

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

| | | |
|--|--|--|
| <p>Grazed knee, Sore throat Coughs and colds, Mild tummy pain or headache</p> | <p>Self care</p> | <p>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.</p> |
| <p>As a parent if you are: Unsure Confused Need help</p> | <p> NHS 111 For 24 hour health advice and information.</p> | <p>Call NHS 111 when it is less urgent than 999 www.nhs.uk/111</p> |
| <p>Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever</p> | <p>Pharmacist For advice on common illnesses, injuries and medication.</p> | <p>To find your local pharmacy and its contact details visit: www.nhs.uk/chemist</p> |
| <p>High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hrs)</p> | <p>Doctor/GP For the treatment of illnesses and injuries that will not go away.</p> | <p>Write your GP's (family doctor) telephone number here:</p> <input data-bbox="952 546 1464 613" type="text"/> |
| <p>Minor bumps, cuts and possible fractures (during 9-5) Dehydrated Headache Tummy pain</p> | <p>Health Centre For treatment of minor illnesses and injuries without an appointment.</p> | <p>Local GP/GP out-of-hours or NHS 111 See page 4</p> |
| <p>Unexpected and sudden sickness Severe pain Worsening health conditions</p> | <p>Urgent Care When you need healthcare in a hurry 24 hours a day.</p> | <p>A&E</p> |
| <p>Choking Loss of consciousness Fitting Broken bones</p> | <p>A&E or 999 For very severe or life threatening conditions.</p> | <p>A&E</p> |

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

Children aged 0-4

Common childhood illnesses & well-being



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Welcome

Every parent or carer wants to know what to do when a child is ill - use this handbook to learn how to care for your child at home, when to call a GP and when to contact emergency services.

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

This handbook helps point you in the right direction and explains what you can do at home to help, or where you need to go to get assistance and advice. It has been put together with help from healthcare professionals. If you are worried you must get further advice. Trust your instincts, you know your child better than anybody else.

This handbook also contains general welfare information which will help you keep you and your child safe and healthy.

To view the latest version of this booklet online visit www.??????

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.

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A guide to services

There are 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 **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.

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

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



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**.



Health visitor

Health visitors are qualified nurses. They will visit you at home or see you in a clinic. They offer support and advice and can tell you where to get extra help if you need it. They are part of a team who are there to support you during the early years. Your midwife may be the healthcare professional who knows you and your baby best in the early days. They can help with any feeding problems. Enhanced health visiting services are available to vulnerable families who may need extra support.



Children's centres

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

- Health visitors
 - Midwifery services
 - Play sessions for children
 - Parenting support (including support for teenage parents)
 - Services for disabled children
 - Speech and language support.
- Many centres also provide high quality early learning and childcare.



Ambulance Service

If it is an emergency and you need to call 999, tell the operator that you want to speak to the ambulance service. You will be transferred to one of our call takers who will ask questions so that we can decide what help to send you.

In an emergency, ambulance staff will be sent to help you.

You should only call 999 for serious and life-threatening emergencies.



A&E

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 may be 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.

Keep a small supply of useful medicines in a **locked cabinet** or **somewhere up high** where a child cannot reach them. See box on the right, for things to have at home just in case. **Make sure you've got the right strength of medicine for the age of your child**, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

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

www.redcrossfirstaidtraining.co.uk

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

Paracetamol and ibuprofen

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



Pharmacist says

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

-  Thermometer
-  Plasters
-  Liquid painkillers (e.g. **sugar-free** paracetamol or ibuprofen)
-  Barrier cream
-  Antihistamine
-  Sun cream

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.





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.

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. Other mums and Peer Supporters will be there to give you lots of tips. [See page 69 for contact 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.



Tongue-tie

Easily corrected

Tongue-tie is a problem affecting some babies with a tight piece of skin between the underside of their tongue and the floor of their mouth. In babies with tongue-tie, this piece of skin is unusually short and tight, restricting the tongue's movement. This prevents the baby feeding properly and also causes problems for the mother, making it hard for the baby to attach properly to the breast. This can be painful and the mother's nipples can become sore, with ulcers and bleeding. Some babies feed poorly and get tired, but they soon become hungry and want to feed again. In most cases, these feeding difficulties mean the baby fails to gain much weight. It's more common in boys than girls.

Treatment is not necessary if your baby has a piece of skin connecting the underside of their tongue to the floor of their mouth, but they can feed without any problems. If feeding is affected, the tongue-tie needs to be divided by a tongue-tie practitioner. Tongue-tie division involves cutting the short, tight piece of skin connecting the underside of the tongue to the floor of the mouth, using a laser or scissors. It's a simple and almost painless procedure that usually resolves any feeding problems.

If you're concerned about your baby's feeding and think they may have tongue-tie, speak to your infant feeding specialist, lactation consultant, health visitor, midwife or GP.

1

I am having difficulties breastfeeding, my baby doesn't seem to be able to latch onto my breast properly.

2

Do you have sore nipples and poor infant weight gain?

3

Speak to your health visitor for advice and help.



Tongue-tie in older children

Untreated tongue-tie may cause no problems as a child gets older, and any tightness may resolve naturally as the mouth develops with age. However, some cases can persist, and may cause problems such as speech difficulties and difficulty eating certain foods.

Speak to your GP if you're concerned you or your child may be experiencing problems caused by tongue-tie.



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?
- ✓ Does their cry sound different?

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



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. Always burp your baby after a feed as this will help.

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.

If you feel you can't cope with your baby's crying, it can help to talk to other parents. There are support groups such as www.cry-sis.org.uk

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. Infacol can help relieve pain from colic which may be caused by swallowing air (trapped gas).

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.**



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.



Health visitor's nappy rash tips



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



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



Remember to change and check their nappy often.

Health visitor's cradle cap tips

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



Massaging baby oil or natural oil - such as almond or vegetable oil (not olive oil) - into their scalp at night can help loosen the crust.



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

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



Rashes & dry skin

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (see page 22).

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 wee and poo that collects in their nappy. A nappy rash causes your baby's skin to become sore.

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

Dry skin

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

1

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

2

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

3

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



Pharmacist says

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

There are two types of nappy cream available. One is a barrier cream to keep 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.

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 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 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 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 their cot after the feed.

As they become toddlers, bedwetting may be stressful for both of you and can wake your child. Try not to lose your patience or punish them, your child is not doing this on purpose. Children learn at their own pace and praise and support will help.

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.

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.

Dentist's tooth care tips:

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



Health visitor says

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

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

Teething trouble

Every baby goes through it

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

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

Think about your child's tooth care routine. Brush their teeth with a soft baby toothbrush and a smear of family toothpaste. See your dentist regularly and discuss your child's oral health with them. Take your baby with you so they get used to the surgery early on. Your child will need help with brushing until the age of seven.

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 available. 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 also be **sugar-free**. Make sure you read all instructions and that the product is suitable for the age of your child.

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



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 GP). 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

Rare but serious and contagious

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.

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

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

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

1

My child is showing some of the signs of meningitis.

2

Have you tried the glass test?

3

If the spots do not fade under pressure contact a doctor (e.g. your GP). If you cannot get help straight away **go to A&E**.



GP says

If any of the signs below are present contact a doctor immediately:



Fever, cold hands and feet

Floppy and unresponsive

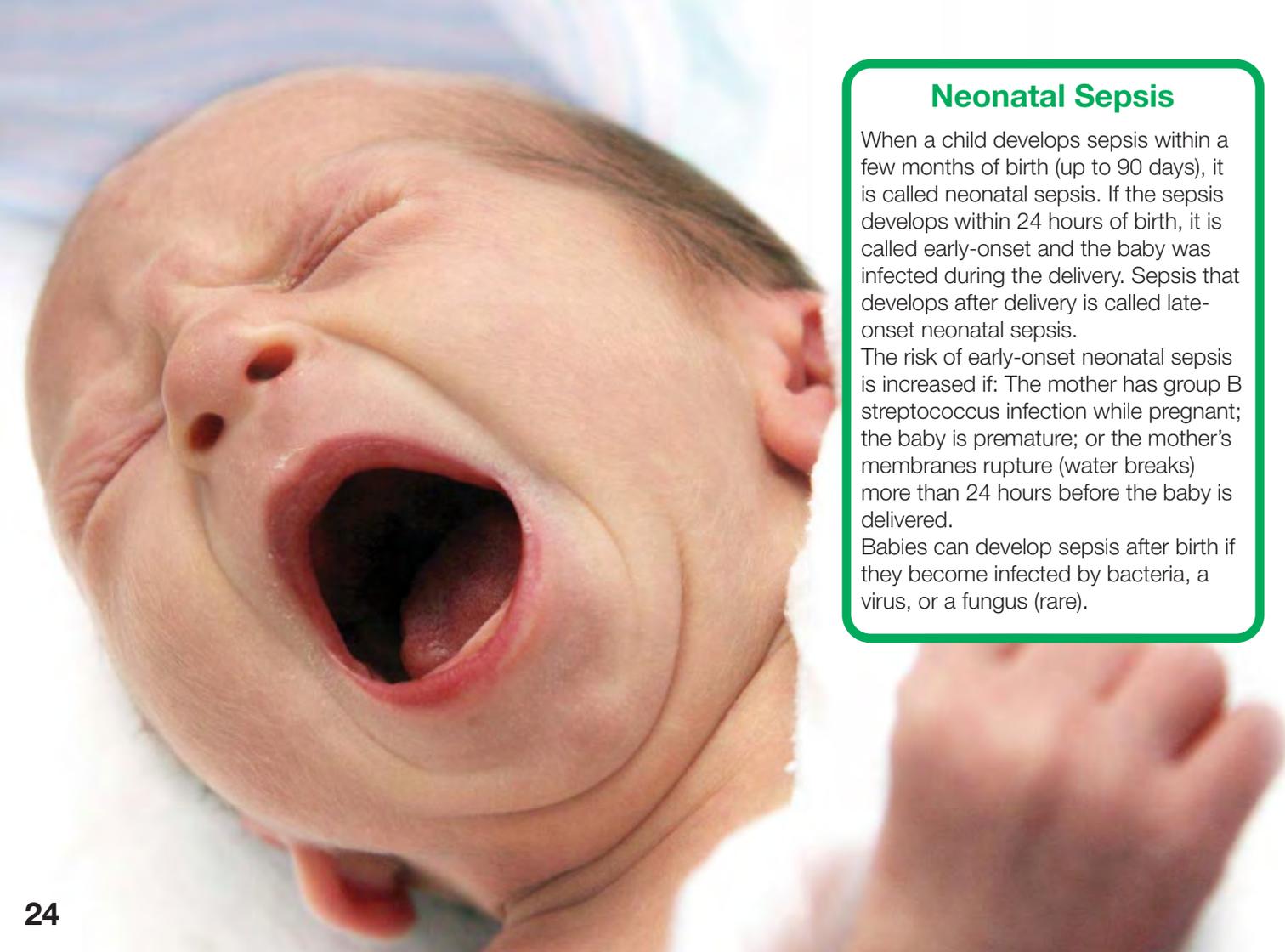
Drowsy and difficult to wake

Spots/rash. Do the glass test

Rapid breathing or grunting

Fretful, dislikes being handled

Unusual cry or moaning



Neonatal Sepsis

When a child develops sepsis within a few months of birth (up to 90 days), it is called neonatal sepsis. If the sepsis develops within 24 hours of birth, it is called early-onset and the baby was infected during the delivery. Sepsis that develops after delivery is called late-onset neonatal sepsis.

The risk of early-onset neonatal sepsis is increased if: The mother has group B streptococcus infection while pregnant; the baby is premature; or the mother's membranes rupture (water breaks) more than 24 hours before the baby is delivered.

Babies can develop sepsis after birth if they become infected by bacteria, a virus, or a fungus (rare).

Sepsis

A medical emergency

Sepsis (also known as septicaemia or blood poisoning) affects about 10,000 children every year in the UK. It occurs when the body is overwhelmed by infection, although it can start from something as simple as a cut or a bite.

What is sepsis?

The bacteria that cause meningococcal meningitis can also cause sepsis when it infects the blood. It is generally more life threatening than meningitis and can also be caused by other germs. Rapid recognition and treatment with antibiotics are needed.

Sepsis can happen after chest or water infections, problems in the abdomen such as burst ulcers or simple skin injuries. If it is not spotted early and treated with antibiotics, it can lead to shock, multiple organ failure and death.

The UK Sepsis Trust urges parents to be vigilant if their child has a fever, an abnormally low temperature or has had a high temperature in the previous 24 hours. Symptoms can be easily mistaken for flu.

Any child under five who is not eating, is vomiting repeatedly, or who has not had a wee or wet nappy for more than 12 hours may have sepsis and you should contact your GP immediately.

1

My child has had a temperature for more than 24 hours and is not eating.

2

It is easy to confuse symptoms of sepsis with flu.

3

Make sure you get medical advice straight away. Call NHS 111 or your GP.



GP says

Call 999 and or **go to A&E** and say you are worried about sepsis if your child has one or more of the symptoms below:

- Feels abnormally cold to the touch.
- Skin is very pale, mottled or blushed skin.
- Has a rash that does not fade when you press it.
- Is breathing very fast.
- Has a fit or convulsion
- Lethargic and being difficult to rouse.

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.



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.



Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies 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 has a distinctive barking cough and makes a harsh sound, when they breathe 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, **sugar-free** paracetamol can be given from the age of three months and will help bring down a raised temperature and ease discomfort. If symptoms get worse contact your GP.



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

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for both parent and child. 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. It could be:

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature.
- 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.



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.

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.



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.

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

If your child is unwell for more than 24 hours 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 (i.e. they wee less).
- ✓ 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, 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.

Recurrent ear infections or tonsillitis may affect speech and language development.

1

My toddler has earache but seems otherwise well.

2

Have you tried **sugar-free** paracetamol or ibuprofen from your pharmacist? (See page 6 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 your child is still not hearing six weeks after infection, your GP/health visitor can refer them to audiology for a hearing test.



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

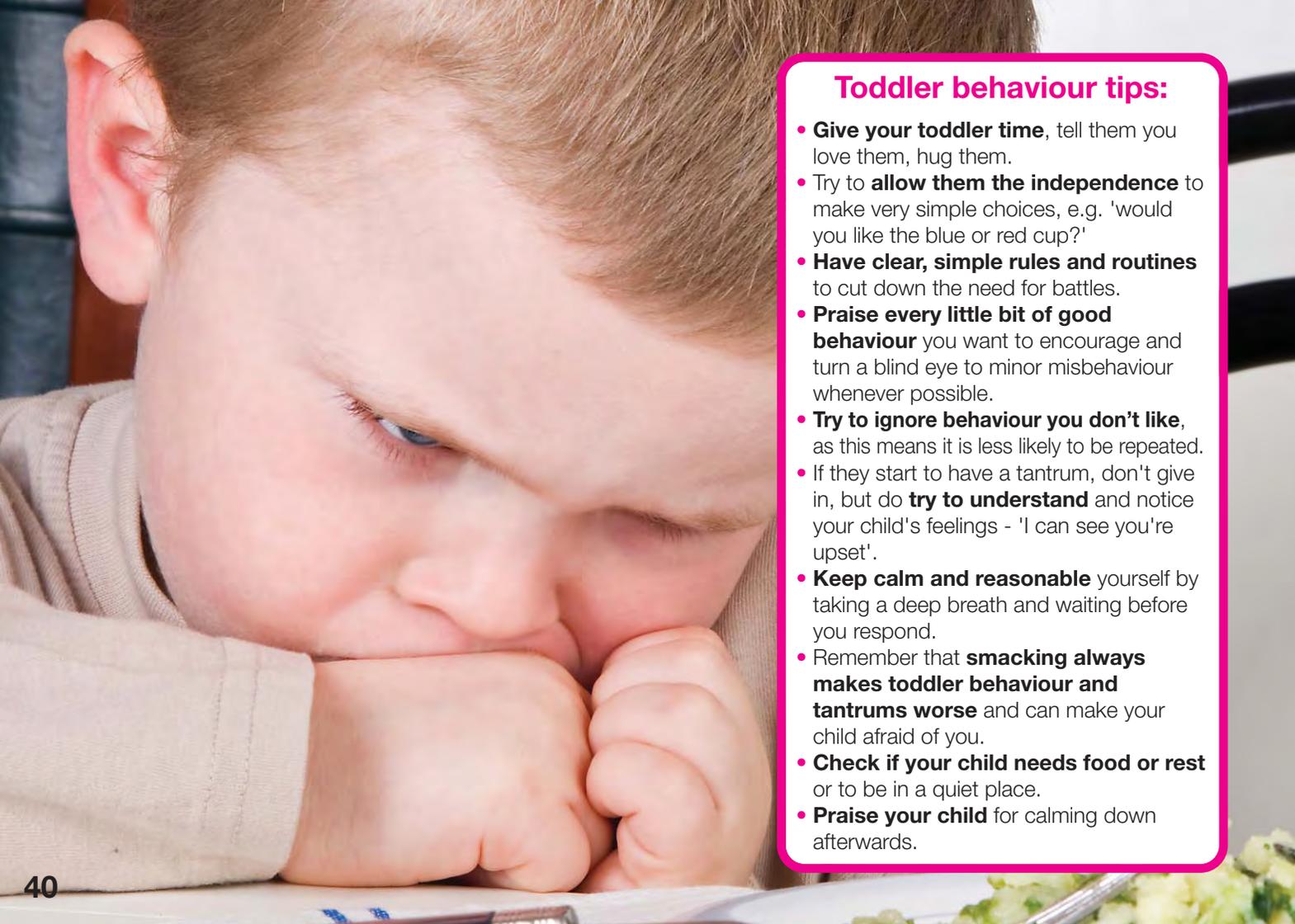
Your child's well-being is linked to your health.

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.



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.

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). 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 to repeated head banging. You know your child best. If you are worried, discuss with your 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 or GP, ask about support groups and local parenting programmes.

Toddler tantrums

Tantrums may start around 18 months and become less common at four. Toddler tantrums often happen when a child is not able to express themselves as clearly as they want to. Their frustration may come on as a tantrum. Tantrums are especially likely to happen if a child is tired, hungry or uncomfortable. They often happen in busy, public places, which can be highly embarrassing and add to the parents' stress. Keep calm and consider whether your child needs food or rest. Give your child attention and if possible, find a quiet place or some way of distracting their attention. Do not give in, but do try to understand your child's feelings. Praise your child for calming down afterwards.



A variety of factors may cause language and speech delays, including:

- Lack of communication from parents or carer.
- Lack of emotional bonding.
- A learning disability.
- Hearing loss, which may occur in children who have severe middle ear infections or occur as a result of certain medications, trauma, or genetic disorders.
- Autistic spectrum disorders (ASD) a group of neurological disorders that may involve impaired communication as well as impaired social interaction and cognitive skills.

It helps to talk to your child and encourage sounds and speech from an early age.

Bonding with your baby

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, babies 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.

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.

If your child seems to be having difficulties chat to your health visitor or nursery nurse in the first instance, they may recommend Parenting Programmes or help you get more support if you need it.

1

I feel my toddler doesn't want to communicate with me, he seems to avoid any contact.

2

Does he seem to want to engage with strangers, need to be alone and resists being hugged?

3

Speak to your health visitor, who may refer you to a specialist service.

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.
- Display intense anger (rage).
- 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.



TV 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 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

Speech, language & 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.

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.

Talking to babies everyday is important as babies learn to talk from listening to others. Communication should be fun and this is the essence of baby talk. Babble and baby talk is an essential step in early language development. Talking can easily fit into your daily routine.

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. If you think your child's communication skills are not developing as they should discuss with your health visitor or your child's nursery.



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.



If you are the victim

Many people find it difficult to understand why people stay in abusive situations. Fear, love, the risk of homelessness and money worries can make it difficult for women with children to leave. If you are a victim of domestic abuse, you are not the only victim - your children are too. You can report domestic abuse to any professional. There are many local agencies offering support and advice. [See page 69 for contact details.](#)

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

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

Domestic abuse

Keeping your child safe

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

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

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

1

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

2

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

3

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

What is domestic abuse?

Abuse can take many forms:

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

The facts

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



Preventing FGM

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

It is important to speak out if you or someone you know is at risk. If the child or young woman is at immediate risk **call 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

Contact one of the following:

- NSPCC
- Local child protection
- Police
- Local social services

[See page 69 for contact details.](#)

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:

- Forward UK
- Local social services - [see page 69 for contact details.](#)

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 vouchers can be used in participating shops. Women and children getting Healthy Start vouchers also get a free weekly vitamin voucher to exchange for Healthy Start vitamins (these can be obtained from certain children's centres). 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.



A healthy start

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 page 50).

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.



Start4Life

Start4Life supports the Healthy Child Programme for 0-5 year olds

Start4Life has joined up with the NHS Information Service providing health advice for pregnant women and new mums, as well as offering tips and advice by e-mail, free of charge. It is part of the larger Change4Life initiative, which aims to help adults and families to eat well and move more. www.nhs.uk/start4life



A good start for a healthier life

Fussy eaters

Often a normal part of growing up

Many parents experience problems around meal times 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, fruit and vegetables, protein), 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.

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.

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.

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 about the Healthy Start scheme.
- **Get them involved** in preparing and tasting food.



Health visitor says

Your health visitor or GP can weigh and measure your toddler to check that he is 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.



1 Only you can stop your child getting tooth decay.

2 Tooth decay is totally preventable and causes unnecessary pain for your child.

3 Follow our easy guidance. Contact your local children's centre for additional support.

Good oral health

Laying solid foundations for good oral health

The best way to keep your child's teeth and mouth healthy is:

Encourage healthy eating and drinking:

- Keep all foods and drinks containing sugar to mealtimes.
- Snack on fruit and/or vegetables between meals.
- Drink only milk and water between meals. Keep other drinks to mealtimes.

Encourage regular toothbrushing:

- Brush twice a day including last thing at night.
- Use a smear (under three years) or a pea-sized (over three years) amount of family fluoride toothpaste containing no less than 1000ppm fluoride - check pack for details.
- Supervise brushing until at least seven years of age.
- Spit don't rinse after brushing.

Visit a dentist regularly:

- Children should visit a dentist from birth.
- Children should be seen regularly at intervals of between three and twelve months.
- Ask your dentist about fluoride varnish.
- Young people and adults should be seen at regular intervals as determined by their dentist.
- For help in accessing a NHS dentist for routine or emergency care visit www.nhs.uk.



Dentist says

NHS dental treatment is free for pregnant women, for the first year as a mother and for children. The dental team can offer you further oral health guidance and support and, when your child is old enough the dentist can apply fluoride varnish to their teeth. To keep your own teeth and mouth healthy do not smoke or use any form of tobacco and keep alcohol consumption to recommended levels.



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 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.

Choking

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

PREVENTION:

- Babies can suffocate or choke on nappy sacks, keep all plastic bags out of reach.
- Check that toys with small pieces are not left out for a toddler to chew and choke on.
- Check that toys are age appropriate, in good condition and include toy safety marks.
- Find out more about resuscitation (CPR) visit www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

- Act immediately and calmly.
- If you can see the object, try to remove it. But **don't poke blindly with your fingers**. You could make things worse by pushing the object in further.
- If your child is coughing loudly, there is no need to do anything. Encourage them to carry on coughing and don't leave them.
- If your child's coughing is not effective (it's silent or they cannot breathe in properly), shout for help immediately and decide whether they are still conscious.
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows.
- If they become unconscious, call for help (do not leave your child alone) and start CPR.



Back blows for children under one year

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

Back blows for children over one year

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

Choking & poisoning

Keeping children safe

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

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

1

If you think your child has swallowed a harmful medicine or chemical including batteries or a magnet.

2

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

3

Immediately contact your pharmacist, GP, **go to A&E** or call **NHS 111**.





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 urgent medical attention if:

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

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



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



Household accidents

Most accidents happen at home

Babies and toddlers learn by exploring. Shouting or smacking will not teach them about safety and when they are too young to understand the dangers it is up to us to make sure they are safe. A typical household is full of possible dangers. There are lots of things we can do to help prevent accidents in the home. Equally we need to make sure children are safely contained within the house with door locks and windows being closed and having safety catches. There can be dangers from outside, so make sure your child understands that if they are able to open the door, they do not open it to anyone they do not know or trust.

Check toys with small pieces are not left out for a toddler to chew and choke on. Make sure toys have safety marks.

Balconies and outdoor spaces and garden ponds can be danger areas, so make sure your child is never left alone. Make sure there is nothing they can climb onto whilst on a balcony and ensure there are no gaps through which they could squeeze.

Even the most good-natured pet can lash out or bite. Animals and young children should not be left alone together. Never trust an older toddler to be left alone with a baby even for a few minutes.

1 Spend some time at home exploring as if you were a toddler.

2 Make a list of potential dangers.

3 Think about types of safety equipment or how you can move these things out of your child's reach.

Dangers around the home

- Sockets, wires and plugs - use plug guards.
- Danger of falls - use window locks, stair guards and do not leave babies alone on beds or chairs.
- Smoking at home - STOP.
- Burns - children can get burnt from straightening irons, hot pans, scalding water. Use an oven guard and install a smoke detector.
- Medicines, drugs and chemicals - keep them up high and in a locked cupboard.
- Pets - never leave a child alone with a pet.
- Small items which could be swallowed and cause choking.



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.

- 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 ✓

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.

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

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

- 1** My child seems to have no friends and makes no effort at nursery to mix with other children.
- 2** Closeness between parent and child, combined with consistent rules, are most likely to lead to children doing well and becoming more social.
- 3** Do not panic. Invite one or two children over for tea with their parents. Chat to your health visitor or local children's centre.



Teacher's tip

One helpful pre-school activity that parents can practice is giving their children the opportunity to listen to and learn language through story telling. One of the best ways to prepare children for school is to read to them. Not only does story reading offer a one-to-one quiet time, it helps develop children's listening and language skills. If you want to improve reading skills, there are lots of opportunities. There are adult learning courses, find out more from your local children's centre.

Take 7 steps from your home

- It can help improve the health of your children.
- Your children won't see you smoking, so might not be tempted to start.
- It might cut down the number of cigarettes you smoke.
- It keeps your home smelling and looking fresh.



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

Smokefree homes

Protecting your child's health

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

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

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

'Third-hand smoke' that lingers on things such as clothes, furnishings and carpet can be as dangerous to babies and children as secondhand smoke.

1

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

2

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

3

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

Make your home smokefree

- Tell everyone in your house, and any visitors, that your home is now smokefree.
- Keep a pair of slip-on shoes and other all-weather bits by your back door, so you can go out anytime.
- Can't make it outside? Nicotine replacement methods like patches and gum can help.
- Consider using an electronic cigarette/vape.
- If you smoke, or are exposed to secondhand smoke during pregnancy, it means that your baby shares chemicals from the smoke you breathe.
- Keeping your home smokefree benefits your pets too.



Vitamin D

Is your child getting enough?

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

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

Sun safety

Simple steps to protect their skin

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

As parents we can take simple measures to protect our children. Remember babies and toddlers are not interested in tanning and sunburn can cause damage to their skin.

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

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

1

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

2

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

3

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



Pharmacist says

The higher the SPF (Sun Protection Factor) the more protection. Use a complete sun block on your baby or toddler. SPFs of up to 60 are available which block out almost all of the sun's rays. Even with sunscreen, keep them in the shade whenever you can and make sure newborn babies are never in the sun. Do not forget to protect their head, skin and eyes. For older children, you can buy sunglasses from a pharmacy. Check they offer 100% UV protection

Useful national contacts

Allergy UK

01322 619 898 www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453
9.30am-10.30pm www.abm.me.uk

Asthma UK

0300 222 5800 www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

Caroline Walker Trust

Healthy eating and nutrition.
www.cwt.org.uk/publications

Child Accident Prevention Trust

020 7608 3828 www.capt.org.uk

Cry-sis

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

Dental Helpline

0845 063 1188

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222 www.familylives.org.uk

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

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

The Lullaby Trust

www.lullabytrust.org.uk

Meningitis Now

0808 80 10 388 www.meningitisnow.org

National Breastfeeding Network Helpline

0300 100 0212, 9.30am-9.30pm
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700
8am-midnight 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

Red Cross

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

Start4Life

Healthy tips
www.nhs.uk/start4life

National At-home Dad Network

Dad's views, chat, news and support.
www.athomedad.org

www.unicef.org.uk



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

To find an NHS dentist

Call **NHS 111** or visit www.nhs.uk

NHS 111

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

When should I 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.

Call 999 in an emergency

Useful local contacts

Livewell Southwest

Mount Gould Local Care Centre,
200 Mount Gould Road, Mount Gould,
Plymouth PL4 7PY.
01752 434700

General Enquiries

For general enquiries, or to be directed to a specific service or individual, please contact our switchboard on 01752 268011 or 0845 155 8100

POD (Patient Online Directory)

The POD website is a key part of Plymouth City Council's plans to offer greater choice and control for people who need social care and health services. You can find information about the full range of services and support available in the city.
www.plymouthonlinedirectory.com

Gateway

If you are worried that a child or young person is at risk of abuse, harm or neglect.
01752 668000
gateway@plymouth.gov.uk

Health visiting

North locality 01752434188
PCHCIC.HVNorthTeam@nhs.net

South locality 01752 435169
PCHCIC.HVSouthTeam@nhs.net

East locality 01752 435370
PCHCIC.HVEastTeam@nhs.net

West locality 01752 434008
PCHCIC.HVWestteam@nhs.net

School nursing

01752 434119
PCHCIC.schoolnursingreferrals@nhs.net

Children's speech and language

01752 434119
PCHCIC.childrens-sl@nhs.net

Minor Injuries Unit

Cumberland Centre Plymouth
01752 434390 open 08:30-21:00
Kingsbridge TQ7 1AT
01548 852349 open 09:00-17:00
Tavistock Hospital PL19 8LD
01822 612233 open 08:00-22:00

Dental Access Centre (DAC)

For enquiries about finding a dentist
0845 002 0034
www.PCHCIC.PlymouthCommunity-Dentistry@nhs.net
01392 822348

Wellbeing

Health professional and self-referral for smoking cessation, e-cigarette support and other services.
01752 437177
livewell@nhs.net
www.livewellsouthwest.co.uk
click onto Wellbeing top bar to show range of services available.