

If you don't know
who to ask...ask us!

Raising children can be stressful and it can be difficult to know where to go for information. That's where the Family Information Service (FIS) can help with advice on...

Childcare and things to do:

- Nurseries
- Childminders
- Holiday playschemes
- Family leisure activities
- Preschools/playgroups
- Out of school clubs
- Sport and leisure clubs
- Parent and toddler groups

The Family Information Service can help you find out where to go for information about:

- Parenting
- Health
- Special & additional needs
 - Keeping your children safe
 - Tax credits and other money matters
 - Children's Centres
- Schools and colleges
- Legal issues
- Housing

0800 195 0137
lancashire.gov.uk/childcare



Working with children, young people and their families:

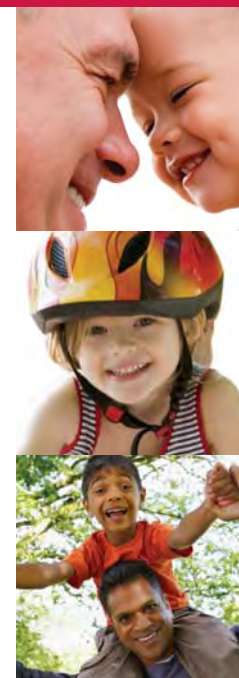
- Career options
- Training
- Becoming a childminder or opening a day care setting
- Choosing childcare – things to look for and questions to ask
- Support for children with additional needs and/or special needs
- What to do if you are concerned about childcare
- Employment rights for working parents
- Advertising job vacancies
- Funding

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A Guide

FOR PARENTS AND CARERS

Common childhood illnesses & well-being



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.

If you require this booklet in another language please contact
East Lancashire Clinical Commissioning Group on 01282 644700.
www.eastlancscg.nhs.uk



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

Contents

Who can help?

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

The first months

- ▶ Being sick & reflux 8
- ▶ Crying & colic 10
- ▶ Rashes & dry skin 12
- ▶ Nappy rash & cradle cap 14
- ▶ Sticky eyes & eye care 16
- ▶ Teething trouble 18
- ▶ Safer sleep for baby 20

Common childhood illnesses

- ▶ Asthma 22
- ▶ Chickenpox & measles 24
- ▶ Coughs, colds & flu 26
- ▶ Earache & tonsillitis 28

- ▶ Fever 30
- ▶ Meningitis & sepsis 32
- ▶ Diarrhoea & vomiting 34
- ▶ Wheezing & breathing difficulties 36

General welfare

- ▶ Breastfeeding 38
- ▶ Bumps, bruises & falls 40
- ▶ Burns, scalds & choking 42
- ▶ Domestic abuse 44
- ▶ Getting a good night's sleep 46
- ▶ Healthy Heroes 48
- ▶ Immunisations 50
- ▶ Smile for Life 52
- ▶ Smokefree homes 54
- ▶ Vitamin D 56
- ▶ Useful contacts 58

A guide to services



Self-care

Many illnesses can be treated in your home by using over the counter medicine from your pharmacist and getting plenty of rest. Self-care is the best choice to treat very minor illnesses and injuries.

If you are still worried contact NHS 111 or your GP.



When it's less urgent than 999

NHS 111

NHS 111 is the service which makes it easier for you to access local health services. Calls are free from landlines and mobile phones. If you need urgent healthcare, you should call **NHS 111** before you go to any other service. By calling **NHS 111** you will be directed straightaway to the local service that can help you best. It is available 24 hours a day, 365 days a year. When should I call **NHS 111**?

- When you need help fast but it is not life threatening.
- When you are unsure that you need to go to A&E or another NHS urgent care service.
- When it is outside of GP surgery hours.
- When you are visiting the area.
- When you do not know who to call for medical help.



Pharmacist

Local chemists or pharmacists have knowledge of most everyday health issues. They can suggest the best medicine to help. There are often chemists in supermarkets and many are open late. Visit www.nhs.uk where you can find the service locator that will help you find the pharmacist nearest to you.



Doctor or GP

You will need to register with a GP - to find a GP in your area, use the NHS Choices Find Services System at: www.nhs.uk/servicedirectories Your GP can advise, give medicines and information on other services. You will need to make an appointment but most GPs will see a baby quite quickly if you are worried. After 6.30pm weekdays, at weekends and public holidays most services are covered by the **NHS 111** service.



Health visitor

The health visitor takes over your care from your midwife. The health visitor is there to support you and your family. They are there to support you when you need them. They will visit you at home or see you in a clinic and can offer support and advice and can tell you where to get extra help if you need it. They are part of a team of nurses and nursery nurses who are there to support you during the early years.



Accident & Emergency (A&E)

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

Walk-In Centre

There are Walk-In Centres in Lancashire - see page 59 for more details.

Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong. However, it is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are prepared, you will find it easier to cope.

Make sure you've got the right strength of medicine for the age of your child, always follow instructions carefully and check use by dates. Read the label carefully. **Do not give aspirin to children under 16.**

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

www.redcrossfirstaidtraining.co.uk

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

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed (as a general rule a temperature of over 38°C 99.5°F), as these can help to reduce fever and distress. Often a fever can be left to run its course unless there are other signs of serious illness. Ensure they are drinking enough and appear otherwise well. Treat them with either paracetamol **OR** ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should **NOT** be given together at the same time. However, if your child remains distressed before the next dose is due, then you may want to try a dose of the other medicine. Aspirin should not be given to children under 16 years of age.



Pharmacist says

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



Thermometer



Plasters



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



Barrier cream



Antihistamine

Children's medicines



Not always needed for childhood illnesses

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

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



Health visitor says

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



Being sick & reflux

A problem likely to get better on its own

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

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

Being sick often or with large amounts may be due to '*gastric reflux*' where acid from the tummy can come up again. Overfeeding can sometimes cause reflux. Talk to your health visitor about feeding your baby the right amount.

Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during and after a feed to make them more upright. Feeding smaller amounts and more often may also help.

1

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

2

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

3

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



GP says

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

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

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



Never shake your baby

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

Source: NHS Choices

Crying & colic

Understanding why

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

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

The most common symptoms of colic are:

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

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

1

My baby is crying more than usual.

2

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

3

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



Health visitor says

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

Things to check first are:

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

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



Health visitor says

Baby skin is more delicate than ours. Try to limit the amount of products you use on their skin and never leave your baby out in the sun.

Cradle cap needs no specific treatment, although gently washing the baby's hair and scalp may stop build-up of the scale. Use just a small amount of a pure, natural oil - such as olive oil or vegetable oil - on your baby's scalp and leave it on at least 15 minutes before washing it off.

Rashes & dry skin

Baby skin needs extra care

A baby's skin is thinner and needs extra care. Dry, flaky skin, some blemishes, blotches and slight rashes are normal in newborns and will naturally clear up. If your baby is otherwise well but has a rash you are worried about contact your midwife or health visitor. Another common rash for babies is heat rash. This mainly appears on the head and neck as tiny red spots and is nothing to worry about. Keep them warm but not hot and try to dress them in natural cotton clothes, with nothing that can rub on their skin.

Your baby may also suffer from something called cradle cap. This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the baby's first three months. It can look like a bad case of dandruff and is harmless, it doesn't cause any irritation to your baby and usually clears up by the time they are two years old.

1

Your baby's skin may be flaky and dry.

2

Dry skin is common in newborn babies, as their skin is 15 times thinner than that of an adult.

3

Avoid soap and using products on your baby's skin. Wash your baby in clean water.



GP says

Go to A&E immediately if your baby has a rash that does not disappear when you press a glass to it. This may be a sign of meningitis and needs to be seen by a doctor no matter how well your baby seems.

Seek immediate advice if your baby has a rash and a high temperature or vomiting ([see page 32 for more information on meningitis](#)).



Health visitor's cradle cap tips

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

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



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



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

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

Source: NICE CKS 2013

Nappy rash & cradle cap

A common problem that's easy to treat

Nappy rash

Nappy rash is very common and can affect lots of babies. It is usually caused when your baby's skin comes into contact with wetness that collects in their nappy. A nappy rash causes your baby's skin to become sore. The skin in this area may be covered in red spots or blotches. You should change their nappy more often. Use cool water and cotton wool rather than baby wipes to clean the nappy area.

Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the pharmacist. Talk to your pharmacist about creams that you can buy over the counter. There are two types of nappy cream available. One is a barrier cream to keep wetness away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional. With a mild nappy rash, your baby won't normally feel too much discomfort.

Eczema

Eczema is common in babies and they normally grow out of the condition, it often starts between the ages of two and four months. The symptoms are patches of red, dry and itchy skin. If you think your child has eczema, speak to your GP or health visitor. In all cases of eczema, frequent unperfumed emollients (moisturisers) help.

1

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

2

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

3

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



Health visitor's nappy rash tips



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



Use a barrier cream.



Remember to change and check their nappy often.



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

Two different issues

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

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

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



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 4 tooth care tips:

1. Clean teeth twice a day, for two minutes, especially at night after a bedtime drink.
2. Reduce sugars to meal times only.
3. Visit the dentist every six months.
4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.

For help accessing an NHS dentist call **NHS 111** or visit www.nhs.uk

Health visitor says

It can help to give your baby something hard 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.

There is no research to prove that other symptoms such as fever or diarrhoea are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor.

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste containing no less than 1000ppm fluoride - check pack for details. Brush teeth twice daily, in the morning and at night after a bedtime drink.

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

2 Have you asked your health visitor about teething? Have you discussed options with your pharmacist?

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

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





Accidents can happen

The safest place for your baby to sleep is in a cot. If your baby sleeps with you:

- You might roll over in your sleep and suffocate your baby.
- Your baby could get caught between the wall and your bed.
- Your baby could roll on to the floor and be injured.
- Co-sleeping on the sofa or chair is also dangerous.

If you sleep with your baby the risk of your baby dying unexpectedly is increased if you or your partner:

- Are very tired.
- Have recently drunk alcohol.
- Have taken medication or drugs that make you sleep more heavily.
- Are smokers (no matter where or when you smoke and even if you never smoke in bed).

Or

- If your baby was premature (born before 37 weeks); was low birth weight (less than 2½kg or 5½lb).

Safer sleep for baby

Safer sleeping guidance

Lancashire has one of the highest rates of unexpected infant deaths in the country. There are some easy steps outlined below that you can take to reduce the risk of your baby dying unexpectedly.

The safest place for your baby to sleep is on their back in a cot in your room for the first 12 months and after that, your baby can be in its own room. To prevent wiggling down under the covers, always place your baby in the feet to foot position (with their feet at the end of the cot). Keep the baby's head uncovered and bedclothes should be firmly tucked in and no higher than their shoulders. Be aware of the dangers if you decide to take your baby into your bed.

Babies can overheat, so try to keep the room at a temperature that is comfortable for you, about 18°C (65°F) is ideal. Do not use duvets, quilts, baby nests, wedges, bedding rolls or pillows. Use sheets and lightweight blankets instead. Babies should never sleep with hot water bottles, electric blankets, next to a radiator, heater or fire or in direct sunshine. Visit www.lullabytrust.org.uk for more information.

1

Always place your baby to sleep in the feet to foot position.

2

Babies aren't good at keeping their temperature constant, so make sure they don't get too hot or too cold.

3

Keep your baby's cot in your room for the first six months. Keep the room temperature at about 18°C.



Why is it unsafe to sleep with my baby?

Falling asleep with your baby if you are tired or under the influence of alcohol, drugs or medication significantly increases the risk of your baby dying. It's lovely to have your baby with you for a cuddle or a feed, but it's safest to put your baby back in their cot before you go to sleep.

Find out more at www.lancashire.gov.uk and search 'safer sleep for baby'.



Symptoms of severe asthma include:

- The symptoms will get worse quickly.
- Difficulty breathing and talking.
- A racing pulse.
- Lips and/or fingernails may turn blue.
- The skin around the chest and neck may tighten.
- The nostrils may flare as your child tries to breathe.

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

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

Asthma

Know the symptoms

Asthma is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Parents learn how to be prepared and how to recognise symptoms and deal with them.

Asthma affects the airways and makes it difficult to breathe and causes wheezing, coughing, shortness of breath and can make the chest feel tight.

A sudden, severe onset of symptoms is known as an asthma attack. Asthma attacks can sometimes be managed at home but may require hospital treatment. They are occasionally life threatening.

Triggers can include exercise (especially in cold weather), an allergy with dust mites, animal fur, grass and tree pollen or exposure to air pollution, especially tobacco smoke or a cold virus. Asthma often runs in families.

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

1

If you are a smoker, never smoke around your children.

2

There is no cure for asthma and the aim of treatment is to get your child's asthma under control and keep it that way.

3

If you notice your child's symptoms are getting worse, do not ignore them. Contact your GP or Asthma Clinic.



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. They will want to know about your child's medical history and whether there is a history of allergic conditions in your family. They will also want to know about when and where it happened, because this could help to identify the possible trigger(s) of their asthma. If your child has asthma ask your GP for an action plan for when they are unwell.



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 disease that most children catch at some point. The spots often look like mosquito bites and can appear on any part of the body. After having chickenpox, the virus stays in the body. Later in life the virus can come back in a different form known as shingles.

Chickenpox is easy to pass on to someone who has not had it before. If your child has chickenpox keep them away from others.

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

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

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.

1

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

2

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

3

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

Don't pass it on:

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

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

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

Coughs, colds & flu

Not usually serious

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

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

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

Things you can do at home to help:

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

Contact your GP if:

- ✓ Your baby has a persistent temperature of **38°C** or more.
- ✓ They have a fever with a rash.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine ([see page 30, fever](#)).



Pharmacist says

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

Source: 2013 NICE guidance.



Newborn hearing screening

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

What are the signs of an ear infection?

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

Earache & tonsillitis

A baby's ears need to be treated with care

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

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

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

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

1

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

2

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

3

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

Looking after your baby's ears

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



Over 38°C means a fever

Babies under six months:

Always contact your GP, health visitor, practice nurse, nurse practitioner or local clinic GP if your baby has other signs of illness, as well as a raised temperature and/or if your baby's temperature is **38°C (100.4°F)** or higher.

Older children:

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

To help reduce temperature:

- Undress to nappy/pants.
- Keep room at comfortable temp (18°C).
- Encourage your child to drink more (even little amounts often).
- Give **sugar-free** paracetamol or ibuprofen in the correct recommended dose for your child (see packaging) if temperature is causing discomfort. A fever can often be left to run its course if the child is drinking enough and otherwise well.

1

My toddler is hot and grumpy.

2

Have you tried infant **sugar-free** paracetamol? Have you made sure they are drinking lots of fluids?

3

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

Fever

Part of the body's natural response

If your child has a fever, he or she will have a body temperature above 38°C. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit (don't use in the mouth of under 5s). However, bear in mind that these measurements are less accurate as the armpit is slightly cooler.

A fever is part of the body's natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. Give them regular drinks - try small amounts of juice or cordial containing sugar. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important to prevent your child from becoming dehydrated. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more.

Fevers are common in young children and can come and go. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood (septicaemia), urinary tract infection, pneumonia, measles, meningitis or other contagious disease. If your child has a fever and a rash, contact your GP.

You should also contact your GP if fever symptoms are not improving after 48 hours.

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

Source: www.nhs.uk



GP says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- Know how to spot the signs of meningitis (see page 32).
- Check child during the night.

Source: NICE, Feverish illness in children/ 2013



The glass test

If you press the side of a clear glass firmly against the skin and the rash does not fade, it is a sign of meningococcal septicaemia.

Go straight to the Accident and Emergency Department



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



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

Find out more from www.meningitisnow.org

Meningitis & sepsis

Not common but serious

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

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

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

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

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

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



GP says

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



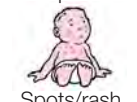
Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning





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

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

Diarrhoea & vomiting

Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children.

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. If your child is not vomiting frequently, is reasonably comfortable in between and you are able to give them frequent small amounts of sugar-containing juice or cordial, they are less likely to become dehydrated and probably don't need to see a doctor. Juice or cordial containing sugar is only recommended for this treatment. **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 sugar-containing juice or cordial, 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).

A baby or child can choke on inhalation of food or vomit. Always supervise your child when eating.

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 sugar-containing fluids? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your pharmacist and ask about a rehydrating solution.

3

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

Signs of dehydration

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

Try a rehydrating solution from your pharmacist.

Bronchiolitis

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

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

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

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

Croup

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

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

Wheezing & breathing difficulties

Look at the signs

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

Use your instincts with newborns and babies:

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 26, coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treating with steroids.
- Child appears pale.
- Wheezing is fairly common in the under 5s associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.



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.



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



Breastfeeding

A great start

Giving your baby a healthy diet is one of the most important things you can do for them - not just now, but for their future years too.

Breastfeeding is good for babies because breast milk contains antibodies that help protect against illnesses such as chest, ear and urine infections, gastroenteritis, asthma, eczema and obesity. Breastfeeding isn't just good for your baby - it can be really rewarding for you too and is a chance to bond with your child and feel close to them. Breastfeeding provides for all your baby's needs. The other benefits to mums breastfeeding include reducing the risk of both breast cancer and ovarian cancer, breastfeeding also reduces the risk of osteoporosis.

When your baby is six months old, they will still need to breastfeed but now is the time to offer your baby some solids. This period is called 'weaning', which means 'trying'. Remember that babies can't drink cow's milk until they're a year old.

1

Breastfeeding is free, you don't need to prepare breast milk and you can do it anywhere.

2

Breastfeeding is the best way to protect your baby against infections. It provides for all your baby's needs.

3

Don't be afraid to talk to your midwife, health visitor or volunteer breastfeeding counsellor if you have any concerns.



Health visitor says

Until your baby is six months old, breast milk has got everything they need. Breastfeeding can sometimes take a little while for you and your baby to get used to, but once established, breastfeeding is easy for most mothers and babies. It is important your baby learns to attach properly to your breast as this will help you both to breastfeed well. Breastfeed your baby whenever they show hunger cues or simply need love and comfort. This will make sure you produce plenty of milk.



Falls

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

PREVENTION:

- Make sure your baby cannot roll off any surfaces, put pillows around them.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates for children under two years old.
- Make sure balconies are locked and fit restrictors and safety locks to windows.
- Hold on to bannisters when carrying your baby down stairs.

Bumps, bruises & falls

Part of growing up

It is almost impossible to prevent every accident, although there are things we can do at home which might help. Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected, which are the more serious bumps. If your child has unexplained bruising or injury, you need to find out how this happened.

If it looks like the bump may swell, use a cold flannel (soaking the cloth with cold water) or ice pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

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

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

1

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

2

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

3

Seek immediate help if they:

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

Head injury

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

You need to get medical attention if:

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

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



Choking, suffocation and strangulation

These result in the highest number of deaths in young children, there are three main groups Inhalation of food & vomit, hanging and strangulation & suffocation in bed. 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. They can also choke on food or vomit, so need supervision when eating.

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

Burns, scalds & choking

Knowing what to do

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

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

Cool the burnt area by placing under cool running water for at least 20 minutes (making sure the child does not get too cold). When the burn has cooled, cover it with a sterile dressing, food quality cling film or a plastic bag. Don't wrap it too tightly. Don't apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who'll have to clean the area before it can be treated. Give paracetamol or ibuprofen ([see page 6 for advice on usage](#)). Take your child to hospital.

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

1

My child has burnt or scalded themselves.

2

Treat the burn or scald straight after the accident by running under cold water for 20 minutes. Do not use creams, lotions or ointments on the burn or scald.

3

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

Preventing scalds and burns

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

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

Many people find it difficult to understand why people stay in abusive situations. Fear, love, the risk of homelessness and money worries can make it difficult for women with children to leave. If you are a victim of domestic abuse, you are not the only victim - your children are too. You can report domestic abuse to any professional. There are many agencies working in Lancashire who will help you to access support from a range of specialist services. For more information, call the 24 hour National Domestic Violence Helpline on **0808 2000 247**.

YOU DON'T
HAVE TO
SUFFER IN
SILENCE

Domestic abuse

Keeping your child safe

Children are affected 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.

Long-term effects

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. 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.

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

It is not your fault.

2

Victims often feel isolated, frightened or humiliated.

3

Access support, whatever your circumstances.

You can call the free 24 hour National Domestic Violence Helpline on 0808 2000 247.

Keep them safe

- Tell someone.
- **Call 999** if you are in immediate danger.
- Think about a plan of action.
- Find out about local services.
- Think of ways you can increase their safety.

Domestic abuse affects many families across Lancashire. 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. Children do hear, they do see and they are aware of violence at home, even if you think they don't. Children react in different ways to violence and research suggests that they are more likely to become abusers or victims later in life.



Encouraging good habits

- Brush teeth thoroughly before going to bed.
- Encourage children to fall asleep on their own, in their own beds.
- Children who fall asleep on their own will be better able to return to sleep during normal night-time awakenings.
- Do not leave children to doze off in front of the television and then carry them up to bed.
- If they wake during the night and find themselves in a different place to where they fell asleep, it can unsettle them.
- If children wake at night, allow them time to settle themselves.
- Going to your child when they wake in the night strengthens the connection between you and sleep and they learn to expect your presence.
- If necessary, softly reassure them "It's time to go to sleep." Try not to enter into conversation.

Getting a good night's sleep

How can I help my child?

We need to have a good night's sleep in our bed so we are full of energy and fit to play and learn the next day.

Children who have enough sleep are also more likely to function better. Sleep promotes alertness, memory and performance and children who have enough sleep are less prone to moodiness and behaviour problems.

As we sleep our bodies are busy growing and getting better if we are ill or have injuries. Our brains also remember what we have learnt and store the learning for the future.

All babies are different, it takes time to establish a regular sleep pattern. Try to have a good bedtime routine so your baby learns the difference between day and night. It is better to let babies learn to fall asleep on their own rather than being rocked to sleep.

1

Don't permit your child to fall asleep watching the TV.

2

Make sure your child goes to sleep in the place where they will spend the night.

3

Establish a regular bedtime routine for your child.

Bedtime routine

- Establish a regular bedtime routine and a familiar routine - it can really help make going to sleep much easier.
- A warm relaxing bath will help children unwind ready for bedtime.
- A warm plain drink can help children settle down to sleep.
- Snuggle up together for some quality time quietly reading favourite stories.
- Talk about what you have enjoyed during the day and what you are looking forward to tomorrow.
- Softly sing favourite songs and lullabies or listen to soft music.
- Make bedtime a positive and relaxing experience without television or videos.

How to help your child become a Healthy Hero

- Having a healthy breakfast is really important because it gives us the energy we need to play and learn and provides vitamins and minerals to keep us healthy.
- Eating 5 different kinds of fruit and vegetables every day helps to keep us healthy. Fresh, frozen, canned, 100% pure fruit juice and dried fruit and vegetables all count towards our 5 A DAY.
- Eating healthy snacks that are low in fat and salt and that are sugar free, gives us energy to keep playing and learning all day long.
- Drinking plenty of water stops us becoming dehydrated and helps to keep our bodies working properly.
- Tasting new foods may help us stay healthy as we begin to discover different foods we like.
- Walking is an easy and free way for families to be up and about having fun together.
- Being active as a family is a fun way to spend quality time together and counts as all or some of our 60 active minutes. Being active on a regular basis when children are young establishes a healthy lifestyle that is more likely to be continued as they grow up.
- A visit to the park with our friends or family is a great way to have fun together and be active!
- Singing and moving to music and rhyme is great fun and helps us explore what our developing bodies can do.



Healthy Heroes

Promoting good health

It is really important that children:

- Eat a variety of foods including fruit and vegetables.
- Have regular 'me sized' meals.
- Don't have too many foods and drinks high in fat, salt and sugar.
- Are active for at least 60 minutes a day.

The four Healthy Heroes and their sidekick Freddie Frog have been designed to help promote healthy eating and physical activity messages and encourage families, with children aged two years and upwards, make healthier choices.

Look out for the Healthy Heroes and Freddie when you visit children's centres, nurseries and schools across Lancashire!

For more information visit www.lhsp.org.uk/healthyheroes
Also check out the national Start4Life campaign by visiting www.nhs.uk/start4life



1

Avoid foods high in fat, salt and sugar.

2

Is your child eating a variety of foods, including fruit and vegetables?

3

Make sure your child is active for at least 60 minutes per day.

Healthy choices

- Eating breakfast.
- Eating at least 5 A DAY every day.
- Eating healthy snacks that are low in fat and salt and are sugar free.
- Drinking plenty of water.
- Trying a new food.
- Being active as a family.
- Going for a walk together.
- Going to the park to play.
- Dancing together to music and rhymes.





Source: NHS Immunisation Information.

When to immunise	Diseases protected against
Two months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib) • Pneumococcal disease • Rotavirus • Meningitis B
Three months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Meningococcal group C disease (MenC) • Rotavirus
Four months old	<ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis, polio and Hib • Pneumococcal disease • Meningitis B
Between 12 and 13 months old - within a month of the first birthday	<ul style="list-style-type: none"> • Hib/MenC • Meningitis B • Pneumococcal disease • Measles, mumps and rubella (German measles)
Two to six year olds (including children in school years 1 and 2)	<ul style="list-style-type: none"> • Influenza (flu) - nasal spray vaccine in autumn each year
Three years four months old or soon after	<ul style="list-style-type: none"> • Measles, mumps and rubella • Diphtheria, tetanus, pertussis and polio (Pre-School Booster)

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

Immunisations

Protect your child now and in the future

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

Immunisations are mainly given during the first five years. It's important to have vaccinations at the right age to keep the risk of disease as low as possible. 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, a very serious infection for young babies.

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 essential to protect children from diseases which can be very serious, causing long-term complications and even death.

If you wish to have further information on childhood immunisations, visit www.nhs.uk or speak to your health visitor, practice nurse or GP.



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.



Laying solid foundations for good oral health throughout life

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 call **0845 53 33 230**.



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.



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

Keep your home smokefree

- Tell everyone in your house, and any visitors, that your home is now smokefree.
- Keep a pair of slip-on shoes and other all-weather bits by your back door, so you can go out anytime.
- Keep an ashtray 7 steps from your back door as a reminder. It'll help keep the garden tidy too.
- Can't make it outside? Nicotine replacement methods like patches and gum can help.
- If you smoke, or are exposed to secondhand smoke during pregnancy, it means that your baby shares chemicals from the smoke you breathe.
- Thinking of quitting? Visit www.nhs.uk/smokefree or call 0300 123 1044.

Smokefree homes

Protecting your child's health

Smoking near your children can significantly affect not only your health but also your child's health.

- Cigarette smoke increases the chances of breathing difficulties in babies.
- Cigarette smoke makes the symptoms of asthma worse.
- Cigarette smoke increases the chances of your children getting ear infections and needing ear operations.
- Cigarette smoke increases the risk of sudden and unexpected death in babies.
- Secondhand smoke has an impact on children attending school.

If you want to smoke, then it is best to take 7 steps outside your home to ensure it does not affect your children.

Remember - it is also important to have a smokefree car at all times as exposure to the chemicals in secondhand smoke is increased in a confined space even with the windows open!

1

Smoking anywhere near your children 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

Take 7 Steps out to ensure you are protecting your children.

The benefits of taking 7 steps out

- 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.



Source: www.take7stepsout.co.uk



Health visitor says

It is advisable for mums who breastfeed their baby to take a vitamin D supplement. If your baby is six months or older, and/or is drinking less than 500ml (1 pint) of formula milk per day, it is recommended they are given vitamin drops containing vitamins A, C and D. It's especially important to give vitamin drops to children who are fussy about what they eat, children living in northern areas of the UK and those of Asian, African and Middle Eastern origin. If the child's mum wears concealing clothes when outdoors, it may be advisable to give children vitamin drops from one month, as they will be at higher risk of deficiency. Visit www.healthystart.nhs.uk for more details.

Vitamin D

Is your child getting enough?

Vitamin D deficiency is a very common problem in the UK. 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.

Vitamin D helps your baby's body absorb calcium, which is needed for the healthy development of strong bones and teeth. A deficiency of vitamin D can result in rickets, which affects the way bones develop and grow. The bones of a child with rickets are unable to sufficiently support their body weight, resulting in bowed legs.

The most important source of vitamin D is sunlight. Be aware that exposure of 10 to 15 minutes to the UK summer sun, without suncream, several times a week is probably a safe balance between adequate vitamin D levels and any risk of skin cancer.* Healthy start vitamins are available free of charge for all under fives, new mums and pregnant women across Lancashire. Visit your local Health Centre or Children's Centre to get your free supply.

1

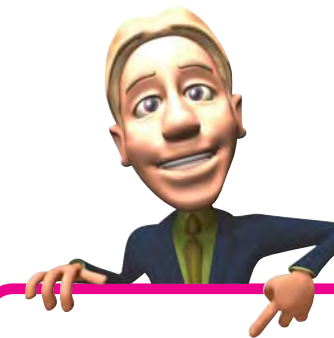
Vitamin D is naturally present in only a few foods such as fortified margarines, eggs and fatty fish.

2

Vitamin D is made naturally by the skin when it is exposed to gentle sunlight, so encourage your children to play outside.

3

It is sensible to give all children vitamin drops with vitamins A, C and D from the age of one to five years old.



Pharmacist says

Vitamin D deficiency can result in rickets in severe cases. Babies with severe vitamin D deficiency can get muscle cramps, seizures and breathing difficulties. Poor growth can also be a symptom and affected children might be reluctant to start walking. Children with vitamin D deficiency may also be late teething as the development of their milk teeth has been affected.

*Source: British Association of Dermatologists.

Useful contacts

NATIONAL

Asthma UK

0300 222 5800
www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

British Nutrition Foundation

020 7557 7930
www.nutrition.org.uk

Cry-sis

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

Dental Helpline

0845 063 1188

Family Lives

0808 800 2222
www.familylives.org.uk

Fatherhood Institute

www.fatherhoodinstitute.org

Healthy Start

www.healthystart.nhs.uk

Meningitis Now

0808 80 10 388
www.meningitisnow.org

National Breastfeeding Helpline

0300 100 0212
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700
www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247

NHS 111

24 hour - for when it is less urgent than 999

NHS LifeCheck

www.nhs.uk/LifeCheck

NHS Live Well

www.nhs.uk/Livewell/childhealth0-1
www.nhs.uk/Livewell/Goodfood

NHS Smokefree

0300 123 1044
www.nhs.uk/smokefree

Real Baby Milk

www.realbabymilk.org

Start4Life

0300 123 4567
www.nhs.uk/start4life

The Lullaby Trust (FSID)

www.lullabytrust.org.uk

www.gov.uk

www.dh.gov.uk



Call 999 in an emergency



LOCAL

The Royal Blackburn Hospital provides care for major emergencies, and Burnley General Hospital provides care for minor injury only.

What to do if you think your child is **SERIOUSLY ILL**

If you think your child is seriously ill **CALL 999 AND ASK FOR THE AMBULANCE SERVICE** or bring them to the **Emergency Department at the Royal Blackburn Hospital**.

DO NOT take them to Burnley General Hospital or any other service.

What to do if your child has a **MINOR ILLNESS**

This booklet is intended to provide advice and support to self-manage minor illnesses. If you require additional support there are a number of options available to you:

- Your local pharmacist will have knowledge of most everyday health issues and they can suggest the best medicine to help.
- From 8.00am to 6.30pm (Monday to Friday) contact your **GP** directly, or call **111** to seek advice.
- For treatment outside of your GP's opening hours please contact **111** to seek advice, out-of-hours appointments and available Walk-in Centres.

What to do if your child has a **MINOR INJURY**

For treatment of minor injuries you may attend one of the following:

- Urgent Care Centres located at Burnley General Hospital or Royal Blackburn Hospital.
- Accrington Victoria Minor Injuries Unit. The unit is open 8.30am to 8.30pm seven days a week.

Please contact NHS 111 for further information and advice.