

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	GP For the treatment of illnesses and injuries that will not go away.	Write your GP's (family doctor) telephone number here: <input type="text"/> Use NHS 111 out-of-hours service
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.

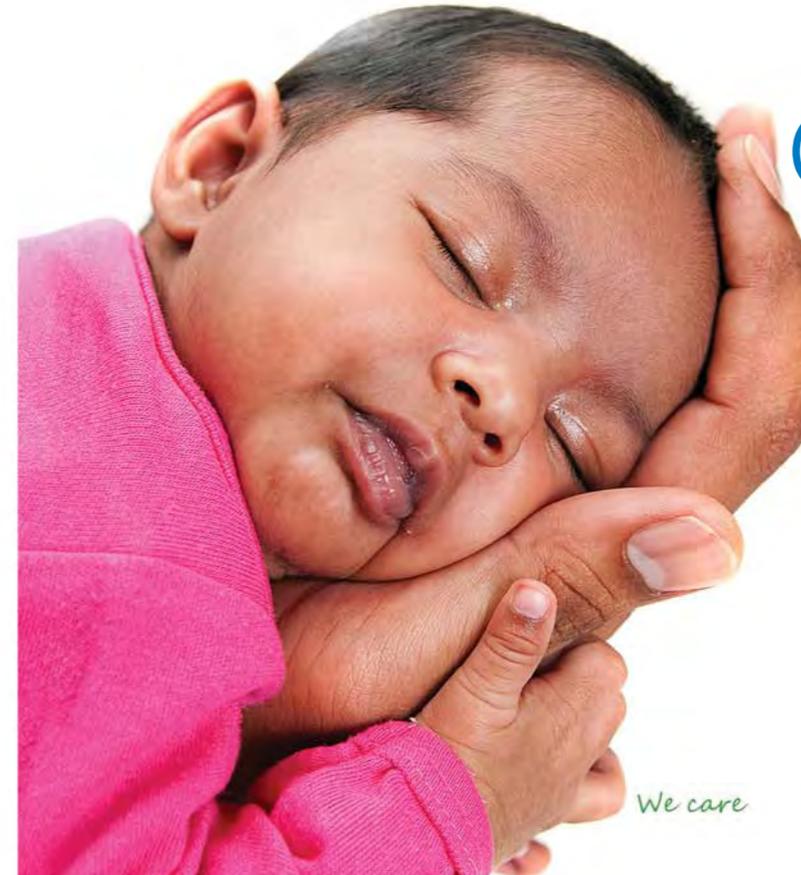
A Parent's Guide

From birth to five

Child health & common illnesses



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We care

We respect

We are inclusive

East London 
NHS Foundation Trust



Welcome

This book has been put together by East London NHS Foundation Trust.

Every parent or carer wants what is best for their growing baby and to give them the best start in life. You can use this handbook to help you know what to do when your baby/child is ill. Learn how to care for your child at home, when to seek advice from a health visitor/call a doctor and when to contact emergency services.

Most issues are simply an everyday part of growing up, often helped by a chat with your midwife or health visitor. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and ear infections. While these are not very nice at the time they are easily treated at home with support from your GP or health visitor rather than going to A&E.

Don't forget to find out more about the new e-red book,  ask your health visitor.

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
<https://www.eleft.nhs.uk/Child-Health>
An app is also available for Android and iPhone, search **child health guide newham**



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



To view this booklet online, scan this QR code with your smartphone.

Your contacts

GP:

.....

Nearest pharmacy:

.....

Health visitor:

.....

Dentist:

.....

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A guide to services

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

Self care

Many minor injuries and illnesses can be best treated in your home by using over-the-counter medicine from your pharmacist and getting plenty of rest. If you are still worried call **NHS 111** or your GP.



111

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

- When you need help fast but it's not life-threatening.
- When you think you need to go to A&E or another NHS urgent care service.
- When it's outside of your 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.

Pharmacist

Your local pharmacist can provide advice on most common health issues and can suggest and dispense medicines. There are often pharmacists in supermarkets and many are open late.

Visit www.nhs.uk to find the pharmacy nearest to you.

Some local pharmacies operate a free minor ailments scheme (Care at the Chemist), or they can direct you to one that does. See your local pharmacist for a confidential consultation about coughs, colds, sore throats, pain and temperature, minor eye infections, head lice and lots more. This NHS scheme is available from age one and over and any medicine dispensed is free if you do not pay for your prescriptions.

GP (Doctor)

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

Midwife

Your midwife assesses yours and your baby's health and well-being at various stages throughout your pregnancy and supports you both in the two weeks after the baby is born. They will also support you if you choose a home birth.

Health visitor

Health visitors are there to support you until your baby is five years old. They will visit you at home for a new birth visit when the baby is about 10-14 days old and then may see you in a baby clinic. They will help with advice about feeding and weaning, or any other worries, and can direct you to where to get extra help if you need it.

Children's Centres

Family friendly environments which provide support and advice for your child's health and development up until they start school. Activities include stay and play sessions, infant feeding support groups and parenting sessions.

Dentist

Discuss registering your child early on with your dentist and take them with you to appointments. Visit www.nhs.uk to find your nearest dentist. For out-of-hours dentist information call **NHS 111**.

Family Nurse Partnership (FNP)

The FNP intensive, structured home visiting programme is delivered by specially trained nurses working with young families from early pregnancy until the child is two years old. The service is offered to first time mothers, aged 19 years or under, who are pregnant with their first child.

A&E & 999

For serious and life-threatening emergencies.

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. These include choking or breathing difficulties, unconscious or unaware of surroundings, taken poison or tablets, severe abdominal pain, fewer wet nappies suggesting dehydration.

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.



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

Paracetamol and ibuprofen

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

Children's medicines



Not always needed for childhood illnesses

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

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

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 for example, whether it could make your child sleepy or irritable and other side effects like sickness and diarrhoea.

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

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



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



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



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



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

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.

Source: DoH, www.lullabytrust.org.uk

Feeding your baby

The best start in life

At birth, giving your baby a long cuddle: Skin to skin contact for up to one hour, calms both mum and baby, it regulates baby's heart rate and temperature, and stimulates mothering hormones which helps to form a close bond 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.

Sterilising and bottle hygiene

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

1

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

2

For one-to-one assistance or further breastfeeding support speak to your midwife, health visitor or children's centre.

3

Go to your local Breastfeeding Support Group. Ask your health visitor for details.

Feeding tips

How to tell your baby is having lots of milk:

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

Remember, your milk fulfils all of your baby's needs for around six months. It also reduces the incidence of sudden infant death syndrome (SIDS). 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.



Health visitor says

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



Being sick & reflux

A problem likely to get better on its own

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

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

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

1

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

2

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

3

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



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.



Never shake your baby

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

Source: NHS Choices



Crying & colic

Understanding why

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

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives.

The most common symptoms of colic are:

- Continuous crying, which typically occurs in the late afternoon or evening.
- A flushed appearance.
- Drawing their legs to their chest.
- Clenching fists.
- Passing wind.
- Having trouble sleeping.

When a baby cries, it can be upsetting, it can be easy to get frustrated and you may not be getting much sleep. It is very important to stay calm and don't be afraid to ask for help. If your baby's crying seems different in any way (such as a very high-pitched cry or a whimper), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. Trust your instincts - you know your baby best.

1

My baby is crying more than usual.

2

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

3

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



Health visitor says

Know your baby. Try to understand what it is they need. Things to check first are:

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

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



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 check palms of hands and soles of the feet.

Step 3

Talk to your health visitor or GP.



Health visitor's tips

Increase 'tummy time' - put your baby on their front to play. Supervise them at all times and don't let them fall asleep like this.

- Get down to your baby's level for face-to-face fun so they will enjoy lying on their tummy.
- Use a sling to carry your baby upright so they are not always on their back in a car seat or pram.
- Do lots of active play with your baby on your lap.
- Change the position of toys and mobiles in their cot to encourage them to turn their head to the non-flattened side.
- Don't use a car seat except when travelling.

It may take 6-8 weeks before noticing any improvement.

Flat head syndrome

Sleep on his back and let him play on his tummy

Flat head syndrome can occur in the womb or can be caused by a baby sleeping, resting and playing in one position.

Many babies develop a flattened head when they are a few months old, usually from sleeping on their back. Flat head syndrome happens when the back or one side of the baby's head is squashed against a firm mattress for a long time, which eventually forces the soft bone of the skull to flatten.

It often corrects itself over time and is usually nothing to worry about.

The solution is not to change your baby's sleeping position from lying on their back at night. It is important for babies to sleep on their back as this reduces the risk of sudden infant death syndrome. Put your baby to sleep on their back and let them play on their tummy.

No treatment is normally needed. Your baby's skull should naturally correct itself over time. You can take some simple measures to take pressure off the flattened part of their head and encourage them to try different positions (see health visitor's tips).

1

I have heard about helmets that a baby can wear to help.

2

Their use is controversial, expensive and there is still not enough evidence to prove it will correct the problem.

3

If you have tried the health visitor's tips and are still worried talk to your GP.



GP says

Most cases of mild plagiocephaly correct naturally by about one year. Download the excellent information leaflet from Great Ormond Street Hospital www.gosh.nhs.uk



Health visitor's cradle cap tips

This is the name given to the greasy yellow-brown scales and crusting affecting the scalp in newborn babies.

Do not pick the scales as this may increase the risk of infection. It is not a serious condition and is not contagious. It is not usually itchy and will usually clear up within a few months.



Soften the scales with natural oil such as coconut oil (not olive oil) overnight. After softening the scales use a soft brush or cloth and gently remove any loose scales and wash the hair with a baby shampoo. If any hair comes out with the scales it will grow back.



Gently wash the baby's hair and scalp with a baby shampoo. Use a soft brush or cloth to loosen and remove the loose skin flakes.

Talk to your health visitor if the rash spreads or there is any infection or oozing.

Source: NICE CKS 2013

Nappy rash & cradle cap

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. Talk to your pharmacist about creams that you can buy over the counter. 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.

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. The symptoms are patches of red, dry and itchy skin. If you think your child has eczema, speak to your GP or health visitor. In all cases of eczema, frequent unperfumed emollients (moisturisers) help.

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.

A safe sleeping environment

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



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

Source: www.lullabytrust.org.uk

Sleeping

Patience, praise and peace

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

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

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

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

- 1 I am so tired when my baby wakes up at night it seems easier to share the bed.
- 2 The safest place for your baby to sleep is in a cot by your bedside for at least the first six months. Try to establish a regular sleep routine.
- 3 Speak to your health visitor about how to keep your baby safe and get some sleep.

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

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

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



Health visitor says

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

Source NHS choices



Sticky eyes & eye care

Protect your baby's eyes

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

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

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



Eye tests and checks

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

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

- 1 Is there discharge in the corner of your baby's eye and do their eyelashes appear to be stuck together?
- 2 Sticky eyes is a common condition that affects most babies, speak to your health visitor.
- 3 Use cooled boiled water on a clean piece of cotton wool for each wipe.



Conjunctivitis

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

Baby blues

Our children's health is closely linked

As parents whether you are a single parent, a mum, dad or carer we all want to do what's best to keep our children safe, fit and well. However, it can be easy to forget about our own health and well-being. If as parents we have a positive attitude, a good social outlook and a healthy lifestyle it is often the case that our children will too. You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering properly and to discuss contraception etc.

Family life plays an important role in the well-being of both children and parents. Doing active and creative things together can really boost happiness levels all round. Children's centres can be great places for you to socialise and meet other parents as well as giving your child the opportunity to meet friends. Sometimes it can be a bit daunting when meeting a group of complete strangers, but it can be an easy way to meet new people and make friends, after all, you all have something in common - your children!

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

- 1 I often overlook my own well-being as I want to do the best for my child.
- 2 Your child's well-being is linked to your health.
- 3 It is important to have a healthy family lifestyle and treat your own health as importantly as your child's.



Postnatal depression

Some women experience depression after having a baby and this is more common than many people realise. It can develop within the first few weeks after giving birth, or may not occur until around six months after the birth. Some women feel they are unable to look after their baby or they feel too anxious to leave the house or keep in touch with friends. Treatment will benefit both your health and the healthy development of your baby, as well as your relationship with your partner, family and friends. Seeking help for postnatal depression does not mean you are a bad mother or unable to cope. Talk to your health visitor or GP about how you feel.

Bonding & attachment

Helping children thrive

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

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

When communicating with your baby hold them close and make eye contact. Smile and copy their facial expressions. This may turn into a good game! Copy the noises your baby makes. Sometimes you may find they 'answer' you! Sing songs to your baby. Older babies might enjoy games like 'peekaboo' and 'round and round the garden'. Talk to your baby about the things you are doing together.

Contact your health visitor and local children's centre for information about the activities they provide or if your child seems to be having difficulties.

- 1 My six month old baby is quiet, withdrawn and difficult to engage with.
- 2 Make eye contact and talk to your baby.
- 3 Speak to your health visitor for further advice and support.



Look out for signs of emotional attachment delays, including:

- They do not like to be touched or hugged.
- They are indiscriminately affectionate with strangers.
- They resist social interaction.
- They seem to want to be alone.
- They display intense anger.
- They can be destructive or aggressive.

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



Preventing FGM

If you think a girl or woman is at risk of FGM

Tell us immediately using our online form or phone us on 020 3373 4600. If the child or young woman is at immediate risk call the police on **999**. If the girl or woman has already been taken abroad, you should phone the Foreign and Commonwealth Office on 020 7008 1500.

If you think you may be at risk of FGM Under 18s

Phone our Children's Rights Service on 0800 01542 443.

Over 18s

Get advice and support from the Newham FGM Prevention Service website or by calling 0845 451 2547 (lines are open 24 hours a day).

FGM (Female Genital Mutilation)

A crime against women

Female genital mutilation (FGM) is a crime in this country. It is also a crime to take a British national or permanent resident abroad for FGM or to help someone trying to do this. Girls may be taken to their countries of origin so that FGM can be carried out during the summer holidays, allowing them time to 'heal' before they return to school. There are also worries that some girls may have FGM performed in the UK.

There are no health benefits to FGM. Removing and damaging healthy and normal female genital tissue interferes with the natural functions of girls' and women's bodies.

FGM procedures can cause:

- Severe bleeding.
- Infections.
- Problems with giving birth later in life - including the death of the baby.

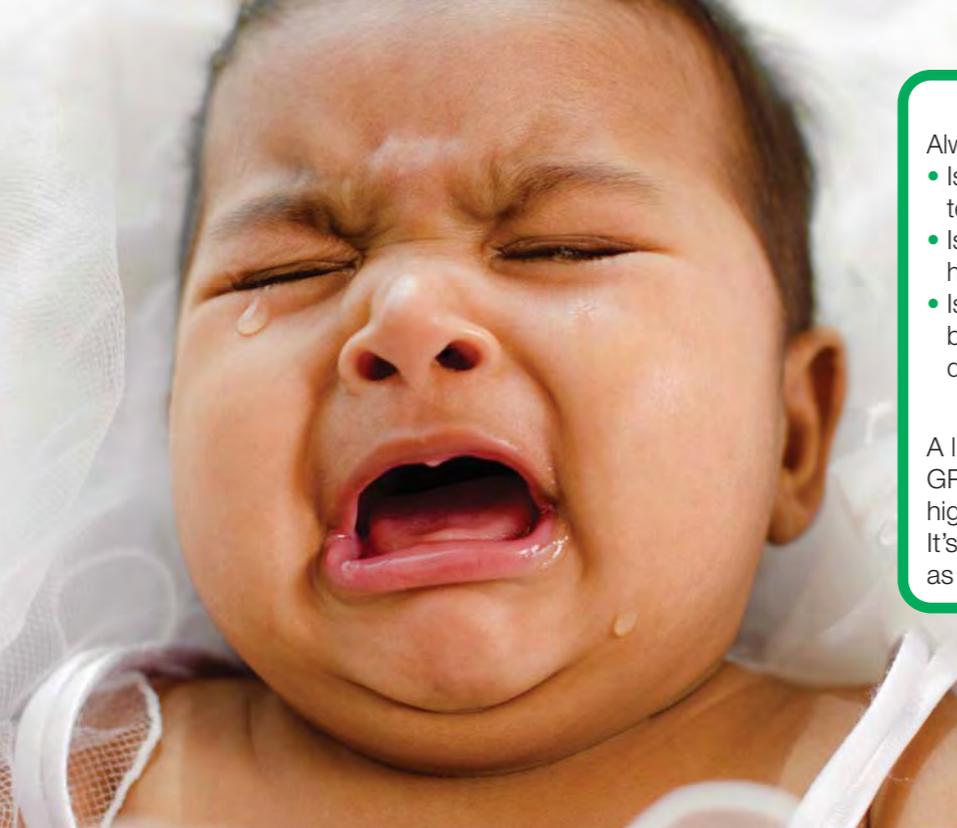
FGM increases the risk of the vagina tearing during delivery, which causes damage and can lead to heavy bleeding. It can also increase the risk of the baby becoming distressed or dying during, or just after birth.

It may be difficult for women to talk about the issue, but it is important to tell someone that this has happened to you, or that you think it may happen to yourself or someone you know. If you are pregnant and have suffered FGM it is important to attend your antenatal classes and discuss this with your midwife. Surgery can be performed to open up the lower vagina. This is sometimes called 'reversal', although it cannot restore sensitive tissue that has been removed.

Advice and support

FGM is an extremely traumatic experience for girls and women, which stays with them for the rest of their lives.

Young women receiving psychological counselling report feelings of betrayal by parents, as well as regret and anger. If you are over 18 and a survivor of FGM, you can contact the Newham FGM Prevention Service for one-to-one support. The Newham FGM Prevention Service is part of the Newham One Stop Shop, which offers help and support to victims of domestic and sexual violence. If you would like to learn more about safeguarding girls or women from FGM, the service also offers safeguarding training and community workshops.



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

To help reduce temperature:

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

1

My toddler is hot and grumpy.

2

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

3

If their temperature remains over 38°C and doesn't come down, contact your 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.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a meningitis rash (see page 42).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013

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 as soon as you can.

Coughs, colds & flu

Not usually serious

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

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

Most viruses will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your 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 6).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure they get plenty of sleep/rest.

Contact your GP if:

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



Pharmacist says

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

Source: 2013 NICE guidance.

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



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) can be one of the first symptoms of an allergic reaction. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your 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, make sure you know the correct way to use it in advance of an emergency.



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

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

Croup

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

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



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

Wheezing & breathing difficulties



GP's tips

Get help and contact your GP now if your child:

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

Look at the signs

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

Use your instincts with newborns and babies:

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 30, coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treating with steroids.
- Child appears pale.
- Wheezing is fairly common in the under 5s associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.

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

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

Breastfed babies

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

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

Source: www.NCT.org.uk



Constipation

Rare in babies who are solely breastfed

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

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

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

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



Health visitor says

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

Source: www.nhs.uk/conditions 2015



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

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

Diarrhoea & 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.

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

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

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

Keep them away from others, especially children, who may pick up 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 that is more dipped in than usual).

Try a rehydrating solution from your pharmacist.



Newborn hearing screening

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

What are the signs of an ear infection?

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

Earache & tonsillitis

A baby's ears need to be treated with care

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

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

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

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

1

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

2

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

3

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

Looking after your baby's ears

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



The glass test

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

Go straight to the Accident and Emergency Department



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



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

Find out more from www.meningitisnow.org

Meningitis & sepsis

Not common but serious

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

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

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

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

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

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



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

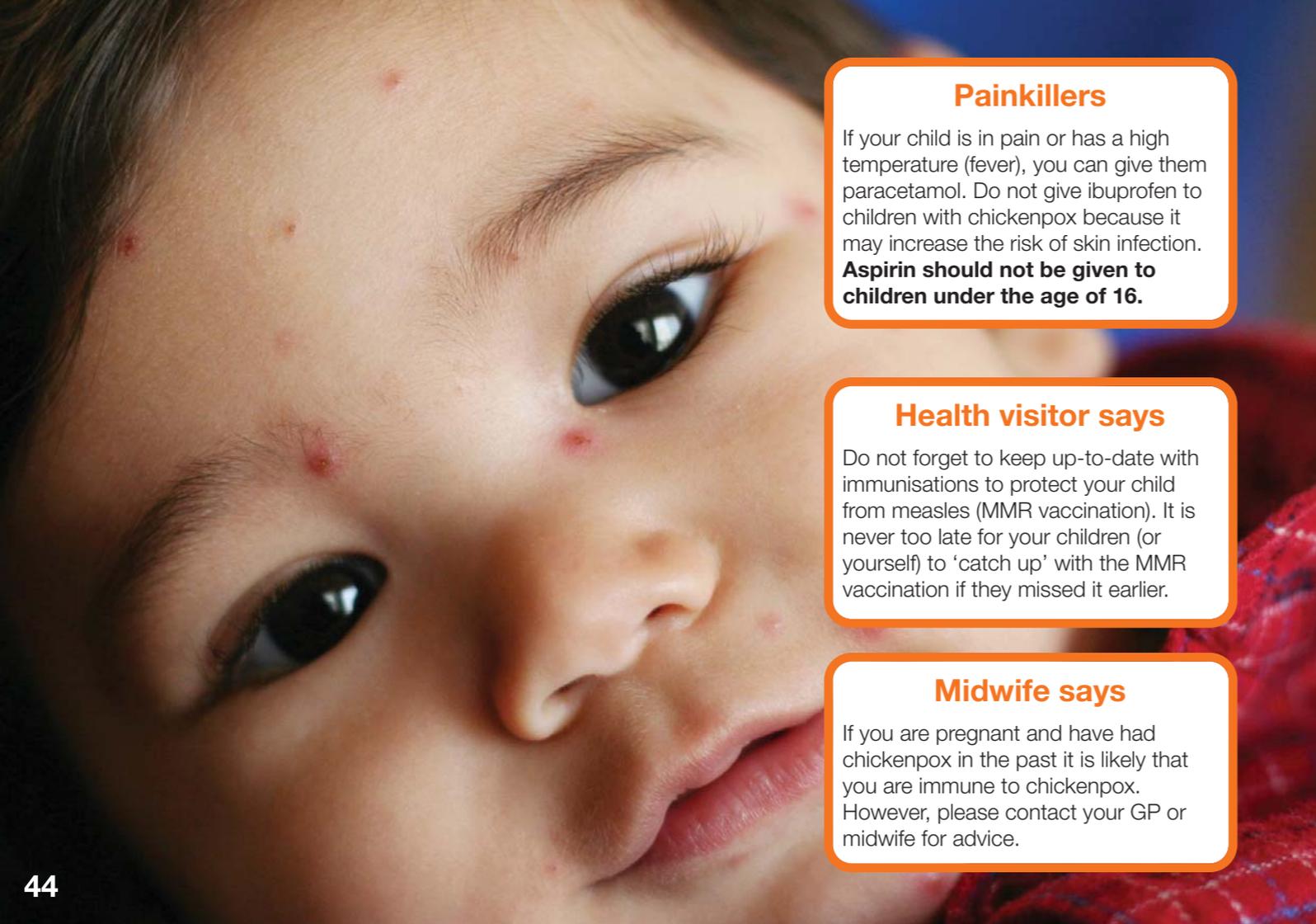


Fretful, dislikes being handled



Unusual cry or moaning





Painkillers

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

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

Health visitor says

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

Midwife says

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

Chickenpox & measles

Chickenpox

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

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

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

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

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

Contact your GP straight away if:

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

Source: www.nhs.uk

Measles

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

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

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

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

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

Help to make your child comfortable:

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



Asthma Nurse says

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

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

Symptoms of severe asthma

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

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



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

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.



Source: NHS Immunisation Information.

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

Immunisations

Protect your child now and in the future

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

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. Don't hesitate to ask your health visitor or GP for advice - that's what they are there for! 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 inactivated flu vaccine to protect against flu.

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

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

2 The protection immunisations offer to your child against serious diseases are worth the small amount of pain.

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



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.

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.

Healthy Start vitamin drops can be obtained from the health visitors at the health centres or children's centres during child health clinics. All women can purchase vitamins at subsidised prices.

Ask your health visitor or GP for details or visit www.healthystart.nhs.uk

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 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.



Start4Life Healthy tips
www.nhs.uk/start4life

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 type 2 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 are more likely to do better 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.

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 weight

Many parents are unaware of the serious health implications of children being overweight (or obese) with a greater risk of long-term health problems, including cardiovascular problems and type 2 diabetes. Overweight babies and toddlers are more than five times as likely to be overweight as children and adults. Good eating and exercise habits need to be developed early in life. Talk to your health visitor about healthy meal ideas for all the family.

Being overweight is rarely to do with a medical problem, and is simply due to an unhealthy diet and not enough exercise. It is better to prevent your child becoming overweight in the first place. Good sleep patterns, a healthy varied diet and regular exercise will all help keep your child to a healthy weight.

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

Many children drown, often 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.

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 disjoined.
- 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:

- Ensure baby cannot roll off any surfaces (use pillows).
- 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**.

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**.

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.

School readiness



Is my child ready for school?

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

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

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.

The key areas are: personal, social and emotional development, physical development and communication and language.

How can I get my child school ready?

- Make sure they are toilet trained. ✓
- Help them understand how to follow simple tasks. ✓
- Help them to answer to their name. ✓
- Encourage them to share and understand turn-taking. ✓

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

Ages & Stages Questionnaire

is the most accurate, family-friendly way to screen children for developmental delays between one month and 5½ years.

Its benefits are:

- Takes just 10-15 minutes for parents to complete and 2-3 minutes for professionals to score.
- Captures parents' in-depth knowledge.
- Highlights a child's strengths as well as concerns.
- Teaches parents about child development and their child's skills.
- Highlights results that fall in a 'monitoring zone', to make it easier to keep track of children at risk.
- Can be completed at home, in a group session, during a home visit, or at child health review sessions.

NATIONAL CONTACTS

Child Accident Prevention Trust
020 7608 3828 www.capt.org.uk

Cry-sis
08451 228 669 www.cry-sis.org.uk

Diabetes UK
www.diabetes.org.uk

Family Lives
0808 800 2222 www.familylives.org.uk

Foreign and Commonwealth Office
If you are at risk of FGM. 020 7008 1500

La Leche League GB
0845 120 2918 available 24 hours
7 days a week. www.laleche.org.uk

National Breastfeeding Network Helpline
0300 100 0212, 9.30am-9.30pm
www.breastfeedingnetwork.org.uk

National Childbirth Trust
0300 330 0700 8am-10pm 7 days a week.
www.nct.org.uk

National Domestic Violence Helpline
0808 2000 247
www.nationaldomesticviolencehelpline.org.uk

Netmums
Parenting advice and information.
www.netmums.com

NHS Information Service for Parents
www.nhs.uk/start4life

LOCAL CONTACTS

Child Development Service
020 8250 7314

Children's Centres East Locality:
Sheringham Nursery School and Children's Centre 020 8553 2479
St Stephen's Nursery and Children's Centre 020 8586 0147

Central Locality:
Altmore 020 8552 6604
Plaistow Children's Centre 020 8548 5620

West Locality:
Kay Rowe Children's Centre 020 8534 4403
Rebecca Cheetham 020 8534 3136

South Locality:
Ellen Wilkinson Children's Centre 020 8430 6290
Edith Kerrison Children's Centre 020 7473 2761

Child Health Information Team
020 8475 8585

Children and Young People's Service 020 3373 4600

Dental Care
Appleby Centre 020 7445 7035
Shrewsbury Centre 020 8586 5002

Community Children Nursing Service 020 8475 8580

Sickle Cell and Thalassaemia Centre 020 8821 0800

Family Nurse Partnership (FNP)
020 7059 6709

Newham Hospital (NUHT)
020 7476 4000

Health Visiting Service North East Locality:
Shrewsbury 020 8586 5012/5142
The Centre 020 8553 7414

North West Locality:
Lord Lister Health Centre 0208 250 7200
West Ham Lane 020 8250 7328

Central Locality:
Joyce Campbell Health Centre 020 8218 7420
Balaam Park Health Centre 020 8218 7400

South Locality:
Appleby Team 020 7445 7012
Royal Docks Team 020 7445 7127

Newham Child & Family Consultation Service (CAMHS)
020 7055 8400

Reproductive & Sexual Health Service 020 8586 5147/48

Safeguarding Children Team
020 7059 6583