

Looking after your child's health

An NHS guide for parents and carers of children aged 0-5 years



With lots of useful hints and tips from experts in child health
including hospital specialists, doctors, health visitors and pharmacists

To find your nearest service download the app now

Search for 'NHS child health'



Doctors
Pharmacists
Walk In Centres
Children's Centres
Urgent Care Centres
Emergency Departments (A&E)

There is a range of services available to help provide healthcare for you and your child. This guide is intended to help you know what to do, and where to go, when you are looking after an unwell child.



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A guide to NHS services

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Looking after your child

You can treat many of your child's common minor illnesses and injuries at home. If your child gets ill, it is good to be prepared with medicines specially for children such as paracetamol and ibuprofen liquid, emollients, antihistamine, oral rehydration solutions, plasters and antiseptic cream, head lice comb and a thermometer (preferably an ear one). Please do not give aspirin to children under 16 as this can cause serious complications. Lots of helpful tips can be found on the NHS Choices website nhs.uk

Examples include:

**Bumps and bruises; Colds, coughs
Sore throats**



Pharmacist

Your local pharmacist is a highly-trained healthcare professional and can offer advice about most everyday health issues such as colds and skin conditions. They can recommend medicines and could save you a trip to the doctor's surgery. There are often pharmacies in supermarkets and many are open late. In some areas, the Think Pharmacy First scheme is available and can provide free advice and medication for your child. Look out for the Think Pharmacy First sticker in the window for participating pharmacies.

Examples include:

**Cold and cough symptoms
Mild diarrhoea; Mild fever
Mild skin irritations**



Health visitor

A health visitor is a qualified nurse who has had extra training. Part of their role is to help you keep well and stay healthy, especially if you have babies or young children. They are available to support you until your child is five years old. They can support you with feeding and give advice on common childhood illnesses. They are also trained in child development and can be good sources of advice if you have any concerns. Your health visitor will give you their phone number so you can contact them when you have concerns or need advice. Ask your health visitor about local services.

Examples include:

**Behavioural problems; Breastfeeding
Child development**



Doctor

Your family doctor will see your child quickly if you are worried. They can deal with most common childhood illnesses. Keep your doctor's number in your phone. They can offer emergency same-day appointments, urgent next-day appointments and routine appointments. Remember to tell the receptionist that you are concerned and want advice about an unwell child when contacting the practice.

Examples include:

**Dehydration
High temperatures
Rashes
Tummy pain**

A guide to NHS services



Urgent Care Centres/Walk In Centres

These centres are staffed by doctors and nurses and can see all patients from birth upwards who have a health issue which is not life-threatening but needs to be seen that day. You can walk in and in some areas NHS 111 can make an appointment if it's the best service for you. Urgent Care Centres/Walk In Centres are often open when your doctor's surgery is closed. For opening times and locations, please download the app or visit NHS Choices nhs.uk

Examples include:

Sprains, suspected fractures and cuts if your doctor's surgery is closed and you need to be seen that day

999

Emergency Departments (A&E) or 999

Emergency Departments should only be used in a critical or life-threatening situation. Emergency services are very busy – if your child's condition is not serious, choose another service. Call 999 if you feel your child is seriously unwell, e.g. child stops breathing or is struggling for breath, is unconscious or seems unaware of what is going on, will not wake up or has a fit for the first time (even if they recover).

Examples include:

Broken bones

Choking or difficulties in breathing

Severe bleeding or abdominal pain

Collapse

Swallowed poison

Unsure about which service to access? Call NHS 111

It's a **free telephone service** which will help you when you need to access medical help but it is not an emergency.



Useful national contacts



Asthma UK

0800 121 62 44
asthma.org.uk



Baby Buddy app by Best Beginnings

Search for 'baby buddy' and download the app for a guide through your pregnancy and the first six months of your baby's life.



Child Accident Prevention Trust (CAPT)

020 7608 3828
capt.org.uk



HSC Public Health Agency

Birth to five
publichealth.hscni.net/publications/birth-five
Recommended for in-depth information



Meningitis Now

0808 80 10 388
meningitisnow.org



Mind Counselling

mind.org.uk



National Breastfeeding Network Helpline

0300 100 0212
breastfeedingnetwork.org.uk
email: enquiries@breastfeedingnetwork.org.uk



Online parent networks

Netmums

netmums.com



Mumsnet

mumsnet.com



Start4Life

nhs.uk/start4life



NHS Choices

nhs.uk



NHS 111

Unsure about which service to access?
Call 111, it's a free telephone service which will help you when you need to access medical help but it is not an emergency.



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Starting school is a huge change for both parents and children.



More information online
at NHS Choices: nhs.uk

Getting ready for school

If a child lacks the skills to let them develop, it becomes much more difficult for them to learn and enjoy their time at school.

Basic skills like toilet training, communication, social skills and being able to understand and follow simple tasks will help to make sure that a child can have fun learning.

Key areas for a child are:

- Personal, social and emotional development
- Physical development
- Communication and language

HEALTH VISITOR'S TIP

If you are worried about your child's development, talk to your health visitor or local Children's Centre.



If your child has a temperature, check by using a thermometer. Digital thermometers are the best way to get accurate readings quickly and can be bought from pharmacies or large supermarkets. Always check the manufacturer's instructions on how to take your child's temperature.



DOCTOR'S TIP

All babies under six months old with a temperature should be seen by a doctor.

Trust your instincts,
you know your child best.

High temperatures

Normal temperature should be between 36–36.8C. A fever is a high temperature (over 37.5C). High temperatures are common and often clear up by themselves without needing treatment. They can be raised for many reasons, e.g. teething or an infection and are one of the body's ways of fighting an infection.

When to seek help

You should seek immediate help if your child has other symptoms such as:

- Floppiness, irritability
- Drowsiness, stiff body with jerky movements
- Confusion or delirium
- Has a fit for the first time
- Develops a rash that does not disappear when you press a glass against it
- If you have concerns that your child 'isn't right'

HEALTH VISITOR'S TIP

Your doctor's surgery is also well placed to deal with common childhood illnesses and will see your child quickly if you are worried. Remember to tell the receptionist that you are concerned about an unwell child when contacting your practice.

→ Continues on next page



High temperatures



More information online
at NHS Choices: nhs.uk

How to keep your child comfortable when they have a high temperature

- ✓ Encourage them to have lots of fluids
- ✓ Keep your child cool, do not wrap them up too much. Remove layers of clothing and use light bedding, for example a vest and sheet only or a 0.5 tog sleeping bag
- ✓ Keep the room they are in cool at around 18C. Open a window if you need to
- ✓ Do not sponge your child with tepid or cold water, this causes blood vessels under the skin to become narrower which reduces heat loss
- ✓ Depending on your child's age, children's paracetamol OR ibuprofen can help bring your child's temperature down if they seem distressed. It is not recommended to use them if your child has a fever but otherwise appears well. It can take up to an hour for either to work and NICE (National Institute for Clinical Excellence) now advises against combining ibuprofen and paracetamol; it says either can be used to reduce temperature, but these medicines should not be administered at the same time or routinely given alternately
- ✓ Watch out for signs of dehydration

for mums-to-be

**baby on the way,
quit today**

**Quitting smoking is the best thing
you can do for your baby.**

Talk to your midwife, health visitor or GP - they're here to help.



**start
4
life**
A good start for a healthier life

It is perfectly natural to worry about vaccinations. If you have any concerns don't hesitate to speak to your health visitor or doctor.



More information online at NHS Choices: nhs.uk



It's natural to worry.

Pregnant women can protect their babies by getting vaccinated for whooping cough (pertussis), ideally when they are 28 to 32 weeks pregnant, although they may be given the vaccine up to 38 weeks of pregnancy. This vaccine is highly effective in protecting young babies until they can have their own vaccination at two months.

All childhood immunisations are free and routine vaccinations start when a baby is two months old. This may seem early, but this is the time when the natural immunity babies get from their mothers starts to wear off. It is important to have vaccinations at the right age to keep to a minimum the risk of your child getting the disease.

DOCTOR'S TIP

The protection immunisations offer your child are worth the small amount of pain. You may have concerns about the safety of immunisations, discuss these with your doctor.

Immunisations

Immunisation timeline

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

Your health visitor will tell you when local immunisation sessions are taking place.

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



Becoming a parent changes your life. Suddenly there is no time to do the things you like, to relax with your partner or friends or just to take a bit of time for yourself. Sometimes, you will feel like there is no time to eat or sleep!



More information online at NHS Choices: nhs.uk



Looking after you

Being a parent is an exhausting business and it's easy to find that you have no time or energy to cook or eat properly. Healthy eating is important for all of your family.

Getting some extra help is important, especially if this is your first baby, you may be feeling very lonely and cut off from your old life.

Postnatal depression

Sometimes though, the baby blues just will not go away. Postnatal depression is thought to affect around one in ten women. Although it's very common, many women suffer in silence.

Some of the symptoms, such as tiredness, irritability or poor appetite, are normal when you have just had a baby, but these are usually mild and don't stop you leading a normal life. With postnatal depression, you may feel increasingly depressed and despondent, and looking after yourself or your baby may become too much.

DOCTOR'S TIP

You will be very busy looking after your baby, but do remember to go for your postnatal check at around six to eight weeks. This is an opportunity for you to talk to your doctor about any health problems you have had since your baby's birth.



Good oral health is important for speech, eating and also as a child gets older for confidence and self-esteem.



More information online at NHS Choices: nhs.uk



Oral health

All children should use fluoride toothpaste. Fluoride can be measured in parts per million (ppm) and this is stated on the back of the toothpaste tube. Use age-appropriate toothpaste to ensure your child uses the recommended amount of fluoride for their age. In certain circumstances, your dentist may recommend higher ppm fluoride toothpaste so always follow their advice.

For children under three, use a smear of toothpaste and children aged between three and six should use a pea-sized amount.

You can take care of your child's teeth by:

- ✓ Making sure they brush their teeth twice a day, including last thing at night
- ✓ Taking them to the dentist regularly
- ✓ Cutting down on the sugar they have in their diet

→ Continues on next page

HEALTH VISITOR'S TIP

You should start to brush your baby's teeth with a baby toothbrush as soon as their first tooth breaks through. Help your child get into good habits early on, for example let them watch you or older siblings brushing.



Oral health



More information online
at NHS Choices: nhs.uk

Tips for brushing your child's teeth:

- ✓ All children should use fluoride toothpaste
- ✓ Don't let your child lick or suck toothpaste from their brush or tube
- ✓ Encourage your child to spit out the remaining toothpaste after they have finished brushing. Do not rinse their mouth with water and do not use mouthwash

DOCTOR'S TIP

Take your child to the dentist when their first milk teeth appear to get them familiar with the environment. NHS dental care is free for children and dentists can spot problems with oral health at an early stage.



Unsure about which service to access? Call NHS 111

It's a **free telephone service** which will help you when you need to access medical help but it is not an emergency.



Many common childhood illnesses can be treated at home, but it is important to trust your instincts and if you are concerned, seek advice.



More information online at NHS Choices: nhs.uk



Trust your instincts,
you know your child best.

Parents know best

It is normal to feel anxious when your child is ill.

Sometimes their illness is obvious, they may have visible symptoms such as a runny nose, but other times it isn't as easy. You know your child best and will know if something is out of the ordinary. Most illnesses get better by themselves and make your child stronger and able to resist similar illnesses in the future.

Signs that your child might be ill include:

- Temperature
- Listlessness, pale
- Drowsiness
- Irritability, crying
- Not eating or drinking as much
- Vomiting
- Diarrhoea
- Flushed
- Cough, runny nose or runny eyes
- Pulling ears
- Rash

PHARMACIST'S TIP

It can be difficult to tell when a baby is seriously ill. Above all, it's important to trust your instinct.



Trust your instincts as you know your child well.



More information online at NHS Choices: nhs.uk



Tips on recognising your baby is unwell

- Poor feeding or not interested in feeding
- Vomiting a lot
- Sleepy, irritable
- Unusual cry, high-pitched cry
- Decreased wet nappies
- Concerning rash
- Cold hands and feet
- Temperature of more than 38C in less than six months old
- Breathing quickly

Trust your instincts, you know your child best.

Recognising your child is unwell

Above all, trust your instincts. You know better than anyone else what your child is usually like, so you'll know what is worrying behaviour.

Tips on recognising your older child is unwell

- Lethargic
- Not wanting to play
- High temperature
- Cold hands and feet
- Concerning rash
- Eating and drinking a lot less
- Passing less urine
- Vomiting a lot and not keeping anything down

DOCTOR'S TIP

If your child has a serious illness, it's important to get medical attention as soon as possible.



Parents can play an active part in helping to develop a child's ability to communicate verbally.



More information online at NHS Choices: nhs.uk

Speech and language

Talking to babies and having fun with nursery rhymes and songs is a great way to help your child learn to speak.

There is no quick way to success in helping your child to talk, but there are things you can do to help with your child's development.

- ✓ Talking to babies every day is important, preferably without using 'baby talk'. Babies learn to talk from others, and it is important to talk in a fun and friendly way
- ✓ If a child can start school with good speech and language skills, it can help them to achieve their full potential

Dummies

- Sucking a dummy or thumb each day will not only affect the growth of your child's teeth, but can also impact on their speech and language development
- Dummies reduce 'babbling' and stop a child from making sounds, which is a very important step in learning to talk

HEALTH VISITOR'S TIP

If you think your child's communication skills aren't developing as they should, you can contact your health visitor or your child's school to discuss your concerns.



All types of skin, fair or dark, need protection from the sun.

Sun safety



DOCTOR'S TIP

Even with sunblock on, babies under six months should be kept out of direct sunlight. Older children should only be allowed to play in the sun for a limited time. Encourage your child to play in the shade, especially between 11am and 3pm when the sun is at its strongest.



More information online at NHS Choices: nhs.uk



Exposing your child to too much sun can increase their risk of skin cancer in later life.

✓ Always use sunblock, even on cloudy or overcast days. The higher the SPF (sun protection factor) the better. You can get SPFs of up to 60 and these block out most of the sun's rays. Always use a complete sunblock on your baby or toddler and regularly reapply. Don't forget to apply to their shoulders, ears, nose, cheeks, neck and tops of their feet. If you go out, remember to take the sunblock with you

- ✓ Use shades on pushchairs. A sun hat with a wide brim or long flap at the back can protect your child's head and neck from the sun
- ✓ If your child is swimming or in a paddling pool, use a waterproof sunblock and reapply after towelling them
- ✓ Cover your child in loose, baggy cotton clothes, for example a big t-shirt. Use long sleeves where possible
- ✓ Make sure your child drinks plenty of fluids
- ✓ Protect your child's eyes with sunglasses that meet the British Standard (BSEN 1836:2005) and carry the CE mark (check the label or

ask the manufacturer). Buy the right size for your child's face. Sunglasses straps can help keep sunglasses in place for babies and toddlers but never leave a child unattended while they are wearing them

- ✗ Never leave your child alone in the car. Cars can get hot very quickly and this can cause heatstroke and even death

Tell the pharmacist how old your child is before buying as some medicines are only suitable for older children or adults.



HEALTH VISITOR'S TIP

Store all medicines safely and keep them out of your child's reach and sight, ideally in a drawer or a high cupboard.



More information online at NHS Choices: nhs.uk

Top tips for medicines

- ✓ Buy sugar-free varieties where possible
- ✓ Always check the date stamp on medicines before giving them to your child
- ✓ Always check the manufacturer's instructions and never exceed the stated dose
- ✓ Liquid medicine is usually supplied with a special measure. Never use a teaspoon as they vary in size. Your pharmacist can show you how to use medicine measures
- ✓ Never use medications that are prescribed for someone else



Think Pharmacy First

Sometimes when you or your family are unwell, you may not need to make an appointment to see your doctor. For many illnesses, your local pharmacist can provide free advice and medication to help you and your family feel better.

PHARMACIST'S TIP

It is good to be prepared and have a supply of essential medicines but please check that they are appropriate to your child's age and never exceed the stated dose. Examples include liquid paracetamol or liquid ibuprofen.





The first few months

- Baby being sick
- Crying
- Feeding: breastfeeding
- Feeding: expressing and bottle feeding
- Feeding: weaning
- How to put your baby to sleep
- Oral thrush
- Teething

40
42
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It is common for babies to be sick, especially in the early weeks.



Trust your instincts,
you know your baby best.

Baby being sick

It is common for babies to be sick, especially when you burp them. Babies also posset after feeds (bring up small amounts of milk).

If your baby is bringing up large amounts and is more unsettled on lying flat, they may have reflux. See your doctor if your baby is vomiting large amounts after every feed.

If your baby has lots of vomiting and loose stools, they may have gastroenteritis – if you are worried about your baby's hydration, call 111.

HEALTH VISITOR'S TIP

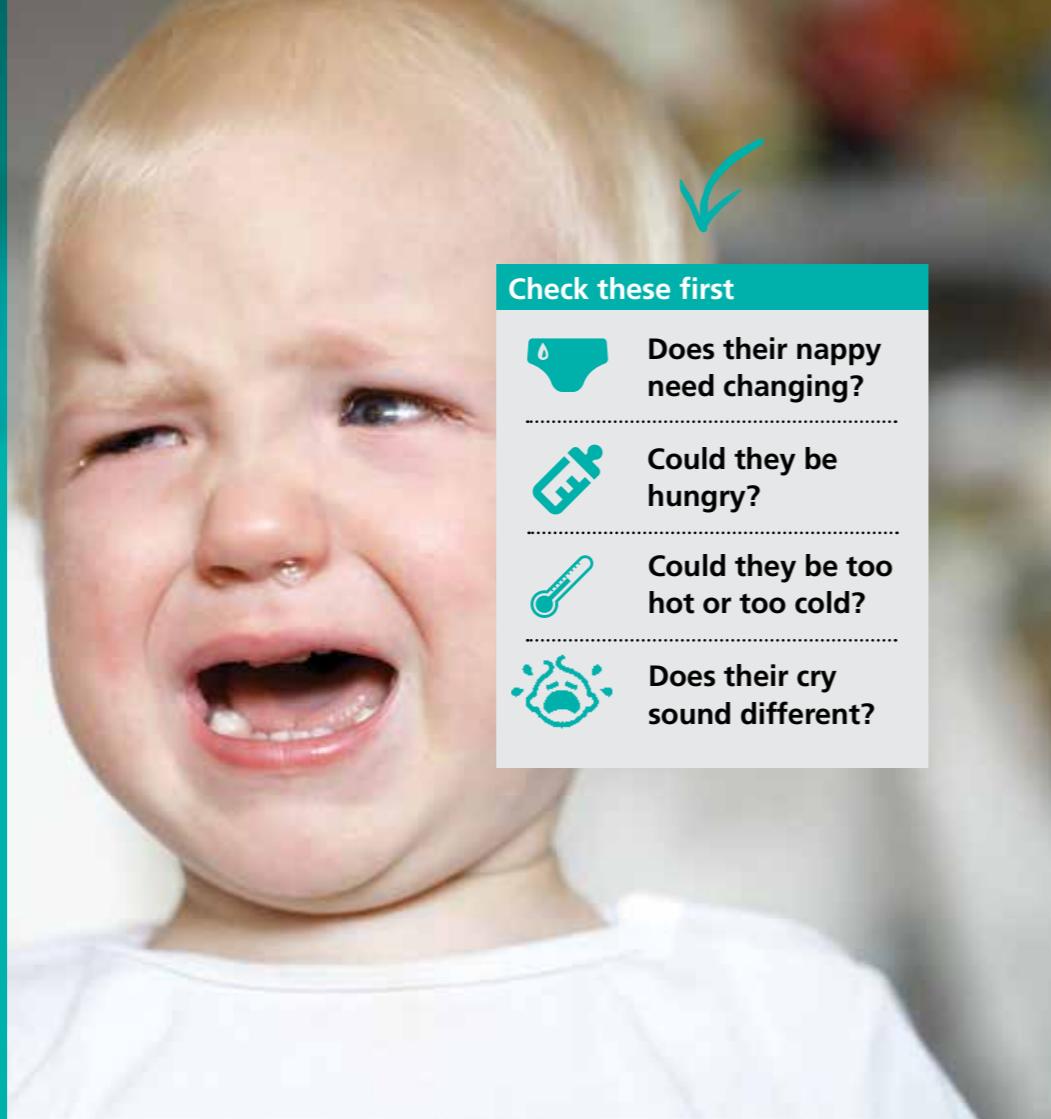
Talk to your health visitor if you think your baby has reflux.



All babies cry.
Crying is their
way of letting
you know
that they need
something or are
uncomfortable.



More information online
at NHS Choices: nhs.uk



Trust your instincts,
you know your baby best.

Get to know your baby and try to understand why they are crying and what it is they need. They may just need a cuddle or a burp after their feed, but it is best to go through all the possible options.

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening.

HEALTH VISITOR'S TIP

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

Crying

DOCTOR'S TIP

If your baby's crying seems different in any way (such as a very high-pitched cry or a whimper), then seek medical advice. Crying can sometimes be a sign that your baby is unwell. **Trust your instincts, you know your baby best.**



Breastfeeding is good for babies because breast milk contains antibodies that help protect against illnesses.



More information online at NHS Choices: nhs.uk

Trust your instincts,
you know your child best.

Giving your baby a healthy diet is one of the most important things you can do for them, not just now, but for their future years too. Breastfeeding can be really rewarding for you too. It is a chance to bond with your child and reduces the risk of breast cancer, ovarian cancer and post-menopausal osteoporosis.

In the beginning it may seem like you are doing nothing but feeding, but you will both gradually get into a routine and the amount of milk you produce will settle. Feed your baby whenever they seem hungry as this will make sure you produce plenty of milk to meet their needs.

→ [Breastfeeding techniques next page](#)

Feeding: breastfeeding

HEALTH VISITOR'S TIP

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





Breastfeeding techniques

1



Hold your baby's whole body close with the nose level with your nipple.

2



Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide-open mouth.

Trust your instincts,
you know your child best.

3



When your baby's mouth opens wide, the chin is able to touch the breast first with the head tipped back so that the tongue can reach as much breast as possible.

4



With the chin firmly touching, and with the nose clear, the mouth is wide open, and there will be much more of the darker skin visible above your baby's top lip than below their bottom lip – and their cheeks will look full and rounded as your baby feeds.

DOCTOR'S TIP

Breastfeeding is good for babies because breast milk contains antibodies that help protect against illnesses.



If you have to be away from your baby, you may wish to express milk or bottle feed so that somebody else can feed your baby.



More information online at NHS Choices: nhs.uk



Top tips

- ✓ All equipment used for feeding your baby must be sterilised. Ensure that you have washed your hands and all work surfaces thoroughly
- ✓ Formula must be made with water hot enough to kill bacteria – at least 70°C. This means boiling the kettle and leaving it to cool no longer than 30 minutes
- ✓ You need to make a fresh bottle of formula for each feed. Throw away any unused formula within two hours of it being made

Feeding: expressing and bottle feeding

Expressing milk means removing milk from your breast. You might want to express milk if your breasts are feeling uncomfortably full, or if your baby is not sucking well but you still want to give them breast milk.

You can express milk by hand, or with a breast pump. Different methods and different styles of pump suit different women, so you should ask for information to compare them before buying.

There are two types of formula for bottle feeding – infant formula milk and powdered formula milk. Infant formula milk is based on skimmed cow's milk that has been treated so babies can digest it. Powdered formula milk must be prepared as carefully as possible. It is not a sterile product, and even sealed tins and packets of milk powder can contain bacteria that can cause infections.

HEALTH VISITOR'S TIP

Test the temperature of the feed by dropping a little onto the inside of your wrist. It should feel just warm to the touch, not hot.



Weaning means introducing your baby to a range of foods, until they are eating the same things as the rest of the family.



More information online at NHS Choices: [nhs.uk](https://www.nhs.uk)



PHARMACIST'S TIP

If a baby has a lactose intolerance or a milk allergy, usually symptoms can include diarrhoea, vomiting and stomach cramps. Please speak to your doctor or health visitor.

DOCTOR'S TIP

Babies can choke on hard foods such as raw carrots or apple, and on small round foods like grapes. Peel the skin from fruit and vegetables, make sure that your baby is sitting up straight when they eat.



Feeding: weaning

Until they are six months old, your baby only needs breast milk or infant formula milk. By around six months, your baby will need more than milk alone, and will be able to eat some solid foods.

At around six months, babies are ready to be moved onto a mixed diet. You can introduce them gradually to a range of different flavours and textures of food so that they can join in with family meals.

To eat solid foods, your baby will need to learn to move food from the front of their tongue to the back so that they can swallow. Some learn the new skill very quickly, and for others it takes a little longer.

Your baby's first solid foods need to be simple things that they can digest easily, like vegetables, fruit or rice. Though you may want to spoon-feed your baby, they can also help themselves to mashed foods.

HEALTH VISITOR'S TIP

Babies will often like to start by holding and touching foods, such as fruit and vegetables - foods cut into pieces the size of your finger usually work well. Try to be patient if your baby wants to touch the food, and be prepared for some mess.



Just as with adults, babies' and children's sleep patterns can be very different. Some babies simply need more sleep than others.



More information online at NHS Choices: nhs.uk



HEALTH VISITOR'S TIP

Your baby will learn to fall asleep in their cot if you put them down when they are awake, rather than by getting them to sleep by rocking or cuddling them in your arms.



How to put your baby to sleep

Getting into a simple bedtime routine early can help avoid sleeping problems later on. The routine could be having a bath, changing into night clothes, feeding and having a cuddle before they are put to bed.

General sleeping patterns:

0-3 MONTHS

Sleep can vary from eight hours to 16-18 and babies will wake during the night because they need to be fed

3-6 MONTHS

Your baby will need to be fed less during the night, and they may sleep for up to 12 hours. However, hunger or teething pains may wake your baby during the night

6-12 MONTHS

Night feeds should no longer be necessary and they may sleep for longer periods of time

12 MONTHS

Babies will sleep for up to 15 hours altogether

2 YEARS

They will sleep for about 11-12 hours at night, with one or two naps during the day

3-4 YEARS

Most children will need around 12 hours of sleep, but this can vary. Some young children may still need to nap during the day

Oral thrush is a fungal infection in the mouth that is common in babies and young children.



Oral thrush

The main symptom of oral thrush is a white coating on your baby's tongue. There may be white patches elsewhere in the mouth. This coating may look like curd or cottage cheese and usually cannot be rubbed off easily. If they have a white coating that does rub off easily, it is more likely to be milk and not thrush.

Babies may be reluctant to feed or keep detaching from the breast during feeds if they are sore. There may also be associated nappy rash caused by the same infection that needs to be treated as well. Oral thrush can affect babies if they have recently been treated with antibiotics, which can reduce the levels of healthy bacteria in your baby's mouth. If you are breastfeeding and have been taking antibiotics, you may be prone to a thrush infection that could then be passed to your baby during breastfeeding.

DOCTOR'S TIP

It is usually harmless and easily treatable, but you should see your health visitor if you think your child has oral thrush.



More information online at NHS Choices: nhs.uk



Oral thrush



More information online
at NHS Choices: nhs.uk

If your baby has oral thrush and you are breastfeeding, it is also possible for your baby to pass a thrush infection to you. This can affect your nipples or breasts and cause nipple thrush.

Symptoms of nipple thrush can include

- Pain while you're feeding your baby, which may continue after the feed is finished
- Cracked, flaky or sensitive nipples and areolas (the darker area around your nipple)
- Changes in the colour of your nipples or areolas

HEALTH VISITOR'S TIP

If you have nipple thrush, or there is a risk of your baby passing thrush on to you, you will normally be advised to continue breastfeeding while using an antifungal cream to treat the infection. Apply cream to your nipples after every feed, and remove any that's left before the next feed.



To find your nearest service download the app now

Search for 'NHS child health'



Doctors
Pharmacists
Walk In Centres
Children's Centres
Urgent Care Centres
Emergency Departments (A&E)

Teething

You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor or doctor.



More information online
at NHS Choices: [nhs.uk](https://www.nhs.uk)

The time when babies get their first milk teeth varies. A few are born with a tooth already, whilst others have no teeth at one year.

Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as teething. Some babies show few signs while others find it more uncomfortable. You may notice that the gum is sore and red, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

If your baby is uncomfortable, you may want to give them children's paracetamol. For babies over four months old, you can also try sugar-free teething gel rubbed directly on to the gums.

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked.

HEALTH VISITOR'S TIP

When it comes to teething, all babies are different. But your baby will probably get their first tooth some time during their first year.





Childhood illnesses

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People have very different ideas about good and bad behaviour. What is bad behaviour to you might seem normal to other parents, and vice versa.



More information online at NHS Choices: nhs.uk



Behavioural issues

When you are trying to understand difficult behaviour, sometimes it can help to take a step back. It's also worth asking yourself whether your child's behaviour is a problem for you, or for other people.

Most children also go through patches of being difficult or awkward about certain things. Some of the most common are dressing, eating and going to bed at night. It can be a vicious circle. Knowing that they are making you cross and upset can make them behave even worse. And the more tense you get, the less able you are to cope, so they carry on behaving badly, and so on.

Talking to someone about it can help.

HEALTH VISITOR'S TIP

You can get help for especially difficult behaviour, so don't feel you have to go on coping alone. Talk to your health visitor or doctor.



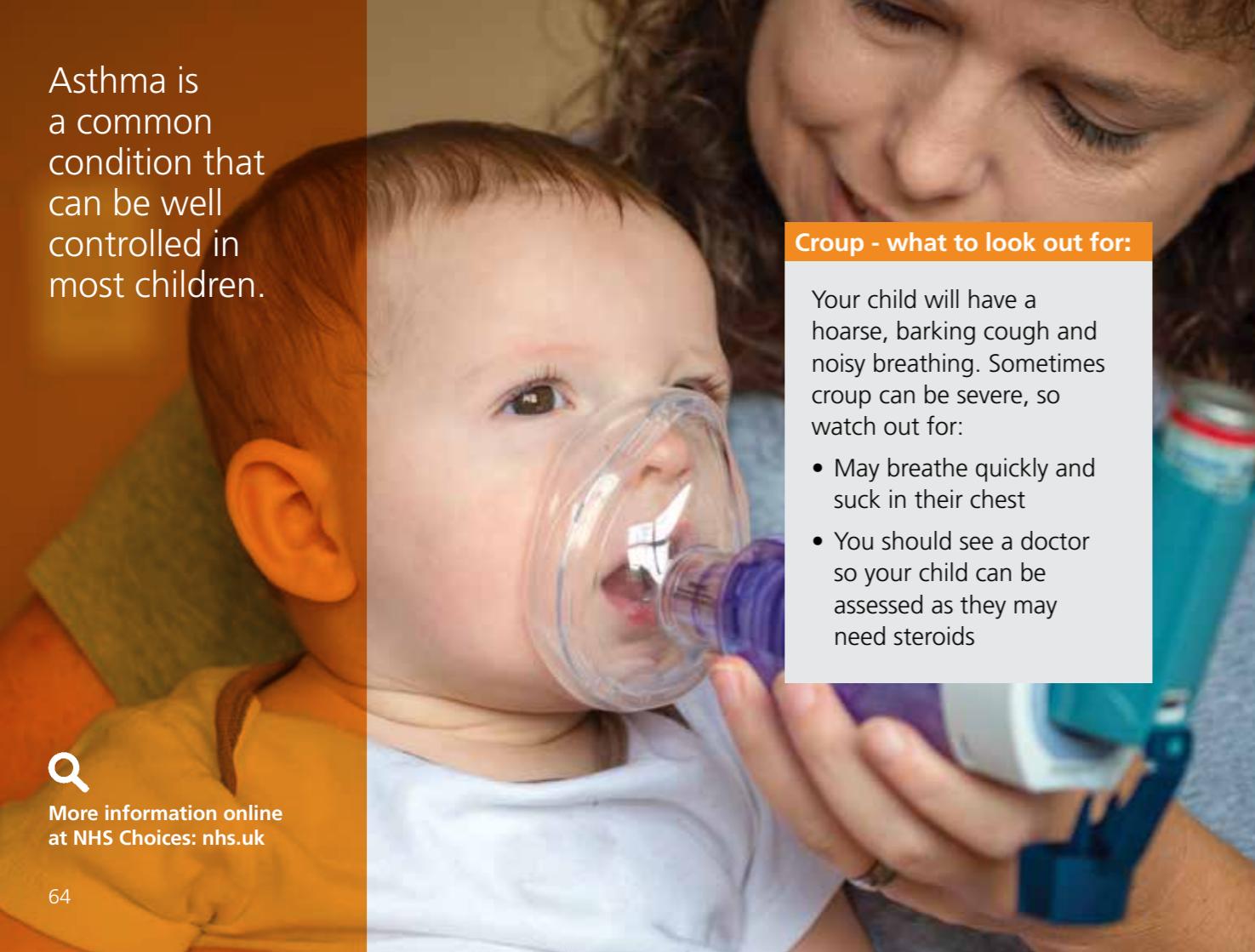
Changing your child's behaviour:

- Stick at it
- Try to be consistent
- Try not to over-react
- Talk to your child
- Encourage your child to talk
- Be positive about the good things
- Use rewards

Asthma is a common condition that can be well controlled in most children.



More information online at NHS Choices: nhs.uk



Croup - what to look out for:

Your child will have a hoarse, barking cough and noisy breathing. Sometimes croup can be severe, so watch out for:

- May breathe quickly and suck in their chest
- You should see a doctor so your child can be assessed as they may need steroids

Breathing: asthma and croup

Asthma is a common condition and the severity of asthma varies between children from mild to very severe. It can be life-threatening as asthma affects the airways and makes it difficult to breathe. Often your child may say their chest feels 'tight' when they cough or is wheezing or if they have shortness of breath.

Your doctor will be able to diagnose asthma by asking you about your child's symptoms, if there are any allergic conditions or if you have asthma in the family. Your doctor will also listen to your child's chest. They will want to know about your child's medical problems and if there are any possible triggers (such as exercise, change in weather, allergy, pollen, a cold virus or tobacco smoke). Smoking during pregnancy or around your child can worsen their asthma.

HEALTH VISITOR'S TIP

Parents learn to recognise asthma symptoms and how to deal with them. Asthma attacks can sometimes be managed at home but may need hospital treatment.

DOCTOR'S TIP

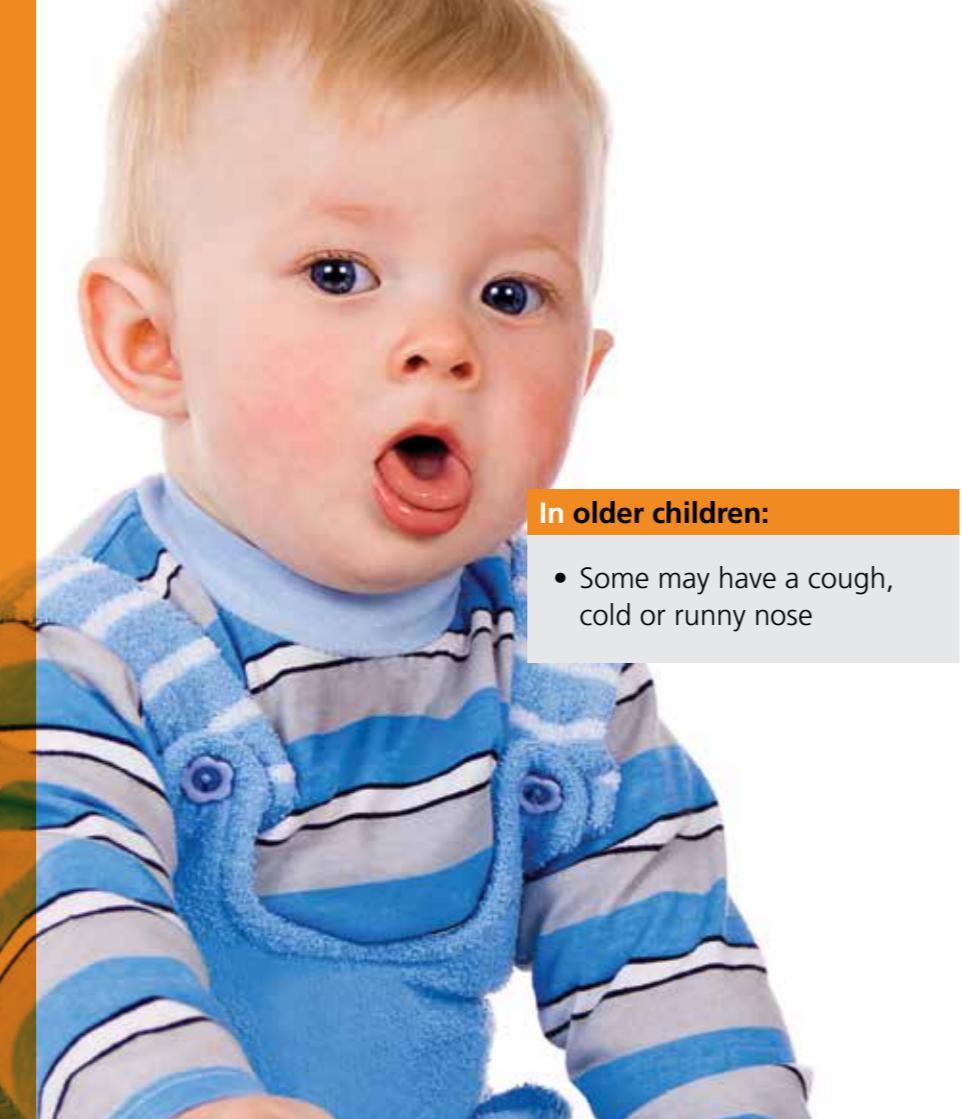
A severe asthma attack includes coughing a lot, difficulty in speaking sentences, breathing quite fast with your child's ribs sucking in. If this happens, call 999 immediately.



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



More information online at NHS Choices: nhs.uk



In older children:

- Some may have a cough, cold or runny nose

Breathing: wheezing and shortness of breath

Cold-like symptoms can cause breathing difficulties if it affects the lungs. Feed your baby little and often.

Use your instincts with newborns and babies:

- Rapid breathing or panting is common. There is normally no need to worry if it comes and goes and your baby is breathing comfortably and there are no other signs of illness
- If breathing sounds a bit rattly, try holding your baby upright
- Occasional coughing or choking may occur if your baby takes in milk too quickly. Slow things down and check their feeding position
- Keep an eye on them if they have a cold or mild cough. Use your instincts. If you are worried ask your health visitor or GP for advice

DOCTOR'S TIP

If you think that there's something wrong with your child call 111 for advice or call 999 in an emergency.



Breathing:

wheezing and shortness of breath



More information online
at NHS Choices: nhs.uk

Bronchiolitis

Bronchiolitis normally starts off with a sniffle or cough and then your baby may start to breathe quickly with chest 'sucking in and out'. Your baby also may sound 'wheezy'/ratty.

Your baby may not be able to feed as much in one go and may only be able to feed a few ounces every few hours. Your baby may have less wet nappies

It usually lasts a few weeks but babies normally get slightly worse in the first five days.

In bronchiolitis, the cough can remain for a few months.

What to look out for:

- Contact your doctor if your baby is struggling to breathe, your baby's feeding is halved, or you are worried
- If your baby is under three months old keep a close eye when they have a cough or cold
- You may notice your baby breathing quickly - if your baby is alert and feeding well with normal amount of wet nappies, this will settle

Unsure about which service to access? Call NHS 111

It's a **free telephone service** which will help you when you need to access medical help but it is not an emergency.



Constipation is very common and can occur in children of all ages.



More information online at NHS Choices: nhs.uk

Constipation

Constipation means passing hard stools (poos) with difficulty and less often than normal.

Abdominal pain is a common symptom too. In children, having a poo three times a day or once every other day can be normal as long as the poos are soft and easily passed. Breastfed children generally have more poos per day.

HEALTH VISITOR'S TIP

If a bottle-fed baby is constipated, try offering water between feeds (never dilute baby milk). If the problem doesn't go away, speak to your health visitor or doctor.

DOCTOR'S TIP

To avoid constipation, make sure weaned children have a balanced diet including plenty of fibre such as fruit, vegetables, baked beans and wholegrain breakfast cereals.

Foods to avoid

It's best to avoid unprocessed bran (an ingredient in some foods) as this can cause bloating, flatulence (wind) and reduce the absorption of micro-nutrients.

Most cough and cold symptoms will resolve within 7-14 days, though a mild cough may persist for longer.



Don't pass it on

- ✓ **Catch it:** germs spread, use tissues and catch your cough and sneeze
- ✓ **Bin it:** germs live for several hours on tissues, dispose of it straight away
- ✓ **Kill it:** hands can pass on germs, clean them as soon as you can



More information online at NHS Choices: nhs.uk

Coughs, colds and ear ache

The common cold is a mild, self-limiting, viral, upper respiratory tract infection. It is more frequent in winter. Antibiotics are ineffective and can cause adverse effects.

Young children have an average of three to eight colds a year, although up to 12 have been reported in some children. Symptoms include stuffiness, runny nose, sneezing, sore throat, cough and fever. Infants may also be irritable, have snuffles and difficulties feeding. Most symptoms resolve within 7-14 days, though a mild cough may persist for longer. If your child has started nursery, they may have several coughs and colds.

→ Continues on next page

HEALTH VISITOR'S TIP

Ask your doctor for advice if symptoms last for more than ten days. If your child has fever and rash, is not waking easily or finding it hard to breathe, see your doctor.

DOCTOR'S TIP

Coughs and colds will normally resolve themselves within a week or two. Give your child nutritious food and plenty to drink, though they may lose their appetite for a few days. Keep your child away from smoke and anyone who smokes.



Coughs, colds and ear ache



More information online
at NHS Choices: nhs.uk

Ear aches

Ear aches are usually viral. Symptoms include pulling ears, temperature, not eating as much and being clingy. Paracetamol or ibuprofen helps pain but if symptoms aren't relieved in 24-48 hours and you are concerned, see your doctor.

PHARMACIST'S TIP

Try baby paracetamol or junior ibuprofen and check you have the right dose and strength for the child's age. **Do not use aspirin.**



ear ache?

Looking after your unwell child has never been easier. Visit your local pharmacy today, where free help and advice is available without an appointment.

If you don't normally pay for your medicines, then you don't need to pay with Think Pharmacy First – you can get them free and over the counter when needed from your local pharmacist without the need to see your GP.

Available at all pharmacies in Gateshead, Newcastle and South Tyneside.

Think Pharmacy First



Head lice are tiny insects that live in human hair. They're particularly common in children.



More information online at NHS Choices: nhs.uk

Head lice

Head lice are whitish to grey-brown in colour and smaller than the size of a pinhead when first hatched. When fully grown they're about the size of a sesame seed.

All types of hair can be affected, regardless of its length and condition and head lice are not the result of dirty hair or poor hygiene. They are spread by head-to-head contact. Head lice can be difficult to see and often cause the scalp to become itchy.

Treatments

Head lice can be treated with lotions or sprays designed to kill head lice, or by wet combing, using a specially designed head lice comb.

HEALTH VISITOR'S TIP

Wet combing can be used without lotions or sprays, but it needs to be done regularly and can take a long time to do thoroughly. Your pharmacist will be able to give you advice.



Chickenpox is a mild disease that most children catch at some point, but it can cause serious problems for pregnant women, newborn babies or people with a weakened immune system (e.g. having chemotherapy).



More information online at NHS Choices: nhs.uk



When to seek help

Contact your doctor straight away if your child develops any abnormal symptoms such as:

- Blisters on skin becoming infected
- A pain in their chest or problems breathing
- A high temperature for more than four days
- If your child looks unwell to you

PHARMACIST'S TIP

If you are sure your child has chickenpox, you do not need to go to your doctor unless your child is very unwell.



Rashes: chickenpox

Chickenpox can be passed on to others from about two days before the rash appears to until the last blister has burst and crusted over. If your child has chickenpox, keep them away from public areas.

Your pharmacist can recommend treatment to calm the itching (such as calamine lotion) and to help stop the blisters scarring.

Age-appropriate paracetamol can also be used to help relieve fever. Keep your child cool as itching can be worse if your child gets hot.

DOCTOR'S TIP

It is very rare for people to get chickenpox twice. Children who appear to have it a second time are likely to have had a misdiagnosis the first time round.



HEALTH VISITOR'S TIP

If your baby is newborn, you are pregnant, or have a weakened immune system, seek medical advice if you have been exposed to chickenpox or develop symptoms. There is a vaccine, but it is only offered to those who are vulnerable to complications.



Early signs may appear similar to a cold or flu, but children with meningitis can become seriously ill very quickly so it is important to make sure you can recognise the signs.



More information online at NHS Choices: nhs.uk



Be aware of the signs

- Fever with cold hands and feet
- Vomiting and refusing to feed
- Skin that is pale and blotchy or turning blue
- Red or purple spots that don't fade when you press a glass over them
- Irritability and does not want to be picked up
- Drowsiness, less responsive and floppy
- An unusual high-pitched or moaning cry
- Stiff neck and a dislike of bright lights
- Rapid breathing or grunting
- Tense bulging soft spot on baby's head (fontanelle)

Be aware of the signs.

Rashes: meningitis

Meningitis is a very serious and contagious illness. There are several types of meningitis, and some can be prevented by immunisation.

Anyone can get meningitis but babies and children under five are most at risk because their immune system is not yet fully developed.

If it is diagnosed and treated early, most children make a full recovery.

Not all children develop all the symptoms, for example a rash is not always present in meningitis, so do not wait for a rash to develop and contact your doctor

DOCTOR'S TIP



All cases of suspected meningitis should be treated as an emergency and you should call 999 or go to the emergency department (A&E).



→ Continues on next page

Rashes: meningitis



More information online
at NHS Choices: nhs.uk



The classic rash associated with meningitis usually looks like small, red pinpricks at first. It then spreads over the body quickly and turns into red or purple blotches.

The rash can be harder to see on dark skin. Check for spots on paler areas like the palms of the hands, soles of the feet, the tummy, inside the eyelids, and the roof of the mouth.

The glass test

If you press the side of a clear glass firmly against the skin and the rash doesn't fade, it's a sign of blood poisoning (septicaemia) caused by meningitis and you should get medical advice right away.

To find your nearest service download the app now

Search for 'NHS child health'



Doctors
Pharmacists
Walk In Centres
Children's Centres
Urgent Care Centres
Emergency Departments (A&E)

Up to a third of babies and toddlers in nappies have nappy rash at any one time. It doesn't usually develop in newborns, but all babies can get nappy rash.



More information online at NHS Choices: nhs.uk



Looking after your baby's skin:

- ✓ Change wet or dirty nappies as soon as possible
- ✓ Clean the whole nappy area gently but thoroughly, wiping from front to back. Use water or fragrance-free and alcohol-free baby wipes
- ✓ Bathe your baby daily – but avoid bathing them more than twice a day as that may dry out their skin
- ✓ Dry your baby gently after washing them – avoid vigorous rubbing
- ✗ Do not use soap, bubble bath or lotions
- ✗ Do not use talcum powder as it contains ingredients that could irritate your baby's skin

Rashes: nappy rash

Nappy rash occurs when the skin around the baby's nappy area becomes red and irritated. This is common and affects lots of babies.

The cause is generally because of wee and poo in their nappy, so remember to check and change their nappy often. If you can, use cotton wool and warm water instead of baby wipes which can cause skin to become sore.

Leaving your baby in a warm safe place with no clothes or nappy on can help get the air to their skin. Using a nappy rash barrier cream can also help. If the rash doesn't go away, or your baby develops a persistent bright red moist rash with white or red pimples, you may need medical treatment. Speak to your health visitor or pharmacist for advice.

HEALTH VISITOR'S TIP

Lie your baby on a towel and leave their nappy off for as long and as often as you can to let fresh air get to their skin



Rashes: other common rashes



Milia

Tiny white spots on your baby's face. These are just blocked pores and usually clear within the first four weeks of life.



Erythema toxicum

Blotchy red skin reaction, usually at two to three days old. This rash shouldn't bother your baby and should clear up after a few days.



Neonatal acne

Pimples on your baby's face. These tend to get worse before clearing up completely after a few weeks or months. Wash them with water and mild soap to help improve their appearance. Pimples or blackheads developed after three months tend to be more severe and may need medical treatment.

Rashes: other common rashes



Cradle cap

Can look like a bad case of dandruff with yellowish, greasy scaly patches on your baby's scalp. It is harmless and doesn't cause any irritation. No specific treatment is needed but gently wash their hair with baby shampoo to help prevent a build-up of the scale. Massage



Eczema

A long-term condition that causes the skin to become itchy, red, dry and cracked. The most common type is atopic eczema. Your doctor or health visitor can give you advice on managing the condition and prescribe creams and ointments that can help to relieve it.

→ Continues on next page

Rashes: other common rashes



Ringworm

A common fungal infection that causes a ring-like red rash anywhere on the baby's body. Your pharmacist can help you. If the rash does not get better after treatment, speak to your doctor.



Sweat rash (Miliaria)

May flare up when your baby sweats. They may develop tiny red bumps on their skin. Keep your baby warm, but not too hot. This condition will soon disappear without treatment.



Impetigo

A highly contagious bacterial infection, which causes sores and blisters. It is not usually serious, but see your doctor for advice.

Rashes: other common rashes



Hives (Urticaria)

A raised red itchy rash. This happens when a trigger (such as an allergy) causes histamine to be released. The rash is usually short lived and can be controlled with age appropriate antihistamines. Your pharmacist will give you advice but see your doctor if your child gets hives repeatedly.



Slapped cheek syndrome

A viral infection common in children and babies. It causes a bright red rash on both cheeks and a fever. Most babies will not need treatment as it usually passes in a few days.

DOCTOR'S TIP



If you think your baby has meningitis, go to your nearest Emergency Department immediately.





Hand, foot and mouth disease

A common, mild viral illness that causes a blister rash on the palms of the hands and soles of the feet, as well as ulcers in the mouth. Your baby may feel unwell and have a fever. Treatment is usually not needed and symptoms go away after seven to ten days. If you're worried, see your doctor.



Scabies

A common infestation of the skin caused by tiny mites. Babies with scabies develop tiny and very itchy spots all over the body, including the soles of the feet, armpits and genital area. Treatment which kills the mites need to be given to the whole family at the same time. Your doctor will be able to give you advice.

Image: ©DermNet New Zealand

head lice?

Treating head lice has never been easier. Visit your local pharmacy today, where free help and advice is available without an appointment.

If you don't normally pay for your medicines, then you don't need to pay with Think Pharmacy First – you can get them free and over the counter when needed from your local pharmacist without the need to see your GP.

Available at all pharmacies in Gateshead, Newcastle and South Tyneside.

f Think Pharmacy First



'Sticky eyes' are common among babies and young children while their tear ducts are developing and conjunctivitis is a common eye infection which can affect anyone.



More information online at NHS Choices: nhs.uk



Sticky eyes and conjunctivitis

'Sticky eyes' normally clear up on their own, but you may need to clean your baby's eyes regularly. Watch for sticky stuff in the corner of the eyes, or eyelashes getting stuck together.

Conjunctivitis is a swelling of a membrane in the eyes. It usually means red, itchy eyes, sticky eyelids, more watering than usual, discharge and crusting on the eyelids. Older children may complain of sore eyes, a 'gritty' feeling or blurred vision.

It's often caused by a bacterial or viral infection, for example spread by sharing towels. If it is caused by bacteria, the discharge will be yellow. If it's viral, the discharge is sticky clear and usually accompanied by flu-like symptoms. It can also be caused by allergies to things like pollen or dust mites, or irritation from substances like shampoo.

→ Continues on next page

PHARMACIST'S TIP

Prevent bacterial or viral infections from spreading by making sure the child washes their hands frequently, and doesn't rub their eyes or share towels.



Sticky eyes and conjunctivitis



More information online
at NHS Choices: nhs.uk

Cleaning your baby's eyes

Using cooled boiled water and a cotton bud (not cotton wool balls), wipe each eye from the corner of the nose outwards. Tip your baby's head to avoid water running into the other eye, and use a clean cotton bud for each wipe. Wash your hands before and afterwards to prevent spreading infection.



HEALTH VISITOR'S TIP

Most causes of conjunctivitis are not serious, but there is a small chance of serious complications if it is left untreated. Contact your doctor if you notice any redness in your child's eyes. See your doctor if the mucus is green or eyelids are swollen and red.



grotty cold?

Treating your child's coughs and colds has never been easier. Visit your local pharmacy today, where free help and advice is available without an appointment.

If you don't normally pay for your medicines, then you don't need to pay with Think Pharmacy First – you can get them free and over the counter when needed from your local pharmacist without the need to see your GP.

Available at all pharmacies in Gateshead, Newcastle and South Tyneside.

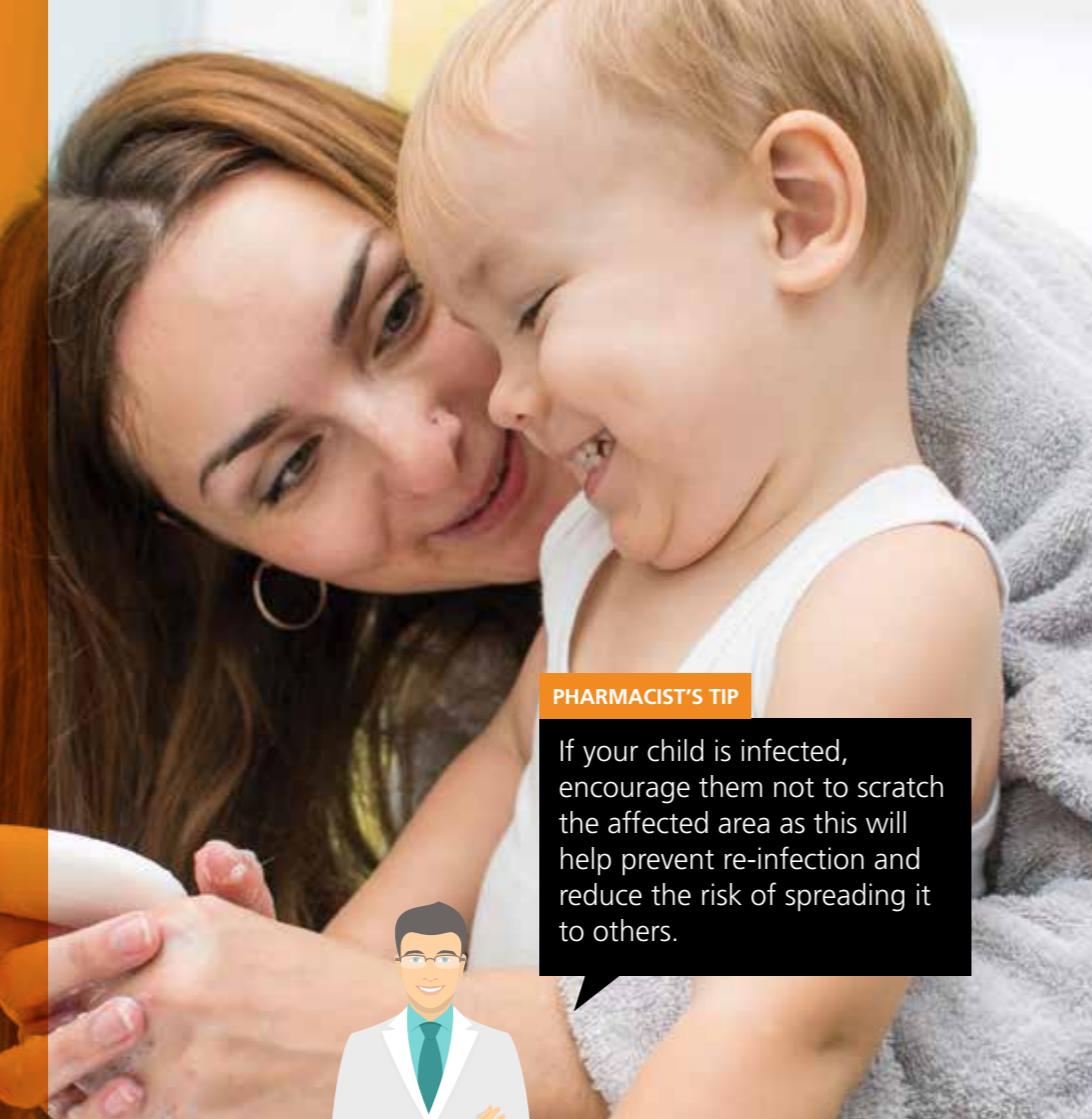
Think Pharmacy First



Threadworms, also known as pinworms, are tiny parasitic worms that hatch eggs in and infect the large intestine. Threadworms are common in young children under the age of ten.



More information online at NHS Choices: [nhs.uk](https://www.nhs.uk)



PHARMACIST'S TIP

If your child is infected, encourage them not to scratch the affected area as this will help prevent re-infection and reduce the risk of spreading it to others.

Threadworms

Threadworms are white and look like small pieces of thread. You may notice them around your child's bottom or in their poo. It can cause itchiness around their bottom or vagina, and can be worse at night, disturbing their sleep.

If you think you or your child may have threadworms, you can seek advice from a pharmacist and get treatment. If you're not sure speak to your doctor.

HEALTH VISITOR'S TIP

Follow strict hygiene measures to avoid spreading the threadworm eggs. This involves regularly vacuuming your house and thoroughly washing your bathroom and kitchen. Everyone should wash their hands regularly, particularly after going to the toilet and before mealtimes.

DOCTOR'S TIP

If you or your child has threadworms, everyone in your household will need to be treated because the risk of the infection spreading is high. This includes people without any symptoms.



Upset tummies can sometimes be caused by food allergies or accidentally swallowing a poison or drug, but more often they are caused by an infection or stomach bug. This is called gastroenteritis.



More information online at NHS Choices: nhs.uk



DOCTOR'S TIP

Seek advice if you notice signs of dehydration and your child is floppy.

Most children have occasional loose poos. Diarrhoea is when your child frequently passes unformed, watery poos.

Sickness and diarrhoea bugs are easily and often passed on in places like playgroups or nurseries. It is usually nothing to worry about and usually last for a few days but loose stools may go on for two weeks. If this lasts longer, see your doctor.

Vomiting often lasts for one to two days, and stops within three days. Don't give anti-diarrhoeal drugs as they can be dangerous.

The most common cause of gastroenteritis is usually a virus, and the first signs of illness are normally feeling sick and suddenly being sick, followed by diarrhoea. It's usually nothing to worry about and will pass in a few days.

→ Continues on next page

PHARMACIST'S TIP

Keep away from others, especially children, who may pick up the infection. Don't return your child to school or childcare until at least 48 hours after the last episode of diarrhoea or vomiting. Don't allow children to use swimming pools for two weeks after the last episode.



Upset tummies, diarrhoea and vomiting



More information online
at NHS Choices: nhs.uk

Diarrhoea and vomiting can be more serious in babies.

Check for signs of dehydration as follows:

- Dry lips, tongue and mouth
- Sunken eyes
- Cold hands and feet, lack of energy and drowsy more than normal
- Less heavy or bone dry nappies (under one year old – no urine for six hours; one to five years old – no urine for 12 hours)
- Urine strong and dark yellow
- Soft spot on top of head more sunken than normal



Unsure about which service to access? Call NHS 111

It's a **free telephone service** which will help you when you need to access medical help but it is not an emergency.





Accidents and prevention

Bumps and bruises

Burns and scalds

Choking

104

106

110

Minor cuts, bumps and bruises are a normal part of growing up.



More information online
at NHS Choices: nhs.uk



Bumps and bruises

You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected which are the more serious bumps.

If it looks like the bump may swell use a flannel soaked in cold water, or an ice pack to cool the area for at least a few minutes. Don't put ice directly on skin.

If a bump to the head looks serious or symptoms worsen, or your child is under one, call your doctor for advice.

HEALTH VISITOR'S TIP

Reducing hazards in the home and making sure children wear helmets when cycling can help reduce the risk of severe head injuries.

When to seek medical attention

- Loss of consciousness
- They are vomiting persistently (more than three times)
- They are not behaving as they usually do
- Pain is not relieved by paracetamol or ibuprofen

A burn is damage to the skin, which is caused by direct contact with something hot.



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

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

→ Household hazards next page

Burns and scalds

DO

- ✓ Hold the affected area under cold water for at least 20 minutes
- ✓ Cover the burn with a sterile dressing, clingfilm or a plastic bag, then wrap in a cloth soaked in cool water. Don't wrap it too tightly
- ✓ Give paracetamol or ibuprofen. Then take your child to hospital

DO NOT

- ✗ Don't apply fatty substances like butter or ointment as this won't do any good and will only waste time for hospital staff who will have to clean the area before it can be treated

PHARMACIST'S TIP

Remember to keep hot drinks out of children's reach.



More information online at NHS Choices: nhs.uk



Burns and scalds



More information online
at NHS Choices: nhs.uk

Common hazards around the home



Hair straighteners



Hobs



Lightbulbs



Barbecues



Hot drinks/soups



Ovens



Small lithium batteries



HEALTH VISITOR'S TIP

Remember
children develop
quickly. Make sure
you baby proof
your house.

To find your
nearest service
download the
app now

Search for 'NHS child health'



Doctors
Pharmacists
Walk In Centres
Children's Centres
Urgent Care Centres
Emergency Departments (A&E)

Children often put objects in their mouth. This is a normal part of how they explore the world.



More information online at NHS Choices: nhs.uk



HEALTH VISITOR'S TIP

If you would like to learn basic CPR for your child, please speak to your health visitor.



Some small objects, such as marbles, beads and button batteries, are just the right size to get stuck in a child's airway and cause choking. Try and keep small objects like these out of your child's reach.

No matter how careful you are, your child may choke on something. If your child suddenly starts coughing, is not ill and has a habit of putting small objects in their mouth, there's a good chance that they're choking.

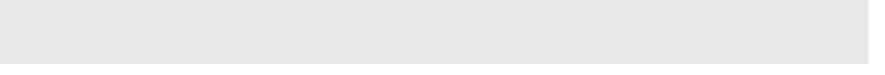
Tips on helping a choking child

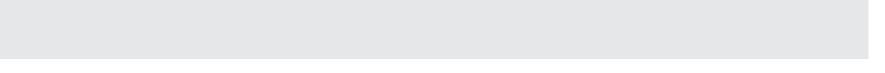
- If you can see the object, try to remove it. Don't poke blindly with your fingers. You could make things worse by pushing the object in further
- If your child is coughing loudly, there's no need to do anything
- Encourage them to carry on coughing and don't leave them
- If your child's coughing is silent or they can't breathe in properly, shout for help immediately and check whether they're still conscious
- If your child is still conscious but they're either not coughing or their coughing is not effective, use back blows

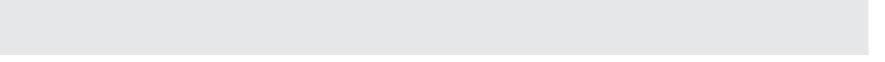
My notes

My notes

My contacts

Health visitor number


Doctor/surgery number


Local Children's Centre


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Doctors
Pharmacists
Walk In Centres
Children's Centres
Urgent Care Centres
Emergency Departments (A&E)

