livewell

In the Basildon and Brentwood District

Self care information about children

NHS
Basildon and Brentwood
Clinical Commissioning Group

Self care information about children

In this guide you will find advice about:

Childhood illnesses—should they go to school?

Asthma

Chest infections

Chickenpox

Ears

Immunisations

Being sick

Breastfeeding

Bumps, bruises and accidents

Burns and scalds

Coughs and wheezing

Crying

Getting a good night’s sleep

Looking after their teeth

Nappy Rash

Rashes and dry skin

Teething

Upset tummy

Watery or sticky eyes

Registering your child with a GP

Smoke free home

Temperature, fever and convulsions

Vitamin D

Can your pharmacist help?

What to do
Advice on childhood illnesses

Go to school; if needed get treatment as shown

Can be catching. Some restrictions for school attendance

Don't go to school and see the GP

What it's called	What it's like	Going to school	Getting treatment	More advice
Chicken Pox	Rash begins as small, red, flat spots that develop into itchy fluid-filled blisters		Pharmacy	Back to school 5 days after on-set of the rash
Common Cold	Runny nose, sneezing, sore throat		Pharmacy	Ensure good hand hygiene
Conjunctivitis	Teary, red, itchy, painful eye(s)		Pharmacy	Try not to touch eye to avoid spreading
Flu	Fever, cough, sneezing, runny nose, headache body aches and pain, exhaustion, sore throat		Pharmacy	Ensure good hand hygiene
German measles	Fever, tiredness. Raised, red, rash that starts on the face and spreads downwards.		G.P.	Back to school 6 days from on-set of rash
Glandular fever	high temperature, sore throat; usually more painful than any before and swollen glands		G.P.	Child needs to be physically able to concentrate
Hand, foot & mouth disease	Fever, sore throat, headache, small painful blisters inside the mouth on tongue and gums (may appear on hands and feet)		G.P.	Only need to stay off if feeling too ill for school
Head lice	Itchy scalp (may be worse at night)		Pharmacy	
Impetigo	Clusters of red bumps or blisters surrounded by area of redness		G.P.	Back to school when lesions crust or 48 hours after start of antibiotics
Measles	Fever, cough, runny nose, and watery inflamed eyes. Small red spots with white or bluish white centres in the mouth, red, blotchy rash		G.P.	Back to school 4 days from on-set of rash
Ringworm	Red ring shaped rash, may be itchy rash may be dry and scaly or wet and crusty		G.P.	
Scabies	Intense itching, pimple – like rash Itching and rash may be all over the body but commonly between the fingers, wrists, elbows, arm		G.P.	Back to school after first treatment
Shingles	Pain, itching, or tingling along the affected nerve pathway. Blister-type rash		G.P.	Only stay off school if rash is weeping and cannot be covered
Sickness bug/ diarrhoea	Stomach cramps, nausea, vomiting and diarrhoea		Pharmacy	See GP if symptoms persist after 48 hours
Threadworms	Intense itchiness around anus		Pharmacy	Ensure good hand hygiene
Tonsilitis	Intense Sore throat		Pharmacy	See GP if temperature lasts more than 48 hours or cannot swallow
Whooping cough	Violent coughing, over and over, until child inhales with "whooping" sound to get air into lungs		G.P.	Back to school after 5 days of antibiotics or 21 days from onset of illness

See www.patient.co.uk for further information on each of these conditions

This leaflet has been produced in partnership between

NHS

Essex County Council

This information is a guide and has been checked by health professionals however, if you are unsure about your child's wellbeing we recommend you contact your pharmacy or GP to check.

Asthma

What is asthma

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.

If your child has asthma, the airways of their lungs are more sensitive than normal. When your child comes into contact with something that irritates their lungs, known as a trigger, their airways become narrow, the lining becomes inflamed, the muscles around them tighten, and there is an increase in the production of sticky mucus or phlegm. This 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, or an acute asthma exacerbation. Asthma attacks can sometimes be managed at home but may require hospital treatment. They are occasionally life threatening.

The common symptoms of asthma include:

- Feeling breathless
- Wheezing (there may be a whistling sound when your child breathes)
- Coughing, particularly at night
- Tightness in the chest

Symptoms vary between people and children may have one or more of these symptoms. If symptoms become worse during the night or with exercise, your child's asthma may not be well controlled. Take your child to see their doctor or asthma nurse.

When symptoms of asthma get significantly worse,this may be the start of an asthma attack. The symptoms of a severe asthma attack sometimes develop slowly, taking 6-48 hours to become serious. For some people, asthma can get worse very quickly Be aware of any signs of worsening asthma in your child.

These may include:

- An increase in symptoms, such as your child becoming more wheezy, tight chested or breathless
- The reliever inhaler (usually blue) not helping as much as usual
- A drop in peak expiratory flow rate

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

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Personal asthma action plan

As part of the initial assessment, you and your child should be encouraged to draw up a personal asthma action plan with your GP or asthma nurse. The plan includes information about your child's asthma medicines. If your child has been admitted to hospital because of an asthma attack, you should be offered a written action plan (or the opportunity to review an existing action plan) before you go home.

As your child gets older, it is important for them to be able to recognise the signs and symptoms of their asthma, and how to effectively manage their condition. Both you and your child should be shown how to recognise when their symptoms are getting worse and the appropriate steps to take. You should also be given information about what to do if they have an asthma attack.

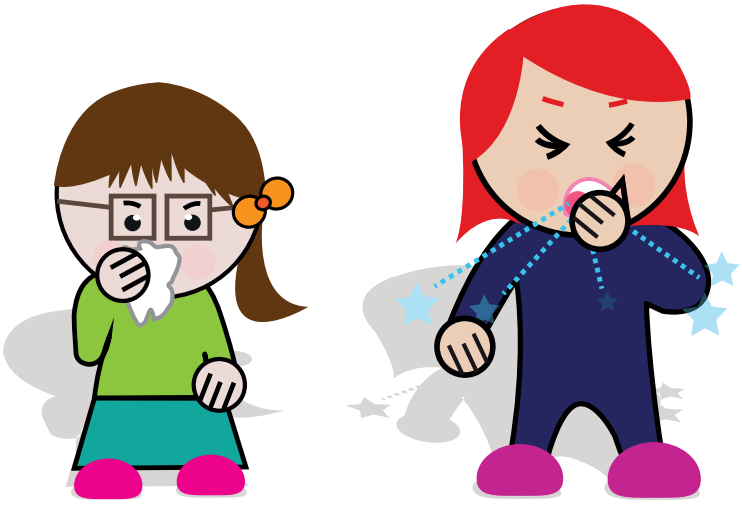
You and your child should review their personal asthma action plan with their GP or asthma nurse at least once a year, more frequently if their symptoms are severe or not well controlled.

As part of their asthma management, your child may be given a diary card and sometimes a peak flow meter to monitor their symptoms and the effects of treatment.

What is good asthma care?

The aim of treatment is to get your child's asthma under control and keep it that way. Asthma treatments are effective in most children and should allow them to be free from symptoms and lead a normal life.

Your doctor or nurse will tailor your child's asthma treatment according to their symptoms. Sometimes, your child may need to be on higher levels of medication than at other times.



What to do next...

Choose care at home if...

- You have the correct inhalers and any other medication you need
- Your child's symptoms stop getting worse or begin to get better
- You have a personal asthma action plan to follow that says home care is the best treatment for your child's symptoms

Choose your GP surgery if...

- Your child has only just been diagnosed with asthma – you'll be offered care at your GP surgery from doctors and nurses trained in asthma management
- You need advice about the risks to you and your children with asthma if you smoke, as well as support to stop smoking
- Your child needs vaccinations to reduce respiratory infections, such as flu
- You need a written personal asthma action plan agreed with your child's doctor or nurse

Call 999 A&E if...

- Your child is breathing faster than usual & using their tummy or neck muscles to breathe
- Your child is too breathless to speak in sentences
- Your child is too breathless to feed
- Your child looks tired or pale or blue around the nose, mouth or fingernails

Whilst waiting for the ambulance to arrive give your child 10 puffs (1 puff every 30 seconds) of their reliever inhaler (usually BLUE) using your spacer if you have one. You can then continue to give 1 puff every minute until the ambulance arrives.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Chest infections

Chest infections are very common, especially during autumn and winter, or after a cold or flu. Most short term coughs are due to a viral infection and will usually disappear within 3 weeks. Although most are mild and get better on their own, some cases can be very serious, even life-threatening. Antibiotics do not work for viral infections.

The main symptoms of a chest infection are:

- A chesty cough
- Breathing difficulties
- Chest pain

It's also common to get headaches and have a high temperature.

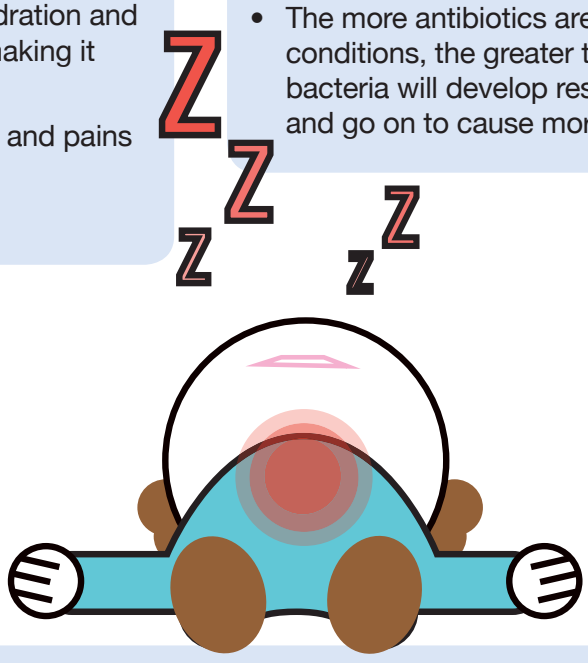
If you have a chest infection, you should:

- Get plenty of rest
- Drink lots of fluid to prevent dehydration and to thin the mucus in your lungs, making it easier to cough up
- Treat headaches, fever and aches and pains with paracetamol or ibuprofen
- Stop smoking straight away

Antibiotics

Your GP will not routinely prescribe antibiotics for acute bronchitis for a number of important reasons:

- Most cases of acute bronchitis are caused by viral infections which means that antibiotics will have no effect.
- You are almost as likely to experience a side effect from taking antibiotics, like vomiting and diarrhoea, as you are to receive any benefit from the treatment.
- The more antibiotics are used to treat mild conditions, the greater the likelihood that the bacteria will develop resistance to antibiotics and go on to cause more serious infections.



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For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

The use of antibiotics is usually only recommended if it is thought that you have an increased risk of developing a secondary lung infection, like pneumonia, due to factors like:

- Being over 75 years of age and having a high temperature (fever) of 38C (100.4F) or above
- Having long-term problems with your lungs or heart, like chronic obstructive pulmonary disease (COPD) or heart failure
- Having a weakened immune system (immunocompromised) as a result of a condition, like diabetes or cancer, or due to certain types of medical treatment, like chemotherapy

What to do next...

Choose care at home if...

- You have a mild to moderate cough or chest infection
- Follow the self care instructions above and it will clear up within three weeks

Choose your GP or GP out-of-hours service if...

- You have a high temperature (this can be a sign of a more serious infection)
- You have confusion or disorientation
- You have a sharp pain in your chest that gets worse as you breathe in
- You are coughing up blood-stained phlegm (thick mucus)
- your symptoms last longer than three weeks

Call 999 A&E if...

- You have a sudden shortness of breath or rapid breathing
- Your lips or tongue begin to turn blue
- You feel like you're suffocating
- You bring up pink frothy phlegm

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Chickenpox

Chickenpox is a mild and common childhood illness that most children catch at some point.

Some children have only a few spots, but in others they can cover the entire body. The spots are most likely to appear on the face, ears and scalp, under the arms, on the chest and belly and on the arms and legs.

Treatment

Chickenpox in children is considered a mild illness, but expect your child to feel pretty miserable and irritable while they have it.

Your child is likely to have a fever at least for the first few days of the illness. The spots can be incredibly itchy.

There is no specific treatment for chickenpox, but there are pharmacy remedies which can help with symptoms, such as paracetamol to relieve fever and calamine lotion and cooling gels to ease itching.

In most children, the blisters crust up and fall off naturally within one to two weeks.

What to do

To prevent spreading the infection, keep children off nursery or school until all the spots have crusted over. Chickenpox is most infectious from one to two days before the rash starts, until all the blisters have crusted over (usually five to six days after the start of the rash). If your child has chickenpox, try to keep them away from public areas to avoid contact with people who have not had it, especially people who are at risk of serious problems, such as newborn babies, pregnant women and anyone with a weakened immune system (for example, people having cancer treatment or taking steroid tablets).

Can you get it more than once?

Yes. Around 90% of people will get chickenpox at some point, usually during childhood, and most of these people will develop an immunity. Around one in eight people with chickenpox report that they've had it at least once before, so it is possible to get chickenpox again.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

What to do next...

Choose care at home if...

- Your child has chickenpox with no other complications
- For most children, chickenpox is a mild illness that gets better on its own.
- Keep your child off school for five days after the rash begins
- Keep your child away from anyone with reduced immunity and pregnant women who haven't had chickenpox
- If in doubt, you can call your GP or the NHS 111 service for advice

Choose your Pharmacy or GP if...

- Your child has a fever - ask your pharmacist about paracetamol for children
- Your child's blisters are very itchy - ask your pharmacist about calamine lotion or other over-the-counter remedies to help with the itching
- The blisters on their skin become infected - contact your GP straight away
- Your child has a pain in their chest or has difficulty breathing - contact your GP straight away and let them know it's urgent

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with Chickenpox
- A&E is for urgent, life-threatening illness and injury

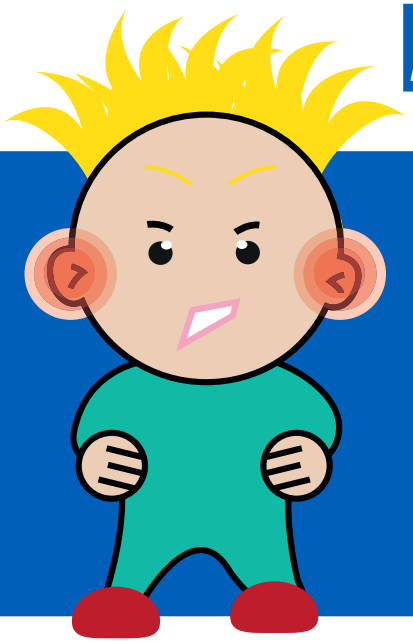
Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Ears

Ear infections are common in babies and small children. They often follow a cold and sometimes cause a temperature. A child may pull or rub at an ear, but babies can't always tell where pain is coming from and may just cry and seem uncomfortable.



Signs that your child might have an ear infection include:

- Pulling, tugging, or rubbing their ear
- A high temperature (38°C or above)
- Irritability
- Poor feeding
- Restlessness at night
- Coughing
- Runny nose
- Unresponsiveness to quiet sound
- Loss of balance

Treating an ear infection

Most ear infections clear up within a couple of days. Paracetamol or ibuprofen (appropriate for the child's age) can be used to relieve pain and high temperature. Do not give aspirin to children under 16 years old. Antibiotics are usually only needed if symptoms persist or are particularly severe.

If your child has earache but is otherwise well, give them paracetamol or ibuprofen for 12-24 hours. Don't put any oil, eardrops or cotton buds into your child's ear unless your GP advises you to do so. Most ear infections are caused by viruses, which can't be treated with antibiotics. They will just get better by themselves. After an ear infection your child may have a problem hearing for two to six weeks. If the problem lasts for any longer than this, ask your GP for advice.

Glue ear

Repeated middle ear infections (otitis media) may lead to glue ear, where sticky fluid builds up and can affect your child's hearing. This may lead to unclear speech or behavioural problems. If you smoke, your child is more likely to develop glue ear and will get better more slowly. Your GP will give you advice on treating glue ear.

What to do next...

Choose care at home if...

- Your child has any of the symptoms of an ear infection
- If in doubt, you can call your GP or the NHS 111 service for advice

Choose your Pharmacy or GP if...

- Symptoms show no sign of improvement after 24 hours – call your GP
- Your child seems to be in a lot of pain – call your GP
- You notice fluid coming from the ear – call your GP, even if it's the middle of the night

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with ear infections
- A&E is for urgent, life-threatening illness and injury

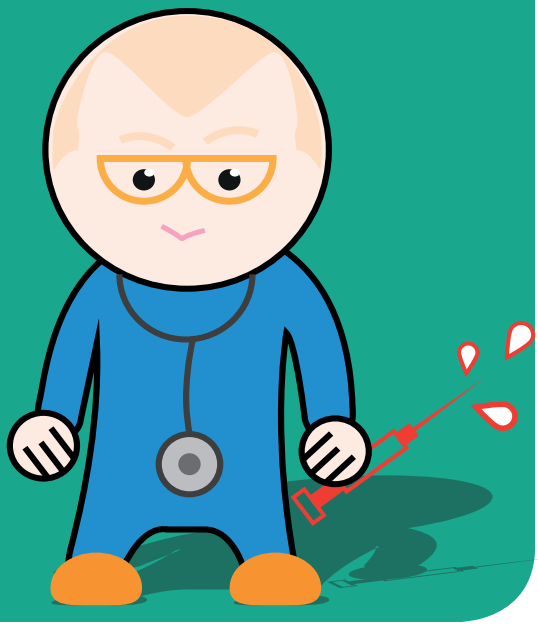
Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Immunisations

One of the most important things that a parent can do for their child is to make sure that they have all their routine childhood vaccinations. It's the most effective way of keeping them protected against infectious diseases. Ideally, kids should have their jabs at the right age to protect them as early as possible and minimise the risk of infection. Most side effects from vaccination are mild. It's quite usual for people to have redness or swelling in the place where they had the injection, but this soon goes away. Younger children or babies may be a bit irritable or unwell or have a slight temperature. Again, this goes away within one or two days.

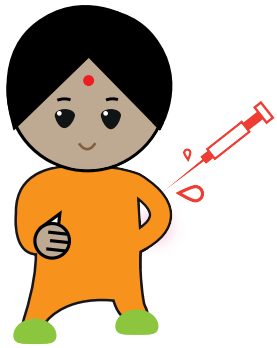


You should postpone your child's jab if:

- Your child is ill and has a fever (high temperature). This is to avoid the fever being linked with the vaccination, or the vaccination making your child's fever worse
- Your child has had a bad reaction to a previous dose of the vaccine. It doesn't rule out having a further dose, but it's a good idea to speak to your GP, practice nurse or health visitor. Your child shouldn't have a vaccine if they've had a confirmed anaphylactic reaction (a severe allergic reaction) to a previous dose of the vaccine or a component of it.

Your child shouldn't have 'live' vaccines like the BCG (tuberculosis vaccination) or MMR if:

- Your child is taking high-dose steroid tablets, or is taking lower doses either alongside other drugs or over a long time. If you're not sure, check with your GP
- Your child is being treated for cancer with chemotherapy or radiotherapy, or has had these treatments within the last six months
- Your child has had an organ transplant and is on immunosuppressant drugs.
- Your child has had a bone marrow transplant and finished all immunosuppressive therapy within the last 12 months
- Your child's immune system is lowered. If you're not sure, check with your GP



Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

The vaccination schedule

2 months:

5-in-1 (DTaP/IPV/Hib). This single jab contains vaccines to protect against five separate diseases - diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children).

Pneumococcal infection

3 months:

5-in-1, second dose (DTaP/IPV/Hib)

Meningitis C

4 months:

5-in-1, third dose (DTaP/IPV/Hib)

Pneumococcal infection, second dose

Meningitis C, second dose

Between 12 and 13 months:

Hib/Men C booster. Given as a single jab containing meningitis C, third dose and Hib, fourth dose.

MMR (measles, mumps and rubella), given as a single jab

Pneumococcal infection, third dose

3 years and 4 months, or soon after:

MMR second jab

4-in-1 pre-school booster (DtaP/IPV). Given as a single jab containing vaccines against diphtheria, tetanus, pertussis and polio.

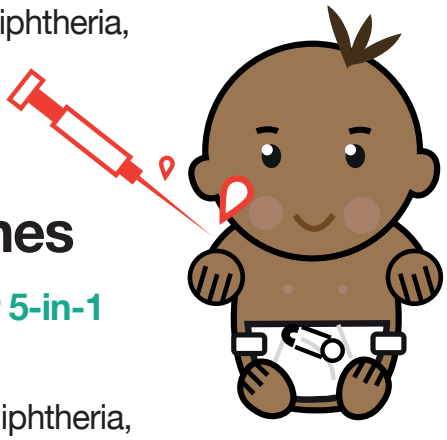
Around 12-13 years:

HPV vaccine, which protects

against cervical cancer (girls only): three jabs given within six months

Around 13-18 years:

3-in-1 teenage booster (Td/IPV). Given as a single jab which contains vaccines against diphtheria, tetanus and polio



The vaccines

DTaP/IPV/Hib or 5-in-1 vaccine

Protects against: diphtheria, tetanus, pertussis (whooping cough), polio and Hib (haemophilus influenza type B).

Given at: 2, 3 and 4 months of age.

More about the 5-in-1 vaccine: http://www.nhs.uk/Conditions/DTaP-IPV-Hib-vaccination/Pages/Introduction.aspx

Pneumococcal (PCV)

Protects against: some types of pneumococcal infection.

Given at: 2, 4 and 12-13 months of age.

More about the pneumococcal jab: http://www.nhs.uk/conditions/pneumococcal-immunisation/Pages/Introduction.aspx

Meningitis C (MenC)

Protects against: meningitis C (meningococcal type C).

Given at: 3 and 4 months of age.

More about the MenC jab: http://www.nhs.uk/Conditions/MenC-vaccination/Pages/Introduction.aspx

Hib/MenC (booster)

Protects against: haemophilus influenza type b (Hib) and meningitis C.

Given at: 12-13 months of age.

More about the Hib/MenC booster: http://www.nhs.uk/Conditions/Hib-MenC/Pages/Introduction.aspx

MMR

Protects against: measles, mumps and rubella.

Given at: 12-13 months and at 3 years and 4 months of age, or sometime thereafter.

More about the MMR jab: http://www.nhs.uk/conditions/mmr/Pages/Introduction.aspx

DTaP/IPV (or dTaP/IPV) 'pre-school' booster

Protects against: diphtheria, tetanus, pertussis (whooping cough) and polio.

Given at: 3 years and 4 months of age or shortly thereafter.

More about the DTaP/IPV pre-school booster: http://www.nhs.uk/Conditions/DTaP-IPV-booster/Pages/Introduction.aspx

BCG (tuberculosis) vaccination (optional - offered to children considered at high risk)

Protects against: tuberculosis (TB).

Who needs it: babies and children who have a high chance of coming into contact with tuberculosis.

Given: from birth to 16 years of age.

More about the BCG vaccine: http://www.nhs.uk/Conditions/BCG/Pages/Introduction.aspx

	2 months	3 months	4 months	12 months	13 months	Pre-school	12-13 years GIRLS only	13-18 years
Diphtheria								
Tetanus								
Pertussis								
Polio								
Hib								
Pneumococcal								
Men C								
MMR								
HPV								
BCG								

What to do next...

Choose care at home if...

- Your child's vaccinations are up to date

Choose your Health Visitor or GP if...

- Your child is approaching their next vaccination date and you need to make an appointment
- You think your child might have missed a vaccination
- You need any information or advice about your child's vaccinations

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with vaccinations
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Being sick

It is fairly common for babies to be sick. Babies often vomit when they swallow air during feeding. This is completely normal and will usually stop after the first few months.

Making sure that your baby is in a good position when feeding and winding your baby properly afterwards will help to keep vomiting to a minimum.

However, persistent vomiting can sometimes be a sign of something more serious. The most common cause in both children and babies is gastroenteritis. This is an infection of the gut usually caused by a virus or bacteria and is unusual in breastfed babies. It also causes diarrhoea. Your child's immune system will usually fight off the infection after a few days.

Causes of vomiting in babies

- Swallowing lots of air during feeding (more common with bottle fed babies)
- Gastroenteritis (an infection of the gut)
- A food allergy or milk intolerance
- Gastro-oesophageal reflux, which is when stomach acid escapes back up the gullet
- Too big a hole in the bottle teat, causing your baby to drink too much milk
- Accidentally swallowing a drug or poison
- A birth condition where the passage from the stomach to the bowel has narrowed and food cannot pass through easily, causing projectile vomiting. This condition is called congenital pyloric stenosis
- A blockage, like a hernia, in your baby's bowel. They will vomit frequently and cry as if in great pain

If your baby is vomiting, carry on breastfeeding or bottle feeding as usual. If they seem dehydrated (see below), they will need extra fluids. Ask your pharmacist if they would recommend oral rehydration fluids for your baby. Oral rehydration fluid is a special powder that you make up into a drink, which contains sugar and salts in specific amounts to help replace the water and salts lost through vomiting and diarrhoea. Brands include Dioralyte, Electrolade and Rehidrat.

Severe vomiting and diarrhoea can easily lead to dehydration, especially in young babies. This means your child's body does not have enough water or the right balance of salts to carry out its normal functions.

Signs of dehydration

Children with dehydration often feel and look unwell. The signs of dehydration are:

- Crying without producing tears
- Dry mouth
- Passing urine (wee) less than usual, or not wetting many nappies
- Increased thirst
- Floppiness
- Lethargy

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

What to do next...

Choose care at home if...

- Your baby vomits small amounts shortly after feeding. This is normal and nothing to worry about
- Your baby has been vomiting larger amounts or more often, but has been vomiting like this for less than 24 hours

Choose your Pharmacist, or GP if...

- Your baby has a high temperature (fever) of 38ºC (100.4ºF) or above if they are less than three months old, or 39ºC (102.2ºF) or above if they are between three and six months old (call your GP or GP out-of-hours service)
- Your child has been vomiting for more than 24 hours
- Your child has not been able to hold down fluids for the last eight hours, or you think they are dehydrated
- They are floppy, irritable, off their food or generally not their usual self
- They have severe tummy pain
- They have a headache and stiff neck - call your GP immediately

Call 999 A&E if...

- Your child has a high temperature but their hands and feet feel cold
- Your child has a bulging fontanelle (the soft spot at the top of a baby's head)
- Your baby has a fit (seizure)
- Your baby turns blue, blotchy or very pale
- Your baby has a stiff neck
- Has breathing problems, like breathing fast or grunting while breathing, or they seem to be working harder than usual to breathe (for example, sucking in under the ribcage)
- Your baby has a spotty, purple-red rash anywhere on their body (this could be sign of meningitis, which is a serious infection)

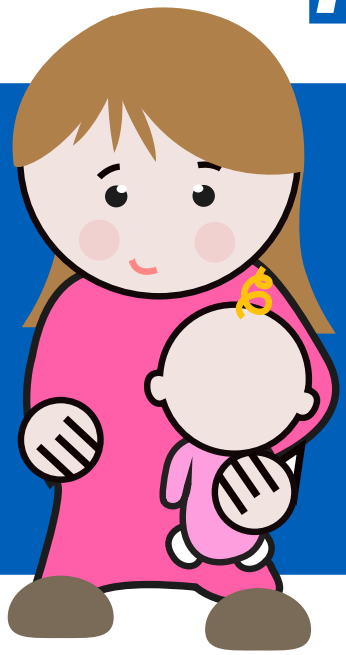
Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Breastfeeding

It's good to find out as much as you can about breastfeeding before the birth. Knowing what to expect will help you feel as confident as possible when you've just given birth and want to breastfeed your baby.



Before the birth

Antenatal sessions, whether held by the NHS or another organisation, will cover the most important aspects of breastfeeding, like positioning and attachment, expressing milk, common questions and concerns, and how to deal with them. You can find out more from your midwife, from family and friends, and useful helplines and websites.

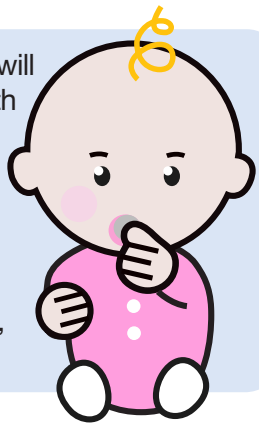
Starting to breastfeed

Having skin-to-skin contact with your baby straight after the birth will help to keep your body warm, calm your baby, and help with the first breastfeed. Every pregnant woman makes milk for her baby, which is ready and available at birth. This milk is called colostrum and is sometimes a yellow colour. It's very concentrated, so your baby will only need a small amount at each feed (approximately a teaspoonful). Your baby may want to feed quite frequently, perhaps every hour, but they will begin to have longer feeds less often when your milk comes in, after a few days. The more you breastfeed the more milk you'll produce. The time between feeds will vary, and you and your baby will settle into a pattern, which will change from time to time. Your baby's stomach is only about the size of a walnut, so it's important to feed your baby when they are hungry – they will stop when they have taken as much milk as they need.

How often will my baby feed?

All babies are different, and it may depend on the type of birth you've had. Your baby may be sleepy at first. Ideally, your baby will feed within the first hour after birth although if not, it is important to maintain skin to skin contact which encourages the baby to find the breast themselves. Signs that they're ready to feed include:

- Rooting (where your baby will turn towards the breast with their mouth open wide)
- Starting to move about as they wake up
- Moving their head around
- Finding something to suck, usually their fingers



Building up your milk supply

Around two to four days after birth you may notice that your breasts become fuller and warmer. This is often referred to as your milk 'coming in'. Your milk will vary according to your baby's needs. It may look thinner compared with colostrum. Each time your baby feeds, a hormone called prolactin is released which tells your body to make the next feed. Prolactin is especially strong at night, so night feeds are important to encourage your milk supply, especially in the early

days. The amount of milk you make will increase or decrease depending on your baby's needs. 'Topping up' with infant formula is not recommended until your milk supply is established (up to around 6 weeks), as it can reduce your milk supply. Using a dummy is also not recommended until your milk supply is established because it masks the signs that a baby is ready to feed, the baby feeds less often and your milk supply reduces.

Feed your baby as often as they want. This is called baby-led feeding (it's also known as 'on-demand'). Let your baby decide when they've had enough. It's not necessary to time the feeds. In the beginning, it can sometimes feel like you are feeding constantly although gradually, you and your baby will get into a pattern of feeding and the time between feeds will increase.

If you share your bed with your baby (or find yourself falling asleep in bed while feeding), please discuss this with your health visitor. The safest place for your baby to sleep is in a cot in your room for the first 6 months of life.

Warning: Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal). Do not sleep with your baby if anyone else in the bed is a smoker. Do not put yourself in the position where you could doze off with a baby on a sofa or armchair.

Weaning

Your baby will be ready to start taking solid foods (often called 'weaning') at around six months old. It is a really important step in your baby's development and can be great fun to explore new flavours and textures together. If you are breastfeeding, giving your baby Breastmilk only up to around six months will give them extra protection against infection, and helps to prevent obesity for as long as you carry on breastfeeding. Whether your baby has breast milk or infant formula, waiting until your baby is developmentally ready saves time as they will be able to swallow more effectively, feed themselves and join in family meals.

Every baby is an individual, but there are three clear signs which, together, show your baby is ready for solid foods alongside breastmilk or infant formula. It is very rare for these signs to appear together before your baby is six months old.

- They can stay in a sitting position and hold their head steady
- They can co-ordinate their eyes, hands and mouth so that they can look at the food, pick it up and put it in their mouth, all by themselves
- They can swallow food. Babies who are not ready will push their food back out, so they get more around their face than they do in their mouths

Some signs that can be mistaken for a baby being ready for solid foods:

- Chewing fists
- Waking in the night when they have previously slept through
- Wanting extra milk feeds

These are normal behaviours and not necessarily a sign of hunger, or a sign of being ready to start solid food. Starting solid foods won't make them any more likely to sleep through the night. Extra milk feeds are usually enough until they're ready for other food.

When you shouldn't breastfeed

Occasionally, there are clinical reasons for not breastfeeding. For example, if you have HIV or, in rare cases, you're taking certain types of medication that may harm your baby. Under these circumstances when there's no alternative, bottle feeding with infant formula will be recommended. If you're not sure whether you should breastfeed your baby, speak to your midwife or health visitor for information and support.

Help and support

Breastfeeding that is working well is not painful, so if you're very uncomfortable or sore, ask for help. Midwives, health visitors and trained volunteers can offer information and practical help with breastfeeding. Talk to your midwife or health visitor about the information and support available in your area. You can also call any of the helplines opposite.

National Breastfeeding Helpline
0300 100 0212
NCT Breastfeeding Helpline
0300 330 0771
La Leche League Helpline
0845 120 2918
Association of Breastfeeding Mothers
08444 122 949

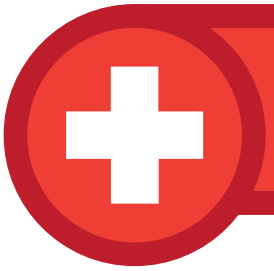
What to do next...

Choose care at home if...

- There are no reasons why you shouldn't breastfeed. In most cases, you should be able to start breastfeeding at home with no problems
- Your baby is unsettled at the breast and doesn't seem satisfied by feeds. It may be that they're not attached to the breast correctly - check that your baby is in the correct position to attach and feed well
- Your nipples hurt. Take your baby off the breast and start again. To do this you can slide a finger gently into the corner of the baby's mouth until their tongue releases. Putting up with the pain could make things worse

Choose your GP or GP out-of-hours service if...

- You need someone to work with you to improve positioning and attachment of your baby
- Your nipples start to crack or bleed. Pain is not normal, so ask for help and support
- You have two or more of the following symptoms of mastitis: breast or breasts that feel(s) hot and tender; a red patch of skin that's painful to touch; general feeling of illness, as if you have flu; feeling achy, tired and tearful; you may have an increased temperature. Don't stop breastfeeding, this will make your symptoms worse
- You develop an infection called thrush, which might cause sore, pink nipples. You and your baby may need treatment



Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with breastfeeding
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Bumps, bruises and accidents

Almost all young children have injuries and accidents at some point. Most will be minor, but it's sensible to know what to do if the accident or injury is more serious.

Start by learning some basic first aid or revise what you already know. The British Red Cross, St John Ambulance and your local NHS Ambulance Service run first aid courses (see our first aid page). The British Red Cross has interactive first aid information online. Your health visitor or local children's centre may also run courses.

If an accident happens

It can be difficult to know when to call an ambulance and when to take your child to the Accident and Emergency department (A&E). See the guide at the end of this leaflet for general advice. If you're worried about your child's injuries and not sure if they need medical help, call your GP or the 111 service where available. If you're unsure whether you should move your child, make sure they're warm and safe from further injury, then call an ambulance.

Objects in the nose or ears

If your child has something lodged firmly in their nose or ear, leave it where it is. If you try to remove it, you may push it further in. Take your child to the nearest accident and emergency department. If their nose is blocked, show your child how to breathe through their mouth.

Cuts

If there's a lot of bleeding, press firmly on the wound with a clean cloth, such as a tea towel or flannel. If you don't have one, use your fingers. Press until the bleeding stops. This may take 10 minutes or more. Don't use a tourniquet or tie anything so tightly that it stops the circulation.

If possible, raise the injured limb. This will help to stop the bleeding, but don't do it if you think the limb might be broken. If you can find a clean dressing, cover the wound. If blood soaks through the pad or dressing, leave it there and put another pad or dressing over the top. It's very unusual for a wound to bleed so much that there's serious blood loss.

An ambulance isn't usually needed, but if the cut keeps bleeding or there's a gap between the edges of the wound, go to accident and emergency. If there is a possibility of a foreign body (e.g. a piece of glass) being in the cut, go to A&E.

If your child's immunisations aren't up to date, ask your GP or the hospital whether they should have a tetanus jab.

Swallowing poisons

If you think your child has swallowed pills or medicines:

- Unless you're absolutely sure, spend a minute or two looking for the missing pills.
- If you still think your child has swallowed something, take them straight away to your GP or hospital, whichever is nearest.
- Take the full set of tablets with you so that the doctors can check the labelling and calculate how much your child may have taken.
- If possible, write down the name of whatever you think your child has swallowed so that you can tell the doctor.
- Don't give your child salt and water, or do anything else to make them sick.

If you think your child has swallowed household or garden chemicals:

- Calm your child down as much as you can (this will be easier if you stay calm yourself). Act quickly to get your child to hospital.
- If possible, write down the name of whatever you think your child has swallowed so that you can tell the doctor.
- If your child is in pain or there's any staining, soreness or blistering around their mouth, they have probably swallowed something corrosive (something that burns). Give them milk or water to sip in order to ease the burning and get them to hospital quickly.

If your child looks pale and/or feels unwell after an accident, lie them down. Keep them covered up and warm, but not too hot. If your child feels faint, get them to keep their head down and, ideally, to lie down. The faint feeling will wear off in a minute or two.

Electrocution

Always turn off the power before approaching your child. If this isn't possible, push the child away from the source of the shock with a wooden or plastic object, such as a broom handle. Try gently stimulating your child by tapping their feet or stroking their neck and shouting 'hello' or 'wake up'. If you get no response from your child, call 999 immediately.

Broken bones

If you think your child's neck or spine may be injured, call an ambulance. Don't move them. Unnecessary movement could cause paralysis. A bone in your child's leg or arm may be broken if they have pain and swelling and the limb seems to be lying at a strange angle.

If you can't easily move your child without causing pain, call an ambulance. If you have to move your child, be very gentle. Put one hand above the injury and the other below it to steady and support it (use blankets or clothing if necessary). Comfort your child and take them to hospital.

If your child is in pain, you can give them painkillers even if you're going to the Accident and Emergency Department. Follow the dosage instructions on the label.

What to do next...

Choose care at home if...

- Your child has a minor injury - most bumps, bruises, cuts and grazes can be safely treated at home

Choose your GP if...

- Your child's injury doesn't seem to be getting better
- You think a cut or graze might be infected
- Your child has a fit for the first time, even if they seem to recover

Call 999 A&E if...

- Your child stops breathing
- Your child is struggling for breath (for example, you may notice sucking in under the ribcage)
- Your child is unconscious or seems unaware of what's going on
- Your child won't wake up
- Your child has a fever and are persistently lethargic despite having paracetamol or ibuprofen
- Your child is having difficulty breathing (breathing fast, panting or are very wheezy)
- Your child has severe abdominal pain
- Your child has a cut that won't stop bleeding or is gaping open
- Your child has a leg or arm injury and can't use the limb
- Your child has swallowed a poison or tablets

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Coughs & wheezing

NHS

A cough on it's own is common and rarely serious

Most short term coughs are due to a viral infection and will usually disappear within 3 weeks. Coughing is often associated with cold viruses because mucus trickles down the back of the throat and causes irritation. Coughing helps the child to clear the mucus away, and although simple treatments like cough medicines can help a cough there is no need to suppress the cough completely.

Antibiotics do not work for viral infections.

Looking after your child at home

Encourage your child to drink plenty of fluids - small sips of warm drinks are as effective as cough medicines and safer.

Simple remedies such as Paracetamol, a warm/ humid atmosphere or simple children's cough syrup with Glycerol or honey and lemon (but not a cough suppressant) may help to make your child feel more comfortable - ask your Pharmacist about this. Vapour rubs and decongestants applied to clothing are also safe.

There is no evidence that cough suppressants with active ingredients such as decongestants are any more effective than simple remedies. Only children over six years of age should be given these, and the dosage instructions should be followed carefully (do not mix brands).

A warm, humid atmosphere may help - try damp towels on radiators. Your child should not be in a smoky atmosphere. Encourage your child not to infect others by using a handkerchief and washing hands regularly.

You do not need to keep your child off school with a cough.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

What to do next...

Choose care at home if...

- Your child has had a fever of 38.3°C (101°F) for less than three days
- The cough seems to be caused by exercise
- There is occasional mild chest discomfort and deep coughing with lots of phlegm

Choose your GP or GP out-of-hours service if...

- Your child has had an injury to their chest ion the last 48 hours
- Your child has a history of blood clots
- Your child is coughing up blood
- Your child has been coughing up green or brown phlegm for more than three days
- Your child has a persistent 'barking' cough
- Your child has had a fever for more than three days

Call 999 A&E if...

- Your child is choking on something
- Your child cannot breathe
- Their lips or tongue turn blue
- Your child coughs up pink frothy phlegm
- There is any sudden shortness of breath or rapid breathing
- Your child has chest pain

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Crying

Every baby cries, particularly during the first few weeks of life. Babies can't talk so they use crying as a way of expressing themselves and communicating their needs.

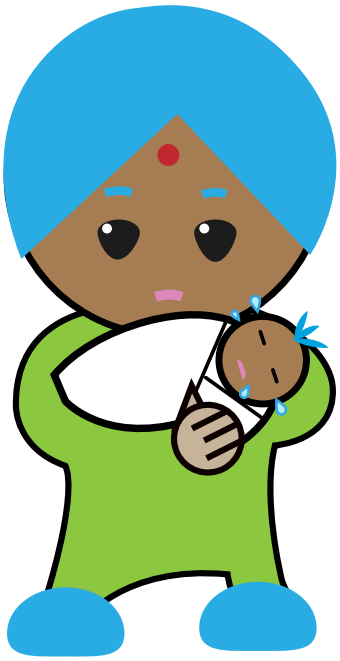
Sometimes, it can be hard to work out why your baby is crying. Some common causes include:

- Hunger
- Thirst
- A wet or soiled nappy
- Tiredness
- Trapped wind
- Being too hot or too cold
- Loneliness (wanting bodily contact or attention)
- Boredom
- Being uncomfortable, for example if their clothing or covers are too tight
- Being over-stimulated or frightened, for example if there is too much noise or activity
- Colic (see below)

Finding out why a baby is crying is often a matter of going through all the possible options. If there is no obvious cause for the crying, a number of techniques can be used to soothe a crying baby, like listening to music or going for a walk.

Colic

Colic is fairly common in newborn babies and usually begins a few weeks after birth. Colic causes excessive crying. Your baby will sound miserable and distressed, and they can be very difficult to calm. Another symptom of colic is a change in posture. For example, your baby may draw their knees up towards their chest. The cause of colic is unknown. Some research suggests that colic may happen because your baby's digestive system is still developing during the first few weeks of life. Colic will usually go away after a few months. There are medicines available through your GP or pharmacy, but there is little evidence that they are effective. Speak to your health visitor if you are worried.



Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Coping with crying

When your baby cries, it can be stressful for both you and your child. Sometimes, you will know what their crying means and you can take appropriate action. On other occasions, you may find it more difficult to stop your baby crying. The first step is to rule out all the common causes of crying, listed above. If feeding or nappy changing does not help, there are a number of other things that you can try to soothe your baby:

- Keep your baby close. Try using a baby carrier or sling so that you can maintain bodily contact or place your baby naked on your naked chest and cuddle them (as in skin to skin contact)
- If your baby is not breastfed and regularly uses one, offering a dummy may help to soothe them
- Play your baby some music. Try playing some soothing, relaxing music or singing a song or lullaby. Some babies like background noise, like a washing machine or vacuum cleaner
- Give your baby a bath. A warm bath can often soothe a crying baby, but it can make others cry more. Always check the temperature of the water before you put your baby in
- Move your baby around. Gently rocking or bouncing your baby may help
- Take your baby out, for example in the car or in their pram. Lots of babies like to sleep in cars and even if they wake up again when you stop, at least you will have had a break
- Get some fresh air. This can help you both as you will be less stressed and it may help soothe your baby
- Find something for your baby to look at, like a rattle or mobile hanging above their cot
- Try stroking your baby's back firmly and rhythmically while holding them against you or laying them face down on your lap. You could also undress your baby and gently massage them with baby oil. Talk softly as you do it and keep the room

It can be stressful and exhausting when your baby cries, particularly if your sleep is frequently disturbed. If you have tried your best to comfort your baby and are confident that their crying or behaviour does not seem unusual, it is fine to leave your baby for a few minutes. Make sure that your baby is safely in their crib or cot and then go into another room for 10 minutes and try to relax. Although it may seem difficult, it is still important that you have time to yourself when you are bringing up a baby. Where possible, ask a trusted family member or friend to help you out, even if it is just for an hour or so. This will give you time away from the stress of the situation and will help you return in a more relaxed state of mind.

Get into a routine

Avoid over-stimulating your baby with too much activity or new experiences. This can make them restless and more prone to crying. Instead, introduce a routine for your baby, like a regular evening bath time and a quiet bedtime. This will help reassure your baby and may encourage them to cry less.

Dealing with stress and anger

Take a break if your baby's crying is making you feel stressed to the point where you are getting angry or are about to lose your temper. Never shake your baby. This moves their head violently and can cause bleeding and brain damage. If you need support, contact your health visitor or GP, or the charity Cry-sis, which helps families with crying, sleepless and demanding babies. Call the Cry-sis helpline on 08451 228 669. The helpline is open seven days a week from 9am to 10pm. You can also call the NSPCC Child Protection helpline on 0808 800 5000. They have trained counsellors who can offer support and advice to parents and carers. The phone line is open 24 hours a day, seven days a week.

When to seek medical advice

Within a few weeks, you will often start to recognise what your baby's crying means. If you are concerned about the way that your baby is crying or if their crying seems unusual, call **NHS 111.**
Your baby's cry can sometimes be a sign that they unwell. Always trust your instincts. If you think that your baby is unwell, look for other signs and symptoms.

What to do next...

Choose care at home if...

- Your baby's crying is normal for them
- Your baby is crying more than usual and won't settle. If in doubt, contact **NHS 111**

Choose your Pharmacist, health visitor or GP if...

- Your baby has a high temperature (fever) of 38°C (100.4°F) or above if they are less than three months old, or 39°C (102.2°F) or above if they are between three and six months old (call your GP or GP out-of-hours service)
- Your baby's crying seems abnormal, for example if it is a very high-pitched cry or a whimper. Crying can sometimes be a sign that a baby is unwell
- Your baby has a weak, high-pitched, continuous cry
- Your baby seems floppy when you pick them up
- Your baby takes less than half of their usual amount of fluids, passes much less urine than usual, vomits green fluid or passes blood in their faeces (poo)

Call 999 A&E if...

- Your baby has a high temperature but their hands and feet feel cold
- Your baby has a bulging fontanelle (the soft spot at the top of a baby's head)
- Your baby has a fit (seizure)
- Your baby turns blue, blotchy or very pale
- Your baby has a stiff neck
- Has breathing problems, like breathing fast or grunting while breathing, or they seem to be working harder than usual to breathe (for example, sucking in under the ribcage)
- Your baby has a spotty, purple-red rash anywhere on their body (this could be sign of meningitis, which is a serious infection)

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Getting a good night's sleep

Baby sleep advice

Some babies sleep much more than others. Some sleep for long periods, others in short bursts. Some soon sleep through the night and some don't for a long time. Your baby will have their own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know. It's also unlikely to fit in with your need for sleep, so it's a good idea to try to sleep when your baby sleeps.

If you're breastfeeding, in the early weeks your baby is likely to doze off for short periods during a feed. Carry on feeding until you think your baby has finished or until they're fully asleep. This is a good opportunity to try to get a bit of rest yourself.

If you're not sleeping at the same time as your baby, don't worry about keeping the house silent while they sleep. It's good to get your baby used to sleeping through a certain amount of noise.

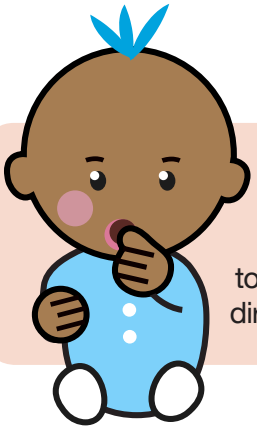
It's a good idea to teach your baby that night time is different to daytime from the start.

During night feeds you may find it helpful to:

- Keep the lights down low
- Not talk much and keep your voice quiet
- Put your baby down as soon as they've been fed and changed
- Not change your baby unless they need it
- Get some ice cubes to suck
- Take off excessive layers of clothing – small babies or children may be left in a thin vest

Where should my baby sleep?

For the first six months, the safest place for your baby to be is in a cot in the same room as you when they're asleep, both day and night. Particularly in the early weeks, you may find that your baby only falls asleep in your or your partner's arms, or when you're standing by the cot. You can start getting your baby used to going to sleep without you comforting them by putting them down before they fall asleep or when they've just finished a feed. It may be easier to do this once your baby starts to stay alert more frequently or for longer.



Remember: babies should never sleep with a hot-water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Is it important to have a routine from the beginning?

Newborn babies will sleep on and off throughout the day and night. It can be helpful to have a pattern, but you can always change the routine to suit your needs. For example, you could try waking your baby for a feed just before you go to bed in the hope that you'll get a long sleep before they wake up again.

Establishing a bedtime routine

Getting your child into a simple, soothing bedtime routine when they're a baby can help prevent sleeping problems later on. The routine could consist of having a bath, changing into night clothes, feeding and having a cuddle before being put to bed. Your baby will learn how to fall asleep in their cot if you put them down when they're still awake rather than getting them to sleep by rocking or cuddling them in your arms. If they get used to falling asleep in your arms, they may need nursing back to sleep if they wake up again. As your child gets older, it can be helpful to keep to a similar bedtime routine. Too much excitement and stimulation just before bedtime can wake your child up again. Spend some time winding down and doing some calmer activities, like reading.

An example of a routine could be:

- A bath, then put on night clothes
- Supper or a milky drink
- Brush their teeth
- Go to bed
- Bedtime story
- Put their comforter (dummy, cuddly toy or security blanket) nearby, then
- A goodnight kiss and cuddle

How much sleep is enough?

This list is a rough guide to the average amount of sleep that babies and children need during a 24-hour period, including daytime naps. Babies' and children's sleep patterns vary. No two babies are the same. Some babies - including yours - may need more or less sleep than others.

Birth to three months

Most newborn babies are asleep more than they are awake. Their total daily sleep varies, but can be from eight hours, up to 16-18 hours. Babies will wake during the night because they need to be fed. Being too hot or too cold can also disturb their sleep.

Three to six months

As your baby grows, they'll need fewer night feeds and be able to sleep for longer. Some babies will sleep for eight hours or longer at night. By four months, they could be spending around twice as long sleeping at night as they do during the day.

Six to 12 months

At this age, night feeds may no longer be necessary, and some babies will sleep for up to 12 hours at night. Teething discomfort or hunger may wake some babies during the night.

12 months

Babies will sleep for around 12-15 hours in total.

Two years

Most two-year-olds will sleep for 11-12 hours at night, with one or two naps in the daytime.

Three to four years

Most will need about 12 hours sleep, but this can range from 8 hours up to 14. Some young children will still need a nap during the day.

Coping with disturbed nights

Disturbed nights can be very hard to cope with. If you have a partner, ask them to help. If you're formula feeding, encourage your partner to share the feeds. If you're breastfeeding, ask your partner to take over the early morning changing and dressing so that you can go back to sleep. Once you're into a good breastfeeding routine, you could try expressing milk and let a partner/friend occasionally give the baby this milk during the night. If you're on your own, you could ask a friend or relative to stay for a few days so that you can sleep. If your baby is having problems sleeping or you need more advice about getting into a routine, speak to your GP, midwife or health visitor.

Reducing the risk of cot death
(sudden infant death syndrome)

It's not known why some babies die suddenly and for no apparent reason from what's known as cot death or sudden infant death syndrome (SIDS). Experts do know that placing a baby to sleep on their back reduces the risk and that exposing a baby to cigarette smoke or overheating a baby increases the risk. Cot death is rare, so don't let worrying about it stop you enjoying your baby's first few months. Follow the advice below to reduce the risks as much as possible.

To reduce the risk of cot death:

- Place your baby on their back to sleep, in a cot in the room with you
- Don't smoke during pregnancy or let anyone smoke in the same room as your baby
- Don't share a bed with your baby if you've been drinking alcohol, if you take drugs or if you're a smoker
- Never sleep with your baby on a sofa or armchair
- Don't let your baby get too hot (or too cold).

Overheating can increase the risk of cot death. Babies can overheat because of too much bedding or clothing, or because the room is too hot. When you check your baby, make sure they're not too hot. If your baby is sweating or their tummy feels hot to touch, take off some of their bedding. Don't worry if your baby's hands or feet feel cool - this is normal. Babies lose excess heat through their heads, so make sure their heads can't be covered by bedclothes during sleep periods. Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders
- Place your baby in the 'feet to foot' position (with their feet at the end of the cot or pram)
- The safest place for your baby to sleep is on their back in a cot in a room with you for the first six months
- Place your baby on their back to sleep from the very beginning, for both day and night sleeps. This will reduce the risk of cot death. It's not as safe for babies to sleep on their sides as on their backs. Healthy babies placed on their backs are not more likely to choke
- When your baby is old enough to roll over, don't prevent them from doing so.

The risks of bed sharing

The safest place for your baby to sleep for the first six months is in a cot in a room with you. Don't share a bed with your baby if you or your partner:

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

The risks of bed sharing are also increased if your baby was premature (born before 37 weeks), or was of low birth weight (less than 2.5kg or 5.5lb). There's also a risk that you might roll over in your sleep and suffocate your baby. Or your baby could get caught between the wall and the bed, or roll out of an adult bed and be injured.

Feeding and dummies

Breastfeeding your baby reduces the risk of cot death. It's possible that using a dummy at the start of any sleep period reduces the risk of cot death. However, the evidence is not strong and not all experts agree that dummies should be promoted. Don't give your baby a dummy until breastfeeding is well established, up to around six weeks. Stop giving them the dummy when they're between 6 and 12 months old.

What to do next...

Choose care at home if...

- Your baby sleeps well
- Your baby's sleeping is erratic or unpredictable - this is normal. Establishing a routine may help
- Your baby has a cot in the room with you
- Your baby will only sleep when being held - try putting them in their cot just before they fall asleep, or just after a feed)

Choose your health visitor or GP if...

- Your baby is having problems sleeping
- You need more advice about getting into a routine

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with sleeping
- A&E is for urgent, life-threatening illness and injury

Looking after their teeth

Keeping children's teeth healthy is all about good care at home. A regular tooth brushing routine is essential for good dental health. Start to brush your baby's gums with a soft toothbrush at bath time, or even let your baby have a go themselves as long as you supervise them. This establishes brushing their teeth as part of the washing routine.

- Start brushing your baby's teeth with family fluoride toothpaste as soon as the first milk tooth breaks through (usually at around six months, but it can be earlier or later). It's important to use a fluoride paste as this helps prevent and control tooth decay.
- Children under the age of three should use a smear of family toothpaste containing at least 1,000ppm (parts per million) fluoride. Toothpaste with less fluoride is not as effective at preventing decay. Children between the ages of three and six should use a pea-sized blob of toothpaste containing 1,350-1,500ppm fluoride. Check the toothpaste packet for this information or ask your dentist.
- Make sure your child doesn't eat or lick the toothpaste from the tube.
- Brush your child's teeth twice a day, once just before bedtime and at least one other time during the day. Encourage them to spit out excess toothpaste but not to rinse with lots of water.
- Supervise tooth brushing until your child is seven or eight years old, either by brushing their teeth yourself or, if they brush their own teeth, by watching them do it. From the age of seven or eight they should be able to brush their own teeth, but it's still a good idea to watch them now and again to make sure they brush properly and clean all surfaces of all teeth.
- Make sure they brush properly
- Guide your child's hand so they can feel the correct movement.
- Use a mirror to help your child see exactly where the brush is cleaning their teeth.
- Make tooth brushing as fun as possible, use a song or rhyme to encourage them
- Don't let children run around with a toothbrush in their mouth as they may damage their mouths if they fall over.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Taking your child to the dentist

Another important step is the first trip to the dentist. These tips can make this a lot easier:
Take your child to the dentist when they're as young as possible, ideally in their first year and at least once by the time they're two. This is so they become familiar with the environment and get to know the dentist. The dentist can help you to prevent decay and identify any health problems at an early stage. Just opening up the child's mouth for the dentist to take a look is useful practice for when they could benefit from future preventive care.

When you visit the dentist, be positive about it and make the trip fun. This will stop your child worrying about future visits. NHS dental care for children is free. Take your child with you when you go for your own dental check-up appointments so they get used to it.

How to find an NHS dentist

Everyone should be able to access a good quality NHS dental services.

There is no need to register with a dentist in the say way as with a GP because you are not bound to a catchment area.

Simply find a dental practice that's convenient for you and your family and phone them to see if there are any appointments available.

If you do not have a regular dental practice or are new to the area, you can search for an NHS dentist at www.nhs.uk

Dental practices won't always have the capacity to take on new patients so you may have to join a waiting list, look for a different dentist who is taking on new NHS patients, or be seen privately.

You don't have to pay for NHS dental treatment for children but private dentists may charge.

Fluoride varnish and fissure sealants

Two quick and painless preventive treatments – fluoride varnish and fissure sealants – are available on the NHS from your dentist, and sometimes from your child's primary school.
Fluoride varnish can be applied to both baby teeth and adult teeth. The process involves painting a varnish containing high levels of fluoride onto the surface of the tooth regularly to help prevent decay. It works by strengthening tooth enamel, making it more resistant to decay.

Fissure sealants can be done once your child's permanent teeth have come through (usually at the age of about six or seven) to protect them from decay. This is where the chewing surfaces of the back teeth are covered with a special thin plastic coating to keep germs out of the grooves. The sealant can last for as long as 5 to 10 years.

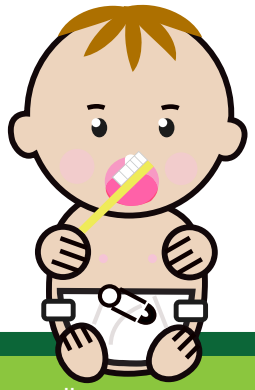
Ask your dentist if your child could benefit from fissure sealing or fluoride varnish.

Prevent tooth decay by cutting down on sugar

Sugar causes tooth decay. Children who eat sweets every day have nearly twice as much decay as children who eat sweets less often.
Decay is more likely if teeth are often in contact with drinks, foods or sweets that contain sugar.
This means sweet drinks in a bottle or feeder cup and lollipops are particularly damaging because they bathe the teeth in sugar for long periods of time.
It is safer to keep sweet foods and drinks to mealtimes only as part of a healthy diet, giving them in between meals increases the chances of decay and spoils your child's appetite.

The following measures will help you reduce the amount of sugar in your child's diet and prevent tooth decay.

- From the time your baby is weaned, encourage them to eat savoury food. Check if there's sugar in pre-prepared baby foods (including the savoury ones), rusks and baby drinks. It is usually found in fizzy drinks, squash and syrups.
- Only give sweet foods and fruit juice at mealtimes.
- Don't give biscuits or sweets as treats. Ask relatives and friends to do the same. Use items such as stickers, badges, hair slides, crayons, small books, notebooks, colouring books, soap and bubble baths. They may be more expensive than sweets but they last longer.
- If children are having sweets or chocolate, it's less harmful for their teeth if they eat the sweets all at once and at the end of a meal rather than eating them little by little and/or between meals.
- Give the last drink at least an hour before bed
- If you give a drink during the night, only give your baby milk or water rather than baby juices or sugar-sweetened drinks.
- If your child needs medicine, ask your pharmacist or GP if there's a sugar-free option.
- It's OK to use bottles for expressed breast milk, infant formula or cooled boiled water. However, using them for juices or sugary drinks can increase tooth decay. It's best to put these drinks in a cup and keep drinking times short.
- When your baby is aged between six months and one year, you can offer drinks in a non-valved free-flowing cup.
- Check ingredients to see your whole family's sugar intake, and look for ways of cutting down. Sugars can have the following names: Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch, Invert sugar or syrup, honey, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juices are all sugars. Maltodextrin is not a sugar, but can still cause tooth decay.



What to do next...

Choose care at home if...

- Your child's teeth are developing normally
- Follow the advice above and visit the dentist as often as advised

Choose your dentist if...

- Your child needs a check-up - your dentist will tell you how often they need to be seen
- Your child has toothache
- There is any problem with your child's teeth

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with toothache
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Nappy rash

Nappy rash is thought to affect up to a third of nappy-wearing babies at any given time. Your baby's skin comes into contact with urine (wee) and faeces (poo) in their nappy and this can cause it to become sore and irritated and covered in pink or red spots or blotches.

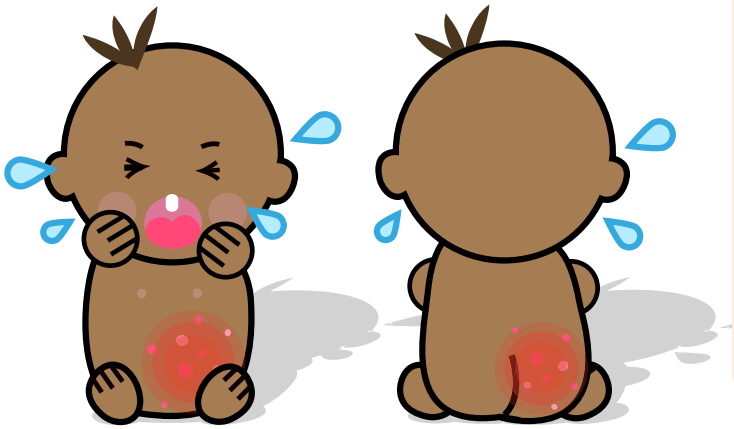
How serious is it?

Most nappy rashes are mild and can be avoided or treated with the right skin care routine. Your baby will usually feel no pain or discomfort. However, some nappy rashes are more severe and can be caused by an underlying condition or bacterial infection. A severe rash is painful and distressing for your baby and may need treatment with medication.

Mild nappy rash

If your child has mild nappy rash, a small part of their nappy area will be covered in a pink or red rash, usually made up of small spots or blotches. However, they should feel well and will only experience a stinging sensation when passing urine or faeces.

If your baby has a mild nappy rash, they will not normally need any medication or specialist treatment. Instead, there are steps you can take to safely treat the rash at home.



- Leave your baby's nappy off as long as possible
- Not putting a nappy on your baby will help them to stay dry and avoid contact with faeces or urine. It is usually most convenient to leave your baby's nappy off when they are asleep. You can lay them on an absorbent towel or somewhere where you can easily manage any soiling or wetting
- Avoid using soaps when cleaning your baby's skin
- Only use water to clean your baby's nappy area in between changes. Use a soft material, like cotton wool or a soft towel, when drying. Dab the affected area carefully and avoid rubbing their skin vigorously
- Avoid bathing your baby more than twice a day. Experts think this may dry out their skin and cause a more severe nappy rash
- Apply a barrier cream every time you change their nappy
- Using a barrier cream or ointment after each nappy change will reduce the contact that your baby's skin has with urine and faeces. Zinc cream, zinc oxide ointment and petroleum jelly are all suitable barrier creams. Ask your pharmacist for advice about which cream is most suitable for your baby
- Change your baby's nappy frequently
- Consider changing the type of nappy you are using

- If you are using disposable nappies, use one that is highly absorbent. However, these are often more expensive than other nappies. If you cannot use high-absorbency nappies, make sure you change the nappy frequently; ideally, as soon as your baby wets or soils it
- To lower the risk of your baby getting nappy rash, change your baby's nappy as soon as they wet or soil it. If your baby has nappy rash, make sure you change their nappy more frequently than you normally would

Severe nappy rash

If your baby's nappy rash is severe, they may have more advanced and painful symptoms that make them distressed or uncomfortable. Symptoms may include:

- Bright red spots
- Dry, cracked and broken skin
- Swellings, ulcers and blisters on the skin

The rash will cover a larger part of the nappy area and may spread down the legs or up to the abdomen (tummy). Your baby may cry more often than usual and be irritable.

If your baby has severe nappy rash, they usually need medication to treat the condition. Your GP will first check that you have been carrying out the skin care routines advised for a mild nappy rash (see above). Once your GP is satisfied that the correct skin care routines are being followed, they usually prescribe some topical medicines to treat the rash. 'Topical' means that the medicine is applied directly to the affected area (in this case, the nappy area).

What to do next...

Choose care at home if...

- Your baby has mild nappy rash. Follow the instructions above and the rash will usually clear up in a few days.

Choose your Pharmacist, health visitor or GP if...

- Your baby has symptoms of severe nappy rash
- Your child develops severely inflamed (swollen and irritated) skin or a fever. This may be a sign of infection

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with nappy rash
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Rashes & dry skin

It's normal for babies to develop skin rashes from as early as a few days old, as their sensitive skin adapts to a different environment. Most rashes are harmless and go away on their own. However, if your baby has developed a rash and seems unwell, has a high temperature, or if you're worried they're getting worse, see your GP or GP out-of-hours service. It's especially important to be aware of the warning signs of meningitis.

Meninigitis warning signs

It's important to be aware of the warning signs of meningitis in your baby, which include:

- Becoming floppy and unresponsive, or stiff with jerky movements
- Becoming irritable and not wanting to be held
- Unusual crying
- Vomiting and refusing feeds
- Pale and blotchy skin
- Loss of appetite
- Staring expression
- Very sleepy with a reluctance to wake up
- A purple-red spotty rash (see picture)
- Some babies will develop a swelling in the soft part of their head (fontanelle).

Trust your instincts. If you think your baby has meninigits, see your GP immediately or go to your nearest hospital A&E.

This guide may give you a better idea of the cause of the rash, but don't use it to diagnose your baby's condition by yourself. Always see a GP for a proper diagnosis.

Milia

About half of all newborns will develop small white spots, called milia, on their face. These are just blocked pores and usually clear within the first four weeks of life.

Erythema toxicum

Half of all newborns will develop a blotchy red skin reaction called erythema toxicum, usually at two or three days old. It is a normal newborn rash that won't bother your baby and will soon clear after a few days.

"Baby acne"

Pimples sometimes develop on a baby's cheeks and nose. These tend to get worse before clearing up completely after around six weeks.

Eczema

Eczema is a long-term condition that causes the skin to become itchy, red, dry and cracked. The most common form is atopic eczema, which mainly affects babies and children but can continue into adulthood. Atopic eczema usually occurs in areas with folds of skin, like behind the knees or on the front of the elbows.

Ringworm

Ringworm is a common fungal skin infection that causes a ring-like red rash almost anywhere on the body (the baby's scalp, feet and groin are common areas). It is usually easily treated using over-the-counter creams.

Prickly heat (heat rash)

A heat rash (prickly heat) may flare up if your baby starts to sweat, for example because they are dressed in too many clothes or the environment is hot and humid. It is a sign that your baby's sweat glands have become blocked. They may develop tiny red bumps or blisters on their skin, but these will soon clear.

Impetigo

Impetigo is a highly contagious bacterial infection of the surface layers of the skin, which causes sores and blisters. It is not usually serious but you can visit your GP for a prescription of antibiotics, which should clear the infection within 7-10 days.

Hives

Hives (also known as urticaria) is a raised, red itchy rash that appears on the skin. It happens when a trigger (like a food that your baby is allergic to) causes a protein called histamine to be released into their skin. The rash is usually short-lived and can be controlled with antihistamines. However, if your baby gets hives repeatedly, it's important to see your GP, as your baby may be allergic to something they are being fed frequently, like cow's milk.

Slapped cheek syndrome

Slapped cheek syndrome (also known as fifth disease) is a viral infection that is particularly common in children and babies. It typically causes a bright red rash on both cheeks and a fever. Most babies will not need treatment as slapped cheek syndrome is usually a mild condition that passes in a few days.

Erythema multiforme

Erythema multiforme is a skin reaction triggered by medication, an infection (usually the herpes simplex virus) or an illness. Red spots develop on the hands or feet before spreading across the body. Your baby will probably feel unwell and may have a fever, but you should be able to treat these symptoms with over-the-counter medicine. It may take two to six weeks before your baby feels better.

Hand, foot and mouth disease

Hand, foot and mouth disease is a common, mild viral illness that causes a rash on the palms of the hands and soles of the feet. Your baby may feel unwell and have a fever. Treatment is usually not needed as the baby's immune system clears the virus and symptoms go away after about 7 to 10 days. If you're worried, see your GP.

Keratosis pilaris ("chicken skin")

Keratosis pilaris is a harmless condition where the skin becomes rough and bumpy, as if covered in permanent goose pimples. There's no cure for this skin complaint, but it shouldn't bother your baby.

What to do next...

Choose care at home if...

- Your baby has signs of milia
- Your baby has signs of erythema toxicum
- Your baby has signs of “baby acne”
- Your baby has signs of prickly heat (heat rash)
- Your baby has signs of slapped cheek syndrome (see GP if your baby has a high temperature)
- Your baby has signs of erythema multiforme
- Your baby has signs of hand, foot and mouth disease (see GP if your baby has a high temperature)
- Your baby has signs of keratosis pilaris

Choose your Pharmacist, health visitor or GP if...

- Your baby has a high temperature (fever) of 38ºC (100.4ºF) or above if they are less than three months old, or 39ºC (102.2ºF) or above if they are between three and six months old (call your GP or GP out-of-hours service)
- Your baby has signs of nappy rash (Pharmacy)
- Your baby has signs of ringworm (Pharmacy)
- Your baby has signs of hives (Pharmacy)
- Your baby has signs of eczema (GP)
- Your baby has signs of severe nappy rash (GP)
- Your baby has signs of impetigo (GP)

Call 999 A&E if...

- Your baby has a high temperature but their hands and feet feel cold
- Your baby has a bulging fontanelle (the soft spot at the top of a baby’s head)
- Your baby has a fit (seizure)
- Your baby turns blue, blotchy or very pale
- Your baby has a stiff neck
- Has breathing problems, like breathing fast or grunting while breathing, or they seem to be working harder than usual to breathe (for example, sucking in under the ribcage)
- Your baby has a spotty, purple-red rash anywhere on their body or any of the warning signs of meningitis (above)

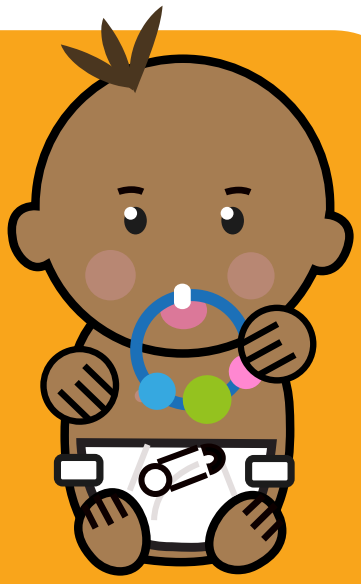
Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Teething

Most babies get their first milk tooth at around six months, usually in the front and at the bottom, but all babies are different. Some are born with a tooth already, and others have no teeth when they're one year old. Most will have all their milk (or primary) teeth by about two and a half. There are 20 primary teeth: 10 in the top row and 10 at the bottom. The first permanent 'second' teeth grow at the back at around the age of six.

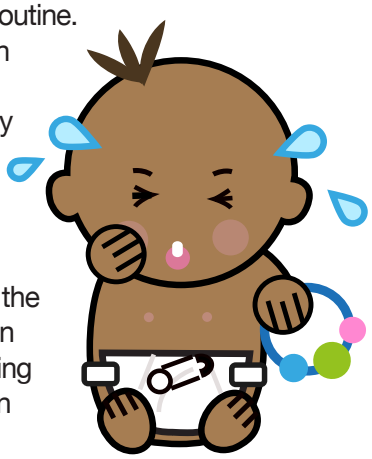


Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

If your baby has any pain or discomfort, you can ask your local pharmacist about gels and teething rings. If your baby is very uncomfortable, you may want to give them some sugar-free pain relief medicine for children. Make sure you read all instructions or ask your pharmacist about how to use them.

Looking after their teeth

As soon as your child has a tooth, you should start their tooth care routine. You can brush their teeth with a soft baby toothbrush and toothpaste. Brush twice a day with fluoride toothpaste, once before bedtime and at one other time. Teach your child to spit, but don't rinse the toothpaste away or the fluoride will not work. Children need adult supervision cleaning their teeth until they are seven years old.



Teething tips

- It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot (stay nearby in case of choking)
- Don't give your baby rusks, because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth
- For babies over four months old, you can rub sugar-free teething gel on their gums. You can get this from your local pharmacy. For younger babies, talk to your GP or health visitor
- You could also give them some sugar-free baby paracetamol or ibuprofen. Follow the instructions on the bottle for your child's age, or check with your pharmacist, GP or health visitor

What to do next...

Choose care at home if...

- Your baby is teething normally - teething troubles can be unsettling, but there's usually no need to see a doctor

Choose your Pharmacist, if...

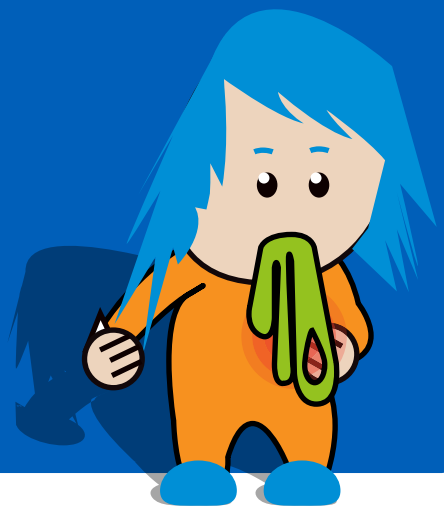
Your baby has red cheeks and gums or is dribbling, off their food, chewing on things and seems cross - your pharmacist can help with teething rings, gels and pain relief

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with teething
- A&E is for urgent, life-threatening illness and injury

Upset Tummy

Vomiting is usually not a sign of anything serious and tends to only last one or two days. Vomiting is the body's way of ridding itself of harmful substances from the stomach, or it may be a reaction to something that has irritated the gut. The most common cause in both children and babies is gastroenteritis. This is an infection of the gut usually caused by a virus or bacteria and is unusual in breastfed babies. It also causes diarrhoea. Your child's immune system will usually fight off the infection after a few days.



Prevention

Most children get gastroenteritis at some time no matter how high the standards of hygiene at home. Always encourage your child to wash hands with soap especially after visiting the toilet and before handling food.

If your child has got gastroenteritis prevent spread to others by:

- washing your hands after changing a nappy
- not sharing towels
- cleaning the toilet with disinfectant
- not letting your child prepare food for others

Looking after your child at home

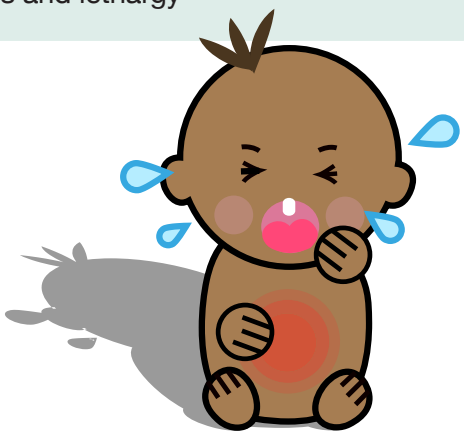
Diarrhoea can last up to three weeks. Keep your child away from public places/school for 48 hours after symptoms have settled. Your child should not go swimming until at least 2 weeks after last diarrhoea. If they seem dehydrated (see below), they will need extra fluids. Ask your pharmacist if they would recommend oral rehydration fluids (ORS).

Oral rehydration solution is a special powder that you make up into a drink, which contains sugar and salts in specific amounts to help replace the water and salts lost through vomiting and diarrhoea. Brands include Dioralyte, Electrolade and Rehidrat.

Severe vomiting and diarrhoea can easily lead to dehydration, especially in young babies. This means your child's body does not have enough water or the right balance of salts to carry out its normal functions.

Signs of dehydration

Children with dehydration often feel and look unwell. The signs of dehydration are; dry mouth, crying without producing tears, passing urine (wee) less than usual, or not wetting many nappies, increased thirst, floppiness and lethargy



Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

What to do next...

Choose care at home if...

- Your child has had less than six episodes of diarrhoea in the past 24 hours
- Your child has been vomiting for less than 24 hours
- Continue to offer your child their usual feeds, including breast or other milk feeds. Do not starve your child.
- Encourage your child to drink plenty of fluids, offer small amounts often
- Do not give fizzy drinks and/or fruit juices
- Give oral rehydration solution (eg Diarolyte) if advised. Follow the instructions carefully.
- Reintroduce solids slowly when vomiting has stopped, starting with plain foods like toast, pasta or soup.
- Keep ORS sachets, Paracetamol and Ibuprofen suspension eg; Calpol and Nurofen (never give ibuprofen to asthmatics unless it has been prescribed by a doctor) in your medicine cabinet.

Choose your GP if...

- Your child has had six or more episodes of diarrhoea in the past 24 hours
- Your child has diarrhoea and is vomiting at the same time
- Your child has diarrhoea that is particularly watery
- Your child has diarrhoea that has blood in it
- Your child has diarrhoea that lasts for longer than two weeks
- Your child has a high temperature (fever) of 38°c (100.4°f) or above if they are less than three months old, or 39°c (102.2°f) or above if they are between three and six months old(call your GP or GP out-of-hours service)
- Your child has been vomiting for more than 24 hours
- Your child has not been able to hold down fluids for the last eight hours, or you think they are dehydrated
- They are floppy, irritable, off their food or generally not their usual self
- They have severe tummy pain
- They have a stiff neck - call your GP immediately, even if it's the middle of the night

Call 999 A&E if...

- Your child has a high temperature but their hands and feet feel cold
- Your child has a bulging fontanelle (the soft spot at the top of a baby's head)
- Your child has a fit (seizure)
- Your child turns blue, blotchy or very pale
- Your child has a stiff neck and headache
- Your child has breathing problems, like breathing fast or grunting while breathing, or they seem to be working harder than usual to breathe (for example, sucking in under the ribcage)
- Your child has a spotty, purple-red rash anywhere on their body (this could be sign of meningitis, which is a serious infection)

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

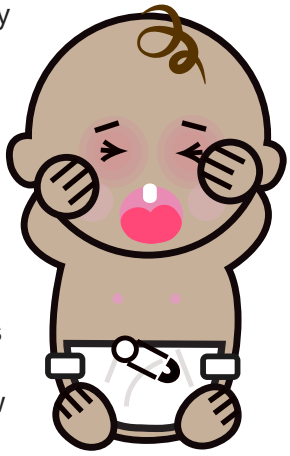
Watery or sticky eyes

Lots of babies get watery or sticky eyes. This often happens because their tear ducts (the tubes that carry tears away from the eyes) can be slow to fully develop and open. About 1 in 5 babies are born with tear ducts that have not fully developed, affecting one or both eyes.

The condition is not usually serious. You may have to wipe away some glue-like material, but your baby's eyeball should stay healthy and white and your baby should not be particularly bothered by the condition. The problem should clear up on its own, but watery eyes may return if your baby gets a cold as the newly opened tear duct may become blocked easily. In rare cases, a watering eye in a baby is due to other eye problems.

Treatment

The problem will usually go away as soon as your baby's tear ducts finish developing. This normally happens within a few weeks, but it can take several months for some babies. If gluey material develops then wipe it away with some damp cotton wool, moistened with sterile water (cool water that has been boiled). It may help if you massage the tear duct every few hours, using gentle pressure on the outside of the nose. This may help to clear any blockage and can help the tear duct to develop.



If the tear duct is still blocked at 12 months, you should speak to your GP who may refer your baby to an eye specialist. The specialist may perform a procedure where a very thin instrument is inserted into the tear duct to open it up. Speak to your GP sooner if the condition is particularly bad, causes your baby distress, or if you think there might be something wrong with your baby's eye or eyelids.

Things to watch out for

You may see some slight redness of the eyeball due to mild inflammation, this will not normally need to be treated and should clear up on it's own. Sometimes sticky eyes may develop into conjunctivitis (infection of the eye). The eye may look inflamed and red and your baby may rub their eyes. Conjunctivitis is not usually serious, but it is very infectious and needs to be treated by your GP. Antibiotic eye drops are sometimes prescribed to help clear conjunctivitis. Wash your hands before and after applying the eye drops and make sure that you use a different towel for your baby to avoid spreading the infection.

What to do next...

Choose care at home if...

- Your baby has sticky or watery eyes
- Their eyeball is healthy and white
- They are not particularly bothered by their sticky or watery eyes

Choose your Pharmacist, or GP if...

- Their eye becomes inflamed, angry or red
- There is yellow or green sticky or crusty discharge around the eye that keeps coming back
- Your baby rubs the eye a lot or seems in pain
- Your baby does not like to open their eye, or light seems to hurt the baby's eye
- You think your baby might have conjunctivitis
- The structure of an eye or eyelids does not seem right

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for problems with watery or sticky eyes
- A&E is for urgent, life-threatening illness and injury

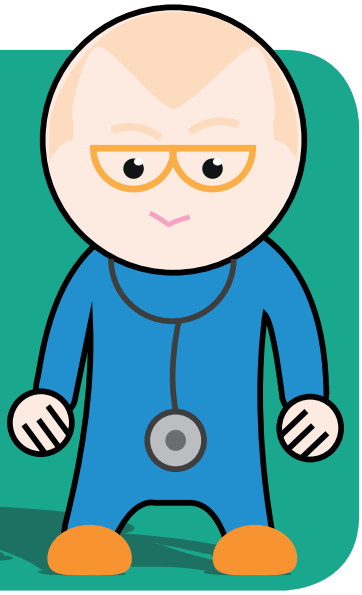
Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Registering your child with a GP

GPs (family doctors) are usually the first point of call for people when they are feeling unwell and are the main way in to most NHS services. GPs see many of their patients frequently throughout their lives and they can come to know them very well. When necessary they will refer them to other, more appropriate services, where the patient will receive the best treatment /care



Your GP practice (including the practice nurse) can help/advise on many problems including:

- Repeat or new prescriptions
- Vaccinations & Immunisations
- Referrals to hospital or other services
- Help with mental health problems
- Blood tests
- Sexual Health and Contraceptive issues
- Some minor surgery
- Smoking Cessation
- Alcohol and drug misuse.

It's important to register your child with a GP as most children will be unwell at some point and being registered with a GP will make seeing a doctor much quicker and more convenient when you need it. Most parents and carers register their children with their own GP practice.

Choosing a GP can seem a daunting process, especially if you've just moved into a new area and don't know anything about the local health services.
Ask local people which GP surgeries they use, visit your local library for a list of GPs in your area or type in your postcode on the NHS website at www.nhs.uk

- Every GP practice works within a local area called a practice boundary.
- A GP practice should accept you as a patient if you live within their practice boundary, are entitled to NHS treatment and their practice list is not closed.
- If you are eligible, but not necessarily entitled to NHS treatment (e.g. an overseas visitor), the practice can still register you as an NHS patient, but they do not have to.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

- In order to register, you will be asked to provide proof of identity and proof of activity in the community (e.g. Proof of address) - if you're registering your child, you'll just need their birth certificate and/or some evidence that you are their legal guardian.
- If you don't know how long you'll be staying in the area, you can ask to register as a temporary patient.
- If the practice will not register you, they must explain why in a letter of refusal within 14 days.
- If you are ill and need to see a doctor urgently, your local GP practice must provide immediate and necessary treatment whether you're registered with them or not.

If you have problems registering with a nearby GP practice, contact NHS England's Customer Contact Centre on 0300 311 22 33, write to NHS England PO Box 16738, Redditch, B97 9PT or email england.contactus@nhs.net

GPs are available 24 hours a day, seven days a week

Many GP practices offer Same Day Access for urgent conditions where you'll be able to speak to a doctor or nurse on the day you or your child is ill. Some practices offer an Extended Hours Service, making it possible for patients to get an appointment out of normal surgery hours. All GPs in the Basildon and Brentwood districts offer an out-of-hours service too. For the out-of-hours service call NHS 111.

Your rights and responsibilities

You are entitled to certain services and treatments from your GP – ask for the practice's Patient Leaflet for more information. As a patient you also have responsibilities, such as being on time for appointments, calling the surgery if you have to cancel an appointment and treating the practice staff and other patients with courtesy and respect.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

What to do next...

Choose care at home if...

- You need to register your child with a local GP practice
- Find your nearest GP practice by visiting NHS choices at www.nhs.uk

Choose your GP or GP out-of-hours service if...

- You want to register there
- Just go in and ask to register

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for minor illnesses or problems that could be dealt with by a GP
- A&E is for urgent, life-threatening illness and injury
- GPs are available 24 hours a day, seven days a week and can see you or your child even if you're not registered with them

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Smoke free home

Protect babies and children from breathing in other people's cigarette smoke (second hand smoke). Second hand smoke cause illness including asthma, heart disease and cancer. Cigarette smoke contains more than 4,000 chemicals, including ingredients of ant poison, rocket fuel and floor cleaner. These spread around the room and house even if the windows are open and you can't see any smoke. Babies and children are most at risk from second hand smoke. If you smoke around your children, they can breathe in the equivalent of 150 cigarettes per year.

Many people are choosing to make any babies and children safe by taking 7 steps outside away from the door to smoke - and asking their visitors to do the same. Keep your home smoke free to protect your babies, children, adults and pets.

What to do next...

Choose care at home if...

For more information on quitting smoking see the OneYou campaign at www.nhs.uk/oneyou/smoking

For more information on local stop smoking services contact the Essex Lifestyle Service on 0300 303 9988

Choose your Pharmacist or GP if...

- You have tried to stop smoking before but have been unable to stay stopped
- Your pharmacist can help with nicotine replacement products
- Your GP may be able to prescribe nicotine replacement products or medication to reduce the cravings

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for help with stopping smoking
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Temperature, fever and convulsions

What is normal

Everyone's body temperature changes. These changes can be caused by exercise, eating, sleeping and even the time of day.

The average body temperature, taken with a thermometer in the mouth, is 37°C (98.6°F), but anywhere between 36.5°C and 37.2°C (97.7°F and 99°F) can be considered normal. Armpit temperatures are 0.2°C to 0.3°C lower than this.

A fever is a temperature of 38°C (100.4°F) or above.

Looking after your child at home

Not every fever needs medical attention. There are several things you can do to help bring your child's temperature down and make them more comfortable:

- Keep the room at a comfortable temperature, but make sure fresh air is circulating
- Take your child to the coolest room in the house
- Give your child plenty of cold water to drink to prevent dehydration
- Give your child some ice cubes to suck or ice lollies
- Children with fever should not be under or over dressed. If your child is shivering or sweating a lot, change the amount of clothes they are wearing.

- If your child is shivering, ensure that they are wearing something light against their skin. Do not put on additional layers or wrap them in a duvet. Covering them in a sheet will make them more comfortable and is less likely to overheat them.
- **Do not** sponge your child with water – this will not help to reduce fever.
- If you have an electric fan, this can help cool your child down.

In General Practice it is usual to find that by the time a high proportion of feverish children are brought to the practice or Out of Hours, they have been cooled by the ambient temperature outside.

Some medicines can help to bring down your temperature. Paracetamol and ibuprofen work in this way. Never give aspirin to Children under 16 years of age. Fever is rarely harmful, but at very high temperatures it can cause problems. A high fever may also be a sign of serious illness. Call your doctor if you're worried.

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

Choose the right care

Preventing dehydration

Offer your child regular drinks (where a baby or child is breastfed the most appropriate fluid is breastmilk) and watch out for these signs of dehydration:

- Sunken fontanelle (soft spot on a baby's head)
- Dry mouth
- Sunken eyes
- No tears

If you find signs of dehydration encourage your child to drink more fluids and seek further advice if you are worried.

How to check your temperature if you do not have a thermometer

There are some common signs and symptoms when your temperature goes above its normal level. These will vary between individuals and may come and go as long as your temperature is high.

If a thermometer is not available, the following signs and symptoms may be a good indication you have a high temperature:

- Skin feels hot to touch – Place a hand on your forehead or other part of the body and it will feel noticeably hotter than usual and may be either dry or wet from sweat. **NB**: do not feel the hands and feet as these can feel cold when the temperature is high.
- Flushed skin – When you have a temperature your skin will often become flushed (red). This is particularly noticeable on the face, especially the cheeks. However, it may be more difficult to see on darker skin.
- Shivering – As your temperature goes up and down it is common to shiver and feel very cold even when those around you are feeling comfortable
- Feeling hot and cold – Alternating between feeling hot, and maybe sweaty, and cold, and maybe shivering, is an indication that you have a high temperature.
- Other signs can include feeling tired and weak. Children may show no interest in playing. Loss of appetite is common. However, these symptoms on their own do not necessarily indicate a high temperature.

What is a febrile convulsion?

A febrile convulsion is another name for a fit that happens either just before, or whilst, a child has a temperature. About 1 in 20 children aged under 5 will have a febrile convulsion at some point. Although the convulsion may be upsetting for you to watch it does not cause any permanent damage to your child.

What should I do if my child has a febrile convulsion?

- Place your child on their side in a clear space on the floor
- **Do not** try to hold your child during the fit
- **Do not** try to put anything in your child's mouth during the fit - they will not swallow their tongue
- Stay with your child until the febrile convulsion stops - usually in a few minutes
- Lay your child on their side (in the recovery position) while they recover

What should I do if the febrile convulsion does not stop?

If the fit lasts for more than 3 minutes you must dial 999 and call an ambulance. Stay with your child and keep them on their side.

What to do next...

Choose care at home if...

- Your child is **over three months old** and has any of the symptoms of a fever but has a temperature below 38°C (100.4°F)
- Keep your child away from nursery or school while they have a fever and tell the school or nursery about the illness
- If in doubt, you can call NHS Direct on 0845 46 47 (or 111 in some areas) for advice

Choose your GP surgery if...

- Your child is **under three months old** and has any of the symptoms of a fever - contact your GP, even if it's in the middle of the night
- You suspect an infection, which might need antibiotic treatment – contact your GP
- The fever is higher than 38.5°C (101.3°F)
- The fever lasts for longer than five days
- Your child has a stiff neck – call your GP, even if it's the middle of the night
- Your child has had a febrile convulsion lasting less than three

Call 999 A&E if...

- Your child's temperature goes above 40°C (104°F)
- Your child is having a seizure that has lasted longer than three minutes and is showing no signs of stopping
- Your child cannot swallow or starts drooling
- Your child has a blotchy red rash that does not fade or change colour when you place a glass against it
- Your child is having breathing difficulties

Choose well.

For more information, help and support visit NHS Choices at www.nhs.net

Choose the right care

Vitamin D

Vitamin D is essential for healthy bones, and we get most of our vitamin D from exposure to sunlight. Find out how to make sure you get enough without risking sun damage.

Everyone needs vitamin D to absorb calcium and phosphorus from their diet. These minerals are important for healthy bones. A lack of vitamin D (known as vitamin D deficiency) can cause softening and weakening of bones and lead to bone deformities. In children, for example, lack of vitamin D can lead to rickets. In adults, lack of vitamin D can lead to osteomalacia, which causes bone pain and tenderness.

Where do I get vitamin D?

You get most of your vitamin D from sunlight on your skin. This is because the vitamin forms under your skin in reaction to sunlight. Vitamin D is also found in a small number of foods, including:

oily fish

eggs

fortified foods that have had vitamin D added to them, such as low fat spreads, breakfast cereals and powdered milk

Cover up or protect your skin before it starts to turn red or burn

Who is at risk of vitamin D deficiency?

Most people can get all the vitamin D they need by eating a healthy, balanced diet and getting a little sun. However, the Department of Health recommends a daily vitamin D supplement for the following people:

- All children aged six months to four years (see below)
- All pregnant and breastfeeding women
- All people aged 65 and over
- People who aren't exposed to much sun, for example people who cover up their skin for cultural reasons, or people who are housebound (stay indoors) for long periods of time

Vitamin D and babies and children

If you are exclusively breastfeeding your baby you should give your baby a daily vitamin D supplement from six months of age.

If your baby is fed with infant formula, you should give them a daily vitamin D supplement if they are drinking less than 500ml (one pint) of formula a day.

- If you are breastfeeding your baby and giving them infant formula as well, they will need a daily vitamin D supplement from six months of age, or if they are drinking less than 500ml (one pint) of formula a day.
- You should continue to give your child a vitamin D supplement until they are four years old.
- If you qualify, you can get vitamin drops containing vitamin D free from Healthy Start vitamins.

What to do next...

Choose care at home if...

- You and your family have a healthy balanced diet
- You and your family are able to safely enjoy sunlight during the summer months

Choose your Health Visitor or GP if...

- You are concerned about the level of vitamin D you get from the sun and your diet
- They can advise if you need a vitamin D supplement

Call 999 A&E if...

- There are no reasons why you should need to go to A&E for help with vitamin D
- A&E is for urgent, life-threatening illness and injury

Choose well.

For more information, help and support visit NHS Choices at www.nhs.uk

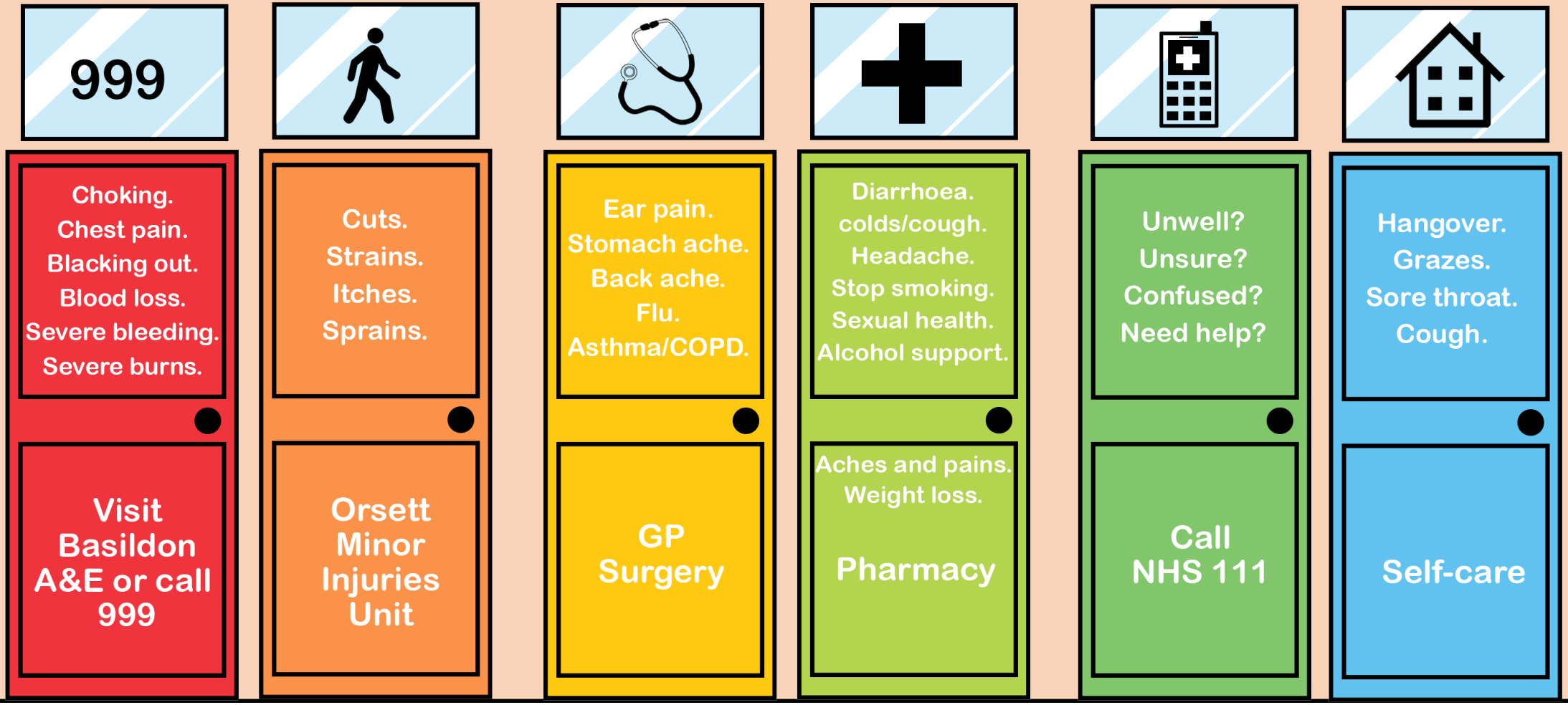
Choose the right care

Can the Pharmacist help with your symptoms?

The pharmacist is an excellent source of advice for many common ailments, such as:

- Low Back Pain
- Eczema
- Heartburn and Indigestion
- Fever in Children
- Constipation
- Headache
- Coughs in Adults
- Acne (spots)
- Sprains and Strains
- Sore Throat
- Ear Ache
- Common Cold
- Sinusitus

Self Care Forum
Helping people take care of themselves



Choose A&E or dial 999 for serious and life-threatening conditions. Your local A&E is at:

Basildon Hospital
Nethermayne
Basildon
Essex
SS16 5NL

01268 524900

The Minor Injuries Unit is open 10am to 7.30pm, 7 days a week except Christmas day and boxing day:

Orsett MIU
Orsett Hospital
Rowley Road
Orsett
RM16 3EU

01268 592300

Your surgery will have GPs and nurses who can see you for a number of conditions and illnesses.

outside normal surgery times, you can also see a GP at the out-of-hours service. Call **NHS 111** to access.

Pharmacists can suggest medicines and offer advice on common illnesses without the need for an appointment.

Many pharmacies are open for longer during the week and also at the weekend.

Find you local GP or pharmacist here:
www.nhs.uk/service-search

NHS 111 offers confidential 24-hour health advice and information both by phone and online.

NHS 111 can also direct you to appropriate services if you need it.

Many common minor injuries and illnesses can be treated at home by **self-care**.

If you need further support to look after you condition, you can visit your pharmacist, call NHS 111, or visit **www.nhs.uk**