syndrome (SIDS), also known as cot death.
- 5 Keep baby's head uncovered.
- 6 Do not smoke and keep the house smokefree.
- 7 Do not place any pillows, stuffed animals, toys or bumper pads in the cot.
- 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 not to sleep through the night. Feel confident in yourself to know whether your child is really distressed, uncomfortable (maybe they need changing) or just restless. Trust your instincts and respond to their needs.

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 to sleep as this can become a habit. Adult beds are not designed for babies or 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. Breastfeed at night on demand as this can boost milk production.

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 You may notice that your baby's head is flat. Talk to your health visitor.
- 2 The solution is **not** to change your baby's sleeping position from lying on their back at night.
- 3 Put your baby to sleep on their back and let them play on their tummy.

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 with your baby on a sofa, armchair or settee and it is also risky to allow a baby to sleep alone in an adult bed.



Sticky eyes and eye care



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 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, see your GP, who should refer you to an eye specialist for treatment.

Source NHS choices



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 used by your baby 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 GP or health visitor 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 I notice that in photographs my baby only has one red eye.
- 2 This could sometimes indicate a problem.
- 3 Speak to your GP.



Conjunctivitis

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

Dentist's tooth care tips

1. Start brushing as soon as the first tooth appears.
2. Clean teeth twice every day, for two minutes, especially at night.
3. Reduce sugars to mealtimes only.
4. Visit the dentist every six months or as recommended by your dentist.
5. Don't add sugar, give juice drinks, fizzy drinks or tea 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.
6. From six months of age infants should be introduced to drinking from a free-flow cup, and from age one year feeding from a bottle should be discouraged.
7. Find your nearest NHS dentist visit www.nhs.uk/dentist



Health visitor says

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

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

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. Do not soothe your baby by giving biscuits to chew on or a dummy dipped in a sugary substance. This encourages your baby to have a sweet tooth and is damaging to teeth that are growing.

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of fluoride family toothpaste. Make sure you see your dentist regularly and discuss your child's oral health with them ([see good oral health page 56 for more information](#)).

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 sugar-free baby paracetamol. If you are worried and things do not feel right, contact your health visitor or GP.



Pharmacist says

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

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



Spotting symptoms

Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

Eyes

Itchy eyes, watery eyes, prickly eyes, swollen eyes, 'allergic shiners' - dark areas under the eyes due to blocked sinuses.

Antihistamines

Antihistamines are anti-allergy medicines, and most are readily available from a pharmacy without prescription. While older antihistamines have a reputation for making people drowsy, more modern antihistamines only occasionally have those side effects.

Source: www.allergyuk.org

Allergy UK
01322 619 898 www.allergyuk.org



Nose, throat and ears

Hay fever symptoms - runny/blocked/itchy nose, sneezing, pain in sinuses, headaches, post-nasal drip (mucus drips down the throat from behind the nose), loss of smell and taste, sore throat, swollen larynx (voice box), itchy mouth and/or throat, blocked/glue ear.

Airways

Wheezy breathing, difficulty in breathing, coughing (especially at night time), shortness of breath.

Skin

Urticaria - Wheals or hives, bumpy, itchy raised areas, rashes.
Eczema - Cracked, dry or weepy, broken skin.

Digestion

Swollen lips/tongue, stomach ache, feeling sick, vomiting, constipation, diarrhoea, bleeding from the bottom, reflux, poor growth.

Source: Allergy UK/2014

Allergies

Managing and understanding your child's allergy

50% of children in the UK have allergies. For parents it is a learning curve in understanding what to avoid and how to control and manage the allergy. Find out as much as you can. There are many types of allergies.

An allergy is when the body has a reaction to a protein such as foods or milk, insect stings, pollens, house dust mite or medicines such as antibiotics. Some families seem to include more individuals with allergies than other families.

Allergic symptoms can be mild, moderate or severe. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction, since some allergic symptoms can be similar to other common childhood illnesses.

Urticaria (wheals or hives) - a raised, itchy rash that appears on the skin can be one of the first symptoms of an allergic reaction. If concerned contact your health visitor or GP.

1

Food allergies occur when the body's immune system reacts negatively to a particular food or food substance.

2

Allergens can cause skin reactions, digestive problems and hay fever-like symptoms.

3

Children are most commonly allergic to cow's milk, hen's eggs, peanuts and other nuts, such as hazelnuts and cashew.

Source: NICE - Testing for food allergy in children and young people

Anaphylactic shock

Anaphylaxis is a dangerous type of allergic reaction which is most likely to be caused by particular foods, insect bites or medicines.

Early signs of allergic reaction:

- Swelling and itching; the face may be flushed and wheals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting/abdominal pain.

Anaphylaxis or severe reactions:

- Difficulty breathing, coughing and/or wheezing.
- Loss of colour; cold and clammy.
- Loss of consciousness (may appear asleep).

Call 999 and tell the operator you think the child has anaphylaxis.

If available, an adrenaline injection should be given as soon as a serious reaction is suspected. If you already have an EpiPen or injection device for your child, make sure you know the correct way to use it in advance of an emergency.





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. Share this with your child's nursery, childminder or pre-school. 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 GP.

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 GP 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 GP for regular reviews (read more at www.asthma.org.uk). If your child has a serious asthma attack **call 999**.



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. A peak flow test may be useful if your child is old enough. Parents should regularly attend their practice's Asthma Clinic to get support on better management of their child's asthma at home, as this will save unnecessary trips to hospital. Ask your GP or practice nurse to give you an asthma action plan for your child. All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid tablets should have the seasonal flu vaccine.



Image of chickenpox

Painkillers

If your child is in pain or has a high temperature (fever), you can give them paracetamol (check correct dosage for the age of your child). 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 you) 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 you are immune to chickenpox, but your child could still get it. However, please contact your GP or midwife for advice.

Scarlet fever

Scarlet fever is a bacterial illness that mainly affects children. It causes a distinctive pink-red rash. It's important to be aware of the signs and symptoms of scarlet fever, see your GP if you think your child may have it because it needs to be treated. Scarlet fever usually follows a sore throat or a skin infection, such as impetigo.

Initial symptoms usually include a sore throat, headache and a high temperature (38°C/100.4°F or above), flushed cheeks and a swollen tongue. A day or two later, the characteristic pinkish rash appears, usually on the chest and stomach before spreading to other areas of the body. The rash feels like sandpaper to touch and it may be itchy. On darker skin the rash may be more difficult to see although its rough texture should be apparent.

Chickenpox

Chickenpox is a mild and common childhood illness. It is highly infectious and can cause serious illness in adults who have not had chickenpox. It causes a rash of red, itchy spots that turn into fluid-filled blisters, which crust over to form scabs, and eventually drop off. Some children have only a few spots, while others can have spots covering their entire body. These are most likely to appear on the face, ears and scalp, under the arms, on the chest, tummy and on the arms and legs.

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

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

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

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

Contact your GP straight away if:

- Blisters become infected.
- Your child has chest pain or difficulty breathing.
- You are pregnant.
- You or any adult at home have not had chickenpox.

For further information on skin rashes please visit www.nhs.uk/conditions/skin-rash-children/Pages/Introduction.aspx

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 GP if you suspect 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.

Tips

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

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

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

Source: www.nct.org.uk



Constipation

Rare in babies who are solely breastfed

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

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

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

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 GP.



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.

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 GP.

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 and water as soon as you can.

Flu prevention

An annual nasal spray flu vaccine is available free from the age of two as part of the NHS Childhood Vaccination Programme. Children aged two, three and four years can be given the vaccination at their GP surgery usually by the practice nurse. www.nhs.uk/Conditions/vaccinations/Pages/child-flu-vaccine.aspx

Contact your GP practice for more information.



Coughs, colds and 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. If your baby is under three months and has a cough, take them to your GP who may check them for whooping cough. Young babies do not always make the characteristic whooping cough sound.

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. Coughing at night may keep them awake. Children under six months should not be given over-the-counter cough and cold medicine unless prescribed by your GP or pharmacist.

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 GP 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 7).
- ✓ 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 GP if:

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

Source: 2013 NICE guidance.





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 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 GP. If your baby is newborn or very unwell contact your GP straight away.

Diarrhoea and vomiting

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. They are generally caused by viruses and those affected (adults and children) recover within 48 hours. It is important to drink plenty of fluid to prevent becoming dehydrated.

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

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

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

Keep them away from others, especially children and older people, 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 GP 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 is more dipped in than usual).

Try a rehydrating solution from your pharmacist.



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 and 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.

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

Tonsillitis - 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 GP if symptoms last longer than four days or become more serious, with severe pain, a very high temperature or breathing difficulties.

1

My toddler has earache but seems otherwise well.

2

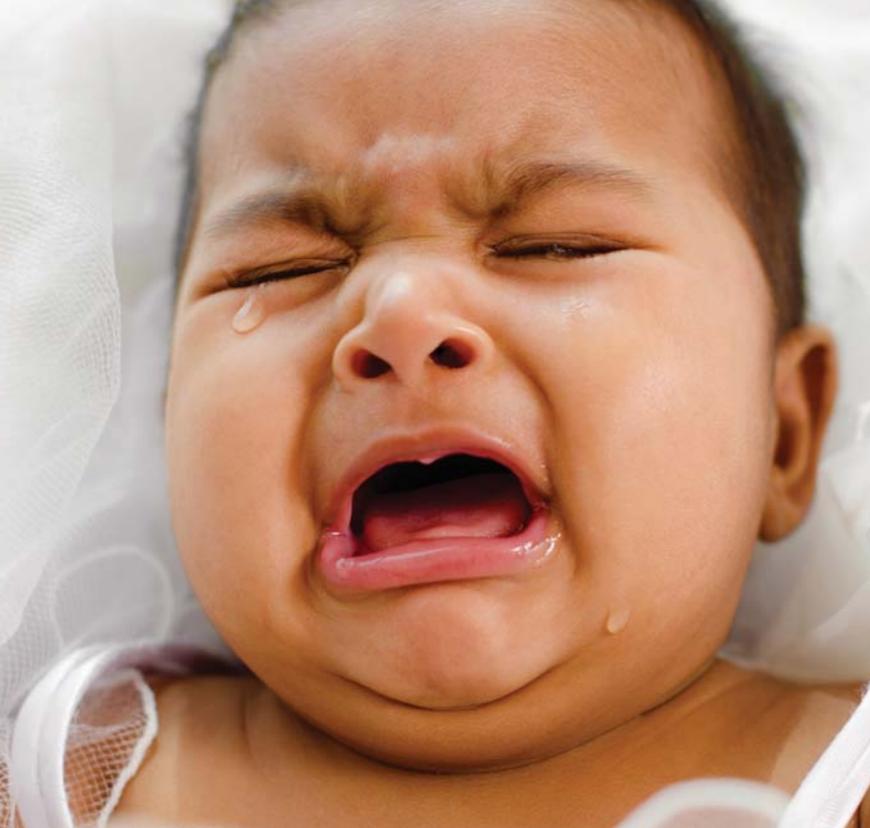
Have you tried sugar-free paracetamol or ibuprofen from your pharmacist? [\(See page 7 for advice on usage\).](#)

3

Most ear infections get better by themselves. Speak to your GP 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.

To reduce ear infections

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



Young babies:

Always contact your GP 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 for an older child. Contact your GP if your child seems unusually ill, has a high temperature which doesn't come down or is having difficulty breathing. With older children it's not so much the temperature to look out for but the other symptoms.

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 as usual.

3

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

Fever

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 GP if fever symptoms are not improving after 48 hours. Check your child during the night.

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



GP says

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.
- If your child is dehydrated contact your GP or **call 111**.
- Know how to identify a meningitis rash ([see page 42](#)).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



Febrile convulsions

A febrile seizure or convulsion is a fit that can happen when a child has a fever. They often occur during the first day of a fever. However, there appears to be no connection between the extent of your child's fever and the start of a seizure. Seizures can occur even if your child has a mild fever. You should take your child to **A&E** or **call 999** for an ambulance if:

- Your child is having a fit for the first time.
- The seizure lasts longer than five minutes and shows no signs of stopping.
- You suspect the seizure is being caused by another serious illness, for example meningitis.
- Your child is having breathing difficulties.

If your child has previously had febrile seizures, it's recommended that you telephone your GP or call NHS 111 for advice. While febrile seizures may be frightening, most are harmless and don't pose a threat to a child's health.

See the link for video information: www.nhs.uk/video/Pages/how-can-i-regulate-my-babys-temperature.aspx



Dust mites

Dust mites and their faeces can collect on soft toys. To reduce the problem, it's best to stick to one or two favourites. Each week, wash them at 60°C or put them in a plastic bag in the freezer for 24 hours to kill the mites. Wash bed linen at 60°C as well to get rid of the house dust mites.

Managing eczema

Good management can help

Babies often get red, scaly skin known as eczema - one in eight might get it where there's a family history of allergic conditions like eczema, asthma or hay fever.

Babies often start to get eczema from two months. The symptoms are patches of red, dry and itchy skin on the face or behind the ears, and in the creases of the neck, knees and elbows. Your baby may scratch the itchy patches and the eczema can get infected as a result.

Most babies eventually grow out of eczema, but if you think your child has eczema, speak to your GP or health visitor. Do not cut out important foods such as milk, dairy products, wheat or eggs without discussing this with a health professional first. Your GP can tell you whether you or your child has eczema and start a treatment programme.

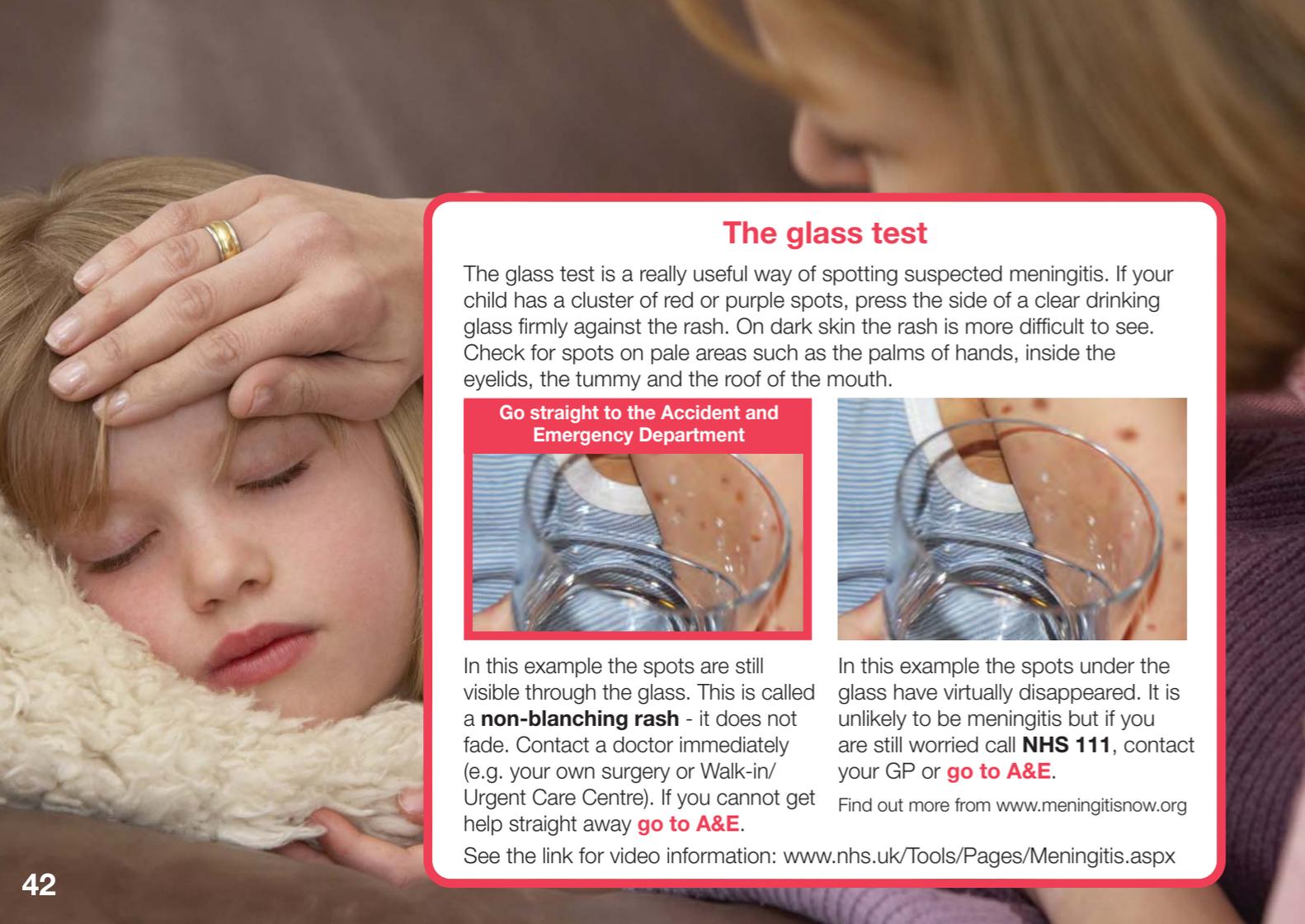
Eczema can affect your child's quality of life and may also affect sleep patterns which can make children irritable and frustrated. There are effective skin treatments to control and manage the symptoms. It can take some trial and error to find the most suitable treatment for your child.

Some people have triggers for their eczema such as allergies to house dust mites, pets, or certain foods. Seasons of the year (for example, in winter), or even emotional responses (such as stress), may cause eczema to worsen. However, a large number of eczema sufferers are not able to link a cause to their symptoms. It is essential that any known triggers are avoided.

Tips on soothing eczema

- Apply an unperfumed moisturiser (emollient) to the sore area several times a day. Apply with downward strokes.
- Avoid **soap, baby bath** and **bubble bath** as these can dry or irritate the skin.
- Try to keep the bedroom cool as getting hot and sweaty can make eczema worse.
- Eczema can get worse if your child has an allergic reaction to house dust mites. Steroid creams can stop eczema from getting worse. Only use as directed by your GP or pharmacist.
- Try to identify and avoid anything that irritates the skin or makes the problem worse, such as soap powder, animals, chemical sprays and cigarette smoke. Eliminate any of these if possible. Even second-hand smoke (passive smoking) can harm your baby.
- Some fabrics can irritate the skin. Try to avoid wool and nylon and stick to cotton instead.





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. On dark skin the rash is more difficult to see. Check for spots on pale areas such as the palms of hands, inside the eyelids, the tummy and the roof of the mouth.

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**.

See the link for video information: www.nhs.uk/Tools/Pages/Meningitis.aspx



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 GP or **go to A&E**.

Find out more from www.meningitisnow.org

Meningitis and 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.

GP 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

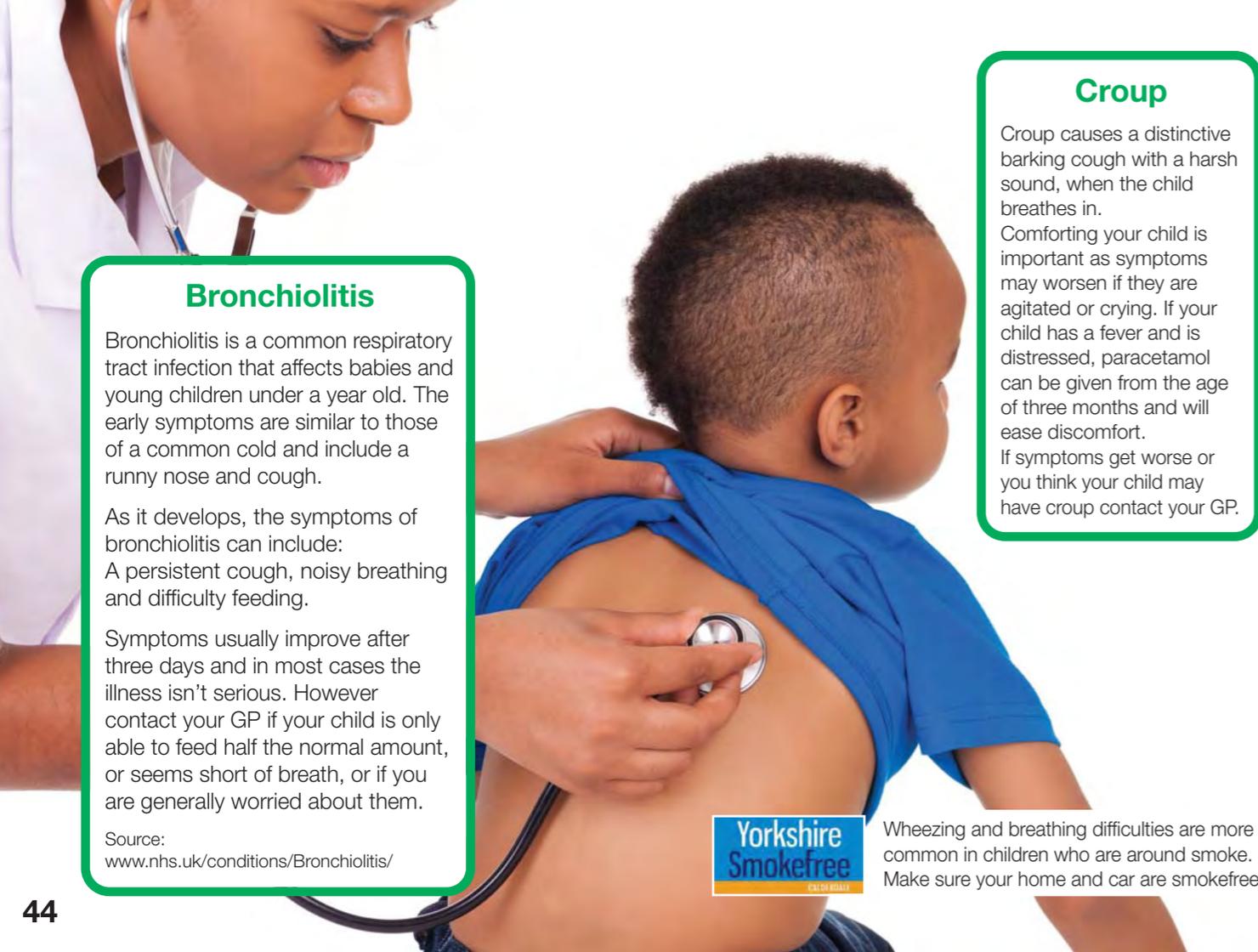


Fretful, dislikes being handled



Unusual cry or moaning





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 GP if your child is only able to feed half the normal amount, or seems short of breath, 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. 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 or you think your child may have croup contact your GP.



Wheezing and breathing difficulties are more common in children who are around smoke. Make sure your home and car are smokefree.

Wheezing and breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. A cough can often be treated at home, if you are worried contact your GP.

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 32, coughs, colds and flu).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP.
- 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.



GP's tips

Get help and contact your GP or call 111 **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.

HEALTHY START free fruit, vegetables and vitamins

Healthy Start is a government scheme for pregnant women or women with children between the ages of 1-4. Women receive vouchers every week to support a healthy diet if they are receiving income support or other related benefits. The value of the vouchers depends on the number and age of the children. The vouchers can be used to purchase, plain cow's milk, fresh or frozen fruit and vegetables (with no added ingredients), whole or chopped, packaged or loose. Parents can obtain healthy start vitamins at health visitor clinics and at St John's Health Centre and Brighthouse Health Centre and from their health visitor. If a family is eligible for Healthy Start vitamins then they are given free and if not, they have the option to buy these from their health visitor. The vitamins supplied for mums are in tablets and the vitamins for babies and children are drops.

As well as giving your baby a healthy start, you can help support them in early experiences and discovering the world around them. During the early months, babies explore and learn using their feet as well as their hands to feel textures and form. Leave their socks and shoes off when you can.

It's also important to spend one-to-one time, giving them your complete attention, without any distractions like the TV or mobile phone.



Smoking during pregnancy can cause problems for your baby. If you are pregnant the best start you can give your child is to quit smoking.



A healthy lifestyle

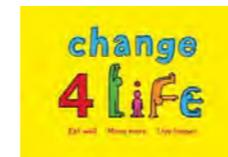
It's never too early

What happens to children before they are born and in their early years can affect their health and life opportunities later on. For example, babies that are breastfed have less chance of getting infections or of becoming obese and therefore developing diabetes and other illnesses as they get older. Those who grow up in a caring and safe environment and have a healthy relationship with their parents/ carers are more likely to do better at school and as they go through life.

If we know how to prevent illness, and encourage healthy behaviour from pregnancy onwards, our children stand a great chance of having a healthy life.

Vitamins are essential nutrients that your body needs in small amounts so that it can work properly. Even though you can get lots of vitamins from a healthy balanced diet, you still might not get everything you need at certain times in your life - such as when you're pregnant, a new mum or a small child. Ask your health visitor about the free Healthy Start vitamin vouchers (see box on opposite page).

If you don't already live a healthy lifestyle, now is a great time to start. Sign up and register to Change4Life for lots of handy healthy eating and exercise tips for you and your child. www.nhs.uk/change4life/Pages/change-for-life.aspx



1 Should I give my baby sweet things to eat and drink, she loves fruit squash?

2 Drinks with added sugar are particularly bad for babies' teeth - it's like giving a baby a lolly to suck on all day. Giving your baby a 'sweet tooth' also means that they are more likely to keep pestering and crying for sugary things.

3 It's much easier to get your baby on the right track now than to try and change what they eat later.



A healthy family

Being a healthy weight, not smoking, eating well and looking after yourself is the best example your child needs. Use these tips to help the whole family live a healthier lifestyle:

- 1. Eat at the table together.**
- 2. Include children in family activities** such as walking the dog or washing the car.
- 3. Ban 'sweetened' drinks** from the home.
- 4. Make sure the whole family eats breakfast every day.**
- 5. Cut down on screen time** such as TV, digital devices and mobiles and do more physical activity.
- 6. Prepare more meals at home** - it takes a little longer - but this way you can control what you put in food.
- 7. Have healthier takeaways** - you don't have to give up takeaways, just make smarter choices. Have mushy peas with your fish and chips and don't eat all the batter around the fish or order lower-fat pizza toppings like vegetables.
- 8. Avoid over-sized portions** - opt for 'me sized meals' for children by using child-sized plates.
- 9. If you feel ready to make changes** for a healthier lifestyle and you have a body mass index of 27.5 or above www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx the Better Living Team in Calderdale can help you and your family create a healthier lifestyle, including tips for healthy recipes. Call 01422 230230



1

Watch your baby's facial expressions and body movements for clues about their needs.

2

For example, your baby may adjust body position or facial expression, or move their arms and legs in response to your voice, or to tell you they are cold or need to be cuddled.

3

Become familiar with the kinds of sounds your baby makes and what these sounds mean.

Play and fun

Having fun, playing with, holding, and sharing happiness with your baby is really important. Smiles, laughter, touch, and interaction are important to a baby's development. Your body language, tone of voice, and loving touch are all ways of communicating with your baby.

When you see signs that your baby wants to play, try to relax and enjoy exchanging smiles, funny faces, and silly sounds with your baby. Toys, books, and music can provide a helpful starting point for play, but often all it takes is a game of peek-a-boo or a silly voice to invite your baby to play. Your local Children's Centre may run activities such as baby massage that can support bonding with your baby. <http://surestartchildrenscentresnhp.org.uk> www.childrenscentres.co.uk

Enjoy reading and share books together or join the 'Busy Baby' baby and toddler bounce and rhyme sessions at Calderdale libraries.

www.calderdale.gov.uk/v2/residents/leisure-and-culture/libraries/libraries-children

Bonding with your baby



The best foundation for life

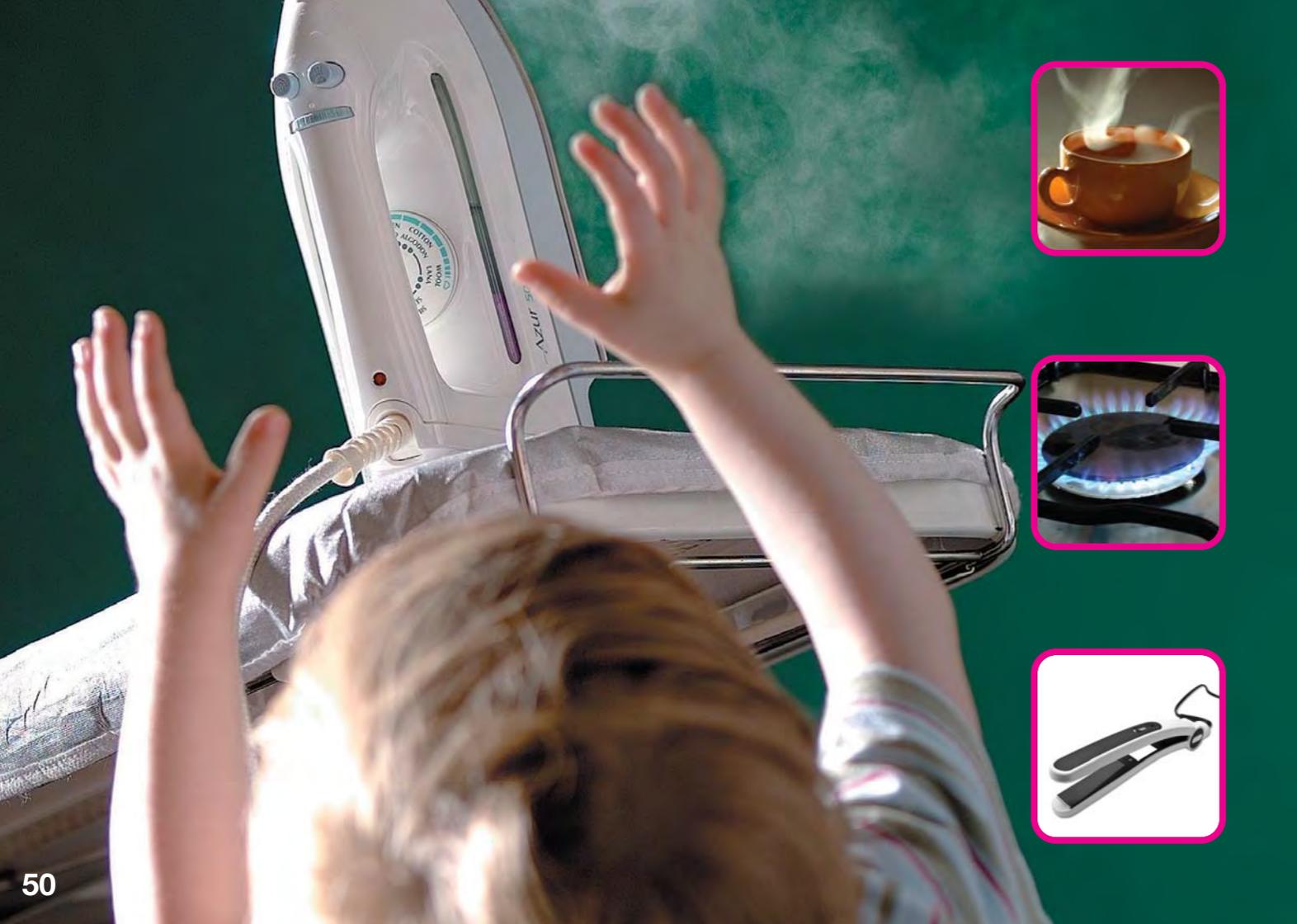
Some parents feel an intense attachment within the first minutes or days after birth. For others, it may take a bit longer. Bonding is a process, not something that takes place within minutes and not something that has to be limited to happening within a certain time period after birth. This is important for both mums and dads.

Bonding and being close enables a child to feel secure and affects how they will interact, communicate and form relationships later in life. The bond you develop is a key factor in the way your baby's brain develops and influences their social, emotional, intellectual, and physical development.

Even in the first days of life, your baby picks up on your cues, your tone of voice, your gestures, and your emotions and sends you signals by crying, cooing, mimicking facial expressions, and eventually smiling, laughing, pointing, and even yelling. In return, you watch and listen to your baby's cries and sounds, and respond to their cues, at the same time as you tend to their need for food, warmth, and affection. Secure attachment grows out of the success of this communication process between you and your baby. With almost every touch your newborn is learning about life.

Pay attention to the kinds of movements, sounds, and environments your baby enjoys. Some babies are comforted by motion, such as rocking or being walked back and forth, while others respond to sounds like soft music, or a change of environment such as being carried outside. Many of your baby's early signs and signals are about the need for food and sleep.

If you have any concerns about your child's development or behaviour speak to your health visitor.



Burns and scalds

Knowing what to do

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

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

Cool the burnt area by placing under cool running water for at least 20 minutes (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Don't apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who'll have to clean the area before it can be treated. Give paracetamol or ibuprofen ([see page 7 for advice on usage](#)). Take your child to hospital.

Babies/toddlers pull up on everything when learning to stand and walk. Keep hot drinks out of reach and not on tablecloths that they may pull onto themselves. Look at home safety equipment like a stairgate to keep them safe.

1

My child has burnt or scalded themselves.

2

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.

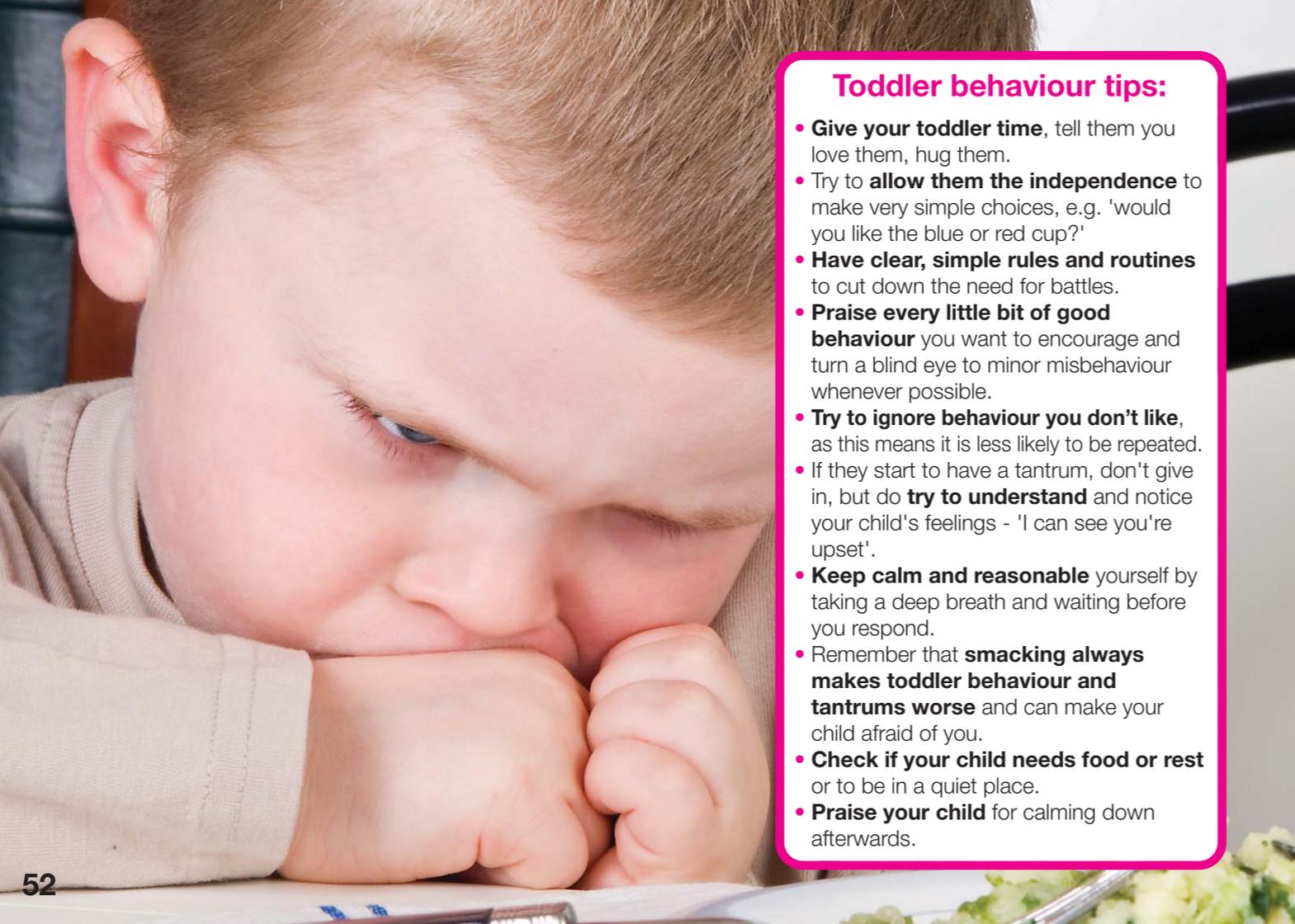
3

For small burns take your child to the practice nurse or minor injuries unit.
For large or facial burns you should go to A&E.

If you are still worried call **NHS 111**. If you cannot get help straight away, **go to A&E**.

Preventing scalds and burns

- Always supervise children in the kitchen.
- The front of the oven can become hot enough to burn a young child. Use the back rings of cookers when possible.
- Never drink hot drinks with a baby or child on your lap.
- Never let a child drink a hot drink through a straw.
- Never heat up a baby's milk in a microwave. Stir baby food well if it is heated in a microwave.
- Candles should be up high and out of reach.
- Put cold water in the bath first, and then bring up the temperature with hot water.



Toddler behaviour tips:

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

Challenging behaviour

Temper tantrums are common

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

Many reasons for challenging behaviour can be put down to simple things like tiredness or hunger, needing physical contact or emotional support, a change in a child's life (maybe a new nursery or a new baby in the house) or they may feel powerless and frustrated because they cannot put into words what they want to tell you. A good sleep routine and eating well can make a big difference to behaviour.

Serious behavioural difficulties

In a small minority of children behavioural problems become persistent and severe, such as when a child gets stuck in a pattern of challenging behaviour. They often feel unhappy, unsafe and out of control (and so do their parents). It is characterised by repeated and persistent bad behaviour much worse than would normally be expected in a child of that age. This can occur in children of all ages but more often starts in early life, with it being more common in boys than girls.

Signs of behavioural problems can present in many ways from aggression, refusing to speak and tics (rapid, repetitive, involuntary contractions of a group of muscles) to repeated head banging. You know your child best. If you are worried, discuss with your childminder, nursery, health visitor or GP. Some children may need to be referred to a specialist where they can get the help they need.

Don't feel you have to cope alone. Talk to your health visitor, Children's Centre or GP, ask about support groups and local parenting programmes.

Toddler tantrums

Tantrums may start around 18 months and become less common at four. Tantrums often happen when a child is frustrated and is not able to express themselves clearly. Tantrums are especially likely to happen if a child is tired, hungry or uncomfortable and often occur in busy places. Give your child attention and find a quiet place. Try to understand your child's feelings.

Local Offer

If your child has special educational needs or disabilities please click on the Local Offer link below to find details of the support available locally. It is a central hub to provide information, advice, guidance and support. www.calderdale.gov.uk/localoffer



Tips which may help

- **Eat well and eat together**, whenever you can.
- **Limit snacking** between meals.
- Give lots of **praise and encouragement** for good eating.
- Stick to a **routine for mealtimes**.
- **Limit the options** at mealtimes. Offer a meal that includes at least one thing you know they like.
- **Introduce new foods gently** and offer just one new food at a time.
- **Keep an eye on milky and sweetened drinks and sugary snacks** which may fill them up resulting in poor appetite at mealtimes.
- **Consider your toddler's sensitive palate**, they may not like the texture, colour, or taste of some foods.
- **Think about a vitamin supplement** specially designed for toddlers. It may be useful if your toddler is a fussy eater. Ask your health visitor about the Healthy Start scheme.
- **Get them involved** in preparing and tasting food.

1

My child often refuses to eat anything so I make him sit at the table for an hour.

2

Set a time limit of 20-30 minutes. If the food isn't eaten, take it away.

3

Don't get cross. Refusing food often loses its appeal if you ignore it.

Fussy eaters

Often a normal part of growing up

Many parents experience problems around mealtimes with their children. Many children go through phases of refusing to eat, being 'fussy' eaters, or having other eating problems. This is often a normal part of growing up.

It's natural for parents to worry about whether their child is getting enough to eat. As long as your child is active and gaining weight, and it's obvious they're not ill, then they're getting enough to eat.

Try to make sure your child eats some food from the four main food groups - milk and dairy products, starchy foods (such as bread, rice and pasta) fruit and vegetables, protein (such as chicken, fish or eggs), even if it's always the same old favourites. Gradually introduce other foods or go back to the foods your child didn't like before and try them again.

After the first year weight gain will slow down. This will affect their appetite. Your toddler may well eat lots at some meals, and barely touch anything during others. The correct portion size can also make a difference. A huge plate of food can seem daunting.

You may feel that your toddler cannot sit still long enough to eat much but they are generally good at regulating their own food intake. Picky eating may also be your toddler's way of showing independence. Many toddlers want to see how far they can push the limits of your authority and try to assert some control. This is one reason why pressurising your toddler to eat will often backfire. Try to keep mealtimes stress-free and sociable.



Health visitor says

Your health visitor or GP can weigh and measure your toddler to check they are growing well, and reassure you. If the problem shows no sign of improving, or if you are worried about your child's weight, growth, or health you should contact your GP or health visitor.



Drinks

Fizzy drinks can contain large amounts of sugar, which will increase the risk of tooth decay. All fizzy drinks, fruit juice and smoothies contain acids that can erode the outer surface of the tooth. If you do have sugary, fizzy drinks, fruit juice or smoothies, drinking these at mealtimes can help reduce the damage to teeth. The best drinks to give children are water and milk.

Try diluting fruit juice with sparkling water instead of giving fizzy drinks. 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.

Pick up some tips for reducing the amount of sugar in drinks and meals at

<https://www.nhs.uk/sugar-smart/home>

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. Visit the dentist as a family.

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 for two minutes. 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 and they will need your help with toothbrushing until they are seven. Make sure your child brushes their teeth last thing at night and at least one other occasion with a family fluoride toothpaste that has levels of between 1000-1450 parts per million (ppm) fluoride. Check the tube for fluoride content. When your child turns three, use a pea sized amount of toothpaste, prior to that use just a smear. Adults and 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 about brushing on FLUORIDE VARNISH for added protection against tooth decay (for children aged three and above) - IT'S FREE! From the age of three, children should be offered fluoride varnish treatment at least twice a year. Fluoride varnish should be offered two or more times a year for children of all ages with tooth decay or those at high risk of developing it.



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.



1

Golden rule - support your child brushing their teeth with a fluoridated toothpaste last thing at night and at least one other occasion every day.

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.

Oral Health Foundation

www.dentalhealth.org/tell-me-about

NHS choices

Dental health, oral health and teeth - Live Well - NHS Choices
www.nhs.uk

Brush DJ

This app can help encourage children to brush for 2 minutes.





A healthy weight

Many parents are unaware of the dangers of their child being overweight or obese but by following the top tips below you can make a difference to your child's health.

- 1. Meal Time** - It's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 2. 5 A Day** - Include 5 portions of fruit and/or vegetables a day.
- 3. Sugar Swaps** - Avoid sugary drinks particularly between meals - water or milk are the best option.
- 4. Snack Check** - Many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try fruit (avoid dried fruit which can damage teeth when given as a snack), cut vegetables or breadsticks as an alternative.
- 5. Me Size Meals** - It's important to make sure kids get just the right amount for their age.
- 6. Up and About** - Children are naturally active. Limit the amount of time they spend watching TV or playing computer games.



Healthy weight and exercise



Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for your baby's growing needs. Talk to your health visitor if you have any questions about how and when is best to wean your baby.

It is easier to develop healthy eating habits in children at an early stage in their lives. Babies like the foods they get used to. If you give them lots of different, healthy foods to try when they are babies and toddlers, they are more likely to eat a variety of healthy foods as they grow up. Avoid salt, sugar, honey, nuts, saturated fats, low-fat foods, raw shellfish or eggs for babies.

Being physically active takes brain and muscle power so it plays an important part in your baby's development. As they grow, you can help them by playing with them and helping them make new movements and explore their surroundings. Physical exercise helps with all aspects of physical and mental wellbeing and it helps avoid becoming overweight or obese.

1

My child is a fussy eater and I worry that they are not getting enough food.

2

If your child is active, gaining weight and it's obvious they're not ill, then they're getting enough to eat.

3

As long as your child eats some food from the four main food groups (milk and dairy products, starchy foods, fruit and vegetables, protein), you don't need to worry.

Source: NHS Choices Fussy Eaters/Department of Health

Physical activity guidelines

Being physically active every day is important for healthy growth and development.

Babies - Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing, moving their head, body and limbs during supervised floor play, including tummy time.

Toddlers - Should be physically active every day for at least 180 minutes (three hours), spread throughout the day, indoors or outside. This can include a mixture of light activity such as standing up, moving around, rolling and playing, as well as more energetic activity like skipping, running and jumping.

All children aged under five - Children under five should not be inactive for long periods, except when they're asleep. Watching TV, travelling or being strapped into a buggy for long periods are not good for a child's health and development.

Visit your local leisure centre to find out about activities including swimming sessions for babies and toddlers.

www.calderdale.gov.uk/leisure/sport-fitness/sports-centres-pools.jsp

Passport to Leisure is a discount card scheme, run by Calderdale Council, which enables qualifying groups of people to enjoy fantastic discounts on sport, recreation, leisure and cultural facilities provided by the Council and other participating organisations.

www.calderdale.gov.uk/v2/residents/leisure-and-culture/leisure-pass/passport-leisure

Playing outside is a big part of helping children learn new skills, explore and develop new experiences to learn and grow from. Local parks are an excellent place for children to run around and be active. Many have play areas with swings and slides. Find a park near you.

www.calderdale.gov.uk/v2/residents/leisure-and-culture/parks-and-open-spaces/parks

Video - www.nhs.uk/video/Pages/how-active-should-my-child-be.aspx

Cuts

Glass, knives and sharp objects can cause serious cuts.

PREVENTION:

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

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

Children can drown in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or fill in to use as a sand pit.
- Make sure your child learns to swim. Local sessions are available. www.calderdale.gov.uk/leisure/sport-fitness/sports-centres-pools.jsp

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, alcohol, batteries and cleaning products away.

WHAT TO DO:

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

Strangulation

Window blind cords and chains can pose a risk of injury or strangulation.

PREVENTION:

- Install blinds that do not have a cord.
- Pull cords should be kept short and 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 or highchair near a window.
- Do not hang toys or objects on the cot or bed.
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR.

WHAT TO DO:

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

Fractures

A fracture is a broken or cracked bone.

PREVENTION:

Supervise play, use correct safety equipment (helmet, knee and elbow pads) for scooters, skateboards and bikes.

How do I know it's a break?

- Sometimes it's obvious and you can see the bone through the skin.
- They are in pain and sometimes shock.

- Limb can appear to be disjointed.
- Swelling and bruising.

WHAT TO DO:

- Don't let them eat or drink in case they need an anaesthetic.
- Hold an ice pack (frozen peas) wrapped in a tea towel gently onto the area.
- Stabilise a broken arm using a towel as a sling.
- Support the limb, especially when in a car, so ask someone else to drive if possible.
- **Go to A&E**.

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:

- Do not leave you baby alone on a surface where they could roll off.
- 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 window safety locks.

WHAT TO DO:

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

Bumps and bruises

Most bumps, bruises, cuts and grazes can be treated at home.

PREVENTION:

- Make sure play is supervised in a safe place.

WHAT TO DO:

Contact your GP if:

- Their injury doesn't seem to be getting better.
- The cut or graze might be infected.
- They have a fit for the first time.

Minor head injuries often cause a bump or bruise. If the child is awake and with no deep cuts, it's unlikely there will be any serious damage. Other symptoms of a minor head injury may include:

- A mild headache
- Feeling sick
- Dizziness
- Mild blurred vision

If these symptoms get worse or if there are other, more serious symptoms, **go to A&E** or **call 999** to request an ambulance.

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 less responsive to you.
- Pain is not relieved by paracetamol or ibuprofen.

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

WHAT TO DO:

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

+ BEWARE - of Button Batteries

2,759
children swallowed
a button battery
in 2013

80%
were younger than 6

2
hours in which severe
damage can occur

Button batteries frequently lodge in the throat near the vocal cords

Where do children find the most dangerous type (20 mm) of button batteries?

36%	13%	9%	8%	4%	3%

Sources:
Royal and County Fire and Rescue
Safe Kids Worldwide
www.nhs.uk/health/what-you-should-know/child-safety/child-safety-what-should-i-do.aspx

Button batteries

Button batteries

Why are button batteries dangerous?
Button batteries and lithium coin batteries are the small, round batteries you find in lots of toys and everyday objects. They can be extremely dangerous for children if swallowed - especially lithium coin batteries - and can kill within hours.

Most button batteries pass through the body without a problem. But if a button battery, particularly a lithium coin battery, gets stuck in the throat or gullet, energy from the battery can make the body create caustic soda (the chemical used to unblock drains!). This can burn a hole through the throat and lead to serious internal bleeding and death.

- PREVENTION:**
- Keep products with batteries well out of reach if the battery compartment isn't secured with a screw.
 - Keep all spare batteries out of children's reach and sight, ideally in a high-up, lockable cupboard.
 - Avoid toys from markets or temporary shops as they may not conform to safety regulations.
 - Teach older children that button batteries are dangerous and not to play with them or give them to younger brothers and sisters.

- WHAT TO DO:**
Unfortunately it may not be obvious that a battery is stuck in a child's throat. They may be breathing normally, or simply develop cold or flu-like symptoms. If you suspect your child has swallowed a button battery, act fast.
- Take them straight to the A&E department at your local hospital or **call 999** for an ambulance.
 - Tell the doctor there that you think your child has swallowed a button battery.
 - Do not let your child eat or drink.
 - Do not make them sick.
 - Do not wait to see if any symptoms develop.

Choking

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

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

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

See this link for video information:
www.nhs.uk/video/Pages/my-young-child-is-choking-what-should-i-do.aspx



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 Rotavirus diphtheria, tetanus, acellular pertussis (whooping cough), inactivated polio vaccine, haemophilus influenzae b (Hib) 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 seven year olds (including children in school years 1,2 and 3)	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

See the link for video information:

www.nhs.uk/video/Pages/vaccines-and-your-childs-immune-system.aspx

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 GP for advice if you think your child may have missed an immunisation. Childhood immunisations are free and most are given at your GP'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 GP'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 flu vaccine, which is perfectly safe in pregnancy, 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.



GP 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 GP for further information, updates and future immunisations or if your child has a chronic medical condition.



School readiness

Is my child ready for school?

The time your child has spent at their nursery or pre-school or with their childminder has already helped with their basic social and emotional skills. The phrase 'school readiness' seems to be cropping up everywhere these days. The problem is there is no clear definition of what it really means so it can be difficult for parents to know what their child will be expected to know and do. We do know that a great start to a child's early years provides them with a foundation for school. This will ensure they develop the confidence and personal skills that mean they are ready to learn and achieve their own full potential. Free early education is available for eligible two, three and four year olds in Calderdale. If you are looking for a childcare setting in Calderdale visit www.calderdale.gov.uk/v2/residents/educationandlearning/childcare

All schools and Ofsted-registered early years providers must follow the Early Years Foundation Stage framework www.foundationyears.org.uk/eyfs-statutory-framework/

The key areas are:

- Personal, Social and Emotional Development.
- Physical Development.
- Communication and Language.

If you want to find out more about the Early Years Foundation Stage, you may also have heard it called EYFS, visit www.foundationyears.org.uk/files/2015/09/4Children_ParentsGuide_Sept_2015v4WEB1.pdf

If you are worried about aspects of your child's development chat to your local Children's Centre, childcare setting or your health visitor.



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.

How can I get my child school ready?

- Attend playgroups and use your free child nursery place to help them get used to other children and group play ✓
- Help them understand how to follow simple tasks ✓
- Help them to answer to their name ✓
- Encourage them to share and understand turn-taking ✓
- Support them to be toilet trained. Find out more about how and when to start potty training at www.nhs.uk/Conditions/pregnancy-and-baby/Pages/potty-training-tips.aspx ✓

Portage and Early Years Support - 01422 392579

This home-based service provides support to ensure that the youngest children with Special Educational Needs or Disabilities (SEND) get the extra educational support they need.

1

Free early education is available for eligible two, three and four years olds in Calderdale.
01422 392576
www.calderdale.gov.uk/v2/residents/educationandlearning/childcare

2

This scheme allows children to receive free part time early years education from the term after their second or third birthday.

3

To check your entitlements you can complete an online check at:
https://ems.calderdale.gov.uk/citizenportal_live



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 sharing stories together. 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.

<http://surestartchildrenscentresnhp.org.uk>
www.childrenscentres.co.uk

Visit the library regularly with your child to borrow new books and old favourites to share at home.

www.calderdale.gov.uk/v2/residents/leisure-and-culture/libraries/libraries-children

What can I do to help my baby's communication?

By consistently responding to your baby's sounds, gestures and facial expressions, they should be developing the skills which are needed to begin using language by the end of their first year. Be positive and use praise, try not to use too much 'baby babble'. Read stories, rhymes and sing together. Talk to your baby about everyday things. Look at pictures and repeat words. Give them some of your undivided attention with your mobile phone and TV switched off.



Speech, language and communication

It starts with you!

Parents are often a child's very first teachers and those who actively play a part can have a great impact on the child's ability to communicate verbally. Talking to babies, and having fun with nursery rhymes and songs is a great way to lay the groundwork when it comes to learning speech. Story telling, rhyme time and singing will all help with communication development.

While there is no magic formula to help your child talk, there are things you can do to help with your child's development. The process of talking involves listening, understanding, thinking, wanting and needing to speak, and being able to coordinate all the right muscles. Children learn and develop at different rates. Families may find their toddler's words are said for them by brothers and sisters trying to be helpful.

Talking to babies everyday is important, preferably without resorting to 'baby talk'. Babies learn to talk from listening to others and it is important to talk in a fun and friendly manner. Talking can easily fit into your daily routine and can be extremely beneficial in speech and language development. If you are worried about your child's speech development, speak to your health visitor. There are a number of speech and language drop-in sessions available, check at your local Children's Centre. <http://surestartchildrenscentresnhp.org.uk>
www.childrencentres.co.uk

If a child can start school with good speech and language skills they can maximise their full personal and social potential. These skills underpin all areas of a child's development. Children with poor communication and language skills are at increased risk of being bullied. If you think your child's communication skills are not developing as they should discuss with your health visitor or your child's school.

You can get a free bookstart pack for your baby at around 7-9 months. Ask your health visitor.



Dummies

Prolonged dummy use and thumb sucking for long periods each day can affect a child's speech and language development, as well as teeth alignment. They also reduce babbling and a child's experimentation with sounds which is an important step in learning to talk.

If your toddler or child continually uses a dummy after 12 months it may affect speech and language development by restricting tongue movement.



Screen tips

For children under two years even children's TV has been found to have limited value. It is suggested that children of this age find it more difficult to learn new words from the TV than they do in a face-to-face situation.*

Children under two should not be left watching screens (such as TVs, tablets or mobile devices) on their own and have faster language development if they spend no time in front of screens in the first two years of life.

*Source: www.gov.uk - Research Report DFE-RR134

Rhyme time and song sessions may be available to access for free at your local Children's Centre.

<http://surestartchildrenscentresnhp.org.uk>
www.childrencentres.co.uk

Don't forget you can borrow books to share with your baby and take part in family activities at your local library.
www.calderdale.gov.uk/v2/residents/leisure-and-culture/libraries/libraries-children



Weaning

Introducing your baby to solid foods

Weaning is a really important step in your child's development. Babies can get all the nutrients they need from breast milk until they are around six months old. Up until this time their digestive system is still developing and it can't yet cope with solid foods.

To begin with, how much your baby takes is less important than getting them used to the idea of eating. They will still be getting most of their nutrition from breast milk, so do not stop. Start off with fruit or vegetable purées and cereals added to milk. Keep feeding your baby breast milk too, but don't give them whole cows' milk as a drink until they are one year old (but you can use it in cooking from six months).

Babies do not need three meals a day to start with, so you can begin by offering foods at a time that suits you both. Gradually, you'll be able to increase the amount and variety of food your baby eats, until they can eventually eat the same as the rest of the family, in smaller portions. It can be great fun to explore new flavours and textures together.

Every baby is an individual, but there are three clear signs (see below) that, together, show your baby is ready for solid foods alongside breast milk or formula. It's very rare for these signs to appear together before your baby is six months old.

1

They can stay in a sitting position and hold their head steady.

2

They can co-ordinate their eyes, hands and mouth so they can look at the food, pick it up and put it in their mouth, all by themselves.

3

They can swallow food. Babies who are not ready will push their food back out with their tongue, so they get more round their face than they do in their mouths.

Getting started with solid foods

- Always stay with your baby when they are eating in case they start to choke.
- Let your baby enjoy touching food.
- Allow your baby to feed themselves, using their fingers, as soon as they show an interest.
- Do not force your baby to eat, this is a gradual process.
- If you are using a spoon, wait for your baby to open their mouth before you offer the food (do not try to force the food in). Your baby may like to hold a spoon too.
- Start by offering just a few pieces or teaspoons of food, once a day.
- Make sure you cool hot food (and test it before giving it to your baby).
- Do not add salt, sugar or stock cubes to your baby's food or in cooking.



First foods - Include mashed or soft cooked fruit and vegetables like parsnip, potato, sweet potato, carrot, apple or pear, all cooled before eating. Soft fruits like peach or melon, or baby rice or baby cereal mixed with your baby's usual milk, are good as well. Do not add salt or sugar.

Finger foods - Finger food is food that is cut up into pieces big enough for your baby to hold. Things like slices of cucumber, carrot, banana or melon cut into pieces about the size of your own finger.

Next foods - Once your baby is used to the idea of more solid foods you can try soft cooked meat such as chicken or mashed fish (check carefully for bones), pasta, noodles, toast or pieces of chapatti, rice and mashed hard-boiled eggs. They can also have full-fat dairy products such as yoghurt, or fromage frais. Choose products with no added sugar or salt, and do not add any yourself. Whole cows' milk can be used in cooking or mixed with food from six months. Phase out breastfeeding gradually, some babies find it easy to give up and are bored with it, whilst others may take a little longer. Start to offer breast milk after eating, so they are not hungry. Giving up breastfeeding can be an emotional experience. You may feel sad that it's over, but happy to finally get your body back.

Stopping breastfeeding doesn't end the close bond you and your baby have built up.

Cups - Introduce a cup from around six months and offer sips of water with meals. Using an open cup or a free-flow cup without a valve will help your baby learn to sip and is better for their teeth.

Your local Children's Centres may run activities such as weaning and cooking sessions that can support you.
<http://surestartchildrenscentresnhp.org.uk>
www.childrenscentres.co.uk

For ideas on meals and portion sizes for your child's age and stage visit www.cwt.org.uk/publications
Guidelines for breakfast, lunch, desserts, snacks, tea.



Picture supplied by Caroline Walker Trust

For more information on portion sizes and for toddler meal ideas you can visit
www.infantandtoddlerforum.org/toddlers-to-preschool/portion-sizes



Genetics awareness



Who is affected?

- Families from all communities can be affected by genetic disorders.
- We know more about genes today than we used to, so it's right that we have access to information and services if we need them.
- There are many health problems associated with genes, but in infant health there is particular concern with problems caused by recessive genes.
- Common examples of these types of conditions include cystic fibrosis, sickle cell disease, thalassaemia and some neurological and metabolic diseases.
- For conditions caused by recessive genes, the risk is higher in families with a marriage to a close relative, eg: a cousin, as it's more likely they both carry the same gene.

It's important to note that most children born to cousins are healthy and unaffected but babies born to parents who have the same recessive gene are at a higher risk of being born with an inherited health problem.

- A genetic counsellor will be able to give a more rounded picture about your risk of genetic problems and what your choices are around this.
- Genetics affect us all, the more we understand the issues and the risks, the more we will be able to make informed choices.

www.nhs.uk/conditions/genetics

www.geneticalliance.org.uk

www.cafamily.org.uk

Partners' health

In the early days, there is often a lot of support and focus on mum and how she is feeling or coping. While this is really important, partners need some support too. Becoming a parent can be an exciting and overwhelming experience. New parents may find they are struggling to cope with the pressures. Greater financial responsibility, combined with a lack of sleep and changes in relationships can all affect a partner's wellbeing. Men who are supporting women with postnatal depression are also much more likely to suffer from it themselves. (It is now increasingly recognised that postnatal depression and other perinatal mental health issues can be experienced by men as well as women).

Make sure you take care of yourself too, and speak to your GP or health visitor if you are finding things difficult.

www.fromdadstodads.org.uk



Parental wellbeing

Your health and wellbeing matters too

As parents whether you are a single parent, a mum, dad or carer we all want to do what's best to keep our children safe, fit and well. However, it can be easy to forget about our own health and wellbeing. A positive attitude and a good social outlook encourages us all to have a healthy lifestyle. You should have your postnatal check about six to eight weeks after your baby's birth to make sure that you feel well and are recovering properly.

Family life plays an important role in the wellbeing 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 giving your child the opportunity to meet friends. <http://surestartchildrenscentresnhp.org.uk> www.childrenscentres.co.uk 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.

1

I often overlook my own wellbeing as I want to do the best for my child.

2

Your child's wellbeing 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.

Postnatal depression - not feeling like yourself?

Postnatal depression is more common than people think and can begin within days of giving birth or occur up to 12 months after. Postnatal depression does not always mean having low mood or feeling sad but can often create feelings of too much anxiety. Some mums feel overly anxious about themselves or their babies or other issues such as money worries. Poor sleep, poor eating and staying away from family and friends can be signs to discuss with the health visitor and GP. Seeking help is important to reduce the length of time a mum is unwell/affected by this illness and can include talking therapies, practical support and medication. Treatment for mum does not mean separation from her baby. Talk to your GP or health visitor.



Things that are causing stress -

<https://calderdaleclaims.teamnetsol.com/index.jsp>
links to our online benefit claim form.

www.calderdale.gov.uk/housing/findahome/
The Housing Options Service offers free and confidential advice on a range of housing problems.

1

I have just had a baby and I am breastfeeding, so do I need to use contraception?

2

It's important to use some kind of contraception every time you have sex after giving birth.

3

You ovulate (release an egg) about two weeks before your first period after the baby arrives, so your fertility may have returned before you realise it.



Pregnancy and planning



It can happen again too soon

You can get pregnant as little as three weeks after the birth of a baby, even if you're breastfeeding and your periods haven't started again. Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy. Many unplanned pregnancies happen in the first few months after having a baby. If you had your baby in hospital, you will probably have discussed contraception with a family planning advisor before being discharged home.

You'll also be asked about contraception at your six to eight week postnatal check, but you can discuss it at any time with your health visitor, midwife, GP or local family planning clinic.

If you are breastfeeding, the combined pill, vaginal ring and contraceptive patch may affect your milk supply and you are usually advised to wait until the baby is six months old. These methods contain oestrogen which may reduce the milk flow.

You can usually have a contraceptive injection or start using a diaphragm or cap around six weeks after giving birth or condoms. If you used a diaphragm or cap before becoming pregnant, see your GP or family planning clinic after the birth to ensure that it still fits correctly.

You can talk with your health visitor or GP if you need some more help or get advice on contraception from the local family planning service.
<http://sexualhealth.cht.nhs.uk/think-sexual-health/>

We don't want another baby for some time

If you don't want to get pregnant again for some time you might want to try using a long-acting reversible contraceptive (the contraceptive injection, the IUD, the IUS). These methods are very effective. You don't need to remember to take or use them.

Thinking of having another baby?

If you are planning a pregnancy it's never too early to start taking folic acid and vitamin D. It is the best time to make other lifestyle changes such as stopping smoking, stopping drinking alcohol, eating a healthy diet and being more active.

There are support services that can help you make lifestyle changes. Smoking during pregnancy can cause problems for your baby. Yorkshire Smokefree Calderdale can help you to quit smoking and offers specialist support for pregnant ladies. Call 0800 612001 or visit www.yorkshiresmokefree.co.uk



If you have a body mass index (BMI) of 27.5 or above www.nhs.uk/Livewell/loseweight/Pages/BodyMassIndex.aspx the Better Living Team in Calderdale can help you create a healthier lifestyle. They offer a 'Better Living Mums' pre-natal course and post-natal support and exercise classes for mums wanting to lose weight. Call 01422 230230.

National contacts

Allergy UK

01322 619 898
www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453,
9.30am-9.30pm, seven days a week,
www.abm.me.uk

Association for Post Natal Illness

https://apni.org

Asthma UK

0300 222 5800
www.asthma.org.uk

Birth-to-five development timeline

An interactive guide to child development from birth to five years old.
www.nhs.uk/Tools/Pages/birthtofive.aspx

Bliss

For babies born too soon, too sick, too small.
0808 801 0322 www.bliss.org.uk

Bookstart

www.bookstart.org.uk

Birth Trauma Association

www.birthtraumaassociation.org.uk

Caroline Walker Trust

Produce nutritional and practical guidelines.
www.cwt.org.uk/
Email: info@cwt.org.uk

ChangeLife

www.nhs.uk/change4life

Child Accident Prevention Trust

020 7608 3828 www.capt.org.uk

Cry-sis

08451 228 669, 9am-10pm,
www.cry-sis.org.uk

Diabetes UK

www.diabetes.org.uk

Downs Syndrome Association

0333 1212 300
www.downs-syndrome.org.uk

Family Lives

0808 800 2222 www.familylives.org.uk

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

0845 120 2918, available 24 hours, seven days a week,
www.laleche.org.uk

The Lullaby Trust

Provides information on safer sleeping and specialist support for bereaved families and anyone affected by a sudden infant death.
www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388,
www.meningitisnow.org

National At-Home Dad Network

www.athomedad.org

National Breastfeeding Network Helpline

0300 100 0212,
9.30am-9.30pm, seven days a week,
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700, 8am-midnight, seven days a week
www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247, 24 hours,
www.refuge.org.uk

National Portage Association

www.portage.org.uk

Netmums

Parenting advice and information,
www.netmums.com

Newlife Foundation for Disabled Children

www.newlifecharity.co.uk

NHS 111

The NHS non-emergency number. It's fast, easy and free. Call 111 when you need medical help fast but it's not a 999 emergency.

NHS Dentist

www.nhs.uk/dentist

Oral Health Foundation

01788 539780, 9.00am-5.00pm,
Monday-Friday
www.dentalhealth.org

PANDAS - Pre & Postnatal depression advice and support

www.pandasfoundation.org.uk

Red Cross

Information on CPR (kiss of life),
www.redcrossfirstaidtraining.co.uk

The Royal Society for the Prevention of Accidents (RoSPA)

General Information: 0121 248 2000
General email enquiries to:
help@rospa.com.
www.rospa.com

Smokefree

National stop smoking app, email, SMS and guidance.
www.nhs.uk/smokefree

Start4Life

Healthy tips,
www.nhs.uk/start4life

Twins and Multiple Birth Association (TAMBA)

www.tamba.org.uk



Call 0300 123 1044 or visit
www.nhs.uk/smokefree

Local contacts

Registering a birth

01422 288080

Calderdale: <http://ebooking.calderdale.gov.uk/eRegistrar/>

Family support services

This on-line directory provides access to information about a wide range of local services for children and young people and their families living in Calderdale.

www.calderdale.gov.uk/education/childcare/familiesdirectory/search.jsp

For information on childcare and early years education funding

Calderdale Early years and Childcare Team 01422 392576

www.calderdale.gov.uk/v2/residents/education-and-learning/childcare

Contacting your local Local Health Visitor

030 0304 5076

www.locala.org.uk/calderdale-pheys

Contacting your local Maternity Services

Community Midwife Hub

01422 2613331

www.cht.nhs.uk/services/clinical-services/maternity-services/

Find out what is happening at a Children's Centre near you

<http://surestartchildrenscentresnhp.org.uk>

www.childrenscentres.co.uk

Breastfeeding

Calderdale Breastfeeding Peer Support 079204 66660

Baby Café

Breastfeeding Support in Halifax and Huddersfield.

www.thebabycafe.org

Calderdale Portage and Early Years Support Teacher Team

This service supports the needs of children in their home or early education setting. 01422 392579
Email: peyst@calderdale.gov.uk

Special Educational Needs and Disabilities Local Offer

If your child has special educational needs or disabilities the Local Offer is a central hub to provide information, advice, guidance and support.
www.calderdale.gov.uk/localoffer

Calderdale Parent and Carers (CPC)

A parent led organisation that provides support and delivers a range of free or subsidised services to help you as the parent(s) or carers of disabled children or children with additional needs to achieve the best possible outcomes. 01422 343090

www.cbandc.org.uk

Email: info@cbandc.org.uk

Healthy Lifestyles Support Better Living Team

The Better living service offers physical activities and healthy lifestyles courses that are specifically designed to support people achieve a healthier lifestyle. 01422 230230

Healthwatch Calderdale

The local watchdog for health and social care services used by you, your children and people you care for. We provide information and advice, signposting to other services, and an independent health complaints advocacy service.

Use our website to leave reviews of services whether you have had a positive experience or there is room for improvement.

If we find there is a serious issue, or one affecting a number of people, we can investigate and help to make change happen.

01422 399433

Email: info@healthwatchcalderdale.co.uk

www.healthwatchcalderdale.co.uk

Branching Out

Branching Out is a confidential alcohol, drug and tobacco service provided by DISC (Developing Initiative for Support in the Community). It is for all young people under 21 in Calderdale. 01422 415550

Calderdale Recovery Steps

Calderdale Recovery Steps is the new service that delivers drug and alcohol treatment services across Calderdale supporting people aged 18 and over. 01422 415550

<http://calderdaleinrecovery.com/>

Contraception

You can get advice on contraception from your GP or from the local family planning service.
<http://sexualhealth.cht.nhs.uk/think-sexual-health/>
Email: sexualhealthservices.chft@nhs.net

Yorkshire Smokefree Calderdale

- Practical advice from our specialist advisors.
- Access to medication to help you stop smoking.
- Free group sessions in Calderdale.
- Specialist support for pregnant ladies. Clinics run at Halifax Central Library, St Paul's Methodist Church in Sowerby Bridge, Noah's Ark Centre in Ovenden and at the Laura Mitchell Centre.

0800 6120011

0330 660 1166 (free from most mobiles)

www.yorkshiresmokefree.co.uk

Calderdale Safeguarding Board

If you are worried a child or young person is being abused. 01422 393336 multi-agency screening team (MAST)
For out of hours concerns please call the Emergency Duty Team on 01422 288000

www.calderdale-scb.org.uk

Calderdale Domestic Violence Unit - non emergency

Non emergency helpline for people experiencing domestic violence. 01422 337041 (office hours)
Dial 101 to report an incident.

AASRA Asian Women's refuge 24-hour refuge accommodation 01484 400479

Calderdale Staying Safe

01422 323339 (office hours)
Out of Hours Phone Support 07590 884206. Service available Thursday and Friday 5.00pm-10.00pm, Saturday 9.00am-5.00pm, Sunday 9.00am-5.00pm.
<http://calderdalestayingssafe.org.uk/>

Victim Support West Yorkshire

An independent charity, who work supporting people affected by crime or traumatic events. The support is free, confidential and tailored to your needs. 0300 303 1971

Calderdale Women's Refuge

24-hour refuge accommodation. This is a refuge for women and children who are fleeing from or are at risk from domestic violence. 0300 1317920