NHS

Birth to Five

This book gives you information on:

Becoming a parent
Taking care of yourself and your child
Finding practical help and support

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Dr Helen Bedford, Dr Robert Bingham, Dr Ffion Davies, Dr David Elliman, Dr Mike Hayes, Dr Magda Sachs and Professor Charlotte Wright.

This book is given free to all mothers.

Every effort has been made to make this book reflect the most up-to-date medical advice at the time of publication. Because developments can be very rapid, significant changes will always be notified to doctors and other health professionals at once. They will then be incorporated into the text for the next reprint. For the most up-to-date information and advice, visit the online version of the book at www.nhs.uk/birthtofive

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Birth to Five

This book gives you information on:

Becoming a parent
Taking care of yourself and your child
Finding practical help and support

your complete guide

Birth

to Five

No one needs a book to tell them what is good about being a parent. Parents turn to books when they need advice, when they are worried and when they have got questions or concerns, small or large.

This is a book you can turn to for guidance and advice on the growth and development of your child. If there is anything you are unsure of, or if you need further explanation, don't hesitate to ask your health visitor or doctor.

The information in this book is also available online from the NHS Choices website at **www.nhs.uk/birthtofive**

FEEDING YOUR BABY

Breastfeeding is the healthiest way to feed your baby. Exclusive breastfeeding (that means giving your baby breastmilk only, with no other food or drink) is recommended for around the first six months of your baby's life. Breastmilk provides all the nutrients your baby needs and helps to protect them from infections and diseases.

- Your breastmilk is the only food designed for your baby. It contains everything your baby needs for around the first six months of life. After that, giving your baby breastmilk alongside solid food will help them continue to grow and develop. The World Health Organization recommends breastfeeding for two years or longer.
- Breastfeeding protects your baby from infections and diseases. It also offers health benefits for mums. Every day makes a difference to your baby, and the longer you breastfeed, the longer the protection lasts. And it reduces your chance of getting some illnesses later in life. Formula milk cannot give your baby the same ingredients or provide the same protection.
- Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.
- Breastfeeding reduces the risk of cot death.

a strong bond

Help and support

Midwives, health visitors and trained volunteers – or peer supporters – can all offer information and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had special training to help them support other mothers. Talk to your midwife or health visitor about the help that is available in your area.

BREASTFEEDING

Just like any new skill, breastfeeding takes time and practice to work well. In the first few days, you and your baby will be getting to know each other. Any close contact and holding your baby against your skin can really help with this.

The more time you spend with your baby, the quicker you will learn to understand each other's signs and signals. The next few pages will help you to understand how breastfeeding works. And remember, it's OK to ask for help.

Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This milk is called colostrum and it is sometimes quite yellow in colour. It is very concentrated, so your baby only needs a small amount at each feed, which might be quite frequent. It is full of antibodies to boost your baby's ability to fight off infection.

Holding your baby against your skin straight after birth will calm them, steady their breathing and keep them warm. It will also encourage them to breastfeed. Babies are often very alert in the first hour after birth and keen to feed. Your midwife can help you with this.

The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce. The amount of milk you make will increase or decrease in line with your baby's needs. Around days two to four, you may notice that your breasts become fuller and warmer. This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as often as they want. Your milk will vary according to your baby's needs. It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

Sometimes, breastmilk may leak from your breast – try gentle but firm hand pressure on your nipple whenever this happens. This usually helps very quickly. If you decide to buy breast pads, it is necessary to change them at each feed. Plastic-backed ones can make you even soggier.

'Liquid gold': the perfect food for your newborn

Colostrum is sometimes called 'liquid gold'. This extra-special breastmilk is full of germ-fighting antibodies that will help protect your baby against infections that you have had in the past. The first few feeds 'coat' your baby's gut to protect them from germs and reduce the chances of them developing allergies as they get older.

Later on, your breastmilk will still contain antibodies, and as you come across new infections you will have new antibodies in your milk. This means that if you get colds or flu while you are breastfeeding, your baby will automatically get some immunity from those illnesses.

In the beginning, it can seem that you are doing nothing but feeding, but gradually your baby will get into a pattern of feeding and the amount of milk you produce will settle. Your baby will be happier if you keep them near you and feed them whenever they are hungry. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This will make feeding easier and will reduce the risk of cot death. Try to take each day as it comes. If you are very uncomfortable or sore, ask for help as soon as possible.

First steps: starting to breastfeed

You might like to watch the *Bump to Breastfeeding* DVD as you read this part of the chapter so you can see what to expect. You should have been given a copy of the DVD during your pregnancy. If not, ask your midwife or health visitor for one. For more information visit www.bestbeginnings.info

Getting comfortable

You can breastfeed in a number of different positions. Finding one that is comfortable for both of you will help your baby feed as well as possible.

If you are lying back in a well supported position with your baby lying on your tummy, they will often move themselves onto your breast and begin to feed.

Remember at all times to keep your baby safe.

You can try feeding lying on your side or in a chair, supported in an upright position. This will make it easier to hold your baby so their neck, shoulders and back are supported and they can reach your breast easily. Their head and body should be in a straight line.

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

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.

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.

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.

Partners and breastfeeding

As a partner, you can bond with your baby in lots of different ways, like bathing, changing nappies and carrying your baby in a sling close to you. You can also help by bringing your baby to their mother when it's time for a feed. Some parents worry that breastfeeding will make it harder for their partner to bond with the baby. But this doesn't have to be the case.

You have an important role to play in supporting your partner, for example by preparing meals or providing extra help so she can get some rest. You can do small, practical things like making sure she has got a cool drink to hand while she is feeding, and later you can even give some feeds yourself, using expressed milk.

Attaching your baby

To begin breastfeeding, hold your baby close to you with their nose level with your nipple.

Let their head tilt a little so the top lip can brush against your nipple. This should make their mouth open. Once the baby's mouth is wide open, bring them to your breast, chin first, head tipped up and nose clear of the breast. Make sure your baby takes in a large mouthful of breast, not just the nipple. Your nipple should go towards the roof of your baby's mouth.

The let-down reflex

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples. This is called the 'let-down' reflex.

Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick sucks change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your baby crying or when you have a warm bath.

If you have any concerns about any of these points, talk to your peer supporter, midwife, GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Note that if your baby seems unusually sleepy and/or is slow to start feeding, **they may be ill**, so contact your GP as soon as possible.

Helpful tips

Breastfeeding should feel comfortable. Your baby should be relaxed. You should hear a soft swallowing. If it doesn't feel right, start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

How do I know that my baby is feeding well?

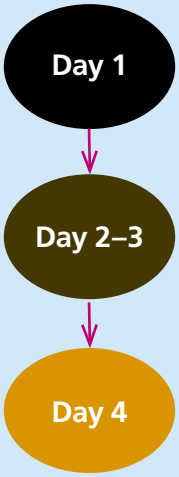
- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you to feed (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below their bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it's normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on their own.

How do I know my baby is getting enough milk?

- Your baby should be healthy and gaining weight.
- In the first 48 hours, your baby is likely to have only two or three wet nappies. Wet nappies should then start to become more frequent, with at least six every 24 hours from day five onwards.
- Most babies lose weight initially. They should be weighed by a health professional some time around day three to five. From then on, they should start to gain weight. Most babies regain their birth weight in the first two weeks.
- At the beginning, your baby will pass a black tar-like stool (poo) called meconium. By day three, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day four and for the first few weeks, your baby should pass at least two yellow stools every day. These stools should be at least the size of a £2 coin. Remember, it's normal for breastfed babies to pass loose stools.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.

If you are concerned about any of these points, speak to your midwife or health visitor.

Colour guide for a baby's stools for the first few days



Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 6). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see page 9).
- There is no need to offer formula milk in addition to breastmilk. If your baby feels hungrier, feed more often, rather than offer formula milk.
- After a while, you will get to know the signs that mean your baby is ready to feed. Most babies will signal that they are hungry by opening and closing their mouths, making sucking noises, opening their eyes or turning their heads to bring their mouths towards you. By the time a newborn baby starts crying, they will normally have been hungry for a while.
- Try not to give your baby any other food or drink before the age of about six months. This will reduce your milk supply and could increase the chance of your baby getting ill.
- Try not to give your baby a dummy until breastfeeding is going well, as this can also reduce your milk supply.
- When you are out and about, wear something that will make it easier for you to breastfeed.

ask for help if you need it!

Dummies

Try not to give your baby a dummy until breastfeeding is established, usually when your baby is a month old. Using dummies has been shown to reduce the amount of milk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. But you should stop using a dummy when your baby is between six and 12 months old.

Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be born prematurely and to have a low birth weight, breastmilk is especially important for their well-being. To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established. This may take some time, so it can be really helpful to accept any offers of help around the house from family and friends.

Over time, you will learn what works best for you and your babies.

Triplets can be breastfed either two together and then one after, or all three rotated at each feed. Alternatively, you can use a combination of breast and formula, depending on the babies and your milk supply. See page 18 for more on combining breast and formula feeding.

How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk alongside other foods for as long as you and your baby want. This can be into the second year or beyond. For information about introducing your baby to solid foods, go to Chapter 3.

Every day you breastfeed makes a difference to you and your baby. There is no need to decide at the beginning how long you will breastfeed. Many mothers continue to breastfeed if or when they return to work or college (see page 10).

The practicalities will depend on how old your baby is and how many feeds they need while you are apart, but it's often easier to manage than people think. Your peer supporter, midwife, health visitor, local support group or the National Breastfeeding Helpline (0300 100 0212) can explain the options and talk them through with you.

If you stop breastfeeding, it can be difficult to restart. Giving formula milk to a breastfed baby can reduce your supply of breastmilk. See page 18 for more information on combining the two.

positive feeding

More information

The Equality Bill

The Equality Bill offers mothers stronger protection when breastfeeding. The Equality Bill will make it clear that it is unlawful to force breastfeeding mothers and their babies out of places like coffee shops, public galleries and restaurants.

For further information go to www.equalities.gov.uk

Expressing milk

Expressing milk means removing milk from your breast. You may 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 breastmilk.

If you have to be away from your baby – for example, because your baby is ill or premature, or because you are going back to work – you may wish to express milk so that somebody else can feed your baby.

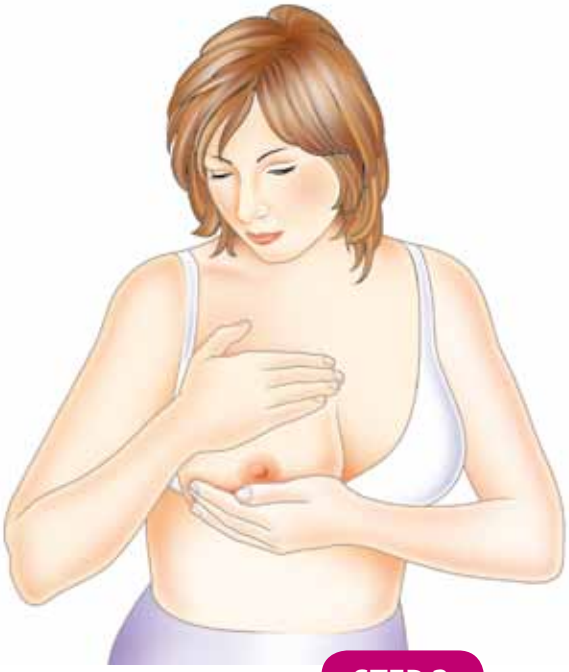
You can express milk by hand or with a breast pump. Different pumps suit different women, so ask for information to compare them. A pump needs to be clean and sterilised each time it is used.

Expressing by hand

It is more effective to express milk by hand than to use a pump in the first few days. If you want to collect the milk, you will need a sterilised container. The following suggestions should help:

1. Before you start, wash your hands thoroughly then gently massage your breast.

   Cup your breast and feel back from the end of the nipple to where the texture of your breast feels different.



STEP 2

STEP 3

3. Using your thumb and the rest of your fingers in a C shape, squeeze gently about 3 to 6cm behind the nipple – this should not hurt.
4. Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice, and a little time, milk will flow freely.
5. When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
6. When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
7. If the milk doesn't flow, try moving your fingers slightly towards the nipple or further away, and try giving your breast a gentle massage.

how to express milk

STEP 4

Expressing milk if your baby is premature or ill

It is important to try to express your milk as soon as possible after your baby is born. To ensure that you produce plenty of milk, you will need to express at least six to eight times in 24 hours, including during the night, just as your baby might be doing if they were able to feed directly. Ask the hospital staff about having skin-to-skin contact with your baby. This will help with bonding and keeping up your milk supply.

Hospitals often have machines for expressing milk, and will show you how to use one. Alternatively, you can hire an electric breast pump. Contact breastfeeding organisations or pump companies directly to find out about pump hire in your area (see page 17 for contact details).

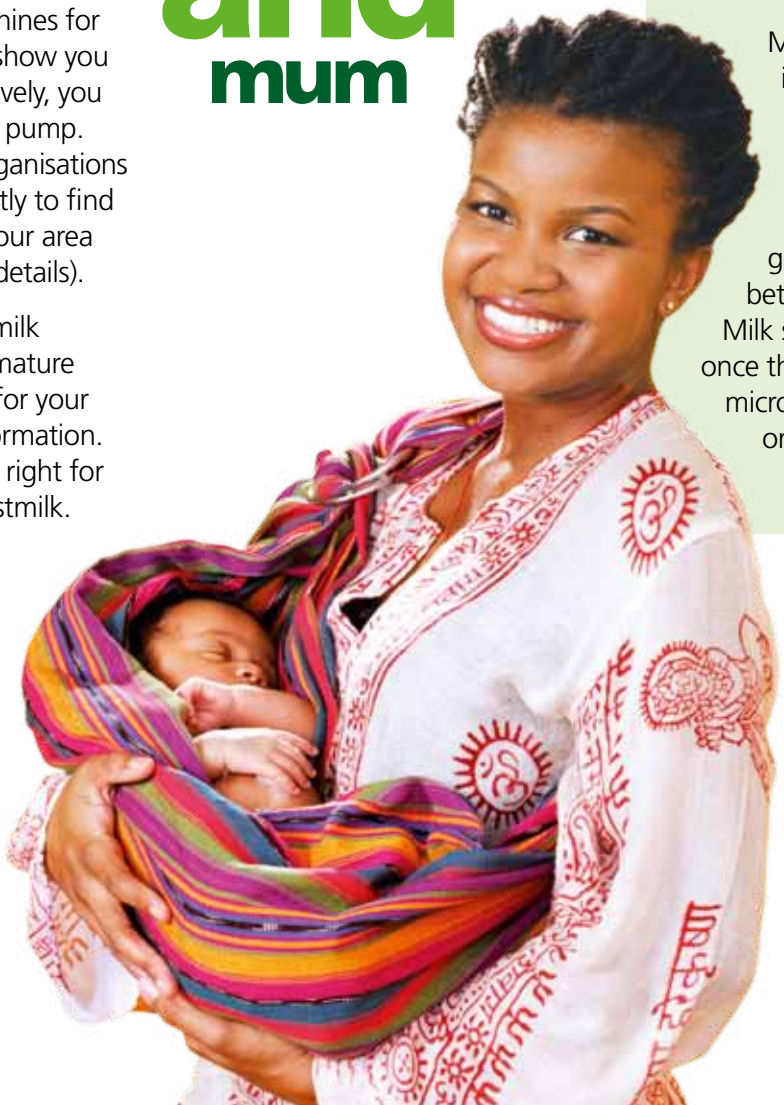
If you are freezing breastmilk because your baby is premature or ill, ask the staff caring for your baby for support and information. Also see the panel on the right for guidance on storing breastmilk.

Your midwife, health visitor or peer supporter can give you practical help and answer any questions.

Cup feeding

Sometimes, your baby might need some extra milk, or find it hard to feed from your breast. In this case, your midwife might suggest that you give your baby some expressed milk in a cup. Ask her to show you how. In this way, your baby is able to taste and begin drinking your milk. You should not pour milk directly into your baby's mouth.

healthy for baby and mum



Storing breastmilk

You can store breastmilk for:

- up to five days in the fridge at 4°C or lower. This means putting the milk in the coolest part of the fridge, usually at the back (do not keep it in the door)
- up to two weeks in the freezer compartment of a fridge, or
- up to six months in a domestic freezer, at minus 18°C or lower.

Breastmilk must always be stored in a sterilised container. If you use a pump, make sure you wash it thoroughly after use and sterilise it before use.

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away. Milk that has been frozen is still good for your baby and better than formula milk. Milk should not be refrozen once thawed. Don't use a microwave oven to warm or defrost breastmilk.

Some common breastfeeding problems and how to solve them

Sore or cracked nipples

If your nipples hurt, take your baby off the breast and start again. If the pain continues or your nipples start to crack or bleed, ask for help so you get your baby latched on comfortably (see page 17 for information on how to get help).

It can sometimes take a little while to sort out how to prevent the soreness, but it is important to get support as soon as possible.

The following suggestions may also help:

- Try squeezing out a drop or two of your milk at the end of a feed and gently rubbing it into your skin. Let your nipples dry before covering them.
- If you are using breast pads, they need to be changed at each feed (if possible, use pads without a plastic backing).
- Avoid soap as it dries your skin out.
- Wear a cotton bra, so air can circulate.
- Some mothers treat any cracks or bleeding with a thin smear of white soft paraffin or purified lanolin. Put the ointment on the crack (rather than the whole nipple) to help it heal and prevent a scab forming.

It can be hard to ask for help, but tackling any problems as soon as they start will give you more time to enjoy these early days. In lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

Unsettled feeding

If your baby is unsettled at the breast and doesn't seem satisfied by feeds, it may be that they are sucking on the nipple alone, and so are not getting enough milk. Ask for help to get your baby into a better feeding position.

Tender breasts, blocked ducts and mastitis

Milk can build up in the ducts for a variety of reasons. The most common are wearing a too-tight bra, missing a feed, or a blow to the breast. It's important that you deal with a blocked duct as soon as possible so that it doesn't lead to mastitis (inflammation of the breast).

If you have mastitis, your breasts will feel hot and tender. You may see a red patch of skin which is painful to touch. You can feel quite ill, as if you have flu, and you may have a temperature. This can happen very suddenly. It is very important to carry on breastfeeding as this will help you get better more quickly.

Helpful tips

If you think you might have mastitis (or a blocked duct), try the following:

- Take extra care to make sure your baby is attached well to your breast.
- Feed your baby more often.
- Let your baby feed on the tender breast first.
- If your breasts still feel full after a feed, or your baby cannot feed, express your milk (see page 10 for more information on how to do this).
- Warmth on your breast before a feed can help milk flow and make you feel more comfortable.
- While your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple. This should help the milk to flow.
- Get lots of rest. Go to bed if you can.
- Take a painkiller such as paracetamol or ibuprofen.
- Ask for help with how you get your baby latched on properly (see page 17 for information on where to get help).
- Mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional. If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.

Thrush

If you suddenly get sore, bright pink nipples after you have been feeding without problems for a while, you might have an infection known as thrush. Ask for help to check that your baby is latched on properly, and make an appointment with your GP.

You and your baby will both need treatment. You can easily give thrush to each other, so if your baby has it in their mouth you will still need some cream for your nipples to stop it spreading to you. You may want to ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy.

Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and it can affect feeding by making it hard for your baby to attach to your breast. Tongue-tie can be treated easily, so if you have any concerns talk to your midwife or health visitor or contact the National Breastfeeding Helpline on 0300 100 0212.

Staying healthy

You don't need to eat anything special while you are breastfeeding, just make sure you have a varied and balanced diet.

Your milk is good for your baby whatever you eat, but there are foods to avoid (see page 14). Being a new mother is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you normally would. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced)
- starchy foods such as wholemeal bread, pasta, rice and potatoes
- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils), fruit and vegetables. After childbirth, some women experience bowel problems and constipation – fibre helps with both of these
- protein, such as lean meat and poultry, fish, eggs and pulses
- at least two portions of fish each week, including one portion of oily fish, and
- dairy foods, such as milk, cheese and yoghurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink beside you when you settle down to breastfeed. Water, milk and unsweetened fruit juices are all good choices.

To find out more about healthy eating, go to www.eatwell.gov.uk

Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods (see above).
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.
- Keep your alcohol intake low. Alcohol in breastmilk can affect your baby's feeding or sleeping. Avoid drinking alcohol shortly before feeding your baby.
- Avoid drinking too much strong tea or coffee.

Helpful tips

Healthy snack ideas

The following snacks are quick and simple to make and will give you the energy and strength you need:

- Fresh fruit.
- Sandwiches or pitta bread filled with salad vegetables, grated cheese, salmon or sardine or cold meat.
- Yoghurts and fromage frais.
- Hummus and bread or vegetable sticks.
- Ready-to-eat dried apricots, figs or prunes.
- Vegetable and bean soups.
- Fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk.
- Milky drinks or unsweetened fruit juice.
- Baked beans on toast or baked potato.

Vitamins

While you are breastfeeding (just as when you were pregnant) you should take supplements containing 10 micrograms (mcg) of vitamin D each day. You should be able to get all the other vitamins and minerals you need by eating a varied and balanced diet. Your skin makes vitamin D naturally when it's exposed to the sun between April and September.

Ask your GP or health visitor where to get vitamin D supplements. You may be able to get free vitamin supplements without a prescription if you are eligible for Healthy Start (see page 48).

Foods to avoid

Eating fish is good for your health. But don't have more than two portions of oily fish a week. This includes fresh tuna (not canned tuna, which doesn't count as oily fish), salmon, mackerel, sardines and trout.

The general advice for all adults is to avoid eating more than one portion of shark, swordfish or marlin a week, because of the levels of mercury in these fish. Avoid these fish altogether during pregnancy or if you are trying to get pregnant.

Small amounts of whatever you are eating and drinking can pass to your baby through your breastmilk, so it's a good idea to think about how much alcohol and caffeine you are having. These may affect your baby in the same way they affect you. If you think a food or foods that you are eating are affecting your baby, talk to your GP or health visitor, or contact the National Breastfeeding Helpline on 0300 100 0212.

Caffeine

Drinks containing caffeine can also affect your baby and may keep them awake, so drink them only occasionally rather than every day while your baby is young.

Alcohol

Generally, adult women should not regularly drink more than two to three units of alcohol per day. During pregnancy, women are advised to avoid drinking. If they do drink, they are advised to drink no more than one to two units once or twice a week, and are advised not to get drunk.

When you breastfeed, you are giving your baby the best possible start in life. It's very unlikely that having an occasional drink will harm you or your baby. However, we do know that alcohol passes through to the baby in very small amounts. So when breastfeeding it is sensible to drink no more than one or two units once or twice a week.

If you have drunk more than one or two units, it is worth remembering that the level of alcohol in your breastmilk reduces in the same way as it does in your body – so waiting an hour or more will reduce the amount of alcohol your baby gets through your breastmilk.

It is not safe to get drunk when you are caring for your baby – whether they are breast or formula fed.

One unit of alcohol is approximately equal to a single (25ml) measure of spirits, half a pint of beer, or half a 175ml glass of wine, although it depends on the strength of the drink.

The website www.nhs.uk/units contains more information on units, including the units found in typical drinks.

Helpful tips

Breastfeeding and alcohol

If it's a special occasion and you know you are going to be drinking, consider expressing milk in advance.

To reduce the exposure of your baby to alcohol:

- avoid breastfeeding for at least two to three hours after drinking, or
- have your drink after the last feed of the day – if you can predict when that will be!

Caffeine

Caffeine occurs naturally in lots of foods and drinks, including coffee, tea and chocolate. It's also added to some soft drinks and energy drinks and to some cold and flu remedies. In the early days, it is important that you don't have too much caffeine. Try decaffeinated tea and coffee, fruit juice or mineral water and limit the number of energy drinks, which might be high in caffeine.

If you drink alcohol and breastfeed, it can affect your baby in a number of ways:

- your milk may smell different and put your baby off feeding
- the alcohol may make your baby too sleepy to feed, or
- your baby may have difficulties with digestion and problems with their sleeping patterns.

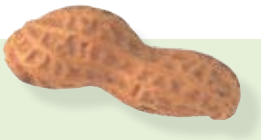
Smoking

Smoking is bad for you, bad for your partner and especially bad for your baby. One of the best things you can do for your own and your baby's health is to stop smoking.

Each year, more than 17,000 children under the age of five are admitted to hospital because of the effects of second-hand smoke.

Avoid smoking in the home or car, and ask your partner, friends and family to do the same when they are around your baby.

If you do smoke and you are finding it difficult to quit, breastfeeding will still protect your baby from infections and give them nutrients they cannot get through formula milk. Smoking after feeds, rather than before, will help reduce your baby's exposure to nicotine.



Peanuts

Peanuts are one of the most common causes of food allergy (see page 58). Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

- If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.
- You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women that they may wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has been changed because the latest research shows that there is no longer clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.
- If you have a child under six months and are not breastfeeding (for example because you are feeding your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.
- If you have any questions or concerns, you should discuss these with your GP, midwife, health visitor or other health professional.
- For general information on food allergies, including peanut allergy, go to www.eatwell.gov.uk/healthissues/foodintolerance/foodintolerancetypes/

Medicines and breastfeeding

Many illnesses, including depression (see page 38), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics
- common painkillers such as paracetamol and ibuprofen (but not aspirin)
- hayfever medicines such as Clarityn and Zirtek
- cough medicines (provided they don't make you drowsy)
- asthma inhalers, and
- normal doses of vitamins.

You can use some methods of contraception but not all, so check with your GP or pharmacist. Some cold remedies are not suitable.

It's fine to have dental treatments, local anaesthetics, injections (including mumps, measles and rubella (MMR), tetanus and flu injections) and most types of operations. You can also dye, perm or straighten your hair, use fake tan and wear false nails.

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or pharmacist if this is a concern.

More information

For more information go to www.breastfeedingnetwork.org.uk/drugline.html, or call the Drugs in Breastmilk Helpline on 0844 412 4665.

Your GP or pharmacist may like to look at the information from the National Formulary for Children (www.bnfc.org) to see what medicines can be given to babies and children, as these are likely to be safe for mothers to take when breastfeeding.

Medicines for minor ailments when breastfeeding

- Make sure the medicine is safe to take when breastfeeding.
- Watch your baby for side effects such as poor feeding, drowsiness and irritability. Stop taking the medicine if your baby gets side effects.
- For further information speak to your pharmacist or NHS Direct on 0845 4647.

Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Soothing creams, ointments or suppositories	Ice pack	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions that contain permethrin	
Indigestion	Antacids (indigestion mixtures)	On your doctor's advice: medicines that reduce acid production, e.g. omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays Occasional doses of pseudoephedrine	Medicines that contain phenylephrine
Pain (e.g. headache, mastitis, toothache)	Paracetamol	Ibuprofen	Medicines that contain aspirin Medicines that contain codeine (e.g. co-codamol, co-dydramol), unless advised by your doctor
Threadworms	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

Breastfeeding help and support

Don't be afraid to ask for the support and information you need to make breastfeeding work for you and your baby. No problem is too small – if something is worrying you, the chances are that other mothers will have felt the same.

You can get help from a peer supporter, your midwife or health visitor. You might also want to join a local breastfeeding group. It's a great way of making new friends as well as sharing the ups and downs of looking after a new baby. Most groups usually include a mix of healthcare professionals and local trained volunteer mothers (peer supporters). These mothers have breastfed their own babies and have had some training in basic breastfeeding techniques. Some peer supporters will have had more in-depth training to help them support new mothers.

There may be specialist drop-ins in your area where you can go if you have a specific concern or difficulty.

To find out what is available in your area, talk to your midwife or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to 9.30pm) or go to the website at www.nationalbreastfeeding helpline.org.uk

You can also get information online from the **Association of Breastfeeding Mothers** (www.abm.me.uk) and the **Breastfeeding Network** (www.breastfeedingnetwork.org.uk). The Breastfeeding Network runs a Supporterline on 0300 100 0210, and also offers a helpline for speakers of Bengali/Sylheti on 0300 456 2421. Lines are open from 9.30am to 9.30pm.

NHS guidance on breastfeeding is available at www.breastfeeding.nhs.uk

The following voluntary organisations can also provide information:

La Leche League
0845 120 2918
www.laleche.org.uk

NCT (formerly the National Childbirth Trust) Breastfeeding Line
0300 330 0771
www.nct.org.uk

The **Unicef Baby Friendly** site at www.babyfriendly.org.uk provides information and links to useful resources about the benefits of breastfeeding.

The **Breastfeeding Network's Drugs in Breastmilk Helpline** can provide information about breastfeeding and medicines. Call 0844 412 4665.

All these voluntary organisations provide training for peer supporters.

The *Bump to Breastfeeding (Best Beginnings)* DVD is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You should have been given a copy of the DVD during your pregnancy. If not, ask your health visitor or visit www.bestbeginnings.info

support for you

DIFFERENT FEEDING SITUATIONS

Some mothers breastfeed whereas other mothers use infant formula, and some mothers find they use a combination. There are several different ways of doing this.

- You can express breastmilk to be given by bottle.
- You can introduce infant formula but carry on breastfeeding.
- You can introduce infant formula and stop breastfeeding.
- Depending on the age of your baby, they may take the milk in a cup.

Introducing infant formula

Introducing infant formula will reduce the amount of breastmilk you produce. This may make breastfeeding more difficult.

Most mothers find it easier, more comfortable and less likely to cause mastitis (painful, inflamed breasts) if they gradually stop breastfeeding. So give yourself plenty of time for the changeover, and cut out one feed at a time. Try the first formula feed when your baby is happy and relaxed – not when they are very hungry. It may help if someone other than you gives the first feeds, so that your baby is not near you and smelling your breastmilk.

It may take your baby a little time to get used to the new arrangements. So keep trying, stay calm and don't force it.

If you are going back to work, make sure you start at least a few weeks before you are due to go back. You may find you don't need to introduce a bottle as your baby can drink milk from a cup (see 'Cup feeding' on page 11) and you can breastfeed when you are at home.

Changing from breast to formula feeding can be an emotional time for you. It's best to do it gradually to give yourself time to adapt and your body time to reduce the amount of milk it makes.

Increasing the amount of breastmilk you make

If you have had a difficult start or have changed your mind and want to start breastfeeding, talk to your midwife, health visitor or peer supporter about what you can do. Holding and cuddling your baby in close contact (skin to skin) as much as possible gives you and your baby the time and opportunity for breastfeeding to happen as easily as possible.

This stage can take some time, with your baby building up feeds little and often. This boosts your supply. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long. This is fine – just start with that breast next time. Talk to your midwife, health visitor or peer supporter about ways to reduce the amount of formula or expressed milk.

If you have been expressing milk for most of your baby's feeds, it is often helpful to carry on so you keep your supply high during this transition period.

Types of milk to avoid

Cows' milk should not be given as a main drink to a child under the age of one year. Small amounts of cows' milk can be used in the preparation of foods and for cooking after six months of age. Condensed milk, evaporated milk, dried milk, sheep's milk, goats' milk, or any other type of drinks (such as rice, oat or almond drinks, often known as 'milks') should never be given to a baby under the age of one year. You should not use soya formula unless it has been prescribed by your GP. You can find more information on rice drinks at www.food.gov.uk/science/surveillance/fsisbranch2009/survey0209

Follow-on formula is not suitable for babies under six months.

FORMULA FEEDING

This new information is based on guidance from the Department of Health and the Food Standards Agency. It may differ from what you have done before if you have older children, but to minimise any risk it is recommended that you follow this new information.

Choosing a formula

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be on the contents list of the pack. Infant formula powders are not sterile, so it is important to follow the **cleaning and sterilising instructions** on page 20.

Formula is either 'whey dominant' or 'casein dominant', depending on the balance of proteins it contains. It may also be referred to as stage one or stage two milk. Whey-dominant milk is thought to be easier to digest than casein-dominant milk, so should always be the first formula you give your baby. There is little nutritional difference in the two forms of milk, so if whey-dominant formula milk suits your baby, they can stay on it for the first year or even longer.

Helpful tips

There are a number of different brands of infant formula milk available in the shops. All should meet the legal standards for formula milk, and it's up to you to decide which one to use. In the past it was thought better to stick to one brand, but there is no evidence to suggest that changing brands does any good or any harm.

'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once opened, the carton should be stored in the fridge with the cut corner turned down. Do not store it for longer than 24 hours.

You can continue giving your baby infant formula when they are older than six months.

If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for information.

Using formula milk safely

Powdered infant formula milk must be prepared as carefully as possible. It is not a sterile product, and even though tins and packets of milk powder are sealed, they can contain bacteria such as *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*) and, more rarely, salmonella.

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Formula must therefore be made up with water hot enough to kill the bacteria – at least 70ºC. In practice, this means boiling the kettle and leaving it to cool for no longer than 30 minutes. Very young babies are at most risk, and it is better to use sterile, liquid ready-to-feed products for premature or low birth weight babies. If you are using formula, mix the formula and water and cool quickly to feeding temperature in cold water.

It's also essential to make up a fresh bottle for each feed. Throw away unused formula within two hours. Bacteria multiply rapidly at room temperature and can even survive and multiply slowly in some fridges, so storing formula milk for any length of time increases the risk.

Vitamin drops

If your baby is formula fed, you should give them vitamin drops from the age of six months or if they are drinking less than 500ml of formula milk a day. You can buy suitable drops at any pharmacy. Ask your midwife or health visitor where you can get vitamin drops.

Sterilising

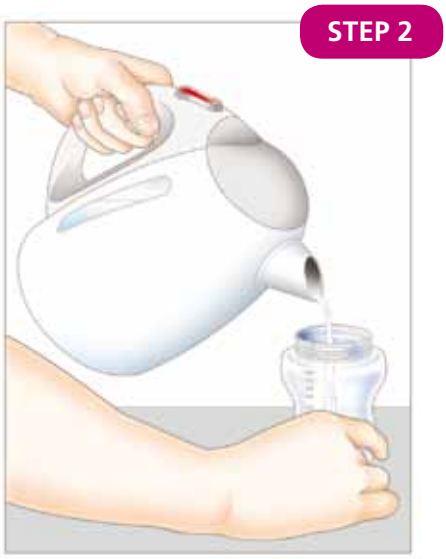
All the equipment used for feeding your baby must be sterilised. By sterilising your feeding equipment, washing your hands and keeping the preparation area clean, you will reduce the chance of your baby getting sickness and diarrhoea.

The following cleaning and sterilising instructions apply whether you are using expressed breastmilk or infant formula milk.

1. **Clean and rinse.** Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all equipment in cold, clean running water before sterilising.
2. **Cold water sterilising.** Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution. Keep all the equipment under the solution with a floating cover.
3. **Steam sterilising (electric or microwave).** Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

Preparing a feed

STEP 1: Before making up a feed, clean and disinfect the surface you are going to use. Wash your hands carefully. If you are using a cold water steriliser, shake off any excess solution from the bottle and the teat or rinse the bottle with cooled boiled water from the kettle (not the tap). Stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Don't put them on the work surface.



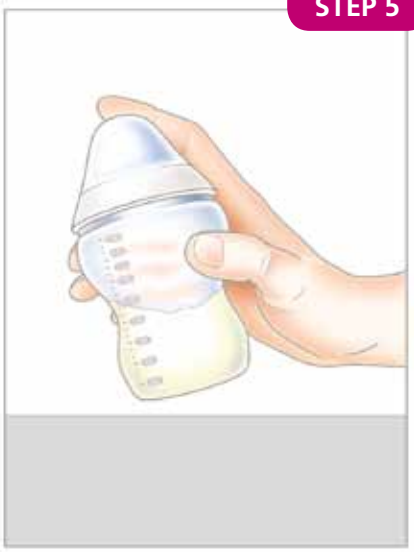
STEP 2: Use fresh tap water to fill the kettle. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed. For more information on bottled water, go to www.eatwell.gov.uk

Always put the partially cooled boiled water in the bottle first.

Be careful – at 70°C, water is still hot enough to scald. Always check that the water level is correct. Failure to follow the manufacturer's instructions may make your baby ill.

STEP 3: Loosely fill the scoop with milk powder and level it off using the flat edge of a clean, dry knife or the leveller provided. Do not pat it down.

STEP 4: Add the milk powder to the water. Repeat, until you have added the number of scoops specified in the manufacturer's instructions. It is important to use only the scoop that is enclosed with that milk powder. Using too much powder can give your baby constipation and lead to dehydration; too little could mean that your baby is not getting the nutrients they need. Don't add sugar or cereals to the feed in the bottle.



STEP 5: Holding the edge of the teat, put it on the bottle. Screw the retaining ring onto the bottle. Cover the teat with a cap. Shake the bottle until the powder dissolves.

Make sure you make up a fresh bottle each time you feed your baby and throw away unused feed after two hours. Using stored formula milk can increase the chance of your baby becoming ill.

Help and support

If you want help or information on formula feeding, talk to your midwife or health visitor.

Feeding your baby

Always cool your baby's milk down before feeding. At 70°C, it is still hot enough to scald. To cool it, hold the bottle, with the cap covering the teat, under cold running water. Test the temperature of the feed by dropping a little onto the inside of your wrist. It should just feel warm to the touch, not hot.

If the milk is too cool, and your baby doesn't like it that way, you can warm it up a little by putting the bottle upright in some hot water, keeping the teat out of the water. Never warm milk in a microwave oven. It will continue to heat up for a time after you take it out of the microwave, even though the outside of the bottle may feel cold. The milk inside may be very hot and could scald your baby's mouth.

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. You may need to give your baby time. Some babies take some milk, pause for a nap, and then wake up for more. So you might have to be patient. Remember, feeding is an opportunity to feel close to your baby and get to know them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke.

careful preparation

Bottled water

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need to use bottled water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour.

Bottles and teats

You might find it useful to have about six bottles and teats, so you can always have at least one or two bottles clean, sterilised and ready for use. Ask your midwife or health visitor for more information.

You should always buy new teats. They come in different shapes and with different hole sizes, and you may have to try several before you find the one that suits your baby. If the hole is too small, your baby will not get enough milk. If it's too big, the milk will come too fast.

It's best if you can buy new bottles too. Check regularly to make sure the bottles are in good condition. If they are badly scratched, you will not be able to sterilise them properly. If in doubt, ask your midwife or health visitor for more information.

You should check regularly that teats are not torn or damaged. When feeding, make sure you keep the teat full of milk, otherwise your baby will take in air and get wind. If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum. If the teat gets blocked, replace it with another sterile teat.

At the end of the feed, sit and hold your baby upright and gently rub or pat their back for a while to bring up any wind. There is no need to overdo it – wind is not as big a problem as many people think.

Talk to your baby as you rub or pat. This will help them feel closer to you and get them used to listening to your voice. Don't forget to throw away any milk that is not used within two hours.

Most babies gradually settle into a pattern. Babies vary in how often they want to feed and how much milk they want to take. Feed your baby when they are hungry, just as you would if you were breastfeeding, and don't try to force your baby to finish a bottle. They may have had enough for the time being or just want a rest.

Feeding away from home

The safest way of feeding your baby away from home is to carry a measured amount of milk powder in a small clean and dry container, a flask of boiled hot water and an empty sterilised feeding bottle. Make up a fresh feed whenever you need it. The water must still be hot when you use it, otherwise any bacteria in the milk powder might not be destroyed. Remember to cool the bottle under cold running water before you use it.

Alternatively, you could use ready-to-drink infant formula milk when you are away from home.

out and about

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it in a cool bag with an ice pack and use it within four hours. If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

Coping with allergies

If you think your baby might be allergic to formula milk, talk to your GP. They can prescribe formula feeds called 'extensively hydrolysed protein feeds'.

Some formulas are labelled as hypoallergenic, but they are not suitable for babies with a diagnosed cows' milk allergy. Talk to your GP before using this milk. Always get their advice before using soya-based infant formulas, too. Babies who are allergic to cows' milk may also be allergic to soya.

Babies sometimes grow out of allergies, and you may find that you can introduce cows' milk into your baby's diet as they get older. Always ask your GP or health visitor for advice before making any changes to your baby's diet.

Helpful tips

It is always safer to make up a fresh feed whenever possible. When this is not possible, feeds should never be stored for longer than 24 hours.

When to use a cup

- It is a good idea to aim to wean your baby off the bottle after 12 months.
- Babies should be discouraged from holding the teat of a bottle in their mouths when they are not drinking. This is because it is important for learning to feed and talk, and for developing healthy teeth.
- Babies can be encouraged to use cups when they start on solid food.

Some common problems with formula feeding

Crying and colic

For information about **crying and colic**, see pages 28–29.

Sickness and vomiting

Some babies bring up more milk than others during or just after a feed. This is called 'possetting', 'regurgitation' or 'gastric reflux'. It is not unusual for babies to bring up quite a lot, but it can be upsetting when it happens and you may be worried that something is wrong.

As long as your baby is gaining weight, there is usually nothing to worry about. But if your baby is violently sick or appears to be in pain, or you are worried for any other reason, talk to your health visitor or GP.

Cover your baby's front when feeding and have a cloth or paper towels handy to mop up any mess. Check too that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness.

Sitting your baby upright in a baby chair after a feed can also help. The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

If your baby brings up a lot of milk, remember that they are likely to be hungry again quite quickly. Don't force your baby to take on more milk than they want during a feed. Remember, every baby is different. Some prefer to feed little and often.

Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty. Breastfed babies don't usually get constipated. If your baby is under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP. For further information, see page 88.

2 GETTING TO KNOW YOUR BABY

There is something very special and exciting about being alone for the first time with your new baby, but it's only natural to feel a bit anxious too. There is so much to learn, especially in the first few weeks, and the responsibility can seem overwhelming. But there is plenty of advice and support available. This chapter gives you the basic information you will need to cope with – and enjoy – the early days with your baby, and tells you where to go for extra support. There is more on how having a baby changes your life in Chapter 9.

- Remember, these early stages are very precious and they don't last long. Try to make the most of them.
- Don't be afraid to ask for help, from your partner, parents or friends. Suggest that they cook a meal for you and bring it round, do the washing up, go to the shops for you, or take the baby out for a short walk.
- If you can, spend time with other parents with small babies. They are in the same situation and will know how you feel.
- Rest or sleep when your baby rests or sleeps.
- Try to relax (see pages 142–143 for some relaxation techniques).
- Keep water and milk handy, along with some food you can eat without cooking, like fruit and wholemeal bread.
- See visitors when you want to. If you are tired, say so, and ask them to come back another time.
- Remember, no matter how tough things seem, it will not last long. As you and your baby get to know and understand each other, you will start to feel more confident and less anxious.
- If you are worried about your own or your baby's health, always ask your midwife, health visitor or GP for help and advice – they are there to help you. See Chapter 8 for more information on how to tell if your baby is ill, and what to do about it.

SLEEPING

Some babies sleep much more than others. Some sleep for long periods, others in short snatches. Some soon sleep right through the night, 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. Try to follow your baby's lead. If you are breastfeeding, in the early weeks your baby is quite likely to doze off for short periods during the feed. Carry on feeding until you think your baby has finished, or until they are fully asleep. This is a good opportunity to try to get a bit of rest yourself.

If you are 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 also a good idea to teach your baby from the start that night-time is different to daytime. During night feeds you may find it helpful:

- to keep the lights down low
- not to talk much, and keep your voice quiet
- to put your baby down as soon as they have been fed and changed, and
- not to change your baby unless they need it.

You might also find that the longer you leave it, the harder they will find it to get to sleep alone. You can start getting your baby used to going off to sleep alone, by putting them down before they fall asleep, or when they have just finished a feed. It may be easier to do this once your baby is starting to stay alert more frequently, or for longer periods.

While it's helpful to establish a pattern, you can always tweak the routine a bit 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 will get a good long stretch of sleep before they wake up again.

Help and support

See page 89 for more information about getting into a good sleeping routine and tackling sleeping problems in older babies and children. Cry-sis, the organisation for parents of crying babies, also offers help with sleeping problems (see page 183 for contact details). If you have twins, triplets or more, contact the Multiple Births Foundation and the Twins and Multiple Births Association (Tamba) for information about sleeping, including guidance on how more than one baby can share a cot safely (see page 35 for contact details).

Interacting with your baby

Interacting with your baby doesn't just help you bond; it also helps your baby's brain to grow and develop. By looking, smiling, playing and talking to your baby, you are standing them in good stead for later life. Spending time with your baby will also help you understand their needs and recognise when they need to feed, sleep or have a cuddle. As time goes on, spending time together will help your child learn how to understand their own emotions and form strong relationships with other people.

Helpful tips

Coping with disturbed nights

Disturbed nights can be very hard to cope with. If you have a partner, get them to help. If you are formula feeding, encourage your partner to share the feeds. If you are breastfeeding, ask your partner to take over the early morning changing and dressing so you can go back to sleep. Once you are into a good breastfeeding routine, your partner could occasionally give a bottle of expressed breastmilk during the night. If you are on your own, you could ask a friend or relative to stay for a few days so that you can sleep.

Current advice is that 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.

Particularly in the early weeks, you may find that your baby only falls asleep in your or your partner's arms, or when you are standing by the cot.

Reducing the risk of cot death

Sadly, we don't know why some babies die suddenly and for no apparent reason from what is called 'cot death' or Sudden Infant Death Syndrome (SIDS). But we 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.

All the advice that we now have for reducing the risk of cot death and other dangers, such as suffocation, is listed below. Remember that cot death is rare, so don't let worrying about it stop you enjoying your baby's first few months. But do 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 a room with you.
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby.
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker.
- Never sleep with your baby on a sofa or armchair.
- Do not let your baby get too hot – keep your baby's head uncovered.
- Place your baby in the 'feet to foot' position.

Place your baby on their back to sleep

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. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are less likely to choke. When your baby is old enough to roll over, they should not be prevented from doing so.

Babies may get flattening of the part of the head they lie on (plagiocephaly). This will become rounder again as they grow, particularly if they are encouraged to lie on their tummies to play when they are awake and being supervised. Experiencing a range of different positions and a variety of movement while awake is also good for a baby's development.

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.

The risks of bed sharing

The safest place for your baby to sleep is in a cot in a room with you for the first six months. Do not 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:

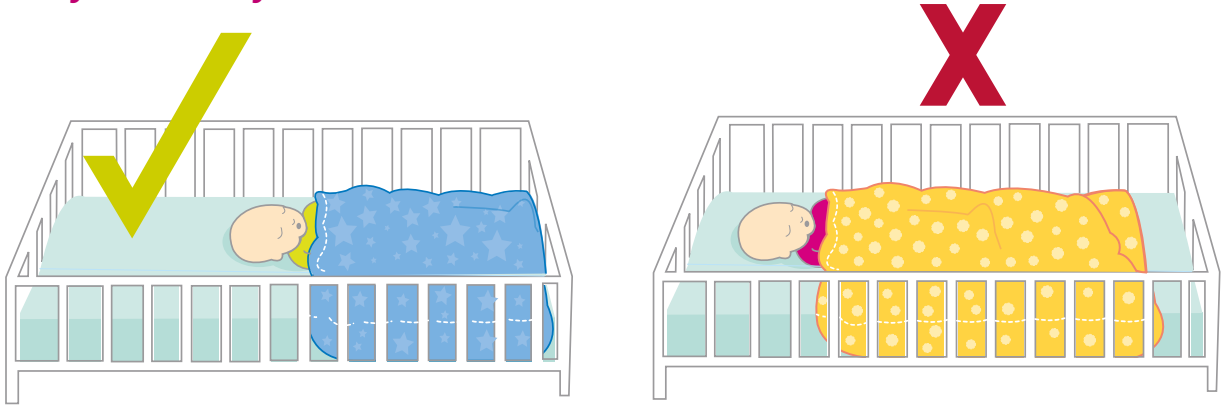
- was premature (born before 37 weeks), or
- was of low birth weight (less than 2.5kg or 5.5lb).

There is also a risk that you might roll over in your sleep and suffocate your baby, or that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured.

Never sleep with a baby on a sofa or armchair

It's lovely to have your baby with you for a cuddle or a feed but it's safest to put your baby back in their cot before you go to sleep.

Put your baby feet to foot in the crib.



Cut out smoking during pregnancy – partners too!

Smoking in pregnancy greatly increases the risk of cot death. It is best not to smoke at all.

If you are pregnant and want to give up, call the NHS Pregnancy Smoking Helpline on 0800 169 9 169.

Don't smoke near your baby.

Don't let anyone smoke in the same room as your baby

Babies exposed to cigarette smoke after birth are also at an increased risk of cot death. Nobody should smoke in the house, including visitors. Anyone who needs to smoke should go outside. Do not take your baby into smoky places. If you are a smoker, sharing a bed with your baby increases the risk of cot death.

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 are not too hot. If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding. Don't worry if your baby's hands or feet feel cool – this is normal.

- It is easier to adjust the temperature with changes of lightweight blankets. Remember, a folded blanket counts as two blankets.
- Babies do not need hot rooms; all-night heating is rarely necessary. Keep the room at a temperature that is comfortable for you at night. About 18°C (65°F) is comfortable.
- If it is very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish do not need extra clothes.
- Babies should never sleep with a hot-water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods.

Don't let your baby overheat.

Don't let your baby's head become covered

Babies whose heads are covered with bedding are at an increased risk of cot death. To prevent your baby wriggling down under the covers, place your baby feet to foot in the crib, cot or pram.

Make the covers up so that they reach no higher than the shoulders. Covers should be securely tucked in so they cannot slip over the baby's head. Use one or more layers of lightweight blankets.

Sleep your baby on a mattress that is firm, flat, well fitting and clean. The outside of the mattress should be waterproof. Cover the mattress with a single sheet.

Remember, do not use duvets, quilts, baby nests, wedges, bedding rolls or pillows.

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.

Feeding

Breastfeeding your baby reduces the risk of cot death. See Chapter 1 for everything you need to know about breastfeeding.

It is possible that using a dummy at the start of any sleep period reduces the risk of cot death. Do not begin to give a dummy until breastfeeding is well established, usually when your baby is around one month old. Stop giving the dummy when your baby is between six and 12 months old.

If your baby is unwell, seek MEDICAL advice promptly

Babies often have minor illnesses that you do not need to worry about.

Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake them regularly for a drink.

It can be difficult to judge whether an illness is more serious and requires prompt medical attention. See the section on recognising the signs of illness (page 35) for guidance on when you should get help.

More information

For more information on reducing the risk of cot death, or to buy a simple room thermometer for your baby, contact the Foundation for the Study of Infant Deaths (FSID):

Telephone: 020 7802 3200
Email: office@fsid.org.uk
Website: www.fsid.org.uk

CRYING

All babies cry – and some cry a lot! Crying is your baby's way of showing that they need comfort and care. Sometimes it's easy to work out what they want and sometimes it is not. You might find that there are some times of the day when your baby tends to cry a lot, and cannot be comforted. Early evenings is the most common time for this to happen. This can be hard on you as it's often the time when you are most tired and least able to cope.

While some crying is perfectly normal, there is usually a reason for excessive crying. You could try some of the following ideas to help comfort your baby. Some may be more effective than others.

- If you are breastfeeding, let your baby suckle at your breast.
- If you are formula feeding, give your baby a dummy. Sterilise dummies as you would bottles. To avoid tooth decay, don't dip them in anything sweet. Some babies find their thumb instead. Later, some will use a bit of cloth as a comforter; you can wash this as often as you need.
- Hold your baby or put them in a sling, so that they are close to you. Move about gently, sway and dance, talk to them and sing.
- Try rocking your baby backwards and forwards in the pram, or go out for a walk or a drive. Lots of babies like to sleep in cars, and even if they wake up again the minute you stop, at least you will have had a break.
- Find something to listen to or look at – music on the radio or a CD, a rattle or a mobile above the cot.
- Try stroking your baby's back firmly and rhythmically, holding them against you or lying face downwards on your lap. Or undress your baby and massage with baby oil, gently but firmly. Talk soothingly as you do it. Make sure the room is warm enough. Some clinics run baby massage courses – ask your midwife or health visitor.
- Try a warm bath. This calms some babies instantly, but makes others cry even more. It's worth a try, though.
- Sometimes, rocking and singing can keep your baby awake. You might find that lying them down after a feed will help.
- Ask your health visitor or pharmacist for advice.

Helpful tips

Crying during feeds

Some babies cry a lot and seem unsettled around the time of a feed. If you are breastfeeding, you may find that improving your baby's attachment helps them to settle. You can go to a breastfeeding centre or drop-in and ask for help, or talk to your peer supporter or health visitor.

If this doesn't work, try keeping a note of when the crying happens to see if there is a pattern. It may be that something you are eating or drinking is affecting your baby. Some things will reach your milk within a few hours; others may take 24 hours. All babies are different and what affects one will not necessarily affect yours. But drinks and food you might want to think about include drinks containing caffeine, fruit squashes, diet drinks, dairy products and chocolate.

Talk to your health visitor, contact your local breastfeeding centre or call the National Breastfeeding Helpline on 0300 100 0212.

Colic

Excessive crying could be a sign that your baby has colic. Everyone agrees that colic exists but no one knows what causes it. Some doctors think it's a kind of stomach cramp, and it does seem to cause the kind of crying that might go with waves of stomach pain – miserable and distressed, stopping for a moment or two, than starting up again. The crying can go on for some hours and there may be little you can do except try to comfort your baby and wait for the crying to pass.

If you are concerned, talk to your health visitor or GP. It can be a good idea to make a list of the questions you want to ask ('Is my baby poorly?' 'Is there anything I can do to ease my baby's pain?') so you don't forget anything. It can help if you keep a record of how often and when your baby cries, for example after every feed or during the evening. This can help your GP or health visitor to diagnose the problem.

Keeping a record can also help you identify the times when you need extra help. You could also think about possible changes to your routine. For example, if your baby tends to cry a lot in the afternoon and you have got into the habit of going out in the morning, try going out in the afternoon instead and see if that helps.

Coping with a colicky baby is extremely stressful. If nothing helps, ask your GP or health visitor if they can refer you to a paediatrician. Otherwise, it's just a question of hanging on as best you can. It may be hard to imagine, but this stage should only last a few weeks at the most. It may also help to remind yourself that you are not causing the crying and it's not under your control. When you can, take some time out for yourself – even just handing over to someone else for long enough to have a hot soak in the bath in the evening can help. Having a decent meal every day will help you to keep up your energy levels. If a crying baby takes up your whole evening, you could try and make lunch your main meal.

A warning cry

Although all babies cry sometimes, there are times when crying may be a sign of illness. Watch out for any sudden changes in the pattern or sound of your baby's crying. Often, there will be a simple explanation: for example, if you have been going out more than usual, your baby might simply be overtired. But if you think there is something wrong, follow your instincts and contact your GP. See Chapter 8 for more information on what to do if you think your baby is ill.

Coping with excessive crying

There may be times when you are so tired and angry you feel like you cannot take any more. This happens to lots of parents, so don't be ashamed to ask for help. Think about handing your baby over to someone else for an hour. It's really hard to cope alone with a constantly crying baby. You need someone who will give you a break, at least occasionally, to calm down and get some rest. If that is not possible, put your baby in their cot or pram, make sure they are safe, close the door, go into another room, and do what you can to calm yourself down. Set a time limit – say, 10 minutes – then go back.

Talk to a friend, your health visitor or doctor. Or contact Cry-sis (see page 183) – they can put you in touch with other parents who have been in the same situation. See page 28 for more ideas.

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

If you have more than one baby, you may find it helpful to talk through your problems with Twinline (0800 138 0509). If nothing works, ask your midwife, health visitor or GP to check whether there is a reason why your baby will not stop crying.

Remember, this difficult time will not last forever. Your baby will gradually start to take more interest in what is going on around them and the miserable, frustrated crying will almost certainly stop.

WASHING AND BATHING

Washing

You don't need to bath your baby every day but you should wash their face, neck, hands and bottom carefully every day. This is often called 'topping and tailing'. Choose a time when your baby is awake and contented and make sure the room is warm. Get everything ready beforehand. You will need a bowl of warm water, a towel, cotton wool, a fresh nappy and, if necessary, clean clothes.

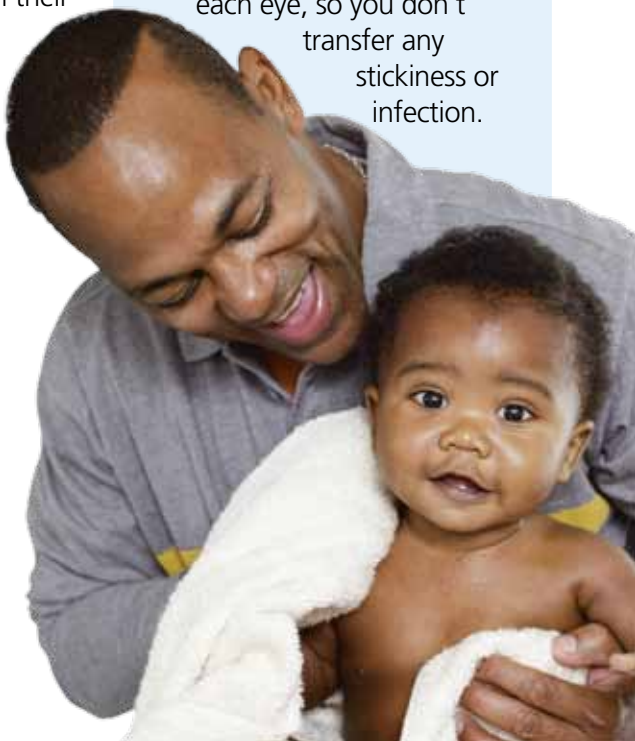
The following might be useful as a step-by-step guide:

STEP 1

Hold your baby on your knee, or lie them on a changing mat, and take off all their clothes apart from their vest and nappy then wrap them in a towel.

STEP 2

Dip the cotton wool in the water (make sure it doesn't get too wet) and wipe gently around your baby's eyes from the nose outward, using a fresh piece of cotton wool for each eye, so you don't transfer any stickiness or infection.



STEP 3

Use another fresh piece of cotton wool to clean around your baby's ears (but not inside them). Never use cotton buds inside the ear canal. Wash the rest of your baby's face, neck and hands in the same way and dry them gently with the towel.

STEP 4

Take off the nappy and wash your baby's bottom (genitals), with fresh cotton wool and warm water. Dry your baby very carefully including in skin folds and put on a clean nappy.

STEP 5

It will help your baby to relax if you keep talking while you wash them. The more they hear your voice, the more they will get used to listening to you and start to understand what you are saying.

healthy and clean

Bathing

Babies only need a bath two or three times a week, but if your baby really enjoys it, bath them every day.

Don't bath your baby straight after a feed or when they are hungry or tired and make sure the room is warm. Have everything you need at hand – a baby bath or washing-up bowl filled with warm water, two towels (in case of accidents!), baby bath liquid (unless your baby has particularly dry skin), a clean nappy, clean clothes and cotton wool.

STEP 1

The water should be warm, not hot. Check it with your wrist or elbow and mix it well so there are no hot patches. Hold your baby on your knee and clean their face, following the instructions given under 'Washing'. Wash their hair next with water or a liquid soap or shampoo designed for babies and rinse carefully, supporting them over the bowl. Once you have dried their hair gently, you can take off their nappy, wiping away any mess.

STEP 2

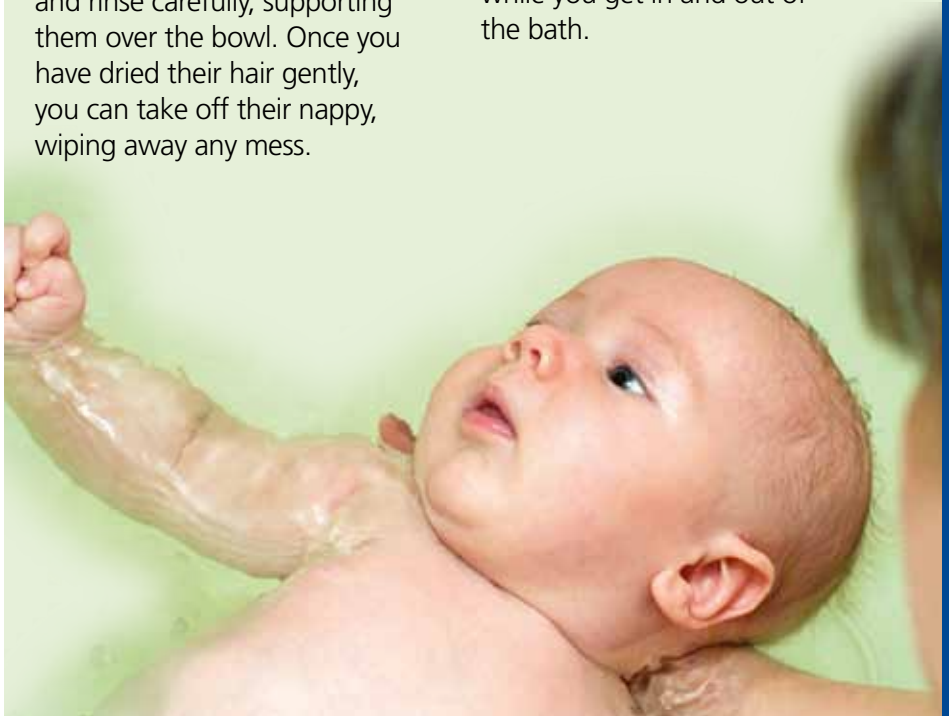
Lower your baby gently into the bowl or bath using one hand to hold their upper arm and support their head and shoulders. Keep your baby's head clear of the water. Use the other hand to gently swish the water over your baby without splashing.

Never leave your baby alone in the bath, not even for a second.

STEP 3

Lift your baby out and pat them dry, paying special attention to the creases. This is a good time to massage some oil or cream (not aqueous cream) into your baby's skin. Don't use anything that contains peanut oil, as some babies are allergic to it. Lots of babies love being massaged and it can help them relax and sleep. It's best if you lay your baby on a towel on the floor as both the baby and your hands can get slippery.

If your baby seems frightened of bathing and cries, you could try bathing together. Make sure the water is not too hot. It's easier if someone else holds your baby while you get in and out of the bath.



NAPPIES

What is in a nappy?

What should my baby's poo (stools) look like?

Your baby's first poo will be made up of something called meconium. This is sticky and greenish black. After a few days, the poo will change to a yellow or mustard colour. Breastfed babies' poo is runny and doesn't smell; formula-fed babies' poo is firmer, darker brown and more smelly. Some infant formulas can also make poo dark green. If you change from breast to formula feeding, you will find your baby's poo becomes darker and more paste-like.

How often should my baby pass a poo?

Some babies fill their nappies at or around every feed. Some, especially breastfed babies, can go for several days or even up to a week without a bowel movement. Both are quite normal. It's also normal for babies to strain or even cry when passing a poo. Your baby is not constipated provided their poo is soft, even if they have not passed one for a few days.

Is it normal for my baby's poo to change?

From day to day or week to week your baby's poo will probably vary a bit. But if you notice a marked change of any kind, such as the poo becoming very smelly, very watery or harder, particularly if there is blood in it, you should talk to your doctor or health visitor. Very pale poo may be a sign of **jaundice**. See page 37 for more information.

Changing nappies

Some babies have very delicate skin and need changing the minute they wet themselves, otherwise their skin becomes sore and red. Others are tougher and get along fine with a change before or after every feed. All babies need to be changed as soon as possible when they are dirty, both to prevent nappy rash and to stop them smelling awful!

Getting organised

Get everything you need in one place before you start. The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby. That way, if you take your eye off the baby for a moment to look after another child, the baby cannot fall and hurt themselves.

Try to sit down, so you don't hurt your back. If you are using a changing table, keep an eye on your baby at all times.

Make sure you have a good supply of nappies – there is nothing worse than running out! If you are using cloth nappies, it might take a little while to get used to how they fold and fit. There are several types of washable nappies available. Some have a waterproof backing and others have a separate waterproof nappy cover. They fasten with either Velcro or poppers. Biodegradable, flushable nappy liners can be useful as they protect the nappy from heavy soiling and can be flushed away.

You will need a supply of cotton wool and a bowl of warm water or baby lotion, or baby wipes. It's also a good idea to make sure you have a spare set of clothes handy, especially in the first few weeks.

Getting started

If your baby is dirty, use the nappy to clean off most of it. Then, use the cotton wool and warm water (or baby lotion or baby wipes) to remove the rest and get your baby really clean. Girls should be cleaned from front to back to avoid getting germs into the vagina. Boys should be cleaned around the testicles (balls) and penis, and the foreskin can be pulled back very gently to clean.

It's just as important to clean carefully when you are changing a wet nappy.

If you like, you can use a barrier cream to help protect against nappy rash (see right). Some babies are sensitive to these creams and thick creams may clog nappies or make them less absorbent. Ask your pharmacist or health visitor for advice.

Washable nappies should be pre-washed to make them softer. Make sure you choose the right size nappy and cover for your baby's weight. Put in a nappy liner, then fasten the nappy on your baby, adjusting it to fit snugly round the waist and legs.

If you are using disposable nappies, take care not to get water or cream on the sticky tabs as they will not stick.

It can help to chat to your baby while you are changing them. Pulling faces, smiling and laughing with your baby will help you bond, and help their development.

Nappy rash

Most babies get nappy rash at some time in the first 18 months. Nappy rash can be caused by:

- prolonged contact with urine or poo
- sensitive skin
- rubbing or chaffing
- soap, detergent or bubble bath
- baby wipes, and
- diarrhoea or other illness.

There may be red patches on your baby's bottom, or the whole area may be red. The skin may look sore and be hot to touch and there may be spots, pimples or blisters.

The best way to deal with nappy rash is to try and avoid your baby getting it in the first place. These simple steps will help:

- Change wet or soiled nappies as soon as possible. Young babies can need changing as many as 10 or 12 times a day, and older babies at least six to eight times.
- Clean the whole nappy area thoroughly, wiping from front to back. Use plain water, or specially formulated baby lotion.
- Lie your baby on a towel and leave the nappy off for as long and as often as you can to let fresh air get to the skin. Use a barrier cream, such as zinc and castor oil.

If your baby does get nappy rash, you can treat it with a nappy rash cream. Ask your health visitor or pharmacist to recommend one. Your baby may have a thrush infection if the rash doesn't go away, or they develop a persistent bright red moist rash with white or red pimples which spreads to the folds of the skin. You will need to use an antifungal cream, available either from the pharmacist or on prescription from your GP. Ask your pharmacist or health visitor for advice.

Nappy hygiene

Put as much of the contents as you can down the toilet. If you are using nappies with disposable liners, the liner can be flushed away. Don't try to flush the nappy itself in case you block the toilet.

Disposable nappies can be rolled up and resealed, using the tabs. Put them in a plastic bag kept only for nappies, then tie it up and put it in an outside bin.

Washable cloth nappies can be machine washed at 60°C, or you could try a local nappy laundry service.

Remember to wash your hands after changing a nappy and before doing anything else to avoid infection.

Helpful tips

Nappy services: the bottom line

If you use disposable nappies, it's worth finding out whether there are any local shops offering a delivery service. If you have opted for washable cloth nappies, you could think about using a nappy laundry service. The cost of buying and washing cloth nappies for two-and-a-half years will range from around £185 to around £352, depending on the type of nappy you use. Nappy laundry services typically cost from £6 to £9 per week. The cost of disposable nappies over the same period ranges from £463 to £732.

A nappy laundry service will take away the soiled nappies and deliver a fresh batch each week. Nappies are washed to hospital disinfection standards and thoroughly rinsed to protect your baby's skin. The service will supply everything you need, including nappies, nappy covers, liners and lidded nappy bins.

TAKING YOUR BABY OUT

Your baby is ready to go out as soon as you feel fit enough to go yourself.

Walking

Walking is good for both of you. It may be easiest to take a tiny baby in a sling. If you use a buggy, make sure your baby can lie down with their back flat.

Travelling by car

It's illegal for anyone to hold a baby while sitting in the front or back seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing baby seat, or in a carrycot (not a Moses basket) with the cover on and secured with special straps.

If you have a car with airbags in the front, your baby **should not travel in the front seat**, even if they are facing backwards, because of the danger of suffocation if the bag inflates.

Some areas have special schemes where you can borrow a suitable baby seat when you and your baby first return from hospital. Ask your midwife or health visitor.

Coping with the weather

Babies get cold very easily, so they should be well wrapped up in cold weather. Take the extra clothing off if you go into a warm place so that your baby doesn't then overheat. You need to do this even if your baby is asleep.

In hot weather, babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough of the pigment called melanin to protect them from sunburn and the risk of future skin cancer. Babies and children with fair or red hair, blue eyes and freckles are especially at risk.

Babies under six months should be kept out of the sun altogether. Protect older children by putting them in loose clothing and using high protection sunscreen (sun protection factor 15+) on any exposed skin. See page 113 for more tips on protecting your child from the sun.

Helpful tips

Carrying your baby

When you carry your baby in either a car seat or a baby seat, try not to hold it with just one hand as this can put a strain on your muscles and joints and give you backache. Instead, hold the seat close to you with both hands.

TWINS, TRIPLETS OR MORE

Parents with one child often think that caring for twins is pretty much the same thing, just doubled! If you have twins (or triplets or more), you will know differently. Caring for twins, triplets or more is very different from caring for two babies or children of different ages. There is a lot more work involved, and you may need to find some different ways of doing things.

You will need as much support as you can get. If you have more than two babies, your local council may be able to provide a home help. A few hours' help with housework each week can make a big difference. The charity Home-Start also provides help for families. Go to www.home-start.org.uk or call 0800 068 6368. Your health visitor will know what is available locally and can help put you in touch with local services.

You might find it useful to talk to other parents with more than one baby. The Twins and Multiple Births Association (Tamba) can provide information about local twins clubs, where you can meet other parents who are in the same situation and get practical support and advice. Tamba's helpline, Twinline, is run by mothers with multiple babies. Call 0800 138 0509.

The Multiple Births Foundation also provides information and advice and can signpost other sources of help and support. Go to www.multiplebirths.org.uk or call 020 8383 3519.

The Parents Centre is a valuable source of information and support for parents with more than one baby. Go to www.parentscentre.gov.uk

YOUR BABY'S HEALTH

Screening and health checks

Over the first few months and years of their life, your baby will be offered a series of tests, assessments and opportunities for contact with health professionals as part of the new Healthy Child Programme. The table on page 36 explains what the tests are and tells you when they will happen.

For more information about any of these tests, or if you are worried about your baby or child's development, contact your health visitor or GP. You can ask them to refer you to a paediatrician.

More information

Find out more about NHS screening programmes at www.screening.nhs.uk

Recognising the signs of illness

Babies often have minor illnesses. There is no need to worry about these. Make sure your baby drinks plenty of fluids and is not too hot. If your baby is sleeping a lot, wake them regularly for a drink.

If your baby has a more serious illness, it's important that you get medical attention as soon as possible. If your baby has any of the following symptoms, you should get **medical attention as soon as you can**:

- a high-pitched or weak cry, less responsive, much less active or more floppy than usual
- very pale all over, grunts with each breath and/or seems to be working hard to breathe
- takes less than a third of their usual amount of fluids, passes much less urine than usual, vomits green fluid, or passes blood in their poo (stools)
- a fever of 38ºC or above (if they are less than three months old) or 39ºC or above (if they are aged between three and six months)
- a dry mouth, no tears, sunken eyes or a sunken area at the soft spot on their head (all signs of dehydration), and/or
- a rash that doesn't disappear when you apply pressure.

Screening and health checks

Age	Test	What is it?	Comments
From one day	Newborn hearing	A test to check whether your baby's hearing is normal	This can be done either before you go home from hospital, in your home or at the clinic, and should be done by one month. See page 69 for more information
Between one and three days	Newborn physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus a general physical examination	The test can be carried out by a 'baby doctor' or specially trained midwife. It doesn't have to be done before you leave hospital
Between five and eight days	Newborn bloodspot	A heel-prick blood test for phenylketonuria, congenital hypothyroidism, cystic fibrosis and sickle cell disorders	In some areas the test also includes MCADD, a metabolic disorder
Six to eight weeks	Physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus weighing and a general physical examination	You will also be asked whether your baby is being breast or formula fed
Eight weeks onwards	Immunisations		Immunisations are routinely offered at eight, 12 and 16 weeks, 12 and 13 months, and three years four months. See page 99 for more information
Six to eight months	Hearing assessment	Infant distraction test	This test will be offered if your baby did not have the newborn hearing test. See page 69 for more information
Eight to 36 months	General reviews		You may be offered a general review of your child's well-being at 8 to 12 months and again at around two to two-and-a-half years
Four to five years	School entry screening	Vision screening, height and weight check and hearing test	Your child may also be offered a general health review

When it's urgent

You **must get immediate medical attention** if your baby:

- stops breathing
- is unconscious or seems unaware of what is going on
- will not wake up
- has a fit for the first time, even if they then seem to recover, or
- is struggling to breathe (for example, sucking in under the ribcage).

Dial 999 and ask for an ambulance.

Cot death

Remember, cot death is rare, so please don't let it worry you and stop you enjoying your baby's first few months. Research is continuing to help us understand more about cot death and, since parents and carers have been following the advice given on page 26, the number of babies dying has fallen by over 70%.

Some parents find it reassuring to use a breathing monitor. However, there is no evidence that these prevent cot death and normal, healthy babies do not need them. If you are worried, talk to your GP. You might want to discuss immunisation, as this has been shown to reduce the risk of cot death.

Help and support

The Foundation for the Study of Infant Deaths runs a helpline for parents and carers with questions about safe sleeping and reducing the risk of cot death. Call 020 7233 2090 or email helpline@fsid.org.uk

Jaundice

Jaundice is a yellowing of the skin and eyes. It happens when the liver cannot excrete enough of a chemical waste product called bilirubin. Some babies are born with jaundice and may need special care. Others can develop jaundice between two and four days after birth. It can last for up to two weeks.

If your baby develops jaundice, talk to your midwife or health visitor. They can advise you whether or not you need to see your GP.

It's important to **carry on breastfeeding** if you can, as your milk can help clear the jaundice. Babies with jaundice are often sleepy and might not ask for feeds as often as they should (by day three, babies should be having eight or more feeds in 24 hours). You can help your baby by waking them regularly and encouraging them to feed. If you are advised to stop breastfeeding, express (and freeze) your milk until you can start breastfeeding again.

If your baby is still jaundiced after two weeks, go to your GP. They can refer you to a paediatrician, who may take a blood test to check the levels of the pigment that causes the yellowing.

You should also tell your midwife, doctor or health visitor if your baby is passing pale poo, even if your baby doesn't look jaundiced. They can arrange any tests your baby might need.

Vitamin K deficiency

We all need vitamin K to make our blood clot properly so that we don't bleed too easily. Some newborn babies have too little vitamin K. Although this is rare, it can be dangerous, causing bleeding into the brain. This is called 'haemorrhagic disease of the newborn' or 'vitamin K deficiency bleeding' (VKDB). To reduce the risk, your baby can be given a dose of vitamin K through either a single injection or several doses by mouth. Ask your GP or midwife to talk you through the options.

More information

For more information on antenatal and postnatal mental health and what you can expect from the health services, go to www.nice.org.uk/Guidance/CG45. You may also find it helpful to contact the Association for Post-Natal Illness or the NCT, or log on to www.netmums.com (see the useful organisations section for contact details).

YOUR HEALTH

During the first week after childbirth, many women get the 'baby blues'. Symptoms can include feeling emotional and irrational, bursting into tears for no apparent reason, feeling irritable or touchy or anxious and depressed.

These symptoms are probably caused by the sudden hormonal and chemical changes that happen after childbirth. They are perfectly normal and usually last for only a few days.

Postnatal depression

Sometimes, though, the baby blues just will not go away. Postnatal depression is thought to affect around 1 in 10 women (and up to 4 in 10 teenage mothers). Although it's very common, many women suffer in silence.

Postnatal depression usually occurs two to eight weeks after the birth, although it can happen at any time up to a year after your baby is born. 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.

Some other signs of postnatal depression are:

- anxiety
- panic attacks
- sleeplessness
- aches and pains or feeling unwell
- memory loss or lack of concentration
- feeling like you cannot cope
- constant crying
- loss of appetite
- feelings of hopelessness
- not being able to enjoy anything, and/or
- loss of interest in your baby or over-anxiousness about your baby.

For more information about postnatal depression, see page 143.

Women with twins, triplets or more may suffer from postnatal and longer-term depression because of the extra stress of caring for more than one baby. Planning ahead, by getting information and advice on feeding and caring for two or more babies before they are born, can help prepare you to cope and give you more confidence. See page 35 for more on coping with twins, triplets and more.

Help and support

Your local Sure Start Children's Centre can also put you in touch with your nearest postnatal group. This is a good way of meeting other mums and getting involved in social activities. Groups also offer help with parenting skills. Some areas have groups specifically for young parents.

If you think you may be suffering from postnatal depression, **don't struggle on alone**. It doesn't mean you are a bad mother or that you cannot cope. Postnatal depression is an illness, so ask for help just as you would if you had the flu or had broken your leg. Talk to someone you can trust, such as your partner or a friend, or ask your health visitor to call in and see you. Many health visitors have been trained to recognise postnatal depression and have been taught techniques for dealing with it. Even if they cannot help you, they will know someone in your area who can.

You should also see your GP. If you don't feel up to making an appointment, ask someone to do it for you or ask the doctor to visit you at home. Milder cases of postnatal depression can usually be dealt with by a health visitor or therapist. In more serious cases, your GP may prescribe anti-depressants. Some are safe to take while you are breastfeeding, so check that you are on the right one. Your GP may also refer you to a specialist.

Puerperal psychosis

This is an extremely rare condition, affecting only one or two mothers in every thousand. You are more likely to be affected if you have severe mental illness or have a past history of severe mental illness, or if there is a family history of perinatal mental illness. Puerperal psychosis is a serious psychiatric illness, requiring urgent medical or hospital treatment. Usually, other people will notice the mother acting strangely.

Women suffering from puerperal psychosis should be admitted to a specialist mother and baby unit so they can be treated without being separated from their baby. Most women make a complete recovery, although this may take a few weeks or months.

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) can occur on its own or alongside postnatal depression. It's not clear why women develop PTSD, but there may be a link between the condition and feeling 'out of control' and/or being very frightened during the birth. Sometimes women worry that they might die, or that their baby might die.

The symptoms include:

- flashbacks
- nightmares
- panic attacks
- feeling emotionally 'numb'
- sleeping problems
- feeling irritable or angry, and/or
- irrational behaviour.

If you think you might be suffering from PTSD, you **must** talk to someone about how you are feeling. Your midwife, GP or health visitor will be able to advise you where to go for help. Don't be ashamed of how you are feeling. You are not alone, and remember, you **will** get better. Accepting that you need help is the first step towards recovery.

The Association for Post-Natal Illness and www.netmums.com can help. See pages 182 and 185 for contact details. They can offer information and advice, and put you in touch with other mothers who've experienced depression and know what it's like.

steps towards recovery

3 INTRODUCING YOUR BABY TO SOLID FOOD

Food is one of life's greatest pleasures. Yet it's also a source of worry for many parents. What should my baby or child be eating? How do I encourage them to eat lots of different foods that will help to keep them healthy? Can I afford to feed them the right things? The next few pages will give you some basic guidelines on how to introduce your baby to solid foods and eating with the rest of the family.

FEEDING YOUR BABY

When to start solid foods?

Health experts agree that about six months is the best age for introducing solids. Before this, your baby's digestive system is still developing, and introducing solids too early can increase the risk of infections and allergies. It is also easier to do this at six months.

- For the first six months, babies only need breastmilk (or infant formula milk).
- It's normal for babies aged three to five months to start waking up in the night. This doesn't necessarily mean they are hungry. At this age, their digestive system is still developing and they are probably not ready for solid food.
- By about six months, most babies are ready to start on solid food. At this age they may be able to sit up, wanting to chew and putting toys and other objects in their mouths, and reaching and grabbing for things.
- Introducing a good variety of healthy foods from the start will help lay the foundations for healthy growth and development.
- Eating with the family and sharing the same foods will help your baby learn valuable social skills too.

start on solid food at about 6 months

If your baby seems hungrier at any time before six months, offer extra breastfeeds. Many mothers find that as their baby grows and gets heavier it can be very useful to make sure the baby's attachment at the breast is as good as it can be – this enables the baby to build up your supply again really quickly so that it is meeting their needs.

Trying an extra feed for a formula-fed baby can also meet their needs.

Babies who were born prematurely may be ready at different times. Ask your health visitor for advice on what is best for your baby.

It's normal for babies aged three to five months to start waking in the night, even if they have been sleeping right through. It's not necessarily a sign of hunger, and starting solids will not make them any more likely to sleep through the night again. Babies often wake at night during the first year and will gradually learn to settle themselves back to sleep.

Eating as a family

Have your baby eating with the family as early as possible. Breastfed babies have been enjoying the tastes and flavours of the foods you have been eating through your milk. This seems to help them to accept and eat foods more easily as they get older.

Sitting your baby in a high chair at the table means that you can smile and talk to them while they eat so that they feel included. Give your baby the same food as the rest of the family, mashed or cut up into small pieces. Babies should not eat much salt, so you should not add any to your baby's food. Encourage babies and young children to feed themselves with finger foods, and let them decide when they have had enough.

Don't worry if they make a mess! It's natural for babies to want to touch or play with their food when they are beginning to feed themselves. It's all part of the learning process. Put a plastic tablecloth, newspapers or an old sheet or towel on the floor to make it easier to clean up afterwards.

Helpful tips

Introducing solids before six months

Around six months is the ideal time to introduce solid foods. If you do decide to introduce your baby to solid foods before six months, there are some foods you should avoid as they may cause allergies or make your baby ill. These include wheat-based foods and other foods containing gluten (for example bread, rusks and some breakfast cereals), eggs, fish, liver, shellfish, nuts, seeds and soft and unpasteurised cheeses. Ask your health visitor for advice. See page 43 for more information on healthy foods for your baby.

Getting started

The idea of introducing solids is to introduce your baby gradually to a wide range of different textures and tastes so they can join in family meals. Introducing a variety of foods will also help make sure your baby's diet is nutritionally balanced.

Babies often like to start by holding foods such as vegetables cut into sticks or fruit.

Babies can help themselves to mashed foods. Some mothers may spoon-feed their baby but they will soon be able to do it themselves.

Some babies take time to learn to eat new foods. Your baby will be finding out about different tastes and textures and that food doesn't come in a continuous flow. This may take time and you should be prepared for some mess! **Never leave your baby alone when eating.**

Solid foods and milk

You will find that as your baby eats more solid foods, the amount of milk they want will start to reduce. Once your baby is eating plenty of solids several times a day, you may find that they take less milk at each feed or even drop a milk feed altogether.

Helpful tips

These points may help when your baby starts to eat solid foods:

- It needs to be a relaxed time – not when you are in a hurry or the baby is unsettled.
- To eat solid foods your baby has to learn to move food from the front of their tongue to the back so that they can swallow it. Some seem to do this really quickly and others take longer – that is OK, it's more important to go at your baby's pace.
- Your baby should be sitting up straight and facing the food. This will make it easier for them to explore foods and they will be less likely to choke. A high chair may be useful.
- Everything you use for feeding your baby should be really clean (see page 43 for more information about safety and hygiene). It's better to spoon out the amount you think your baby will eat and heat this, rather than heating a large amount that then goes to waste. You can always heat up more if it's needed. Some babies are happy to eat food that has not been heated.
- At first your baby will only need small amounts to try.
- Cover the floor with newspaper or a protective mat and use a bib to catch food spills – introducing solids can be a messy business!
- Feeding your baby is a great opportunity to communicate, so keep talking to them the whole time. This will help them to relax while they are eating. You will usually be sitting facing them, so they can really concentrate on what you are saying. Initially, your sentences can be very short ('More?'). As your child gets older, you can start offering more choices and using more complex language ('Do you want milk or juice?').

- Babies love to explore and do things for themselves – it is how they learn new skills – so encourage your baby by giving finger foods so that they can do it for themselves.
- **Never** leave your baby alone when eating as they could choke. For further information on choking, see page 134.

How will I know when my baby has had enough?

Most babies know when they have had enough to eat, so don't try and persuade your baby to take more food than they want. Babies are telling you they have had enough when they:

- turn their head away
- keep their mouth shut
- push the bowl or plate away or on to the floor
- scream or shout
- keep spitting food out, and/or
- hold food in their mouth and refuse to swallow it.

It doesn't really matter how much they eat; the important thing is to get them trying lots of different things. Give your baby plenty of attention, chat and enjoy meals together, and don't pressure them when they refuse food.

go at your baby's pace

Safety and hygiene

Babies and young children are especially vulnerable to the bacteria that can cause food poisoning. Following a few simple guidelines will help to protect them from germs.

Dos:

- Always wash your hands well before preparing food.
- Check that your child's hands are clean before feeding.
- Keep surfaces clean and keep any pets away from food or surfaces where food is prepared.
- Keep chopping boards and utensils thoroughly clean.
- Keep cooked and raw meats covered and away from each other and from other foods in the fridge. Always wash your hands after touching raw meat.
- Thoroughly wash all bowls and spoons for feeding in hot soapy water.
- When reheating food, make sure it's piping hot all the way through and then let it cool down before giving it to your child. If you are using a microwave, always stir and check the temperature before feeding it to your child. Don't reheat cooked food more than once.
- Cook all food thoroughly and cool it to a lukewarm temperature before giving it to your baby.
- Wash and peel fruit and vegetables, such as apples and carrots.
- Teach your children to wash their hands after touching pets and going to the toilet, and before eating.

Don'ts:

- Don't save and reuse foods that your child has half eaten.
- Avoid raw eggs – this includes uncooked cake mixture, homemade ice creams, mayonnaise or desserts that contain uncooked raw egg. Always cook eggs until the yolk and the white are firm.
- Avoid shellfish.
- Don't give children food or drink when they are sitting on the potty.

For more information on food safety and hygiene, go to the 'Eat well, be well' website at www.eatwell.gov.uk

Storing and reheating food

Cool food as quickly as possible (ideally within one to two hours) and put it in the fridge or freezer. Food placed in the fridge should be eaten within two days. Frozen food should be thoroughly defrosted before reheating. The safest way to do this is in the fridge overnight or using the defrost setting on a microwave. Reheat food thoroughly so it is piping hot all the way through, but remember to let it cool down before offering it to your baby. To cool food quickly, put it in an airtight container and hold it under a cold running tap, stirring the contents from time to time so they cool consistently all the way through.

Choosing foods for your baby

First foods

Your baby's first solid foods need to be simple foods that they can easily digest, like vegetables, fruit or rice. Around six months of age, babies can eat finger foods – this means food that is big enough to be held in their hand and stick out the top of their fist. Food cut into pieces that are adult finger sized usually works well. Try:

- sticks of cooked parsnip, potato, yam, sweet potato or carrot (or mash them to begin with)
- banana, avocado, cooked apple, peach, melon or pear
- pieces of raw apple (large enough for your baby to gnaw on)
- rice (mashed, puréed or baby rice to begin with) and rice cakes
- fingers of toast, pitta bread or chapatti
- cooked pasta twists and other shapes.

See how your baby responds to different flavours and textures and get them used to chewing to help the development of their speech muscles. At this stage, how much your baby takes is less important than getting them used to the idea of eating.

avoid certain foods

Giving your baby a varied diet

When you are both ready, you can start to increase the amount of solid food your baby is getting. Your baby is the best guide to how much solid food you need to give. Aim to go from offering solid food once a day to providing it at two and then three feeds. Offering different foods at each of the three meals will give your baby more variety and will help them to get used to different tastes.

The aim is for your baby to get used to eating a wide variety of ordinary foods and to your pattern of eating – say, three meals a day with a drink at each meal and two or three small, healthy snacks. Giving them a wide variety of foods that you and your family usually eat will help reduce the risk of them being fussy about what they eat later on.

avoid adding salt

Foods to avoid

Salt. Babies should not eat much salt as their kidneys cannot cope with it. This means that you should not add salt to your baby's food or use stock cubes or gravy, as they are often high in salt. Remember this when you are cooking for the family if you are planning to give the same food to your baby, and always check food labels.

Sugar. Your baby doesn't need sugar and by avoiding sugary snacks and drinks you will help to prevent tooth decay. Use mashed banana, breastmilk or formula milk to sweeten food if necessary.

Honey. Very occasionally honey contains bacteria that can produce toxins in a baby's intestines, leading to a very serious illness (infant botulism), so it's best not to give your child honey until they are one year old. Honey is a sugar, so avoiding it will help prevent tooth decay as well.

Helpful tips

Ready-prepared baby foods

It can be useful to have a few jars, tins or packets of baby food in the cupboard, but don't use them all of the time. If you buy baby foods:

- check the 'use by' date
- check that the seals on cans and jars have not been broken
- carefully read the instructions for preparing the food
- choose 'sugar-free' foods, or foods with no added sugars or sweeteners.

Note that although the labels on some baby foods say 'suitable from four months', health experts agree that around six months is the best age to start introducing solid foods.

Remember to check the label of any food product you use to make family meals. Many sauces, soups, breakfast cereals and ready-prepared meals are high in salt and sugars. Try to look out for healthier versions.

Choking

Babies can choke on hard foods such as raw carrot sticks or large pieces of apple, small round foods like grapes and cherry tomatoes, and foods with skin (like sausages) or bones (like fish). Peel the skin off fruit and vegetables and remove all bones. You could also cut food into small pieces and lightly cook vegetables like carrots before feeding them to your baby. It's also important not to leave your child alone when they are eating. Babies should not eat when lying back or when on the move.

Getting into good habits

Feeding your baby a varied and balanced diet will give them the best chance of growing up into a healthy child and adult. It's much easier to establish good eating habits from the start, as it can be hard to change things once your baby is older. Up to 12 months, babies are usually willing to try new foods, so this is a good time to introduce a wide variety of foods with different tastes and textures. Wherever possible, offer them the same food as you are giving the rest of the family.

The easiest way to do this is by giving them a small mashed-up portion of whatever you are eating. It's cheaper, you will know what has gone into it (especially important if, for example, your family only eats halal meat) and it will help your baby get used to eating like the rest of the family.

Preparing larger quantities than you need and freezing small portions for later can also save time and effort.

Your baby's diet should include foods from each of the following food groups:

- fruit and vegetables, and
- bread, rice, potatoes, pasta and other starchy foods
- meat, fish, eggs, beans and other non-dairy sources of protein
- milk and dairy products (in addition to breastmilk and infant formula feeds).

Red meat (beef, lamb and pork) is an excellent source of iron. (For further information, see page 51.)

Sources of vitamin A

- Dairy products
- Margarines
- Carrots and dark green vegetables (e.g. spinach, cabbage and broccoli)

Sources of vitamin C

- Oranges and orange juice
- Kiwi fruit, blackcurrants, mangoes, nectarines and strawberries
- Peppers, cabbage, tomatoes and broccoli

Sources of vitamin D

- Exposure to summer sunshine
- Margarines
- Fortified breakfast cereals
- Salmon, sardines, taramasalata and herring

Find out more about vitamin drops or supplements on page 48.

Nuts. Whole nuts, including peanuts, should not be given to children under five years in case they choke. As long as there is no history of food or other allergies in your family, you can give your baby peanuts, as long as they are crushed or ground into peanut butter. See pages 15 and 58 for information about peanut allergies.

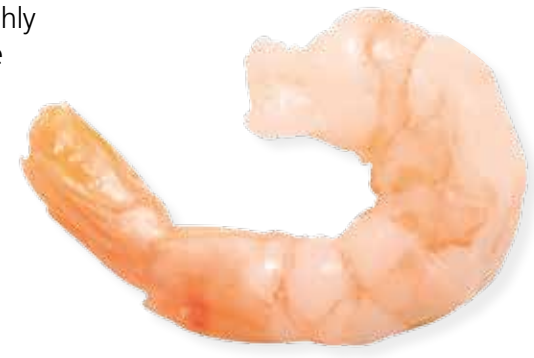
Low-fat foods. Fat is an important source of calories and some vitamins for babies and young children. It's better for babies and young children under two to have full-fat milk, yoghurt and cheese rather than low-fat kinds of milk, yoghurt, fromage frais, cheese or spreads.

Shark, swordfish and marlin. The levels of mercury in these fish can affect a baby's growing nervous system.

Raw shellfish. Raw shellfish can increase the risk of food poisoning so it's best not to give this to babies.

Eggs. Eggs can be given to babies over six months, but make sure they are thoroughly cooked until both the white and the yolk are solid.

avoid risky foods



Food allergies

Babies are more likely to develop allergies where there is a history of atopy (eczema, asthma, hayfever or food allergies) in the family. If this applies to you, it is strongly recommended that you breastfeed exclusively for about the first six months. If you are not breastfeeding, ask your midwife's, health visitor's or GP's advice about what kind of formula to give your baby. Soya-based infant formulas should only be used on the advice of a GP. Follow-on formula should not be given to babies under six months.

For more information on food allergies (including peanut allergies), see page 58.

Some meal ideas to try

Breakfast

- Porridge or unsweetened cereal mixed with whole cows' milk or your baby's usual milk with mashed ripe pear.
- Wholewheat biscuit cereal with milk and stewed fruit.
- Mashed banana and toast fingers.
- Boiled egg and toast fingers with slices of ripe peach.
- Stewed apple, yoghurt and unsweetened breakfast cereal.

Lunch or tea

- Cauliflower cheese with cooked pasta pieces.
- Mashed pasta with broccoli and cheese.
- Baked beans (reduced salt and sugar) with toast.
- Scrambled egg with toast, chapatti or pitta bread.
- Cottage cheese dip with pitta bread and cucumber and carrot sticks.
- Small pieces of soft ripe peeled pear or peach.
- Stewed fruit and custard.
- Plain fromage frais with stewed apple.

Dinner

- Cooked sweet potato with mashed chickpeas and cauliflower.
- Shepherd's pie with green vegetables.

- Rice and mashed peas with courgette sticks.
- Mashed cooked lentils with rice.
- Minced chicken and vegetable casserole with mashed potato.
- Mashed canned salmon with couscous and peas.
- Fish poached in milk with potato, broccoli and carrot.

introduce foods one at a time

Helpful tips

Although you should not give your baby cows' milk to drink, you can use it in cooking. Milk-based puddings like yoghurt or rice pudding are also good options. If they have eaten a milky pudding, you may find that your baby no longer needs a milk feed after their meal.

You can continue to breastfeed or you can give your baby between 500 and 600ml (about a pint) of infant formula a day until they are at least a year old. Breastfeeding will continue to benefit you and your baby for as long as you choose to carry on. To help prevent tooth decay it's best to avoid sugary or sweetened drinks.

Beakers and cups

It's a good idea to introduce a cup rather than a bottle from about six months onwards. By the time your baby is one they should have stopped using bottles with teats, otherwise they may find it hard to break the habit of comfort sucking on a bottle. Using an open cup or a free-flow cup without a valve will also help your baby learn to sip rather than suck, which is better for their teeth. Comfort sucking on sweetened drinks is the major cause of painful tooth decay in young children. So if you use a bottle or trainer cup, it's best not to put anything in it other than formula or breastmilk or water.

Choosing a beaker or cup

It's important to choose the right kind of beaker or cup. A free-flow lidded beaker is better than a bottle or beaker with a teat. Drinks flow very slowly through a teat, which means that children spend lot of time with the teat in their mouth. This can delay speech development and damage teeth (especially if they are drinking a sweetened drink). As soon as your child is ready, encourage them to move on from a lidded beaker to drinking from a cup. Non-spill (valved) cups are not recommended as they encourage longer drinking times. Using lidded free-flow cups instead will help your baby to learn to sip not suck.

Nine months and over

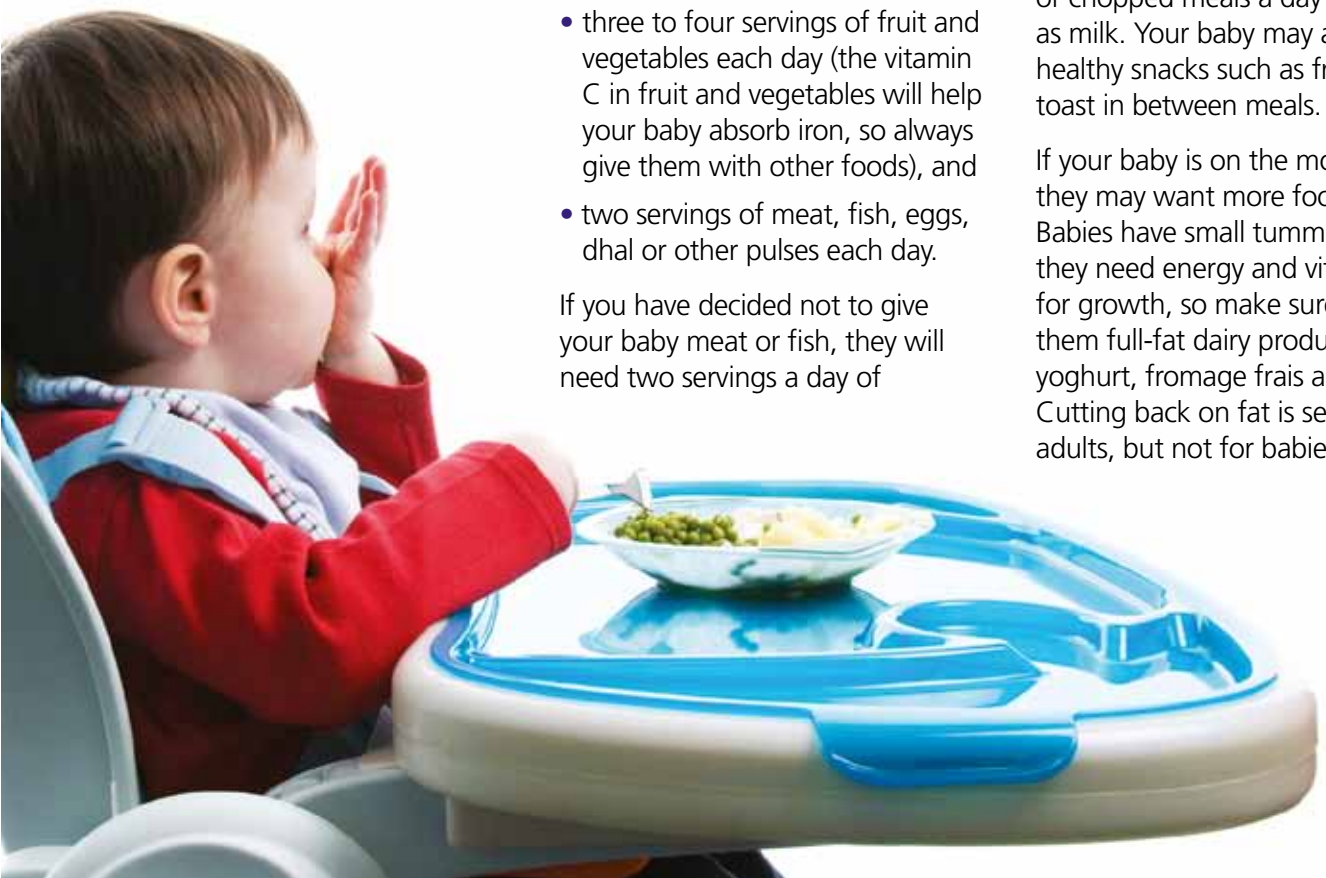
From about nine months onwards, you can offer your baby:

- three to four servings of starchy food, such as potato, bread and rice, each day
- three to four servings of fruit and vegetables each day (the vitamin C in fruit and vegetables will help your baby absorb iron, so always give them with other foods), and
- two servings of meat, fish, eggs, dhal or other pulses each day.

If you have decided not to give your baby meat or fish, they will need two servings a day of protein-rich foods, like pulses (dhal, split peas or hummus), tofu, textured vegetable protein (TVP) or eggs.

By now, your baby can fit in with the family by eating three mashed or chopped meals a day as well as milk. Your baby may also like healthy snacks such as fruit or toast in between meals.

If your baby is on the move, they may want more food. Babies have small tummies and they need energy and vitamins for growth, so make sure you give them full-fat dairy products such as yoghurt, fromage frais and cheese. Cutting back on fat is sensible for adults, but not for babies.



Healthy Start

If you have children under four or are pregnant and on benefits, or if you are pregnant and under 18, you could qualify for Healthy Start. If you are getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Child Tax Credit (or Working Tax Credit run-on) and have a family income of £16,040 or less (in 2009/10) you could get Healthy Start vouchers and vitamin supplements.

Healthy Start vouchers are worth £3.10 each. Children under a year get two vouchers per week; older children get one voucher per week. Vouchers can be spent on cows' milk, fresh fruit and vegetables or infant formula milk.

For more information see the Healthy Start leaflet HS01, *A Healthy Start for Pregnant Women and Young Children*. You can pick up a copy from your local health centre or clinic, or call 0845 607 6823 to ask for one. You can also find out about Healthy Start at www.healthystart.nhs.uk

See Chapter 11 for more information on benefits.

Vitamins

If you are breastfeeding your baby, you should take a vitamin D supplement (see the box below). If your baby is six months or older, and/or is drinking less than 500ml (1 pint) of formula milk per day, give them vitamin drops containing vitamins A, C and D. It's especially important to give vitamin drops to children who are fussy about what they eat, children living in northern areas of the UK and those of Asian, African and Middle Eastern origin.

Too much of some vitamins is as harmful as not enough. So be careful not to give your baby two supplements at the same time. For example, don't give them cod liver oil as well as vitamin drops – one on its own is strong enough.

Your health visitor can give you advice on vitamin drops and tell you where to get them. You will be able to get vitamin drops free if you qualify for Healthy Start (see above).

Vegetarian and vegan diets

The advice on introducing solid food to babies who are on a vegetarian or vegan diet is exactly the same as for babies on any other diet. See page 52 for advice on ensuring your vegetarian or vegan toddler or child is getting the nutrients they need for healthy growth and development.

Vitamin D

Vitamin D only occurs naturally in a few foods such as oily fish. It is also made by the skin when it is exposed to gentle sunlight between April and September. Encourage your children to play outside, but remember that children burn easily, especially those with fair skin. Children should not be out for too long in the sun in hot weather and never let their skin turn red or burn (see page 113 for advice about safety in the sun).

Remember, you should take a vitamin D supplement throughout pregnancy to ensure you have enough vitamin D for your baby.

If you have not taken a vitamin D supplement during pregnancy, and if you are breastfeeding, your baby will particularly benefit from starting vitamin drops at one month and continuing until they are five. If you wear concealing clothes when outdoors, you may be advised to give your children vitamin drops from one month, as they will be at higher risk of deficiency. For more information on vitamin D, including who is at risk of vitamin D deficiency and why it is important, visit www.healthystart.nhs.uk

FEEDING YOUR YOUNG CHILD

By the time your child is starting to stand up and take their first steps, they will be joining in family meals. As they get more active and use more energy, they will need a varied, energy-rich diet for good health and growth. Babies and children under two have small tummies and cannot eat large amounts of food all in one go, so they need small meals with healthy snacks in between. Like the rest of the family, your toddler needs to eat a variety of foods from the four groups:

- fruit and vegetables
- bread, other cereals and potatoes
- meat, fish and other proteins
- milk and dairy products.

Babies and children (and adults!) should not eat many foods containing fat and sugar, like biscuits, cakes, puddings, ice cream, fats and oils. It's OK to give your child chocolate and sweets occasionally. If you do, it's best to give them at the end of a meal, which helps to reduce the risk of tooth decay.

Milk and dairy products

Young children still need milk. Whole milk and full-fat dairy products are a good source of vitamin A, which helps the body to resist infections and is needed for healthy skin and eyes.

After the age of one, children need less milk than they do as babies. Give smaller drinks of milk in cups or beakers, not bottles (see page 47 for more information about choosing the right cup or beaker).

At this age, you can replace formula or follow-on with cows' milk or if you are breastfeeding you can just carry on. About three servings per day of milk, either as a drink or in the form of milk-based dishes, cheese, yoghurt or fromage frais, will provide the calcium your child needs to develop strong bones and teeth.

You should use whole milk and full-fat dairy products until your child is two. Children under two need the extra fat and vitamins in full-fat dairy products. Semi-skimmed milk can be introduced from two years of age, provided your child is a good eater and growing well. Skimmed milk doesn't contain enough fat so is not recommended for children under five.

Some ideas to try

Milk

- Porridge, hot oat cereal or cornmeal made with whole milk.

- Breakfast cereals with milk.
- Vermicelli cooked in whole milk.
- Rice pudding, custard or bread-and-butter pudding.
- Dairy ice cream made with milk.

Cheese

- Macaroni cheese, cheese on toast, cheese on vegetables and bakes.
- Vegetable soup with grated cheese.
- Chunks of cheese and pieces of fruit.
- Cottage cheese dips.

Yoghurt and fromage frais

- Add raw or cooked fruit (fresh, frozen or canned) to full-fat yoghurt or fromage frais.
- Add yoghurt to curry.

starch and vegetables

Bread, other cereals and potatoes

Starchy foods provide energy, nutrients and some fibre. Whether it's bread or breakfast cereals, potatoes or yams, rice or couscous, pasta or chapattis, most children don't need much encouragement to eat foods from this group. Serve them at all meals and as some snacks. Let your child try lots of different varieties of starchy foods. For more information on fibre, see 'Eating as a family' on page 55.

Fruit and vegetables

Fruit and vegetables contain lots of vitamins, minerals and fibre and they liven up meals with a variety of colours, textures and flavours. It's good to try to introduce lots of different types from an early age, whether fresh, frozen, canned or dried.

Try to make sure fruit and vegetables are included in every meal. If possible, give a mix of green vegetables (like broccoli and cabbage) and yellow or orange vegetables (like swede, carrots and squash) and fruit (like apricots, mangoes and peaches). Orange fruit and vegetables contain beta-carotene, the plant form of vitamin A. Also try to include some citrus fruits (like satsumas or oranges) and some salad (such as peppers and tomatoes) for vitamin C, which may help the absorption of iron from other foods (see opposite for more on how to make sure your child is getting enough iron).

Different fruits and vegetables contain different vitamins and minerals, so the more different types your toddler eats the better, but don't worry if they will only eat one or two. You can keep giving them small amounts of other fruit and vegetables every so often so they can learn to like the taste.

Some ideas to try

Snacks

- Fruit and vegetable sticks or pieces.
- Breakfast cereals (not sugar-coated).
- Popcorn or breadsticks.
- Toast, bagels, bread buns or potato cakes.
- Fingers of toasted white bread covered with cheese spread.

More substantial meals

- Baked potatoes with baked beans and cheese.
- Pasta with vegetable, meat, fish or cheese sauces.
- Pitta bread filled with cream cheese, ham or fish.
- Couscous mixed with peas and flaked fish or cooked minced meat.
- Noodles or rice mixed with shredded omelette and vegetables.
- Chapattis with dhal.

You can try giving your child wholegrain foods, like wholemeal bread, pasta and brown rice as well. It's best to introduce these gradually, so that by the time children are five they are used to a healthy adult diet.

It's not a good idea to give wholegrain foods only, because they can fill your child up before they have taken in the calories they need. Don't add bran to cereals or use bran-enriched cereals as they can interfere with your child's ability to absorb iron.

Lots of children don't like cooked vegetables but will nibble on raw vegetables – like sticks of carrot or courgette – while you are preparing a meal. Your child might be more likely to eat vegetables if they are given in different ways – for example on the top of a pizza or puréed in a sauce. If your child flatly refuses to eat vegetables, keep trying but offer them plenty of fruit too and try not to make a big fuss if they refuse. It can help if you show them that you like eating vegetables. Give vitamin drops as a safeguard (see page 48 for more about vitamins).

Meat, fish and other proteins

Young children need protein and iron to grow and develop. Meat, fish, eggs, nuts, pulses (like beans, lentils and peas) and foods made from pulses (like tofu, hummus and soya mince) are excellent sources of protein and iron. Try to give your toddler one or two portions from this group each day.

Meat and fish also contain zinc, which is important for healing wounds and making many of the body's processes function properly. Zinc can be in short supply in toddlers' diets.

You can give boys up to four portions of oily fish (such as mackerel, salmon and sardines) a week, but it's best to give girls no more than two portions a week.

For further information visit www.eatwell.gov.uk

Helpful tips

Getting enough iron

Iron is essential for your child's health. Lack of iron can lead to anaemia, which can hold back your child's physical and mental development. Children who carry on drinking too much milk are most at risk of anaemia.

Iron comes in two forms. One is found in meat and fish and is easily absorbed by the body. The other is found in plant foods and is not as easy for the body to absorb. Even a small amount of meat or fish is useful because it also helps the body to absorb iron from other food sources. If your child doesn't eat meat or fish, you can make sure they are getting enough iron by giving them plenty of:

- fortified breakfast cereals
- dark green vegetables
- breads
- beans, lentils and dhal, and
- dried fruit, such as apricots, figs and prunes.

It's also a good idea to give foods or drinks that are high in vitamin C at mealtimes, as vitamin C may help your child absorb iron from non-meat sources. Tea and coffee reduce iron absorption, so don't serve these.

Smart ways with vegetables

- Top pizza with favourite vegetables or canned pineapple.
- Give carrot sticks, slices of pepper and peeled apple for snacks.
- Mix chopped or mashed vegetables with rice, mashed potatoes, meat sauces or dhal.
- Mix fruit (fresh, canned or stewed) with yoghurt or fromage frais for a tasty dessert.
- Chop prunes or dried apricots into cereal or yoghurt, or add to a stew.

Some ideas to try

Tasty snacks

- Mashed canned sardines on fingers of toast.
- Pitta pockets filled with canned salmon and salad.
- Scrambled egg on toast with tomato slices.

More substantial meals

- Beans, lentils and peas made into delicious soups or stews.
- Grilled sausages with baked beans (reduced salt and sugar) and mashed potato.
- Spaghetti bolognese made with lean mince and served with vegetables.
- Chickpea curry with vegetables and chapattis.
- Grilled fish fingers with potatoes and peas.
- Stir-fried chicken and vegetables with rice.
- Ham with baked potato and broccoli.
- Fish curry with vegetables and rice.

Vegetarian diets

If you are bringing up your child on a diet without meat (vegetarian) or without any food from an animal (vegan), they will need two or three portions of vegetable protein or nuts every day to ensure they are getting enough protein and iron. Don't give whole nuts to children under five, as they could choke. Grind nuts finely or use a smooth nut butter. See pages 15 and 58 for important information about peanut allergy.

The advice on introducing your child to solids (see page 40) is the same for vegetarian babies as for non-vegetarians. However, as your child gets older, there is a risk that their diet may be low in iron and energy and too high in fibre. See 'Getting enough iron' on page 51 and go to page 55 for more information about fibre. You can help to make sure that all your child's nutritional needs are met by giving them smaller and more frequent main meals, with one or two snacks in between.

You will also need to make sure they are getting enough calcium, vitamin B12 and vitamin D. Vitamin drops are especially important up to five years of age.

Vegan diets

If you are breastfeeding and you are on a vegan diet, it's especially important that you take a vitamin D supplement. You may also need extra vitamin B12.

Care should be taken when feeding children on a vegan diet. Young children need a good variety of foods to provide the energy and vitamins they need for growth. A vegan diet can be bulky and high in fibre and this can mean that children get full up before they have taken in enough calories. Because of this, they may need extra supplements. It's a good idea to ask a dietician or doctor for advice before starting your child on solids.

vitamins and calcium

A healthy vegan diet

Energy. Young vegan children need high-calorie foods such as tofu, bananas and smooth nut and seed butters (such as tahini and cashew or peanut butter). See pages 15 and 58 for information about peanut allergy. They still need starchy foods but it's best if these are eaten in moderation. For extra energy, you could add vegetable oils or vegan fat spreads to foods.

Protein. Pulses and food made from pulses are a good source of protein. Breastfeeding until your child is two or more, or giving them soya-based formula milk, will also help to ensure they are getting enough protein. Always ask your GP for advice before using soya-based formula. Nut and seed butters also contain protein (but always use smooth versions for babies and children up to five).

Iron. See 'Getting enough iron' on page 51.

Calcium. Fortified soya drinks are rich in calcium, low in saturated fat and cholesterol-free. Some foods are also fortified with calcium, so always check the label.

Vitamin B12. Fortified breakfast cereals and some yeast extracts contain vitamin B12. Your child may also need a supplement.

Vitamin D. See page 48.

Omega 3 fatty acids. Some omega 3 fatty acids are found in certain vegetable oils, such as linseed, flaxseed, walnut and rapeseed. Evidence suggests that these fatty acids may not offer the same protection against coronary heart disease as those found in fish.

For more information on vegetarian diets, contact The Vegetarian Society, Parkdale, Dunham Road, Altrincham, Cheshire WA14 4QG, call 0161 925 2000 or go to www.vegsoc.org

For more information on vegan diets, contact The Vegan Society, Donald Watson House, 21 Hylton Street, Hockley, Birmingham B18 6HJ, call 0121 523 1730 or go to www.vegansociety.com

Fat, sugar and salt

Fat

Young children, especially under-twos, need the concentrated energy provided by fat. There are also some vitamins that are only found in fats. That is why foods such as whole milk, yoghurt, cheese and oily fish are so important. From the age of two, you can gradually introduce lower-fat dairy products and cut down on fat in other foods so that by the time your child is five they are eating a healthy low-fat diet like the one recommended for adults.

There are some foods that will increase the levels of saturated fat in your child's diet. This is 'bad' fat and there can be a lot of it in high-fat fast foods, such as cheap burgers. Crisps, chips, biscuits, cakes and fried foods are also high in fat. Although they tend to be popular with both children and adults, it's best to limit them at all ages to keep your family healthy. It can help to think of these sorts of foods as 'extras' once your child has eaten well from the four other main groups.

energy foods

Because fat is such a concentrated source of energy, it's easy to eat too much of it and become overweight. Keep an eye on the amount of fat in the food your family eats, and try to keep it to a minimum.

The following tips will help you reduce the amount of fat in your family meals:

- Grill or bake foods instead of frying.
- Skim the fat off meat dishes like mince or curry during cooking.
- Buy leaner cuts of meat and lower-fat meat products, such as sausages and burgers with low-fat labels.
- Take the skin off poultry before cooking – it's the fattiest part.
- Reduce the amount of meat you put in stews and casseroles, and make up the difference with lentils, split peas or beans.
- For children over two, use lower-fat dairy products like low-fat spreads and reduced-fat cheeses.
- Use as little cooking oil as possible and choose one that is high in omega 3 polyunsaturates such as rapeseed, soya or olive oil. In the UK, pure vegetable oil is often rapeseed oil.

Sugar

To help keep your child's teeth healthy, as well as brushing teeth regularly and visiting the dentist, you should cut down your child's added sugar intake. This is the sugar found in fizzy drinks, juice drinks, sweets, cakes and jam. It's best to stick to giving these kinds of foods and drinks to your child only at mealtimes.

It's also important to discourage your child from sipping sugary drinks or sucking sweets too often. This is because the longer the sugar touches your child's teeth, the more damage it can do.

Salt

There is no need to add salt (sodium chloride) to your child's food. Most foods already contain enough. Too much salt can give your child a taste for salty foods and contribute to high blood pressure in later life. Your whole family will benefit if you gradually reduce the amount of salt in your cooking. As well as keeping salt off the table, you can also limit the amount of salty foods (such as crisps, savoury snacks and Bombay mix) that your child has.

Salt: know your limits

Babies up to one year should have no more than 1g of salt a day. For children aged one to three, the maximum amount is 2g of salt a day, and for children aged four to six, the maximum is 3g of salt a day. Find out more about salt, its effects on health, daily limits and how to cut down at www.salt.gov.uk

sugary drinks can cause tooth decay

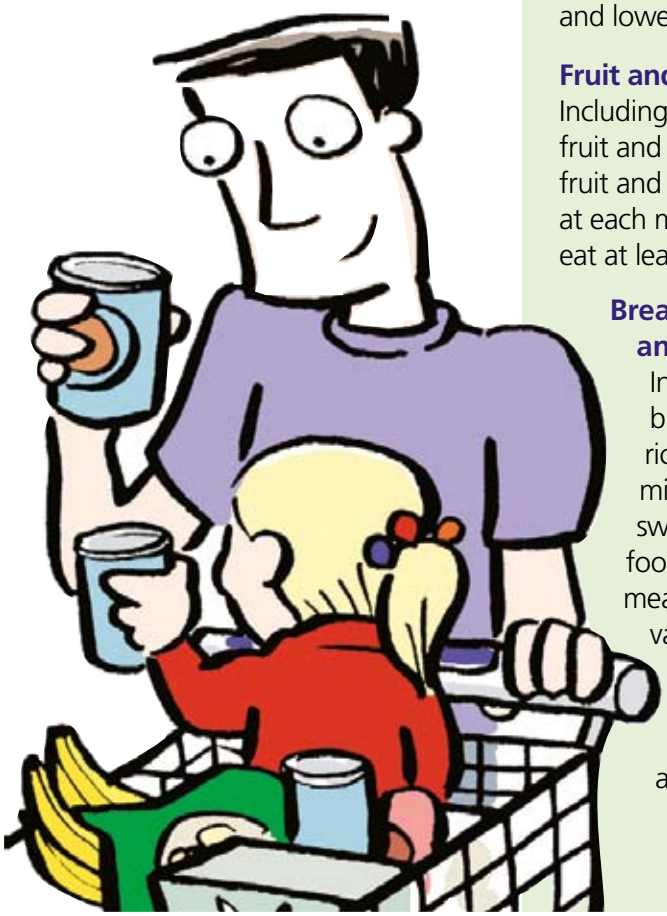
Helpful tips

- Try not to give too many sweet-tasting foods and drinks, even if they contain artificial sweeteners rather than sugar. These can still encourage a sweet tooth.
- Try not to give your child sweet foods and drinks every day. You will help to prevent tooth decay if you only give them at mealtimes.
- Try not to use sweets as a reward.
- Fruit and vegetables contain sugar, but in a form that doesn't damage teeth. However, the sugar in dried fruit and fruit juice can cause decay if eaten too often. You should only give your child fruit juice at mealtimes.
- Encourage your children to choose breakfast cereals that are not sugar-coated.
- Always read the labels. Sucrose, glucose, honey, dextrose, maltose syrup and concentrated fruit juice are all forms of sugar.
- Don't add sugar to milk.
- If you flavour milk with milkshake flavourings, only offer it at mealtimes.
- Jaggery can cause the same damage to teeth as sugar. Limit foods containing this, like Indian sweetmeats.

How much food do toddlers need?

Children's appetites vary enormously, so common sense is your best guide when it comes to portion size. Be guided by what your child wants – don't force them to eat if they don't want to, but don't refuse to give them more if they really are hungry. As long as your child eats a range of foods, and your health visitor is happy with their progress, try not to worry too much about the amount they are eating.

read food labels



EATING AS A FAMILY

Creating healthy family meals

For adults and children over five, a healthy, balanced diet usually means eating foods from all five food groups. The eatwell plate (visit www.eatwell.gov.uk) shows how much of the various different types of food you need to eat for a well balanced, healthy diet. Children under the age of five need a diet that is higher in fat and lower in fibre than this.

Fruit and vegetables

Including fresh, frozen and canned fruit and vegetables, salads, dried fruit and fruit juices. Include them at each meal and as snacks. Try to eat at least five servings a day.

Bread, other cereals and potatoes

Including bread, potatoes, breakfast cereals, pasta, rice, oats, noodles, maize, millet, yams, cornmeal and sweet potatoes. Make these foods the main part of every meal. Choose wholegrain varieties when you can, but young children should not eat wholegrain foods all the time.

You should avoid giving your baby high-fibre versions of foods, especially those with added bran. It stops young children absorbing important minerals such as calcium and iron. It is better not to give young children brown rice, wholemeal pasta or bran-enriched breakfast cereals until they are older, although giving them some brown bread is OK.

Milk and dairy products

Including milk, yoghurt and fromage frais. Children need about three servings a day. You can use low-fat varieties for children over five who are eating and growing well.

Meat, fish and alternatives

Including meat, fish, poultry, eggs, beans, pulses and nuts. Make sure children have one or two servings a day. Choose lean meat, take the skin off poultry and cook using the minimum of fat. Try to eat oily fish at least once a week.

Foods containing fat, sugar and salt

Including butter and spreads, oils, salad dressings, cream, chocolate, crisps, biscuits, pastries, ice cream, cakes, puddings and fizzy drinks. Limit the amount you eat.

CUTLERY, CHOPSTICKS OR FINGERS?

Mealtimes can get messy! It will take time for your child to learn how to behave when eating. The best way that they can learn is by copying you and the rest of your family. That is why it's good to try to eat and enjoy your food together. Some families prefer to eat with their fingers, while others use cutlery or chopsticks. Whichever option you go for, be patient.

By about one year of age, babies should be trying to feed themselves. Some are very independent and want no help – so be patient, even if most of the food misses their mouths! Others will accept your help, but will still want to hold a spoon themselves while being fed. Whichever group your child falls into, you can encourage them to feed themselves either with a spoon or by giving them finger foods (see page 43).

Helpful tips

Safety

- Make sure there are no sharp knives on the table within your child's reach.
- Unbreakable plates or bowls are ideal for small children, who often decide their meal is finished when their plate hits the floor.
- When your child no longer needs their high chair, make sure they are sitting at the right height for the table, otherwise they will find it difficult to eat.
- Use cushions, booster seats or even sit them on your own or someone else's lap, but always make sure they are sitting safely.

DRINKS

Not all drinks are suitable for babies and young children. The following list explains what you should give to your child, and when.

Breastmilk is the ideal drink for babies in the first six months and longer, alongside an increasingly varied diet. See Chapter 1 for more about the health benefits of breastmilk and breastfeeding.

Infant formula is the only alternative to breastmilk in the first 12 months of your baby's life. It can be used up to the time when ordinary cows' milk can be introduced (at one year old) or beyond. Follow-on milks are available for babies over six months, but there is no need to change over to these. See Chapter 1 for more information about these and other types of formula.

Whole cows' milk doesn't contain enough iron and other nutrients to meet babies' needs so it should not be given as a drink to babies under one year old. But it's OK to use cows' milk when cooking and preparing food for your baby. Semi-skimmed milk can be introduced once your child is two, provided they are a good eater and have a varied diet. Skimmed milk is not suitable for children under five. For convenience, lower-fat milks can be used in cooking from the age of one.

Goats' and sheep's milk and oat drinks are not suitable as drinks for babies under one year old, as they don't contain the iron and other nutrients babies need. Providing they are pasteurised, they can be used once your baby is a year old.

Rice drink

Young children (aged one to five years) should not be given rice drinks, in order to minimise their exposure to inorganic arsenic. Don't worry if you have given your child rice drinks – there is no immediate risk of harmful effects. But in order to reduce further exposure to inorganic arsenic, you should stop giving your child rice drinks.

Non-cows' milk formula

Only use soya-based infant formulas on the advice of your GP. Babies who are allergic to cows' milk may also be allergic to soya. Goats' milk, even if it has been specially formulated for babies, should not be given to babies under one year.

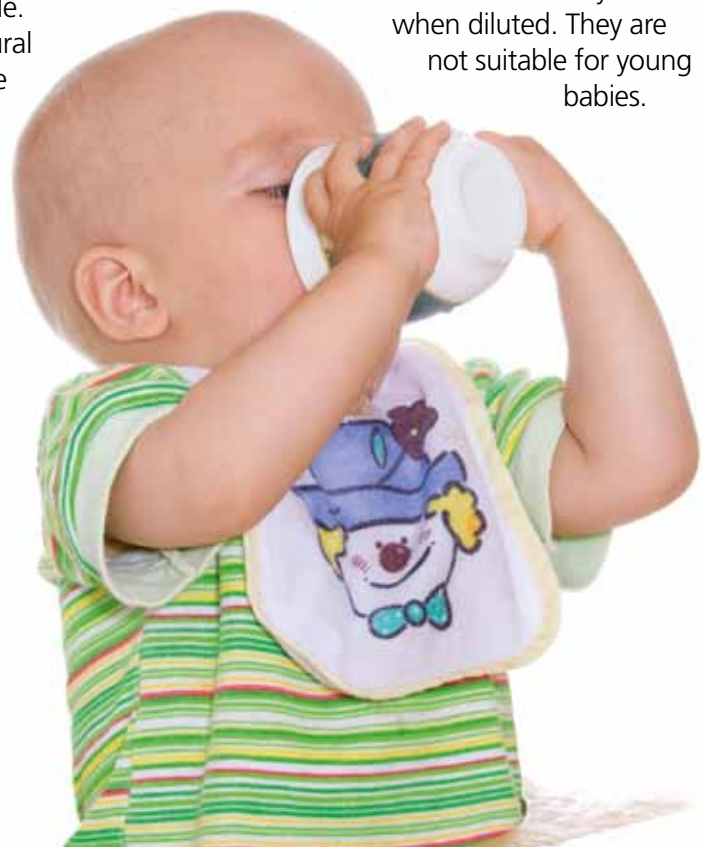
'Good night' milk drinks are not suitable for babies under six months. After this age, you can start using them, but you don't have to change over as there are no proven health benefits.

Water is the best alternative drink to milk, but fully breastfed babies don't need any water until they start eating solid food. For babies under six months old, take water from the mains tap in the kitchen and boil it. Remember to allow the water to cool before giving it to your baby.

Bottled water is not a healthier choice than tap water and usually is not sterile. In fact, some natural mineral waters are not suitable for babies because of the amount of minerals they contain. If you need to use bottled water, remember that any bottled water that is labelled 'natural mineral water' might contain too much sodium for babies.

Citrus fruit juices, such as orange juice or grapefruit juice, are a good source of vitamin C, but also contain natural sugars and acids that can cause tooth decay. Babies under six months should not drink fruit juices. Vitamin C may help with iron absorption, so if your baby is a vegetarian you may be advised to give them diluted fruit juice (one part juice to 10 parts boiled, cooled water) with their meals after six months. To prevent tooth decay, give fruit juice at mealtimes only.

Squashes, flavoured milk and juice drinks contain sugar and can cause tooth decay even when diluted. They are not suitable for young babies.



For older babies and toddlers, these drinks can lead to poor appetite, limited weight gain and, in toddlers, loose stools. Even those with artificial sweeteners can encourage children to develop a sweet tooth. If you want to use squashes, flavoured milk and juice drinks, keep them for mealtimes, make sure they are diluted well and always give them in a feeder cup rather than a bottle. These drinks should never be given as a bedtime drink as this can be particularly bad for tooth decay. You should also try to keep drinking times short.

Fizzy drinks are acidic and can damage tooth enamel, so they should not be given to babies and toddlers.

Diet drinks and 'no added sugar' drinks, whether squashes or fizzy drinks, are not intended for babies or toddlers. They contain artificial sweeteners that may be more 'tooth friendly' than other squashes, but they still encourage a sweet tooth. If the drinks are not diluted enough, your child could take in more than the recommended amount of sweetener. If you do give concentrated drinks containing saccharin, dilute them well (at least one part sweetened drink to 10 parts water). Many regular squashes (not labelled 'no added sugar') also contain artificial sweeteners so it's best to always check the label.

Baby and herbal drinks contain sugars and are not recommended.

Tea and coffee are not suitable for babies or young children. They reduce iron absorption when taken with meals and, if sugar is added, may contribute to tooth decay.

See page 47 for information on choosing the right cup or beaker for your baby or toddler.

FOOD ADDITIVES

Food contains additives for a variety of reasons: to prevent food poisoning, to stop it going off and to provide colour, flavour or texture. Some food additives are natural substances, others are synthetic. Any additives put into food must, by law, be shown on the label. An 'E' number means that the additive has been tested and passed as safe for use in European Union (EU) countries. Numbers without an 'E' in front are allowed in the UK, but not in all EU countries.

Helpful tips

A few people suffer from adverse reactions to some food additives, but reactions to ordinary foods like milk or soya are much more common. A diet high in processed foods is not only more likely to contain additives, it will probably be high in salt, sugar and fat. It's a good idea to replace these foods with fruits, vegetables and starchy foods.

FOOD ALLERGIES

Some children experience unpleasant reactions after eating certain foods. Most children grow out of this, but in a very few cases foods can cause a very severe reaction (anaphylaxis) that can be life-threatening.

The foods most likely to cause a problem for young children are peanuts, nuts, seeds, milk, eggs, wheat, fish, shellfish or food containing these.

Introducing your child to solids

- If you choose to start giving your baby solid foods before six months (after talking to your health visitor or GP), don't give them any of the foods above until after six months of age. This is because these foods can sometimes trigger development of a food allergy.
- When you give these foods to your baby for the first time, it's a good idea to start with one at a time, so that you can spot any allergic reaction. If you think your child is having an allergic reaction, you should seek urgent medical attention. Common symptoms of an allergic reaction include one or more of the following: coughing; dry, itchy throat and tongue; itchy skin or rash; diarrhoea and/or vomiting; wheezing and shortness of breath; swelling of the lips and throat; runny or blocked nose; sore, red and itchy eyes.
- You may have heard that previous advice was to avoid giving your child peanuts before the age of three years – this advice has now changed, based on the latest research, and you only need to avoid giving peanuts before six months of age.
- If your child already has a known allergy, such as a diagnosed eczema or a diagnosed food allergy, or if there is a history of allergy in your child's immediate family (if parents, brothers or sisters have an allergy such as asthma, eczema, hayfever, or other types of allergy) then your child has a higher risk of developing peanut allergy (see page 15). In these cases you should talk to your GP, health visitor or medical allergy specialist before you give peanuts or peanut-containing foods to your child for the first time.
- Remember not to give whole peanuts or nuts to children under five because of the risk of choking.

If you think your child is having an allergic reaction to a food, you should seek urgent medical attention. Don't be tempted to experiment by cutting out a major food such as milk as this may mean your child is not getting the nutrients they need. Talk to your health visitor or GP, who may refer you to a registered dietician.

For advice on asthma and allergies, contact Asthma UK's helpline on 0800 121 62 44 or go to www.asthma.org.uk, or call the Allergy UK helpline on 01322 619898. Lines are open from Monday to Friday, 9am to 5pm. The Allergy UK website is at www.allergyuk.org

PARTY TIME!

Parties are a great time for children to try different types of foods. It's a special occasion, so have some treats as well as some familiar everyday foods. Try the following ideas for healthy but fun party foods:

- Make tiny sandwiches and cut them into different shapes. Use fillings that cut easily, like wafer-thin ham, cheddar cheese spreads and egg mayonnaise.
- Offer bowls of plain popcorn, breadsticks, raw vegetable sticks and baby tomatoes.
- Make reduced-sugar jellies and add canned mandarins or slices of fresh fruit.

- Offer one or two ready-diluted fruit juices to drink rather than carbonated drinks.
- Fruit scones or fruit malt loaf need very little preparation.
- Decorate small plain biscuits with cheese spread and a small piece of fresh or canned fruit to add colour.
- Serve ice cream with fresh or canned fruit.
- Don't forget the birthday cake for the end of the meal!

SOME COMMON PROBLEMS WITH EATING

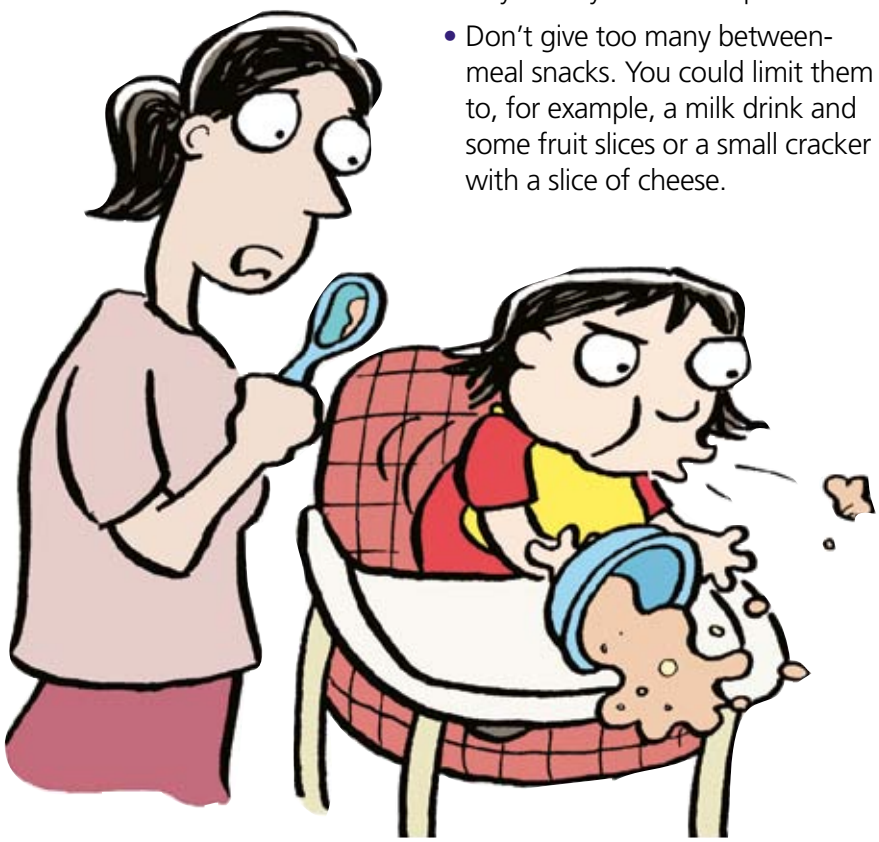
It's perfectly normal for toddlers to refuse to eat or even taste new foods. Children will usually eat enough to keep themselves going, so try not to worry unless your child is not putting on weight as quickly as they should (see page 64) or is obviously ill.

As long as your child eats some food from each of the five food groups – even if it's always the same old favourites – you should not need to worry. Gradually introduce other food choices or go back to the foods your child did not like before and try them again. Remember, as long as your child is active and gaining weight, they are getting enough to eat, even if it doesn't look like it to you.

The best way for your child to learn to eat and enjoy new foods is to copy you, so try to eat with them as often as you can so that you can set a good example. Children are very quick to pick up on your own feelings about food. Perhaps you are on a diet, or have a weight problem, or are just very keen to eat healthily. Your child may well be picking up on your anxiety and/or using mealtimes as a way to get attention.

These tips can help:

- Give your child the same food as the rest of the family, and eat your meals together if possible.
- Give small portions and praise your child for eating, even if they only manage a little.
- If your child rejects the food, don't force-feed them. Just take the food away without comment. Try to stay calm even if it's very frustrating.
- Don't leave meals until your child is too hungry or tired to eat.
- Your child may be a slow eater so you may have to be patient.
- Don't give too many between-meal snacks. You could limit them to, for example, a milk drink and some fruit slices or a small cracker with a slice of cheese.



- It's best not to use food as a reward, otherwise your child will start to think of, say, sweets as nice and vegetables as nasty. Instead, reward them with a trip to the park or promise to play a game with them.
- If your child fills up with juice or squash between meals and refuses milk or snacks, try gradually reducing the amount of juice or squash they have, diluting it well with water, and give them a small amount of food. Children sometimes get thirst and hunger mixed up and say they are thirsty when they are actually hungry.

make meals interesting

- Try to make mealtimes enjoyable and not just about eating. Sit down and have a chat about other things.
- If you know of any other children of the same age who are good eaters, ask them to tea. A good example can work wonders, as long as you don't talk too much about how good the other children are!
- Ask an adult who your child likes to eat with you. Sometimes a child will eat for someone else, like a grandparent, without any fuss.
- Children's tastes change. One day they will hate something, a month later they will love it. A diet of beans, fish fingers, fruit, potatoes and milk is boring, but it's perfectly healthy.

FAQs

Q. How do I get a relative to stop giving sweets to my child?

A. Suggest they give a small book, pencil or other non-edible gift instead. If your child does have sweets, try keeping them to a special 'treat' day, once a week. Remember that the number of times that teeth come into contact with sugar is as important as the amount of sugar. So sweets are best eaten in one go rather than over the course of an hour or two. They will do least damage to teeth if you keep them for mealtimes. For more information about caring for your child's teeth ask your health visitor.

Q. What snacks can I give instead of biscuits or crisps?

A. You could try:

- raw vegetable sticks such as cucumber and carrots
- a plain yoghurt with a banana sliced into it
- a slice of toast with yeast extract, hummus or a slice of ham
- some crackers, breadsticks or rice cakes with cheese
- a bowl of cereal with milk
- a piece of fruit.

Q. I have heard that high-fibre foods are not suitable for young children. Why?

A. Foods that contain a lot of fibre (like wholemeal bread and pasta, brown rice and bran-based breakfast cereals) can fill up small tummies, leaving little room for other foods. This means that your child gets full before they have taken in the calories they need. Bran also prevents important minerals from being absorbed. It's good for your child to try different varieties of starchy foods, but don't use only wholegrain foods before your child is five years old.

Q. What can I pack in a lunchbox for my three-year-old when they go to nursery?

A. Try to choose two savoury options, some fruit, a sweet option (yoghurt, fromage frais, scone or currant bun) and a drink. Good sandwich fillings are canned tuna or salmon, hummus, hard or cream cheese, ham or peanut butter (see pages 15 and 58 for advice on peanut allergy). You could add a few vegetable sticks (carrots, peppers or cucumber) to munch on and a container of bite-sized fruit – for example a peeled satsuma or washed seedless grapes. A box of raisins is fine if eaten at lunchtime. If you include a fromage frais or yoghurt, don't forget a spoon. And a piece of kitchen towel is always useful. If the lunchboxes are not refrigerated at nursery, use an insulated box with an ice pack to keep food safe and cool. If you have a leak-proof beaker, you can give milk, water or well diluted fruit juice.

Q. My child will only drink sugary drinks. What can I do?

A. Frequent sugary drinks increase the chance of tooth decay. See pages 56–57 for a list of suitable drinks. If your child will only drink sugary drinks, it can take some time to break the habit. Start by diluting them really well with water and offering them in smaller quantities, in a beaker at mealtimes.

4 HOW YOUR CHILD WILL GROW

Your baby may walk at 11 months. Your neighbour's baby may still be crawling at 16 months. One child may be talking in sentences at two years old, another may have just started to put two words together. Both are fine. Each child is different because each one is an individual. This chapter looks at the way babies and children grow.

- Children are not just born different, they also have different lives and learn different things.
- A child who plays a lot with toys will learn good hand–eye co-ordination, a child who goes to the park every day will soon learn the names of plants and animals, a child who is often talked to will learn more words, a child who is given praise when they learn something will want to learn more.
- Some children have difficulty learning, sometimes due to physical problems with, for example, hearing or seeing.
- If you are worried about your child's progress, talk to your health visitor or GP. If something is holding your child back, the sooner you find out, the sooner you can do something to help.

For more on learning and playing, see Chapter 5.

FOLLOWING YOUR CHILD'S GROWTH AND DEVELOPMENT

The personal child health record (PCHR)

Shortly before or after your baby is born, you will be given a PCHR. In most areas of England, this has a red cover, so is often called 'the red book'.

This is a way of keeping track of your child's progress. It makes sure that, wherever you are and whatever happens to your child, you will have a record of their health and progress which can be shared with health professionals.

When you have contact with a health professional, such as a health visitor, they will use 'the red book' to record your child's weight, other measurements, immunisations and other important health information. This is **your** record, so do add information yourself. This could be a note of when your child does something for the first time, or advice given to you by a healthcare professional. It's a good idea to record any illnesses or accidents and details of any medicines your child takes.

When your child's progress is reviewed, the doctor or health visitor will ask you questions about what your child can and cannot do and observe them, rather than carrying out formal 'tests'. You will find it helpful to keep the developmental milestones section of the PCHR up to date and to fill in the relevant questionnaires before the review. Don't forget to take the book with you when you take your child for a review or immunisation! Try to remember it too, if you have to go to the accident and emergency department (A&E) or a walk-in centre.

These reviews are an opportunity for you to talk about your child and their health and general behaviour and to discuss any concerns, not just the major ones but all the little niggles that might not seem worth a visit to the GP but that are still a worry. You can also contact your health visitor at any time to ask about any aspect of caring for your child.

The Healthy Child Programme

The Healthy Child Programme offers a series of reviews, screening tests, immunisations and information to support you as a parent and to help you make choices that will give your child the best chance of staying healthy and well.

The Healthy Child team is led by a health visitor, who will work closely with your GP and local Sure Start Children's Centre. The team includes people with different skills and experience such as nursery nurses, children's nurses and early years support staff.

The programme will be offered to you in your GP's surgery, local clinic or Children's Centre. Appointments should be arranged so that both you and your partner can be there. Some reviews may be done in your home. Remember, the reviews are an opportunity for you to ask questions and discuss any concerns you may have.

After birth:

- Maternity services will support you with breastfeeding, caring for your new baby and adjusting to life as a parent.
- Your baby will be examined and given a number of tests, including a hearing test.

By 14 days:

- A health professional, usually a health visitor, will carry out a 'new baby review'. They will talk to you about feeding your baby, becoming a parent and how you can help your baby grow up healthy.
- Health professionals should ensure that babies are weighed (naked) at birth and again at five and 10 days. From then on, healthy babies should be weighed (naked) no more than fortnightly and then at two, three and four months. Babies should be weighed on well maintained digital scales that are calibrated annually.

Between six and eight weeks:

- Your baby will be given a number of tests and a full physical examination by a health professional.

At eight weeks:

- Your baby will be given their first scheduled immunisation. This is an opportunity to raise any concerns and ask for any information you need.

At three months:

- Your baby will be given their second scheduled immunisation. This is a further opportunity to raise any concerns and ask for any information you need.

At four months:

- Your baby will be given their third scheduled immunisation. Once again, raise any concerns you may have.

healthy growth

More information

Immunisation

To see when children usually get immunisations, visit: www.immunisation.nhs.uk/Immunisation_Schedule

If you have any worries at any other times or would like to know more about your own or your baby's health or to have your baby's weight checked, you can contact the team or go to a local child health clinic.

At 12 months:

Your baby will be given their fourth scheduled immunisation. Your baby will usually be weighed at the time of this routine immunisation.

At 13 months:

Your baby will be given the measles, mumps and rubella (MMR) immunisation, and you will have the opportunity to discuss your child's progress or ask for information.

By 13 months:

Your baby should usually be weighed at 12–13 months at the time of routine immunisation. If there is concern, however, your baby may be weighed more often. Weights measured too close together are often misleading, so babies should be weighed no more than once a month up to six months of age, once every two months from 6–12 months of age, and once every three months over the age of one year. However, most children do not need to be weighed this often.

Your baby will have a second full review, covering topics like language and learning, safety, diet and behaviour. This is an opportunity for you and your partner to discuss any concerns and to prepare for toddlerhood.

Between two and two-and-a-half years:

Your child will have a third full health and development review. Again, this is a chance for you and your partner to ask questions and get ready for the next stage of your child's development.

See Chapter 7 for more information about all immunisations, including MMR.

By now, your child may be attending an early years setting such as a playgroup, nursery, childminder's or Children's Centre. All of these settings will be following the Early Years Foundation Stage (EYFS) guidance, which applies to children in early years settings from birth to the end of their first year at school. The staff in these settings will join you and the Healthy Child team in working to make sure your child stays healthy and develops well, both emotionally and socially.

At school entry (four to five years):

Your child will have a health review, including measuring their weight and height and testing their vision and hearing.

Once your child reaches school age, the school nursing team and school staff will help support your child's health and development. They will work with you to make sure your child is offered the right immunisations and health checks, as well as providing advice and support on all aspects of health and well-being, including emotional and social issues.

What to expect from the third review

The two to two-and-a-half year review will be carried out by a member of the Healthy Child team – usually a health visitor, nursery nurse or children's nurse. They will encourage you to talk about how things are going and listen to your concerns. The review might be at your local Children's Centre, at your GP surgery or at home. Try to make sure that both you and your partner are there. At this age, your child will be learning lots of new skills so there will be quite a lot to cover. It may help to write down any questions you have before the appointment so you don't leave anything out. Take your 'red book' with you, so you can keep a record of what is discussed.

The review will cover topics such as:

- general development, including movement, speech, social skills and behaviour, hearing and vision
- growth, healthy eating and keeping active
- teeth brushing and going to the dentist
- managing behaviour and encouraging good sleeping habits
- keeping your child safe
- immunisations.

This is your opportunity to ask for advice about anything that is bothering you and to find out about useful services and schemes, including early learning services. If you are thinking about getting back into work or training, ask about childcare and any other support you may be able to get.

The team will also look at whether your child needs more help and support and, if they do, how to go about getting it.

Keeping an eye on your child's development

Development is an ongoing process. It's important that you continue to observe your child's development and go to all of the reviews. You can also talk to your health visitor or GP if you have any concerns about your child at any time.

What if I need some extra help?

All families are different. Being a parent can be more difficult if you are young or living on a low income, if your child is ill or disabled or for all sorts of other reasons. The Healthy Child Programme offers plenty of support for children and families who need it. The health visitor will make sure that your child's individual health needs are considered and your plans reflect your particular strengths, needs and choices.

Screening

As part of the Healthy Child Programme, your child will be offered routine screening tests. The point of these is to identify any problems with development or any other issues as early as possible so that any support your child needs can be given in a planned and co-ordinated way. If you have any concerns about your child at any other times, talk to a member of the Healthy Child team or your GP.

GENERAL DEVELOPMENT

Some health visitors may ask your child to do little tasks, such as building with blocks or identifying pictures. Others may simply watch your child playing or drawing. This, combined with the information they get from you, will help them build up a picture of how your child is doing. The **development chart** on page 65 will give you an idea of the kind of physical and verbal skills they are looking for.

Children all develop at different rates, but if your child seems slow in one particular area of development, you will have the opportunity to discuss the possible reasons for this and whether there is anything you – or anyone else – can do to support them. If your baby was born prematurely, their developmental age will be calculated from your original due date, not from the actual date of delivery.

Weight and height

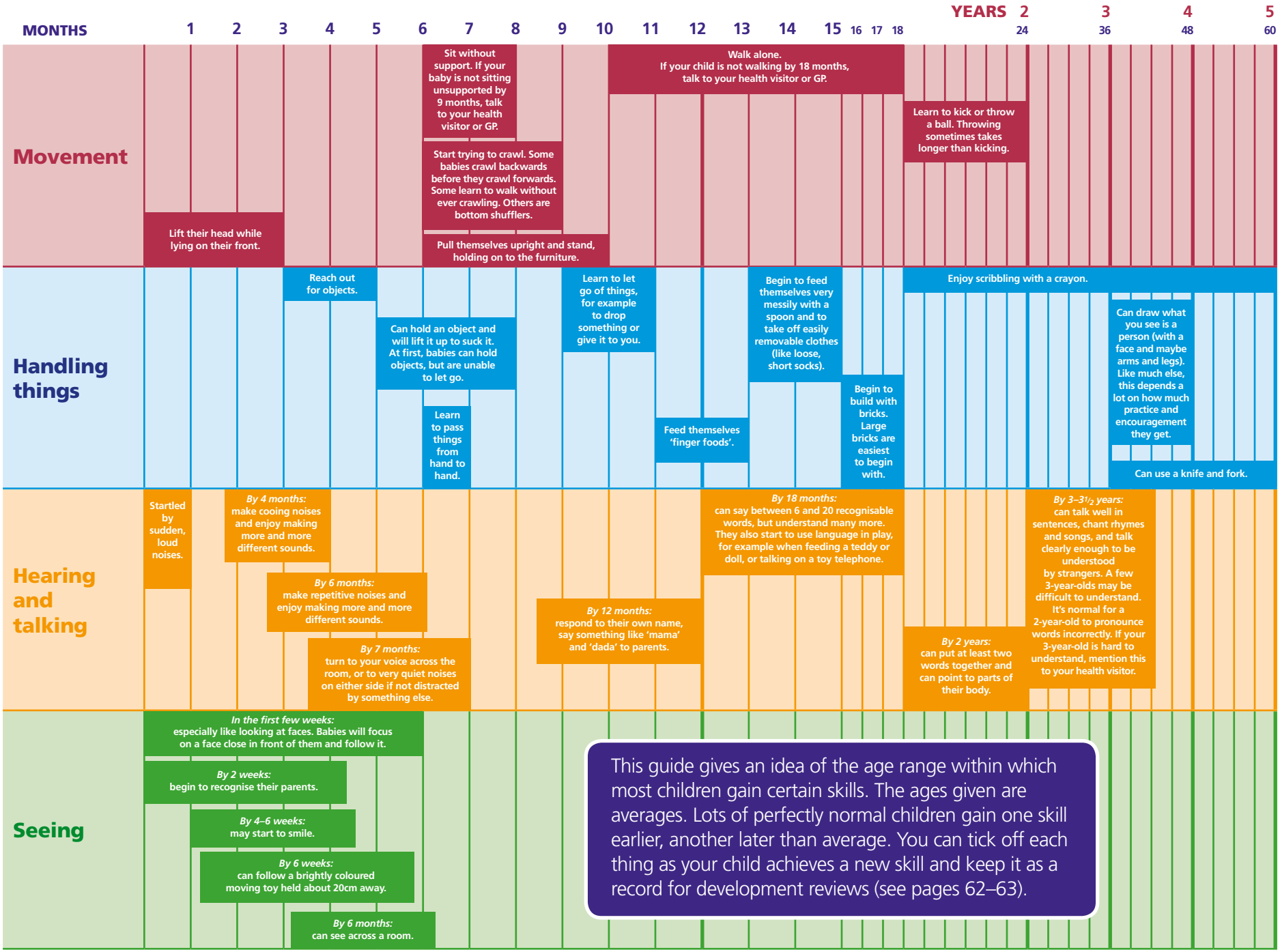
Growth and weight gain are a useful guide to general progress and development. You can have your baby weighed at your child health clinic or GP's baby clinic. Sometimes the midwife or health visitor may weigh your baby at home.

Steady weight gain is a sign that feeding is going well and your baby is healthy. In the early days after birth it is normal for a baby to lose some weight, so your baby will be weighed to make sure they regain their birth weight. Four out of five healthy babies are at or above birth weight by 14 days. If your baby loses a large amount of weight, your health visitor will talk to you about how feeding is going and look at your baby's health in general.

After the early months, your baby will be weighed during routine reviews at around a year and between two and two-and-a-half years, unless you are concerned. Your health visitor or doctor may ask you to bring your baby more often if they think more regular monitoring might be needed.

Weight gain is just one sign that feeding is going well. See Chapter 1 for other ways you can tell that your baby is feeding well and getting what they need.

Measuring a baby's length is done by trained staff, using appropriate equipment. By two, your child's height can be measured standing up. Your child's length or height will always be measured if there are any concerns about their weight gain or growth.


MONTHS
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60
Movement
Lift their head while lying on their front.
Sit without support. If your baby is not sitting unsupported by 9 months, talk to your health visitor or GP.
Start trying to crawl. Some babies crawl backwards before they crawl forwards. Some learn to walk without ever crawling. Others are bottom shufflers.
Pull themselves upright and stand, holding on to the furniture.
Walk alone. If your child is not walking by 18 months, talk to your health visitor or GP.
Learn to kick or throw a ball. Throwing sometimes takes longer than kicking.
Handling things
Reach out for objects.
Can hold an object and will lift it up to suck it. At first, babies can hold objects, but are unable to let go.
Learn to pass things from hand to hand.
Learn to let go of things, for example to drop something or give it to you.
Feed themselves 'finger foods'.
Begin to feed themselves very messily with a spoon and to take off easily removable clothes (like loose, short socks).
Begin to build with bricks. Large bricks are easiest to begin with.
Enjoy scribbling with a crayon.
Can draw what you see is a person (with a face and maybe arms and legs). Like much else, this depends a lot on how much practice and encouragement they get.
Can use a knife and fork.
Hearing and talking
Startled by sudden, loud noises.
By 4 months: make cooing noises and enjoy making more and more different sounds.
By 6 months: make repetitive noises and enjoy making more and more different sounds.
By 7 months: turn to your voice across the room, or to very quiet noises on either side if not distracted by something else.
By 12 months: respond to their own name, say something like 'mama' and 'dada' to parents.
By 18 months: can say between 6 and 20 recognisable words, but understand many more. They also start to use language in play, for example when feeding a teddy or doll, or talking on a toy telephone.
By 2 years: can put at least two words together and can point to parts of their body.
By 3–3½ years: can talk well in sentences, chant rhymes and songs, and talk clearly enough to be understood by strangers. A few 3-year-olds may be difficult to understand. It's normal for a 2-year-old to pronounce words incorrectly. If your 3-year-old is hard to understand, mention this to your health visitor.
Seeing
In the first few weeks: especially like looking at faces. Babies will focus on a face close in front of them and follow it.
By 2 weeks: begin to recognise their parents.
By 4–6 weeks: may start to smile.
By 6 weeks: can follow a brightly coloured moving toy held about 20cm away.
By 6 months: can see across a room.
This guide gives an idea of the age range within which most children gain certain skills. The ages given are averages. Lots of perfectly normal children gain one skill earlier, another later than average. You can tick off each thing as your child achieves a new skill and keep it as a record for development reviews (see pages 62–63).

Understanding your child's chart

Your child's growth will be recorded on a centile chart, so it's easy to see how their height and weight compare with other children of the same age. On this page you can see an example of boys' height centile lines for ages two to four; the chart on the right shows girls' weight centile lines for babies from 0 to 12 months. Boys and girls have different charts because boys are on average heavier and taller and their growth pattern is slightly different.

From May 2009 the charts in your PCHR or 'red book' (see page 61) will be based on measurements taken by the World Health Organization from healthy breastfed children, with non-smoking parents, from a range of countries. They represent the pattern of growth that healthy children should follow, whether they are breastfed or formula fed. They are suitable for children from all ethnic backgrounds.

The curves on the chart, or centile lines, show the range of weights and heights (or lengths) of most children. If your child's height is on the 25th centile, for example, this means that if you lined up 100 children of the same age in order from the shortest to the tallest, your child would be number 25; 75 children would be taller than your child. It is quite normal for a child's weight or height to be anywhere within the centile lines on the chart.

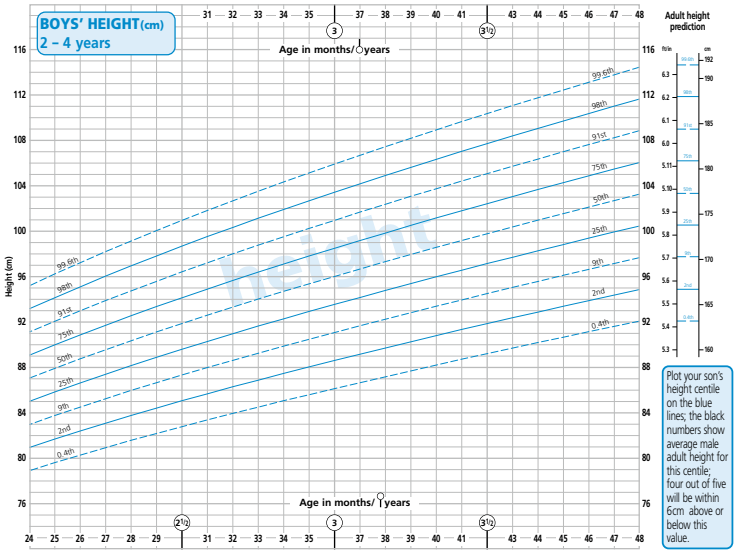
The centile lines also show roughly the pattern of growth expected in weight and in length, but this will not usually follow one centile line exactly. The weight will usually track within one centile space (a centile space is the distance between two of the marked centile lines on the chart). All babies are different, and your baby's growth chart will not look exactly the same as another baby's (even their brother or sister).

Usually, weight gain is quickest in the first six to nine months and then gradually slows down as children move into the toddler years. If your baby is ill, weight gain may slow down for a while. Toddlers may actually lose weight when ill. When they recover, their weight will usually return to normal within two to three weeks. If your baby drops two or more centile spaces from their normal position, ask your health visitor to check them and measure their length.

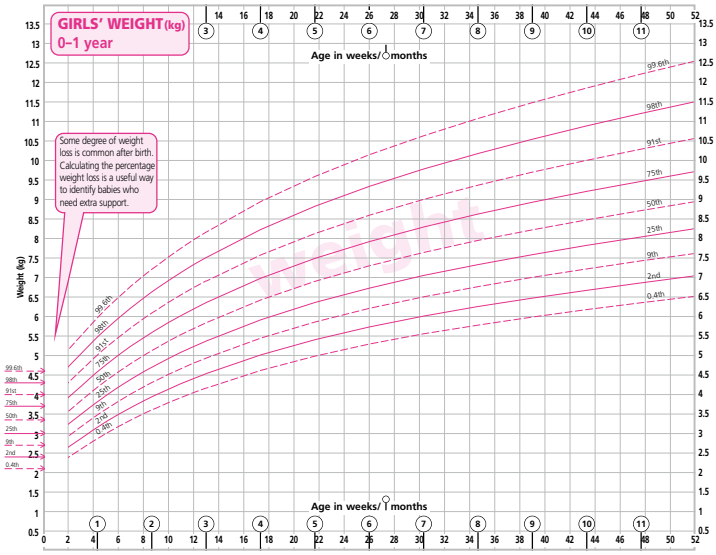
babies grow at different rates

Your child's height after the age of two can give some indication of how tall they will be when they grow up. Use the adult height predictor on the new height page of your 'red book'. It's quite normal for your child to be on different centiles for their weight and their height/length, but the two are usually similar. If there is a big difference, or if your health visitor is concerned about your child's weight, they will calculate their body mass index (BMI) centile. This will help to show whether your child is overweight or underweight. In this case, you can talk to your health visitor about your child's diet and levels of physical activity and plan any changes needed.

Boys' height (2–4 years)



Girls' weight (0–1 year)



Eyesight

Babies are born able to see, although their vision may be less well focused early on. Their eyesight develops gradually over the first few months. By the time of their first review, at around 14 days, you will have noticed whether or not your baby can follow your face or a colourful object held about 20cm (8 inches) away with their eyes. If this is not happening, you should mention it at the review.

At birth, a baby's eyes may roll away from each other occasionally. This is normal. But if your baby is squinting all or a lot of the time, tell your health visitor or your GP. They can refer you to an orthoptist or ophthalmologist who specialises in children's eyes.

It's important that any problems with your child's eyesight are identified as soon as possible, as they can affect social and educational development. Children themselves may not know that there is anything wrong with their sight. Eye examinations are available free of charge to all children under 16, and they don't have to be able to read to have one. Ask your health visitor or school nurse for further advice or book an appointment directly with an optometrist.

Talking

Learning to talk is vital for children to make friends, as well as for learning and understanding the world around them. The first step that babies need to take is learning to understand words. They need to understand before they can start to talk themselves.

You can help your child learn by holding them close, making eye contact and talking to them as soon as they are born. They will look back at you and very soon begin to understand how conversations work. Even making 'baby' noises will teach your baby useful lessons about listening, the importance of words and taking turns in a conversation.

As your baby starts to take more of an interest in what is going on around them, you can start naming and pointing at things that you can both see ('Look, a cat!'). This will help your baby to learn words and, in time, they will start to copy you. Once your baby can say around 100 individual words, they will start to put short sentences together. This normally happens by the age of about two.

Helpful tips

Bilingual children

Lots of children grow up in a family where more than one language is spoken. Speaking more than one language is an advantage to children in their learning, and knowing their home language will support the development of English.

The important thing is to talk to your child in whichever language feels comfortable to you. This may mean one parent using one language and the other using another. Children adapt to this very well.

However, some children may find it hard to learn what words mean, or may struggle to use words or put them together in sentences. Others may use long sentences but find it hard to make themselves understood. These are all signs that they may need some extra help.

If you are at all worried about your child's language development, talk to your GP or health visitor. It may help to get your child referred to a speech and language therapist. In most areas, you can do this yourself. You will find the contact details for your local speech and language therapy department on www.talkingpoint.org.uk/TalkingLinks. The site also provides general information about learning to talk.

Helpful tips

The following tips will help encourage your baby to start talking:

- From the day that they are born, you can make faces and noises, and talk about what is going on: 'Are you hungry now?' 'Do you want some milk?'
- You can start looking at books with your baby from an early age. You don't have to read the words on the page, just talk about what you can see.
- Point out things you see when you are out and about ('There is a bus'). As your baby gets older, add more detail ('There is a red bus').
- As your baby grows, have fun singing nursery rhymes and songs, especially those with actions like 'Pat-a-cake' and 'Row, row, row your boat'.
- If you repeat the sounds your baby makes back to them, your baby will learn to copy you.
- Background noise will make it harder for your child to listen to you so switch off the TV.
- If your child is trying to make a word but gets it wrong, say the word properly. For example, if your baby points to a cat and says 'Ca!', say 'Yes, it's a cat.' But don't criticise or tell them off for getting the word wrong.
- It's best to use short, simple sentences. If your child is already talking, as a general rule try to use sentences that are a word or so longer than the sentences they use themselves.
- Play games where you have to take turns, like peek-a-boo and round and round the garden.
- Get your child's attention by saying their name at the start of whatever it is you are saying to them.
- You can increase your child's vocabulary by giving them choices: for example, 'Do you want an apple or a banana?'
- Encouraging your child to talk in different settings (such as in the bath, in the car or just before bed) will help them to learn to talk. If you ask a question, give them plenty of time to answer you.
- Keep dummies for sleeping. It's hard to learn to talk with a dummy in your mouth!

reading and talking

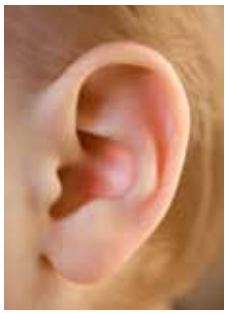
Reading

Spending time reading to or with your baby or child will help them develop good language skills, support their emotional well-being and help you bond. Bookstart is a national programme that offers free books to children, along with guidance materials for parents and carers, at around:

- eight months
- 18 months, and
- three to four years.

Ask your health visitor, Sure Start Children's Centre or library for more information. Books are carefully selected to give young children an introduction to the world of stories, rhymes and pictures. Books are also available for children who have problems with hearing or vision. For more information, including about activities in your local area, go to www.bookstart.org.uk

Hearing



Hearing and talking are closely linked. If your child cannot hear properly, they may well find it difficult to learn to talk. If the problems with their hearing are relatively minor, they may simply need some extra support to learn to talk; if the problems are more serious, they may need to learn other ways of communicating. The earlier that hearing problems are discovered, the greater the chance that something can be done.

In the first few weeks of your baby's life, you will be offered a routine hearing screening test (see page 36 for more on routine tests and screening). The test uses the latest technology and can be carried out almost immediately after birth. It is completely safe and comfortable for babies.

You will be given a leaflet about the test and how it works either before or when your baby is born. The information is also available online at http://hearing.screening.nhs.uk/. After the test, you will be given two checklists, 'Reaction to Sounds' and 'Making Sounds' which list the sounds your baby should be responding to and making as they grow. You can also find information about hearing in the personal child health record (PCHR) (see page 61).

If test results show that there could be a problem with your child's hearing, you will be invited to a follow-up assessment. Sometimes, a cold or other infection can temporarily affect hearing. You can also ask for another appointment if the results show that there is no problem, but you are still concerned about your child's hearing. If your child doesn't seem to hear properly at the second appointment, or you are still worried, ask for a referral to a specialist.

Teeth

Most babies get their first milk tooth at around six months, usually in front and at the bottom. But all babies are different. Some are born with a tooth already through, while others still have no teeth by the time they are a year old. Most will have all their milk or primary teeth by about two-and-a-half. There are 20 primary teeth in all, 10 at the top and 10 at the bottom.

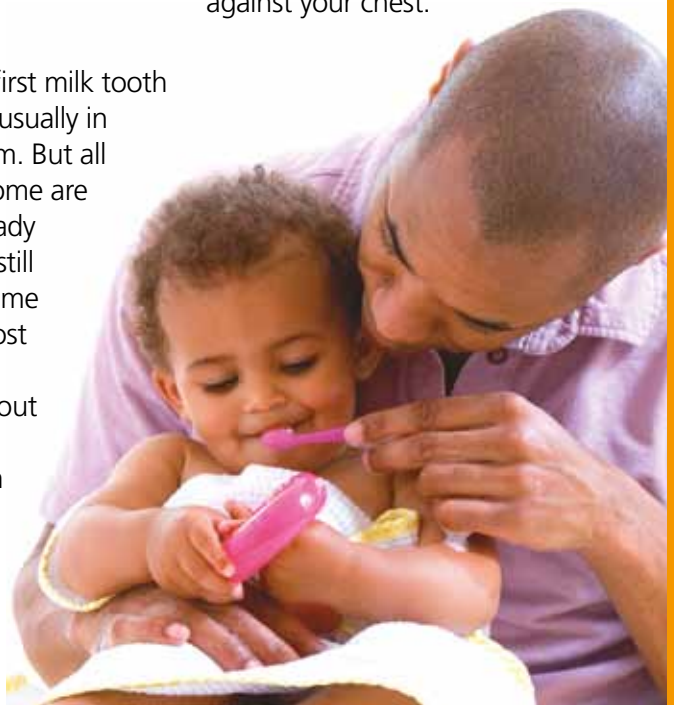
The first permanent 'second' teeth come through at the back at around the age of six.

Brushing your child's teeth

As soon as your baby's teeth start to come through, you can start brushing their teeth. Buy a baby toothbrush and use it with a tiny smear of fluoride toothpaste. Check with your dentist whether the brand you are using has enough fluoride for your baby's needs. Don't worry if you don't manage to brush much at first. The important thing is to get your baby used to teeth-brushing as part of their everyday routine. You can help by setting a good example and letting them see you brushing your own teeth.

Gradually start brushing your child's teeth more thoroughly, covering all the surfaces of the teeth. You should do it twice a day – just before bed, and at another time that fits in with your routine. Not all children like having their teeth brushed, so you may have to work at it a bit. But try not to let it turn into a battle. Instead, make it into a game, or brush your own teeth at the same time and then help your child 'finish off'.

The easiest way to brush a baby's teeth is to sit them on your knee with their head resting against your chest.



With an older child, stand behind them and tilt their head upwards. Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. You can also clean your baby's teeth by wrapping a piece of damp gauze with a tiny amount of fluoride toothpaste on it over your finger and rubbing this over their teeth.

You will need to carry on helping your child brush their teeth until you are sure they can do it well enough themselves. This normally will not be until they are at least seven.

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.

It's not just the amount of sugar in sweet food and drinks that matters, it's how often the teeth are in contact with the sugar. Sweet drinks in a bottle or feeder cup and lollipops are particularly bad because they 'bathe' the teeth in sugar for long periods of time. Acidic drinks such as fruit juice and squash can harm teeth too. This is why it's better to give them at mealtimes, not in between.

Teething

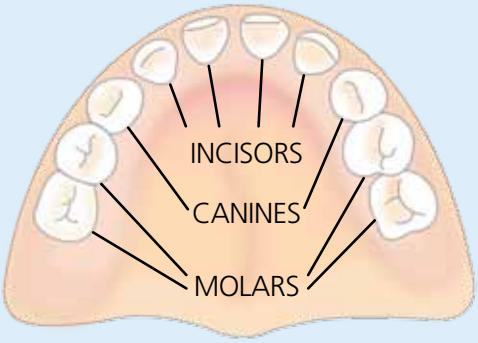
Some teeth come through with no pain or trouble at all. At other times you may notice that the gum is sore and red where the tooth is coming, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

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). It's best to avoid 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 try rubbing sugar-free teething gel on their gums. You can get this from the pharmacist.

For younger babies, talk to your GP or health visitor. You may also want to give 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.

It can be tempting to put all sorts of things – rashes, crying, bad temper, runny noses, extra-dirty nappies – down to teething. If you are unsure about your child's health, seek advice.



The following tips will help you reduce the amount of sugar in your child's diet and avoid tooth decay:

- From the time your baby is introduced to solid food, try to encourage them to eat savoury food. Watch for sugar in pre-prepared baby foods (even the savoury ones), rusks and baby drinks, especially fizzy drinks, squash and syrups.
- You should only give sweet foods and fruit juice at mealtimes. Well diluted fruit juice containing vitamin C and given in a cup with a meal may also help iron to be absorbed. Between meals, stick to milk or water.
- Try not to give biscuits or sweets as treats – and ask relatives and friends to do the same. Use things like stickers, badges, hair slides, crayons, small books, notebooks and colouring books, soap and bubble baths. They may be more expensive than sweets, but they last longer too.
- If children are having sweets or chocolate, it's less harmful for their teeth to eat them all at once and at the end of a meal than to eat them little by little and/or between meals.
- At bedtime or during the night, 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 is a sugar-free option.

- Try to avoid giving drinks containing artificial sweeteners, such as saccharin or aspartame. If you do, dilute them with water (read the labels carefully).
- It's OK to use bottles for expressed breastmilk, infant formula or cooled boiled water but 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.
- Between six months and one year, you can offer drinks in a non-valved free-flowing cup (see page 47 for more on choosing the right cup or beaker).
- It might help to check your whole family's sugar intake and look for ways of cutting down. See Chapter 3 for some suggestions.

avoid artificial sweeteners

Helpful tips

Monitoring sugar content

Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch are all sugars.

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.

Nutrition Facts

Serving Size
Servings Per Container

Amount Per Serving	
Calories	
Calories From Fat	
Total Fat	4.5g
Saturated Fat	1.5g
Trans Fat	0g
Cholesterol	30mg
Sodium	1260mg
Total Carbohydrate	48g
Dietary Fiber	3g
Sugars	16g
Protein	14g

Fluoride

Fluoride is a natural element that can help prevent tooth decay. It occurs naturally in foods, and is also in some water supplies, although the levels are usually too low to be of much benefit. In the West Midlands and North East, extra fluoride is added to the water supply. There are also fluoridation schemes in Bedfordshire, Cheshire, Cumbria, Derbyshire and Nottinghamshire. However, 90% of the UK population live in areas with little or no fluoride in the water.

You can give extra fluoride in the form of drops (for babies) or tablets (for children), but you should not do this if you live in an area where fluoride is naturally present or has already been added to the water. Ask your dentist for advice. Fluoride in toothpaste is very effective. Use a tiny smear for babies and a pea-sized amount for toddlers and children.

Taking your child to the dentist

You can take your child to an NHS dentist as soon as they are born, even before they have any teeth. NHS dental treatment for children is free. Take your child with you when you go to the dentist, so they get used to the idea. If you need to find a dentist, you can ask at your local health or Children's Centre, contact your local primary care trust – the address and telephone number will be in the phone book – or call NHS Direct on 0845 4647.

Feet and shoes

Babies' and small children's feet grow very fast, and it's important that the bones grow straight.

The bones in a baby's toes are soft at birth. If they are cramped by tight shoes or socks, they cannot straighten out and grow properly. It's a good idea to keep your baby's feet as free as possible.

Your child will not need 'proper' shoes until they are walking on their own. Even then, shoes can be kept for outside walking only, at least at first. When you buy shoes, try to get your child's feet measured by a qualified fitter. Shoes should be about 1cm (a bit less than half an inch) beyond the longest toe and wide enough for all the toes to lie flat.

Shoes with laces, a buckle or Velcro fastening are good because they hold the heel in place and stop the foot slipping forward and damaging the toes. If the heel of a shoe slips off when your child stands on tiptoe, it doesn't fit. If possible, buy shoes made from natural materials, like leather, cotton or canvas, as these materials 'breathe'. Plastic shoes tend to make feet sweaty and can rub and cause fungal infections.

If possible, have your child's feet measured for each new pair of shoes. Children under four should have their feet measured every six to eight weeks. For children over four, it's enough to measure their feet every 10–12 weeks. You cannot rely on the question 'Do they feel comfortable?' – because children's bones are soft, your child will not necessarily know if their shoes are cramping their feet. Try not to buy second-hand shoes or hand shoes down, as they will have taken on the shape of the previous owner's feet and may rub and/or not give your child's feet the support they need. It's also important to check that socks are the right size. Cotton ones are best.

After washing your child's feet, dry well between the toes. Cut toenails straight across, otherwise they can become ingrown.

Some common foot problems and how to deal with them

When children first start walking, it's normal for them to walk with their feet apart and to waddle. It's also common for young children to appear bow-legged or knock-kneed, or walk with their toes turned in or out. Most minor foot problems in children correct themselves. But if you are worried about your child's feet or how they walk, talk to your GP or health visitor. If necessary, your child can be referred to a paediatrician, orthopaedic surgeon or paediatric physiotherapist.

- **Bow legs.** Before the age of two, most children have a small gap between their knees and ankles when they stand.

  If the gap is pronounced, or does not correct itself, check with your GP or health visitor. This could be a sign of rickets (a bone deformity), although this is very rare.
- **Knock knees.** This is when a child stands with their knees together and their ankles apart. Between the ages of two and four, a gap of 6cm (around 2.5 inches) is considered normal. Knock knees usually correct themselves by the age of six.
- **In-toeing.** Also known as pigeon-toes, this is where the child's feet turn in. The condition usually corrects itself by the age of eight or nine, and treatment is not usually needed.
- **Out-toeing.** This is where the feet point outwards. Again, this condition usually corrects itself and treatment is not needed in most cases.
- **Flat feet.** Even if your child appears to have flat feet, don't worry. If an arch forms when your child stands on tiptoe, no treatment will normally be needed.
- **Tiptoe walking.** If your child walks on tiptoe, talk to your GP or health visitor.

CHILDREN WITH SPECIAL NEEDS

For some families, everything is not 'all right'. Sometimes, that niggling worry turns out to be a more serious problem or disability. If this happens to you, you will need support as well as information about the problem and what it's likely to mean for you and your child. You are bound to have a lot of questions for your health visitor, GP and any specialists you are referred to. You may find it easier to make a list. See 'Some questions you might like to ask' opposite for suggestions.

You may find it difficult to take in everything that is said to you at first, or even the second time around. You may also find that not all health professionals talk easily or well to parents. Go back and ask for the information again. If you can, get a friend or relative to come with you, or at least take a pen and paper so you can make some notes. In the end, the honest answer to your questions may be 'I don't know'

or 'We are not sure', but that is better than no answer at all.

Special educational needs

If you are concerned that your child has special educational needs – that is, you think they might need extra help at school – talk to a health professional who already knows you and your child.

You, or any of the professionals involved in caring for your child, can ask your local authority to carry out a statutory assessment of your child's needs. After this, the local authority will decide whether to issue a statement that describes your child's needs and the support needed to meet them. The Advisory Centre for Education (see page 157 for contact details) offers advice on education and produces a handbook on special education.

Help for children who need special care

Children's Centres

Children's Centres are linked to maternity services, so they can start supporting you before your baby is even born. Children's Centres provide health and family support services, integrated early learning and childcare for children from birth to five. They also offer information and advice for parents on issues from effective parenting to training and employment opportunities, and some offer services aimed specifically at young parents. You can find details of your nearest Children's Centre at www.direct.gov.uk/childrenscentres

Child development centres (CDCs)

In most areas, teams made up of paediatricians, therapists, health visitors and social workers will help support children with special needs and their families. These teams are usually based in child development centres. Your GP, health visitor or hospital paediatrician can refer your child to one of these teams if you have any concerns or there is a need for further assessment or support.

Coping with your own feelings

Finding out that your child has a disability or illness is a stressful and upsetting experience. You will be trying to cope with your own feelings at the same time as making some tough decisions and difficult adjustments. Your GP, health visitor or social worker or a counsellor can all help. So can other parents who have been through similar experiences. But, even with help, it will take time to adjust. It's OK to think about your own life and needs as well as your child's. The charity Contact a Family brings together the families of children with special needs and offers information and advice. You can call the free helpline on 0808 808 3555 or go to www.cafamily.org.uk

Benefits

If you have a child with a disability, you may be able to claim Disability Living Allowance or Carer's Allowance. If you are already getting benefits or tax credits, you may be entitled to extra amounts. Contact a Family can help. Call the free helpline on 0808 808 3555 or go to www.cafamily.org.uk

Some questions you might like to ask

- Is there a name for my child's problem? If so, what is it?
- Does my child need more tests to get a clear diagnosis or confirm what has been found out?
- Is the condition likely to get better or worse, or will it stay roughly the same?
- Where is the best place to go for medical help?
- Can I get any help or support?
- How can I get in touch with other parents who have children with a similar problem?
- How can I help my child?

Help and support

Getting information, advice and support

You can also get information, advice and support from organisations dealing with particular disabilities, illnesses and other problems. They will usually be able to put you in touch with other parents in similar situations. See the useful organisations section for contact details. The Early Support programme, backed by Sure Start Children's Centres, provides information and support for very young children with a disability or special needs. Go to www.earlysupport.org.uk or www.cafamily.org.uk

There are lots of services for children with special needs, for example physiotherapy, speech and language therapy, dentists, occupational therapy, home learning schemes, playgroups, opportunity groups, nurseries, and nursery schools and classes. To find out what is available in your area, ask your health visitor, GP, local Sure Start Children's Centre, children's services department or the Early Years area special educational needs co-ordinator (area SENCO) at your local education department or Early Years service. See page 155 for more information.

5 LEARNING AND PLAYING

We all know playing is fun, but did you know it's also the most effective way for children to learn? Through play, children can practise all the skills they will need as they grow up. This chapter explains how you can help your child learn through play. It also provides information about Early Years education and childcare options.

Play is important to children as it is spontaneous, and in their play children use the experiences they have and extend them to build up ideas, concepts and life long skills that they can carry with them in later life. While playing, babies and children can try things out, solve problems, take risks and use trial and error to find things out and be creative.

Babies and children have to experience play physically and emotionally. In other words, it is not enough to provide stuff to play with. The most important element for young babies is the parent or primary caregiver. It is that person who forms a close emotional bond with the baby. A child with this secure attachment feels able to rely on their parents or caregivers for safety and comfort, develops knowledge about communication and language, and uses these important attachment relationships as bases from which to explore and learn about the world.

- Get together lots of different things for your child to look at, think about and do.
- By making what you are doing fun and interesting for your child, you can get your chores done while they are learning.
- Make sure there are times when you focus completely on your child.
- Talk about anything and everything, even the washing-up or what to put on the shopping list, so you are sharing as much as possible and your child will pick up lots of new words.
- Make sure your child gets plenty of opportunities to use their body by running, jumping and climbing, especially if you don't have much room at home.
- Find other people who can spend time with your child at those times when you really do need to focus on something else.

let's play

PLAYING WITH YOUR CHILD

To grow and develop, children need time and attention from someone who is happy to play with them. Gradually they will learn to entertain themselves for some of the time, but first they need to learn how to do that.

It can be hard to find the time to play with your child, especially when you have plenty of other things you need to do. The answer to this can be finding ways of involving your child in what you are doing, even the chores! Children learn from everything they do and everything that is going on around them.

When you are washing up, you can let your child join in, for example by washing the saucepan lids; when you cook, you can show them what you are doing and talk to them as you are working. Getting them involved in the things you do will teach them about taking turns and being independent, and they will also learn by copying what you do.

Sometimes, things need to happen at certain times, and it's important that your child learns this. But when you are together, try not to work to a strict timetable. Your child is unlikely to fit in with it and then you will both get frustrated. There is no rule that says the washing-up has to be done before you go to the playground, especially if the sun is shining and your child is bursting with energy. As far as you can, move things around to suit you and your child's mood.

KEEPING ACTIVE

Children love using their bodies to crawl, walk, run, jump and climb. The more opportunities you give them to burn off some energy, the happier they will be. You will probably find they sleep better and are more easy-going, too. By giving them the chance to exercise, you will be helping their muscle development and general fitness, and laying down habits

that will help them grow into fit, healthy adults.

Here are some ways to keep your child active:

- Let your baby lie down and kick their legs.
- Once your baby has started crawling, let them crawl around the floor. You will need to make sure it's safe first.
- Let your toddler walk with you, rather than always using the buggy.
- Toddlers and young children love going to the park where they can climb and swing, or just run around.
- Toys that your child can pick up and move around will help improve their co-ordination and develop the muscles in their arms and hands.
- There may be activities for parents and children at your local leisure centre and at the local Sure Start Children's Centre.
- You can take your baby swimming from a very young age. There is no need to wait until they have been immunised.

Introducing your child to books

Books can be exciting or calming. They spark the imagination. And, most importantly, they are lots of fun. Even before your baby learns to speak, they will enjoy hearing you read to them, and listening to you will give them a feel for the sounds, rhythms and rhymes of language. Introducing your child to books early on will also help with future learning.

Bookstart (www.bookstart.org.uk) offers free books to children at around eight months, 18 months and three to four years. Packs are available from health visitors, libraries and early years settings and include information on joining your local library and getting involved in Bookstart 'rhymetime' or 'storytime' sessions. They also explain how you can get involved in activities at your local Children's Centre.

The Booktrust Big Picture focuses on picture books and how they can support your child's development. Go to www.bigpicture.org.uk for free picture book resources, an online illustrators' gallery and a guide to the best new children's book illustrators. Go to the main Booktrust website at www.booktrustchildrensbooks.org.uk for thousands of children's book recommendations. You can also contact Booktrust on 020 8516 2977.

Toys for children with special needs

Toys for children with special needs should match their developmental age and ability. Ideally, they should be brightly coloured, make a noise and have some moving parts. If your child is using a toy intended for a younger age group, make sure it's strong enough and will not get broken.

Children with a visual impairment will need toys with different textures to explore with their hands and mouth. Children with impaired hearing will need toys to stimulate language; for example, puzzles that involve matching 'finger-spelled' letters to appropriate pictures. The Council for Disabled Children can provide information about suitable toys. Go to www.ncb.org.uk/cdc. See pages 72–73 for more information about help and support for children with special needs.

Toy safety

When you are buying toys, look for the British Standard kitemark, Lion mark or CE mark, which show that the toy meets safety standards. Take care when buying toys from market stalls or second-hand; they may not meet safety standards and could be dangerous. Toys usually have warnings about age. So if a toy is marked 'Not suitable for children under 36 months', you should not give it to a baby or toddler aged under three. Check all toys for any sharp edges or small parts that your child could try to swallow.

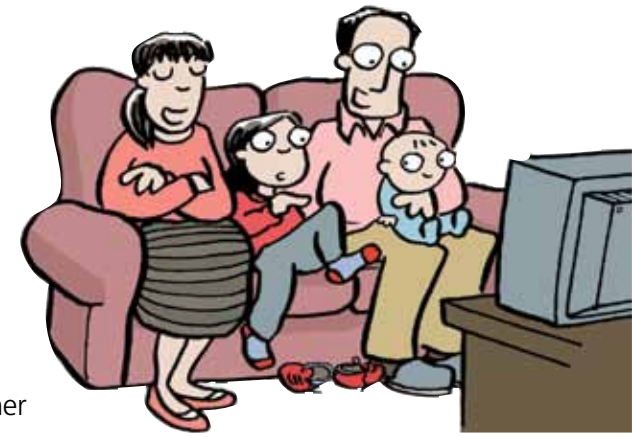
GET CREATIVE: IDEAS TO HELP YOUR CHILD PLAY AND LEARN

Giving your child lots of different opportunities to play doesn't need to be difficult or expensive. Sharing books, songs and nursery rhymes with your child is fun, and will help them develop language and communication skills. You can also use lots of things you have already got around the house. Try some of the ideas listed here. Remember to get involved yourself – your child will learn more from you than they will from any toy.

1 Rattles
(from four months).
Wash out a plastic screw-top bottle and put lentils or dried beans inside. Shake it around in front if your child and they will learn how to make a noise with it. As some dried beans are poisonous and small objects can be dangerous for young children, it's best to glue the top securely so it will not come off.

2 Play dough
(from about 18 months). You can make your own play dough. Put one cup of water, one cup of plain flour, two tablespoons of cream of tartar, half a cup of salt, one tablespoon of cooking oil and some food colouring or powder paint in a pan. Stir over a medium heat until it forms a dough. Once the dough has cooled down, you can show your child how to make different shapes. If you keep it in a plastic box in the fridge, you can use it again.

3 Pretend cooking
(from 18 months).
Use a bowl and spoons to measure out small quantities of 'real' ingredients (flour, lentils, rice, sugar, custard powder). You and your child can mix them up with water in bowls or egg cups.



4 Television.
You should consider limiting your child's TV viewing to less than two hours per day from two years old and ideally no TV viewing before the age of two years. TV can entertain your child and give you a bit of time to do other things. Try not to have it on all the time, though, and always make sure you know what your child's watching. Watch with your child when you can so you can talk together about what you are seeing.

5 Playing with water (any age).
Babies, toddlers and young children love playing with water, in the bath or paddling pool or just using the sink or a plastic bowl. Use plastic bottles for pouring and squirting at each other, plastic tubing, a sponge, colander, straws, a funnel, spoons – anything unbreakable. You will probably both get a bit wet so you might want to cover your clothes. Remember, never leave a young child alone with water. **A toddler can drown in less than 5cm (2 inches) of water.**

6 Dressing up (from 18 months).
Collect old hats, bags, gloves, scarves, nighties, lengths of material, tea towels and old curtains. Ask friends and relatives, or try jumble sales. Make sure there are no loose cords, strings or ribbons that could wrap around your child's neck or trip them (or you!) up. Paper plates or cut-up cereal packets make good masks – cut slits for the eyes and tie them on with string.

7 Reading.
You can start looking at books with your baby from an early age. You don't have to read the words, just talk about what you can see. Even quite small babies like looking at picture books. Local libraries usually have a good range of children's books and some run story sessions for young children. Looking at books with your child, even if it's just for 10 minutes a day, will help them build important skills and encourage their interest in reading. To find out more, see 'Introducing your child to books' on page 75.

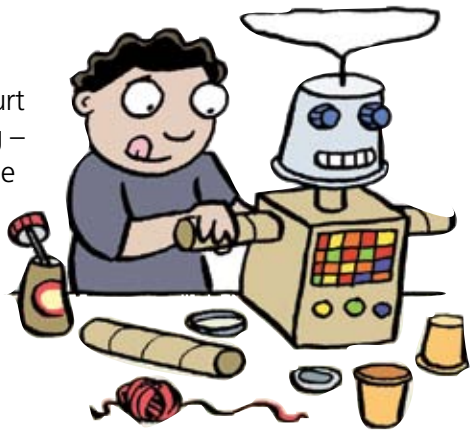
GET CREATIVE: FURTHER IDEAS TO HELP YOUR CHILD PLAY AND LEARN

8 Drawing and painting (from 18 months). Use crayons, felt tips or powder paint. You can make powder paint thicker by adding washing-up liquid as well as water. At first, your child will need you to show them how to hold the crayon or paint brush. You can use old envelopes slit open and the inside of cereal packets for paper.

9 Paper bag or envelope puppets. Use old paper bags and envelopes to make into hand puppets. Draw faces on them or stick things on to make your own characters. Try getting the puppets to 'talk' to each other, or to you and your child.

10 Walking. Encourage your child to walk with you (you may want to use reins for safety) as soon as they are able. It might slow you down, but it's a great way for both of you to get some exercise!

11 Junk modelling (from 30 months). Collect all sorts of cardboard boxes, cartons, yoghurt pots, milk bottle tops – anything – and buy some children's glue (the sort with a brush is easiest to use). Then you can help them to make whatever they like!



TEACHING YOUR CHILD THE ESSENTIALS

When children play, they are learning what they want to learn. Often these will be things you want them to learn too: sometimes, though, they might need a bit of extra help from you, for example when they are learning to use a potty (see page 86), how to wash and dress themselves or what not to touch and where it's not safe to run.

The following are suggestions that can make life easier for both of you:

- **Wait until you think your child is ready.** If you try to teach them something too soon, you will both end up getting frustrated. If it doesn't work out, leave it for a few weeks and try again.
- **Don't make it into a big deal.** Your child might learn to eat with a spoon very quickly but still want to be fed when they are tired, or use the potty a few times then want to go back to nappies. Don't worry. It doesn't mean you have failed. It will not take them long to realise that they want to learn to be grown up and independent.
- **Keep it safe.** Children under three cannot really understand why they should not fiddle with electrical equipment or pull the leaves off plants. It's easier just to keep things you don't want touched well out of the way.
- **Be encouraging.** Your child wants to please you. If you give them a big smile, a cuddle or praise when they do something right, they are much more likely to do it again. This approach works a lot better than telling them off for doing something wrong.
- **Be realistic.** You cannot expect perfection or instant results. If you assume everything is going to take a bit longer than you thought, you can only be pleasantly surprised.
- **Set an example.** Your child wants to be like you and do what you do. So let them see you washing, brushing your teeth and using the toilet.
- **Be firm.** Children need firm, consistent guidelines. So once you have made a decision, stick to it. For example, if you have started potty training but decided your child is not ready, it's fine to give up and try again a few weeks later. But a child who is in nappies one day, out the next, and back in them the day after is bound to get confused.
- **Be consistent.** For the same reason, it's important that everyone who looks after your child teaches them more or less the same things in more or less the same way. If you and your partner, or you and your childminder, do things very differently, your child will not learn so easily and may well play you off against each other.
- **Do what is right for your child, for you and for the way you live.** Don't worry about what the child next door can or cannot do. It's not a competition!

No one is perfect, and some children do find it very difficult to learn. See page 93 for help to deal with difficult behaviour.

encourage learning

PLAYING AND LEARNING WITH OTHER CHILDREN

Learning how to make friends is one of the most important things your child can do. If your child learns early how to get on well with other children and adults, they will get off to a better start at school and generally be happier and more confident.

It's never too early to start, especially if your child is an only child. Even babies and small children like other children's company, although to start with they will often play alongside rather than actually with each other. Ask your health visitor if there is a new parents group meeting in your area. Getting together with other parents can be good for you too (see 'Loneliness' on page 150).

This section tells you about the kinds of groups you and your child can get involved in up until they are old enough to go to school. Whatever type of group you decide to go for, you should make sure it's registered with Ofsted. This is a sign that it meets safety and quality standards and delivers the Early Years Foundation Stage framework for play-based early learning and care (see below).

Parent and toddler groups

Once your child starts to crawl and walk, you can try a parent and toddler group or a 'one o'clock club'. It's a great way for toddlers and children aged up to about three to burn off energy, and for you to relax and chat to other parents. Ask your health visitor or other parents you know about groups in your area. It's also worth looking at the clinic noticeboard and in shop windows. Your local library will probably have information too, and might also run story sessions for pre-school children.

Playgroups, pre-schools and nurseries

To start with, your child will want to know that you, or another trusted adult, is nearby. But by the time they are about three, your child will be ready to spend time playing with other children without you being there.

There are playgroups and pre-schools in most areas. They vary in what they offer and how they are run. Some are free. Whatever the age of your child, or hours of provision you wish to access, the Families Information Service will be able to point you towards a setting that meets your needs. Playgroups are often run by parents themselves. To find out about local playgroups or pre-schools, contact your local Families Information Service (FIS) (formerly the Children's Information Service) on 0800 2 346 346.

A nursery class is part of a primary school, while a nursery school is a separate school. Again, the services they offer will vary. You will need to ask what is available, and whether there are any costs involved.

The Early Years Foundation Stage

Since September 2008, all Ofsted-registered early years and childcare providers and all maintained and independent school reception classes must use the Early Years Foundation Stage (EYFS). The EYFS is a national play-based framework designed to support the safety, learning and development of children aged from birth to five.

The EYFS ensures that:

- children learn through play
- providers work closely with parents
- your child's learning at home is taken into account
- you are kept up to date with your child's progress
- your child gets a high-quality experience regardless of the setting, and
- the welfare, learning and all-round development of children with different backgrounds and levels of ability, including those with special educational needs and disabilities, are taken into account.

For an introduction to the EYFS, call 0845 602 2260 and ask for a copy of the leaflet *It's child's play* (reference 00640-2008LEF-EN). You can find out more about the framework at www.direct.gov.uk/eyfs

It's worth finding out about playgroups, pre-schools and nurseries in your area well in advance as there may be waiting lists. Think about putting your child's name down for more than one group.

Early education for free

All three and four-year-olds are entitled to a free part-time early education place for two years before they must start school. These free sessions are available in a variety of settings in the public and private sectors, including nursery schools and classes, day nurseries, childminder networks and playgroups. From September 2009, the children from the most economically disadvantaged families in every local authority will also be entitled to up to 15 hours each week of free childcare and early learning. You will also be able to access it more easily at a time that suits your family's needs.

This is already on offer in some areas. To find out how to join in your free sessions, contact your local Family Information Service on 0800 2 346 346.

STARTING SCHOOL

Legally, children must start formal education no later than the beginning of the school term following their fifth birthday. Many infant and primary schools admit children to their reception classes at four. The reception class will also be following the Early Years Foundation Stage (see left).

If you are offered a school place for your child when they are four, but you would rather they started school later in the school year, you can ask the school to defer entry. But you must take the place during that school year. You cannot hold it over to the next year.

Schools can only offer a certain number of places so it's a good idea to start looking early. You can get a list of local schools and information about them from your local education department (see page 155) or local library. Additional support can be put in place for disabled children or those with additional learning needs, even before they start school. Call Contact a Family on 0808 808 3555 for further information and a free fact sheet.

CHILDCARE

Inevitably, there will be times when you need to arrange for your child to be looked after by someone else, perhaps because you have decided it's time to go back to work. Ideally, whatever arrangements you make should give your child plenty of opportunities to spend time with other children. So, for example, you could think about using playgroups and nursery classes as well as a childminder or nanny.

Note that all childminders and daycare providers (except nannies who work in your home) should be registered with Ofsted. Your local FIS will be able to give you information about the care options available in your area. Your local information service can provide additional help to parents of disabled children in finding suitable childcare. You can also get information at www.childcarelink.gov.uk or at www.familyinformationservices.org.uk

Additional support

You can access advice and support, including specialist health, social and parenting support, through your local Children's Centre. They will also have access to specialist services for children with special needs. Your health visitor will have information about all the local services available in your area.

Childminders and home child carers

Childminders look after small numbers of children in their own homes. Anybody paid to look after children under eight in this way for more than two hours a day must, by law, register as a childminder with Ofsted. This doesn't apply to close relatives, but does apply to friends or neighbours.

Childminders are registered to care for up to three children under five, including their own children. Ofsted inspectors will visit them to check that their homes are suitable and that the level of care they provide meets the welfare requirements of the Early Years Foundation Stage (see page 80). Childminders can also now apply to be registered as home child carers, meaning they can look after your children in your own home. If you are using a childminder or home child carer, always ask to see their registration certificate.

Your local FIS should have a list of childminders and home child carers with vacancies in your area, or you can ask other working parents. If you don't know anyone who is using a childminder or home child carer, try asking your health visitor to put you in touch with someone.

Once you have found a childminder or home child carer you are happy with, it's a good idea to make sure you have a written agreement or contract in place before they start looking after your child. As well as providing a safeguard for both of you, it will help avoid any misunderstandings about things like holidays, extra pay for extra time, and expenses.

Nannies, mother's helps and au pairs

A nanny is a qualified child carer who will come to your home to look after your child. Duties vary from nanny to nanny, but typically you can expect a nanny to prepare meals for your child, clear up after them and do some of their laundry. If you employ a nanny you are responsible for paying their tax and National Insurance as well as their wages. You may find that there is another working parent nearby who would like to share the cost and services of your nanny.

registered carers

Working Families (see page 185) can provide you with more information on employing a nanny.

Mother's helps and au pairs don't have childcare qualifications. A mother's help can live in or live out, and will help with childcare and housework. Au pairs are young women or men who come to the UK from overseas, usually for a year, so they can learn English. An au pair will live in your house, and work for you for up to 35 hours a week. You provide bed and board and pocket money and access to English lessons in return for help in the home.

Nannies, mother's helps and au pairs don't have to be registered with Ofsted, so there are no official safeguards. However, people caring for children up to the age of 17, including nannies, can choose to join the voluntary part of the Ofsted Childcare Register. Go to www.ofsted.gov.uk for more information.

Day nurseries

Most day nurseries are run privately or by voluntary organisations. All day nurseries must be registered with Ofsted. Contact your local FIS (see page 155 for contact details) for information about nurseries near you. There are a few local authority-run day nurseries, but these usually give priority to parents who are under a lot of stress and finding it hard to cope or whose children have special needs.

You may be lucky enough to have a nursery or crèche where you work. If not, and if there are a number of parents needing childcare, you could think about asking your employer to set one up.

Sharing/group care

Another option is to get together with other parents with similar needs and organise your own childcare. This can work well, particularly if at least some of you work part time and so have a bit more flexibility. Your health visitor might be able to put you in touch with other parents who work or want to work and need childcare. The Daycare Trust (see page 183 for contact details) supplies information about setting up group care. If the group runs for more than two hours a day, or for more than five days a year, it will need to be registered with Ofsted.

Coping with the cost of childcare

Childcare costs can be high. If you are on a low or moderate income, you may be able to get help with the cost of registered or approved childcare through Working Tax Credit (see page 170). You may also be able to get help with the cost of approved nannies and childminders through tax credits or tax exemptions on childcare vouchers. For more information go to the HM Revenue and Customs website at www.hmrc.gov.uk

Remember, if your child is aged three or four you will be able to access a free part-time childcare place for them.

If you are under 20 and interested in learning, the Care to Learn scheme might be able to help with childcare costs. Call the helpline on 0800 121 8989 or go to www.direct.gov.uk/caretolearn

Making childcare work

Think about your child's needs and what is available. There are not as many childcare and/or nursery places for babies, and you might prefer to leave a small baby in the care of a single person who you can get to know. A toddler or pre-school child might be happier in a group atmosphere, making friends and learning new skills, although a very shy child might prefer to spend most of their time with a childminder but have regular trips to a playgroup or one o'clock club to meet other children.

Your needs are important too. Will the childcare cover your working hours or will you need someone else to cover the extra time? Over-complicated arrangements will make life stressful for you and your child.

- **Don't rush into a decision.** Visit the childminder or nursery and have a good chat with them. Ask about the basics like hours, fees and what they cover, holidays and what happens if someone is ill or there is an emergency. See the box on the right for a list of questions you might want to ask.
- **Think about transport.** How easily can you get there from work and from home?
- **Give your child time to settle in.** If you can, start by leaving your child for a short time and gradually build up. This might mean introducing your child to childcare before you have actually started back at work.
- **Tell your childminder or nursery all about your child.** They will need details about their routine, likes and dislikes, feeding habits (particularly if you are still breastfeeding), and so on. When you are picking your child up or dropping them off, try to allow enough time to talk and find out how things are going.

The childcare checklist

- ☐ How many children are there in a group/school/class, and how many staff?
- ☐ How many of the staff are permanent and what are their qualifications?
- ☐ What are the arrangements for discussing what your child's been doing that day and their overall progress?
- ☐ How are children disciplined?
- ☐ How will your child be stimulated and given opportunities to learn through play? What kind of equipment is there? What sort of activities are on offer?
- ☐ Is there outside space? Can children run around outside when the weather is bad?
- ☐ Are trips and visits organised?
- ☐ How are children taught about different races, cultures and religions?
- ☐ Are parents expected to help out, perhaps with activities like cooking or outings?
- ☐ What meals and snacks are provided and is there a nutrition policy?
- ☐ Will your child's dietary needs (for example, for kosher, vegetarian or nut-free food) be met? If not, can you bring in food and will it be kept separate?

- **If you have specific concerns, talk about them.** If your child has asthma, for example, you will need to be sure that your childminder doesn't keep pets and find out whether they, or anyone else in the house, smokes. Perhaps you worry about your child being given certain things to eat. Whatever the issue, if it's important to you, you need to talk about it.
- **Make sure you and your childminder or nursery workers agree on key issues.** It's important to take a consistent approach to things like discipline and potty training.
- **Support and reassure your child in every way you can.** The early weeks are likely to be difficult for both of you. A regular routine and a handover that is as smooth as possible both help. It's perfectly normal for your child to cry when you leave, but remember that the crying usually stops once you have gone. Don't hang around and, once you have left, don't go back. If you have said you will be back at a certain time, make sure you are.
- **Share the experience.** With older children, chat about what they have been doing while you have been away, and talk about the person or people who look after them. Show them it's all part of normal life, and something to look forward to.
- **Make time.** Whatever else you need to sacrifice – like the housework! – it's vital to carry on making time to spend with your child once you have gone back to work.
- **Don't feel guilty.** Evidence shows that children do well in high-quality childcare. There is no need to feel guilty about not being there 24/7. If you are worried about the quality of care though, it's important to do something about it as soon as possible. Contact the Ofsted Early Years helpline on 0845 601 4772 for help and advice on how to make a complaint.

Finding a child carer or early education provider

Go to see the group or school. See a few, if you can. Talking to the people in charge, looking at what is going on and asking questions is the best way to get a sense of what it's like (see the box on page 83 for suggestions). Find out what the children do, how they are cared for and how their learning is supported.

Trust your instincts. If you like the feel of a place and the children seem happy and busy, that is a good sign. You know best the kind of place that will suit your child.

Talk to other parents whose children are at the group or school. Your health visitor may also be able to tell you about other parents' views and experiences.

Talk about ways of settling your child in happily. Staff may suggest ways of helping with this. At a playgroup or nursery school you might, for example, stay with your child at first and then go away for longer and longer periods of time. In some situations, your child might need more support and reassurance. For example, it may be that your child will be one of very few black children at a mainly white school, or the other way round. In this situation, talk to the school beforehand about any problems that might come up. Find out how the school will handle them, make suggestions yourself if you want to, and explain your child's needs. Talk to your child about it, too, in whatever way seems best.

6 HABITS AND BEHAVIOUR

As children grow, they start to learn some basic skills and habits, like using the toilet, sleeping through the night and learning how to behave themselves in public and at home. This chapter offers practical advice on teaching your child these vital skills – and on how to cope when things get tough.

- All children learn at their own pace and in their own way. It doesn't usually help if you – or other people – compare your child with other children.
- You cannot force potty training! If you do, you will make your child anxious and turn the whole issue into a battleground. Encouragement works much better.
- Lead by example. It's the best way for your child to learn everything from how to use the loo to how to resolve an argument.
- Getting into a good sleeping routine will help make everyone's life easier. Being calm and consistent can be the key to successful sleeping.
- Changes – like the arrival of a new baby – can disrupt your child's routine and change their behaviour. You can try to prepare for this. You need time to learn to cope too – with the practicalities and with your own feelings.
- Remember, all children behave badly from time to time. Other parents can be a great source of advice on how to cope when this happens. You don't have to struggle on your own!

Coping with ill or disabled children

Some children with illnesses or disabilities may find it more difficult to learn to do things like sleep through the night or use a toilet. This might be linked to their medical condition or disability and can be challenging both for them and for you. Do let your child specialist nurse or doctor know of your concerns. The charity Contact a Family can provide information, suggest further sources of support and put you in touch with other parents who have faced similar problems. See page 157 for contact details.

LEARNING TO USE POTTIES AND TOILETS

Children get bladder and bowel control when they are physically ready for it, and when they want to be dry and clean. Every child is different, so it's best not to compare your child with others.

- Most children can control their bowels before their bladders.
- By the age of two, some children will be dry during the day; however, this is still quite early.
- By the age of three, nine out of 10 children are dry most days. Even then, all children have the odd accident, especially when they are excited or upset or absorbed in doing something else.
- By the age of four most children are reliably dry.

It usually takes a little longer to learn to stay dry throughout the night. Although most children learn this between the ages of three and five, it is estimated that a quarter of three-year-olds and one in six five-year-olds wet their bed.

When to start potty training

It helps to remember that you really cannot force your child to use a potty. If they are not ready, you will not be able to make them. In time they will want to use it; your child will not want to go to school in nappies any more than you would want them to! In the meantime, the best thing you can do is to encourage the behaviour you want.

Most parents start thinking about potty training when their child is around 18–24 months, but there is no perfect time. It's probably easier to start in the summer, when washing dries better and there are fewer clothes to take off, and at a time when you can have a clear run at it, without any great disruptions or changes to your child's or your family's routine.

You can also try to work out when your child is ready. There are a number of signs that your child is starting to develop bladder control:

- They know when they have a wet or dirty nappy.
- They get to know when they are passing urine, and may tell you they are doing it.
- The gap between wetting is at least an hour (if it's less, potty training may fail and at the very least will be extremely hard work for you).
- They know when they need to wee, and may say so in advance.

You will probably find that potty training is fastest if your child has started to show any of the above signs before you start. If you start earlier, be prepared for a lot of accidents as your child learns.

How to start potty training

- **Try leaving a potty around where your child can see it and get to know what it's for.** If you have an older child, your younger child may see them using it, which will be a great help. It helps to let your child see you using the toilet and explain what you are doing.
- **If your child regularly opens their bowels at the same time each day, try leaving their nappy off and suggesting that they go in the potty.** If your child is even the slightest bit upset by the idea, just put the nappy back on and leave it a few more weeks before trying again.
- **As soon as you see that your child knows when they are going to wee, encourage them to use their potty.** If your child slips up, just mop it up and wait for next time. It usually takes a while to get the hang of it. If you don't make a fuss when they have an accident then they will not feel anxious and worried and are more likely to be successful the next time.

- **Your child will be delighted when they succeed, and a little praise from you will go a long way.** It can be quite tricky to get the balance right between giving praise and making a big deal out of it, which you don't want to do. It's best not to give sweets as a reward, as this can end up causing more problems. When the time is right, your child will want to use the potty, and they will just be happy to get it right.

Some common problems with potty training, and how to deal with them

My child is not interested in using the potty at all

Try not to worry. Remind yourself that, in the end, your child will want to be dry for their own sake. If they start to see the whole business as a battle of wills with you, it will be much harder.

My child just keeps wetting themselves

You have two options. You could go back to nappies for a while and try again in a few weeks, or you could keep going but be prepared to do a lot of changing and washing of clothes. Whatever you decide, try not to let it get you or your child down and don't put pressure on them. Try talking to other parents about how they coped. You also don't want to confuse your child by stopping and starting too often, so if you do stop, leave it for a little while before you start again.

Just when I think things are going well, there is an accident

Accidents will happen for a while, so it's always good to make sure your child knows how pleased you are when they use the potty or manage to stay dry, even if it's just for a short time. Even though accidents can be very frustrating, you should try not to show this to your child. Explain that you want them to try to use the potty or toilet next time. If your child starts to worry, the problem could get worse.

My child was dry for a while, but now they have started wetting again

If your child has been dry for a while either at night or during the day, or both, and then starts wetting again, there may be an emotional reason. Disruption – like moving house, or a new baby arriving – or a change of routine can often have such an effect. The best thing you can do is be understanding and sympathetic. Your child will almost certainly be upset about the lapse and will not be doing it 'on purpose'.

My child's about to start school, and they are still not dry

By this age, your child is likely to be just as upset by wetting as you are. They need to know that you are on their side and that you are going to help them solve the problem. Talk to your GP or health visitor to get some guidance. They may refer you to a clinic for expert help.

Help and support

You can contact Education and Resources for Improving Childhood Continence (ERIC) for information (see page 183 for contact details).

help your child to learn

Bedwetting

Up to the age of five, bedwetting is considered normal, and treatment is not usually given. You may, however, find the following suggestions useful if your four or five-year-old is wetting the bed:

- Try not to get angry or irritated with your child – even if it is 3am!
- Protect the mattress with a good waterproof protective cover.
- Some children are afraid to get up at night. A night light or potty in their room can help.
- Cutting back on fluids will not help as your child's bladder will simply adjust to hold less. It is better for your child to drink around six or seven cups of fluid during the day so that their bladder learns to cope with a healthy amount of fluid. Avoid giving your child drinks with caffeine, such as tea, cola and chocolate, before they go to bed as these can stimulate the kidneys to produce more urine.
- Constipation can also irritate the bladder at night and cause a child to wet the bed. Making sure that your child is drinking enough fluid and eating enough fibre can help to make sure they are not constipated.

Constipation and soiling

If your child is not emptying their bowels at least three times a week and their stools are often hard and difficult to pass, they may be constipated. Their stools may also look like little pellets.

Soiled pants can be another sign, as soft stools (diarrhoea) may leak around the hard constipated stools. Too much milk and too little fibre can cause constipation. It may also suggest that your child is worried or anxious about something.

If your child gets constipated, they may find it painful to pass stools. This creates a vicious circle: the more it hurts, the more they hold back, the more constipated they get, and the more it hurts. Even if passing a stool is not painful, once a child is really constipated they will stop wanting to go to the toilet at all.

Ask your health visitor, GP or pharmacist whether a suitable laxative might help. They may be able to suggest other alternatives.

If the problem is not solved quickly, talk to your GP. The longer it goes on, the more difficult it can be for your child to get back to normal, so do get help. It might take a while for the treatments your doctor recommends to work, but keep trying until they do.

Once the initial problem has been solved, it's important to do everything you can to stop it coming back. The best way to avoid constipation is to make sure your child eats plenty of fibre. Fruit and vegetables, wholemeal bread or chapattis, wholegrain breakfast cereals, baked beans, frozen peas and sweetcorn are all good sources, and popular with children. They will also need lots to drink, but don't give them too much milk or squash (see Chapter 3 for guidance on suitable diets) as that can actually cause constipation. Lots of exercise also helps.

If changing their diet doesn't help, try to find out whether there is anything upsetting your child. Perhaps they are afraid of using the potty. Whatever it is, try to reassure them that it's OK. It might take some time, but letting your child be with you when you go to the toilet can help. Try to be as relaxed as you can be about it. If the problem still doesn't go away, talk to your health visitor or GP again.

Understanding bedwetting

If a child who has been dry starts to wet the bed again, it may be a sign that they have a bladder infection, constipation or threadworms. Alternatively, they may be worried or anxious about something.

SLEEPING

In some families, children simply go to bed when they are ready, or at the same time as their parents. In others, children go to bed early, giving their parents some child-free time. Some parents are happy to cuddle their children to sleep every night, while others want their children to be able to settle down on their own.

All of these approaches are absolutely fine, but you will probably find it helps both you and your child to establish a regular routine – what is sometimes called good sleep hygiene. Making sure your child is calm and ready for bed will help everyone to enjoy a peaceful night.

How much sleep is enough?

Just as with adults, babies' and children's sleep patterns vary. From birth, some babies need more or less sleep than others. The following list shows the average amount of sleep babies and children will need during a 24-hour period, including daytime naps.

- **Birth to three months.** Most newborn babies spend more time asleep than awake. Total daily sleep can vary 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 will need fewer night feeds and be able to sleep for longer stretches. Some babies will sleep for around eight hours or even 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 should no longer be necessary, and some babies will sleep for up to 12 hours at a stretch at night. However, teething discomfort or hunger may wake some babies during the night.
- **12 months.** Babies will sleep for around 12–15 hours altogether.
- **Two years.** Most two-year-olds will sleep for about 11–12 hours at night, with one or two naps in the day.
- **Three to four years.** Most will need about 12 hours of sleep, but the amount can range from eight hours up to 14. Some young children will still need a nap during the day.

Establishing a bedtime routine

Getting into a simple, soothing bedtime routine early can help avoid sleeping problems later on. A 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 are still awake rather than getting them to sleep by rocking or cuddling 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, you might find it helpful to keep to a similar bedtime routine. Too much excitement and stimulation just before bed can wake your child up again. It can help to spend some time 'winding down' and doing some calmer activities, like reading.

An example of a routine could be:

- bath, then put on night clothes
- supper or a milky drink
- brush teeth
- go to bed
- bedtime story
- make sure comforter (dummy, cuddly toy or security blanket) is nearby, then
- goodnight kiss and cuddle.

You could leave a dim light on if necessary.

SOME COMMON SLEEP PROBLEMS

Lots of young children find it difficult to settle down to sleep – and wake up during the night. For some parents, this might not be a problem. If you are happy for your child to go to bed at the same time as you, or sleep in your bed, that is fine. But if you or your child are suffering from lack of sleep, you may like to try some of the suggestions here. Research shows that tips like these are more effective than medicines in treating sleep problems.

My child will not go to bed

- Think about what time you want your child to go to bed.
- Close to the time that your child normally falls asleep, start a 20-minute 'winding down' bedtime routine. Bring this forward by 5–10 minutes a week (or 15 minutes a week, if your child has got into the habit of going to bed very late) until you get to the bedtime you want.
- Try to set a limit on the amount of time you spend with your child when you put them to bed. For example, you could read one story only, then tuck your child in and say goodnight.
- Make sure your child has their dummy, if they use one, favourite toy or comforter before settling into bed.
- If your child cries, leave them for 5–10 minutes before going back in and settling them down again. Don't pick them up or take them downstairs. If your child gets up, put them back to bed again.
- Leave a drink of water within reach and a dim light on if necessary.
- If you keep checking your child, you might wake them up, so leave it until you are certain that they are asleep.
- You might have to repeat this routine for several nights. The important thing is to be firm and not to give in.

My child keeps waking up during the night

By the time your child is six months old, it's reasonable to expect them to sleep through most nights. However, up to half of all children under five go through periods of night waking. Some will just go back to sleep on their own, others will cry or want company. If this happens, try to work out why your child is waking up.

For example:

- Is it hunger? A later feed or some cereal and milk last thing at night might help your child to sleep through the night.
- Are they afraid of the dark? You could try using a nightlight or leaving a landing light on.
- Is your child waking because of night fears or bad dreams? If so, try to find out if something is bothering them.

- Is your child too hot or too cold? You could adjust their bedclothes or the heating in the room and see if that helps.

repeat your routine

If there is no obvious cause, and your child continues to wake up, cry and/or demand company, then you could try some of the following suggestions:

- **Scheduled waking.** If your child wakes up at the same time every night, try waking them between 15 minutes and an hour before this time, then settling them back to sleep.
- **Let your child sleep in the same room as a brother or sister.** If you think your child may be lonely, and their brother or sister doesn't object, try putting them in the same room. This can help them both to sleep through the night.
- **Teach your child to fall asleep by themselves.** First check that everything is all right. If it is, settle your child down without talking to them too much. If they want a drink, give them water but don't offer them anything to eat. For this approach to work, you need to leave them in their cot or bed and not take them downstairs or into your bed. Let them cry for around five minutes before you check them. Over the next few nights, gradually increase the amount of time you leave them before checking. It might take a week or two, but if you keep the routine going, your child should start falling asleep on their own.
- **Nightmares.** Nightmares are quite common. They often begin between the ages of 18 months and three years. Nightmares are not usually a sign of emotional disturbance. They may happen if your child is anxious about something or has been frightened by a TV programme or story. After a nightmare, your child will need comfort and reassurance. If your child has a lot of nightmares and you don't know why, talk to your GP or health visitor.
- **Night terrors.** These can start before the age of one, but are most common in three and four-year-olds. Usually, the child will scream or start thrashing around while they are still asleep. They usually happen after the child has been asleep for a couple of hours. They may sit up and talk or look terrified while they are still asleep. Night terrors are not usually a sign of any serious problems, and your child will eventually grow out of them. You should not wake your child during a night terror, but if they are happening at the same time each night, try breaking the pattern by gently waking your child about 15 minutes beforehand. Keep your child awake for a few minutes, then let them go back to sleep. They will not remember anything in the morning. Seeing your child have a night terror can be very upsetting, but they are not dangerous and will not have any lasting effects.
- **Tackle it together with your partner.** If you have a partner, you should agree between you how to tackle your child's sleeping problems, as you don't want to try to decide what to do in the middle of the night! If you both agree what is best for your child, it will be easier to stick to your plan.

Help and support

Extra help with sleeping problems

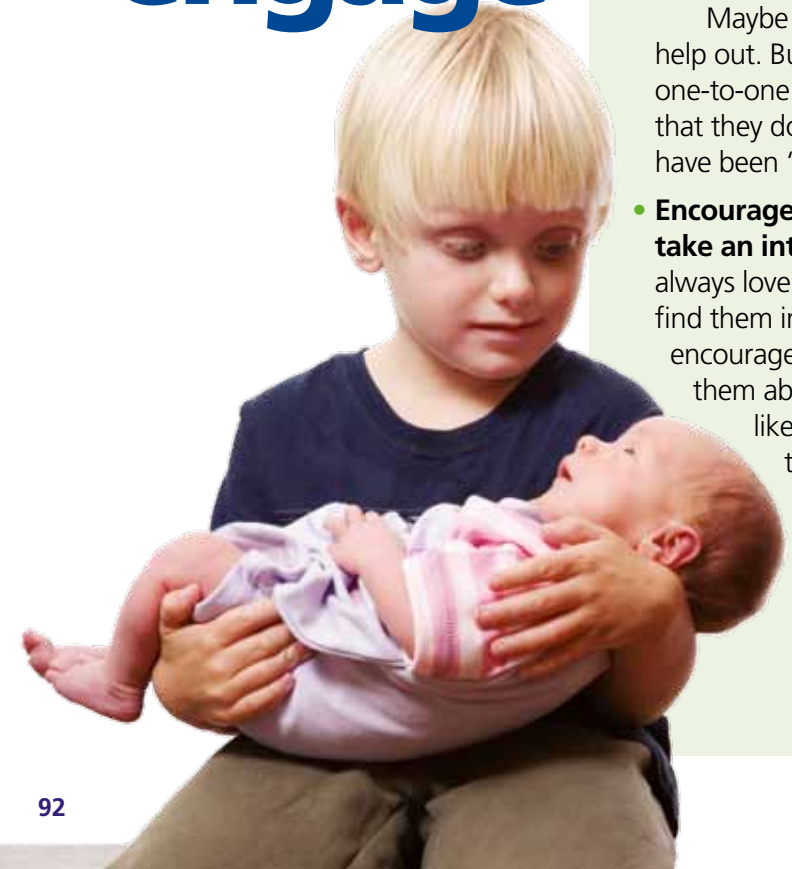
It can take patience, consistency and commitment, but most sleep problems can be solved. However, if you have tried the suggestions on these pages and your child's sleeping is still a problem, talk to your GP or health visitor. They may have other ideas or suggest that you make an appointment at a sleep clinic if there is one in your area. Sleep clinics are usually run by health visitors or clinical psychologists who are specially trained in managing sleep problems and can give you the help and support you need. In the meantime, if you are desperate, try to find someone else to take over for the odd night, or even have your child to stay. You will cope better if you can catch up on some sleep yourself.

A NEW BABY IN THE FAMILY

Coping with two children is very different from coping with one. It can be tough at first, especially if your first child is not very old. When it comes to dealing with the baby, you have got more experience and probably more confidence too, which helps. But the work more than doubles, and dividing your time and attention can be a strain.

You may find that your first child shows some jealousy or attention-seeking behaviour. This can be dealt with by ensuring you focus on them too. It takes time to adjust to being a bigger family and caring for more than one child.

encourage your child to engage



Your older child, no matter what their age, has to adjust too, and some children find this difficult. The following suggestions may help:

- **Try to keep up old routines and activities.** Going to playgroup, visiting friends and telling a bedtime story might be difficult in the first few weeks, but sticking to established routines will help reassure your older child.
- **Your first child might not love the baby at first.** They may not feel the way you do. It's lovely if they share your pleasure, but it's best not to expect it.
- **Be prepared to cope with extra demands.** Your older child may want and need more attention. Maybe a grandparent can help out. But they will still need one-to-one time with you so that they don't feel as if they have been 'pushed out'.
- **Encourage your older child to take an interest.** Children don't always love babies, but they do find them interesting. You can encourage this, by talking to them about what they were like as a baby and the things they did. Get out their old toys, and show them photos.
- **Provide distractions during feeds.** An older child may well feel left out and jealous when you are feeding the baby. You could find something for them to do, or use the feed as an opportunity to tell them a story or just have a chat.
- **Be patient with 'baby behaviour'.** Your older child might ask for a bottle, start wetting their pants or want to be carried. This is completely normal behaviour so try not to let it bother you and try not to say 'no' every time.
- **Expect some jealousy and resentment.** It's almost certain to happen, sooner or later. You can only do so much. If you and your partner, or you and a grandparent or friend, can sometimes give each other time alone with each child, you will not feel so constantly pulled in different directions.
- **Encourage your child to engage with the baby.** Try to turn looking after the baby into a fun game and encourage your child to talk to the baby.

DEALING WITH DIFFICULT BEHAVIOUR

Children develop skills and awareness as they grow. Babies learn to sleep without you soothing them, young toddlers experiment with food (perhaps making quite a mess!) and they begin to play co-operatively with other children. It is sometimes easy to expect quite young children to be more independent, or better able to manage their feelings than is possible. It is normal for toddlers to have tantrums, especially when they cannot do something they want. They need you to help them learn how to cope with strong emotions, support and encourage them to do new things and give them confidence in themselves.

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. Sometimes it's a question of what you are used to. Sometimes it's a question of circumstances. For example, it's much harder to put up with mess if you have not got much space, or with noise if the walls are thin.

Parents also react to their children's behaviour in different ways. Some are stricter than others, some are more patient than others, and so on. It's not just a matter of how you decide to be. It's about how you are as a person. It's also to do with your child's individual character. For example, some children react to stress by being loud and noisy and wanting extra attention, others by withdrawing and hiding away.

You will probably find that you deal with your child's behaviour in your own way and set rules that fit the way you live and the way you are. But there will probably be times when your child's behaviour worries you or gets you down, and when nothing you do seems to work. This section will give you some pointers on how you might cope if this happens.

Understanding difficult behaviour

Sometimes it can help to take a step back. Is your child's behaviour really a problem? Do you really need to do something about it now? Is it just a phase that they will grow out of? Would you be better off just living with it for a while?

It's also worth asking yourself whether your child's behaviour is a problem for you, or for other people. Behaviour that might not worry you can become a problem when other people start to comment on it.

Sometimes, taking action can actually make the problem worse. At the same time, if a problem is causing you and your child distress, or upsetting the rest of the family, you do need to do something about it.

Identifying the reasons for difficult behaviour

There are a number of possible reasons for difficult behaviour. Here are a few suggestions:

- Any change in a child's life, like the birth of a new baby, moving house, a change of childminder, starting playgroup, or even something much smaller, can be a big deal. Sometimes children show how they are feeling in the only ways they know how.
- Children are quick to pick up on it if you are feeling upset or there are problems in the family. Their behaviour may be difficult to manage just at the time when you feel least able to cope. If you are having problems, don't blame yourself – but don't blame your child either if they react in a difficult way.
- Sometimes your child may react in a particular way because of the way you have handled a problem in the past. For example, if you have given your child sweets to keep them quiet at the shops, they may well scream for sweets every time you go there.
- Could you accidentally be encouraging difficult behaviour? Your child might see a tantrum as a way of getting attention (even if it's angry attention!) or waking up at night as a way of getting a cuddle and a bit of company. Try giving them more attention when they are behaving well and less when they are being difficult.
- Think about the times when your child's behaviour is most difficult to manage. Could it be because they are tired, hungry, over-excited, frustrated or bored?

Changing your child's behaviour

Do what feels right

It's got be right for your child, for you and for the family. If you do something you don't believe in or that you don't feel is right, the chances are it will not work. Children are quick to pick up when you don't really mean what you are saying!

Stick at it

Once you have decided to do something, give it a fair trial. Very few solutions work overnight. It's easier to stick at something if you have someone to support you. Get help from your partner, a friend, another parent, your health visitor or your GP. At the very least, it's good to have someone to talk to about what you are doing.

Try to be consistent

Children need to know where they stand. If you react to your child's behaviour in one way one day and a different way the next, it's confusing. It's also important that everyone close to your child deals with the problem in the same way.

Try not to over-react

This can be very hard! When your child does something annoying, not just once but time after time, your own feelings of anger and frustration are bound to build up. It's easy to get wound up and end up taking your feelings out on your child. If this happens, the whole situation can start to get out of control.

Of course, you would have to be superhuman not to show your irritation and anger sometimes, but try to keep a sense of proportion. Once you have said what needs to be said and let your feelings out, try to leave it at that. Move on to other things that you can both enjoy or feel good about. And look for other ways of coping with your feelings (see Chapter 9).

Talk to your child

Children don't have to be able to talk back to understand. And understanding why you want them to do something can help. Explain why, for example, you want your child to hold your hand while crossing the road, or get into the buggy when it's time to go home.

Encourage your child to talk

Giving your child the opportunity to explain why they are angry or upset will help reduce their frustration.

Be positive about the good things

When a child's behaviour is really difficult, it can come to dominate everything. What can help is to say (or show) when you feel good about something they have done. You can let your child know when they make you happy by just giving them some attention, a hug or even a smile. There doesn't have to be a reason. Let your child know that you love them just for being themselves.

Rewards

You can help your child by rewarding them for behaving well, for example by praising them or giving them their favourite food for tea. If your child behaves well, tell them how pleased you are. Be specific. Say something like, 'I loved the way you put your toys back in the box when I asked you! Well done!'

Don't give your child a reward before they have done what they were asked to do. That is a bribe, not a reward, and bribes don't work!

Smacking

Smacking may stop a child doing what they are doing at that moment, but it will not have a lasting positive effect. Children learn by example, so if you hit your child, you are effectively telling them that hitting is an OK way to behave. Children who are treated aggressively by their parents are more likely to be aggressive themselves. It's better to teach by example that hitting people is wrong. There are lots of alternatives to smacking as a way of controlling your child's behaviour.

Help and support

Extra help with difficult behaviour

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 GP. Sometimes, a bit of support and encouragement might be all you need. Some children may need to be referred to a specialist where they can get the help they need. Having a child whose behaviour is very difficult can put a huge strain on you. You might find that you need help yourself. See Chapter 9 for more information.

Tempers and tantrums

Tempers and tantrums can start at around 18 months. They are very common at around this age: one in five two-year-olds has a temper tantrum every day. One reason for this is that two-year-olds really want to express themselves, but find it difficult. They feel frustrated, and the frustration comes out as a tantrum. Once a child can talk more, they are less likely to have tantrums. Tantrums are far less common by about the age of four.

The following suggestions may help you to cope with tantrums when they happen:

- **Find out why the tantrum is happening.** It could be that your child is tired or hungry, in which case the solution is very simple. Or they could be feeling frustrated or jealous, maybe of another child. They may need time, attention and love, even though they are not being very lovable!
- **Understand and accept your child's anger.** You probably feel the same way yourself at times but you can express it in other ways.
- **Find a distraction.** If you can see that your child is starting a tantrum, find something to distract them straight away – for example, something you can see out of the window ('Look, a cat!'). Make yourself sound as surprised and interested as you can.
- **Sit it out.** Losing your temper or shouting back will not make the tantrum end. Ignore the looks you get from people around you and concentrate on staying calm. 'Giving in' will not help in the long term. If you have said 'no', don't change your mind and say 'yes' just to end the tantrum. Otherwise, your child will start to think that tantrums pay. For the same reason, it doesn't help to buy your way out with sweets or treats. If you are at home, try going into another room for a while – but make sure your child cannot hurt themselves.
- **Be prepared when shopping.** For some reason, tantrums often seem to happen in shops. This can be really embarrassing, and embarrassment makes it even harder to stay calm. Keep shopping trips short. You could start by going out to buy one or two things only, and build up from there. It can help to involve your child in the shopping by talking about what you need to buy and letting them help you. Once you have managed one quick trip without trouble, you are making progress.
- **Try holding your child firmly until the tantrum passes.** Some parents find this helpful but it can be hard to hold a struggling child. It will usually only work when your child is more upset than angry, and when you are feeling calm enough to talk to them gently and reassure them.

Hitting, biting, kicking and fighting

Most young children will occasionally bite, hit or push another child. Toddlers are also curious and may not understand that biting or pulling hair hurts. This doesn't necessarily mean your child is going to grow up to be aggressive. Here are suggestions for how you can teach your child that this kind of behaviour is unacceptable:

- **Don't hit, bite or kick back.** This could have the opposite effect of making your child think that it's OK to do this. Instead, make it clear that what they are doing hurts, and that you will not allow it.
- **Take them out of the situation.** If you are with other children, say you will leave, or ask the other children to leave, unless your child's behaviour improves – you will have to carry it out for this approach to work!
- **Put your child in another room.** If you are at home, try putting your child in another room (check that it's safe for them) for a short period.
- **Talk.** Children often go through patches of insecurity or upset and let their feelings out by being aggressive. Finding out what is worrying them is the first step to being able to help.
- **Show them you love them, but not their behaviour.** Children behaving aggressively are not always easy to love. But extra love may be what is needed.
- **Help your child let their feelings out some other way.** Find a big space, like a park, and encourage your child to run and shout. Just letting your child know that you recognise their feelings will make it easier for them to express themselves without hurting anyone else. You could try saying things like, 'I know you are feeling angry about…'. As well as recognising the feeling, it helps them to label and think about their own feelings.
- **Ask an expert.** If you are seriously concerned about your child's behaviour, talk to your health visitor or GP.

Coping with an active child

All young children are active, and it's normal for them to have lots of energy. A substantial proportion of children are overactive, and some (around 2%) genuinely do suffer from attention deficit hyperactivity disorder (ADHD) – what used to be known as hyperactivity.

However, a lot of children who are behaving in a difficult way and who have problems concentrating are not necessarily overactive, or may be suffering from a mild form of hyperactivity only. The challenge for parents and, sometimes, health professionals is to recognise the difference between 'normal' behaviour problems and ADHD symptoms, which require early treatment and management.

Below are some tips on managing an active child. If these tips or the other information in this chapter on dealing with difficult behaviour don't help, talk to your health visitor or GP. You can also get information from the National Attention Deficit Disorder Information and Support Service (ADDISS). See page 182 for contact details.

- **Keep to a daily routine as much as you can.** Routine can help if your child is restless or difficult to manage. It can also help you to stay calmer and cope better with the strain.

- **Make time to concentrate on your child.** One way or another, your child may be demanding your attention for most of the day (and sometimes the night too). Sometimes, you will have no choice but to say 'no' to them. That will be easier to do, and easier for your child to accept, if there are certain times each day when you give them all your attention.
- **If possible, avoid difficult situations.** For example, keep shopping trips short.
- **Try to get out every day.** Go to a park or playground or another safe, open space – anywhere your child can run around and really burn off some energy.
- **Avoid giving your child cola drinks, tea and coffee.** These all contain caffeine, which can make children 'jumpy'. A lot of sugar can also have an adverse effect.
- **Set small goals.** You could try to help your child to be still or controlled, or to concentrate, for a very short time, then gradually build up. You cannot transform your child's behaviour overnight.

WHEN EVERY DAY IS A BAD DAY

There is no such thing as a 'perfect' parent and even good parents have bad days. Most parents go through phases when one bad day seems to follow another. If you are tired or moody, or if your child is tired or moody, it can be hard to get on together and get through the day. You can end up arguing non-stop. Even the smallest thing can make you angry. If you go out to work, it's especially disappointing when the short amount of time you have got to spend with your child is spoilt by arguments.

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.

As a parent, you cannot hand in your notice or take a week off – unfortunately! Here are some ideas that might be able to help.

Stop. And start again ...

If you are going through a bad patch, a change of routine or a change in the way you deal with things can be enough to stop the cycle of difficult behaviour. Here are some ideas:

- **Change the timetable.** An argument that always happens at a particular time may not happen at another. Try to do the difficult things when your child is not tired or hungry or when they are most co-operative. For example, try dressing them after breakfast instead of before, or have lunch a bit earlier than you normally would.
- **Find things that your child enjoys, and do them together.** It doesn't have to be special or expensive. You could try going for a swim, to the library or just to play in the park. Let your child know that you are happy when they are happy. If you give them plenty of opportunities to see you smile, they will start to learn that a happy parent is more fun to be with than an angry one.
- **Ask yourself, does it really matter?** Sometimes it does, sometimes it doesn't. But having an argument or telling your child off about certain things can get to be a habit.
- **Say sorry.** When you lose your temper because you are tired or upset, apologise. You will both feel better for it.
- **Remember, all children are different.** Some like sitting still and being quiet, while others want to spend every waking minute learning and exploring. If your child is 'into' everything, the best thing you can do is give them as many opportunities as possible to let off steam and explore safely.

- **Remember, the way you and your partner behave has an effect on your child.** Happy parents tend to have happy children. If you and your partner are having difficulties, contact Relate (www.relate.org.uk). For more information on relationships see page 144.
- **Young children are still learning.** Children under three cannot always understand and remember what they should and should not do. Even after this age, it's hard for a child to remember instructions.
- **No one is perfect.** You are not perfect and neither is your child! Don't expect too much of yourselves.
- **Look after yourself.** Looking after young children can be exhausting, physically and emotionally. Having some time to yourself can help you to manage better. Try getting an early night or finding someone to talk to about how you are feeling.

talking to others can help

Talk about it

It does help to talk to and spend time with other people, especially other parents. It's often true that 'only parents understand'. They may look calm and capable from the outside (and remember, they are probably thinking the same about you!), but they would not be human if they did not get angry and frustrated at times.

If you don't already know any other parents near you, go to page 157 for information about local groups. Groups don't suit everybody, but at the very least they are a way of making friends and spending time with people who have children the same age as yours. If the first group you try doesn't suit you, it's worth trying another one.

If every day has been a bad day for a while, and you feel that things are getting out of control, get some help. Talk to your health visitor or phone a helpline. Talking to someone who understands what you are going through may be the first – and biggest – step towards making things better.

Sometimes, you may have other problems. If you are miserable, trying to be happy for your child's sake may seem impossible. See Chapter 9 for more information. Go to page 157 for a list of organisations that provide help and support for new parents.

Help and support

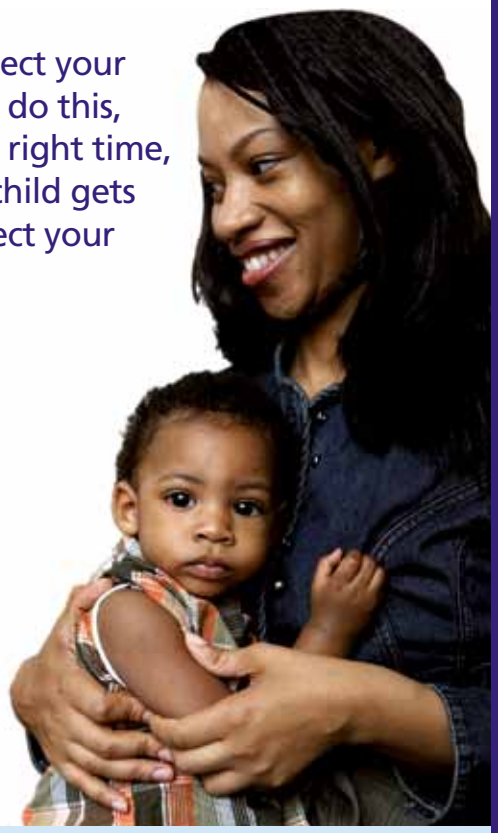
Confidential support and advice

If you want to talk to someone in confidence, try:

- Parentline Plus on 0808 800 2222 (or see your local phone book) or www.parentlineplus.org.uk
- NSPCC Helpline on 0808 800 5000 or www.nspcc.org.uk

7 PROTECTING YOUR CHILD

As a parent, you will want to do everything you can to protect your child from illness and injury. This chapter shows you how to do this, by ensuring your child gets important immunisations at the right time, recognising the early signs of illness and making sure your child gets the treatment they need. It also explains how you can protect your child from danger without restricting their development.



- All children are offered a programme of routine immunisations designed to protect them from potentially dangerous diseases.
- Non-routine immunisations are available for children with specific health needs, or if you are planning to take your child abroad.
- Most common childhood illnesses are easy to treat and have no lasting effects.
- You can help your child avoid accidents by teaching them some basic safety rules and setting a good example.
- Following the safety checklist will help make your home – and the wider world – a safer place for your child.
- Be sun smart – sunscreen, hats and sensible clothes will protect your child from burning and damaging their skin.

IMMUNISATIONS

By the age of about 13 months, it is recommended that your child has the following vaccines:

- DTaP/IPV/Hib
- PCV
- MenC, and
- MMR.

Why do we need immunisation?

Our immune system is a natural defence against disease. The immune system produces substances called antibodies which usually fight off infection and prevent disease. In some cases, though, our immune systems need a bit of help. Vaccines are given to strengthen your child's immune system to fight off diseases that could cause lasting damage to their health or even kill them.

Remember, it's never too late to have your child immunised. Even if your child has missed an immunisation and is well above the recommended age for the vaccine, it's probably still worth getting it done. Ask your GP, practice nurse or health visitor for advice and to arrange an appointment for you.

Routine immunisations

Your doctor's surgery or clinic will usually send you an appointment to take your baby for immunisation. If you think your child is due for an immunisation, but you have not received an appointment, contact your health visitor or GP.

Most surgeries and health centres run special immunisation or baby clinics. If you cannot get to the clinic, contact the surgery to make another appointment. All childhood immunisations are free. It's important that your baby has their immunisations at the right age, to keep the risk of disease and any side effects as low as possible.

The doctor or nurse will explain the immunisation process to you and answer any questions you have. The vaccine will be given by injection into your baby's thigh or upper arm. Babies have two injections at two, three and 13 months and three injections at four months.

For more information on immunisations, go to www.immunisation.nhs.uk

Immunisation and premature babies

Premature babies are at greater risk of infection. They should be immunised according to the recommended schedule from two months after birth, regardless of how premature they were.

When to immunise

Age	Immunise against
Two months	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib), pneumococcal infection – DTaP/IPV/Hib and PCV
Three months	Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), meningitis C (meningococcal group C) – DTaP/IPV/Hib and MenC
Four months	Diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b (Hib), meningitis C, pneumococcal infection – DTaP/IPV/Hib, MenC and PCV
Around 12 months	*Haemophilus influenzae* type b (Hib), meningitis C – Hib/MenC
Around 13 months	Measles, mumps, rubella (German measles), pneumococcal infection – MMR and PCV
Three years and four months	Diphtheria, tetanus, pertussis, polio, measles, mumps, rubella – DTaP/IPV or dTaP/IPV and MMR

DTaP/IPV/Hib

It is recommended that your baby has the DTaP/IPV/Hib vaccine at two months, three months and four months. The vaccine protects against the following diseases:

- **Diphtheria.** This a serious disease that usually begins with a sore throat and can quickly cause breathing problems. It can damage the heart and nervous system. Severe cases can be fatal.
- **Tetanus.** Tetanus affects the nervous system, leading to muscle spasms, breathing problems and, in severe cases, death. It is caused when germs in soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.
- **Pertussis (whooping cough).** Whooping cough can cause long bouts of coughing and choking which can make it hard to breathe. It can last for up to three months. Babies under one year are most at risk. At this age, the disease is very serious and can be fatal. It is not usually serious in older children.
- **Polio.** Polio is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill.
- **Haemophilus influenzae type b (Hib).** Hib is an infection caused by *Haemophilus influenzae* type b bacteria. It can lead to a number of major illnesses, including blood poisoning (septicaemia), pneumonia and meningitis, serious bone and joint infection and a serious form of croup. The Hib vaccine only protects your baby against the type of meningitis caused by the *Haemophilus influenzae* type b bacteria, not against any other type of meningitis. Illnesses caused by Hib can kill if they are not treated quickly.

After the immunisation, your baby may experience the following side effects, but these will usually be mild:

- It's quite normal for your baby to be a bit miserable for up to 48 hours after the injection.
- Your baby could develop a mild fever (see page 118).
- You might notice a small lump where your baby had the injection. This may last for a few weeks but will slowly disappear.

If you think your baby has had any other reaction to the DTaP/IPV/Hib vaccine, talk to your GP, practice nurse or health visitor.

PCV

It is recommended that your baby has pneumococcal conjugate vaccine (PCV) at two months and four months, and again at 13 months. This vaccine protects your child against one of the commonest causes of meningitis, and also against other conditions such as severe ear infections (otitis media) and pneumonia caused by pneumococcal bacteria.

Side effects may include a mild fever. Your baby could also have some swelling and redness at the site of the injection.

MenC

It is recommended that your baby has meningococcal vaccine (MenC) at three months, four months and again at 12 months. The vaccine protects your child against meningitis and septicaemia (blood poisoning) caused by meningococcal group C bacteria. It does not protect against meningitis caused by other bacteria, such as meningococcal group B bacteria, or by viruses (see page 127).

Babies who have the vaccine may become irritable, and about 1 in 20 could get a mild fever.

Hib/MenC

It is recommended that your baby should be immunised with their booster dose of Hib/MenC vaccine at 12 months. This booster dose provides longer-term protection against two causes of meningitis and septicaemia.

defend your child against disease

MMR

It is recommended that your baby has their first dose of the MMR vaccine at around 13 months and their second at three years and four months, although it can be given earlier. Since its introduction in the UK in 1988, MMR has almost wiped out the following three diseases among children:

- **Measles.** Measles is caused by a very infectious virus. Children are usually very unwell with a high fever and rash. Children often have to spend about five days in bed and could be off school for 10 days. Adults are likely to be ill for longer. Around 1 in 15 children will be affected by complications, which can include chest infections, fits, encephalitis (swelling of the brain) and brain damage. In very serious cases, measles can kill. Measles is one of the most infectious diseases known. A cough or a sneeze can spread the measles virus over a wide area. Because it's so infectious, the chances are your child will get measles if they are not immunised.
- **Mumps.** Mumps is caused by a virus which can lead to fever, headache and painful and uncomfortable swelling of the glands that produce saliva on the side of the face and under the jaw. It can result in permanent deafness, viral meningitis (swelling of the lining of the brain) and encephalitis. Rarely, it causes painful swelling of the testes in boys and ovaries in girls. Mumps lasts about seven to 10 days. It is spread in the same way as measles.
- **Rubella.** Rubella, or German measles, is caused by a virus. It causes a short-lived rash and swollen glands. In children, it's usually mild and can go unnoticed, but in unborn babies rubella can be very serious, damaging their sight, hearing, heart and brain. Rubella infection in the first three months of pregnancy causes damage to the unborn baby in nine out of 10 cases. This condition is called congenital rubella syndrome (CRS). In many of the cases, pregnant women catch rubella from their own, or their friends', children.

The three different viruses in the vaccine act at different times. The first dose may cause the following side effects:

- Six to 10 days after the immunisation, as the measles part of the vaccine starts to work, about 1 in 10 children may develop a fever. Some also develop a measles-like rash and go off their food. For advice on treating a fever, see page 119.
- Rarely, children may get mumps-like symptoms (fever and swollen glands) about three weeks after their immunisation as the mumps part of the vaccine starts to work.
- Very rarely, children may get a rash of small bruise-like spots in the six weeks after the immunisation. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. He or she will tell you how to deal with the problem and protect your child in the future.
- Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMR vaccine, and there is very little evidence that it is caused by the vaccine.

MMR, autism and allergies

Some years back, a number of newspaper stories appeared suggesting a possible link between MMR and autism. Some parents opted to delay their children's MMR immunisation or not to have it at all, leading to outbreaks of measles. There is no credible scientific evidence for the link, and a large amount of evidence exists showing that there is no link. MMR is the best way to protect your child against measles, mumps and rubella. It's also safe to give to children with a severe allergy (an anaphylactic reaction) to egg. If you have any concerns, talk to your doctor, practice nurse or health visitor.

Remember that, if a child catches measles, the chance of developing encephalitis is much greater (between 1 in 200 and 1 in 5,000).

Side effects after the second dose are less common and usually milder.

Non-routine immunisations

The following immunisations will only be given to babies and children whose background or lifestyle puts them at particular risk of specific diseases:

- **Tuberculosis (BCG)**
  Given at birth only to babies who are likely to come into contact with tuberculosis.
- **Hepatitis B (Hep B)**
  Given at birth to babies whose mothers are hepatitis B positive.

BCG

The BCG vaccine protects against tuberculosis (TB), and is offered to those babies who are more likely than most to come into contact with someone with TB or whose parents or grandparents come from countries with a high incidence of TB. In some areas, this will mean all babies are offered the vaccine, while in others it will be offered only to some babies. Often, you will be offered the BCG vaccine while you and your baby are still in hospital, but it can also be given later.

TB is an infection that usually affects the lungs but can also affect other parts of the body such as the lymph glands, bones, joints and kidneys. It can also cause a serious form of meningitis. Most cases can be cured with treatment.

After the immunisation, a small blister or sore may appear where the injection is given. It's best to leave this uncovered. It will heal gradually and may leave a small scar. If you are worried or think the sore has become infected, see your doctor.

Hepatitis B

The hepatitis B vaccine is given to babies whose mothers are hepatitis B positive or have acute hepatitis B infection in pregnancy. Hepatitis B will be picked up by blood tests during pregnancy.

Hepatitis is an infection of the liver caused by viruses. Hepatitis B vaccine only protects against the B type of the virus, which is passed through infected blood from mothers to their babies. There is a risk that the baby could then become a carrier and develop serious liver disease later in life.

The side effects of the hepatitis B vaccine are usually quite mild. There could be some redness and soreness where the injection is given. This lasts for a few days.

Travelling abroad

If your child is going abroad, their routine immunisations need to be up to date. They may also need extra immunisations. Contact your doctor or a travel clinic well in advance for up-to-date information.

Courses of most travel vaccines can be given over a four-week period, but you will need to allow more time if your child also needs a primary (first) course of the DTaP/IPV/Hib vaccine (see page 101).

If you don't have that much time before you leave, it's still worth going to a clinic.

For more information, pick up a copy of the Department of Health leaflet *Health advice for travellers* from the post office, call the Department of Health Publications Orderline on 0300 123 1002 between 8am and 6pm and ask for leaflet T7, or go to www.orderline.dh.gov.uk. You can also get further information from the Department of Health website at www.dh.gov.uk

immunise your child

More information

Immunisation

For more information, go to www.immunisations.nhs.uk

FAQs

Q. How do vaccines work?

A. Vaccines contain a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals that the bacterium or virus produces. Vaccines work by encouraging the body's immune system to make antibodies (substances that fight off infection and disease) and memory cells. If your child comes into contact with an infection they have been immunised against, the memory cells will recognise it and be ready to protect them.

Q. If diseases like polio and diphtheria have almost disappeared in the UK, why do we need to immunise against them?

A. In the UK, these diseases are kept at bay by high immunisation rates. Around the world, more than 15 million people a year die from infectious diseases. Over half are children under the age of five.

Immunisation doesn't just protect your child, it also helps to protect your family and the whole community, especially those children who, for medical reasons, cannot be immunised.

Q. How do we know that vaccines are safe?

A. Before they can be licensed, all medicines (including vaccines) are thoroughly tested to check their safety and effectiveness. After they have been licensed, the safety of vaccines continues to be monitored. Any rare side effects that are discovered can then be investigated further. All medicines can cause side effects, but vaccines are among the very safest. Research from around the world shows that immunisation is the safest way to protect your child's health.

Q. Will having an injection upset my baby?

A. Your baby may cry and be upset for a few minutes, but they will usually settle down after a cuddle.

Q. Will there be any side effects?

A. Side effects are less common than people think, and they are usually mild. Some babies will have some redness or swelling in the place where they had the injection, but this will soon go away. Others might feel a bit irritable or unwell, or have a slight temperature. See page 102 for more information about the possible side effects of routine immunisations.

Q. Is it safe to take my baby swimming around the time of an immunisation?

A. Yes. You can take your baby swimming at any time before and after their immunisation.

Q. Are immunisations safe for babies with allergies?

A. Yes. Immunisations are safe for babies with asthma, eczema, hayfever and allergies. If you have any questions, speak to your GP, practice nurse or health visitor.

Q. Are some babies allergic to vaccines?

A. Very rarely, children can have an allergic reaction soon after immunisation. This will usually be a rash or itching affecting part or all of their body. The GP or nurse giving the vaccine will know how to treat this. It is not a reason to avoid having further immunisations.

Even more rarely, children may have a severe anaphylactic reaction within a few minutes of the immunisation, leading to breathing difficulties and, in some cases, collapse. A recent study has shown that only one anaphylactic reaction is reported in about a million immunisations. The people who give immunisations are trained to deal with anaphylactic reactions and, as long as they are treated quickly, children make a complete recovery.

Anaphylactic shock is a very serious condition and needs urgent medical attention.

Q. Is there any reason why my baby should not be immunised?

A. There are very few reasons why babies cannot be immunised. Vaccines should not be given to babies who have had a confirmed allergic reaction to a previous dose of that specific vaccine or to something in the vaccine. In general, children who are 'immuno-suppressed' should not be given live vaccines. This includes children who are being treated for a serious condition (like an organ transplant or cancer) or who have a condition that affects their immune system, such as severe primary immunodeficiency. If this applies to your child, always tell your GP, practice nurse or health visitor before the immunisation. They will need to get specialist advice on using live vaccines such as MMR and BCG.

Q. What if my baby is ill on the day of the appointment?

A. If your baby has a minor illness without a fever, such as a cold, they should have their immunisations as normal. If your baby is ill with a fever, put off the immunisation until they are better. It's a good idea to book a replacement appointment straight away so the immunisation is not delayed by more than a week.

COMMON CHILDHOOD ILLNESSES

This section provides details about some common childhood illnesses. In each case, it gives:

- the incubation period (the time between catching an illness and actually becoming unwell)
- the infectious period (the time when your child can pass on the illness to someone else)
- a list of common symptoms to help you recognise the illness, and
- advice on what to do.

Chickenpox

Incubation period: 10–23 days.

Infectious period: From four days before the rash appears to five days after.

Symptoms: Starts with feeling unwell, a rash and maybe a slight temperature. Spots are red and become fluid-filled blisters within a day or so and eventually dry into scabs which drop off. Spots appear first on the chest and back and then spread. Spots will not leave scars unless badly infected.

What to do: You don't need to go to your GP or to A&E unless you are not sure whether it's chickenpox, or your child is very unwell and/or distressed. Give them plenty to drink. Paracetamol or ibuprofen will relieve discomfort and fever. Baths, loose comfortable clothes and calamine lotion can all ease the itchiness. Try to stop your child scratching or picking at their spots, as this will increase the risk of scarring. It's hard for children to do this, so give them lots of praise and encouragement. Distractions, like TV, are good for taking their mind off it. Let the school or nursery know in case other children are at risk.

relieve discomfort and fever

Chickenpox and pregnancy

Keep your child away from anyone who is, or who is trying to get, pregnant. If your child was with anyone pregnant just before they became unwell, let the woman know about the chickenpox. In women who have not previously had chickenpox, catching it in pregnancy can cause miscarriage or the baby may be born with chickenpox.

Measles

Incubation period: seven to 12 days.

Infectious period: From a few days before the rash appears until four days after.

Symptoms: Begins like a bad cold and cough with sore, watery eyes. Child becomes gradually more unwell, with a temperature. Rash appears after third or fourth day. Spots are red and slightly raised; they may be blotchy, but not itchy. Begins behind the ears, and spreads to the face and neck and then the rest of the body. Children can become very unwell, with a cough and high temperature. The illness usually lasts about a week. Measles is much more serious than chickenpox, German measles or mumps, and is best prevented (by the MMR immunisation). Serious complications include pneumonia and death.

What to do: Your child will be quite unwell, so make sure they get lots of rest and plenty to drink. Warm drinks will ease the cough, and paracetamol or ibuprofen will ease discomfort and fever. You could also put Vaseline around their lips to protect their skin. If their eyelids are crusty, wash it away with warm water. If your child is having trouble breathing, is coughing a lot or seems drowsy, see your GP urgently.

Mumps

Incubation period: 14–25 days.

Infectious period: From a few days before starting to feel unwell until the swelling goes down.

Symptoms: At first, your child may be slightly unwell with a bit of fever, and may complain of pain around the ear or feeling uncomfortable when chewing. Swelling then starts on the side of the face, in front of the ear and under the chin. Swelling often starts on one side, followed (though not always) by the other. Your child's face will be back to normal size in about a week. It's rare for mumps to affect boys' testes (balls). This happens rather more often in adult men with mumps. If you think your child's testes are swollen or painful see your GP.

What to do: Your child may not feel especially ill and may not want to be in bed.

Paracetamol or ibuprofen will ease pain in the swollen glands. Check the package for the correct dosage. Give plenty to drink, but not fruit juices as they make the saliva flow, which can hurt and make your child's pain worse. There is no need to see your GP unless your child has stomach ache and is being sick, or develops a rash of small red/purple spots or bruises.

Parvovirus B19 (also known as fifth disease or slapped cheek disease)

Incubation period: Anywhere between one and 20 days.

Infectious period: For a few days until the rash appears.

Symptoms: Begins with a fever and nasal discharge. A bright red rash, like the mark left by a slap, appears on the cheeks. Over the next two to four days, a lacy type of rash spreads to the trunk and limbs. Although it is most common in children, the disease can occur in adults. In the majority of cases it has no serious consequences. Children with blood disorders such as spherocytosis or sickle cell disease may become more anaemic and should seek medical care. Rarely, in pregnant women who are not immune to the disease, it may affect the baby in the uterus.

What to do: Paracetamol or ibuprofen will relieve discomfort and fever. Avoid contact with pregnant women or women planning to get pregnant. Pregnant women who come into contact with the infection or develop a rash should see their GP or midwife as soon as possible.

Rubella, or German measles

Incubation period: 15–20 days.

Infectious period: From one week before the rash first appears until at least five days after.

Symptoms: Can be difficult to diagnose with certainty. Starts like a mild cold. The rash appears in a day or two, first on the face, then spreading. Spots are flat. On a light skin, they are pale pink. Glands in the back of the neck may be swollen. Your child will not usually feel unwell.

What to do: Give plenty to drink, and keep your child away from anybody you know who is trying to get pregnant or is up to four months pregnant. If your child was with anyone pregnant before you knew about the illness, you will need to let the woman know. If an unimmunised pregnant woman catches German measles in the first four months of pregnancy, there is a risk of damage to her baby.

Pregnancy and German measles

Any pregnant woman who has had contact with German measles should see her GP. The GP can check whether or not she is immune and, if not, whether there is any sign of her developing the illness.

Whooping cough

Incubation period: Five to 21 days.

Infectious period: From the first signs of the illness until about six weeks after coughing first starts. If an antibiotic is given, the infectious period will continue for up to five days after starting treatment.

Symptoms: Begins like a cold and cough. The cough gradually gets worse. After about two weeks, extended bouts of coughing start. These are exhausting and make it difficult to breathe. Younger children (babies under six months) are much more seriously affected and can have breath-holding or blue attacks, even before the cough symptoms. Your child may choke and vomit. Sometimes, but not always, there will be a whooping noise as the child draws in breath after coughing. The coughing fits may not die down for several weeks and can continue for three months.

What to do: Whooping cough is best prevented, through immunisation. If your child has a cough that gets worse rather than better and starts to have longer fits of coughing more and more often, see your GP. It's important for the sake of other children to know whether or not it's whooping cough. Talk to your GP about how best to look after your child and avoid contact with babies, who are most at risk from serious complications.

More information

General baby and child safety

Talk to your health visitor or the staff at your local Children's Centre.

REDUCING THE RISK OF ACCIDENTS

Accidents are one of the leading causes of death among children aged between one and five years. Every year, about 500,000 children under five go to hospital because of an accident in the home.

Children need to explore and to learn about the things around them. You can help them to do this by making your home as safe as possible so they don't hurt themselves. It's not so easy to make the world outside your home a safe place, but by getting together with other parents you can make a difference, for example by putting pressure on your local council to:

- make road crossings safer
- provide essential home safety equipment such as smoke alarms, safety gates and fireguards
- provide safe and accessible play areas, and
- mend stairs and walkways and improve lighting.

Teaching children about safety

Children under three cannot always understand or remember safety advice so they need to have an adult nearby at all times. From the age of three, children can start learning how to do things safely but will sometimes forget, especially if they are excited or distracted. Even if they repeat your instructions back to you, they might not be able to understood them or be able to follow the instructions all the time.

Remember, children copy. If you or your family or their friends do risky things, they will think it is OK. It is worth emphasising to your child that if they feel uncomfortable and are being pressured to do something silly or dangerous, it's OK to say no, and encourage them to talk to you if this happens.

There are a few basic things you can teach even young children to help keep them safe:

- Teach your child their surname early on.
- Teach them their address as soon as they are old enough to remember it.
- Once they are old enough to understand danger, teach them about calling 999, especially if you are epileptic, diabetic, blind or have any other condition that means they may need to call for help. Young children may need to be taught what a '9' looks like.
- Teach them to stay where they are if they get lost (for example, when you are out shopping) and to tell another mummy who has other little girls and little boys. This is safer than telling them not to talk to adults at all and risking them wandering off.

Safety checklist

The following safety advice is provided by the Children Accident Prevention Trust (CAPT). It is divided into three sections:

- safety for all under-fives
- safety for babies before they can walk, and
- safety for under-fives who are able to walk.

This is because accidents tend to relate to what a child can do, rather than to their age alone, and all children develop at slightly different rates. Children have a knack of doing things – crawling, walking, climbing, opening a bottle, or whatever – before you expect it.

Children of different ages need different approaches. Very young babies are completely dependent on adults for all their needs. They have absolutely no control over their environment and what is happening to them, and need an adult to keep them safe. When they start to wriggle and then crawl, they can get themselves into trouble, and this is why you need to take some simple precautions. Toddlers are keen to explore their surroundings but don't understand what might hurt them. They may repeat warnings back to you so you think they understand, but it doesn't always mean that they do.

Exploring and playing are an essential part of learning, and children should not be 'wrapped in cotton wool'. Bumps and bruises are inevitable but you can do some simple things to make sure that your child doesn't get seriously injured.

Safety for all under-fives

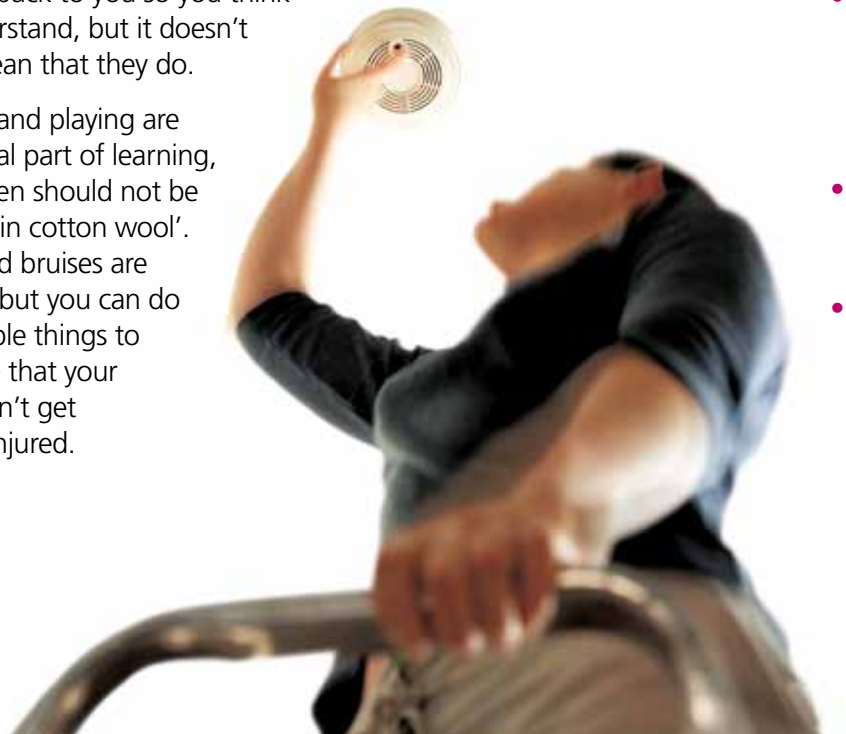
House fires

If your home catches fire, you and your child could breathe in poisonous smoke. It's especially dangerous if the fire breaks out at night while you are all asleep.

- Fit smoke alarms on every level of your home. Test the batteries every week.
- Change the batteries every year or, even better, get alarms that have 10-year batteries, are wired into the mains or plug into light sockets.
- At night, switch off electrical items wherever possible before going to bed and close all doors to contain any fire. Make sure that you always put cigarettes right out.
- Practise how you will escape if there is a fire, so you know what to do if the alarm goes off.

Your local fire and rescue service can give you the right advice for your own home and may be able to provide and fit smoke alarms free of charge.

fit alarms



Fire safety

All fire and rescue services have community fire safety teams. You can find your local fire and rescue service, and get advice about home safety risk assessments and fire safety generally from the government's 'Fire kills' website (www.campaigns.direct.gov.uk/firekills/). You can also phone your local fire and rescue service and ask for 'community fire safety'.

In the car

By law, all under-fives must always ride in proper baby or child car seats when travelling by car – even on short local journeys. The road safety officer at your local council will be able to give you detailed advice. Call your town or county hall (see the phone book) or read the Department for Transport advice at www.dft.gov.uk/think/

- Always use a baby or child car seat that is right for your child's height and weight.
- When buying a seat, try it in your car before buying it. A badly fitting seat can make a big difference to the protection it provides in a crash.
- Make sure the seat is fitted properly in the car and your baby or toddler is securely strapped in.
- It's illegal – and very dangerous – to carry a baby in a rear-facing baby seat in a front seat with an active airbag. While it's not illegal, it's not ideal for toddlers in forward-facing seats either. Use the back seat for all under-fives if you can.

- Don't buy a second-hand baby or child seat from a car boot sale or small ad – it may have been damaged in a crash, may not have all its parts (including the instructions), may not be the safest and most user-friendly model, and may not fit your car properly.
- Never leave your baby or toddler alone in the car. It can get very hot in summer. Also, they may play with window and door switches and the cigarette lighter. It's especially dangerous if you have left the keys in the ignition.

Bathwater scalds

These can be very serious injuries, needing prolonged treatment and care, and can even kill a child. Toddlers may play with the hot tap, scalding themselves and any other children who are sharing the bath with them.

- Never leave an under-five alone in the bath, even for a moment.
- Fit a thermostatic mixing valve to your bath hot tap to control the temperature at which the water comes out, to stop your child being badly scalded.
- Put cold water into the bath first, then add the hot water. Always test the temperature of the water before you put your baby or toddler in the bath. Use your elbow – the water should not feel either hot or cold.

Burns and scalds

- Fit fireguards to all fires and heaters and use a sparkguard too if you have a coal or wood fire. Guards can prevent under-fives falling or reaching into fires.
- Don't leave hot drinks in easy reach of little hands – babies and toddlers may grab at cups and mugs on low tables or the floor and pull the contents over themselves.

Strangulation

- Make sure any cot toys have very short ribbons and remove them when your baby goes to sleep.
- Never hang things like bags with cords or strings over the cot.
- Cut or tie-up curtain or blind cords well out of your baby's or toddler's reach.

Poisonings

- Fit carbon monoxide alarms wherever there is a flame-burning appliance (such as a gas boiler) or open fire. Carbon monoxide is poisonous, but you cannot see it, smell it or taste it. Also, make sure that your appliances are serviced regularly and that ventilation outlets in your home are not blocked.
- Remember that child-resistant devices, such as bottle tops, strips of tablets and cigarette lighters, are not child-proof. Some children can operate these products, so store medicines, household chemicals (including cleaning products) and lighters out of sight and out of reach, or locked away safely.

Safety for babies before they can walk

At this stage of development, babies are completely dependent on you for their safety. Here is what you can do to keep them safe.

Falls

Babies soon learn to wriggle and kick, and it's not long before they can roll over, which means that they can roll off things. Once they learn to crawl, some babies may try to climb on to things, which increases the risk of falling. Here are some things you can do:

- Change your baby's nappy on the floor.
- Don't leave your baby unattended on a bed, sofa or changing table – even for a second – as they could roll off.
- Don't put your baby in a bouncing cradle or baby car seat on a table or kitchen worktop – their wriggling could tip it over the edge.
- Use the handrail when carrying your baby up and down stairs in case you trip.
- Watch where you are putting your feet while carrying your baby – it's easy to trip over something like a toy.
- Use a five-point harness to secure your baby in a high chair.

Housing safety

If you live in rented accommodation, and are worried that your housing might be unsafe for you and your child, contact your housing association or your landlord.

When your baby can crawl

- Fit safety gates to stop them climbing stairs and falling down them. Close them properly after you go through the gate.
- If the gaps between banisters or balcony railings are more than 6.5cm (2.5 inches) wide, cover them with boards or safety netting. Small babies may be able to squeeze their bodies through, but not their heads.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches to restrict the opening to less than 6.5cm (2.5 inches) to stop babies climbing out. However, make sure adults know where the keys are kept in case of fire.
- Try not to use a baby walker, as more accidents and injuries happen in baby walkers than in any other form of baby equipment.

think safe

- Remove cot toys and cot bumpers as a baby can use them to climb on and may fall out of the cot.

Burns and scalds

A baby's skin is much thinner than an adult's and will burn much more easily. This means taking extra care at bath time. Also, remember that babies will grab at brightly coloured objects, like mugs.

- After warming milk, shake the bottle well and test the temperature of the milk by placing a few drops on the inside of your wrist before feeding. It should feel lukewarm, not hot.
- If you are having a hot drink, put it down when you are holding your baby. A wriggly baby can cause you to spill the drink on them if you are holding both at the same time.

Choking and suffocation

Babies can choke very easily, even on their milk. They will also put small objects that can choke them in their mouths, even when they are quite young.

- If you give your baby a bottle, always hold the bottle and your baby during feeding.
- Keep small things like buttons, coins and small parts from toys out of reach.
- Once your baby has started on solid food, always cut it up. Babies can choke on something as small as a grape.

More information

Consumer product safety

For advice on product safety, including issues to do with unsafe products, contact Consumer Direct on 08454 04 05 06 or go to www.consumerdirect.gov.uk

- Don't use pillows or duvets with babies under one as they can suffocate if their face gets smothered. They will not be able to push the duvet away.

Strangulation

- Don't tie a dummy to your baby's clothes as the tie or ribbon could strangle them.

Drowning

Babies can drown in as little as 5cm (2 inches) of water and drowning is silent – you will not necessarily hear any noise or struggle.

- Stay with your baby all the time they are in the bath – never leave them even for a moment, even if there is an older brother or sister in the bath with them.
- If you use a bath seat, remember that it's not a safety device. You will still need to stay with your baby all the time.

Poisoning

From about six months, babies will start to put things in their mouths.

- Keep all medicines locked away or high up out of reach and sight.
- Keep cleaning products high up out of reach or, if this is not possible, fit safety catches to low cupboard doors. Try to choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are less likely to swallow them.
- Make sure bottle tops and lids are always firmly closed when not in use.

Safety for under-fives who can walk

At this stage of development, children can climb and do simple things like open containers. They will also put things in their mouth to explore taste and texture. This is all perfectly normal, but it can lead to injuries if you don't take care.

Out and about

- There will come a time when you need to start using a forward-facing child car seat. But you should carry on using your rear-facing seat for as long as you can as these provide better protection in a crash.
- When taking your toddler out of the car or putting them in, do it from the pavement side of the vehicle.
- Use a five-point harness to secure your child in a pushchair.

- Use a harness and reins when out walking, or hold your child's hand tightly. It only takes a few seconds for them to run into the road.
- Set a good example when crossing the road by choosing a safe place and talk to your child about what you are doing.
- Under-fives are too young to be allowed to play in the street. Find a safe place for them to play outside, such as the garden or a playground.

Falls

When babies start to walk, they can be unsteady on their feet but can move very quickly. They tend to trip and try to climb.

- Until your baby is at least two years old, carry on using safety gates to stop them climbing stairs and falling down them. Close them properly each time you go through the gate.
- Teach your child how to climb stairs but never let them go up and down on their own. Even four-year-olds may need some help.
- Don't use the top bunk of a bunk bed for under-fives – they can easily fall out.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches. Make sure adults know where the keys are kept in case of fire.
- Carry on using a five-point harness when your child is in their high chair.

House fires, burns and scalds

Toddlers will play with anything they can reach, and they learn very quickly.

- Keep matches and lighters out of young children's sight and reach.
- Use a kettle with a short or curly flex to stop it hanging over the edge of the work surface where it could be grabbed.
- When cooking, use the rings at the back of the cooker and turn saucepan handles towards the back so they cannot be grabbed by little fingers.
- It's best to keep your toddler out of the kitchen, well away from kettles, saucepans and hot oven doors. You could put a safety gate across the doorway.
- Keep hot drinks well away from young children – a hot drink can still scald 20 minutes after it's been made.
- When you have finished using your iron or hair straighteners, put them out of reach while they cool down. Make sure your child cannot grab the flex while you are using them.

More information

Road safety

Contact the road safety officer at your local council. Phone the town or county hall and ask for 'road safety'. The Department for Transport website has advice on all aspects of road safety. Go to www.dft.gov.uk/think/

Choking and suffocation

At this stage, children will put everything and anything they can in their mouths. It's all part of learning, but even something as small as a grape can choke them.

- Cut large food up so it's small enough for little mouths, and don't give young children hard food like boiled sweets.
- Don't give peanuts to children under six months of age.
- Don't leave your children when they are eating, and encourage them to sit still, as running around while eating could make them choke.
- Keep small objects like coins, buttons or small parts from older children's toys away from toddlers.
- Keep plastic bags of all types out of reach and sight of young children so they cannot play with them and put them over their head.

Strangulation

Toddlers can strangle themselves playing with cords. They are also prone to getting their heads stuck when they squeeze their body through small gaps. This can be particularly dangerous if their feet are off the ground.

- Cut back or tie up curtain or blind cords so they are well out of your toddler's reach.
- Don't leave any type of rope or cord lying around, including dressing gown cords.
- Stop them from trying to squeeze through rails or banisters.
- Keep garden play equipment well away from washing lines.

Drowning

Toddlers can drown in quite shallow water, for example in baths or ponds. Remember, drowning is silent. You will not necessarily hear any noise or struggle.

- Never leave young children alone in the bath – even for a second.
- Empty the bath as soon as you have taken your child out.
- Fence off, fill in or securely cover your garden pond if you have one.
- Watch toddlers in paddling pools or playing near water. Empty paddling pools straight after use.
- Make sure your garden is secure so your child cannot get into neighbouring gardens where there may be ponds or other drowning hazards.

Poisoning

Toddlers like putting things in their mouths to see what they taste like. They will also find all sorts of ways to reach things they think look like sweets.

- Keep all medicines locked away or high up out of reach and sight.
- Keep cleaning products high up out of reach or, if that is not possible, fit safety catches to low cupboard doors. Try to choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are less likely to swallow them.
- Make sure bottle tops and lids are always firmly closed when not in use.
- Check your garden for poisonous plants and teach children not to eat anything they pick outdoors until they have checked with an adult.

Cuts, bumps and bruises

Toddlers just don't understand about danger and while minor cuts, bumps and bruises are part of growing up, there are things you can do to protect them from serious accidents or injuries.

- Use safety glass in low glass doors and windows or cover panes with safety film.
- Keep scissors, knives and razors out of reach.
- You can get special devices that stop doors from closing properly. This helps to prevent your child's fingers being trapped in doors. But at night, you should remember to close doors to stop fire spreading.

- You can get corner protectors to protect your child's head from sharp corners on furniture.

For more information about safety, call the Child Accident Prevention Trust on 020 7608 3828 or go to www.capt.org.uk

More information

Information and advice on treating injuries

You can get health advice and information, including on treating injuries, from NHS Direct. Call 0845 4647 or go to NHS Choices at www.nhs.uk

SAFETY IN THE SUN

Exposing your child to too much sun may increase their risk of skin cancer later in life. The following tips will help you protect your child:

- Keep your child out of the sun between 11am and 3pm when the sun is at its highest and most dangerous.
- Keep babies under the age of six months out of direct sunlight, especially around midday.
- Encourage your child to play in the shade – for example under trees.
- Don't let your child run around all day in a swimsuit or without any clothes on.
- Cover your child up in loose cotton clothes such as an oversized T-shirt with sleeves.
- Cover exposed parts of your child's skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) of 15 or above and which is effective against UVA and UVB. Don't forget their shoulders, nose, ears, cheeks and tops of feet. Re-apply often.

- Be especially careful to protect your child's shoulders and back of neck when playing, as these are the most common areas for sunburn.
- Get your child to wear a 'legionnaire's hat' or a floppy hat with a wide brim that shades the face and neck.
- Protect your child's eyes with sunglasses with an ultraviolet filter made to British Standard 2724.
- Use waterproof sunblock factor 15 or above if your child is swimming. Re-apply after towelling.

8 TREATING ILLNESSES, INFECTIONS AND INJURIES

All children get ill from time to time, and every parent has watched anxiously as their normally cheerful child becomes sad and listless. Most infections pass quickly and leave children better able to resist them in the future. Sometimes, if the illness or accident is serious, immediate (and possibly long-term) help is needed. This chapter deals with common childhood illnesses and accidents, the best ways to prevent them, and the action to take in an emergency.

- It's always better to be safe than sorry. If you are ever in doubt about your child's health, talk to a health professional.
- Many childhood illnesses get better by themselves and can easily be treated at home. But common medicines like paracetamol and ibuprofen are not safe for all children. Always ask for advice first.
- Be wary of antibiotics, which only work against bacteria. Most common childhood illnesses are caused by viruses, not bacteria. Taking antibiotics too often can affect your child's ability to fight off infection.
- Serious childhood illnesses are, thankfully, extremely rare. But if you think your child might be affected, always trust your instincts and get medical help straight away.
- It's a good idea to learn some basic first aid skills. Read the guidance in this chapter, buy a book or, better still, go on a short course and learn how to put the theory into practice.
- Be prepared to deal with an emergency. If you know what to do, you will be giving your child the best help you can, and you are also more likely to stay calm.

When it's urgent

It is very difficult to describe when to call an ambulance and/or go to the accident and emergency department (A&E), but you could use the following as a guide.

You should call an ambulance for your child if they:

- stop breathing
- are struggling for breath
- are unconscious or seem unaware of what is going on
- will not wake up
- have a fit for the first time, even if they seem to recover.

You should take your child to A&E if they:

- have a fever and are persistently lethargic despite having paracetamol or ibuprofen
- are having difficulty breathing
- have severe abdominal pain
- have a cut that will not stop bleeding or is gaping open
- have a leg or arm injury and cannot use the limb
- have ingested a poison or tablets.

KNOWING WHEN YOUR CHILD IS ILL

Sometimes there is no mistaking the signs; at others, it can be hard to tell whether your child is ill. They may be listless, hot and miserable one minute, and running around quite happily the next.

- Watch out for physical signs of illness, like vomiting, a high temperature, a cough, a runny nose or runny eyes, and unusual behaviour, like crying, being very irritable, refusing food and drink, or being listless or drowsy.
- Signs of illness are always more worrying in a baby or very young child. If you have seen your GP or health visitor and your baby is either not getting any better or actually getting worse, contact your GP again the same day. If you cannot get hold of your GP or GP out-of-hours service, contact the accident and emergency department. If you are still worried, take your child straight to the accident and emergency department of the nearest hospital. If your child is older and you are not sure whether or not to see your GP, you might want to carry on normally for a while and see whether the signs of illness or pain continue.
- Above all, trust your instincts. You know better than anyone what your child is like day to day, so you will know what is unusual or worrying. If you are worried, always contact your GP. Even if it turns out that nothing is wrong, at least you will know.

Help and support

NHS Direct

If you have any concerns about your child's health, or want more information about any aspect of your child's health, or yours or your family's, go to www.nhs.uk. You can call NHS Direct on 0845 4647. Lines are open 24 hours a day.

Looking after a sick child

The first rule is to listen to your child. If they say they don't need to be in bed, they probably don't. They might be better off, and feel less lonely, tucked up in an armchair or on the sofa. Wherever they are:

- If the room is too warm, they will probably feel worse. Keep it airy without being draughty.
- Your child will need plenty to drink. For the first day or so don't bother about food unless they want it. After that, you can start trying to tempt them with bits of food, and encouraging them to have nutritious drinks like milk.
- Try to give your child time for quiet games, stories, company and comfort.
- Sick children get very tired and need lots of rest. Encourage your child to doze off when they need to, perhaps with a story read by you or on tape.

Never fall asleep with a sick baby on the sofa. Even though you may both be exhausted, this increases the chances of cot death.

See page 26 for more information about **reducing the risk of cot death**.

See page 118 for what to do if your child has a temperature.

Remember, looking after a sick child, even for a couple of days, is exhausting. Make things as easy for yourself as you can. Get rest and sleep when you can, and try to get somebody else to take over every now and then to give you a break.

Helpful tips

Always contact your GP if you think your baby is ill, and your baby has one or more of the symptoms listed on the next page.

The following symptoms should always be treated as serious…

- Your baby seems floppy when you pick them up.
- Your baby will not drink for more than eight hours (taking solid food is not so important).
- Your baby has a bulging fontanelle (the soft spot on the top of their head).
- Your baby has a weak, high-pitched, continuous cry.
- Your baby has repeated vomiting or vomits green bile.
- Your baby has a temperature of over 38°C if they are less than three months old or over 39°C if they are three to six months old.
- Your baby has a fit (or convulsion or seizure – these words all mean the same thing).
- Your baby turns blue, mottled or very pale.
- Your baby has a high temperature, but their hands and feet feel cold.
- Your child's temperature is high and they are quiet or listless all the time, with no 'ups and downs'.
- Your child has difficulty breathing, breathes fast or grunts while breathing, or seems to be working hard to breathe (for example, sucking in under the ribcage).
- Your baby or child is unusually drowsy or hard to wake or doesn't seem to know you.
- Your child has a stiff neck.
- Your child is unable to stay awake after being roused.
- Your child has a spotty purple-red rash anywhere on the body, which could be a sign of meningitis (see page 127 for a tip on using the 'glass test' for suspected meningitis).

look for symptoms of illness

Getting expert help

Most general practices are very supportive of parents of small children. Many GPs will fit babies into surgeries without an appointment, or see them at the beginning of surgery hours. Many doctors will also give advice over the phone. Some GPs are less helpful and it's not always easy to phone or to get to the surgery. Even so, if you are worried about a particular problem that will not go away, it's right to keep going back to or contacting your GP. See page 154 for information on how to change your GP.

Your health visitor, practice nurse, nurse practitioner, GP and pharmacist can all give you advice and help you decide whether your child is unwell. Your GP can treat your child and prescribe medicines. Increasingly, health visitors, nurses and pharmacists can also diagnose illnesses and prescribe medicines for your child. If you think your child is ill, it's best in the first instance to contact your local pharmacy. If they cannot help you, contact your GP's surgery or out-of-hours GP service.

If you are unsure whether to go to the surgery or ask for a home visit, phone and ask the receptionist if you can talk to your GP. Explain how your child is and what is worrying you. Usually it doesn't do a child (or anyone else) any harm to be taken to the surgery, and you are likely to get attention more quickly this way. But explain if it's difficult for you to get there.

Medicines

Medicines are not always needed for childhood illnesses. Most illnesses simply get better by themselves and make your child stronger and better able to resist similar illness in the future. Paracetamol and ibuprofen are the most commonly used medicines for pain or discomfort with a high temperature. Some children, for example those with asthma, may not be able to take ibuprofen, so check with your pharmacist, GP or health visitor. Both paracetamol and ibuprofen are safe and effective. Always have one or both in a safe place at home.

Children don't often need antibiotics. Most childhood infections are caused by viruses, and antibiotics don't fight viruses, they only treat bacterial illnesses. If you are offered a prescription, especially an antibiotic, talk to your GP about why it's needed, how it will help, and whether there are any alternatives. Ask about any possible side effects. Could it, for example, make your child sleepy or irritable?

If your child is prescribed an antibiotic, always finish the whole course to make sure all the bacteria are killed off. Your child may seem better after two or three days, but if the course of treatment is, say, five days, you must keep going. The illness is more likely to return if you don't finish all the antibiotics.

Make sure you know how much and how often to give a medicine. Write it down if need be in your child's 'red book' (see page 61). If in doubt, check with your pharmacist or GP. Never give the medicine more frequently than recommended by your GP or pharmacist.

With liquids, always measure out the right dose for your child's age. The instructions will be on the bottle. Sometimes, liquid medicine may have to be given with a 'liquid medicine measure', which looks like a syringe, or a special spoon. It allows you to give small doses of medicine more accurately. Never use a teaspoon, as they are often different sizes. Ask your pharmacist or health visitor to explain how the liquid medicine measure should be used. Always read the manufacturer's instructions supplied with the measure, and always give the exact dose stated on the medicine bottle. If in doubt ask the pharmacist for help.

Common painkillers

Aspirin should not be given to children under 16 unless specifically prescribed by a doctor. It has now been linked with a rare but dangerous illness. Ask your health visitor, midwife or GP for advice before taking aspirin yourself if you are breastfeeding.

Paracetamol can be given for pain and fever to children over two months. Make sure you get the right strength for your child. Overdosing is dangerous. Read the label and/or check with your pharmacist.

Ibuprofen can be given for pain and fever in children of three months and over who weigh more than 5kg (11lb). Check the correct dose for your child's age. Avoid if your child has asthma unless advised by your GP.

make doses accurate

If you buy medicines at the pharmacy, always tell the pharmacist how old your child is. Some medicines are for adult use only. Always follow the instructions on the label or ask the pharmacist if you are unsure. Ask for sugar-free medicines if they are available. Look for the date stamp. Don't use out-of-date medicines. Take them back to the pharmacy for safe disposal.

Only give your child medicine prescribed for them by your GP, pharmacist or usual healthcare professional. **Never** use medicines prescribed for anyone else.

Keep all medicines out of your child's reach and preferably out of sight. The kitchen is ideal, as it means you can keep an eye on them, although you should make sure they don't get too warm.

Helpful tips

Bad reactions

If you think your child is reacting badly to a medicine, for example if your child has a rash or diarrhoea, stop giving the medicine and speak to a health professional. Keep a note of the name of the medicine in your personal child health record so you can avoid it in future.

TREATING COMMON ILLNESSES

Fever and high temperature

A fever is a temperature of over 37.5°C (99.5°F). Fevers are quite common in young children but are usually mild. If your child's face feels hot to the touch and they look red or flushed, they may have a fever. You can also check their temperature with a thermometer. Measured under the arm, normal temperature is about 36.4°C (97.4°F). Under the tongue, normal temperature is slightly higher, at about 37°C (98.4°F). This may vary a bit.

If you are worried about your child, trust your instincts. Speak to your GP or call NHS Direct on 0845 4647.

If the surgery is closed, contact your GP out-of-hours service. If you are still concerned or if your GP or out-of-hours service cannot come quickly enough, take your child straight to the nearest hospital's accident and emergency department.

Thermometers

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

Ear thermometer: 'Tympanic' thermometers are put in the child's ear. They take the child's temperature in one second and do not disturb the child, but are expensive. Ear thermometers may give low readings when not correctly placed in the ear. Carefully read the manufacturer's instructions and familiarise yourself with how the thermometer works (this applies to all thermometers).

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

Mercury-in-glass thermometers: Mercury-in-glass thermometers have not been used in hospitals for some years, and are no longer available to buy. They can break, releasing small shards of glass and highly poisonous mercury. You should not use mercury thermometers. If your child is exposed to mercury, seek medical advice quickly.

digital...

quick and accurate

How to treat a fever

It's important to encourage your child to drink as much fluid as possible. Even if your child is not thirsty, try to get them to drink a little and often to keep their fluid levels up. Don't bother about food unless they want it.

Bringing a temperature down is important because a continuing high temperature can be very unpleasant. Paracetamol or ibuprofen will ease discomfort and fever. In a small child, a fever occasionally brings on a fit or convulsion (see page 130). Note that bringing the temperature down with paracetamol or ibuprofen will not stop fits happening.

The following suggestions may help:

- Give your child plenty of cool, clear fluids.
- Undress your child to their nappy or vest and pants.
- Cover them with a sheet if necessary.
- Keep the room at a comfortable temperature (about 18°C (65°F)) by adjusting the radiators or opening a window.
- If your child is distressed and uncomfortable, try giving them paracetamol or ibuprofen. You cannot give them both at the same time, but if one doesn't work you may want to try the other. Always check the instructions on the bottle or packet to find out the correct dose and frequency for your child's age.
- If you have a thermometer, try taking your child's temperature under their armpit. If it's above 40–41°C (104–105°F), or if your child still feels feverish, contact your GP or GP out-of-hours service or call NHS Direct on 0845 4647.

Help and support

Always contact your GP, health visitor, practice nurse or nurse practitioner if your child (of any age) has other signs of illness (see page 116) as well as a raised temperature. In the case of babies up to six months, contact your GP, health visitor, practice nurse or nurse practitioner if your baby's temperature is 38°C (101°F) or higher (for babies under three months) or 39°C (102°F) or higher (for babies aged three to six months) even if your baby has no other signs of illness. If the doctor doesn't find a reason for the temperature, they may ask you to collect a urine sample in a sterile container so they can test for infection.

In older children, a little fever is not usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature that doesn't come down.

Colds

It may seem like your child has always got a cold or upper respiratory tract infection. It's completely normal for a child to have a cold eight or more times a year. This is because there are hundreds of different viruses, and young children are meeting each one of them for the first time. Gradually they build up immunity and get fewer colds. Most colds will get better in five to seven days.

Here are some suggestions on how to treat them:

- Saline nose drops can help loosen dried nasal secretions and relieve a stuffy nose. Ask your pharmacist, GP or health visitor about them.
- Increase the amount of fluid your child normally drinks.
- If your child has a fever, pain and discomfort, paracetamol or ibuprofen will help ease discomfort and fever. There are products especially for children. It will state on the packet how much you should give children of different ages.
- Encourage the whole family to wash their hands regularly to help stop the cold spreading.
- Because colds are caused by viruses, not bacteria, antibiotics don't help.
- Nasal decongestants can make stuffiness worse. Never use them for more than two or three days.

Help and support

Smoking and childhood illnesses

Each year over 17,000 children are admitted to hospital because of illnesses related to second-hand smoke. Children who live in a smoky atmosphere are more likely to suffer from:

- coughs and colds
- chest infections (temperature with a bad cough)
- asthma attacks, and
- ear infections and glue ear.

You are up to four times more likely to stop smoking successfully with NHS support. For free advice on stopping smoking, call the NHS Smoking Helpline on 0800 022 4 332 or the NHS Pregnancy Smoking Helpline on 0800 169 9 169.

smoking causes 17,000 child hospital admissions every year

Ear infections

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

If your child has earache but is otherwise well, you can give them paracetamol or ibuprofen for 12–24 hours. Don't put any oil or eardrops or cotton buds into your child's ear unless your GP advises you to do so. Don't be surprised if your doctor does not prescribe antibiotics. Most ear infections are caused by viruses and so cannot be treated with antibiotics, and just get better by themselves.

After an ear infection your child may have a hearing problem for two to six weeks. If the problem lasts for any longer than this, ask your GP for further advice.

'Glue ear'

Repeated bouts of middle ear infections ('otitis media') may lead to 'glue ear' ('otitis media with effusion'), where sticky fluid builds up and can affect your child's hearing. This may lead to unclear speech or behaviour problems. If you smoke, your child is more likely to develop glue ear and will not get better so quickly. They may need to have grommets fitted to help drain the ear and stop further infections. A health professional will give you advice on treating glue ear.

Sore throats

Many sore throats are caused by viral illnesses like colds or flu. Your child's throat may be dry and sore for a day or so before the cold starts. Sometimes with a sore throat your child may find it hard and painful to swallow, have a high temperature and have swollen glands at the front of the neck, high up under the jaw. The majority of sore throats will clear up on their own after a few days. Paracetamol or ibuprofen can be given to help reduce the pain.

If your child has a sore throat for more than four days, has a high temperature and is generally unwell or is unable to swallow fluids or saliva, see your GP.

Teething

See page 70.

Coughs

Children often cough when they have a cold because of mucus trickling down the back of the throat. If your child is feeding, drinking, eating and breathing normally and there is no wheezing, a cough is not usually anything to worry about. But if your child has a bad cough that will not go away, see your GP. If your child has a high temperature and cough and/or is breathless, they may have a chest infection. If this is caused by bacteria rather than a virus, your GP will prescribe antibiotics to clear up the infection. These will not soothe or stop the cough straight away.

If a cough continues for a long time, especially if it's more troublesome at night or is brought on by your child running about, it could be a sign of asthma. Some children with asthma also have a wheeze or some breathlessness. If your child has any of these symptoms, take them to your GP. If your child seems to be having trouble breathing, contact your GP, even if it's the middle of the night.

Go to page 116 for further information on looking out for symptoms that should be treated as serious.

Helpful tips

Although it's upsetting to hear your child cough, coughing does help to clear away phlegm from the chest or mucus from the back of the throat. You can ease a cough by giving your child plenty of warm, clear fluids to drink. If your child is over the age of one, try a warm drink of lemon and honey.

Bronchiolitis

RSV is a virus which causes cold-like symptoms and can cause breathing difficulties if it affects the lungs. When it does, the condition is called bronchiolitis. In babies under one, it is most common between October and March, although the virus exists all year round. Around two-thirds of babies get RSV before they are a year old.

If your baby was born very prematurely, is prone to getting lung infections or was born with a congenital heart condition, they could have a greater risk of becoming seriously ill. Babies who depended on additional oxygen for several months or who went home on oxygen are also more at risk. These babies will usually be under the care of a paediatrician, who can discuss the risks of RSV with you.

In most babies RSV infection lasts between one and three weeks. More severely ill babies will need to spend two or three days in hospital. A baby with underlying lung problems may need to be in longer.

Croup

Croup is a result of inflammation of the windpipe and voicebox. Your child will have a hoarse, barking cough and noisy breathing. Sometimes, though not often, croup can be severe. It's important to watch out for danger signals like:

- indrawing between the ribs or below the ribs with breathing
- restlessness and irritability
- blueness of the lips or face
- constant noisy breathing, even when the child is sitting quietly.

If you notice any of these signs, call your GP. If a doctor is not available, take your child straight to the nearest hospital with an accident and emergency department.

Asthma

Asthma is an inflammatory condition of the airways (bronchial tubes) of the lungs. With asthma these airways are extra sensitive to irritating substances (or trigger factors) like dust, exposure to certain pets and cigarette smoke. The exact cause of asthma is unknown, but attacks can be caused by an allergy to a trigger factor. There may also be other non-allergic causes. Asthma often runs in families.

When they come into contact with a trigger factor, the airways narrow and produce a sticky mucus (phlegm), making it difficult for air to pass through. Symptoms include repeated attacks of coughing and wheezing, usually with colds, shortness of breath and bringing up phlegm. Symptoms are often worse at night or after exercise.

Helpful tips

Reducing the risk of getting asthma

Smoking during pregnancy or around a child can increase the child's risk of asthma. Breastfeeding your child for as long as possible can help reduce their risk of getting asthma.

Minimising the triggers – the following may help...

Reducing the amount of dust in your house by getting rid of clutter and shaggy carpets or rugs can help. Piles of soft toys or cushions on beds can also harbour dust. If you are planning to change a carpet, think about getting a short-pile carpet or putting down a laminate or wood floor instead. You may also want to think twice about having pets.

give extra fluids

Not everyone with asthma gets all the symptoms. For many young children, a dry irritating cough may be the only symptom. See your GP if you think your child has asthma.

Viral infections are a very common trigger of wheezing. In young children this does not necessarily mean they have asthma. In children with asthma, virus-triggered attacks are common. Usually your child will have a runny nose or sore throat, then the wheezing will start two to three days later.

Be prepared

If your child has asthma, you are going to have to make sure that you are always prepared. Make sure that your child uses their brown inhaler (the preventer inhaler, which contains steroids) as prescribed, not just when they get symptoms. Your child should keep using their brown inhaler even when they are feeling better. As soon as wheezing starts, they should use the blue inhaler (for quick relief from symptoms) and repeat doses as prescribed. If this doesn't work, contact your GP.

Diarrhoea and vomiting (gastroenteritis)

Babies

Most babies have occasional loose stools, and breastfed babies have looser stools than formula-fed babies. Diarrhoea is when your baby is frequently passing unformed, watery stools. Infections can cause diarrhoea with or without vomiting. This is called gastroenteritis (a stomach bug). Most stomach bugs are more common in formula-fed than breastfed babies.

If other family members or people your baby comes into contact with (for example, at nursery) have a stomach bug, ask them to wash their hands frequently using liquid soap in warm running water and drying their hands carefully. Keep toilets clean and wash towels frequently. With formula-fed babies, make sure bottles are sterilised extremely carefully.

Babies are more at risk from diarrhoea and vomiting than older children because they can lose too much fluid from their bodies and become dehydrated. They may become lethargic or irritable and have a dry mouth and loose, pale or mottled skin, and their eyes and fontanelle may become sunken. They may pass very little urine and may feed poorly, but it may be difficult to tell how much urine they are passing when they have diarrhoea. They may have cold extremities.

If your baby becomes dehydrated, they will need extra fluids. You can buy special oral rehydration fluids from the local pharmacy or chemist or get a prescription from your GP. Brands include Dioralyte, Electrolade and Rehidrat.

Contact your GP or health visitor urgently for advice if your child has passed six or more diarrhoeal stools in the past 24 hours or if your child has vomited three times or more in the past 24 hours.

In general, for mild diarrhoea:

- **Give extra fluids.** Give your baby oral rehydration fluids in between feeds or after each watery stool.
- **Don't stop breastfeeding.** Give the extra fluid in addition to breastmilk (or formula, if you are formula feeding).

For more severe diarrhoea, or diarrhoea with vomiting:

- **Don't stop breastfeeding.** Give oral rehydration fluid in addition to breastmilk.
- **Stop formula feeds.** Instead, give small amounts of oral rehydration fluids every 10 minutes or so. Keep doing this even if your baby is still vomiting. Most of the fluid will stay in, even if it doesn't seem that way!
- **Restart normal formula feeds after three to four hours.** Your GP will give you advice.
- **Get expert advice.** If your baby is unwell, or if vomiting has lasted more than a day, get your GP's advice straight away.

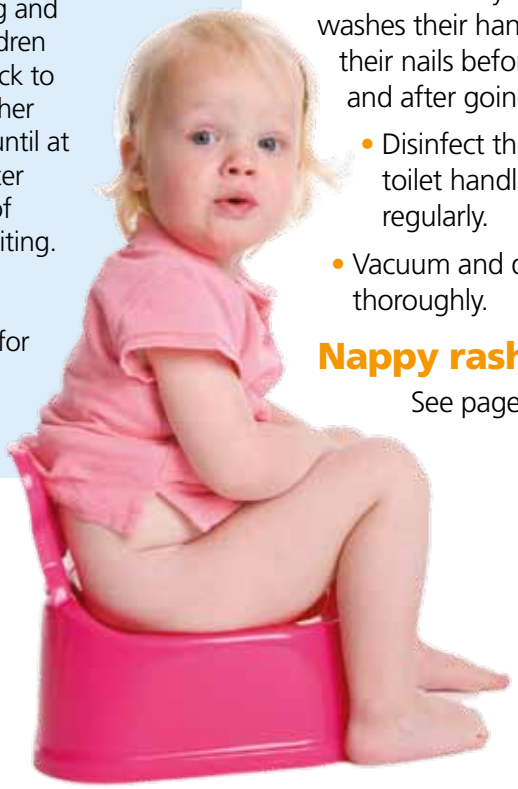
Toddlers and older children

Some children between the ages of one and five pass frequent, smelly, loose stools which may contain recognisable food. Usually these children are otherwise perfectly healthy and are growing fine, and the GP cannot find any cause. This type of diarrhoea is known as 'toddler diarrhoea'.

Contact your GP if your child has diarrhoea and is vomiting at the same time, if the diarrhoea is particularly watery, has blood in it or goes on for longer than two or three days, or if your child has severe or continuous tummy ache.

Otherwise diarrhoea is not usually a cause for concern. Just give your child plenty of clear drinks to replace the fluid that has been lost, but only give them food if they want it. A lot of squash or fruit juice can cause diarrhoea. Anti-diarrhoeal drugs can be dangerous so avoid these. Oral rehydration treatment can be helpful for older children.

Help to prevent any infection spreading by using separate towels for your child and by reminding everyone in the family to wash their hands after using the toilet, changing nappies and before preparing, serving and eating food. Children should not go back to their school or other childcare facility until at least 48 hours after the last episode of diarrhoea or vomiting. Children should also not swim in swimming pools for two weeks after the last episode of diarrhoea.



Threadworms

Many children get threadworms. They spread by producing large numbers of tiny eggs which are too small to see. The eggs are present in dust and stick to food, carpets, towels, bed linen and toilet seats. Because they are so small and widespread they can get on to fingers and under fingernails and are easily swallowed. In the bowel they hatch into worms that then lay eggs around the anus. You will see them in your child's stools, looking like tiny white threads. Your child may have an itchy bottom and may scratch it a lot, especially at night.

If you think your child has worms, speak to your GP or health visitor, or ask your pharmacist for treatment. The whole family will need to be treated because threadworm eggs spread very easily. To stop the infection spreading:

- Keep your child's nails short.
- Let your child wear pyjamas or pants in bed.
- Bath your child or wash around their bottom each morning.
- Keep your child's towel separate.
- Make sure everyone in the family washes their hands and scrubs their nails before every meal and after going to the toilet.
- Disinfect the toilet seat, toilet handle and chain regularly.
- Vacuum and dust bedrooms thoroughly.

Nappy rash

See page 33.

Eczema

Eczema in babies is common. Your baby will usually grow out of it, and many doctors will not use the term eczema at this early age, for this reason.

The symptoms include dry, bumpy skin. Atopic eczema (which occurs mainly where there is a family history of eczema, asthma or hayfever) is thought to affect one in eight children. It often starts between the ages of two and four months, with patches of red, dry and itchy skin on the face or behind the ears and in the creases of the neck, knees and elbows. In children of Asian, Black Caribbean and Black African ethnic groups, eczema may not affect creases but may affect other areas. It can be very itchy. This can lead to your baby scratching, and the eczema may sometimes become infected. If you think your child has eczema, speak to your GP, health visitor or pharmacist.

The following tips will help you manage your child's eczema:

- Apply an unperfumed emollient to the skin several times a day (for example, when you feed your baby or change their nappy). This will stop their skin getting dry.
- If your child is hot, it can make eczema worse. Keep them and their bedroom cool.
- The faeces of the house dust mite can sometimes cause an allergic reaction and make eczema worse.

Dust mites tend to collect on soft toys, so limit these to one or two favourites. Each week, either wash them at 60˚C or put them in a plastic bag in the freezer for 24 hours to kill the mites. Bed linen should also be washed at 60˚C.

- Aqueous cream, which can be bought cheaply from pharmacies, is often as effective a moisturiser as more expensive creams. You can also use it for washing, instead of soap.
- If using a cream apply it with downward strokes – don't rub it up and down.
- Soap, baby bath, bubble bath and detergents can dry or irritate your baby's skin so do without them if you can.
- Try to identify and avoid anything that irritates the skin or makes the problem worse, such as soap powder, animals, chemical sprays and cigarette smoke.
- Some fabrics can irritate the skin. Try to avoid wool and nylon, and stick to cotton instead.
- Don't cut out important foods, such as milk, dairy products, wheat or eggs, without consulting your GP or health visitor. It's fine to cut out such foods as citrus fruits, juice or tomatoes if you think these are irritating the skin. Discuss any dietary changes with a health professional.
- Steroid creams can stop eczema from getting worse. They are safe as long as they are used properly, so it's good to ask your pharmacist for advice.

Head lice

Head lice are tiny insects, slightly smaller than a pinhead. They can be difficult to see. Lots of children get head lice, regardless of whether their hair is clean or dirty. They catch them just by coming into contact with someone who is already infested. When heads touch, the lice simply walk from one head to the other. They cannot jump or fly.

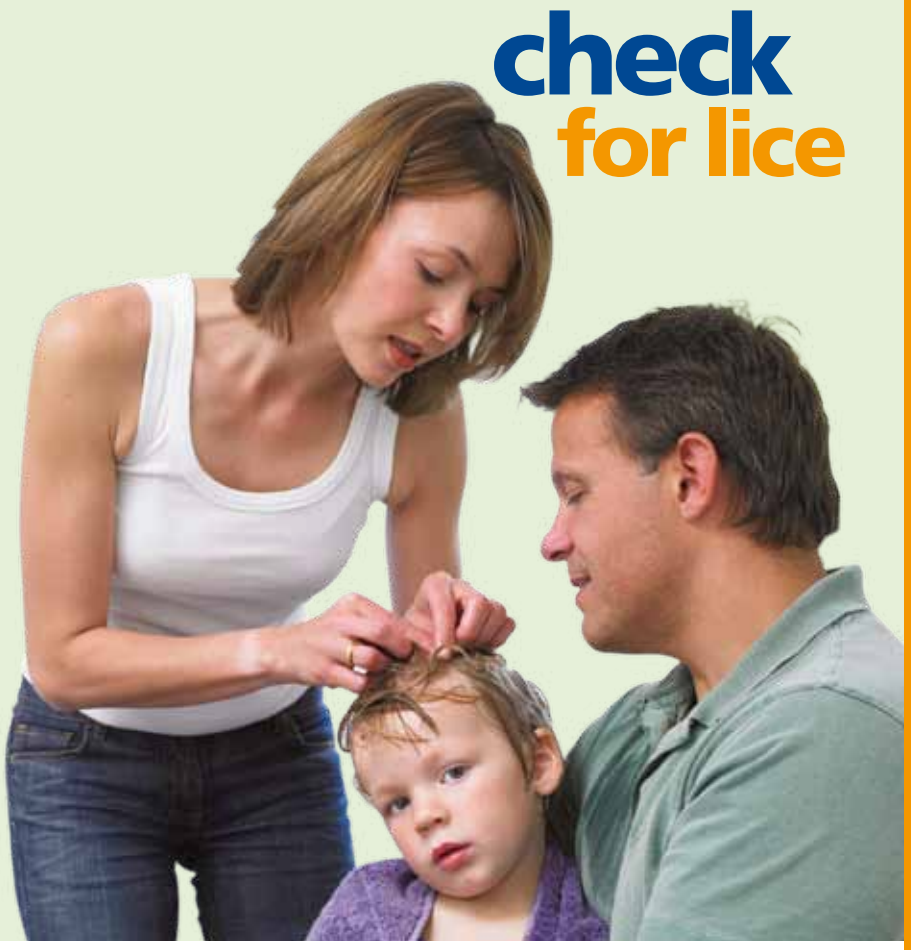
Look for the following signs:

- A rash on the scalp.
- Lice droppings (a black powder, like fine pepper) may be seen on pillowcases.
- An itchy head. Note that this is not always the first sign. Lice will usually have been on the scalp for three or four months before the head starts to itch, or they may not cause itching at all.
- You may also spot eggs (nits).

Checking for head lice

Head lice eggs are dull and well camouflaged. They hatch after around seven to 10 days. Nits are the empty eggshells. They are white, shiny and about the size of a small pinhead. Often, they are found further down the scalp, particularly behind the ears. It's easy to mistake them for dandruff but, unlike dandruff, they are firmly glued to the hair and cannot be shaken off.

The easiest way to check for lice is by combing. Wet your child's hair and part it about 30 times. Then comb each section carefully with a plastic, fine-tooth nit comb. Do this over a pale surface, such as a paper towel, white paper or basin of water, or when your child is in the bath. If there are any lice, you will be able to see them on the scalp or the comb, or they may fall on the paper or in the water. They are usually grey or brown in colour.



Treating head lice

There are two ways of dealing with lice. The first is 'wet combing' (or the non-insecticide method):

- Wash the hair normally using your usual shampoo.
- Using lots of hair conditioner and while the hair is very wet, comb through the hair from the roots with a fine-tooth comb. Make sure the teeth of the comb slot into the hair at the roots with every stroke.
- Clear the comb of lice between each stroke with a tissue or paper towel.
- Wet lice find it difficult to escape, and the conditioner makes the hair slippery and harder for them to keep a grip, so they are easier to remove.
- Repeat this routine every three to four days for two weeks so that any lice emerging from the eggs are removed before they can spread.

The second method involves using a lotion containing, insecticide: malathion, phenothrin, permethrin or carbaryl. Lotions containing carbaryl can only be obtained on prescription from your GP. The others can be bought over the counter or obtained on prescription. Research shows that lotions containing a silicone compound, dimeticone, may also be effective. Your school nurse, health visitor, pharmacist or GP can advise you on which one to use. You should only use lotions when you have already detected head lice, not to try to prevent them. Head lice shampoos and repellents are not recommended.

Using head lice lotions

- Follow the instructions carefully on how to use the lotion.
- Always make sure you use enough lotion to cover the whole head. Usually, you will need at least 50ml per application, but always check the instructions.
- Make a small parting, pour a few drops of lotion on to this and spread over the scalp and hair with the fingers.
- Repeat this process, making small partings roughly every 2cm or three-quarters of an inch, until the whole head is covered.
- If, after you have rinsed the lotion off, you can still see live lice on the head or you see them again within a day or two of treatment, they may be resistant to this particular insecticide. In this case, use the 'wet combing' method (see above), or switch to a product with a different active ingredient. If you have used a product containing phenothrin or permethrin, don't switch to another product containing either of these as they belong to the same insecticide group.
- You may need to apply the same treatment again after seven days.
- Don't use any product containing malathion or carbaryl more than once a week for three weeks at a time.

'Natural' methods of treating head lice that use essential or aromatherapy oils, such as lavender, rosemary or tea tree oil, or blends of different oils, are popular with some parents. However, little research has been done into their effectiveness or whether they can be toxic if used repeatedly or in the wrong amount. Some oils can also irritate the skin or may not be suitable for children. If you do use essential oils to treat head lice, be cautious, and don't use them to try to prevent lice. Some essential oils should not be used in pregnancy, so if you are pregnant always check before using an oil to treat your child.

Remember:

- One infected child can infect an entire nursery – so do treat your child as soon as you discover head lice.
- Tell the nursery and other parents.
- Check your child's hair regularly, and always check their hair if there is an outbreak at the nursery or school.
- If your child has head lice, check the whole family (including dad!) and treat them if necessary.
- Older people, such as grandparents, may have head lice without knowing it and could pass them on to children.
- Brush and comb your child's hair often. This may help stop head lice taking hold.

More information

For more information about detecting and treating head lice, go to the Community Hygiene Concern website at www.chc.org/bugbusting/

wet combing

recognise the signs

Meningitis and septicaemia

Meningitis is an inflammation of the lining of the brain. It is a very serious illness but, if it's picked up and treated early, most children make a full recovery. Septicaemia is blood infection, which may be caused by the same germs that cause meningitis. Septicaemia is also very serious and must be treated straight away.

In recent years, there has been a lot of concern about meningitis in children. There are several different types of meningitis and septicaemia and some can be prevented by immunisation (see 'MenC' on page 101).

Early symptoms of meningitis and septicaemia may be similar to a cold or flu (fever, vomiting, irritability and restlessness). However, children with meningitis or septicaemia can become seriously ill within hours, so it is important to be able to recognise the signs.

The main symptoms of meningitis and septicaemia may include:

- fever (a temperature of 38ºC or more in babies under three months and of 39ºC or more in babies between three and six months)
- vomiting and refusing feeds
- cold hands and feet
- skin that is pale, blotchy or turning blue
- rapid or unusual patterns of breathing
- irritability, especially when picked up (this can be due to limb or muscle pain)
- a high-pitched, moaning cry
- shivering
- red or purple spots that don't fade under pressure (do the glass test explained in the box on the right)
- floppiness and listlessness or stiffness with jerky movements
- drowsiness, or your child is less responsive, vacant or difficult to wake
- a bulging fontanelle, and
- neck stiffness or a stiff neck.

Remember, not **all** infants and older children will develop all the symptoms listed above.

If your child develops some of the symptoms listed above, especially red or purple spots, get medical help urgently.

The 'glass test'

Press the side of a clear drinking glass firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your doctor immediately.

This rash can be harder to see on darker skin, so check for spots over your baby's whole body, especially on paler areas like palms of the hands, the soles of the feet, on the tummy, inside the eyelids and on the roof of the mouth.

For more information, phone the Meningitis Research Foundation's free 24-hour helpline on 080 8800 3344 or go to www.meningitis.org, or contact the Meningitis Trust helpline on 0800 028 18 28 or go to www.meningitis-trust.org

You can also ask your GP, practice nurse or health visitor for advice, or call NHS Direct on 0845 4647.

Kawasaki disease

Kawasaki disease is uncommon and mainly affects children under five. Diagnosis is important because of the risk of serious complications, particularly heart disease. The symptoms include:

- a persistent fever lasting five or more days that cannot be lowered with paracetamol or ibuprofen
- irritability, and being very difficult to console
- conjunctivitis (red eyes)
- a rash
- dry, red, swollen lips or a 'strawberry tongue'
- red, swollen toes, fingers, hands or feet
- swollen glands in the neck, and/or
- peeling of the skin a few days after symptoms first appear.

check for rashes

Long-term or life-limiting medical conditions

Some children develop medical conditions that don't go away, like diabetes, cystic fibrosis and cancer. If this happens to your child, they will need your help and support to learn to live with their condition. You will also want to know more about your child's illness and, perhaps, about where you can go for financial support or how your child can get help at school.

You may also find it helpful to talk to another family whose child has a similar condition.

it can help to talk

The charity Contact a Family can help with all these areas (see page 157). See also the list of useful organisations on pages 182–185.

More information

To learn basic first aid skills that could save your baby or child's life, visit www.childrenfirstaid.redcross.org.uk

INJURIES AND ACCIDENTS

Most young children have some injuries and accidents. Hopefully, most will be minor, but it's a good idea to know what to do in a more serious situation. Here are some suggestions:

- You could learn some basic first aid, or revise what you already know. You will find some information on the following pages, or you could think about buying a book.
- Better still, do a first aid course. St John Ambulance and your local NHS ambulance service will run courses. Look in the phone book, or contact the address in the useful organisations section. Alternatively, you could ask your health visitor to organise a course.
- The Royal Life Saving Society UK runs courses in baby resuscitation skills and has a leaflet, *Save a baby's life*, which includes a step-by-step guide to dealing with an emergency. To find out more, call 01789 773994 or go to www.lifesavers.org.uk

- Make sure you know what to do and how to get help in an emergency. See pages 114 and 131.

If you are worried or uncertain about your child's injuries, get a GP's advice or call NHS Direct on 0845 4647.

If you are not sure whether you should move your child, make sure they are warm and then call an ambulance. If you know it's safe to move your child, go to the accident and emergency department of your nearest hospital or to a local doctor, whichever is quickest.

You should always take your child to hospital after an accident if they:

- are unconscious
- have fallen from above head height or been hit by a vehicle
- are vomiting or drowsy
- complain of severe pain anywhere
- have choked on an object and not fully recovered, and/or
- are having fits (see page 130).

Helpful tips

Remember...

Don't give your child anything to eat or drink after an accident. If your child has had a serious injury like a fracture and you need to take them to hospital, they may need an anaesthetic.

Dealing with some common injuries and accidents

Objects in nose or ears

If your child has something lodged firmly in their nose or ear, leave it where it is. If you try and remove it yourself, you may push it further in. Take your child to the nearest accident and emergency department or minor injury unit. If their nose is blocked, explain to your child that they will have to breathe through their mouth.

Cuts

If there is a lot of bleeding, press firmly on the wound, using a clean cloth such as a tea towel or flannel. If you don't have a cloth, use your fingers. Keep pressing 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 is serious blood loss. An ambulance is not usually needed. But if the cut keeps bleeding, or there is a gap between the edges of the wound, go to accident and emergency (A&E) or a minor injury unit. If there is a possibility of a foreign body (e.g. glass) in the cut, go to A&E.

If your child's immunisations are not up to date, ask your GP whether your child should have a tetanus jab.

Burns and scalds

Immediately put the burn or scald under running cold water to reduce the heat in the skin. Do this for up to 10 minutes but no longer, as babies and toddlers can get too cold. If there is no running water, immerse the burn or scald in cold water, or any other cool fluid like milk or another cold drink.

Use something clean and non-fluffy like a cotton pillowcase, linen tea-towel or clingfilm to cover the burn or scald. This will reduce the danger of infection. If your child's clothes are stuck to the skin, don't try to take them off. Don't put butter, toothpaste, oil or ointment on a burn or scald, as it will have to be cleaned off before the burn or scald can be treated. Depending on the severity of the burn or scald, see your GP or go to a minor injuries unit or the accident and emergency department.

Blisters will burst naturally. The raw area underneath needs a protective dressing. Ask your pharmacist or practice nurse for advice.

Swallowing poisons

Here is what you should do if you think your child may have taken pills or medicines:

- Unless you are absolutely sure your child has swallowed them, spend a minute or two looking for the missing pills (have they rolled under a chair?).
- If you still think your child has swallowed something, take them straight away to your GP or hospital, whichever is quickest.
- Take the full set of tablets with you so the doctors can check the labelling and calculate how much your child may have taken.
- Keep a close watch on your child and be prepared to follow the CPR steps starting on page 132.
- If possible, take the container (or its label) with you, along with a sample of whatever you think your child has swallowed.
- Don't give salt and water or do anything else to make your child sick.

If you think your child may have swallowed household or garden chemicals:

- Calm your child down as much as you can. This will be easier if you can stay calm yourself. **But act quickly to get your child to hospital.**
- If possible, take the container (or the label) with you and a sample of whatever you think your child has swallowed – or write it down.
- If your child is in pain or there is any staining, soreness or blistering around their mouth, they have probably swallowed something corrosive. Give them milk or water to sip to ease the burning, and get them to hospital quickly.

Shock

If your child looks pale and/or feels unwell after an accident, get them to lie 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, lie down. The faint feeling will wear off in a minute or two.

Emergency first aid

Fits or convulsions

Although febrile convulsions or 'fever fits' may look alarming, they are common in children under the age of three. Although there are other reasons why children have a 'fit', a high temperature is the most common trigger. Use paracetamol or ibuprofen if your child appears distressed or is unwell.

See page 119 for more information on how to relieve a fever.

If your child has a fit they may suddenly turn blue and become rigid and staring. Sometimes their eyes will roll and limbs start to twitch and jerk. Alternatively, they may just suddenly go floppy. The following suggestions will help you deal with the fit:

- Keep calm.
- Lie your child on their side to make sure they don't vomit or choke. Don't put anything in their mouth. If you think they are choking on food or an object, try to remove it.

Electrocution

Always turn off the power before approaching your child. If this is not possible, push your child away from the source of the shock with a wooden or plastic object, such as a broom handle. Then try gentle stimulation by tapping their feet or stroking their neck and shouting 'hello' or 'wake up'. If you get no response from your child, **you must follow the CPR steps** shown on page 132.

- Remove your child's clothing and any coverings, and make sure they are cool but not chilly.
- Most fits will stop within three minutes. When it's over, reassure your child, make them comfortable and then call a doctor.
- If the fit has not stopped within three minutes call 999. If it stops, but it was your child's first ever fit, take them to the nearest accident and emergency department to be checked over.
- Don't panic. Fits need to last over 30 minutes for there to be any risk of brain damage.
- Even if it is not the first time, and your child recovers quickly, you should still let your GP know that your child has had a fit.

Febrile convulsions become increasingly less common after the age of three and are almost unknown after the age of five. Febrile convulsions are not usually connected with epilepsy.

Life-threatening emergencies

It's far better to start resuscitating your child than to do nothing. Even if you are using the 'wrong' technique, it's better than doing nothing. If you know the technique for resuscitating an adult, use it – it will make a difference.

If you are using the adult cardiopulmonary resuscitation (CPR) sequence, try to remember to give five rescue breaths first (if you don't know how to give rescue breaths, move straight on to chest compressions). When you give chest compressions, compress your child's chest by about a third of its diameter (this will be fairly obvious when you have to do it).

If you are completely on your own and no one has heard your shout for help, do CPR for one minute before leaving to call for help. You may be able to take a small child with you and continue CPR while you call for help. If you have a mobile phone with you, use that – even if you don't have any credit, you can still make 999 calls.

The most important message is, **do something**. On the next page is the full, detailed CPR sequence for infants and children. It might seem complicated, but it's much easier to understand if you can practise it on a course. It's highly recommended that you do a course – for details see page 128.

in an emergency call 999

CPR steps

STEP 1

1 Ensure the area is safe

- Check for hazards, such as electrical equipment, traffic etc.

STEP 2

2 Check your child's responsiveness

- Gently stimulate your child and ask loudly, 'Are you all right?'
- Don't shake infants or children with suspected neck injuries.

STEP 3

3A If your child responds by answering or moving:

- Leave them in the position in which they were found (provided they are not in further danger).
- Check their condition and get help if needed.
- Reassess regularly.

3B If the child doesn't respond:

- Shout for help.

If your child is under one year:

- Ensure a neutral position of the head.
- Ensure head and neck are in line and not tilted.
- At the same time, with your fingertip(s) under the point of your child's chin, lift the chin. Do not push on the soft tissues under the chin, as this may block the airway.

If your child is one year or over:

- Open your child's airway by tilting the head and lifting the chin:
  - Leaving the child in the position in which you found them, place your hand on their forehead and gently tilt their head back.
  - Chin lift (as above).
  - This may be easier if the child is turned carefully on to their back.

If you suspect that there may have been an injury to the neck, tilt the head carefully and by a small amount at a time until the airway is open.

STEP 4

4 Keeping the airway open, look, listen and feel for normal breathing by putting your face close to your child's face and looking along their chest

- **Look** for chest movements.
- **Listen** at the child's nose and mouth for breathing sounds.
- **Feel** for air movement on your cheek.

Look, listen and feel for **no more than 10 seconds** before deciding that breathing is absent.

STEP 5

5A If your child is breathing normally:

- Turn them onto their side.
- Check for continued breathing.

5B If your child is not breathing or is only breathing infrequently and irregularly:

- Carefully remove any obvious obstruction in the mouth.
- Give five initial rescue breaths.
- While doing this, note any gag or cough response. These responses, or the lack of them, will form part of your assessment of 'signs of life' (see step 6 on page 133).

Rescue breaths (or mouth-to-mouth resuscitation) for a baby under one year:

- Ensure the head is in a neutral position and lift the chin.
- Take a breath and cover both your baby's mouth and nose with your mouth, making sure you have a good seal. If you cannot cover both the mouth and nose at the same time, just seal either with your mouth. If you choose the nose, close the lips to stop air escaping.
- Blow five breaths steadily into the baby's mouth and nose for about 1 to 1.5 seconds each, sufficient to make the chest rise visibly.
- Keeping their head tilted and chin lifted, take your mouth away and watch for the chest to fall as air comes out.
- Take another breath and repeat the sequence five times.

Rescue breaths for a child aged one year or over:

- Tilt head and lift chin.
- Pinch the soft part of their nose closed with the index finger and thumb of your hand on their forehead.
- Open their mouth a little, but keep the chin pointing upwards.
- Take a breath and place your lips around the mouth, making sure you have a good seal.
- Blow steadily into their mouth for about 1 to 1.5 seconds, watching for the chest to rise.
- Maintaining the head tilt and chin lift, take your mouth away and watch for the chest to fall as air comes out.
- Take another breath and repeat this sequence five times. Check that your child's chest rises and falls in the same way as if they were breathing normally.

STEP 5 (continued)

5C If you have difficulty achieving effective breathing in your child, the airway may be obstructed:

- Open the child's mouth and remove any visible obstruction. Don't poke your fingers or any object blindly into their mouth.
- Ensure that there is adequate head tilt and chin lift, but that the neck is not over-extended.
- Make up to five attempts to achieve effective breaths (sufficient to make the chest visibly rise). If still unsuccessful, move on to chest compression.

STEP 6

6 Check for signs of life

- Take no more than 10 seconds to look for signs of any movement, coughing or normal breathing (not just infrequent, gasping breaths).

STEP 7

7A If you are confident that you can detect signs of life within 10 seconds:

- Continue rescue breathing, if necessary, until your child starts breathing effectively on their own.
- Turn your child onto their side (the recovery position) if they remain unconscious.
- Reassess frequently.

7B If there are no signs of life or you are not sure:

- Start chest compression.
- Combine rescue breathing and chest compression.

Chest compressions – general guidance

- To avoid compressing the stomach, find where the lowest ribs join in the middle. Compress the breastbone one finger's breadth above this.
- Depress the breastbone by roughly one-third of the depth of the chest.
- Release the pressure, then repeat at a rate of about 100 compressions per minute.
- After 30 compressions, tilt the head, lift the chin and give two effective breaths.
- Continue compressions and breaths in a series of 30 compressions followed by two breaths.

Although the rate of compressions will be 100 per minute, the actual number delivered will be less than 100 because of pauses to give breaths. The best method for compression varies slightly between infants and children, as follows.

Chest compression in babies less than one year old:

- Compress the breastbone with the tips of two fingers.

Chest compression in children one year or over:

- Place the heel of one hand over the lower third of the breastbone (as described above).
- Lift the fingers to ensure that pressure is not applied over the ribs.
- Position yourself vertically above the chest and, with your arm straight, compress the breastbone to depress it by approximately one-third of the depth of the chest.
- In larger children, or if you yourself are small, this may be done more easily by using both hands with the fingers interlocked, while avoiding pressure on the ribs.

If no one has responded to your shout for help at the beginning and you are alone, continue resuscitation for about one minute before trying to get help (for example, by dialling 999 on a mobile phone).

STEP 8

8 Continue resuscitation until:

- Your child shows signs of life (normal breathing, coughing, movement of arms or legs).
- Further qualified help arrives.
- You become exhausted.

Choking

Children, particularly between the ages of about one and five, often put objects in their mouth. This is a normal part of how they explore the world. Some small objects, like marbles and beads, are just the right size to get stuck in a child's airway and cause choking. **The best way to avoid this is to make sure small objects like these are out of your child's reach.** No matter how careful you are, though, your child may choke on something.

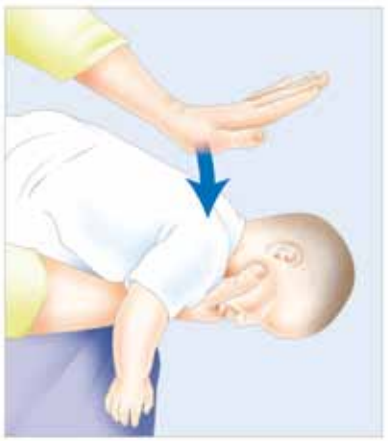
In most cases you, or someone else, will see your child swallow the object that causes the choking. However, there can be other reasons for coughing. If your child suddenly starts coughing, is not ill and often tries to put small objects in their mouth, then there is a good chance that they are choking.

Try these suggestions:

- If you can see the object, try to remove it. But **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 is no need to do anything. Encourage them to carry on coughing and don't leave them.
- If your child's coughing is not effective (it's silent or they cannot breathe in properly), **shout for help** immediately and decide whether they are still conscious.
- If your child is still conscious but either they are not coughing or their coughing is not effective, use back blows (see below).

Back blows for children under one year:

- Support the child in a head-downwards position. Gravity can help dislodge the object. It's easiest to do this if you sit or kneel, and support the child on your lap.
- Don't compress the soft tissues under the jaw, as this will make the obstruction worse.
- Give up to five sharp blows to the back with the heel of one hand in the middle of the back between the shoulder blades.



Back blows for children over one year:

- Back blows are more effective if the child is positioned head down.
- Put a small child across your lap as you would a baby.
- If this is not possible, support your child in a forward-leaning position and give the back blows from behind.

If back blows don't relieve the choking, and your child is still conscious, give **chest thrusts to infants under one year** or **abdominal thrusts to children over one year**. This will create an 'artificial cough', increasing pressure in the chest and helping to dislodge the object.

Chest thrusts for children under one year:

- Support the baby down your arm, which is placed down (or across) your thigh as you sit or kneel.
- Find the breastbone, and place two fingers in the middle.
- Give five sharp chest thrusts, compressing the chest by about a third of its diameter.

Abdominal thrusts for children over one year:

- Stand or kneel behind the child. Place your arms under the child's arms and around their upper abdomen.
- Clench your fist and place it between the navel and ribs.
- Grasp this hand with your other hand and pull sharply inwards and upwards.
- Repeat up to five times.
- Make sure you don't apply pressure to the lower ribcage as this may cause damage.

Following chest or abdominal thrusts, reassess your child:

- If the object is still not dislodged and your child is still conscious, continue the sequence of back blows and either chest thrusts or abdominal thrusts.
- Call out or send for help if you are still on your own.
- Don't leave the child at this stage.

Even if the object is expelled, get medical help. Part of the object may have been left behind, or your child may have been hurt by the treatment.

Unconscious child with choking:

- If a choking child is, or becomes, unconscious, put them on a firm, flat surface.
- Call out or send for help if you are still on your own.
- Don't leave the child at this stage.
- Open the child's mouth. If the object is clearly visible, and you can grasp it easily, remove it.
- Start CPR (see page 132).

Don't use blind or repeated finger sweeps. These can push the object further in, making it harder to remove and causing more injury to the child.

CHILDREN IN HOSPITAL

Hospitals can be strange, frightening places for children. Being ill or in pain is frightening too. Although you might feel a bit helpless in this situation, there are some things that you can do.

Children who need special care

Newborns are tested for sickle cell disorders, phenylketonuria, congenital hypothyroidism, cystic fibrosis and, in some areas, MCADD (a metabolic problem).

If your child has any of these conditions, they will require specialist care. You should be involved in making decisions about that care. Voluntary organisations can provide information, support and advice (see the useful organisations section).

Prepare your child as best you can. You could play 'doctors and nurses' or 'operations' with teddies and dolls and read story books about being in hospital. It's worth doing this even if you don't know your child is going into hospital. Quite a large number of under fives do have to go into hospital at some stage, and many go in as emergencies.

Be with your child in hospital as much as possible. It's extremely important for you to be with your child in hospital as much as possible and, with young children especially, to sleep there. Do all you can to arrange this. All hospital children's departments now have some provision for parents to stay overnight with their children. Talk to hospital staff beforehand and be clear about arrangements and what will happen.

Explain as much as possible to your child. Even quite young children need to know about what is happening to them. What children imagine is often worse than reality. Be truthful, too. Don't, for example, say that something will not hurt when it will. Some hospitals will arrange visits for children and their families before the child is admitted for a planned treatment or operation. Your child will also want to know things like when they will be able to see you, and whether you will be staying with them.

You may find it helpful to explain to your child what the hospital environment may be like. You may want to talk to them about the fact that they will most likely be sharing a ward with other children of their own age, and that it will be different from the familiar surroundings of their own bedroom and home.

Talk to hospital staff about anything that is important to your child. You may need to explain cultural differences (for example, hospital food might seem very strange to your child). You should also tell staff about any special words your child uses (such as for needing to go to the toilet) and any special ways you have of comforting them.

Broken bones

If you think your child's neck or spine may be injured, don't move them. Call an ambulance. 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 cannot easily move your child without causing pain, call an ambulance. If you have to move your child, be very gentle. Put one hand above and the other below the injury to steady and support it (using blankets or clothing if necessary). Comfort your child and take them to hospital. If you think your child is in pain, give them painkillers, even if you are going to the accident and emergency department.

Let your child take a favourite teddy or comforter with them into hospital.

Be prepared for your child to be upset by the experience. They may continue to be upset for some time afterwards. Give them as much reassurance as you can.

You can get a lot of helpful information and advice on how to cope when your child is in hospital from organisations such as Action for Sick Children (see page 182 for contact details).

BEREAVEMENT

See page 149 for more general information about bereavement.

When a child dies

This is a loss like no other. For a child to die before their parents feels so wrong that great shock (as well as, sometimes, anger, bewilderment and even a kind of guilt) is added to the enormous grief and sadness you will already be feeling.
All these feelings are important to you. They are not to be set aside quickly or hidden away.

You need to let yourself grieve in your own way. If you need to cry, don't hold back. It may be the only way you can let your feelings out.
If you feel angry, as many parents do, or find you are blaming yourself or others, it's important to talk about it.
Ask the questions you want to ask of, for example, hospital staff, your GP, midwife or health visitor. Often the reasons for a baby's death are never known, not even after a post-mortem. But you will probably feel that you need to find out all you can.

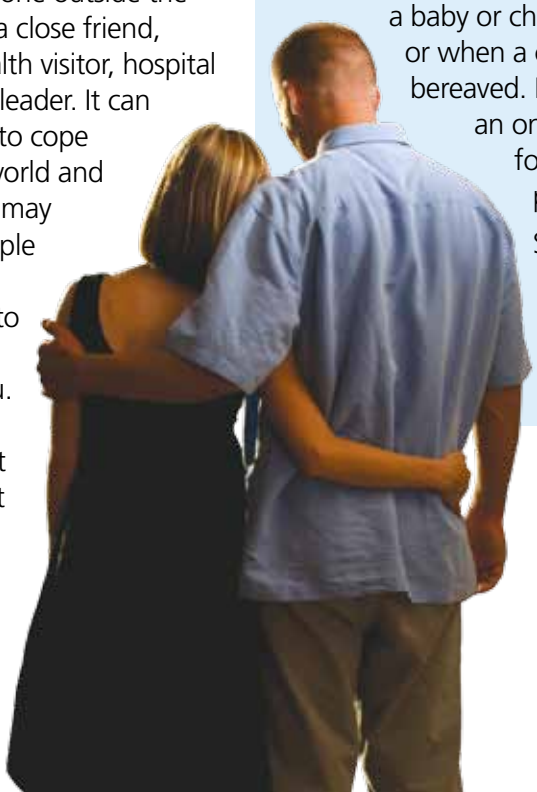
It may help you to think about ways of remembering your child. If you don't already have photographs, you may want to have a photograph of your baby or child taken, and perhaps one of you with them. Talk to the hospital about this. Think about any service or ceremony you might want to have, and any mementos you may want to keep. It's important to do what feels right for you.

If you have other children, try to explain what has happened as simply and honestly as you can. They need to understand why you are sad, and will have their own feelings to cope with. Sometimes older children worry that the death is linked to something they have done. They may be very quiet, or behave very badly, for a while. It's not always easy to give them the love and reassurance they need when you are grieving yourself. It may help to get support from others close to your child.

Be realistic. Grieving takes a long time, and there will be many ups and downs. Talking may not come easily to you, but it can help, even if it's been a while since your child died. The more you and your partner can talk to each other, the more it will help you both.
A partner's experience of a child's death can be different from a mother's. Although you will share a lot, your feelings and moods will not be the same all the time. Try to listen to each other so you can support each other as best you can. Although you may be reacting in different ways, you have both lost a child.

talking can help

Sometimes talking to someone outside the family is helpful – a close friend, your doctor or health visitor, hospital staff or a religious leader. It can be difficult at first to cope with the outside world and other people. You may find that even people quite close to you don't know what to say, say the wrong thing, or avoid you. Take the support that is offered. Just do what feels right to you.



Help and support

The following organisations can offer support and advice and put you in touch with other parents who have gone through something similar:

- The Stillbirth and Neonatal Death Society (Sands) is run by and for parents whose baby has died either at birth or shortly afterwards.
- The Foundation for the Study of Infant Deaths supports parents bereaved by a cot death (also called Sudden Infant Death Syndrome, or SIDS).
- Compassionate Friends is run by and for all bereaved parents.
- Cruse provides support, information, advice, education and training to help anyone who has been bereaved to understand their grief and cope with their loss.
- Winston's Wish supports children and families after a parent or sibling has died.
- The Child Bereavement Charity provides specialised support, information and training for everyone affected when a baby or child dies, or when a child is bereaved. It also runs an online forum for bereaved parents.

See page 182 for contact details.

9 YOUR OWN LIFE

Becoming a parent changes your life. Suddenly there is no time to do the things you like to, 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! But if you don't take care of yourself, you will end up run down and exhausted, and you will not have the energy you need to make a good job of being a parent. This section is for you.

- Having a baby changes you physically and emotionally. You will not feel the same, and you will not lose all your baby weight straight away! Give yourself time to adjust.
- Taking care of yourself might be low on your list of priorities, but it's important to stay healthy for your own sake and the sake of your baby.
- Relationships – with your partner, and with other people – need to be worked out. It's important that you don't feel you are trying to cope alone.
- Having someone to talk to outside the home is especially important if you are a lone parent.
- When you are ready, going back to work could help improve your finances and help you feel like you are back in touch with the outside world.

YOUR BODY AFTER CHILDBIRTH

Having a baby changes your body. You may not like the changes, or you may enjoy feeling different, 'more like a mother'. If you are happy the way you are, don't let other people tell you differently.

If you feel uncomfortable with your body, though, you will want to make some changes. Some things will never be quite the same again – for example, stretch marks will fade, but will not ever go away completely. Other changes need not be permanent.

You can tighten a saggy tummy with exercise, and weight gained will gradually drop off if you eat and exercise sensibly. But it's not going to happen overnight. It took nine months to make a baby, and it will take at least that long to get back into shape again.

In the meantime, give your body some little treats to cheer you up. For example, if it makes you feel good to paint your toenails, then make time to do it. Maybe for you that is even more important than 20 minutes of extra sleep.

The postnatal check

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 GP about any health problems you have had since your baby's birth, such as perinatal pain or pain following episiotomy, backache, piles or incontinence. It's also an opportunity to talk about how you are feeling, and to discuss family planning. You can get pregnant again within three weeks of giving birth so it's important to sort out your contraception before you start having sex again.

PHYSICAL PROBLEMS

A lot of women experience physical problems either as a result of labour and birth or because of the kind of work involved in caring for young children, or both. Problems like recurring infections, back pain, a leaky bladder and painful intercourse are more common than people think.

For some problems you can do a lot to help yourself. For example, if you are suffering from a leaky bladder or getting that 'falling out' feeling, you may need to strengthen the muscles around your bladder, vagina and perineum. Pelvic floor exercises can help. A bad back can also be helped by exercise and by learning to use your back carefully.

But if something really is bothering you, don't be afraid to ask for help. Your GP may be able to suggest treatment or refer you to a specialist or an obstetric physiotherapist who can help with back and bladder problems and painful stitches.

exercising improves strength and function

Pelvic floor exercises

The muscles of the pelvic floor form a hammock underneath the pelvis, supporting your bladder, uterus and bowel. You use these muscles when you pass water or empty your bowels and when you have sex. Pregnancy, labour and birth can stretch and weaken these muscles. If you can improve their strength and function you are less likely to have a leaky bladder and more likely to enjoy sex.

You can do the following exercises either sitting or standing, when you are washing up, queuing in the supermarket, watching TV – anytime, anywhere:

- Squeeze and draw in your back passage at the same time. Close up and draw your vagina (front passage) upwards.
- Do it quickly, tightening and releasing the muscles immediately.
- Do it slowly, holding the contractions for as long as you can (not more than 10 seconds) before you relax.
- Repeat both exercises 10 times, four to six times a day.

You may find it helps to imagine you are stopping a bowel movement, holding in a tampon or stopping yourself passing urine. In fact, the best way to find the muscles is to try stopping and starting (or slowing down) the flow of urine while you are on the toilet.

Deep stomach exercise

This exercise will help to firm your stomach:

- Lie on your side with your knees slightly bent.
- Let your tummy sag and breathe in gently.
- As you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline.
- Squeeze your pelvic floor at the same time.
- Hold for a count of 10 then gently release.
- Repeat 10 times.

Easing back pain

The following tips will help relieve an aching back:

- While feeding your baby, always sit with your back well supported and straight. Use a pillow or cushion behind your waist.
- Kneel or squat to do low-level jobs like bathing your baby or picking things up off the floor. Avoid bending your back.

- Make your knees work instead. Change nappies on a waist-level surface or while kneeling on the floor.
- To lift weights like a carrycot or an older child, bend your knees, keep your back straight and hold the weight close to your body. Make your thigh muscles work as you lift.
- Try to keep a straight back when you push a pram or buggy, or carry your baby in a sling.

keep a straight back

Deep vein thrombosis

Deep vein thrombosis (DVT) is a serious condition where clots develop in the deep veins of the legs. It can be fatal if the clot travels from the legs to the lungs. Flights lasting over five hours where you sit still for a long time may increase the risk. Pregnant women and women who have recently had a baby are among those more at risk, so if you intend to travel by air, it is important that you consult your GP or health visitor before the trip. They can give you advice on in-seat exercises to keep your blood circulating.

If you do develop swollen, painful legs or have breathing difficulties after a flight, see a GP urgently or go to the nearest accident and emergency department.

More information

For more information on DVT and travel, go to www.dh.gov.uk or www.nhs.uk and search for 'DVT'.

KEEPING HEALTHY

Eating

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. Eating well will make you feel better and it need not take much time. See page 55 for more on how to eat a healthy diet.

If you are breastfeeding, you don't need to eat a special diet. But you should make sure you eat and drink plenty and get plenty of rest. See page 13 for information on eating healthily while breastfeeding.

If you feel you need to lose weight, talk to your GP about it first. The most effective way of losing weight is to cut down on fat and sugar but not to go on a crash diet. Small regular meals will keep up your energy levels without adding to your weight. If you are breastfeeding, losing weight by eating healthily and taking regular moderate exercise such as a brisk 30-minute walk will not affect the quality or quantity of your milk.

Physical activity

When you are feeling tired, being active or taking more exercise may seem like the last thing you need, but activity can relax you, help your body recover after childbirth, keep you fit or improve your fitness, and make you feel better and more energetic. The following suggestions may help:

- **Keep up your postnatal exercises.** They will strengthen vital muscles and improve your shape. See pages 138 and 139 for practical information on some important exercises.
- **Join a postnatal exercise class.** It may help to be with other new mums. Find out if your local maternity unit has a class run by an obstetric physiotherapist, or ask your health visitor about other local classes. If you are going to a class other than a special postnatal class, be sure to tell the person running the class if you have had a baby in the last few months. You will need to take special care of your back and avoid exercises that could damage it.
- **Push the pram or buggy briskly, remembering to keep your back straight.** Walking is great exercise so try to get out as much as you can.
- **Play energetic games with older children.** You can exercise by running about with them. Find outdoor space if there is no space at home.
- **Run upstairs.** You probably find yourself going up and down a hundred times a day in any case. Try to think of it as good exercise!
- **Squat down to pick things up from the floor, holding heavy weights close to your body.** This is also something you are likely to be doing a lot. If you squat rather than stoop, bending your knees and keeping your back straight, you will strengthen your thigh muscles and avoid damaging your back.
- **Swimming is good, relaxing exercise.** If you take your child with you, try to have someone else there too, so that you get a chance to swim.

- **Borrow or buy an exercise video.** This is a way that you can do a workout at home. You could get a friend or your older children to join in.

Helpful tips

Planning another pregnancy?

If you are thinking of trying for another baby, remember to start taking a daily 400 microgram supplement of folic acid as soon as you stop using contraception. You will need to carry on until the 12th week of pregnancy. Folic acid can help prevent birth defects, such as spina bifida, and is included in the Healthy Start vitamin supplement for women. If you qualify for Healthy Start you may be able to get this free of charge. If you don't qualify for Healthy Start, you may be able to buy supplements inexpensively from your local baby clinic, children's centre or community pharmacy. Go to page 48 for more information about Healthy Start. You will need a higher dose of folic acid if you or your partner has spina bifida or other similar conditions (called neural tube defects or NTDs), or if either of you have a family history of NTDs or have previously had a baby with an NTD. Your GP will be able to prescribe this for you.

If you are overweight and thinking about having another baby, you may want to talk to your GP or health visitor about losing weight before you get pregnant again. They should be able to advise you about eating healthily and taking moderate exercise and about any local programmes which can help you. If you are very overweight, and want to lose weight, ask your GP to refer you to a dietician.

Smoking

Lots of people smoke because they think it calms their nerves, but it doesn't. It just calms the cravings for nicotine, the addictive substance in cigarettes. The best thing you can do for your health and your family's health is stop smoking. It's a worrying fact, but the children of smokers are three times as likely to grow up to be smokers themselves.

Giving up smoking is not always easy, but the NHS is here to help. You are up to four times more likely to stop smoking successfully with NHS support. Call the NHS Smoking Helpline on 0800 022 4 332 for details of your local NHS Stop Smoking Service. Here are some first steps you might find useful to stop smoking:

- **Know why you want to stop.** Keep a checklist of your reasons for going smoke-free and keep it handy in those times when you are finding it tough. Good reasons include feeling healthier, protecting your children's health and having more money to spend on other things.
- **Change your habits.** Smoking is strongly linked to certain situations – the first cigarette of the day, a cigarette with a cup of tea or coffee, a cigarette when the phone rings. Try to break the link by changing your habits. For example, drink orange juice instead of coffee for a while.
- **Be ready to stop.** Choose a day and stop completely on that day. The day before, get rid of cigarettes, ashtrays and lighters.
- **Get support.** Tell your family and friends you have decided to stop and ask them for their support. For example, ask them not to offer you cigarettes and not to smoke around you.
- **Plan ahead.** If you know a situation is going to be difficult, don't just wait for it to happen. Plan how you are going to deal with it.
- **Take one day at a time.** At the start of each day, congratulate yourself on having got this far and making it your goal to get through the day without smoking. Don't worry about tomorrow.
- **If you need to put something in your mouth, try sugar-free gum.** If you need to do something with your hands, find something to fiddle with like a pencil or a coin – anything but a cigarette.

You can also ask your GP, pharmacist, midwife, health visitor or practice nurse for advice on stopping smoking and details of your local NHS Stop Smoking Service. They can offer one-to-one or group sessions with trained stop smoking advisers and, if you are pregnant, they may even have a pregnancy stop smoking specialist. They can also give you advice about dealing with stress, weight gain and using nicotine replacement therapy to help you manage your cravings.

Help and support

For practical and friendly advice on giving up smoking, please call the NHS Pregnancy Smoking Helpline on

0800 022 4 332

coping with tiredness

Sleep

Most of the time parents just live with tiredness. But if you are feeling low, bad-tempered, unable to cope and unable to enjoy things, you have got to find ways of getting more sleep or at least more rest. Just one night's good sleep once a week could help.

- **Get to bed early, really early, say for a week.** If you cannot sleep when you get to bed, do something relaxing for half an hour beforehand, whether it's exercise, soaking in a bath or watching TV.
- **Try deep relaxation.** As little as five or 10 minutes' deep relaxation can leave you feeling refreshed, so it's worth learning some techniques. Look online, or go to the library for books, tapes or DVDs.
- **Sleep when your child sleeps.** Rest when your child has a daytime rest, and/or when they are at playgroup or nursery school. You could ask a relative or friend to take your child for a while and spend the time sleeping, not doing chores. Take turns with other parents to give yourself time to rest. Set an alarm if you are worried about sleeping too long.
- **If you can, share getting up in the night with your partner.** Take alternate nights or weeks. If you are on your own, a friend or relative may be prepared to have your children overnight occasionally.
- **Don't let stress get on top of you.** Tiredness is often a sign of stress (see right). If you can do something about the stress, you might find it easier to cope, even if you cannot get any more sleep.

If you find you cannot sleep at night even when your baby is sleeping, it could be a sign of postnatal depression. See page 38 for information on what to do about postnatal depression.

See page 25 for other ways of coping with disturbed nights.

Stress

Small children ask a lot of you but perhaps the most stressful thing is having to cope with everything else that is going on in your life as well as coping with their demands. You can spend a whole day trying – and failing! – to get one job done. Just as you start on it, your baby wakes up, or a nappy needs changing, or they just need a bit of attention.

Sometimes you can feel as though life is completely out of control. If you are the sort of person who likes to be in control and worries about getting things done, this can make you feel very tense and frustrated.

Worry and unhappiness can also cause stress. Maybe you are worried about where you are living, money or relationships or just a whole lot of small things that nevertheless make a big difference to your life. You may not be able to do anything about some of these things, but there are some things that you can do about the stress. Here are some suggestions. Some will be more suitable for you than others:

- **Unwind.** You may find that you can relax just by spending half an hour each evening doing something that you enjoy and that helps you put other things out of your mind. Have a bath, read a magazine or watch TV – whatever helps you unwind. Borrow a book or tape from the library about relaxation. Ignore any other chores, they can wait. Make some time for yourself.

- **See other people.** Seeing other people can help to relieve stress. Your health visitor, or other parents, may be able to recommend local mother and baby or mother and toddler groups. If you are not keen on organised groups, you could try to get together with people you meet at the clinic, playgroup or nursery school. Netmums (www.netmums.com) has full details of baby and toddler groups in your area.
- **Make time for your partner.** Relationships can go wrong when you are tense and tired and you don't seem to spend any time together. Make time to be with your partner, even if all you manage to do is fall asleep in front of the TV together!

talking can help

- **Express yourself.** Talking about how you are feeling can help, at least for a while. You and your partner need to understand how each other is feeling, and work out how best you can support each other. Sometimes it's better to talk to someone outside the family (see page 144).
- **Accept help.** Make the most of all the help you can find. And remember, you cannot do everything. There is really no point trying.
- **Relax!** There are no prizes for being a supermum or superdad. It can be difficult if you are a perfectionist, but being a parent is the one thing that no one is perfect at.

Feeling depressed

See page 38 for information about postnatal depression.

Most of us feel low occasionally. Lack of sleep, stress, perhaps the strain of balancing a job and parenting, or coping with money problems can all go towards making the early stages of parenthood a difficult, as well as a rewarding, time. Sometimes feeling low takes over completely and becomes depression.

Depression is more than feeling unhappy. It's feeling hopeless about yourself and everything that is happening to you. The hopelessness can make you angry, but often you feel too tired even for anger.

It can seem as though there is no answer and no end to the way you are feeling. You may feel some or all of these things:

- tired, but cannot sleep
- no appetite, or overeating
- no interest in yourself
- no interest in your baby, or over-anxiety about your baby
- the smallest chores seem almost impossible to manage
- you never stop crying
- anxious and unable to cope.

This kind of depression is like an illness. Nothing seems worth doing, so doing something as demanding as caring for a baby or child becomes a real struggle. It's important to get help, both for your own sake and for the family.

See your GP or health visitor, or both. Take someone with you if you think this will help. Make it clear that you are not just feeling low; it's more serious than that. If you find you are feeling like you cannot even take this first step, it's really important that you talk to someone – your partner, a friend or your mother – and ask them to talk to your GP or health visitor and arrange an appointment on your behalf.

Alcohol

You may feel like alcohol helps you relax and unwind. In fact it's a depressant, and will affect your mood, judgement, self-control and co-ordination. If you are tired and run down, it will have even more of an effect. It's fine to drink every now and then, but try to keep track of how much and when you drink. Never mix alcohol with antidepressants or tranquillisers.

Talking it over

It does help to talk, but it's not always easy:

- You may want to say things that you are afraid of admitting to the people you love.
- You may feel guilty about your feelings.
- You may worry that people will think you are a 'bad mother'.

For all these reasons it's often best to talk to someone who is not too close to you. That way you can talk honestly without worrying about whether you are shocking them. You may find that it helps to talk to your GP or health visitor. Alternatively, they may be able to refer you to someone else. When you start talking about how you feel, you will almost certainly find that the things you have been worrying about are not as bad as you thought they were.

If you cannot bring yourself to talk to someone face to face, www.netmums.com has an online support forum. It's a good way of talking to other parents who have had similar experiences, and a way to access professional support.

Getting medical help

If you are feeling totally lost in depression, your doctor may prescribe antidepressant drugs. They may be enough to give you the lift you need to start coping again and to find a way out of your depression, though they can take time to work.

Antidepressants are not habit-forming. As long as they are prescribed for you by your GP, there is no need to worry about taking them. Tranquillisers are different. They don't help depression and can be habit-forming, so they are best avoided.

www.netmums.com
online support forum

RELATIONSHIPS

Parenthood often puts a strain on relationships, regardless of what they were like before. Part of the problem is that you have so much less time to spend with each other than you did before the baby arrived and it's a lot harder to get out together and enjoy the things you used to do. Your partner may feel left out, and you may feel resentful at what you see as lack of support.

Remember, the really hard time, when babies and children take up all your energy, doesn't last for ever. Try to make time for each other when you can and do little things to make each other feel cared for and included.

Relationships with family and friends

Bringing a baby into your life changes your relationships with other people, whether you are part of a couple or alone with your child, and everyone's situation is different. For example, some mothers feel that their own mothers are taking over, while others resent the fact that their mothers will not help them more.

However painful it may be, it's best to try to be very clear about the kind of help you do want, rather than going along with what is offered and then feeling resentful. Remember, your mother is also having to get used to a completely new relationship with you, and she will not know what to do for the best – unless you tell her!

Taking time to listen

However close you were before the baby was born, your partner cannot read your mind! Things are changing in both your lives and you have to talk about it. Both you and your partner will need to tell each other what you want, and you will need to explain what is bothering you if you are resentful, angry or upset.

- Be upfront about what you need. Do you need a hug? Or just a bit of quiet understanding?
- Ask a friend or relative to babysit so that you can have time together – even if it's just for a walk in the park.
- Share the housework, so you can make more time to be together.
- Share the childcare too.

It's also important to talk about how you want to bring up your children. You may find that you don't agree about such basic matters as discipline and attitudes. You need to find a way of dealing with these issues without disagreeing the whole time in front of your children. For more information on how to cope with the changes that happen in a relationship when you first become parents, go to www.thecoupleconnection.net

You may find that your old friends stop visiting or that they seem to expect you just to drop everything and go out for the evening. This can be quite annoying, but try to explain how your life has changed. They may not understand the changes you are going through. Keep in touch and keep some space for them in your life. Friends can be more valuable than money when the going gets tough.

talk to your partner

Help and support

Getting some extra help

If this is your first baby, you may be feeling very lonely and cut off from your old life. Your partner cannot supply everything that you used to get from work and friends. You need other people in your life, too, for support, friendship and a shoulder to cry on. See page 150 for more on coping with loneliness.

If you feel your relationship is in danger of breaking down, get help. Relate has local branches where you can talk to someone in confidence, either with your partner or alone. You don't have to be married to contact them. To find your local branch, contact Relate (www.relate.org.uk) or look under Marriage Guidance in your phone book.

Sex

Babies and small children don't make for an easy sex life. You are tired and stressed, and opportunities are few and far between. That is fine as long as you and your partner are happy with the situation, but if sex is causing problems in any way at all, you need to sort it out. Lack of sex, or unhappy sex, can cause a lot of frustration and worry and put a real strain on a relationship.

Immediately after the baby is born many women feel sore as well as tired. They may also be worried about the state of their body or about getting pregnant again. Men can face problems too. Tiredness apart, a partner's sexual feelings will probably be much the same as before his baby's birth. But many men worry about what is right for their partner, are unsure what to do, and feel worried and frustrated.

The following suggestions may help:

- **If penetration hurts, say so.** It's not pleasant to have sex if it causes you pain, and if you pretend everything is all right when it is not you may well start seeing sex as a chore rather than a pleasure, which will not help either of you. You can still give each other pleasure without penetration (for example, by mutual masturbation).
- **Be careful the first few times.** Explore a bit with your own fingers first to reassure yourself that it will not hurt, and use plenty of extra lubrication, such as lubricating jelly (you can buy this at the chemist). Hormonal changes after childbirth may mean that you don't lubricate as much as usual.
- **Make time to relax together.** There is little point trying to make love when your minds are on anything but each other.
- **Take your time.** If you are still experiencing pain two months or so after the birth, talk to your GP or family planning clinic. You can get treatment for a painful episiotomy scar. Ask to see an obstetric physiotherapist.

changes in your relationships

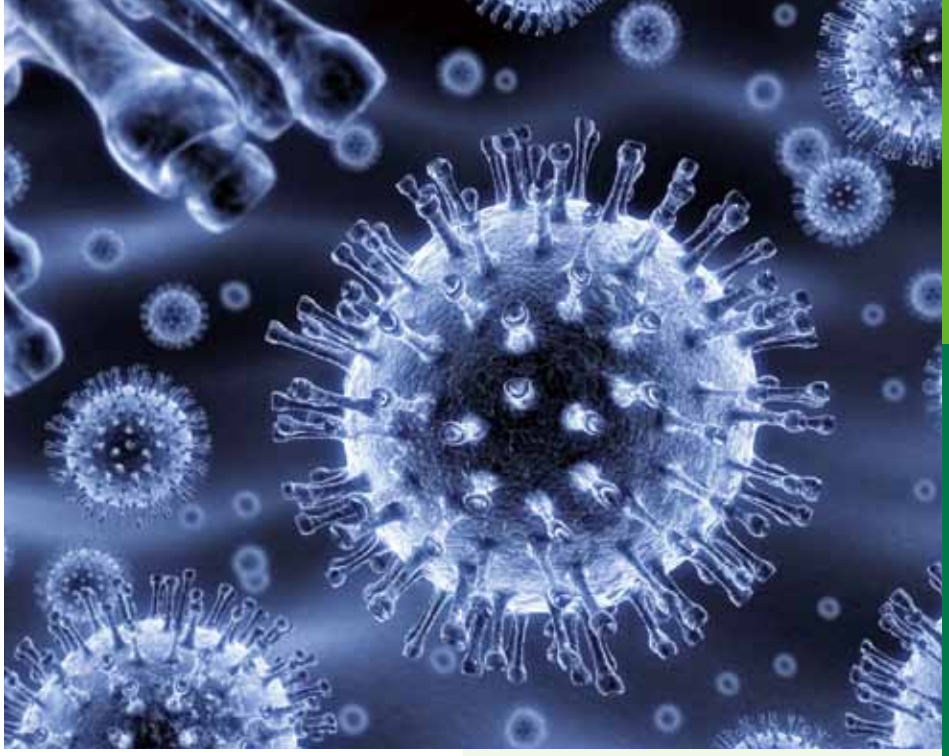
Contraception

You can get pregnant as soon as three weeks after the birth of a baby, even if you are breastfeeding, and even if you have not started your periods again. You should use some kind of contraception from the first time you have sex after giving birth unless you want to get pregnant again. You will usually have the opportunity to discuss the various options before you leave hospital after your child's birth, and at the postnatal check-up. But you can also talk to your GP or health visitor, or go to a family planning clinic, at any time.

Non-surgical (that is, not sterilisation) short-acting contraceptive choices include the pill, the patch, barrier methods (condoms, caps and diaphragms), spermicides and natural methods. Remember, contraceptives are only effective if you use them correctly. For example, taken correctly, the pill is a very reliable method of contraception but you can still get pregnant if you forget to take a pill, take one at the wrong time or have an upset stomach.

If you are looking for an extremely reliable method of contraception, which you can 'fit and forget', you could think about a long-acting reversible contraceptive (LARC). These include implants (such as Implanon), injections, IUDs (intra-uterine devices, formerly known as the coil) and IUSs (intra-uterine systems, such as Mirena). Once fitted or injected, LARCs stay in place for anything between three months and 10 years and have an almost 0% failure rate.

Remember to use condoms with any new partner to reduce the possibility of catching a sexually transmitted infection, regardless of what other form of contraception you choose.



Sexually transmitted infections

The rate of sexually transmitted infections (STIs) is on the increase. Up to 70% of women and 50% of men with an STI show no symptoms, so you may not know if you have one. However, many STIs can affect your baby's health during pregnancy and after birth. If there is any reason to believe that you or your partner could have an STI which was not diagnosed before pregnancy, you should go for a check-up as soon as you can.

Ask your GP or midwife or, if you prefer, go to a genito-urinary medicine (GUM) or sexual health clinic, where you will also be guaranteed strict confidentiality. You can find your nearest GUM or sexual health centre in your phone book (listed under the name of your primary care trust) or at www.nhs.uk, or call the Sexual Health Helpline free on 0800 567 123.

HIV and AIDS

Since 1999, HIV tests have been offered and recommended to every pregnant woman, and as a result there has been a dramatic fall in the percentage of HIV positive women giving birth to HIV positive babies, from 20% in 1997 to less than 2%. Treatment according to the latest British HIV Association (BHIVA) guidelines (www.bhiva.org) will result in the best outcomes for mothers with HIV and their babies.

If you are HIV positive, talk to your GP about your own health and the options open to you, or you can contact a number of organisations for advice and counselling. There are ways of substantially reducing the risk of transmitting HIV to your baby during pregnancy and after birth.

You should be offered a confidential HIV test as part of your routine antenatal care. Before the test, your doctor or midwife will discuss it with you. If the result is positive, counselling will be offered to help you understand the implications. You can also go to a GUM clinic for an HIV test and advice.

DOMESTIC ABUSE

One in four women experience domestic abuse at some point in their lives. This may take the form of physical, sexual, emotional or psychological abuse. Victims are likely to suffer repeated attacks before they ask for help. Nearly a third of this abuse starts in pregnancy, and existing abuse may worsen during pregnancy or after birth. No one should have to put up with domestic abuse. It puts your health, and that of your baby, at risk, before and after birth.

If you are being abused, help is available. You can speak in confidence to your GP, midwife, health visitor or social worker, or call the confidential National Domestic Violence Helpline for information and support on 0808 2000 247.

Witnessing domestic abuse can have a serious effect on children. Social workers can help you protect your child and, if you wish, help you take steps to stop the abuse or seek refuge.

Help and support

Domestic abuse

If you or your children are in immediate danger, call 999.

For information and support, contact:

- The freephone 24-hour National Domestic Violence Helpline on 0808 2000 247
- The Women's Aid Federation – www.womensaid.org.uk
- Rape Crisis – www.rapecrisis.org.uk

BRINGING UP A BABY ON YOUR OWN

Don't be afraid to ask for help from friends and family. But you may find the best source of support is other lone parents. The following suggestions may help take the pressure off you a bit, and make it easier to cope:

- Suggest a 'swap' arrangement with another parent so that you take it in turns to look after both the children. It might be easier to start doing this during the day; later, when everyone is used to the arrangements, you can try doing it overnight. The children will benefit too from having a close friend, especially if they don't have brothers and sisters.
- Suggest a regular evening babysit by a trusted relation or friend. You may well find that they are delighted at the opportunity to make friends with your child.
- Grandparents are often glad to have a child stay overnight.

Helpful tips

Making friends

If you don't already know people locally, try contacting other mothers through local groups.

Ask your health visitor what is going on locally, and have a look through the list of support and information organisations on page 157. Many run local groups. One Parent Families/Gingerbread (see page 185 for contact details) is run specifically for one-parent families, and can put you in touch with local groups.

Absent fathers

If you had hoped to bring up your child as a couple you may be feeling very angry and hurt. As a lone mother, one of the hardest – but most important – things you have to do is to keep those feelings to yourself and let your child build their own relationship with their father. Unless your child's father is violent to you or your child, or you feel he is likely to abuse the child in some way, it's almost certainly better for your child to see their father regularly, even if you marry a different partner.

At first, you may find that your child behaves badly when they come home after a visit. Small children cannot understand or explain their own feelings, and this is the only way they have of letting you know that they are upset and confused. Unless you are convinced that something bad is happening on access visits, the best way to deal with this is just to be reassuring and calm. In the end your child will learn to look forward to visits and also to coming home.

Sharing your feelings

You will almost certainly want (and need) to talk about your own feelings. Try to find another adult to talk to. Your children don't need to hear the details of your feelings about their father and will feel confused and unhappy about loving someone who you clearly don't love any more.

a whole mixture of feelings

BEREAVEMENT

The death of someone you love can turn your world upside down and is one of the most stressful and difficult things you can go through. If you have just had a baby, you may find it even harder to cope. It can help just to spend time with friends and family. A sympathetic arm around the shoulders can express love and support when words are not enough.

Grief is not just one feeling but a whole mixture of feelings. It takes time to get through it, and the process cannot be hurried. If you need help or advice, contact your GP or any of the relevant organisations listed on pages 182–185.

If your partner dies

Losing your partner, particularly during your pregnancy or soon after childbirth, is devastating. You may feel numb and as if you will never be able to get over what has happened. That may be true; but it's also true that you will learn, eventually, to live with it. Don't be afraid to lean on family and friends for help and support for yourself and your baby.

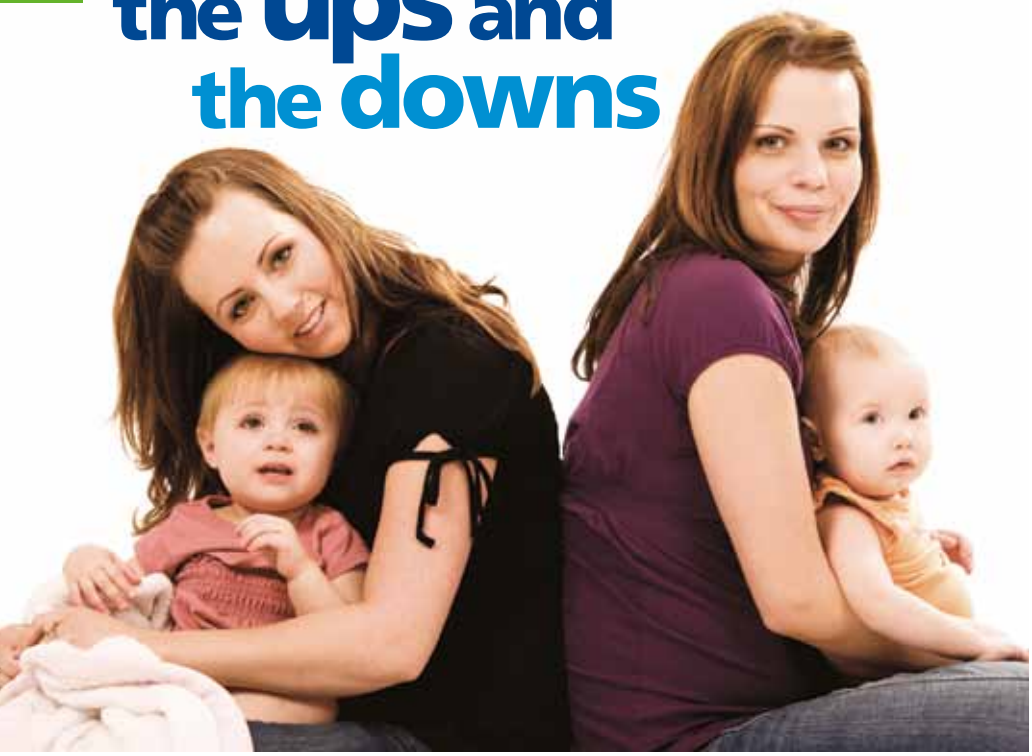
Financially, you may need urgent advice and support. The Department for Work and Pensions has published three leaflets that you may find useful:

- *A guide to the Social Fund* (SB16)
- *The Social Fund* (DWP1007)
- *What to do after a death in England and Wales* (D49).

A guide to the Social Fund is available online at www.dwp.gov.uk/advisers/sb16/. All three leaflets are available at Jobcentre Plus branches (see www.jobcentreplus.gov.uk for a list of branches).

You could also contact Widwods, a small support group set up by young widows, on 01825 765084 (evening only), or the WAY Foundation (see page 185 for contact details).

share the ups and the downs



LONELINESS

Lots of mothers feel lonely, especially after the birth of a first baby. You may feel cut off from old friends but find it difficult to make new ones. Even if you have friends around you, it can be difficult to make the effort to get out and see them.

Meeting new people takes confidence, but it's worth it. Being able to share the ups and downs of parenting with other people who are in the same situation will help you to cope with the difficult times and make the good times better.

- Ask your health visitor for information about postnatal groups, mother and baby groups, carer and toddler groups, and playgroups. These may also be advertised on the noticeboard at your clinic or Sure Start Children's Centre. There may be a group specifically for young parents.
- Chat with other mothers at your baby or child health clinic.
- Talk to your health visitor and ask them to introduce you to other new mothers living nearby.
- Netmums, Home-Start, NCT and many other local organisations (sometimes based in churches or temples) run local groups where you can meet other people, chat, relax and get some support (see the useful organisations section on pages 182–185 for details).

Going back to work

For some mothers, the solution to feeling lonely and cut off is to go back to work. It's not always easy to find the right sort of work with the right sort of hours, or to make childcare arrangements. But if you feel that working outside the home could help you, there is plenty of support available.

MONEY, WORK AND BENEFITS

Money can be a major headache. The first step is to make sure you are getting everything you are entitled to.

Chapter 11 provides more information about benefits and will help you check that you are claiming everything you are entitled to. One Parent Families/ Gingerbread (see page 185 for contact details) offers free advice packs to lone parents and can provide independent advice about maintenance problems to parents on benefits.

The Child Support Agency can work out and enforce child maintenance for children living in the UK as long as the parent looking after them (the 'person with care') and the non-resident parent also live in this country. The agency may also be able to handle child maintenance for some non-resident parents living abroad, if their employer is based in the UK. For more information, contact the Child Support Agency National Helpline on 08457 133 133 (calls are charged at local rates), textphone 08457 138 924, or go to www.csa.gov.uk

See page 155 for information about help with housing problems. If you are working, or thinking about working, see page 168 for information about the help and support available.

More information

Managing your money

The Financial Services Authority has produced a *Parent's Guide to Money*, designed to help new parents plan their finances. It covers budgeting, state benefits, coping with the cost of bringing up children and childcare, maternity and paternity rights, savings and work. There is also a CD ROM you can use to manage your own family finances. You can find the guide on the FSA website at www.fsa.gov.uk/financial_capability/pgtm/

parent's guide to money

Going back to work

Most mothers go back to work at some point. About half do so before their children start school. It may help to talk to other working mothers, but the most important thing is to decide what is right for you and your family. You will need to consider all these issues:

- **Feeding.** If your baby is still breastfeeding, try to get them used to taking milk from a bottle or cup before you go back to work. For advice on feeding once you have gone back to work, talk to your health visitor, NCT, La Leche League, or the Association of Breastfeeding Mothers (see page 17 for contact details). You can express milk to leave for feeds. It's also possible to give your baby formula milk in the middle of the day and still breastfeed the rest of the time. See page 10 for more on expressing milk.
- **Childcare arrangements.** Keeping arrangements as simple as possible will mean things are more likely to run smoothly, and that means less stress for you. You will also need to be reasonably sure the arrangements you have made will go on working effectively over time (see page 81 for more information about childcare).
- **Childcare costs.** Childcare can be very expensive. Will you be able to afford to pay for childcare out of what you earn? Can you find work that you can do while your partner is at home? Can you fit work into school hours? Can a friend or relative help out at least some of the time? Have you checked all the benefits and tax credit help you may be entitled to (see Chapter 11)?
- **Housework.** Think about who is going to do it, and when. If you have a partner, talk to them about how you are going to share the housework and childcare.
- **Making time for your child.** Even the best childcare is not a substitute for a parent. There are ways that you can spend quality time with your child so that they know that they are special. If you work long hours during the week, can you or your partner keep your weekends free? If you don't see your child in the day, can they stay up later in the evening and sleep longer during the day? You may be able to work flexi-time, part-time or a four-day week, to free up time to spend with your child.
- **Flexible working.** Since April 2003, parents with a child under six or a disabled child of 18 or under have the right to ask their employers for flexible working arrangements. From April 2008, this right has been extended to carers of disabled adults. The government is currently looking at whether to extend the right to include parents of children up to 16 (see page 164).

10 USEFUL SERVICES

A wide range of statutory bodies, voluntary organisations and local groups offer information, advice and support for new parents. This chapter will help you find what you need.

HEALTH SERVICES

Family doctors

You can contact your family doctor (GP) at any time, whether it's for yourself or your child. Some doctors will see small babies at the beginning of surgery hours or without an appointment if necessary, but be prepared to wait. Some will give advice over the phone. Most doctors provide developmental reviews and immunisation themselves, or you can go to a child health clinic.

Registering with your GP

Register your baby with your GP as early as possible in case you need their help. You can use the pink card that you will be given when you register your baby's birth. Sign the card and take or send it to your GP. If you need the GP to see your baby before you have registered the birth, you can go to the surgery and fill in a registration form there. If you move, register with a new doctor close to you as soon as possible (see page 154).

health visitors support families

Health visitors

A health visitor will usually visit you for the first time around 10 days after your baby is born. After that, you might only see your health visitor at the child health clinic (see the next column), although you can ask to see them at any time. If you are on your own, or struggling, your health visitor will probably make a point of coming by to see whether you need any help.

Your health visitor is a qualified nurse who has had extra training to become a health visitor. Part of their role is to help families, especially families with babies and young children, to avoid illness and keep healthy. Health visitors are part of a team offering screening and developmental checks as part of the Healthy Child Programme. Talk to your health visitor or their team if you feel anxious or depressed. You can also discuss any concerns you might have, including about breastfeeding or general baby and toddler feeding, and concerns you might have about your child's behaviour. They will be able to offer advice and suggest where to find help. They may also be able to put you in touch with groups where you can meet other parents.

Your health visitor can visit you at home, or you can see them at your child health clinic, Children's Centre, doctor's surgery or health centre, depending on where they are based. Your health visitor will make sure you have their phone number.

Child health clinics

Child health clinics are run by health visitors and doctors, and offer regular health and development reviews (see page 62) and immunisations (see page 99). You can talk about any problems to do with your child, but if your child is ill and is likely to need treatment, you should go to your GP.

Clinics are good places to meet other parents, too. Some run mother and baby or parent and toddler groups, breastfeeding and peer support groups.

Community midwives

You will be given contact details for midwives based in your local community. In the community, midwives provide antenatal and postnatal care in a range of different settings, including Children's Centres. They can also visit you in your own home.

Child and adolescent mental health services (CAMHS)

Sometimes children need more specialist help with their emotional health, development or behaviour. CAMHS professionals are trained to understand children's emotional well-being and psychological health, as well as the pressures and strains of family life. If your GP, health visitor or child health worker cannot give you the help you need, they may suggest you see a CAMHS worker.

Patient advice and liaison services (PALS)

PALS provide information about local health services, including lists of local doctors. They can also advise you on how to get what you need from your health services and tell you about the complaints procedures. Contact your local PALS by calling your local NHS trust or primary care trust and asking to be put through, or by calling NHS Direct on 0845 4647.

How to change your GP

You may need to change your GP if you move. You may want to change for other reasons, even if you are not moving house.

First, find a GP who will take you on. Ask around, and see if anybody can recommend one. Your local PALS or NHS Choices can give you a list of the doctors in your area. You may have to try more than one GP before you find one willing to accept you, especially if you live in a heavily populated area. If you cannot find a GP after several attempts, your local health authority will do it for you. Send them your medical card if you have it, or the address of your previous GP if not.

When you call at your new GP's surgery, they may ask you why you want to change. You don't have to give a reason, but if you do, try to avoid criticising your old GP and say something positive about the new one instead. For example, the surgery may be easier to get to, the hours may be better, the GP may have a good reputation for treating young children, the practice may be larger and provide more services, or you may prefer a woman doctor or one who shares your cultural background.

Leave your medical card with the receptionist. You don't have to contact your old GP at all. If you have lost your medical card, your new GP will probably ask you to complete a form instead. In some cases, they may want you to get in touch with your primary care trust (the number will be listed in the phone book) and get hold of a new medical card.

You will need to give the primary care trust the name and address of your old GP. If you don't know them, the whole process could take a while. If you need treatment in the meantime, you can approach any GP, who must take you on, at least temporarily. In this case, it's best to say at the start that you need treatment straight away, even if you are also asking to be permanently registered with that GP.

make sure you are registered with a GP

LOCAL AUTHORITY SERVICES

Sure Start Children's Centres

Sure Start Children's Centres are the government's flagship policy for under-fives and their families, providing a range of support and help. Children's Centres work closely with maternity services and health visitors and provide health and family support services. They also provide integrated early learning and childcare (including the free early education entitlement for three and four-year-olds – see page 81) as well as advice and information for mothers and their partners on a range of issues – from effective parenting to training and employment opportunities. Some provide specific services for young parents.

There are now over 3,000 Children's Centres across England and by 2010 there will 3,500, one for every community. Your local Families Information Service (see next column) can provide details of your nearest Sure Start Children's Centre.

More information

www.surestart.gov.uk

Families Information Service

Families Information Services (FISs) provide information about registered childcare, free early education places and other local services and facilities that you may need to support your children. There is an FIS in every local authority area. To contact your local FIS, you can call 0800 2 346 346 or go to your local authority website.

Education departments

The education department (in the phone book under the name of your local authority) is responsible for and can provide information on all the state-run nursery schools, nursery classes and infant schools in your area. The department is also responsible for assessing children with special needs and providing suitable education for them.

Housing departments

The housing department (in the phone book under the name of your local authority) is responsible for all council housing in your area and runs the council housing waiting list. It has a legal duty to house people in certain priority groups who either are or soon will be homeless through no fault of their own. Priority groups include pregnant women and parents of children under 16.

Through your housing department, you should also be able to find out about local housing associations, which provide housing for rent and in some cases shared ownership.

Social workers

Social workers provide support for people who are having difficulty coping, financially or practically. A social worker may be able to get your child a nursery place, help you find better housing, and give you information about your rights. To contact a social worker, phone your local authority children's social care department, or ask your health visitor to put you in touch.

Advice centres

Advice centres are non-profit-making agencies that give advice on issues including benefits and housing. They include Citizens Advice Bureaux, community law centres, welfare rights offices, housing aid centres, neighbourhood centres and community projects. Look for them under these names in your phone book, or under the name of your local authority.

GETTING THE MOST OUT OF SERVICES

Here are some suggestions to help you get the most out of services:

- You might have a number of issues to discuss. Before you go, think through what you want to talk about and what information you can give that will be helpful. It can help to make some notes and take them with you as a reminder. It's much easier to talk and listen if you are not distracted. Unless your child needs to be with you, try to get a friend or neighbour to look after them so that you can concentrate.
- If you do have to take your child, bring some books or toys with you to entertain them.
- Take time to think about some of the answers or advice that you are given. At first you might think that it's not what you are looking for, but it might just be a solution you have not thought about. If you still think it will not work, then explain why, and try to come up with some different ideas.
- If a problem is making life difficult or is really worrying you, it's worth keeping going until you get some kind of answer, if not a solution. If the first person you talk to cannot help, ask if they can suggest where else you might go. If your GP or health visitor suggests a remedy that doesn't work, go back and ask again.
- Some professionals are not good at explaining things. If you don't understand, don't feel embarrassed about saying so. It's their responsibility to be clear, not yours to guess what they mean. Go back over what is said to you to get it straight. It might even help if they write it down for you.
- If your first language is not English, you may be able to get help from a link worker or health advocate. Their job is not just to translate what is said, but to act as a friend and make sure that the professionals understand what you need. Ask your health visitor or staff at your local Sure Start Children's Centre if there is a link worker or health advocate in your area.

OTHER SOURCES OF HELP

As well as the services listed above, there are hundreds of local groups and voluntary organisations all over the country offering help and support for parents. This section lists just a few of them.

Helplines

- **Parentline** 0808 800 2222 (textphone: 0800 783 6783) or www.parentlineplus.org.uk – immediate help from volunteer parent support workers 24 hours a day, seven days a week

  Opening hours: 24 hours a day, 365 days a year.

- **Contact a Family** 0808 808 3555 or www.cafamily.org.uk – a one-stop shop for parents with disabled children.

  Opening hours: Mon 10am–4pm and 5.30pm–7.30pm, Tues–Fri 10am–4pm.

- **Family Rights Group Advice Service** 0800 801 0366 or www.frg.org.uk – support for parents and other family members whose children are involved with or need social care services.

  Opening hours: Mon–Fri 10am–3.30pm.

- **Advisory Centre for Education Advice Line** 0808 800 5793 (general education advice) and 0808 800 0327 (exclusions) or www.ace-ed.org.uk – information, support and legal advice to help parents keep their children at school.

  Opening hours: Mon–Tues 9am–5pm, Weds–Fri 10am–5pm.

- **One Parent Families/ Gingerbread** (single parent helpline) 0800 018 5026 or www.gingerbread.org.uk – support service for single parents.

- **Lone Parent Helpline** 0800 018 5026 or www.oneparentfamilies.org.uk – help and advice on the issues that matter to lone parents.

  Opening hours: Mon, Tues, Thurs, Fri 9am–5pm, Weds 9am–8pm.

- **Children's Legal Centre Child Law Advice Line** 0808 802 0008 or www.childrenslegalcentre.com – advice on child law, services and support.

  Opening hours: Mon–Fri 9am–5pm.

- **YoungMinds Parents' Helpline** 0808 802 5544 or www.youngminds.org.uk – service for any parent worried about their child's mental health.

  Opening hours: Mon, Tues, Thurs, Fri 10am–4pm, Weds 10am–4pm and 6pm–8pm.

Local groups

To find out about local groups, try the following:

- Ask your health visitor or GP.
- Look on www.nhs.uk or www.netmums.com for a list of groups in your area.
- Ask at your Citizens' Advice Bureau or other advice centre, your local library, your social services department, or your local Council for Voluntary Service (see the phone book). Note: this may also be listed under Voluntary Action Group, Rural Community Council or Volunteer Bureau.
- Look on noticeboards and for leaflets in your child health clinic, health centre, GP's waiting room, Sure Start Children's Centre, local library, advice centre, supermarket, newsagent or toy shop.
- Look through the list of national organisations in the useful organisations section. Many run local groups.

In many areas there are groups offering support to parents who share the same background and culture. Many of these are women's or mothers' groups. Many Sure Start Children's Centres also run fathers' groups and separate groups for teenage mothers and fathers. Your health visitor may know whether there are any groups like these near you.

Alternatively, you can ask at your local library, your Citizens Advice Bureau or other advice or community centre, local Sure Start Children's Centre, your local Council for Voluntary Service or your Community Relations Council (see the phone book). Note: this may be listed under Council for Racial Equality or Community Relations Office. Support is also available through other channels such as web services, vidoes and audio materials. See www.dcsf.gov.uk/parentknowhow for further information.

Helpful tips

Do it yourself

If you cannot find a local group that suits you or cannot find the support you need, why not think about starting your own? Many local groups have begun through a couple of mothers (perhaps with crying babies or sleepless toddlers, or just fed up and lonely) getting together and talking. You could advertise on your clinic noticeboard or in a newsagent's window or local newspaper, or ask your health visitor to put you in touch with other parents who are in the same situation as yourself. You don't have to offer any more than a place to meet and a few cups of coffee.

11

BENEFITS AND YOUR RIGHTS IN THE WORKPLACE

This chapter provides a guide to the main benefits available to families with young children and an overview of your rights in the workplace. You may qualify for other benefits too. Benefits have to be claimed on many different forms, from many different offices, and the situation is always changing. The rates given here are accurate from April 2009. It's always worth checking that you are getting everything you are entitled to. There are many voluntary organisations that are happy to help. Don't hesitate to ask for advice. If in doubt, get a second opinion.

- Working out what benefits and rights you are entitled to and making claims is not always easy. Ask for help.
- You can go to your local Jobcentre Plus, your local Citizens Advice Bureau, library or other advice centre (see the useful organisations section).
- Some local authorities have welfare rights officers. Phone your social services department and ask.
- Some voluntary organisations offer information and advice on benefits and rights at work. Try One Parent Families/Gingerbread and Working Families (see page 185). For advice on rights at work call Acas on 08457 47 47 47.
- You can contact the Child Support Agency National Helpline on 08457 133 133 or textphone 08457 138 924, or go to www.csa.gov.uk. The Child Support Agency is now part of the Child Maintenance and Enforcement Commission (CMEC).
- If you are aged 19 or under, you can get advice on work, benefits and housing from the Connexions service website at www.connexions-direct.com, or call 080 800 13 2 19.

More information

General information on benefits

Benefit rates change each year. You will be able to find up-to-date information online. The easiest place to start is www.direct.gov.uk.
This can direct you to other useful websites, including:

- www.jobcentreplus.gov.uk for benefits including Maternity Allowance and the Sure Start Maternity Grant
- www.hmrc.gov.uk for Statutory Maternity, Adoption and Paternity Pay, Child Benefit and tax credits
- www.bis.gov.uk for your rights at work
- www.direct.gov.uk for some leaflets that are only available online, including *A Guide to Maternity Benefits* (NI17A)
- www.csa.gov.uk for information including a guide to maintenance arrangements where parents live apart. A useful leaflet is CSL301 *What is child maintenance and how does it affect me?*

If you don't have internet access, ask Jobcentre Plus or a Revenue Enquiry office for leaflets that give you the information you need. You can also contact Working Families for leaflets on maternity pay and benefits for expectant and new parents and young children.

BENEFITS FOR ALL CHILDREN

Child Trust Fund

What is it?

A long-term savings and investment account for children.

Who gets it?

All children born on or after 1 September 2002, provided they are eligible for Child Benefit, live in the UK and are not subject to immigration control.

How much is it?

You will get a voucher for £250 from the government to start an account for your child. If you get the full amount of Child Tax Credit because your household income is low (£16,040 in 2009/10), your child will get a further £250 (paid directly into their account).

At seven, children will get another payment of £250 (with children from lower income families again receiving a further £250). You, your family, your friends and, in time, your child can contribute up to a total of £1,200 a year to the account tax free. The money can only be withdrawn by your child, and they cannot take it out until they are 18.

How do I claim?

All you have to do is claim Child Benefit for your child. You will automatically be sent an information pack and voucher within a month.

From 6 April 2009, **some** account providers will not require the Child Trust Fund voucher to be handed in or posted when you are opening an account. However, you will still need to provide information such as your child's unique reference number (printed on the voucher) to open an account.

For more information, call 0845 302 1470 or go to www.childtrustfund.gov.uk

a £250 voucher
from the government
to start an account

BENEFITS FOR ALL PARENTS

Free prescriptions and NHS dental treatment

Who gets it?

You can get free prescriptions and NHS dental treatment while you are pregnant and for 12 months after you have given birth. Your child will also get free prescriptions up to the age of 16. To claim, ask your doctor or midwife for form FW8 and send it to your primary care trust. You will be sent an exemption certificate that lasts until a year after your due date.

How do I claim?

To claim after your baby is born (if you did not claim while you were pregnant) just get form FW8 from your GP or health visitor. To claim for dental treatment, tick the box on the form provided by the dentist or show your exemption certificate (see above).

Child Benefit

What is it?

A tax-free benefit to help parents with the cost of caring for their children. It is payable for each child from birth until they are at least 16.

Who gets it?

The person responsible for caring for the child. Generally, this person should be living in the UK.

How much is it?

For your first child, £20.00 per week. For other children you get £13.20 a week per child.

How do I claim?

You may get a claim pack inside the Bounty Pack which most new mothers are given in hospital. You can also get a claim pack from your Jobcentre Plus or Post Office. Alternatively, call 0845 302 1444. Fill in the forms and send them with your baby's birth certificate to the Child Benefit Centre. The birth certificate will be sent back to you. You can also apply online, or notify a change of circumstances, at www.hmrc.gov.uk/childbenefit/

Child Benefit can be paid directly into a bank, building society or Post Office™ card account. It's usually paid every four weeks in arrears, but single parents and families on low incomes can choose to be paid weekly. You should start to claim Child Benefit within three months of your baby's birth, otherwise you will lose some of the benefit.

Child Benefit and your pension

If you are staying at home to look after your child, Child Benefit could help to protect your state retirement pension. For each full year that you get Child Benefit, but don't pay enough National Insurance contributions to count towards the basic pension, you automatically get 'Home Responsibilities Protection'. This means that you don't have to have as many years of National Insurance contributions to get your state retirement pension.

Maternity leave

What is it?

Any woman who is employed while she is pregnant is entitled to 26 weeks of Ordinary Maternity Leave (OML) plus 26 weeks of Additional Maternity Leave (AML). It doesn't matter how many hours a week you work or how long you have worked for your employer, you are still entitled to a year off in total. You must give your employer the correct amount of notice that you plan to take maternity leave.

Giving notice of maternity leave

You must let your employer have the following information in or before the 15th week before your baby is due:

- that you are pregnant
- the expected week of childbirth, and
- the date on which you plan to start your maternity leave.

If your employer asks you to, you must put this date in writing. Generally, it's a good idea to put the whole notice in writing and keep a copy for yourself. Your employer may also ask to see your maternity certificate (MAT B1).

If you want to change the start date, you must give your employer notice of the new date at least 28 days before the new date or the old date, whichever is the earlier. If there is a good reason why you cannot do this, tell your employer as soon as you can.

When can I start my leave?

The earliest you can start your leave is 11 weeks before the expected week of childbirth (that is, when you are about 29 weeks pregnant). You must use the due date on your MAT B1 certificate, which your midwife or GP will give you at around the 20th week of your pregnancy. Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there.

It's up to you to decide when you want to stop work. You can even work right up until the date the baby is due, unless one of the following applies:

- You have a pregnancy-related illness/absence in the last four weeks of your pregnancy. In this case your employer can start your maternity leave, even if you are only away for one day. However, if you are ill for a short time only, your employer may agree to let you start your maternity leave on the date you originally planned.
- Your baby is born before the day you were planning to start your leave. In this case leave will start on the day after the birth.

Do I have to give notice of my return?

You don't need to give notice if you are going back to work at the end of your 52 weeks' maternity leave. Simply go to work on the day that you are due back. If you want to return to work early, you must give your employer eight weeks' notice of the date you want to return. If you don't give notice and just turn up at work, your employer can send you away for eight weeks or until the end of your leave, whichever is earlier. If you want to return to work after your OML (that is, after 26 weeks), or after your maternity pay stops (usually after 39 weeks), you must give eight weeks' notice of your return as in effect you are returning early.

What happens when I go back?

When you go back after OML it will be to **exactly the same job**. When you go back after AML your employer must give you:

- the same job, or
- if that is not reasonably practicable, a suitable job on terms and conditions at least as good.

If your employer does not give you your original job back, and it still exists, you should get advice.

What will I get while I am away?

Since 5 October 2008, your contractual rights (that is, any special rights that apply to your particular workplace, such as a company car) continue throughout your maternity leave (OML and AML) as if you were still at work. This includes your legal right to 5.6 weeks' paid annual leave (normally 28 days for full-time employees and the pro-rata equivalent for part-time workers) whether you are on maternity leave or not. This does not include your normal pay.

During the first 39 weeks of your leave you will probably be entitled to either Statutory Maternity Pay or Maternity Allowance (see pages 162 and 168). After that your leave will be unpaid. Some employers also offer extra maternity pay: check your contract, or ask the human resources department or your union representative.

If you are made redundant while on maternity leave, your employer must offer you any suitable alternative work that is available. If there is none, they must give you any notice and redundancy pay that you are entitled to, although they could offset any maternity pay you get from the notice pay. Also, your employer must not discriminate against you by failing to consider you for opportunities such as promotion.

For more information visit www.direct.gov.uk/workandfamilies

you are entitled to a year off in total

Statutory Maternity Pay

What is it?

Statutory Maternity Pay (SMP) provides you with some money to help you take time off at and around the birth of your baby. It's paid for up to 39 weeks by your employer, who can claim back some or all of it from Her Majesty's Revenue and Customs. SMP counts as earnings and your employer will deduct tax and National Insurance.

You can get it even if you don't plan to go back to work or you leave your employment after you have qualified for SMP. You will not have to pay your SMP back if you don't return to work. You may qualify for SMP from more than one employer.

Who gets it?

You can get SMP if:

- You have been continuously employed for at least 26 weeks by the same employer at the qualifying week (the 15th week before the week your baby is due). This means you must have been employed by that employer before you were pregnant. Part weeks count as full weeks.
- You are earning an average of £95 a week or more before tax. This is called the Lower Earnings Limit for National Insurance contributions. You have to earn more than this amount before you actually start paying National Insurance.

Your earnings are averaged over an eight-week period, running up to and including the 15th week before the week your baby is due. This period may vary slightly depending on whether you are paid weekly, monthly or at other intervals.

If you are not sure whether you are entitled to SMP, ask your employer anyway. Your employer will work out whether or not you should get it, and if you don't qualify, they will give you a form (SMP1) explaining why not. If your employer is not sure how to work out your SMP or how to claim it back, they can ring the Employer Helpline on 08457 143 143 for advice.

Helpful tips

The qualifying week

To find out which is the qualifying week, look on a calendar for the Sunday before your baby is due (or the due date if that is a Sunday) and count back 15 Sundays from there. You should use the due date on the MAT B1 certificate, which your midwife or GP will give you at around the 20th week of your pregnancy.

How much is it?

SMP is paid for a maximum of 39 weeks. For the first six weeks you get 90% of your average gross weekly earnings, with no upper limit. The remaining 33 weeks are paid at a standard rate of £123.06 or 90% of your average gross weekly earnings, whichever is less. SMP should be paid in the same way and at the same time as your normal wages.

When is it paid?

The earliest you can start your SMP is 11 weeks before the week your baby is due, and the latest is the day following the birth. To work out the earliest date, use the due date on your MAT B1 certificate, which your midwife or GP will give you at around the 20th week of your pregnancy. Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there.

It's up to you to decide when you want to stop work, unless your job finishes before your SMP starts. If your job finishes before the 11th week before the week your baby is due, your SMP must start 11 weeks before the week your baby is due. If your job finishes after the 11th week but before your SMP is due to start, your SMP must start the day after you left your job. If you are still employed, you can even work right up until the date the baby is due, unless one of the following applies:

- You have a pregnancy-related illness/absence during the four weeks before the week your baby is due. In this case your employer can start your SMP automatically the day after the first day you are away.
- Your baby is born before the start of your SMP. In this case, SMP will start the day after the birth and be paid for 39 weeks.

You can work for up to 10 days for the employer who pays you SMP and still keep the SMP for the weeks in which you do that work. These are called Keeping in Touch (KIT) days. You don't have to work KIT days if you prefer not to, and your employer doesn't have to offer them to you. Once you have used up your 10 KIT days, you cannot get SMP for any week in which you work for the employer paying your SMP.

Your employer can offset any contractual pay against SMP, so you will need to agree with them if any payment you get for these days is in addition to SMP.

If after the birth you work for another employer who did not employ you in the 15th week before the week your baby was due, you must tell the employer paying your SMP. SMP will then stop.

How do I claim?

You must give your employer at least 28 days' notice of the date you want to start your SMP. They may need this in writing. It's a good idea to do this at the same time as you give notice of your maternity leave (see page 160). You must also send your maternity certificate (MAT B1 form), which is issued by your GP or midwife at around the 20th week of your pregnancy. You can give notice for leave and pay together in the 15th week before the week your baby is due. You can change your mind about the dates you have given for the start of your SMP, but you must give your employer 28 days' notice before the earlier date. Again, your employer can ask you to give this notice in writing.

Paternity leave

What is it?

Following the birth of a child, eligible employees will be able to take one or two weeks' leave to care for the child or support the mother. They must give their employer the correct notice. The leave must be taken within 56 days of the birth.

Who gets it?

The baby's biological father, your husband, civil partner or partner, including a same-sex partner, can take paternity leave providing they:

- expect to have responsibility for bringing up the child, and
- have worked for the same employer for at least 26 weeks by the 15th week before the baby is due.

When can paternity leave start?

Your husband or partner can choose to start paternity leave either:

- from the date of your baby's birth
- from a chosen number of days or weeks after the date of the child's birth (whether this is earlier or later than expected), or
- from a chosen date.

Paternity leave must have been taken within 56 days of the baby's birth or, if the baby was born early, within the period from the actual date of birth up to 56 days after the expected week of birth.

Your partner should give notice to take paternity leave by the end of the 15th week before the baby is due, or as soon as reasonably practicable. The notice should state your expected due date, whether your partner wants to take one or two weeks' leave, and the date they want the leave to begin. Your partner will be able to return to the same job after paternity leave.

What is Statutory Paternity Pay (SPP)?

SPP is paid by employers for up to two weeks at a rate of £123.06 per week or 90% of average earnings, whichever is less.

Can my partner get SPP?

Your partner can get SPP if they:

- are the baby's father or your husband/partner/civil partner and are responsible for the baby's upbringing (if you are not in a civil partnership or marriage, your partner must live with you and your baby)
- have worked for an employer for 26 weeks by the 15th week before your baby is due or, if your baby is born before then, would have worked for an employer for 26 weeks by the 15th week before your baby is due
- are still employed by the same employer as before the birth, and
- earn at least £95 per week on average (before tax) in the eight weeks immediately before the week your baby is born.

Your partner must give their employer notice of the date they want their SPP to start at least 28 days before or as soon as reasonably practicable. However, in practice, it's a good idea to claim SPP at the same time as giving notice to take paternity leave.

Parental leave

You and your partner are entitled to take 13 weeks' unpaid leave each, per child, before your child's fifth birthday. Adoptive parents can take their parental leave either within five years of the placement for adoption or by their child's 18th birthday, whichever is earlier. If your child gets Disability Living Allowance (DLA), the period of parental leave will be 18 weeks and must be taken before your child is 18. You cannot usually take more than four weeks' leave per child in any one year, and you should give 21 days' notice to take parental leave, but your employer may allow you to take more of your leave or to accept less notice.

Emergency unpaid leave

All workers are also entitled to emergency unpaid leave to make arrangements to care for a dependant who falls ill, gives birth or is injured. This leave can be used if there is a sudden problem with care arrangements (for example, if your childminder falls ill). It only allows you to take reasonable time off, usually not more than one or two days, and you must keep your employer informed as to what is going on.

CHILD-FRIENDLY WORKING HOURS

What are my rights?

If you need to change your working hours to fit in with your childcare arrangements, you have the right to have your request considered seriously. Since April 2003, parents with a child under six or a disabled child aged 18 or under have had the right to ask their employers for flexible working arrangements. The right was extended to carers of disabled adults from April 2008, and extended again to cover parents of children under 17 from April 2009. Both you and your employer will have to follow a set procedure if you want to make a request for flexible working, but you can always make an informal request first, and you may be able to come to an agreement with your employer without using the procedure.

Am I entitled to ask for flexible working?

You are entitled to ask for flexible working if:

- you are an employee (but not an agency worker or member of the armed forces)
- you have parental responsibility (that is, you are the parent, adopter, guardian, special guardian, foster parent, private foster carer or holder of a residence order) for a child under 17 or a disabled child under 18 who is entitled to Disability Living Allowance (DLA), or your spouse, partner or civil partner has that responsibility
- you are caring for an adult aged over 18
- you have worked for your employer for 26 weeks continuously by the time you make your request, and
- you have not made a request in the last 12 months.

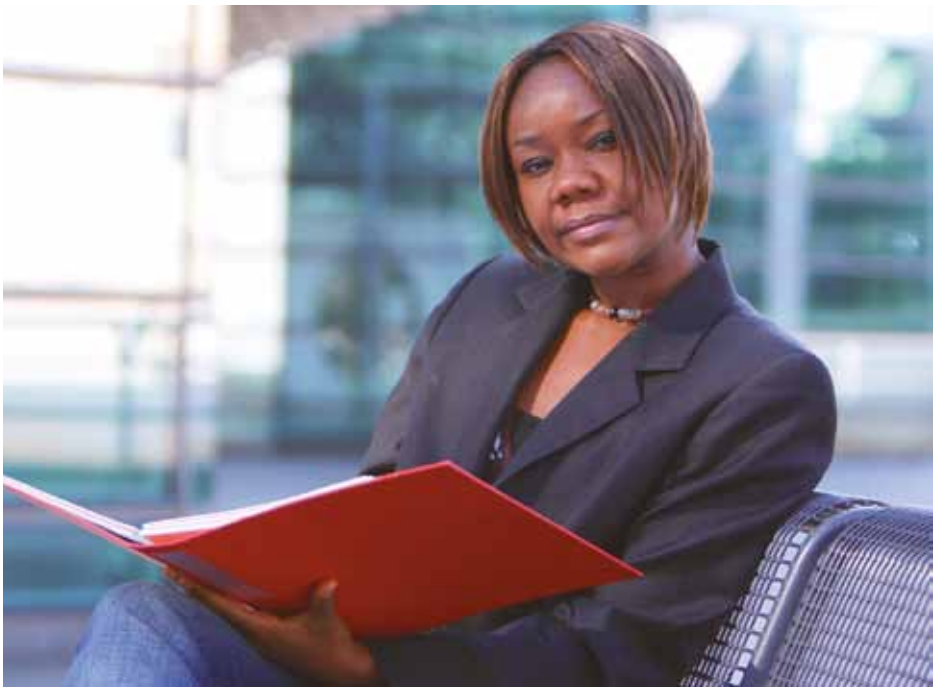
Making a request for flexible working hours

You will need to send a written request to your employer giving details of the working pattern you want. Your request must meet certain requirements. These include explaining what effects the change will have on the business and how you feel those effects can be dealt with. It's a good idea to use the flexible working application form (FW(A)) available at www.direct.gov.uk

Before making your request, look at the job you do now and how it could be done differently.

Flexible working covers a wide range of working practices, including:

- **part-time working.** Fewer hours in return for proportionately lower pay. You could start work later and finish early in order to take care of children before and after school
- **flexi-time.** Employees may be required to work during essential periods, but given freedom to choose their hours outside those 'core times'
- **job-sharing.** Typically, two employees share one job
- **working from home.** New technology is enabling many people to do some or all of their work from home
- **term-time working.** Employees work normal hours during term time and take paid or unpaid leave during school holidays
- **staggered hours.** Employees in the same workplace have different start, finish and break times. This can help employers cover longer opening hours
- **compressed working hours.** Employees work their total agreed hours over fewer working days, for example squeezing a five-day working week into four days by working slightly longer hours each day.



various working patterns

Your application for flexible working hours

Your written application must:

- state that this is an application for flexible working and that you are applying as a parent or carer or as someone with parental responsibility
- state that it is an application under the statutory right to request a contract variation in relation to flexible working under section 80F of the Employment Rights Act 1996
- state the working pattern you are asking for and the date you want it to start
- explain how you think the new working pattern may affect your employer and how you think the implications could be dealt with
- state whether you have asked before and, if so, when, and
- be signed and dated.

Your employer's response

Your employer must arrange a meeting with you to discuss your application within 28 days of receiving it. They must give you written notice of their decision within 14 days of the meeting. If your employer agrees to your request, the new arrangements should start on a date agreed between you.

Your terms and conditions (like pay and leave) will stay the same until that date, when they will change in line with your new working pattern. You must not be treated less well for, say, working part time. Your hourly or daily rate of pay should not change, even if your overall salary is lower.

Sometimes, an employer will be justified in refusing a request for a change in working hours. Under the right to request flexible working, they can refuse for the following business reasons, as long as these are based on the facts:

- burden of additional costs
- detrimental effect on their ability to meet customer demand
- inability to reorganise work among existing staff
- inability to recruit additional staff
- detrimental impact on quality
- detrimental impact on performance
- insufficiency of work during the periods you propose to work
- planned structural changes.

Thinking it over

Your employer must seriously consider your request to change your working pattern. They will only know if they have a good reason for refusing your request by giving it a lot of thought. People often assume that a job has to be done full time or at certain fixed times of day. But, if you and your employer look carefully at your job, you may be able to work out a more child-friendly option – perhaps one that neither of you had thought about before.

Remember that these reasons **must** be based on the facts in your workplace. If they are not based on the facts, you should appeal and continue to negotiate with your employer.

Your employer must explain why a particular reason applies in your circumstances, and they must tell you about your right to appeal. If your employer doesn't follow the procedure, refuses for a reason other than those listed on the left, refuses to give an explanation or gives a reason that you don't think reflects the facts, you can appeal. You must do this within 14 days of receiving the notice of refusal from your employer.

Your employer then has 14 days from the date they receive your notice of appeal to hold the appeal meeting. Again, they must notify you of their decision in writing, within 14 days of the appeal, giving reasons for their decision.

If you are not happy with the appeal decision, you can make a claim at an employment tribunal. You should get advice before doing this. You must usually make a tribunal claim within three months of the refusal.

Your rights under discrimination law

If you are not entitled to request flexible working, for example because you have not worked for your employer for long enough, you may still be able to rely on your rights under sex discrimination law. You may also be able to rely on sex discrimination law even if you have used the procedure set out on page 165 – it can strengthen your argument to change your hours.

Under sex discrimination law, employers can only refuse a request if the requirement or practice they are imposing on you (for example, the requirement to work full time) is genuinely necessary for the business. Unlike the right to request flexible working, there are no set reasons for refusal, and it will depend on the circumstances of the case whether your employer can show that it's genuinely necessary for them not to give you the hours you want.

If the requirement puts you at a disadvantage and cannot be justified as being genuinely necessary for the business, your employer may be guilty of indirect sex discrimination. For example, working the hours your employer requires might mean that you cannot afford or find childcare that fits around your working pattern, or that you will see very little of your children. If you cannot call on family or friends, or if you live a long way from sources of childcare, you may be able to show that this is having a detrimental effect. Because you may be able to use this argument as well as or instead of a claim under the right to request flexible working, you are advised to consult a solicitor before making an employment tribunal claim.

The Sex Discrimination Act 1975 applies to everyone regardless of the age of your child or how long you have worked for your employer. Women may be able to show indirect sex discrimination because they are more likely to have childcare responsibilities than men. Men may be able to show direct sex discrimination if, for example, they are refused flexible working where women doing similar jobs are not.

If you are disabled for the purposes of the Disability Discrimination Act, then your employer has a duty to make reasonable adjustments to help you work. If you are the parent or carer of a disabled child or adult, you may be able to argue that your employer is guilty of discriminating against you because of your association with a disabled person. Seek legal advice if you think this could apply to you.

If you think your employer has unreasonably refused your request, you should get advice about whether you can get compensation under the right to request flexible working and/or under sex discrimination law, or disability discrimination law if this applies to you. You must usually make a tribunal claim within three months of the refusal, but you should seek advice first. You may need to raise a grievance before applying to a tribunal, and it is important that your grievance contains all the relevant arguments.

Dismissal or unfair treatment

It's against the law for your employer to treat you unfairly, dismiss you or make you redundant for any reason connected with pregnancy, childbirth, maternity, paternity, adoption or parental leave.

If you are dismissed while you are pregnant or on maternity leave, your employer must give you a written statement of the reasons. You can make a claim for unfair dismissal and sex discrimination in an employment tribunal (also called an industrial tribunal) within three months.

You can also claim unfair dismissal if you are dismissed for reasons related to parental leave or time off for dependants. You must seek legal advice if you are thinking about applying to an employment tribunal.

Helpful tips

Some benefits 'overlap' with each other and cannot be paid at the same time. For example, you cannot get Maternity Allowance (because you are on maternity leave) and contribution-based Jobseeker's Allowance (because you are unemployed) at the same time.

BENEFITS FOR WORKING PARENTS

Maternity Allowance

What is it?

Maternity Allowance (MA) is a weekly allowance paid through Jobcentre Plus to women who don't qualify for Statutory Maternity Pay (page 162). You may also get MA if you are self-employed or unemployed or if you changed jobs during pregnancy.

Who gets it?

You can claim MA if you have been employed and/or self-employed in at least 26 of the 66 weeks before the week you expect to give birth. This 66-week period is known as the test period. You must also have average gross weekly earnings of at least £30. An average is taken over any 13 weeks in the test period. You should choose the 13 weeks in which you earned the most. In your chosen weeks, you can add together earnings from more than one job, including any self-employed work.

How much is it?

MA is paid for 39 weeks at a standard rate of £123.06 a week, or 90% of your average earnings, whichever is less.

When is it paid?

The earliest that MA can start is 11 weeks before the week your baby is due and the latest is the day after the birth. If you are unemployed, and have already qualified for MA, it will start 11 weeks before the week your baby is due. If you are employed or self-employed at the start of the 11th week before the week your baby is due, you can choose when to start your MA. You can even work right up until the date the baby is due. However:

- if you are absent from work because of a pregnancy-related reason on or after the start of the fourth week before the week your baby is due, your MA will start automatically the day following your first day of absence, or
- if your baby is born before your MA is due to start, your MA will start from the day following the birth and will last for 39 weeks.

How do I claim?

You can claim MA from the 14th week before the week your baby is due. Fill in form MA1, available from Jobcentre Plus or your antenatal clinic, or from the DWP website at www.dwp.gov.uk/advisers/claimforms/ma1.pdf

You must also send your maternity certificate (form MAT B1), which is issued by your GP or midwife at around the 20th week of your pregnancy. If you are employed and not eligible for Statutory Maternity Pay, send form SMP1 from your employer to show why you don't qualify.

You will also have to supply original payslips to show that you meet the earning condition, unless you are self-employed. In this case, Jobcentre Plus will confirm this direct with Her Majesty's Revenue and Customs. When you have completed your claim form, send it to Jobcentre Plus, together with your maternity certificate (MAT B1) and your original payslips.

Claim as soon as you can, even if you are still at work, don't have the medical evidence needed or are missing some of the other information you need to complete the claim form. You can always send it later. You must claim within three months of the date your MA period is due to start. Ask for your MA to be backdated if you claim after your entitlement starts. If you delay, you will lose money.

How is it paid?

MA is paid directly into your bank account, normally every week or every four weeks in arrears.

Working during the MA pay period

You are allowed to work as an employed or self-employed person for up to 10 days during your MA pay period without losing your MA. These special days are called Keeping in Touch or KIT days. Once you have used up your 10 KIT days, if you do any further work you could lose at least a day's MA for each day you work. You must tell Jobcentre Plus about any work you do in your MA pay period.

The amount you get paid for the KIT days you work in your MA pay period will not affect your MA.

Anything else?

If you are not entitled to MA, your claim can be treated as a claim for Employment and Support Allowance (ESA), which some women can get for a short period immediately before and after the birth (see right). It is a good idea to make sure that the Jobcentre checks your entitlement to ESA if you cannot get MA.

For further information about MA, see leaflet NI17A, *A Guide to Maternity Benefits*, available from the DWP website at www.dwp.gov.uk/advisers/ni17a

Employment and Support Allowance

What is it?

Employment and Support Allowance (ESA) is a weekly allowance that is normally paid to people whose ability to work is limited by an illness or disability. It may also be paid to women who don't qualify for Statutory Maternity Pay or Maternity Allowance.

Who gets it?

ESA is available to people who have paid a certain amount of National Insurance contributions during the last three tax years. Jobcentre Plus will check your application. You can also contact them for information if you are not sure whether you are eligible.

How much is it?

ESA is £64.30 per week if you are aged 25 or over and £50.95 if you are under 25.

When is it paid?

ESA is paid from the Sunday of the sixth week before your baby is due until two weeks after your baby's birth. It may not be paid for the first three days of your claim.

How do I claim?

Make a claim for Maternity Allowance, as described above. If you are not eligible, Jobcentre Plus will check automatically to see if you qualify for ESA. It can be paid directly into your bank. You must claim within three months of the start of your entitlement.

Where can I find out more?

To find out more about ESA, call Jobcentre Plus on 0800 055 6688 and ask for leaflet DWP1001, or go to the ESA website at www.dwp.gov.uk/esa

Contribution-based Jobseeker's Allowance

What is it?

Contribution-based Jobseeker's Allowance (JSA) is for people who are unemployed or working less than 16 hours a week. It can be paid for up to 26 weeks.

Who gets it?

You get it if you have paid enough National Insurance contributions during the last two tax years that don't overlap with the current calendar year. You must be available for work for at least 16 hours a week, and be actively seeking work.

How much is it?

If you are under 25, JSA is £50.95 a week. If you are 25 or over you get £64.30 a week. Your partner's earnings are not taken into account, but, if you are in part-time work, your earnings are.

How do I claim?

To start your claim, call Jobcentre Plus on 0800 055 6688 or go to your local Jobcentre Plus (see www.jobcentreplus.gov.uk for a list of branches). Once you are claiming, you will have to go to your Jobcentre Plus every fortnight to 'sign on' to show you are available for work.

How is it paid?

JSA is paid directly into your bank account, normally every two weeks in arrears.

Anything else?

If your family has no other income and neither you nor your partner work (or you work less than a certain number of hours – 16 for the claimant and 24 for your partner), you will probably be entitled to income-based JSA and other benefits for families on low incomes (see page 172). If you lose your job while you are pregnant or on maternity leave, contact Jobcentre Plus or Working Families for advice.

If I decide not to go back to work after maternity leave, can I claim anything?

You may be able to claim contribution-based JSA for up to six months, but you will need to show that you had 'just cause' for voluntarily leaving your job. You will also have to be available for work for as many hours a week as your caring responsibilities permit (and not less than 16).

If you have not paid enough National Insurance contributions, you may be able to claim income-based JSA instead (see page 172), depending on your personal circumstances. The best way to claim is to call Jobcentre Plus on 0800 055 6688 or go into your local Jobcentre Plus. If you are a single parent you may be able to claim Income Support (see page 172) once the baby is born. Whether you have a partner or you are a single parent, you may be able to claim tax credits (see right).

BENEFITS FOR FAMILIES

Child Tax Credit and Working Tax Credit

What are they?

Child Tax Credit and Working Tax Credit were introduced in April 2003 to provide extra financial support for children.

Who gets them?

Child Tax Credit is for lone parents or couples with one or more dependent children under 16 or (in some cases) children under 20 who are still in education or training. Nine out of 10 families with children are eligible for Child Tax Credit.

Working Tax Credit is for single people or couples, with or without children, who work enough hours each week. To be eligible, you must be working at least 16 hours each week if:

- you have dependent children, and/or
- you have a disability (this will usually mean you are either getting a disability benefit or have recently been on benefits, such as Employment and Support Allowance, because you cannot work).

Otherwise, you must be 25 or over and work at least 30 hours a week, or you must be 50 or over and returning to work after a period on out-of-work benefits. You can be treated as if you are working during the first 39 weeks of your maternity leave if you were working enough hours immediately before starting your maternity leave.

Help with childcare costs

Many working parents can get help with their childcare costs through tax credits. If you work at least 16 hours a week and use registered childcare, you could get up to 80%

of the cost back, up to a limit of £175 a week if you have one child or £300 a week if you have two or more. Your household income will be taken into account when working out what you get. Call the Tax Credits Helpline on 0845 300 3900 to find out more.

How do I claim tax credits?

You can use the same form for both Child Tax and Working Tax Credits. Call the helpline on 0845 300 3900. A claim for one of the tax credits is a claim for both, so if your circumstances change you should phone the helpline to let them know and find out what you need to do.

How much will I get?

The amount will depend on your current circumstances, for example the number of children in your household, the number of hours you and your partner work, whether you get disability benefits, your childcare costs, and your household's gross income for the last tax year. Claims for the current tax year will initially be based on the previous tax year's income. Awards will run until the end of the tax year. If your circumstances change, for example because you have another baby, you can ask for the award to be adjusted from the date of the change but it can only be backdated up to a maximum of three months. You could lose out if you don't report the change within three months.

If your income drops because of maternity leave, your tax credits will usually be adjusted for this after the end of the tax year. But if you are confident that you can estimate your income (and your partner's income, if they are living with you) from 6 April to the following 5 April inclusive, you can report this to the Tax Credits Helpline and get them to revise your award. Be careful: if you give them a figure that is too low, you could be overpaid and you will have to repay money to the Tax Credit Office.

Maternity Allowance or the first £100 a week of Statutory Maternity Pay will not count as income for the purposes of calculating your tax credits. Families with children and an annual income of £50,000 or less will get at least £545 a year. A single parent on Income Support with one child over one would get £2,780 a year in Child Tax Credit.

Anything else?

If you get tax credits you may also be able to get the £500 Sure Start Maternity Grant (see page 172) and help with the cost of travelling to hospital for treatment (including antenatal appointments). The help will depend on the level of your tax credits.

9 out of 10 families are eligible for tax credits

Income-based Jobseeker's Allowance and Income Support

What are they?

Income-based Jobseeker's Allowance (JSA) and Income Support are weekly payments for people who are not in work and don't have enough money to live on. If your family income falls below a set level the benefit will 'top it up'. This means that you may be able to get Income Support even if you are already getting Statutory Maternity Pay, Maternity Allowance or some income from part-time work.

Who gets them?

You can claim income-based JSA if you are 18 or over and actively seeking work. Typically, you will claim this benefit if you are living with your partner and are either unemployed or working less than 16 hours a week. You should also claim it if you are single and unemployed and your baby has not been born yet.

If you are 16 or 17 years old you may be able to claim income-based JSA in certain circumstances. You should get further advice about this.

You can claim Income Support if you are 16 or over but not available for work. This could be because you are a single parent or because you are 29 weeks pregnant or more. You may also get Income Support if you are pregnant and too sick to work.

You cannot claim either income-based JSA or Income Support if you have a partner who lives with you and works for 24 hours or more a week, or if you work for 16 or more hours a week, or if you have savings of more than £16,000.

How much are they?

This will depend on your age, whether or not you have a partner, and what other income you have. If you are under 25 you get a lower rate. If you have more than £6,000 in savings, your benefit will be reduced. If you are claiming during pregnancy you should let Jobcentre Plus know as soon as the baby is born, as your benefit will go up if you are under 25 but over 18.

How do I claim?

To claim income-based JSA or Income Support, call Jobcentre Plus on 0800 055 6688 or go to your local branch.

How are they paid?

The benefits will be paid directly into your bank account. If you are claiming income-based JSA, you will have to go to your Jobcentre Plus every fortnight to 'sign on' to show that you are available for work. If you are claiming Income Support, you will not need to 'sign on', but you may have to attend work-focused interviews from time to time.

Anything else?

If you get Income Support, income-related Employment and Support Allowance or income-based JSA, you can claim other benefits, such as a £500 Sure Start Maternity Grant, help with fares to hospital, Housing Benefit and Council Tax Benefit. You may be able to get help with mortgage interest payments.

You can get help from Healthy Start if you get Income Support, income-based JSA, income-related Employment and Support Allowance or Child Tax Credit but not Working Tax Credit (except Working Tax Credit run-on) and you have an annual family income of £16,040 or less (in 2009/10).

There is more information on all these benefits elsewhere in this chapter. If you get Pension Credit, you can also get the Sure Start Maternity Grant, and you may be able to get some Housing Benefit and Council Tax Benefit. If you get the guarantee credit of Pension Credit, you can get help with fares to hospital.

Sure Start Maternity Grant from the Social Fund

What is it?

A lump sum payment of £500 to help buy things for a new baby. This is a grant, not a loan, so you don't have to pay it back.

Who gets it?

Pregnant women and new parents who are getting income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance, Pension Credit, Working Tax Credit where a disability or severe disability element is included in the award, or Child Tax Credit at a rate higher than the family element. If you are a young parent and your parents still claim for you, they may be able to claim the grant on your behalf if they get one of these benefits.

How much is it?

£500 for each baby who is expected, born, adopted, the subject of a parental order (following a surrogate birth) or, in certain circumstances, the subject of a residence order.

How do I claim?

You can get a copy of the claim form SF100 (Sure Start) by calling Jobcentre Plus on 0800 055 6688 or visiting www.jobcentreplus.gov.uk. You can claim any time from 11 weeks before the due date until three months after the birth,

adoption or date of parental or residence order. If you are adopting or have been granted a residence order, your baby must be aged under 12 months when you claim.

Your midwife, GP or health visitor will need to fill in part of the form. This is to confirm when your baby is due or actually born, and that you have had advice about the health and welfare of your baby and, if you claim before the baby is born, yourself.

If you cannot get income-based Jobseeker's Allowance, Income Support, income-related Employment and Support Allowance, Pension Credit, Working Tax Credit or Child Tax Credit at a rate higher than the family element until after your baby is born, you must still claim the Sure Start Maternity Grant within the three-month time limit.

The Discretionary Social Fund

What is it?

The Discretionary Social Fund provides grants and interest-free loans for expenses that are hard for people to meet out of their weekly benefits or regular income. There are three types of payment: Community Care Grants, Budgeting Loans and Crisis Loans.

Who gets them?

Community Care Grants are for people getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit. Community Care Grants are intended to meet certain needs, like paying the cost of travelling to see a mother and baby in hospital, helping people set up home in the community after being in care (or stop them going into care in the first place) or helping a family under exceptional pressure.

Budgeting Loans are interest-free, repayable loans for people getting Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Pension Credit for at least 26 weeks. They are intended to help people who are on benefits for long periods to afford things they cannot save for, like furniture and household equipment.

Crisis Loans are interest-free, repayable loans for people (whether on benefits or not) who cannot meet their immediate short-term needs in a crisis.

How much are they?

This will depend on your personal circumstances, your ability to pay and the amount of money available. You don't have an automatic right to a Social Fund payment, and there is a limited amount of money to be distributed among everyone who applies.

The upper limit for Budgeting Loans and Crisis Loans is £1,500, and the total amount you owe the Social Fund cannot be more than £1,500. Repayments will be taken directly from your income if you are claiming other benefits. The amount you have to repay each week will depend on the size of the loan, the size of your income and any other debts you may have.

The amount of any Social Fund payment you get will be reduced on a pound-for-pound basis by any savings you or your partner have. For Community Care Grants, savings over £500 (£1,000 if you or your partner are aged 60 or over) will usually affect how much you can get. For Budgeting Loans, savings over £1,000 (£2,000 if you or your partner are aged 60 or over) will usually affect how much you can get.

How do I claim?

For information about which Social Fund payment to claim and how, contact Jobcentre Plus. More information is also available in leaflets SB16 *A guide to the Social Fund*, which is available online at www.dwp.gov.uk, and *The Social Fund* (DWP1007).

Housing Benefit

What is it?

Housing Benefit can help you pay your rent (and/or rates, if you live in Northern Ireland) if you are on income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance (ESA), Income Support or the guarantee credit of Pension Credit or if you have a low income. If you are a council tenant, your Housing Benefit will be paid direct to the council. If you are a private tenant, it will usually be paid to you, although in some circumstances it can be paid to your landlord.

How much is it?

It depends on the rent and/or rates you pay, the size of your home, your income, savings, other benefits, your age and your family size. It may not match the rent you are actually paying. If you are a private tenant, your Housing Benefit will be limited to the Local Housing Allowance, a set amount for your area and the size of your family. You cannot get Housing Benefit if you have savings of more than £16,000. If you have savings of less than £16,000, this may affect the amount of Housing Benefit you get.

How do I claim?

If you are getting income-based JSA or Income Support, you will get a Housing Benefit claim pack with your JSA/Income Support claim form, but it's a good idea to get in touch with the council too, as they may need you to complete their own form. If you claim Pension Credit, you should be asked about Housing Benefit and helped to claim it if you need to. If you are not claiming these benefits, get a form from your local council.

Help with mortgage interest repayments

What is it?

If you have a mortgage and you are on income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance (ESA), Income Support or the guarantee credit of Pension Credit, you may be able to get help with your interest payments, although there may well be a waiting period during which you will not get any help.

How much is it?

You can only get help with interest payments (not repayments of capital or contributions to a linked PEP, endowment or insurance policy), and the amount is usually based on a standard interest rate (which may not be the same as the interest you are paying).

If you are 60 or over, there is no waiting period and you will get help with mortgage interest straight away.

If you are under 60, there is a 13-week waiting period before you can get help with mortgage interest.

How do I claim?

Once you have claimed income-based JSA, income-related ESA, Income Support or the guarantee credit of Pension Credit, your Jobcentre Plus will automatically send you form MI12 about your housing costs shortly before they become payable. You fill out part of the form and then send it to your mortgage lender to fill out the rest.

How will it be paid?

The money will usually be paid directly to your mortgage lender.

Anything else?

Tell your mortgage lender as soon as you get into difficulties with your mortgage. If you are unable to meet your repayments, you may be able to negotiate a temporary agreement for reduced repayments (for example, during your maternity leave). Some mortgage lenders allow a 'repayment holiday' of a few months once during the life of the mortgage.

If you have mortgage protection insurance, contact your insurer immediately. Most insurance policies will pay out if you are getting JSA or Income Support, but not if you are only getting Statutory Maternity Pay or Maternity Allowance, so check carefully.

tell your mortgage lender as soon as you get into difficulties

Council Tax Benefit

What is it?

A benefit to help you pay your Council Tax if your income is low.

Who gets it?

If your income is low or you are getting income-based Jobseeker's Allowance (JSA), income-related Employment and Support Allowance (ESA), Income Support or the guarantee credit of Pension Credit, you may be able to get Council Tax Benefit.

How much is it?

You may get all of your Council Tax paid or just part of it. It will depend on your individual circumstances, including your income, savings and whether there are any other adults living with you.

How do I claim?

If you are getting income-based JSA or Income Support, you will get a Council Tax Benefit claim form with your JSA/Income Support claim form, but it's a good idea to get in touch with your council too, as they may need you to complete their own form. If you are claiming Pension Credit, you should get help to claim Council Tax Benefit if you need to. If you are not claiming any of these benefits, get a form from your local council.

Healthy Start

What is it?

Healthy Start aims to give babies and children the healthiest possible start in life by providing vouchers to be spent on milk (including formula) and fresh fruit and vegetables.

Who gets it?

Pregnant women and children under four years old who are getting, or whose families get, Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance or Child Tax Credit without Working Tax Credit (except Working Tax Credit run-on) only, and who have an annual family income of £16,040 or less.

If you are under 18, whether you are on benefits or not, you can get help from Healthy Start during your pregnancy. If you meet the criteria set out above, you will also continue to qualify for vouchers for your baby.

Whatever your age, it's important to make a claim for Child Tax Credit within three months of your baby's birth, to make sure that your Healthy Start vouchers continue, if you are still entitled.

How do I claim?

You can apply when you are 10 weeks pregnant, or at any time if your child is under four years old. Leaflets that include an application form are available from most GP surgeries or health centres, or you can order one by calling 0845 607 6823. Ask for leaflet HS01. You can also check whether you qualify and download the application form at www.healthystart.nhs.uk

You will need to take your application form to your midwife or health visitor to sign before you send it back. They will offer you information and advice about healthy eating, and about breastfeeding if you are pregnant or have a new baby.

Once you are on the Healthy Start scheme, it's important to keep your details up to date to make sure you are getting the right number of vouchers. If your circumstances change in any way, you must make sure you tell Her Majesty's Revenue and Customs Tax Credits or Jobcentre Plus (depending on which benefits or tax credits you are getting) as soon as possible. If you are pregnant, you should let Healthy Start know. Call the helpline on 0845 607 6823.

Help with the cost of travelling to hospital

What is it?

A refund of fares to and from hospital, including for antenatal visits. This can cover normal public transport fares, estimated petrol costs and taxi fares if there is no alternative.

Who gets it?

You may get help with the cost of travelling to hospital if your family gets income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Income Support or the guarantee credit of Pension Credit. You may also be entitled to help if your family income is low, or if you are getting tax credits and your income is below £16,040 (check your tax credits letter to see if this applies to you).

How do I claim?

If you are claiming one of the benefits mentioned above, you can claim at the hospital at the time of your visit by showing proof that you get the benefit. Alternatively, you can claim within three months of your visit by filling in form HC5 (available from hospitals or Jobcentre Plus).

If your income is low, you will need to fill in form HC1 (available from your GP, hospital or Jobcentre Plus) first. Depending on how low your income is, you will then be given either certificate HC2, which means that you qualify for free services, or certificate HC3, which means that you qualify for some help. You show the certificate when you go to the hospital, or you can claim within three months of your visit, using form HC5.

Have you claimed everything you are entitled to?

You can claim → / If you get ↓	Child benefits	Free prescriptions	Free dental treatment	£500 Sure Start Maternity Grant*	Social Fund loans***	Council Tax Benefit (no NI and Housing Benefit)	Help with mortgage	Healthy Start**	Fares to hospital
Income-based JSA	Y	Y	Y	Y	Y	Y	Y	Y	Y
Income Support	Y	Y	Y	Y	Y	Y	Y	Y	Y
Low income	Y	Y*****	Y*****	Y*	N	Y	N	N	Y
All mothers	Y	Y****	Y****	N	N	N	N	N	N

* You can claim if you get Pension Credit, income-related Employment and Support Allowance, Working Tax Credit, where a disability or severe disability element is included in the award of Child Tax Credit at a rate higher than the family element.

** You can also claim if you get Child Tax Credit but not Working Tax Credit with an income of £16,040 or less. The qualifying criteria for Healthy Start are: Income Support/income-based JSA/income-related Employment and Support Allowance/and Child Tax Credit without Working Tax Credit (unless Working Tax Credit run-on only is in payment) and annual family income of £16,040 or less.

*** You have to be on Income Support, income-based JSA, income-related Employment and Support Allowance or Pension Credit to get a Social Fund loan (called a Budgeting Loan) unless there is an emergency or disaster and you are without resources to prevent risk to health (this is a called a Crisis Loan).

**** Free prescriptions and free dental treatment are only available for low income/all mothers during pregnancy and for one year after birth.

***** Some people will get full help, other people may only get partial help – it all depends on how low income is.

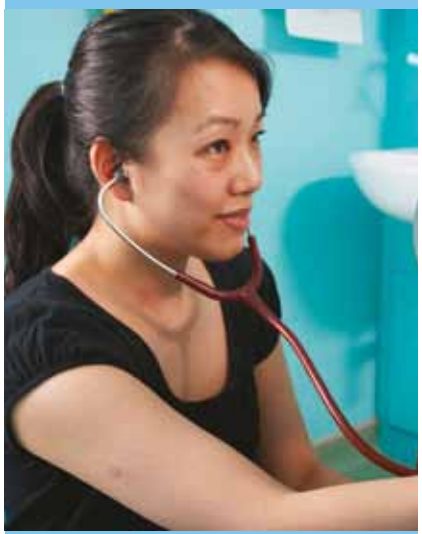
More information

Some useful websites include:

- www.bis.gov.uk (Department for Business, Innovation and Skills). For guidance on employment rights, go to the 'Employment Matters' section
- www.dwp.gov.uk (Department for Work and Pensions)
- www.nhschoices.gov.uk (NHS Choices)
- www.hmrc.gov.uk (Her Majesty's Revenue and Customs). For all tax information, and information on Working Tax Credit, Child Tax Credit and Child Benefit
- www.hse.gov.uk (Health and Safety Executive)
- www.acas.org.uk (Acas). For information on employment rights and help to negotiate with your employer
- www.direct.gov.uk Useful sections on employment and family rights
- www.workingfamilies.org.uk Advice on employment rights, benefits and tax credits
- www.daycaretrust.org.uk Information about finding and paying for childcare

THE NHS CONSTITUTION

The NHS belongs to us all. It touches our lives at times of basic human need, when care and compassion are what matter most. It is important that you know what you and your child can expect from the NHS, and what is expected from you in return.



THE NHS CONSTITUTION
the NHS belongs to us all

The NHS Constitution was launched on 21 January 2009. It brings together for the first time in one place what staff, patients and the public can expect from the NHS. It explains that by working together we can make the very best of finite resources to improve our health and well-being, to keep our minds and bodies well, to get better when we are ill, and when we cannot recover to stay as well as we can to the end of our lives. The Constitution reaffirms that everyone has a role to play in the success of the NHS.

As well as capturing what is important to the NHS (the principles and values that determine how the NHS should act and make decisions), the Constitution brings together a number of rights, pledges and responsibilities for staff and patients alike.

These rights, pledges and responsibilities are the result of extensive discussion and research with staff, patients and the public and they reflect what matters to them most.

Rights

The NHS Constitution sets out the legal rights of the public, patients and staff. Some of the rights that may be of interest to you are listed below:

- **You have the right** to receive NHS services free of charge, unless Parliament has sanctioned charges.
- **You have the right** to be treated with dignity and respect.
- **You have the right** to be treated with a professional standard of care.
- **You have the right** to be given information about your care.
- **You have the right** to privacy and confidentiality.
- **You have the right** to be involved in discussions and decisions about your care.
- **You have the right** to have any complaints you make properly investigated.

Want to know more?

The **NHS Constitution Handbook** gives further information about the NHS Constitution and further advice on what to do if you are not happy with the service you receive.
The **Statement of NHS Accountability** summarises how the NHS is structured and what the responsibilities of individual parts of the NHS are.

How do I get a copy of the NHS Constitution?

You can get copies of the NHS Constitution from libraries, doctors, dentists and town halls. You can also obtain a copy from:

Telephone:
0300 123 1002

Website:
www.orderline.dh.gov.uk

Email:
dh@prolog.uk.com

Or write to:
DH Publications Orderline
PO Box 777
London SE1 6XH

The NHS Constitution, NHS Constitution Handbook and the Statement of NHS Accountability are also available online at **www.nhs.uk/aboutnhs/Constitution**

Pledges

The NHS Constitution sets out a number of pledges for the public, patients and staff. These are things that the **NHS is committed to achieving**. Some of the pledges that may be of interest to you are listed below:

- **The NHS commits** to make sure that it is easy to access health services.
- **The NHS commits** to inform you about the services that are available to you.
- **The NHS commits** to offer you information that helps you to take part in making decisions about your care.
- **The NHS commits** to work in partnership with you, your family, carers and representatives.
- **The NHS commits** to treat you with courtesy and to be supportive when you make a complaint.

Responsibilities

There are a number of things we can all do to help the NHS deliver quality services. These are set out as responsibilities in the NHS Constitution. Responsibilities are the things **we can all do to help the NHS work effectively**. You should always think about your responsibilities when you are receiving NHS services. You have nine responsibilities to keep in mind:

- Do what you can yourself to stay healthy and feel well.
- Register with a GP.
- Treat NHS staff and patients with respect.
- Give accurate information about yourself.
- Keep appointments, or let the NHS know when you cannot keep them.
- Follow the course of your treatment, or speak to someone if you feel you cannot.
- Take part in important public health immunisation programmes.
- Make sure people close to you know about your wishes for organ donation.
- Give feedback on your treatment and care.

The NHS Constitution sets out all of these rights and pledges, together with the principles and values, in more detail. The NHS Constitution Handbook contains further information.

GLOSSARY OF USEFUL TERMS

TERM	MEANING
Additives	Substances added to food to improve flavour, colour, texture or stability. Some additives can cause allergic reactions. Check the labels on food packaging before you buy.
Allergies	Disorders of the immune system often also referred to as atopy. Certain substances (called allergens) trigger bad reactions in some people. There are many different types of allergens, but three of the most common are pollen, dust mites and nuts. Common allergic reactions include eczema, hives, hayfever, asthma, food allergies, and reactions to the venom of stinging insects such as wasps and bees. Mild allergies like hayfever are very common and cause symptoms such as allergic conjunctivitis, itchiness, and a runny nose. Allergic reactions can cause a range of symptoms. Some can be quite mild, and some are more serious, and even life-threatening. Some of the most common symptoms include the following: sneezing, wheezing, sinus pain (feelings of pressure or pain high up in the nose, around the eyes and at the front of the skull), runny nose, coughing, nettle rash/hives, swelling, itchiness (of the eyes, ears, lips, throat and roof of mouth), shortness of breath, and sickness, vomiting and diarrhoea. A variety of tests now exist to diagnose allergies. Treatments include: avoiding the allergen that you are allergic to, antihistamines, steroids or other oral medications, immunotherapy and targeted therapy. Make sure you contact a doctor or health professional before you take or give your children any drugs.
Asthma	An allergy that causes the airways of the lungs (the bronchi) to become inflamed and swollen. This results in respiratory symptoms such as wheezing, coughing, shortness of breath, and a feeling of tightness within the chest or bronchial airways. The symptoms of asthma vary from person to person, from mild to severe. A severe onset of symptoms is known as an asthma attack, or 'acute asthma exacerbation'. Asthma attacks can be life-threatening and may require hospital treatment.
Baby blues	Feeling sad or mildly depressed a few days after your baby is born. The baby blues are very common – eight out of 10 new mothers feel like this. They can be caused by hormone changes, tiredness or discomfort and usually only last a week. More severe depression or anxiety that lasts longer than a week could be postnatal depression (page 11).
Balanced diet	A diet that provides a good balance of nutrients.
Colic	Frequent crying in a child, usually from weeks two to 12. Although colic is common, no one knows exactly what causes it. It can be very distressing for parents.
Contraception *(also known as birth control)*	Contraception prevents or reduces your chances of getting pregnant. See page 147 for the different types of contraception that are available.

TERM	MEANING
Cot death *(also known as Sudden Infant Death Syndrome)*	The sudden and unexpected death of an apparently healthy infant during their sleep. For information on what you can do to avoid cot death, go to page 26.
Croup	Croup is caused by an infection of the voice box and windpipe. This causes a child to produce a cough that sounds like a bark as well as a rasping sound when they breathe in.
Diarrhoea	Frequent and watery bowel movements. Diarrhoea in babies and very young children can cause them to become dehydrated. For more information, see page 123.
Eczema	A chronic skin condition that causes the skin to become itchy, reddened, dry and cracked. Atopic eczema is the most common form of eczema, and mainly affects children. See pages 124 and 125 for more information.
Fontanelle	A diamond-shaped patch at the front and top of a baby's head where the skull bones have not yet fused together. During birth, the fontanelle allows the bony plates of the skull to flex so that the baby's head can pass through the birth canal. The bones usually fuse together and close over by a child's second birthday.
Formula milk	Cows' milk that has been processed and treated so that babies can digest it. It comes in powder or liquid form.
Immunisation	A way of protecting your child against serious disease. Vaccines stimulate the immune system to produce antibodies without the child having to become infected with the actual disease. Once children have been immunised, their bodies can fight those diseases if they come into contact with them.
Jaundice	The development of a yellow colour on a baby's skin and a yellowness in the whites of their eyes. It is caused by an excess of the pigment bilirubin in the blood. Jaundice is common in newborn babies and usually occurs approximately three days after birth. It can last for up to two weeks after birth or up to three weeks in premature babies. See page 37 for more information.
Lice	Tiny insects that are parasites. They have flat, colourless bodies and can be difficult to see. Lots of children get head lice, regardless of whether their hair is clean or dirty. They catch them just by coming into contact with someone who is already infested. See page 126 for how to treat them.
Local health services	A range of medical, mental health and social care services in a particular area that meet the needs of the local population.

TERM	MEANING
Mastitis	An infection in the breasts caused by blocked milk ducts. Symptoms include hot and tender breasts and flu-like symptoms. See page 12 for how to treat it.
Meconium	The first stools that a baby passes. Meconium is made up of what a baby has ingested during their time in the uterus, including mucus and bile. It is sticky like tar and has no odour.
Paediatrician	A doctor specialising in the care of babies and children.
Perinatal	The time shortly before and after the birth of a baby.
Perineum	The area between the anus and the scrotum in the male and between the anus and the vulva (the opening to the vagina) in the female.
Personal child health record (PCHR) *(also known as the 'red book')*	Given to parents when a child is born. When you visit a clinic, your GP or a hospital, your healthcare professional will use the red book to record your child's weight, other measurements, immunisations and other important health information. You can also add information yourself.
Postnatal	The period beginning immediately after the birth of a baby until they are about six weeks old.
Postnatal care	The professional care provided to you and your baby, from the birth until your baby is about six to eight weeks old. It usually involves home visits by midwives to check that both mother and baby are well. Classes may also be available.
Postnatal depression	Feelings of depression and hopelessness after the birth of a baby. These feelings are more severe than the 'baby blues' (see above). Postnatal depression affects one in 10 women and can be serious if left untreated. See pages 38 and 39 for more information.

USEFUL ORGANISATIONS

Action for Sick Children
Unit 6, High Lane Business Court
Rear of 32 Buxton Road
High Lane
Stockport SK6 8BH
0800 074 4519 (Mon–Fri 9am–5.30pm)
enquiries@actionforsickchildren.org
www.actionforsickchildren.org
Promotes equality of healthcare services for children in hospital, at home and in the community. Gives information and support to parents and carers with a problem or query regarding their child's healthcare, from how to register your child with a GP or a dentist to what to expect when they need to go into hospital.

Action on Smoking and Health (ASH)
First Floor
144–145 Shoreditch High Street
London E1 6JE
020 7739 5902
enquiries@ash.org.uk
www.ash.org.uk
A campaigning public health charity that works to eliminate the harm caused by tobacco.

ADDISS (National Attention Deficit Disorder Information and Support Service)
PO Box 340
Edgware
Middlesex HA8 9HL
020 8952 2800
info@addiss.co.uk
www.addiss.co.uk
Provides information and resources about Attention Deficit Hyperactivity Disorder to parents, sufferers, teachers and health professionals.

Advisory Centre for Education (ACE)
1C Aberdeen Studios
22 Highbury Grove
London N5 2DQ
0808 800 5793 (advice line, Mon–Fri 10am–5pm)
www.ace-ed.org.uk
Provides advice and a voice for parents.

Allergy UK
3 White Oak Square
London Road
Swanley
Kent BR8 7AG
01322 619 898 (helpline)
info@allergyuk.org
www.allergyuk.org
A leading national medical charity providing up-to-date information on all aspects of allergy, food intolerance and chemical sensitivity.

Association for All Speech Impaired Children (Afasic)
1st Floor
20 Bowling Green Lane
London EC1R 0BD
08453 55 55 77 (helpline, Mon–Fri 10.30am–2.30pm)
020 7490 9410
info@afasic.org.uk
www.afasic.org.uk
Represents and supports children and young people affected by the hidden disability of speech, language and communication impairments and their families.

Association for Post-Natal Illness (APNI)
145 Dawes Road
Fulham
London SW6 7EB
020 7386 0868 (Mon–Fri 10am–2pm)
0808 800 2222 (Parentline 24-hour helpline)
www.apni.org
Network of telephone and postal volunteers who have experienced postnatal illness, offering information, support and encouragement.

Asthma UK
Summit House
70 Wilson Street
London EC2A 2DB
0800 121 62 44 (advice line, Mon–Fri 9am–5pm)
0800 121 62 55 (supporter and information team)
info@asthma.org.uk
www.asthma.org.uk
A charity dedicated to improving the health and well-being of the 5.4 million people in the UK whose lives are affected by asthma. Works with people with asthma, health professionals and researchers to develop and share expertise to help people increase their understanding and reduce the effect of asthma on their lives.

Benefit Enquiry Line for People with Disabilities
2nd Floor
Red Rose House
Lancaster Road
Preston PR1 1HB
0800 882 200 (Mon–Fri 8.30am–6.30pm; Sat 9am–1pm)
0800 243 355 (textphone)
Bel-Customer-Services@dwp.gsi.gov.uk
www.direct.gov.uk
Information, advice and support for parents of children with disabilities.

Bliss
9 Holyrood Street
London SE1 2EL
0500 618 140 (helpline, Mon–Fri 10am–10pm)
enquiries@bliss.org.uk
www.bliss.org.uk
UK charity that cares for premature and sick babies. Dedicated to ensuring that babies survive and go on to have the best possible quality of life. Provides practical and emotional support to families so they can give the best care to their babies. Specialist study days and training support doctors and nurses to develop their skills. Funds research to improve the care of all sick and premature babies.

British Deaf Association (BDA)
10th Floor
Coventry Point
Market Way
Coventry CV1 1EA
02476 550 936
02476 550 393 (textphone)
headoffice@bda.org.uk
www.bda.org.uk
Provides advocacy and youth services for deaf people whose first language is British Sign Language.

Brook
421 Highgate Studios
53–79 Highgate Road
London NW5 1TL
0808 802 1234 (helpline, Mon–Fri 9am–5pm)
www.brook.org.uk
Ask Brook is available free and in confidence to young people. Brook services provide free and confidential sexual health information, contraception, pregnancy testing, advice and counselling, testing and treatment for sexually transmitted infections and outreach and education work.

Challenging Behaviour Foundation
The Old Courthouse
New Road Avenue
Chatham
Kent ME4 6BE
0845 602 7885 (Mon–Fri 9am–5pm)
01634 838739 (enquiries)
www.challengingbehaviour.org.uk
Provides various factsheets for individuals with severe learning disabilities who display challenging behaviour.

Child Accident Prevention Trust (CAPT)
Canterbury Court
1–3 Brixton Road
London SW9 6DE
020 7608 3828
safe@capt.org.uk
www.capt.org.uk
Provides information on safety products and sources of literature. A leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents.

Child Bereavement Charity
Aston House
High Street
West Wycombe
Buckinghamshire HP14 3AG
01494 446648 (helpline, Mon–Fri 9am–5pm)
enquiries@childbereavement.org.uk
www.childbereavement.org.uk
Provides support to families and professionals when a child dies or when a child is bereaved of someone important in their lives.

Child Death Helpline
York House
37 Queen Square
London WC1N 3BH
0800 282 986 (helpline, Mon, Thu and Fri 10am–1pm; Tue and Wed 10am–4pm; every evening 7pm–10pm)
contact@childdeathhelpline.org
www.childdeathhelpline.org.uk
Helpline for anyone affected by the death of a child of any age, from pre-birth to adult, under any circumstances, however recently or long ago. Staffed by trained volunteers, all of whom are bereaved parents. Callers to the helpline may be parents, siblings, grandparents, other relatives and friends, and associated professionals such as teachers, emergency services and healthcare staff.

Child Growth Foundation
2 Mayfield Avenue
Chiswick
London W4 1PW
020 8995 0257
www.childgrowthfoundation.org
Provides advice on problems related to pre-school stature: length, height and/or weight.

Child Poverty Action Group
94 White Lion Street
London N1 9PF
020 7837 7979
staff@cpag.org.uk
www.cpag.org.uk
Campaigns for other organisations on behalf of low-income families. Provides advisers with information and advice for parents on benefits, housing, welfare rights, etc.

Child Support Agency
(now part of the Child Maintenance Enforcement Commission)
PO Box 55
Brierly Hill
West Midlands DY5 1YL
08457 133 133 (enquiry line, Mon–Fri 8am–8pm; Sat 9am–5pm)
08457 138 924 (textphone)
www.csa.gov.uk
www.cmoptions.org
Makes sure that parents who live apart from their children contribute financially to their upkeep by paying child maintenance. The CSA will continue to operate and provide the statutory maintenance service.

Coeliac UK
3rd Floor, Apollo Centre
Desborough Road
High Wycombe
Buckinghamshire HP11 2QW
0870 444 8804 (helpline)
01494 437 278 (admin)
www.coeliac.org.uk
Helps parents of children diagnosed as having the coeliac condition or dermatitis herpetiformis.

Co-ordinated Action Against Domestic Abuse (CAADA)
Maxet House
28 Baldwin Street
Bristol BS1 1NG
0117 317 8750 (8.30am–5.30pm)
info@caada.org.uk
www.caada.org.uk
A registered charity offering accredited training for IDVAs (Independent Domestic Violence Advisers) and implementation support for MARACs (Multi-Agency Risk Assessment Conferences). MARACs are meetings that include criminal justice, local authority, health and specialist representatives that aim to share information and create a multi-agency safety plan for high-risk victims of domestic abuse. Has recently begun training practitioners from Family Intervention Projects.

Cry-sis
BM Cry-sis
London WC1N 3XX
0845 122 8669 (helpline, 9am–10pm seven days a week)
info@cry-sis.org.uk
www.cry-sis.org.uk
Offers non-medical, emotional support for families with excessively crying, sleepless and demanding babies.

Daycare Trust
21 St George's Road
London SE1 6ES
0845 872 6251 (information line, Mon, Tue, Thu, Fri 10am–1pm and 2pm–5pm; Wed 2pm–5pm)
info@daycaretrust.org.uk
www.daycaretrust.org.uk
Daycare Trust is a national charity which provides information and support to parents and carers about childcare and paying for childcare.

Deaf Parenting UK
c/o Dering Employment Services
96 Park Lane
Croydon CR9 2NL
07789 027186 (textphone)
info@deafparent.org.uk
www.deafparent.org.uk
The first ever charity and small national organisation run by deaf parents for deaf parents, representing the needs of deaf parents in the UK.

Disability Alliance
Universal House
88–94 Wentworth Street
London E1 7SA
020 7247 8776 (voice/text)
office.da@dial.pipex.com
www.disabilityalliance.org
Provides information on benefits through publications including the *Disability Rights Handbook*, and free factsheets and briefings from its website. It campaigns for improvements to the social security system.

Disabled Living Foundation (DLF)
380–384 Harrow Road
London W9 2HU
0845 130 9177 (helpline, Mon–Fri 10am–4pm)
020 7432 8009 (textphone)
advice@dlf.org.uk
www.dlf.org.uk
A national charity that provides free, impartial advice about all types of daily living equipment for disabled adults and children, older people, their carers and families.

Disabled Parents Network (DPN)
81 Melton Road
West Bridgford
Nottingham NG2 8EN
0300 3300 639 (helpline)
information@disabledparentsnetwork.org.uk
www.disabledparentsnetwork.org.uk
Aims to educate and increase society's acceptance of disability in parenthood.

Equality and Human Rights Commission
Freepost RRLL-GHUX-CTRX
Arndale House
Arndale Centre
Manchester M4 3AQ
0845 604 6610 (Mon–Fri 9am–5pm)
0845 604 6620 (textphone)
info@equalityhumanrights.com
www.equalityhumanrights.com
The helpline provides information and guidance on discrimination and human rights issues. All helpline staff have been specially trained to provide this service.

ERIC (Education and Resources for Improving Childhood Continence)
36 Old School House
Britannia Road
Kingswood
Bristol BS15 8DB
0845 370 8008 (helpline, Mon–Fri 10am–4pm)
0117 960 3060
www.eric.org.uk
Provides information and support to children and their families on potty training, bedwetting, daytime wetting and soiling.

Family Fund Trust for Families with Severely Disabled Children
Unit 4, Alpha Court
Monks Cross Drive
York YO32 9WN
0845 130 4542 (helpline, Mon–Fri 9am–5pm)
info@familyfund.org.uk
www.familyfundtrust.org.uk
Helps families with severely disabled children to have choices and the opportunity to enjoy ordinary life. Gives grants for things that make life easier and more enjoyable for the disabled child and their family, such as washing machines, driving lessons, hospital visiting costs, computers and holidays.

Home-Start UK
2 Salisbury Road
Leicester LE1 7QR
0800 068 6368
info@home-start.org.uk
www.home-start.org.uk
Volunteers offer friendship, advice and practical help for families or individuals with children under the age of five. Provides the support that local Home-Starts need to carry out their work supporting families in their communities. It also represents Home-Start at a national level. Its regional and specialist offices are located across the UK.

Hyperactive Children's Support Group (HACSG)
Dept. W
71 Whyke Lane
Chichester
West Sussex PO19 7PD
01243 539966 (Mon, Tue, Thu, Fri 10am–12.30pm; Wed 2.30pm–4.30pm)
www.hacsg.org.uk
Provides information to help with problems related to hyperactivity.

I CAN – The Children's Communication Agency
8 Wakley Street
London EC1V 7QE
0845 225 4071
info@ican.org.uk
www.ican.org.uk
Advice and information for parents of children with speech, language and communication needs.

Institute for Complementary and Natural Medicine (ICNM)
Can-Mezzanine
32–36 Loman Street
London SE1 0EH
020 7922 7980 (Mon–Fri 10am–4pm)
info@icnm.org.uk
www.icnm.org.uk
Can provide the public with lists of BRCP (British Register of Complementary Practitioners) members, a professional register of practitioners and therapists who have completed a recognised course and are insured. (Always check with your GP/midwife before using a complementary discipline.)

Mencap
Mencap National Centre
123 Golden Lane
London EC1Y 0RT
0808 808 1111 (helpline)
020 7454 0454
help@mencap.org.uk
www.mencap.org.uk
Works with people with a learning disability and their families and carers. Advice and information on local branches.

Meningitis Research Foundation
Midland Way
Thornbury
Bristol BS25 2BS
08088 00 33 44 (24-hour helpline)
info@meningitis.org
www.meningitis.org
Promotes education and awareness to reduce death and disability from meningitis and septicaemia, and supports people affected by these diseases. Funds research to prevent the diseases and improve survival rates and outcomes.

Meningitis Trust
Fern House
Bath Road
Stroud
Gloucestershire GL5 3TJ
0800 028 18 28 (24-hour, nurse-led helpline)
01453 768000
info@meningitis-trust.org
www.meningitis-trust.org
A registered charity set up in 1986 by families who had been affected by meningitis. The Trust is committed to increasing understanding of the disease and providing specialised services to anyone who has been affected. These services offer emotional, practical and financial support to help people rebuild their lives.

Mudiad Ysgolion Meithrin/ The National Association of Nursery Schools and Playgroups
Boulevard de St Brieuc
Aberystwyth SY23 1PD
01970 639639
post@mym.co.uk
www.mym.co.uk
Help and advice on setting up and running parent and toddler groups and playgroups. Contact with local playgroups.

Muscular Dystrophy Campaign
61 Southwark Street
London SE1 0HL
0800 652 6352 (helpline, Mon–Fri 9am–5pm)
020 7803 4800
info@muscular-dystrophy.org
www.muscular-dystrophy.org
Provides support, advice and information for people with muscle disease, their families and carers.

National Association of Family Information Services (NAFIS)
Grosvenor Gardens House
35–37 Grosvenor Gardens
London SW1W 0BS
info@familyinformationservices.org.uk
www.nafis.org.uk
A membership organisation consisting of over 150 Information Services across the UK. Members provide information on local services for families, in addition to helping families find suitable childcare and access appropriate benefits and financial assistance. To find your local FIS, visit the website. As the national body, NAFIS supports members via training, quality assurance and through representation of their issues to government.

National Association of Nappy Services (NANS)
Unit 1, Hall Farm
South Moreton
Didcot
Oxfordshire OX11 9AH
0121 693 4949
info@changeanappy.co.uk
www.changeanappy.co.uk
Aims to promote the use of cotton nappies and increase public awareness of the health problems associated with disposable nappies. Provides information on local nappy services which collect soiled nappies and deliver fresh ones on a weekly basis.

National Association of Widows
48 Queens Road
Coventry CV1 3EH
0845 838 2261 (Mon–Fri 9am–5pm)
info@nawidows.org.uk
www.nawidows.org.uk
A national charity offering support and friendship to widows and widowers, providing opportunities for men and women to develop a new sense of purpose as they face life on their own. It is the only national charity to serve widows and widowers of all ages. There are currently 42 branches nationwide.

National Autistic Society
393 City Road
London EC1V 1NG
0845 070 4004 (helpline, Mon–Fri 10am–4pm)
020 7833 2299
www.nas.org.uk
Provides day and residential centres for the care and education of autistic children. Puts parents in touch with one another. Advice and information and local groups.

National Childbirth Trust (NCT)
Alexandra House
Oldham Terrace
London W3 6NH
0300 330 0770 (enquiry line, Mon–Fri 9am–5pm)
0300 330 0772 (pregnancy and birth line, Mon–Fri 10am–8pm)
0300 330 0771 (breastfeeding line, 8am–10pm seven days a week)
enquiries@nct.org.uk
www.nct.org.uk
Supports 1 million mums and dads every year through helplines, courses and a network of local support. With evidence-based information on pregnancy, birth and early parenthood, it can provide support from when you first discover you are pregnant to when your baby turns 2. Visit the website for information on becoming a parent or to find your nearest NCT group.

National Deaf Children's Society (NDCS)
15 Dufferin Street
London EC1Y 8UR
0808 800 8880 (helpline, Mon 9.30am–7.30pm; Tue–Thu 9.30am–5pm; Fri, Sat 9.30am–12 noon)
helpline@ndcs.org.uk
ndcs@ndcs.org.uk
www.ndcs.org.uk
An organisation of families, parents and carers, providing emotional and practical support through the freephone helpline, a network of trained support workers, a wide range of other support services, publications and the website.

National Eczema Society
Hill House
Highgate Hill
London N19 5NA
0800 089 1122 (helpline, Mon–Fri 8am–8pm)
info@eczema.org
www.eczema.org
An eczema patient support organisation offering help and information to everyone affected by eczema.

National Society for Phenylketonuria (NSPKU)
PO Box 26642
London N14 4ZF
020 8364 3010 (helpline)
07983 688 664 (textphone)
info@nspku.org
www.nspku.org
Help and support for people with phenylketonuria, their families and carers.

Netmums
124 Mildred Avenue
Watford WD18 7DX
contactus@netmums.com
www.netmums.com
A family of local websites, each site set up around a local community, which is totally interactive, with much of the information coming from local mums. At the heart is the coffeehouse, an invaluable place members can chat and get support and advice on anything to do with being a parent.

Ofsted
Royal Exchange Buildings
St Ann's Square
Manchester M2 7LA
08456 404040
enquiries@ofsted.gov.uk
www.ofsted.gov.uk
Government body responsible for the registration, inspection and investigation of childcare settings, childminders and daycare facilities.

One Parent Families/ Gingerbread
255 Kentish Town Road
London NW5 2LX
0800 018 5026 (helpline, Mon–Fri 9am–5pm, with extended opening to 8pm on Wed)
www.gingerbread.org.uk
A national charity for single parent families. Offers a range of support services direct to single parents, including a telephone helpline, publications, training programmes and a membership scheme, and campaigns on their behalf.

ParentsCentre
Department for Children, Schools and Families
Sanctuary Buildings
35 Great Smith Street
London SW1P 3BT
0870 000 2288
01928 794274 (textphone)
info@dcsf.gsi.gov.uk
www.parentscentre.gov.uk
www.direct.gov.uk
Information and support for parents on how to help with their child's learning, including advice on choosing a school and finding childcare.

Quit
4th Floor
63 St Mary Axe
London EC3A 8AA
0800 00 22 00 (Quitline)
stopsmoking@quit.org.uk
info@quit.org.uk
www.quit.org.uk
Aims to save lives by helping smokers to stop.

Restricted Growth Association (RGA)
PO Box 1024
Peterborough PE1 9GX
01733 759458 (Mon, Thu, Fri 9am–5pm; Tue 9am–5pm and 6pm–9pm; Wed 9am–1pm)
office@restrictedgrowth.co.uk
www.restrictedgrowth.co.uk
A self-help organisation dealing with the social and medical consequences of restricted growth. Promotes the interests of people with restricted growth and their families.

Royal Association for Disability and Rehabilitation (RADAR)
12 City Forum
250 City Road
London EC1V 8AF
020 7250 3222
020 7250 4119 (minicom)
radar@radar.org.uk
www.radar.org.uk
Conveys opinions and concerns to government and launches campaigns to promote equality for all disabled people.

Royal National Institute for Deaf People (RNID)
19–23 Featherstone Street
London EC1Y 8SL
0808 808 0123 (information line)
0808 808 9000 (textphone)
informationline@rnid.org.uk
www.rnid.org.uk
Information service for deaf and hard of hearing people. Local groups.

Royal National Institute of Blind People (RNIB)
105 Judd Street
London WC1H 9NE
020 7388 1266
0303 123 9999 (helpline, Mon, Tue, Thu, Fri 9am–5pm; Wed 9am–4pm)
helpline@rnib.org.uk
www.rnib.org.uk
Information, advice and services for blind and partially sighted people. Local branches.

Royal Society for the Prevention of Accidents (RoSPA)
Edgbaston Park
353 Bristol Road
Birmingham B5 7ST
0121 248 2000
help@rospa.com
www.rospa.com
By providing information, advice, resources and training, RoSPA is actively involved in the promotion of safety and the prevention of accidents in all areas of life – at work, in the home, on the roads, in schools, at leisure and on (or near) water.

St John Ambulance
27 St John's Lane
London EC1M 4BU
www.sja.org.uk
Has developed a new range of first aid courses designed to meet the needs of home or leisure activities. Just 3–4 hours is all it takes to learn how to save a life. Courses include CPR and basic first aid.

Terrence Higgins Trust
314–320 Gray's Inn Road
London WC1X 8DP
0845 12 21 200 (helpline, Mon–Fri 10am–10pm; Sat–Sun 12 noon–6pm)
020 7812 1600
info@tht.org.uk
www.tht.org.uk
Delivers health promotion campaigns, national services and local services directly to people with or affected by HIV and other sexual health issues.

WAY Foundation
Suite 35, St Loyes House
20 St Loyes Street
Bedford MK40 1ZL
0870 011 3450 (9am–8pm seven days a week)
www.wayfoundation.org.uk
Self-help support for men and women widowed up to the age of 50. Welcomes people who were married or unmarried, those with children and those without. Gay men and women are also welcome to join. Runs local groups across the UK, organises weekends and holidays and offers a busy secure messageboard and online chatroom to members. Being able to talk to others who have been through a similar bereavement is helpful and comforting to anyone trying to cope with the death of a partner at a young age.

Working Families
1–3 Berry Street
London EC1V 0AA
0800 013 0313 (helpline, Mon, Tue, Thu, Fri 10am–3pm; Wed 10am–1pm)
020 7253 7243
advice@workingfamilies.org.uk
www.workingfamilies.org.uk
Helps working parents and carers and their employers find a better balance between responsibilities at home and work. A disability adviser is available Wed–Fri to advise parents/ carers with disabled children on their rights.

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