

Breastfeeding
Worried, need support and advice?

Immunisations
Confused, unsure or need advice?

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

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

Speak to your Midwife or contact your local Breastfeeding Support Team
0300 300 0103
option 2 for St Helens

Speak to your Health Visitor or Practice Nurse

Speak to your Health Visitor or Dentist


St Helens 01744 814837
0800 022 4332
www.smokefree.nhs.uk

There are many everyday illnesses or health concerns which parents and carers need advice and information on.

We would really like to know what you think about this Guide to common childhood illnesses. Please take a few minutes to tell us what you think about this handbook and any improvements you would like to see by contacting us.

Email: Communications.ccg@sthelensccg.nhs.uk

Website: www.sthelensccg.nhs.uk

Twitter: <http://twitter.com/sthelensccg>

Facebook: www.facebook.com and search for NHS St Helens Clinical Commissioning Group

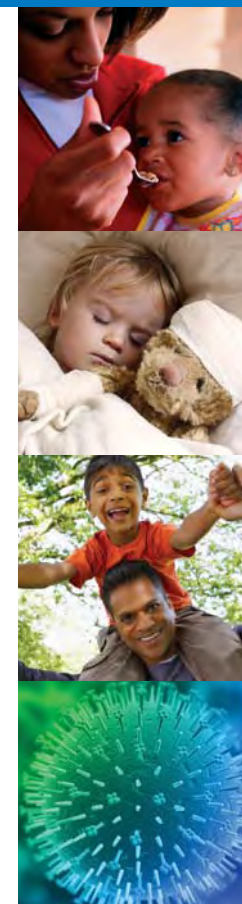
This handbook has been endorsed by NHS St Helens Clinical Commissioning Group

A Guide

FOR PARENTS AND CARERS of children aged birth-5 years

Common childhood illnesses

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NHS

St Helens Clinical Commissioning Group



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 your GP and when to contact the Emergency Services. Most issues your child will experience are part of growing up and are often helped by talking to your Midwife, Health Visitor or local Pharmacist. Almost all babies, toddlers and children will get common childhood illnesses like chickenpox, colds, sore throats and earache.

Some of these are easily treated at home with advice from your Pharmacist, your GP or your Health Visitor rather than a trip to your surgery or Accident and Emergency.

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

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

All factual content has been sourced from Department of Health, Birth to Five, 2009 edition, NHS Choices, British Association of Dermatologists, Meningitis Now, NICE. This information cannot replace specialist care. If you are worried get further advice, you know your baby best.



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A guide to services

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



Midwife

Your Midwife will know you and your baby well. They assess yours and your baby's health and well-being at various stages throughout pregnancy. They will also support you if you choose a home birth.



Health Visitor

Health Visitors are there to support you and your family during the early years. They visit you at home or see you in your local clinic. They assess your child and family's health and development needs. They can tell you where to get extra help if you need it.



Pharmacist

Your local Pharmacist can provide advice on most common health issues. They can suggest and dispense medicines and other health products. There are often Pharmacists in supermarkets and many are open late.

Visit www.nhsdirect.nhs.uk where you can find the service locator that will help you find the pharmacy nearest to you.

The local NHS operates a minor ailments scheme (Care at the Chemist) that you can access via your local pharmacy. Most pharmacies provide this service but if they don't they can direct you to one that does. You can see your local Pharmacist for a confidential consultation for a wide range of ailments including coughs, colds, sore throats, pain and temperature, minor eye infections, head lice and lots more. The scheme is available from age 1 and over and any medicine dispensed is free if you do not pay for your prescriptions.



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 a GP out-of-hours service. Check with your local surgery.



Children's Centres

Families can access a wide range of information in a friendly environment. Children's Centres provide a range of advice including health promotion, advice on safety and they promote all aspects of child health and well-being. For more information visit www.sthelens.gov.uk/FIS



A&E

For immediate, life-threatening emergencies, please call 999. The Accident and Emergency (A&E) department and 999 are emergency services. They 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.

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

Grazed knee Sore throat Coughs and colds	Self Care	You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest www.nhs.uk
As a parent if you are: Unsure Confused Need help	NHS Choices For 24 hour health advice and information.	www.nhs.uk
Mild diarrhoea Mild skin irritations (including spots/rash) Mild fever	Pharmacist For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist for your nearest pharmacist's details.
High temperature Head injuries not involving loss of consciousness Persistent cough Worsening health conditions (inside GP hours)	GP For the treatment of illnesses and injuries that will not go away.	Write your GP's (family Doctor) telephone number here: <input type="text"/>
Minor bumps, cuts and possible fractures Dehydrated Headache Tummy pain	Walk-in Centre For treatment of minor illnesses and injuries without an appointment.	Walk-in Centre St Helens Walk-in Centre, Millenium Centre, Corporation Street, St Helens WA10 1HJ. Open Monday-Saturday 7am-10pm Sunday 9am-10pm
Choking Loss of consciousness Fitting Broken bones	Accident & Emergency or 999 For very severe or life threatening conditions when it is safe to move your child.	Accident & Emergency

Know the basics

Being prepared and knowing the signs

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

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary. Keep a small supply of useful medicines in a locked cabinet or somewhere up high where a child cannot reach them. There is a useful list in the box on the right, of 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.

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

Stop

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

Think

Is there a fever, have you checked their temperature? Have you tried paracetamol? Remember to check the label to give the right dose.

Do

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



Pharmacist says

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



Thermometer



Plasters



Liquid painkillers (e.g. paracetamol or ibuprofen)



Barrier cream



Natural oils like olive oil or almond oil (for dry skin)



Antihistamine

Source: NHS choices



Antibiotics for children

If you're offered a prescription for an antibiotic, talk to your Doctor 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.

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. Both paracetamol and ibuprofen are safe and effective when used correctly.

Don't give aspirin to children under 16 unless specifically prescribed by a Doctor. 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.

Stop

My child has a bad cold and I want to get some antibiotics from my GP.

Think

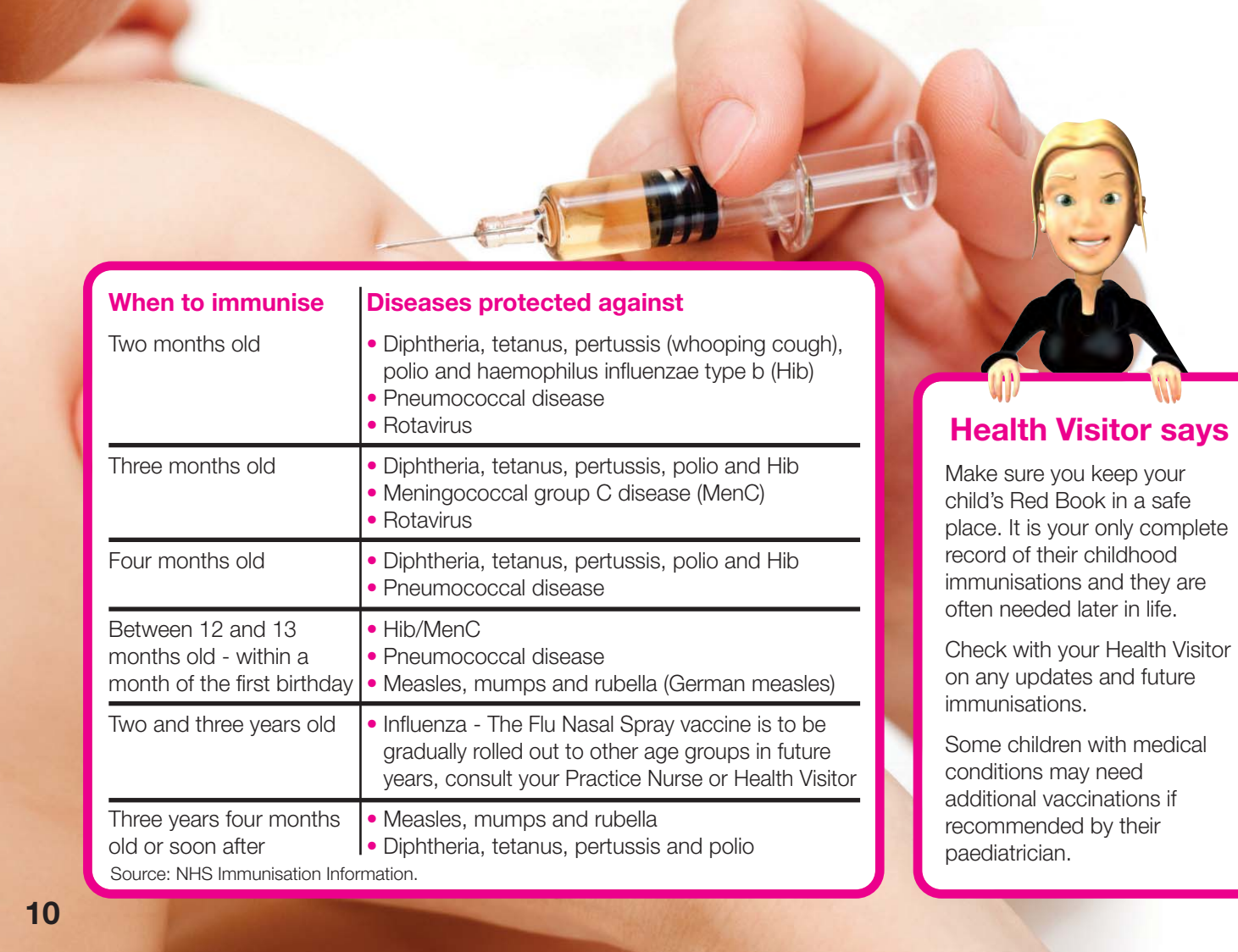
Do not expect your GP to automatically give you antibiotics (or any other medicine).

Do

Antibiotics aren't always the answer when your child is unwell.

Pharmacist says

- Always tell the Pharmacist how old your child is and whether they have any conditions like asthma.
- Always follow the instructions on the label or ask the Pharmacist if you're unsure.
- Ask for sugar-free medicines if they're available.
- Look for the expiry date. Don't use out-of-date medicines.
- Only give your child medicine given to you by your GP, Pharmacist or usual healthcare professional. Never use medicines prescribed for anyone else.
- Keep all medicines out of your child's reach and out of sight if possible.



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

Source: NHS Immunisation Information.

Health Visitor says

Make sure you keep your child's Red Book in a safe place. It is your only complete record of their childhood immunisations and they are often needed later in life.

Check with your Health Visitor on any updates and future immunisations.

Some children with medical conditions may need additional vaccinations if recommended by their paediatrician.

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 surgery. The ideal time is 28 to 32 weeks of pregnancy, your baby will be born protected against whooping cough infection, a very serious infection for young babies.

Stop

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

Think

Your Health Visitor will tell you when local immunisation sessions are taking place.

Do

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 offered to your child are worth the small amount of pain.

If you wish to have further information on the immunisations offered to your child, visit www.nhs.uk or speak to your Health Visitor, Practice Nurse or GP.



A healthy weight

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

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

Source: Change4Life - DoH 2009 (www.dh.gov.uk/obesity).



For your well-being and that of your child, do not smoke or let anyone smoke in front of your child. If you would like further information about stopping smoking, please contact SUPPORT, St Helens Stop Smoking Service on 01744 814837.

Healthy kids

Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for your baby's growing needs.

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

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

Stop

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

Think

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

Do

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

Source: NHS Choices Fussy Eaters/Department of Health



Health Visitor says

It can be difficult to get enough vitamin D through food alone (it only occurs naturally in a few foods, such as oily fish and eggs). The Department of Health recommends that all children from six months to five years old are given supplements, in the form of vitamin drops, which contain vitamins A, C and D.

Your Health Visitor or Pharmacist can give you advice on vitamin drops. To see if you are entitled to free vitamin drops visit www.healthystart.nhs.uk

Source: NHS Choices Pregnancy and Baby

Cuts

Glass causes serious cuts with many children ending up in A&E.

PREVENTION:

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

WHAT TO DO:

- If the cut is not serious bathe the area, make sure there is no glass left and cover with a clean non-fluffy cloth.
- If the cut is serious, is bleeding a lot or has a piece of glass under the skin (maybe they trod on some glass) go to A&E.

Drowning

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

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds and fill in a garden pond to use as a sand pit.
- Make sure your child learns to swim.

WHAT TO DO:

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

Poisoning

Poisoning from medicines, household products and cosmetics are common.

PREVENTION:

Lock all chemicals, medicines and cleaning products away.

WHAT TO DO:

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

Strangulation

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

PREVENTION:

- Install blinds that do not have a cord, particularly in a child's bedroom.
- Pull cords on curtains and blinds should be kept short and kept out of reach.
- Tie up the cords or use one of the many cleats, cord tidies, clips or ties that are available.
- Do not place a child's cot, bed, playpen or highchair near a window.
- Do not hang toys or objects that could be a hazard on the cot or bed.
- Do not hang drawstring bags where a small child could get their head through the loop of the drawstring.
- Find out more about CPR www.redcrossfirstaidtraining.co.uk

WHAT TO DO:

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

Source: The Royal Society for the Prevention of Accidents (RoSPA)

Household accidents

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

WHAT TO DO:

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

Choking

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

PREVENTION:

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

WHAT TO DO:

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

Head injury

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

You need to get medical attention if:

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

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

WHAT TO DO:

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



St. Helens Smokefree Homes and Cars Scheme



Make your Smokefree pledge now!

www.sthelens.gov.uk/smokefree

Smokefree homes

Protecting your child's health

Making your home and car smokefree improves the health and safety of those you care about most.

- Children are affected from secondhand smoke as their lungs, airways and immune system are less developed.
- Children exposed to secondhand smoke are at risk of asthma attacks, meningitis and ear infections.
- Babies exposed to secondhand smoke are more at risk of cot death.
- Children who grow up in a smoking household are nearly twice as likely to become a smoker themselves.
- Breathing in other people's smoke increases risk of lung cancer and heart disease by a quarter.
- Smoking is a major cause of fires in the home.

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

If you would like further information about stopping smoking, please contact SUPPORT, St Helens Stop Smoking Service on 01744 814837.

Stop

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

Think

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

Do

Take 7 Steps 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.
- If you do smoke 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.

Source: www.take7stepsout.co.uk



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.



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.

Source: County Health Partnerships

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. Baby's immediate needs are to feel safe and secure, and to be able to feed whenever hungry. Holding your baby close to feed, and responding to all of baby's needs encourages healthy brain connections. Most of this development will occur within the first two years. Responsive parenting will enable your baby to reach its full potential, to be able to form good relationships and communicate well, giving them the best start in life.

Sterilising and bottle hygiene

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

Stop

Are your nipples sore? If yes, please ask for help as soon as possible.

Think

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

Do

Go to your local Breastfeeding Support Group, usually held at a Children's Centre, call 0300 3000 103 for details. Other mums and Peer Supporters will be there to give you lots of tips.

Source: UNICEF UK Baby Friendly Initiative 2010

Midwife says

How to tell your baby is having enough milk:

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

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



Health Visitor says

Bringing back up 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

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 (see [Feeding your baby page 18](#)).

Being sick often or with large amounts may be due to 'gastric reflux' where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during a feed to make them more upright (see [correct positioning advice on page 18](#)).

Feeding smaller amounts and more often may also help as babies are commonly sick due to overfeeding.

Stop

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

Think

They always seem to bring up small amounts of milk.

Do

This is known as 'possetting'. As they 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 a tummy bug (see [Upset tummy page 50](#)), which can come with diarrhoea (runny poo).

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

Get your GP's advice if your baby is unwell or if the vomiting has lasted for more than a day.



Health Visitor says

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

Things to check first are:

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

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

Crying

Understanding why

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

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 only usually affects babies in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and 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.

Stop

My baby is crying more than usual.

Think

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

Do

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



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 cradle cap tips

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



Massage a non-cosmetic moisturiser (emollient) which is oil based or olive oil into the scalp and leave to soak in.



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

If this does not settle, the redness spreads or your baby is itchy then speak to your Health Visitor.

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.

Nappy rash & dry skin

A common problem that's easy to treat

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. The best way to deal with nappy rash is to try to prevent your baby getting it in the first place.

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 might need to change their nappy more often.

Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the Pharmacist. 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.

Stop

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

Think

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

Do

Change your baby's 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 wee away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional.



Sticky eyes & conjunctivitis

Two different issues

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

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

Stop

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

Think

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

Do

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



GP says - Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are yellowy, green sticky goo which comes back regularly. If you notice this, 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 3 tooth care tips:

1. As soon as your baby gets their first teeth clean them twice a day with a family fluoride toothpaste.
2. Avoid sugary drinks and foods particularly between meals.
3. Visit your Dentist every 6 months. For help accessing an NHS Dentist 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'.

Source: DoH Birth to five edition 2009.

Teething trouble

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a baby 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. Source: www.nhs.uk

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see your Dentist regularly and discuss your child's oral health with them.

Stop

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

Think

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

Do

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.

Source: DoH Birth to five edition 2009.



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.

Health Visitor's tips

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

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

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



Flat head syndrome

Sleep on his back and let him play on his tummy

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

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

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

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

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

Stop

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

Think

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

Do

If you have tried the Health Visitor's tips and are still worried talk to your Health Visitor or GP.



GP says

In cases of craniosynostosis, where the plates of your baby's skull have fused too early, surgery will be needed to unlock and move the bones. This is a more serious condition. Talk to your Health Visitor or GP if you are concerned and have tried the measures suggested.



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www.sthelens.gov.uk/smokefree

Safer sleeping

Reducing the risks of cot death

A cot in your room is the safest place for your baby to sleep in their first six months.

- Keep the cot tidy and do not use plastic sheets.
- Babies can overheat, so try to keep the room between 16-20°C. Do not use duvets, quilts or pillows until your baby is one year old, and never use hot water bottles or electric blankets.
- Always position your newborn baby in the 'Feet to Foot' position, with their feet at the foot of the cot so that they can't move down inside their blanket.
- Unless a health professional has told you to do something different, always put your baby to sleep on its back.
- Never let your baby fall asleep propped up on a cushion, on a sofa or chair, and don't let anyone fall asleep while nursing your baby.

Remember - keep the house smokefree.

For further advice or support you could speak to your Health Visitor or GP or contact the Lullaby Trust (formerly FSID) 0808 802 6869 www.lullabytrust.org.uk

Stop

Always put your baby to sleep in the 'Back to Sleep' and 'Feet to Foot' position.

Think

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

Do

Keep your baby's cot in your room for the first six months.



Health Visitor says

Taking your baby into your bed is never risk free. If you decide to take a baby into your bed, make sure you or your partner have not taken any medicine, drugs or alcohol that may make you sleep more heavily than usual. Remember, they face a bigger health risk if you or your partner is a smoker. Sleeping next to you your baby will be warmer anyway, so if they fall asleep they may get too hot. There are extra risks if you or your partner are overweight.



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

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

Do not give paracetamol and ibuprofen at the same time.

If your child is still distressed you could consider changing to the other drug when the next dose is due.

Aspirin - do not use for children under 16.

Source: 2013 NICE guidance.

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. Clean your hands as soon as you can.

Coughs & colds

Not usually serious

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

Most bugs will run their course without doing any real harm because they will get better on their own, however there are things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try paracetamol (not aspirin).
- ✓ Keep them away from smoke, do not let people smoke at home, around your child or come into contact with your child if they have recently smoked.
- ✓ Keep calm - a cuddle goes a long way.
- ✓ Talk to your Pharmacist but remember that coughing is the body's way of keeping the lungs clear.

If your baby is under three months, or you are concerned, contact your GP.

Stop

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

Think

Have they recently started nursery? Catching colds is very common. Have you spoken to your Pharmacist about paracetamol and cough medicines?

Do

If symptoms last for more than 72 hours or your child is coughing up yellow 'goo' they may have an infection. Contact your GP.



Pharmacist says

Children can also be treated using over the counter painkillers to help to bring down a raised temperature. Paracetamol and cough medicines can help. Check the label carefully. Some are available as a liquid. Always check with your Pharmacist if you aren't sure which treatments you can give your child.

Bronchiolitis

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

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

Symptoms usually improve after three days and in most cases the illness isn't serious. However you should contact your GP 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/

For your well-being and that of your child, do not smoke or let anyone smoke in front of your child. If you would like further information about stopping smoking, please contact SUPPORT, St Helens Stop Smoking Service on 01744 814837.



Stop

If your child has a runny nose and cough but also has rapid breathing and difficulty feeding or is vomiting, it may be bronchiolitis.

Think

Even though most cases of bronchiolitis are not serious, these symptoms can be very worrying for parents.

Do

Contact your GP if your child has symptoms of bronchiolitis (see box). This is particularly important if your baby is under 12 weeks. **Call 999** if your child has severe breathing difficulties or exhaustion from trying to breathe.

Wheezing & breathing difficulties

Look at the signs

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

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

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see page 34 Coughs & colds).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.

If you're worried about your child wheezing or having breathing difficulties even after reading this, contact your GP or call 999 immediately.



GP says

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.

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.



Asthma Nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack. Our GP Asthma Clinics offer advice and treatment. Ask about the seasonal flu vaccination.

Symptoms of severe asthma

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

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. Asthma has multiple causes and it is not uncommon for two or more different causes to be present in one child. Asthma is more than wheezing. Coughing, recurrent bronchitis and shortness of breath, especially when exercising, are also ways that asthma appears.

The two most common triggers of asthma in children are colds and allergies. After infancy allergies become particularly important and avoiding the allergens to which your child is allergic may help improve their asthma.

A sudden, severe onset of symptoms is known as an asthma attack, it can be life threatening and may require immediate hospital treatment.

Asthma often runs in families and parents should avoid smoking indoors or near to their children.

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

Stop

My child seems to wheeze and cough a lot, it seems to get worse at night.

Think

Have you tried reducing any possible amounts of dust around the home? Do you smoke? Have you talked to your Health Visitor?

Do

If symptoms persist see your GP. If your child has a serious asthma attack **call 999**.



GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing.

Parents may be referred by their GP to attend a local Asthma Clinic for support and better management of their child's asthma at home.

All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid are offered the seasonal flu vaccine.

Spotting symptoms

This example shows areas where allergy sufferers may experience symptoms. Many of these symptoms can develop as a result of other common childhood illnesses. With an allergy, symptoms often appear more quickly or suddenly.

Eyes

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

Airways

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

Nose, throat and ears

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

Skin

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

Digestion

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

Allergies

Managing and understanding your child's allergy

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

An allergy is when the body has a reaction to a protein such as foods, insect stings, pollens, house dust mite or other substance such as antibiotics. There are many common allergies. Some families seem to include more individuals with allergies than other families. Children born into families where allergies already exist show a higher than average chance of developing allergies themselves.

Allergic symptoms can affect the nose, throat, ears, eyes, airways, digestion and skin in mild, moderate or severe form. When a child first shows signs of an allergy it is not always clear what has caused the symptoms, or even if they have had an allergic reaction. Some allergic symptoms can be similar to other common childhood illnesses. If the reaction is severe, or if the symptoms continue to re-occur, it is important that you contact your GP.

Stop

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

Think

Allergens can cause skin reactions (such as a rash or swelling of the lips, face and around the eyes), digestive problems such as vomiting and diarrhoea, and hay-fever-like symptoms, such as sneezing.

Do

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

GP says

If you suspect you or your child may have a food allergy, it is very important to ask for a professional diagnosis from your GP, who may refer you to an Allergy Clinic.

Many parents mistakenly assume their child has a food allergy when in fact their symptoms are due to a completely different condition or a food intolerance.



What are the signs of an ear infection?

The signs are fever, ear pain, fussiness or irritability especially when lying down (this increases the pressure on the inner ear causing more pain when an infection is present), disturbed sleep patterns, fluid draining from the ear. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks). With young children, your GP may want to see them again in three to four weeks



Ear infection

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

Children who live in households where people smoke (passive smoking) or who have a lot of contact with other children, like those who go to nursery, are more likely to get ear infections. Speak to your Health Visitor about safely cleaning your baby's ears as they can be easily damaged.

Stop

My toddler has earache but seems otherwise well.

Think

Have you tried infant paracetamol from your Pharmacist? Do not put oil or cotton buds into your child's ears.

Do

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



Health Visitor's tips

The best ways to prevent ear infections are to:

- ✓ Avoid others who are ill when possible.
- ✓ Wash hands to prevent the spread of viruses.
- ✓ Never smoke indoors.
- ✓ Breastfeed your child.
- ✓ Do not allow your child to drink while lying down.

Source: DoH Birth to five edition 2009.



Babies under 6 months:

- A baby younger than 3 months with a temperature of 38°C or more without a rash needs to be assessed by a Doctor.
- A baby older than 3 months with a temperature of 39°C or more without a rash needs to be assessed by a Doctor.
- A baby of any age with a temperature of 38°C and a rash should be seen immediately by a Doctor.

Fever

Common in young children

If your child has a fever, he or she will have a body temperature above 38°C. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell.

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

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood (septicaemia), urinary tract infection, pneumonia or meningitis. The younger the baby, the greater the possibility of the fever being a sign of something more serious.

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

Stop

My toddler is hot and grumpy.

Think

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

Do

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



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



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. If you cannot get help straight away from a Doctor 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 contact a doctor.

Find out more from www.meningitisnow.org

Meningitis

Not common 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. It is important to 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). **Bear in mind that 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.

Stop

My child is showing some of the signs of meningitis.

Think

Have you tried the glass test?

Do

If the spots do not fade under pressure contact a Doctor. If you cannot get help straight away from a Doctor, **go to A&E.**

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



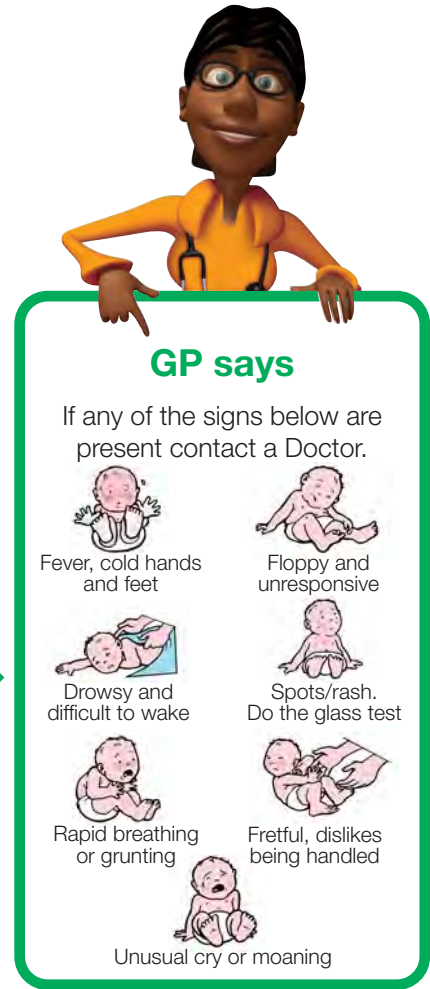
Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning





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.

Rashes & chickenpox



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. If you try the glass test ([page 46](#)) be aware that chickenpox spots do not fade (non-blanching).

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 people.

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.

Baby skin is more delicate than ours. Try to limit the amount of products you use on their skin. Never leave your baby out in the sun. Baths, loose clothing and calamine lotion can all help ease itchy skin. Antihistamines may be useful for relieving some symptoms for babies over one year old, ask your Pharmacist.

Seek immediate advice if your baby has a rash and a high temperature or vomiting ([see page 46 meningitis](#)).

Rashes can be easily confused with other illnesses and may be an allergic reaction ([see page 40 allergies](#)).

Chickenpox is a mild skin disease. See details →

Stop

My baby's skin is flaky and dry.

Think

Does their skin look different, have you discussed with your Health Visitor? Do they have a rash which does not disappear when you press a glass to it?

Do

If so **go to A&E**. If not, but you are worried see your GP.



Signs of dehydration

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

Try rehydrating solution from your Pharmacist.



Pharmacist says

There are lots of ways you can care for your child at home. Things to try are:

- ✓ Give them regular drinks - try small amounts of cold water. Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or anti-bacterial hand gel and dry hands well with a clean towel).

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

Upset tummy

Not nice for you or your baby

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

Feeling sick and suddenly being sick are normally the first signs. Diarrhoea can follow afterwards. Diarrhoea can cause dehydration so increase fluid intake.

Take them to see 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. 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. Regularly wash hands with warm water and soap to fight off the infection. If you are out, use hand gel.

Stop

My baby has runny poo and is being sick.

Think

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your Pharmacist. Make sure you regularly wash your hands.

Do

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

Vomiting

The most common cause of vomiting is gastroenteritis. This is an infection of the gut. It also causes diarrhoea. This is usually nothing to worry about and will pass in a few days. Being sick can sometimes be caused by other things like food allergies, accidentally swallowing a poison or drug, or an infection.

You should contact your GP if your child:

- Has been vomiting for more than 24 hours.
- Has not been able to hold down fluids for the last eight hours, or you think they are dehydrated.
- Is floppy, irritable, won't eat their food, or they are not their usual self.
- Has severe tummy pain.
- Has a headache and stiff neck.



Constipation

Easy to treat

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

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

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

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

Stop

Does my child have a balanced diet?

Think

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

Do

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

Source: NICE guidelines 2010, constipation in children



Health Visitor says

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

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

Useful contacts

NATIONAL

Asthma UK

Advice and information for people with asthma.
0800 121 62 44
www.asthma.org.uk

Baby Lifecheck

Advice and information on raising a newborn.
www.babylifecheck.co.uk

British Nutrition Foundation

Advice and tips on how to put healthy eating and active lifestyle into practice.
0207 557 7930
www.nutrition.org.uk

Child Accident Prevention Trust (CAPT)

Free child safety advice to parents and carers.
020 7608 3828
www.capt.org.uk

Meningitis Now

Support services for people affected by meningitis.
0808 80 10 388
www.meningitisnow.org

National Breastfeeding Network Helpline

Support and information for breastfeeding women.
0300 100 0212
www.breastfeedingnetwork.org.uk
email: enquiries@breastfeedingnetwork.org.uk

National Domestic Violence Helpline

Working to end domestic violence against women and children. Support and advice 24 hours a day.
0808 2000 247
www.womensaid.org.uk
www.refuge.org.uk

Netmums

Parenting advice and information in England, Wales, Scotland and Northern Ireland.
www.netmums.com

NHS Choices

www.nhs.uk

NHS Lifecheck

Online tool to help improve you and your family's health
www.nhs.uk/LifeCheck

NHS Live well

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

NHS Smokefree

0800 022 4 332
www.smokefree.nhs.uk

Family Lives

Free immediate and ongoing help on the phone, online or in local communities.
0808 800 2222
www.familylives.org.uk
www.nhs.uk/start4life
www.direct.gov.uk
www.dh.gov.uk

Call 999 in an emergency

LOCAL

Local NHS Services

Find your nearest GP, hospital, Dentist, Pharmacist or Optician at www.nhs.uk
Find and Choose Services

St Helens NHS Walk-in Centre and Minor Injuries Unit

Gives health information advice and can treat minor illnesses and injuries.
Millenium Building,
Corporation Street, St Helens,
Merseyside WA10 1HJ.
01744 627400
Open Monday to Saturday 7am-10pm
and Sunday 9am-10pm.

Out of Hours

If you are calling out of normal surgery hours - during the evening, at night, during weekends and on Bank Holidays - all GPs operate an Out of Hours emergency service. However, this service should only be used if you have an urgent medical problem that cannot wait until normal surgery hours. To access this service call your normal GP's surgery.

SUPPORT

For more information about stopping smoking, please contact St Helens Stop Smoking Service.
01744 814837
www.healthimprovementteam.co.uk/our-services/smoking/

St Helens Breastfeeding Support Service

0300 3000 103 option 2
www.healthimprovementteam.co.uk

Want to share your views and experiences on local health and social services?

Healthwatch

4th Floor, Tontine House,
24 Church Street,
ST Helens,
Merseyside WA10 1BD.
0300 111 0007