



Blackburn with Darwen Families Information Service

The families information service provides quality and up-to-date information, advice and guidance on Ofsted registered childcare, free early education and a range of childcare services available for children and families in Blackburn with Darwen.

We provide information on:

- Childminders
- Nurseries and pre-schools
- Nursery schools, nursery classes and children's centres
- Out of school clubs - before or after school
- Free early education for 2, 3 and 4 year old children
- Information about becoming a childminder
- Holiday and half term activities
- Parent and toddler groups
- Services and activities for 0-19 year olds

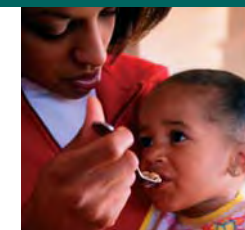
Contact the families information service helpline on 01254 667877 for more information and to request a pack including a list of childcare providers in your area. Alternatively, you can log on to www.blackburn.gov.uk or email us at fis@blackburn.gov.uk



A Guide

FOR **PARENTS AND CARERS** of children

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 Doctor 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 Accident & Emergency.



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 **Blackburn with Darwen Clinical Commissioning Group on 01254 282000.**

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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.

Here in Blackburn and Darwen we have a wide range of healthcare professionals.

See below which professional is best to help 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/servicedirectorios 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 immediate, 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.

Minor Injuries Unit

There are Minor Injuries Units in Blackburn with Darwen - see page 57 for more details.



Types of thermometer

Digital thermometers are quick to use, accurate and can be used under the arm (always use the thermometer under the arm with children under five years old). Hold your child's arm against their body and leave the thermometer in place for the time stated in the instructions.

Ear thermometers are put in the child's ear. They take the temperature in a few seconds and do not disturb the child, but they're expensive. Ear thermometers may give low readings when not correctly placed in the ear. Read the instructions carefully.

Strip-type thermometers, which you hold on your child's forehead, are not always an accurate way of taking their temperature. They show the temperature of the skin, not the body.

Mercury-in-glass thermometers haven't been used in hospitals for years and are no longer available to buy. Do not use mercury thermometers. If your child is exposed to mercury, get medical advice immediately.

A normal temperature is between 36-36.8°C (96.8-98.24°F).

Source: NHS Choices.

Know the basics

Being prepared and knowing the signs

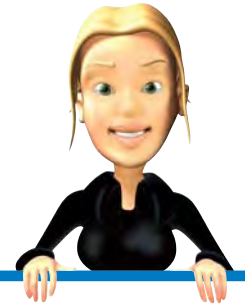
Parents are usually good at noticing when something is wrong with their baby/child from quite early on. It is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best. If your baby seems to have a serious illness get medical attention straight away.

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

Paracetamol and ibuprofen

Paracetamol can be given to babies and toddlers in the correct dose for their age. Check carton for details. Ibuprofen may be given to children who are three months of age or over and weigh at least 5kg (11lbs).

Consider using either paracetamol or ibuprofen in children with fever who appear distressed (as a general rule a temperature of over **37.5°C (99.5°F)**). Paracetamol can help to reduce fever and distress in children and so can ibuprofen. The two medicines should not be given at the same time but if you give one and it doesn't help, you may consider using the other when the next dose is due. It is not advisable to give Ibuprofen if your child is dehydrated (dry mouth, no tears, not passed urine for 12 hours, unusually sleepy or sunken eyes).



Health Visitor 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 vegetable oil (for dry skin)



Antihistamine



Health Visitor says

Possetting 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.

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. 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.

3

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 32](#)), 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 and become dehydrated. If they become dehydrated they may not pass enough urine, lose their appetite and have cold hands and feet.

Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your GP's advice straight away.



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?
- ✓ Could they be lonely and just need a cuddle?
- ✓ Does their cry sound different?

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

Look out for signs that your baby is trying to tell you they are hungry. Early signs are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed.

If 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 symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping.

When a baby cries, it can be upsetting. It is very important to stay calm and don't be afraid to ask for help. Do not shake your baby.

1

My baby is crying more than usual.

2

Have you followed the advice given by your Health Visitor? Have you thought about what your baby is trying to tell you?

3

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. If in doubt contact your GP or NHS 111.

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 liquid paraffin into the scalp (not olive oil) 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 seek medical advice.



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.

Rashes & dry skin

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis (see page 30).

Nappy rash

Nappy rash is very common. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. A nappy rash causes your baby's skin to become sore.

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

Dry skin

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

1

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

2

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

3

Change nappy often. Speak to your Health Visitor and if you are worried see your GP.



Pharmacist says

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

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

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.

Source: DoH 2006.



Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the signs are a yellowy, green sticky goo with a pink eye. If you notice this in an otherwise well child who is older than 1 month, it is pain free and will usually go away on its own within a week. Your child can attend nursery or school with this. If it persists longer than this, you should contact your Health Visitor or GP. Conjunctivitis can be passed on, so wash your hands and use a separate towel for your child.



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 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. 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 containing no less than 1000ppm fluoride - check pack for details.

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.

Source: DoH Birth to five edition 2009. www.nhs.uk



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 six 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.

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



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'.



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.

The above information cannot replace specialist treatment. If you are still worried, contact NHS 111 or a your GP.

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.



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.



Chickenpox & measles

Take rashes seriously

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.

Painkillers

If your child is in pain or has a high temperature (fever), you can give them a mild painkiller, such as paracetamol (available over-the-counter in pharmacies). Always read the manufacturer's dosage instructions. Do not give aspirin to children under the age of 16.

Measles

Measles is a very infectious illness. About one in five children with measles experiences complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. One in 10 children with measles ends up in hospital. There is no treatment for measles. Vaccination is the only way of preventing it. If your children haven't yet had the MMR vaccination, don't delay. Speak to your Health Visitor.

Once the rash starts, your child will need to rest and you can treat the symptoms until your child's immune system fights off the virus. If there are no complications due to measles, the symptoms will usually disappear within 7-10 days.

If your child has a high temperature, make sure they drink plenty of fluid because they may be at risk of dehydration. Keeping hydrated will also help reduce discomfort caused by coughing.



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.



1

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

2

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

3

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

Coughs, colds & flu

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.

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 feel achy and uncomfortable, and be ill for a week or more.

Most bugs 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 for all children aged two and three as part of the NHS Childhood Vaccination Programme. Ask your Health Visitor.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try infant paracetamol (not aspirin).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ 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.

See your GP if:

- ✓ Your baby has a temperature of 38°C or more.
- ✓ They have a fever with a rash.
- ✓ They are not waking up or interacting.
- ✓ Your child is finding it hard to breathe.



Pharmacist says

Children can often be treated using over the counter medicines to help to bring down a raised temperature. Junior paracetamol and cough medicines can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of about three months. 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.



 **SMOKEFREE** Call 0800 022 4332 or visit www.smokefree.nhs.uk

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).

Ear problems & tonsillitis

A baby's ears need to be treated with care

Ear infections, which can result in earache are common in babies and toddlers. They often follow a cold and can sometimes cause a temperature. A child may pull at their ear, but babies often cannot tell where their pain is coming from, so they just cry and seem generally uncomfortable.

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

Tonsillitis

Earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your GP if symptoms last longer than 4 days or become more serious with severe pain, a very high temperature or breathing difficulties.

1

My toddler has earache but seems otherwise well.

2

Have you tried infant paracetamol or ibuprofen from your Pharmacist?

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.



Health Visitor's tips

- ✓ A baby's ears need to be treated with care when cleaning.
- ✓ 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.

Source: DoH Birth to five edition 2009.



1

My toddler is hot and grumpy.

2

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

3

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

Babies under 6 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 (102°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.
- Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion.
- Undress to their nappy/pants and vest.
- Keep the room at a comfortable temperature (18°C).
- Give infant paracetamol or ibuprofen in the correct recommended dose for your child.

Fever

Over 38°C means a fever

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 infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important in preventing 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.

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

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

Source: DoH Birth to five edition 2009.



GP says

Parents or carers looking after a feverish child at home 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 like: sunken fontanelle, dry mouth, sunken eyes, absence of tears, poor overall appearance.
- Know how to identify signs of meningitis ([see page 31](#)).
- Check on them during the night.

Source: NICE, Feverish illness in children



The glass test

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

Go straight to the Accident and Emergency Department



In this example the spots are still visible through the glass. This is called a non-blanching rash - it does not fade. **Contact a Doctor immediately (e.g. your own surgery or call 111). If you cannot get help straight away go to A&E.**



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

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. Keep checking them.

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

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

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

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

1

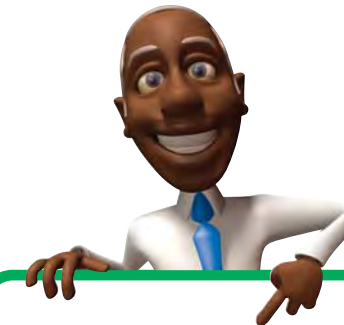
My child is showing some of the signs of meningitis.

2

Have you tried the glass test?

3

If the spots do not fade under pressure contact a Doctor (e.g. your own surgery or call 111). If you cannot get help straight away 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





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).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with water. It helps with dehydration.

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

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.

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

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

Continue to offer usual fluids, including breast milk, encourage regular small amounts of fluids containing sugar e.g. cordial. Avoid fizzy drinks or concentrated fruit drinks. Try any method - straw, bottle, cup, spoon or syringe. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

Keep them away from others, especially children, who may pick up infection. Be extra careful with everyone's handwashing.

1

My baby has diarrhoea and is being sick.

2

Have you given them lots of water? This will help prevent them becoming dehydrated if it is a tummy bug. Speak to your Pharmacist and ask about a rehydrating solution.

3

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

Signs of dehydration

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

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 persistent cough 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/



Call 0800 022 4332 or visit www.smokefree.nhs.uk



1

My child with croup has a distinctive barking cough and makes a harsh sound, when they breathe in.

2

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, children's paracetamol will help lower their temperature.

3

Try to remain calm and enable your child to rest. Position your child comfortably in an upright position to help with their breathing.

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. 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 24 coughs, colds & flu).
- Croup (hoarse voice, barking cough) needs to be assessed by a Doctor and may need treating with steroids.
- Child appears pale.

Source: NHS Choices - Symptoms of bronchiolitis



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.



The Government supports women who want to breastfeed their baby. But many women do not know what their rights are. As a result, many women do not breastfeed their babies in shops, cafés and other public places. The Equality Act makes it clear that it is against the law to stop a woman breastfeeding her baby anywhere or to ask her to leave.

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.

Contact our specialist Infant Feeding Team on 01254 732 673.

- 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.

If you are still worried, contact your Health Visitor or GP.



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.



Keeping them safe

Being a toddler means your child is discovering the world around them. This can result in bumps and bruises. It is almost impossible to prevent every accident although there are things we can do at home which might help.



Bumps & bruises

Part of growing up

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 then 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 NHS 111 or 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 a Doctor.

1

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

2

Give them some painkillers and let them rest whilst watching them closely.

3

Seek immediate help if:

- They have seriously injured themselves.
- They are unconscious.
- They have difficulty breathing.
- They are having a seizure.

If you are still worried, contact NHS 111. If you cannot get help go straight away to the Accident and Emergency Department.

Head injury

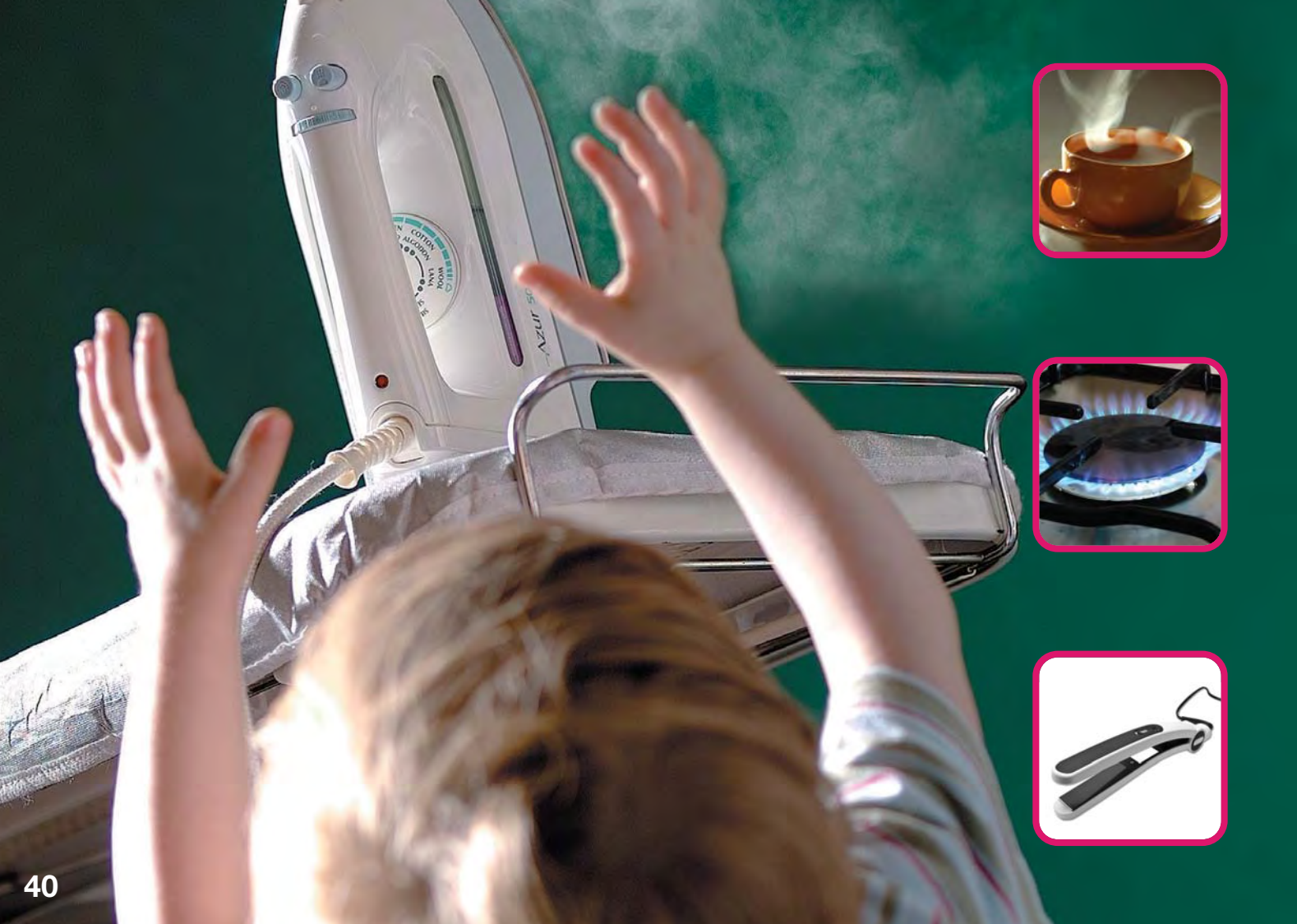
One of the signs of a severe head injury is being unusually sleepy, this does not mean you cannot let your child sleep.

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.

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



Burns & scalds

Knowing what to do

A burn is damage to the skin, which is 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. Give paracetamol or ibuprofen. Then take your child to hospital.

Remember to keep hot drinks out of children's reach and look at kitchen safety equipment.

1

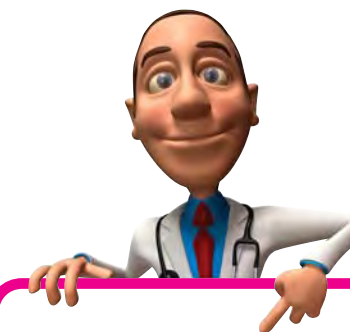
Treat the burn or scald straight after the accident by running under cold water for 20 minutes.

2

Do not use creams, lotions or ointments on the burn or scald.

3

For anything other than a very minor burn, take your child to A&E.



Do

Hold the affected area under cool running water for at least 20 minutes. Cover the burn with cling film if you have some, then wrap in a cloth soaked in cool water.

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.

If you are still worried, contact your GP out-of-hours service. If you cannot get help straight away go to the Accident and Emergency Department.

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.

If you are worried, contact your Health Visitor or your GP.



Steps to change

Tips from parents about what helped them become healthier families.

- **Change routines gradually** - don't try to do too much all at once.
- **Be a good role model** - children copy us. Involve children in planning how to make healthy changes as a family.
- **One step at a time** - small, achievable goals are best. Think of healthier alternatives rather than just trying to stop eating food you know isn't very good for you.
- **New habits take time** - they don't happen overnight. Eat meals together as a family - it helps us not to snack on junk.
- **Offer children choices between healthy alternatives** - it avoids battles and encourages them to eat healthily.
- **Make family mealtimes sociable and interesting** - for instance try out a fruit or vegetable you haven't had before.

Healthy Families

Promoting good health

The habits that we form in the first few years of life can stay with us for a lifetime. This is why a healthy start is important for babies and young children and why you are so important. All the small things you do as a family - like sharing a meal and playing in the park - are stepping stones towards a healthy lifestyle as your child grows older.

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.

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.



To find out more about HENRY call 01865 302 973
www.henry.org.uk
info@henry.org.uk

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.

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 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. It is normal to worry about vaccinations, so 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.

The whooping cough vaccine is recommended for all women between 28 and 38 weeks pregnant. You should be offered this at your routine antenatal appointment.

1

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

2

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

3

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

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.

GP says

Immunisations are used to protect children from diseases which can be very serious and sometimes even cause death.

The protection immunisations offer your child are worth the small amount of pain.

You may have concerns about the safety of immunisations, discuss these with your GP. Mild side effects are possible.



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.

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.smokefree.nhs.uk or call 0800 022 4 332.

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.

Source: www.take7stepsout.co.uk

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.





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 Blackburn with Darwen. Visit your local Health Centre or Children's Centre to get your free supply.

1

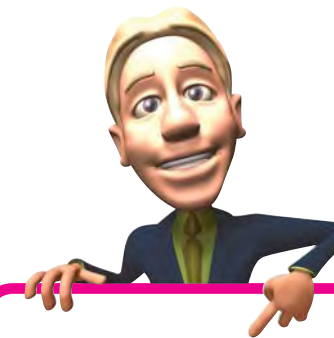
Vitamin D is naturally present in only a few foods such as fortified margarines, eggs and fatty fish.

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

0800 121 62 44
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

0800 022 4 332
www.smokefree.nhs.uk

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

If your child's injury is not serious get help from one of the following:

- Urgent Care Centres located at Burnley General Hospital or Royal Blackburn Hospital.
- Barbara Castle Way Health Centre Simmons' Street, Blackburn BB2 1AX.
01254 617400
Monday-Friday 8.30am-6.00pm
- Darwen Health Centre James Street West, Darwen BB3 1PY.
01254 617400
Monday-Friday 8.30am-6.00pm

Please contact NHS 111 for further information and advice.