

Service	Concern	What to do?
Self care The best choice to treat very minor illnesses, ailments and injuries.	<ul style="list-style-type: none"> • Grazed knee • Sore throat • Coughs and colds (runny nose) 	Keep a well-stocked medicine cabinet. You can treat minor illnesses and injuries at home by using the recommended medicines and making sure your child gets plenty of rest. www.nhs.uk
NHS 111 For 24-hour health advice and information. 	As a parent: <ul style="list-style-type: none"> • If your child is unwell • If you are unsure/confused • If you need help 	Call 111 when it is less urgent than 999 www.nhs.uk/111
Pharmacist Can provide expert advice and treatment for common illnesses and injuries.	<ul style="list-style-type: none"> • Mild diarrhoea • Mild skin irritations (including spots/rash) • Mild fever • Headaches • Bites and stings • Painful cough 	To find your local pharmacy and its contact details visit: www.nhs.uk/chemist
GP/out-of-hours GP For care outside normal hours, ring your GP practice. When it is closed, a message will direct you to extended hours or out-of-hours services.	<ul style="list-style-type: none"> • High temperature • Head injuries (not involving loss of consciousness) • Persistent cough • Minor bumps and cuts • Dehydrated • Vomiting 	For the treatment of illnesses and injuries that will not go away. Your GP can provide a range of services by appointment. Write your GP's (family doctor) telephone number here: <div></div>
Walk-in centre/ Urgent care centre	<ul style="list-style-type: none"> • Severe pain • Worsening health conditions 	Use for urgent, but not life-threatening situations.
A&E/999 Should only be used for serious and life-threatening emergencies.	<ul style="list-style-type: none"> • Choking • Breathing difficulties • Loss of consciousness • Fitting • Severe bleeding that cannot be stopped • Fever and they're lethargic • Swallowed poison or tablets 	Call 999 or take your child to your nearest A&E.

Sense Interactive Ltd. © 2021 All Rights Reserved. Tel: 01622 752160 www.sensekids.com

A Guide

For **parents** and **carers** of children from **birth** (and beyond)

Common childhood illnesses & wellbeing



Building stronger families



Heywood, Middleton and Rochdale
Clinical Commissioning Group



Northern Care Alliance
NHS Foundation Trust



Welcome

This handbook has been put together by NHS Heywood, Middleton and Rochdale Clinical Commissioning Group (HMR CCG).

Every parent or carer wants to know how to do what is best for their growing baby and to give them the best start in life. This handbook aims to help you understand what to do and who to ask in a number of situations; including what to do when your baby or child is ill. Learn how to care for your child at home, when to seek advice from a health visitor or call a doctor and when to use emergency services.

Most of the issues you will be confronted with are simply an everyday part of growing up, often helped by a chat with your midwife or health visitor. Almost all babies, toddlers and children will get the most common childhood illnesses like chickenpox, colds, sore throats and ear infections. While these are not very nice at the time, they are easily treated at home with support from your GP, pharmacist or health visitor, with no need to visit the Accident and Emergency (A&E) department.

The information in this booklet is a guide and cannot replace medical advice. If you are worried, you must seek further advice - trust your instincts, you know your child best.

To view the online version of this booklet, visit

www.hmr.nhs.uk/index.php/your-health/child-health

An app is available for Android and iPhone, search

Child Health HMR



To view this booklet and other related topics online, scan this QR code with your smartphone.

Your contacts

GP:

.....

Nearest pharmacy:

.....

NHS 111

Contents

Who can help?

» A guide to services	4
» Know the basics	6
» Children's medicines	7

The first months

» Feeding your baby	8
» Being sick	10
» Crying & colic	12
» Rashes & dry skin	14
» Sleeping	16
» Sticky eyes & eye care	18
» Teething trouble	20

Childhood illnesses

» Fever	22
» Coughs, colds & flu	24
» Wheezing & breathing difficulties	26
» Upset tummy	28

» Constipation	30
» Earache & tonsillitis	32
» Chickenpox & measles	34
» Allergies	36
» Meningitis & sepsis	38

Childhood injury

» Safety in the home	40
» Medicines & poisonings	42
» Bumps, bruises & falls	44

General welfare

» Healthy kids	46
» Obesity	48
» Emotional wellbeing	50
» Good oral health	54
» Smokefree homes	56
» Useful contacts	58

All factual content has been sourced from the Department of Health (DoH), NHS Choices, NICE guidelines and other specialist services.

A guide to services



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

Self care

Many illnesses can be treated in your home by using over the counter medicine from your pharmacist and getting plenty of rest. Self care is the best choice to treat very minor illnesses and injuries. If you are still worried, call **NHS 111** or your GP.



111

NHS 111 makes it easier for you to access local NHS healthcare services. It is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Call 111 if:

- You need medical help fast but it's not a 999 emergency.
- You think you need to go to A&E or need another NHS urgent care service.
- You don't know who to call or you don't have a GP to call.
- You need health information or reassurance about what to do next.

If a health professional has given you a specific phone number to call when you are concerned about your child's condition, continue to use that number.



Pharmacist

Your local pharmacist will know about most everyday health issues. They can suggest the best medicine to help. There are often pharmacists in supermarkets and many are open late. If your child has a temperature which has not come down with paracetamol or ibuprofen, see your GP. Visit www.nhs.uk/chemist where you can find your nearest pharmacist.



GP (doctor)

You will need to register with a local GP. Your GP can advise, give you the medicines you need and point you in the right direction if you need other specialist services. You will usually need to make an appointment. All GPs will see a child quickly if you are worried. At evenings and weekends, when your GP practice might be closed, call the practice as usual and you will be directed to out-of-hours services.



Health visitor

Health visitors are there to support you when you need them. They will visit you at home or see you in a clinic. They offer support and advice and can tell you where to get extra help if you need it. They are part of a team who are there to support you during the early years, such as helping with feeding problems.

Early Attachment Service

Support to build your relationship with your baby/ young child. From pregnancy to a child's second birthday. Facebook@hmreas.

Children's centres

Families can access a wide range of information in a friendly environment. Children's centres promote all aspects of child health and wellbeing and provide a range of advice including health promotion and advice on safety. Each children's centre has its own programme of activities and services.

Children's Community Nursing Team (CCNT)

The Children's Community Nursing Team operates 365 days a year and can provide treatment and care for 0-18 year olds, for example after an illness or injury or if a child has a long-term medical need such as epilepsy, diabetes or asthma. If you think the team could help you, speak to your GP.

School nurse

School nurses will support you when you need them. They will visit you at home, see you in clinic or at your child's school. They offer support and advice and can advise on extra help if you need it. They are part of a team who are there to support you during the school years from school entry to a young adult's 20th birthday.

Dentist

Make sure you see a dentist on a regular basis. Discuss registering your child early on with your dentist and take them with you to appointments. To find your nearest dentist, visit www.nhs.uk/dentist For out-of-hours dentist call **NHS 111**.

Urgent care/ walk-in centre

There are local urgent care/ walk-in centres - [see page 59](#) for more details.

A&E

For serious and life-threatening emergencies, please call 999.

A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness. These may be choking, breathing difficulties, severe abdominal pain or when they're unconscious, unaware of surroundings or have taken poison or tablets.

Know the basics

Being prepared and knowing the signs

Parents are usually good at noticing when something is wrong. However, it is normal to worry that you won't recognise the signs that your baby is unwell. Trust your instincts, you know your baby best.

Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are prepared, you will find it easier to cope.

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

Find out about CPR (resuscitation) before a possible emergency, visit

www.redcrossfirstaidtraining.co.uk

If your baby seems to have a serious illness get medical help straight away.

Paracetamol and ibuprofen

Consider using either **sugar-free** paracetamol or ibuprofen for children with fever who appear distressed - as a general rule a temperature of over **38°C (100.4°F)** - as these can help to reduce fever and distress. Treat them with either paracetamol **OR** ibuprofen in the first instance. It can take up to an hour for either of them to work. Paracetamol and ibuprofen should be staggered so that if your child continues to have a temperature after the dose of one of the medications, the other can be given. If your child suffers from asthma, seek advice from your GP or pharmacist before giving ibuprofen.



Pharmacist says

Keep a small supply of useful medicines in a **locked cabinet** or **somewhere up high** where a child cannot reach them. Include things like:

-  Thermometer
-  Plasters
-  Liquid painkillers (e.g. **sugar-free** paracetamol or ibuprofen)
-  Barrier cream
-  Antihistamine

Children's medicines



Not always needed for childhood illnesses

Most illnesses get better by themselves and make your child stronger and able to resist similar illnesses in the future.

Paracetamol and ibuprofen are often used to relieve the discomfort caused by a high temperature. Some children, for example those with asthma, may not be able to take ibuprofen, so check with your pharmacist, GP or health visitor.

Don't give aspirin to children under 16, and if you're breastfeeding, ask your health visitor, midwife or GP for advice before taking aspirin yourself.

Children don't often need antibiotics. Most childhood infections are caused by viruses. Antibiotics are medicines which kill bacteria. They work only against bacteria, not the viruses that cause the majority of sore throats, colds, sinus infections and bronchitis. For bacterial infections however, antibiotics work quickly and symptoms usually improve within 24-48 hours. Often children can feel completely better shortly after beginning the antibiotic course. To beat the bacterial infection, it is important that your child finishes the entire course as prescribed, even if your child seems better.

1

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

2

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

3

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

Antibiotics for children

If you're offered a prescription for an antibiotic, talk to your GP about why it is needed and how it will help. Ask about any possible side effects for example, whether it could make your child sleepy or irritable and other side effects like sickness and diarrhoea.

Repeated use and misuse of antibiotics are some of the main causes of the increase in resistant bacteria. Antibiotics are now no longer routinely used to treat chest infections, ear infections in children and sore throats.

If your child is prescribed antibiotics always finish the whole course to make sure all the bacteria are killed off. Your child may seem better after two or three days, but if the course is five days, they must carry on taking the medicine. The illness is more likely to return if your child does not finish all the antibiotics.



Health visitor's tips

How to tell your baby is having lots of milk:

- Lots of wet heavy nappies - around six in 24 hours.
- Dirty nappies, two to three soft stools daily until four to six weeks, after which two to three per week.
- Baby is content and settled during and after each feed.
- During a feed, you can hear baby swallowing.
- Weight gain - checked by your health visitor.

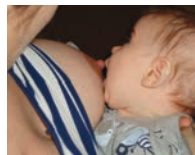
Remember, your milk fulfils all of your baby's needs for around six months. It also reduces the incidence of sudden infant death syndrome (SIDS). Cow's milk should not be offered until your baby reaches one year, although it is suitable to use from six months in breakfast cereals. Breastfeeding should not be painful, speak to your Health Visiting Team or call Breastfeeding Support 0161 716 2835. National helpline 0300 1000 212, 9.30am-9.30pm everyday.



1. Hold your baby's body close.
2. Keep baby's head and body in a straight line.
3. Keep your baby's head free and let your baby's head tilt back a little.
4. Start with nose to nipple to help them to attach correctly.
5. Baby's chin touches the breast first.



With their chin firmly touching and their nose clear and their mouth is wide open; there will be much more of the darker skin visible above your baby's top lip than below their bottom lip.



Your baby's cheeks will look full and rounded as they feed.



There are lots of different positions for breastfeeding. You just need to check the following:

- **Are your baby's head and body in a straight line?**
If not, your baby might not be able to swallow easily.
- **Are you holding your baby close to you?**
Support their neck, shoulders and back. They should be able to tilt their head back easily.

Source: DoH, www.lullabytrust.org.uk

Feeding your baby

The best start in life

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

Safety advice and sterilising

- The cleaning and sterilising instructions are the same, whether you are using expressed breast milk or infant formula milk.
- All the equipment you use for bottle feeding your baby should be washed in hot soapy water, rinsed and sterilised. You should keep sterilising your feeding equipment until your baby is at least six months old. However, continue to sterilise bottles until your baby is 12 months old.
- Infections (like gastroenteritis) are rare, but, if they do occur, can be very serious.

Making up a bottle of formula milk

- Wipe down the work surfaces you are going to use with a clean cloth.
- Wash your hands with soap and water.
- Read the instructions on the tin or packet to find out how much water and milk powder you will need.
- Always fill the kettle with fresh water from the tap. Do not use bottled mineral water or artificially softened water.
- Boil the kettle and leave it to cool for no longer than 30 minutes. It is important that the water is still hot, otherwise any bacteria in the milk powder may not be destroyed. Always take care, as at 70°C water is still hot enough to scald.
- Always check the temperature before feeding it to your baby.

Paced and Responsive Bottle Feeding

- 1 Feed your baby when they show signs of hunger/feeding cues; such as moving their head around, opening their mouth.
- 2 Hold baby in semi upright position, look into their eyes and hold them close.
- 3 Softly rub the teat across the baby's top lip and gently insert it into their mouth. Keep the bottle horizontal and slightly tipped, to prevent the milk flowing too fast.
- 4 Watch baby for "full up cues" this is when they have had enough or need a rest. They may splay their fingers/toes, spill milk out of their mouth. Gently take the teat out of their mouth or tilt the milk away.
- 5 Your baby will know how much milk they need. Forcing your baby to finish a feed can be distressing for them and lead to overfeeding and other problems such as crying, colic and reflux.



Health visitor says

Possetting is normal during or after a feed. If this carries on at other times, between feeds it may be a tummy bug. It is important for babies to have plenty of fluids to stop any dehydration.

Being sick

A problem likely to get better on its own

It is common for babies to be sick in the early weeks as they get used to feeding and their bodies develop. Bringing up small amounts of milk is known as possetting. When your baby vomits there will be a much larger amount. It can be frightening for your baby, so they are likely to cry. Lots of things can cause your baby to be sick.

Make sure your baby is positioned correctly when breast or bottle feeding. Incorrect positioning can cause a baby to be sick. Your midwife or health visitor can help with this. Winding your baby is an important part of feeding as when your baby swallows, air bubbles can become trapped in their tummy causing discomfort. Some babies will burp easily, while others need help to do so. Babies will benefit from being winded during and after a feed. Do this by supporting your baby's head and neck, make sure their tummy and back is straight and rub or pat their back gently.

Being sick often or with large amounts may be due to gastric reflux where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during a feed to make them more upright. Feeding smaller amounts and more often may also help.

If you have concerns regarding your baby's feeding please speak to your Health Visitor for further advice or to discuss a referral to our feeding clinic.

1

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

2

They always seem to
bring up small amounts
of milk.

3

This is known as possetting. As
they develop it will stop naturally.
Talk to your health visitor.

GP says

After the first few months, if your baby is suddenly sick it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is a tummy bug (see [upset tummy page 28](#)), which can come with diarrhoea (runny poo).

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

If your baby is unwell, or if vomiting has green bile stained fluid or has lasted more than a day, get your GP's advice straight away.



Never shake your baby

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

For help and advice visit <https://iconcope.org/parentsadvice/>

Crying & colic

Understanding why

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

If your baby cries suddenly and often, but they otherwise appear to be happy and healthy, they may have colic. Colic is common and although uncomfortable, it is not serious and usually affects babies only in the first few months of their lives. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and having trouble sleeping.

When a baby cries, it can be upsetting, it can be easy to get frustrated and you may not be getting much sleep. It is very important to stay calm and don't be afraid to ask for help.

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

1

My baby is crying more than usual.

2

Have you followed the advice given by your health visitor? Have you thought about what your baby is trying to tell you? It may be something really simple.

3

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



Health visitor says

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

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

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



Health visitor's cradle cap tips

This is the name given to the greasy yellow-brown scales and crusting affecting the scalp in newborn babies.

Do not pick the scales as this may increase the risk of infection. It is not a serious condition and is not contagious. It is not usually itchy and will usually clear up within weeks to a few months.



Gently massaging a small amount of baby or vegetable oil (not olive oil) into the scalp at night can help to soften and loosen the scales. In the morning use a soft baby brush or cloth to gently remove any loose skin scales. If any hair comes out with the scales it will grow back. Gently wash the baby's hair and scalp with a baby shampoo.

Talk to your health visitor if the rash spreads or there is any infection or oozing.

Source: NICE Clinical Knowledge Summaries 2013

Health visitor's nappy rash tips



Leave your baby in a warm, safe place with no clothes or a nappy on, to let the air get to their skin.



Use a barrier cream. (see 'pharmacist says' box opposite).



Remember to change and check their nappy often.

Rashes & dry skin

A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell, contact your GP. Most rashes are nothing to worry about, but do be aware of the signs of meningitis (see page 38).

Nappy rash

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

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

Dry skin

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

1

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

2

Has baby been in a dirty nappy for a long time? Have you followed advice from your health visitor, or spoken to your pharmacist?

3

Change nappy often. If you are worried, see your GP.



Pharmacist says

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

There are two types of nappy cream available. One is a barrier cream to keep wee away from your baby's skin. The other is a medicated cream that is good for clearing up any soreness, but should only be used when advised by a health professional.

A safe sleeping environment

Key messages for parents and care givers. The safer sleep messages are aimed for parents with babies up to 12 months of age.

- 
- A baby is sleeping peacefully in a white cot with vertical slats. The cot has a yellow blanket and a white pillow. The baby is wearing a white onesie.
- 1 Every Sleep needs to be a safe sleep. Have an infant sleep plan and routine, particularly if change in sleep environment e.g. staying with friends/relatives overnight.
 - 2 Always place your baby to sleep on their back, on a firm, flat, waterproof mattress.
 - 3 Always sleep your baby in a Moses basket, crib or cot for every sleep episode, day or night, in the same room as parent/carer for the first six months.
 - 4 Never leave your baby to sleep on a sofa chair or bed.
 - 5 Do not cover your baby's head, face or use loose bedding.
 - 6 Smoking in pregnancy or during the first 12 months after your baby is born increases the risk of sudden infant death.
 - 7 Avoid letting baby get too hot. The ideal room temperature is between 16-20°C.
 - 8 Babies who are unwell need fewer bed clothes, not more.
 - 9 The head of the cot, crib, Moses basket or mattress should never be raised, unless medically indicated.
- It is recognised that some parents choose to share a bed with their baby. If so, parents need to seek advice from a health professional to discuss risks and ensure a safe sleep plan is in place.



www.nhs.uk/smokefree

Sleeping

Patience, praise and peace

There are many different reasons why babies do not sleep. It is normal for a baby at six weeks old not to sleep through the night. Feel confident in yourself to know whether your child is really distressed or just restless. Trust your instincts.

Try to establish a regular sleep routine early on by putting them to bed at a regular time (day and night). Place your newborn baby on their back to sleep, in a cot in your bedroom for the first six months. Prepare a warm, comfortable place for them to relax in. Adult beds are not designed for babies and toddlers and do not conform to safety standards. Only breastfeeding babies should ever be fed in bed and should be positioned on the outside of the bed and returned to the cot after the feed.

You can help your baby to sleep safe and sound by keeping the temperature in their room between 16-20°C. A basic room thermometer will help you to keep an eye on the temperature.

Reading to your child at bedtime helps them to unwind and gives you some special time together. If your child is scared of the dark, try keeping a night light on. Bedwetting may be stressful for both of you and can wake your child. It is not easy to know why some children take longer to be dry at night than others. Try not to lose your patience or punish them, your child is not doing this on purpose. Children learn at their own pace and praise and support will help.

- 1 I am so tired when my baby wakes up at night it seems easier to share the bed.
- 2 The safest place for your baby to sleep is in a cot (by your bedside for at least the first six months). Try to establish a regular sleep routine.
- 3 Speak to your health visitor about how to keep your baby safe and get some sleep.

Bed sharing with your baby is never completely safe. It is particularly dangerous for your baby to sleep in your bed if you (or your partner):

- Are a smoker (even if you never smoke in bed or at home).
- Have been drinking alcohol or taken any drugs.
- Have taken any medication that makes you drowsy.

Also, it is dangerous for your baby to sleep in your bed if:

- Your baby was premature (born before 37 weeks).
- Your baby was low birth weight (less than 2.5kg).
- You or your partner are overweight.

It is very dangerous to fall asleep together on a sofa, armchair or settee. Also, it is risky to allow a baby to sleep alone in an adult bed.



Health visitor says

Some babies have watering eyes. Massaging the tear ducts helps to dislodge tears that have collected in the upper part of your baby's tear duct, as well as encouraging the tear duct to develop. This can be done by applying light pressure with your clean, index finger and massaging from the outer corner of your baby's eye towards their nose. Repeat several times a day for a couple of months. If this persists past one year, your baby should be referred to an eye specialist for treatment.

Source: NHS choices



Sticky eyes & eye care

Protect your baby's eyes

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

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

Wipe each eye from the corner by the nose outwards. Use a clean piece of cotton wool for each wipe. Remember to wash your hands before and afterwards and avoid sharing towels to prevent spreading infection.



Eye tests and checks

It is important to look out for any signs of problems with your baby's eyes. Routine eye tests are offered to newborn babies and children to identify any problems early on in their development. It's quite normal for the eyes of newborn babies to 'cross' occasionally, particularly when they're tired. However, speak to your GP if you notice this happening to your child after three months of age. Left untreated, lazy eye can develop.

Although serious vision problems during childhood are rare, early testing ensures that any problems are picked up and managed as early as possible.

1

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

2

Sticky eyes is a common condition that affects most babies, speak to your health visitor.

3

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



Conjunctivitis

The signs of 'sticky eyes' can sometimes be confused with an infection called 'conjunctivitis'. With conjunctivitis the white of the eyes become red and there is more yellow or green sticky goo which comes back regularly. If you notice this and it continues for more than 24 hours, contact your health visitor or GP. This can be passed on easily, so wash your hands and use a separate towel for your baby.

Dentist's tooth care tips

1. Clean teeth twice a day, for two minutes, especially at night.
2. Reduce sugars to meal times only.
3. Visit the dentist every six months.
4. Don't give juice drinks in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.

For help accessing an NHS dentist, call **NHS 111** or visit www.nhs.uk/dentist



Health visitor says

It can help to give your baby something hard to chew on, such as a teething ring. Teething rings give your baby something to safely chew on, which may help to ease their discomfort or pain. Some teething rings can be cooled first in the fridge.

All sorts of things are put down to teething - rashes, crying, bad temper, runny nose and extra dirty nappies. Be careful not to explain away what might be the signs of illness by assuming it's just teething.



Teething trouble

Every baby goes through it

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already, whilst others have no teeth at one year. Teeth generally start to show when a child is four to nine months old, although every baby develops at their own pace. This is known as teething. Some babies show few signs while others find it more uncomfortable. Some teeth grow with no pain or discomfort at all. At other times you may notice that the gum is sore and red where the tooth is coming through, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor. Source: www.nhs.uk

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of family toothpaste. Make sure you see your dentist regularly and discuss your child's oral health with them (see good oral health page 54).

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

2 Have you asked your health visitor about teething? Have you discussed options with your pharmacist?

3 Try some of the gels or **sugar-free** baby paracetamol. If you are worried and things do not feel right, contact your health visitor or GP.



Pharmacist says

If your baby is uncomfortable, you can buy some medicine from your local pharmacy. These medicines contain a small dose of painkiller, such as paracetamol, to help ease any discomfort. The medicine should be **sugar-free**. Make sure you read all instructions and the product is suitable for the age of your child.

You can try **sugar-free** teething gel rubbed on the gum.

Ask your health visitor about free oral health packs given at regular health checks.



Over 38°C means a fever

Babies under six months

Always contact your GP or health visitor if your baby has other signs of illness, as well as a raised temperature and/or if your baby's temperature is **38°C (100.4°F)** or higher.

Older children

A little fever isn't usually a worry. Contact your GP if your child seems unusually ill, or has a high temperature which doesn't come down.

- It's important to encourage your child to drink as much fluid as possible. Water is best.
- Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion.

To help reduce temperature:

- Undress to nappy/pants.
- Keep room at a comfortable temperature (16 C-20 C).
- Encourage your child to drink more (little amounts often).
- Give **sugar-free** paracetamol or ibuprofen in the correct recommended dose for your child ([see page 6 for usage advice](#)).

1

My toddler is hot and grumpy.

2

Have you tried **sugar-free** infant paracetamol or ibuprofen? Have you made sure they are drinking lots of fluids?

3

If their temperature remains over **38°C (100.4°F)** and doesn't come down, contact your GP.

Fever

Part of the body's natural response

If your child has a fever, he or she will have a body temperature above **38°C (100.4°F)**. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit (always use the thermometer under the armpit with children under five, never use it in the mouth). However, bear in mind that these measurements are less accurate as the armpit is slightly cooler. If your child is over 6 weeks and you have a tympanic thermometer, this is fine to use and more accurate.

A fever is part of the body's natural response to fight infection and can often be left to run its course provided your child is drinking enough and is otherwise well. If your child is having trouble drinking, trying to reduce their temperature may help with this. This is important in preventing your child from becoming dehydrated, which can lead to more serious problems. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids.

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

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

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



GP says

When looking after a feverish child at home you should:

- Get the child to drink more (where a baby or child is breastfed, the most appropriate fluid is breast milk).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on the top of the head in babies.
- It is not advisable to give ibuprofen if your child is dehydrated.
- Know how to identify a non-blanching rash ([see page 38](#)).
- Check your child during the night.
- Cold baths/showers/tepid sponging are not recommended.

Source: NICE, Feverish illness in children/ 2013

1

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

2

Have they recently started nursery? Catching colds is very common. Have you spoken to your pharmacist about **sugar-free** paracetamol and cough medicines?

3

If symptoms last for more than 10 days or your child is coughing up yellow 'goo' they may have an infection. Contact your GP.

Don't pass it on

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

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

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

Coughs, colds & flu

Not usually serious

You will probably find when your child starts mixing with other children they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system.

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may feel achy and uncomfortable, and be ill for a week or more.

Most bugs will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your health visitor for details.

Things you can do at home to help:

- ✓ Give your child lots to drink.
- ✓ Try **sugar-free** paracetamol or ibuprofen (not aspirin) ([see page 6 for usage](#)).
- ✓ Keep them away from smoke and anyone who smokes.
- ✓ Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure they get plenty of sleep/rest.

See your GP if:

- ✓ Your baby has a temperature of **38°C (100.4°F)** or more.
- ✓ They have a fever with a rash.
- ✓ They are not waking up or interacting.
- ✓ Your child is finding it hard to breathe.
- ✓ Persistent temperature does not respond to medicine ([see fever page 22](#)).



Pharmacist says

Children can often be treated using over the counter medicines to help to bring down a raised temperature. **Sugar-free** paracetamol or ibuprofen can help. Check the label carefully. Some are available as a liquid for children and can be given from the age of three months. Check with the pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your GP.

Source: 2013 NICE guidance

Bronchiolitis

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

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

Symptoms usually improve after three days and in most cases the illness isn't serious. However, contact your GP or health visitor if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source: www.nhs.uk/conditions

1

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

2

Comforting your child is important as symptoms may worsen if they are agitated or crying. Mild cases of croup can be managed at home. If your child has a fever, children's **sugar-free** paracetamol will help lower their temperature.

3

If symptoms get worse, contact your GP.

Wheezing & breathing difficulties

Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. It is often nothing to worry about and illnesses like bronchiolitis, mild croup and a cough can often be treated at home.

Use your instincts with newborns and babies. You may notice:

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

In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see [coughs, cold and flu page 24](#)).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP and may need treating with steroids.



GP's tips

Get help and contact your GP now if your child:

- ✓ Seems to find breathing hard work and they are sucking in their ribs and tummy.
- ✓ They can't complete a full sentence without stopping to take a breath.

Get help and call 999 or take them to A&E now if:

- ✓ Their chest looks like it is caving in.
- ✓ They appear pale or even slightly blue-ish.

Source: NHS Choices - Symptoms of bronchiolitis



www.nhs.uk/smokefree



Health visitor says

If you are breastfeeding continue to do so and keep drinking plenty of fluids.

Source: www.nhs.uk/conditions

Pharmacist says

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

- ✓ Give them regular drinks - try small amounts of cooled boiled water. Breastfeed on demand if breastfeeding.
- ✓ Being extra careful with hand hygiene (use soap and water or antibacterial hand gel and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with water. It helps with dehydration.

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

Upset tummy

Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children.

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

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

If you're breastfeeding, keep on doing so even more frequently. Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

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

1

My baby has diarrhoea and is being sick.

2

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

3

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

Signs of dehydration

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

Try a rehydrating solution from your pharmacist.

Tips

Constipation is very rare in babies who are solely breastfed, but not uncommon in babies who have formula, or who have solid foods. Ask your health visitor or pharmacist for advice on treatment.

Make sure you are making up the formula powder with the correct amount of water. Some formulas are specially targeted at babies who have minor constipation - your health visitor can discuss your options.

If your baby is already on solid foods, then the juice or the fruit itself should be fine for providing relief. Fruits, such as apples, pears and prunes, contain sorbitol which is a natural laxative, helping the lower bowel retain water, which helps the poo stay soft and easy to pass. For younger babies, check with your health visitor before you start giving anything other than milk.

Source: www.nct.org.uk



Constipation

Rare in babies who are solely breastfed

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

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

Many things contribute to constipation but infants and children who have well-balanced meals are not typically constipated.

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

1

My bottle-fed baby gets constipated.

2

Try cooled, boiled water between feeds.

3

If the problem persists, speak to your health visitor or GP.



Health visitor says

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

Earache & tonsillitis

A baby's ears need to be treated with care

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

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

Tonsillitis - earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache and a high temperature. It is not a serious illness and you only need to see your GP if symptoms become serious with significant pain, persistent temperature, breathing difficulties.

1

My toddler has earache but seems otherwise well.

2

Have you tried **sugar-free** paracetamol or ibuprofen from your pharmacist? (See page 6 for advice on usage).

3

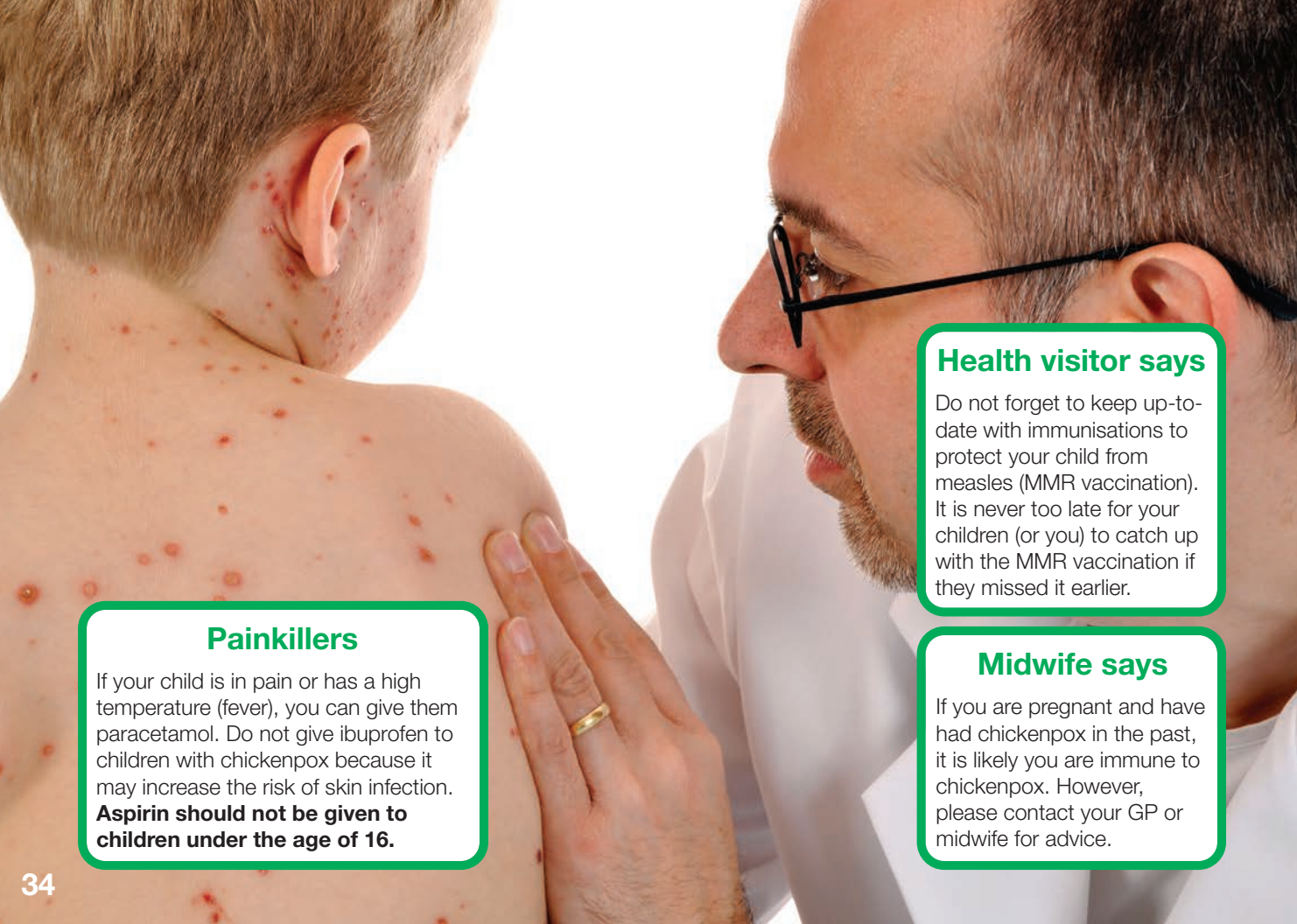
Most ear infections get better by themselves. Speak to your GP if symptoms show no sign of improvement after 24 hours, your child seems in a lot of pain or you notice fluid coming from the ear.

What are the signs of an ear infection?

The signs are a raised temperature, general irritability and pain or discomfort. The ears may be red and your baby may pull them because they are uncomfortable. They may even have a pus-like discharge, which can also be associated with a blocked feeling in the ear or hearing loss. Although most ear infections settle down without any serious effects, there can be mild hearing loss for a short time (two to three weeks).

To reduce ear infections

- A baby's ears need to be treated with care.
- Never use a cotton bud inside your child's ear.
- If they have a temperature, wax may ooze out.
- Use different, clean damp cotton wool on each ear to gently clean around the outer area.
- Avoid smoky environments.
- Do not use ear drops or oil unless prescribed by your GP.
- If your child is still not hearing six weeks after infection, your GP or health visitor can refer them to audiology for further investigations.



Painkillers

If your child is in pain or has a high temperature (fever), you can give them paracetamol. Do not give ibuprofen to children with chickenpox because it may increase the risk of skin infection.

Aspirin should not be given to children under the age of 16.

Health visitor says

Do not forget to keep up-to-date with immunisations to protect your child from measles (MMR vaccination). It is never too late for your children (or you) to catch up with the MMR vaccination if they missed it earlier.

Midwife says

If you are pregnant and have had chickenpox in the past, it is likely you are immune to chickenpox. However, please contact your GP or midwife for advice.

Chickenpox & measles

Chickenpox

Chickenpox is a mild and common childhood illness. It causes a rash of red, itchy spots that turn into fluid-filled blisters, which crust over to form scabs, and eventually drop off. Some children have only a few spots, while others can have spots covering their entire body. These are most likely to appear on the face, ears and scalp, under the arms, on the chest, tummy and on the arms and legs.

Chickenpox is caused by a virus. It is infectious from one to two days before the rash starts, until all the blisters have crusted over (five to six days after the start of the rash). To prevent spreading the infection, keep children away from nursery/school until all their spots have crusted over.

Your child will probably feel pretty miserable and irritable while they have it. They may have a fever for the first few days and the spots can be incredibly itchy.

Paracetamol (**sugar-free**) can help relieve fever and calamine in aqueous cream or other cooling gels/creams/treatments are available to help ease itching.

Chickenpox usually gets better on its own. Only contact your GP if blisters become infected or your child has chest pain or difficulty breathing.

Source: www.nhs.uk

Measles

Measles is a very infectious, viral illness which, in rare cases, can be fatal. One in five children with measles experience complications such as ear infections, diarrhoea and vomiting, pneumonia, meningitis and eye disorders. There is no treatment for measles. Vaccination is the only way of preventing it, so make sure your child has their MMR vaccination. Speak to your health visitor.

Symptoms develop around 10 days after you are infected and can include:

- Cold-like symptoms.
- Red eyes and sensitivity to light.
- A fever.
- Greyish white spots in the mouth and throat.

After a few days, a red-brown spotty rash appears. Starting behind the ears, it then spreads around the head and neck before spreading to the rest of the body. If there are no complications, symptoms usually disappear within 7-10 days.

Contact your GP if you suspect you or your child may have measles.

Help to make your child comfortable:

- Close the curtains/dim lights to help reduce light sensitivity.
- Use damp cotton wool to clean eyes.
- Give **sugar-free** paracetamol or ibuprofen.
- Ensure they drink lots.

Spotting symptoms

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

Eyes

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

Antihistamines

Antihistamines are probably the best known type of allergy medication, and most are readily available from a pharmacy without prescription. While antihistamines used to have a reputation for making people drowsy, more modern antihistamines only occasionally have those side effects. Check the packet for details.

Source: www.allergyuk.org

Nose, throat and ears

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

Airways

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

Skin

Urticaria - Wheals or hives, bumpy, itchy raised areas, rashes.

Eczema - Cracked, dry or weepy, broken skin.

Digestion

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

Source: Allergy UK/2014

Allergies

Managing and understanding your child's allergy

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

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

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

1

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

2

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

3

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

Source: NICE - testing for food allergy in children and young people

Anaphylactic shock

Anaphylaxis is a dangerous type of allergic reaction that is most likely to be caused by particular foods, insect bites or medicines.

Early signs of an allergic reaction:

- Swelling and itching; the face may be flushed and wheals or hives may erupt on the skin.
- Lip or facial swelling.
- Acute vomiting/abdominal pain.

Anaphylaxis or severe reactions:

- Difficulty breathing, coughing and/or wheezing.
- Loss of colour; cold and clammy.
- Loss of consciousness (may appear asleep).

Call 999 and tell the operator you think the child has anaphylaxis.

If available, an adrenaline injection should be given as soon as a serious reaction is suspected. If your child has an EpiPen or injection device, make sure you know the correct way to use it in advance of an emergency.

Meningitis & sepsis

Not common but serious

Babies and toddlers are most vulnerable as they cannot easily fight infection because their immune system is not yet fully developed. They can't tell you how they are feeling and can get a lot worse very quickly. Keep checking them.

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

Sepsis (often called septicaemia or blood poisoning) is a life threatening condition triggered by an infection. The skin may also develop pinpoint bruises or large purple areas, which do not change colour if you roll a glass tumbler over them. This is a common sign of meningococcal septicaemia, a type of blood poisoning caused by the meningococcus bacteria, which can also cause meningitis.

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

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

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



GP says

If any of the signs below are present contact a doctor.



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning

The glass test

If you press the side of a clear glass firmly against the skin and the rash does not fade, it is a sign of meningococcal septicaemia.

Go straight to the Accident and Emergency Department



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



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

Find out more from www.meningitisnow.org

Cuts

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

PREVENTION:

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

WHAT TO DO:

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

Drowning

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

PREVENTION:

- Supervise children near water at all times. Use a grille on ponds or consider filling it in to use as a sandpit.
- Make sure your child learns to swim.

WHAT TO DO:

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

CPR

CPR is a first aid technique that is a combination of rescue breaths and chest compressions - sometimes called the kiss of life. To find out more about CPR, go to www.redcrossfirstaidtraining.co.uk

Choking

Babies and toddlers can easily swallow, inhale or choke on small items like marbles, beads, lolly sticks, balloons, peanuts, buttons, nappy sacks, plastic toy pieces, strings or cords.

PREVENTION:

- Check on the floor and under furniture for small items and that toys with small pieces are not left out for a toddler to chew and choke on.
- Check toys are age appropriate, in good condition and include toy safety marks.

WHAT TO DO:

If your child is choking, act immediately and calmly. Make sure you do not push the object further down the throat. Encourage your child to cough. Use back blows, if they become unconscious, **call 999** (do not leave your child alone) and start CPR.

Safety in the home



Our homes can be full of danger

Strangulation

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

PREVENTION:

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

WHAT TO DO:

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

Burns and scalds

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

PREVENTION:

- Keep hot drinks out of reach.
- When running a bath, turn the cold water on first and always test the temperature with your elbow before letting your child get into the bath or shower.
- Keep hot irons, curling tongs and hair straighteners out of reach, even when cooling down.
- Turn pan handles away from the front of the counter.

WHAT TO DO:

- Treat the burn or scald straight after the accident by running under cold water for 20 minutes.
- Do not use creams, lotions or ointments on the burn or scald.
- Always take your child or baby to A&E if it is anything other than a very mild burn.

Alcohol

Even a small amount can cause alcohol poisoning in children. Alcohol affects the central nervous system and symptoms can include confusion, vomiting and seizures. The child may have difficulty breathing and flushed or pale skin. Alcohol impairs the gag reflex, which can cause choking. If your child has drunk alcohol, act quickly to get your child to hospital.

Storing medicines

Keep medicines well out of reach and out of sight of young children. Put them in a high cupboard, a cupboard fitted with a child-resistant catch, a lockable cabinet, or even a lockable suitcase. If a medicine needs to be kept in the fridge, keep it as high up and hidden as possible.

Don't keep them:

- On your bedside table - your child can easily get into the bedroom without being seen.
- In your handbag - this is a favourite place for toddlers to find tablets.



Medicines & poisonings

Keeping children safe

Every week, around 500 children under five are rushed to hospital because it's thought they have swallowed something poisonous. Most poisoning accidents involve medicines, household products and cosmetics. The most common form of poisoning is from medication.

- Keep medicines high up and out of reach.
- Keep anything that may be poisonous out of reach - this includes all medicines and pills, alcohol, household cleaners, liquid washing tablets and garden products, preferably in a locked cupboard.
- Use containers that have child-resistant tops - be aware that by the age of three, many children are able to open child-resistant tops.
- Keep all dangerous chemicals in their original containers - for example, do not store weedkiller in an old drinks bottle as a young child may mistake it for something safe to drink.
- Discourage your children from eating any plants or fungi when outside. Avoid buying plants with poisonous leaves or berries.
- Keep alcohol out of the reach of children.

1

You think your child has swallowed a harmful medicine, chemical or batteries.

2

Find the bottle or packet and take it with you when you seek medical help.

3

Act quickly to get your child to hospital.



Health visitor says

If you have young children, be extra careful when you have guests to stay or when you go to visit other people. If your friends and relatives do not have children, they may not think to keep certain items out of the reach of children and their homes may not be child friendly. Children need to be kept an eye on and you may wish to politely ask for items such as alcohol, medicines and cigarettes to be kept out of their reach.



Falls

For babies, the biggest danger is rolling off the edge of a bed or changing surface. For toddlers, it is more about falling from furniture or down stairs.

PREVENTION:

- Make sure your baby cannot roll off any surfaces, put pillows around them.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile.
- Make sure balconies are locked and fit restrictors and safety locks to windows.

Bumps, bruises & falls

Part of growing up

It is almost impossible to prevent every accident, although there are things we can do at home which might help. Minor cuts, bumps and bruises are a normal part of growing up. Allowing your child to explore the world around them (with supervision) helps them develop and learn. Most of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell by the noise of the bang, the reaction of your child and the colour of the area affected, which are the more serious bumps. If your child has unexplained bruising or injury, you need to find out how this happened.

If it looks like the bump may swell, use a cold flannel (soaking the cloth with cold water) or ice pack (but don't put ice directly onto the skin) to help reduce swelling and to cool the area for at least a few minutes.

If your child has had a bump to the head and it looks serious or symptoms worsen, call your GP. Read the information on the right. ➡

If your child is under a year old and has a bump on the head, get advice from your GP.

1

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

2

Give your child some **sugar-free** paracetamol and let them rest whilst watching them closely.

3

Seek immediate help if they:

- Have seriously injured themselves.
- Are unconscious.
- Have difficulty breathing.
- Are having a seizure.

Head injury

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

You need to get medical attention if:

- **They are vomiting persistently (more than three times).**
- **They are complaining it hurts.**
- **They are not responding at all.**
- **There is any loss of consciousness (however short).**
- **Pain is not relieved by sugar-free paracetamol or ibuprofen.**

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

Screen time

The first two years of life are a critical time for brain development. TV and other electronic media can get in the way of exploring, playing, thinking and interacting, which all encourage learning and healthy physical and social development.

Children who consistently spend more than four hours a day watching TV are more likely to be overweight (less time for play).

TV and electronic media can limit communication and speech skills, resulting in the child preferring to listen rather than take part in a real-life conversation. TV can affect sleep patterns too.

Promoting good health and a healthy weight

With healthy habits from birth, you can give your baby a good start for a healthy and happy future. Breast milk is ideal for your baby's growing needs. It is easy to develop healthy eating habits at an early stage in their lives. Babies like the foods they get used to. If you give them lots of different, healthy foods to try when they are babies and toddlers, they are more likely to eat a variety of healthy foods as they grow up. Avoid salt, sugar, honey, nuts, saturated fats, low-fat foods, raw shellfish or eggs for babies.

The Department of Health recommends that all children from six months to five years old are given supplements, in the form of vitamin drops which contain vitamins A, C and D. Please speak to your health visitor or pharmacist who will be able to give you further advice.

Physical exercise helps with all aspects of physical and mental wellbeing and it helps avoid becoming overweight or obese. Try to have family outings that include walking and cycling so you can all get fitter together.

Healthy kids

A combination of the right food and exercise

Living a healthy lifestyle means many things: having fun, eating well, being active, staying safe, getting enough sleep, taking care of our minds and bodies. Practical things are important too, like making sure your child visits the dentist regularly, their immunisations are kept up-to-date, they are receiving their daily vitamin drops and that they attend health and development checks. Look out for, and be aware of, your child's health in order to prevent illness and discuss any concerns with your health visitor. Developing a healthy attitude early on will help to ensure they become healthy throughout life.

Being physically active every day is important for healthy growth and development and impacts on their social skills. Babies should be encouraged to be active from birth. Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing during supervised floor play, including tummy time (when you place your baby on their stomach while awake and you are watching).

Minimise the amount of time children spend sitting watching TV, in a buggy, playing computer games and travelling by car, bus or train. Try to make exercise fun and part of everyday life for all the family.

1

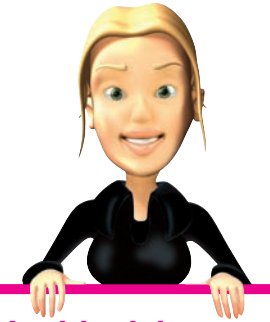
How much exercise should my child have daily?

2

Children who can walk on their own should be active every day for at least three hours. This should be spread throughout the day, indoors and outside.

3

Safe, active play, such as using a climbing frame, riding a bike, playing in water, chasing games and ball games should be supervised.



Health visitor says

You can give your child whole (full-fat) cow's milk as a drink from one year old (and on breakfast cereal from six months old). Do not give children under two years old semi-skimmed, 1% fat or skimmed milk, these don't contain enough calories or essential vitamins for children of this age. From two to five years old, children can drink whole or semi-skimmed milk. If your child doesn't like milk, it's important to try to include other dairy foods in their diet such as yoghurt or cheese, but don't give them lower-fat versions.

Source: www.healthystart.nhs.uk
NHS Choices pregnancy and baby

Dietician says

Salt and sugar is added to nearly all processed products. Three-quarters of the salt and sugar we eat is already in the food, the rest is what we add to cooking or shake on our meals. Children need less than 5g of salt a day (2g sodium).



Juice drink
23g sugar
(5 teaspoons)



Pizza slice
2.8g salt



Fromage frais
12.4g sugar
(2 teaspoons)



What can I do?

Many parents are unaware of the dangers of childhood obesity, but by following the top tips below you can make a difference to your child's health.

- 1. Sugar swaps** - swapping sugary snacks and drinks for ones that are lower in sugar can make a huge difference.
- 2. Meal time** - it's important for kids to have regular, proper meals as growing bodies respond better to routine.
- 3. Snack check** - many snacks are full of the things that are bad for us - sugar, salt, fat and calories. So try and keep a careful eye on how many the kids are having.
- 4. Me size meals** - it's important to make sure kids get just the right amount for their age.
- 5. 5 a day** - five portions of fruit and/or vegetables a day.
- 6. Cut back fat** - too much fat is bad for us. It's not always easy to tell where it's lurking.
- 7. Up and about** - most of us spend too long sitting down. Keep active. Encourage your child to walk, you may need to use child safety reins.

Source: www.nhs.uk/start4life



Obesity

A growing problem

Many parents are unaware of the serious health implications of children being overweight (or obese), with a greater risk of long-term health problems, including cardiovascular problems, type 2 diabetes, raised blood pressure, cholesterol, early puberty, asthma and other respiratory problems. Overweight babies and toddlers are more than five times as likely to be overweight as children and adults. Good eating and exercise habits need to be developed early in life. Talk to your health visitor about healthy meal ideas for all the family.

Being overweight is rarely to do with a medical problem, and is simply due to an unhealthy diet and not enough exercise. It is better to prevent your child becoming overweight in the first place. Good sleep patterns, a healthy varied diet and regular exercise will all help keep your child to a healthy weight.

The emotional consequences of obesity in childhood can be severe and long-lasting, including bullying and low self-esteem. Parents can find it difficult to talk to their child about being overweight as they feel guilty and they do not want to upset them by talking about it. Parents often underestimate the amount of food children eat and overestimate the amount of activity they do. Many parents believe their children are already active enough, confusing being boisterous with being active.

1

My mum confuses giving her grandson chocolate with being kind to him. She only wants him to be happy, but I am worried.

2

It can be difficult, but try to explain to her why you would prefer him to have healthy snacks and that in the long run, it is best for him.

3

Give her some healthy meal ideas and maybe send him along with some fruit or vegetable slices to snack on.



Health visitor says

Be in control

It can be easy for busy parents (or family members) to prioritise their children's immediate happiness over their long-term health by giving them the chocolate bar or sugary drink they are crying for. Many parents allow children to decide what goes into the supermarket trolley in order to avoid rows. You are responsible for what your child eats. What your child eats now will set a pattern for life and overweight children are being set up for a lifetime of sickness and health problems.

www.dh.gov.uk/obesity

Bonding/attachment

Bonding is the intense love that a parent develops for their baby and often develops before the baby is born. Some parents feel this straight away and for others it takes some time to develop as they get to know their baby. Learning what babies are communicating can take time; babies let their parents know what they need through their behaviours, nonverbal cues and cries. Over the first few weeks parents begin to learn when their baby is hungry, tired or need a cuddle.

The baby builds an attachment to their parent or caregiver, this is developed when the parent can be responsive and understand their baby's cues. A healthy attachment helps children to feel safe and secure and is the start of a baby developing positive emotional health.

Nonverbal cues and how they can be used to create a secure attachment bond:

Eye contact - babies are born ready to communicate. Offering warm and engaging eye contact will help them feel safe.

Facial expression - having a calm and attentive facial expression when you communicate with your child, can help them feel safe.

Tone of voice - even if your child is too young to understand the words you use, they can understand the difference between a tone which is harsh or preoccupied and a tone which conveys tenderness, concern and understanding. When talking to older children, make sure

the tone you use matches what you're saying.

Touch - the way you touch your child conveys your emotional state - whether you're calm, tender, relaxed or disinterested, upset and unavailable. The way you wash, lift or carry your baby or the way you give your older child a warm hug, a gentle touch on the arm, or a reassuring pat on the back can convey so much emotion to your child.

Body language - sit with a relaxed, open posture, leaning towards your child and your child will feel what he or she is saying matters to you.

Pacing, timing, and intensity - the pacing, timing and intensity of your speech, movements and facial expressions can reflect your state of mind. If you maintain an adult pace, are stressed or otherwise inattentive, your nonverbal actions will do little to calm, soothe or reassure your child.

Speak to your midwife, health visitor or GP if you require further information or if you feel you are having problems bonding with your baby.

Source: www.childtrauma.org



Emotional wellbeing

Perinatal mental health

Perinatal Mental Health problems are those mental health difficulties that occur during pregnancy or the first year following birth. Postnatal Depression and anxiety are the more common difficulties that parents experience during this time. Mental health difficulties during pregnancy and following birth can affect mothers, fathers and other parents and carers.

Symptoms may include: feeling unable to cope; difficulty sleeping; mood changes; irritability and episodes of tearfulness. These are common after giving birth and are often known as the 'baby blues', which usually clear up within a few weeks. However, if your symptoms are more persistent, it could be postnatal depression which can be lonely, distressing and frightening but, if it is recognised and treated, there is lots of support available to support you. It's very important to seek treatment, so speak to your health visitor or GP. The condition is unlikely to get better by itself quickly and it could impact on you and your family.

1

Feeling irritable, unable to cope, difficulty sleeping and tearful.

2

It has lasted longer than a few weeks.

3

Then speak to your health visitor or GP immediately - do not leave it for the condition to deteriorate.



Child mental health

Mental health problems affect about one in 10 children and young people. They can include self-harm, eating disorders, depression, anxiety and conduct disorder and are often a direct response to what is happening in their lives. The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Things that can help to maintain wellness include:

- Being in good physical health, eating a balanced diet and getting regular exercise.
- Having the time and freedom to play, indoors and outdoors.
- Being part of a family that gets along well most of the time.
- Going to a school that looks after the wellbeing of all its pupils.
- Taking part in local activities for young people.
- Feeling loved, trusted, understood, valued and safe.
- Being able to learn and having opportunities to succeed.
- Accepting who they are and recognising what they are good at.
- Feeling they have some control over their own life.
- Having the strength to cope when something is wrong (resilience) and the ability to solve problems.

When to seek professional help

Children and young people's negative feelings usually pass but if your child is persistently distressed; if their negative feelings are stopping them from getting on with their lives; expressing thoughts of hurting themselves or others, their distress is disrupting family life; or they are repeatedly behaving in ways you would not expect at their age, it is important to seek professional help.

Additional information about mental health problems can be found at www.mentalhealth.org.uk

Source: Mental Health Foundation

1

If children have a warm, open relationship with their parents, children will usually feel able to tell them if they are troubled.

2

One of the most important ways parents can help is to listen to their children and take their feelings seriously.

3

Your child may want a hug, they may want you to help them change something or they may want practical help.

Emotional wellbeing continued

Domestic violence

Domestic abuse affects many families. Women are at increased risk of domestic abuse during pregnancy and the first year after giving birth, even if there has not been any abuse before. Men can also be victims.

Remember, you are not responsible; it is not acceptable and you are not alone. Violence rarely happens only once and will become more and more serious as time goes on. It's not easy to accept that a loved one can act in this way and you may be trying to make the relationship work. Abuse can take many forms: physical, including sexual violence; mental and verbal cruelty; financial control and/or controlling behaviour.

Children can often get caught up in the crossfire and become victims, placing them at risk of significant harm. They may feel frightened, become withdrawn, aggressive or difficult, bed wet, lack concentration and suffer emotional upset. They will need time to discuss the feelings they have about violence or abuse. Children need to know it is not their fault and this is not the way relationships should be. It is best that action is taken early to stop things becoming worse, so seek professional support. Keeping your child safe is your responsibility.



for a child as they grow older. The longer children are exposed to violence, the more severe the effects. These can include a lack of respect for the non-violent parent, loss of self-confidence (which will affect their ability to form relationships in the future), being over-protective of a parent, loss of childhood, problems at school and running away. For help and advice, see the domestic violence helpline on page 58.

Long-term abuse is much more likely to cause problems



Fizzy drinks

Fizzy drinks can contain large amounts of sugar, which will increase the risk of tooth decay. All fizzy drinks (both those containing sugar and sugar-free or diet versions) contain acids that can erode the outer surface of the tooth. If you do have sugary or fizzy drinks, drinking them with meals can help reduce the damage to teeth. The best drinks to give children are water, milk and milkshakes without added sugar. If you or your children like fizzy drinks, try diluting fruit juice with sparkling water instead. Remember to dilute squashes well to reduce the sugar content in the drink. Diet versions of fizzy drinks also contain very few nutrients. Milk or water are much healthier choices, especially for children. Source: NHS Choices

Good habits

Use a family fluoride toothpaste right from the start. Remember that good tooth care will come from you, mums and dads, brothers and sisters. Take opportunities to let them watch you brushing your teeth. Explain what you are doing and why you are doing it. Try to make it fun.

Good oral health

Tooth care matters

In theory, tooth care should be quite simple - don't allow children to have sugary things too often and make sure their teeth are brushed well twice a day. In practice, it's not that easy, the way sugary products are advertised and promoted can make it difficult to limit them.

Although it's not always easy, you should get your child into good habits at an early age. They will need your help until they are seven. Make sure your child brushes their teeth twice a day with a family fluoride toothpaste that has levels of 1450 parts per million (ppm) fluoride. When your child turns three, use a pea sized amount of toothpaste, prior to that use just a smear. Children (particularly young children) should spit not rinse after brushing with a fluoride toothpaste for maximum effectiveness.

Get your child used to visiting the dentist and take them to an appointment with you to reassure them. Talk to your health visitor and take your child to a dentist as soon as you can. Ask your dentist to brush on FLUORIDE VARNISH for added protection against tooth decay (for children aged three and above) - IT'S FREE!

1

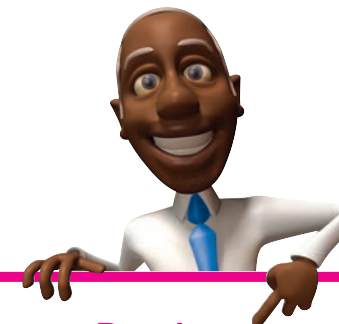
Golden rule - never give a sugary drink last thing at night.

2

It's never too early to start taking your child to the dentist.

3

Tooth decay is almost totally preventable. Get it right from the start. Know what causes teeth to go bad.



Dentist says

As soon as teeth appear in the mouth, parents should brush their baby's teeth in the morning and last thing before bed.

Provide a healthy, balanced diet and limit sugary food and drinks to mealtimes only. Sugar or honey should not be added to weaning foods. Introduce drinking from a cup from six months and stop bottle feeding by one year. If children are brought up to care for their teeth early on, it should stand them in good stead for the rest of their lives.

Do not give your toddler juice in a bottle or sippy cup. They may use this as a comforter and expose teeth to fruit sugar all day long.

Walk seven steps from your home

- It can help improve the health of your children.
- Your children won't see you smoking, so might not be tempted to start.
- It might cut down the number of cigarettes you smoke.
- It keeps your home smelling and looking fresh.



www.nhs.uk/smokefree

Smokefree homes

Protecting your child's health

Second-hand smoke is made up of two types of smoke: mainstream (breathed in and out by smokers) and sidestream (smoke from the burning tip of a cigarette). Second-hand smoke is dangerous for children as they are growing up because:

- Smoking near children is a cause of serious respiratory illnesses, such as bronchitis and pneumonia.
- Exposure to second-hand smoke increases the risk of children developing asthma and can cause asthma attacks.
- Younger children who are exposed to second-hand smoke are much more likely to contract a serious respiratory infection that requires hospitalisation.
- There is an increased risk of meningitis for children who are exposed to second-hand smoke.
- Children exposed to second-hand smoke are more likely to get coughs and colds, as well as middle ear disease (which can cause deafness).

Step right out of your home to ensure it does not affect your children. Also, have a smokefree car at all times as exposure to the chemicals in second-hand smoke is increased in a confined space, even with the windows open.

1

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

2

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

3

Step right out and take seven steps from your home to ensure you are protecting your children.

Source: www.steprightout.org.uk

Make your home smokefree

- Tell everyone in your house, and any visitors, that your home is now smokefree.
- Keep a pair of slip-on shoes and other all-weather items by your back door, so you can go out anytime.
- Keep an ashtray outside, away from your back door as a reminder. It'll help keep the garden tidy too.
- Can't make it outside? Nicotine replacement methods like patches and gum can help.
- If you smoke, or are exposed to second-hand smoke during pregnancy, it means your baby shares chemicals from the smoke you breathe.

National contacts

Allergy UK

01322 619 898, www.allergyuk.org

Association of Breastfeeding Mothers

0300 330 5453,
9.30am-9.30pm, seven days a week,
www.abm.me.uk

Asthma UK

0300 222 5800, www.asthma.org.uk

Baby LifeCheck

www.babylifecheck.co.uk

Oral Health Foundation

01788 546 365, 9am-5pm, Monday-Friday, www.dentalhealth.org

Child Accident Prevention Trust

020 7608 3828, www.capt.org.uk

Cry-sis

08451 228 669, 9am-10pm,
www.cry-sis.org.uk

Diabetes UK

www.diabetes.org.uk

Family Lives

0808 800 2222, www.familylives.org.uk

Healthy Start

www.healthystart.nhs.uk

La Leche League GB

0345 120 2918, available 24 hours,
seven days a week, www.laleche.org.uk

The Lullaby Trust

www.lullabytrust.org.uk

Baby Check App

FREE from Google Play/the App Store.

Meningitis Now

0808 80 10 388, www.meningitisnow.org

National At-Home Dad Network

www.athomedad.org

National Breastfeeding Network Helpline

0300 100 0212,
9.30am-9.30pm, seven days a week,
www.breastfeedingnetwork.org.uk

National Childbirth Trust

0300 330 0700, 8am-midnight, seven days a week, www.nct.org.uk

National Domestic Violence Helpline

0808 2000 247, 24 hours,
www.refuge.org.uk

Netmums

Parenting advice and information,
www.netmums.com

Red Cross

Information on CPR (kiss of life),
www.redcrossfirstaidtraining.co.uk

The UK Sepsis Trust

www.sepsistrust.org

Start4Life

Healthy tips,
www.nhs.uk/start4life



www.nhs.uk/smokefree

NHS 111

NHS 111 makes it easier for you to access local NHS healthcare services. It is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Call 111 if:

- You need medical help fast but it's not a 999 emergency.
- You think you need to go to A&E or need another NHS urgent care service.
- You don't know who to call or you don't have a GP to call.
- You need health information or reassurance about what to do next.

If a health professional has given you a specific phone number to call when you are concerned about your condition, continue to use that number.

Local contacts

Our Rochdale

A free information and advice service providing up-to-date information about childcare and services for families with children aged 0-19 (0-25 for children with additional needs) in the Rochdale borough. 01706 719900, www.ourrochdale.org.uk family.info@rochdale.gov.uk

Health Visiting/School Nursing Teams

These are not emergency services. If you child is unwell or needs immediate attention, please contact your GP, advanced paediatric nurse practitioner, or emergency services as appropriate. If you are unsure of your locality, please contact 0161 716 5970.

Rochdale East Locality

Health Visiting, 01706 674920.
School Nursing, 01706 676555

Rochdale West Locality

Health Visiting, 01706 676302
School Nursing, 01706 676555

Pennine Locality

Health Visiting, 01706 671910
School Nursing, 01706 671910

Middleton Locality

Health Visiting, 0161 716 2835
School Nursing, 0161 716 5990

Heywood Locality

Health Visiting, 01706 676708
School Nursing, 01706 676775

Children's Community Nursing Team

8am-8pm, 365 days a year. If your child needs urgent care that isn't an emergency and you can't get an appointment with your GP, our advanced paediatric nurse practitioners can help. Please contact the Children's Acute and Ongoing Needs Service on 01706 676 777 to book an appointment.

Healthwatch Rochdale

Helps local people get the best out of their health and social care services. 01706 249575
www.healthwatchrochdale.org.uk
info@healthwatchrochdale.org.uk

Children and young people's mental health single point of access (SPOA)

0161 856 4324

Heywood, Middleton & Rochdale Early Attachment Service

Support to build your relationship with your baby or young child. From pregnancy to a child's second birthday. 0161 716 2873 Facebook@hmreas

#Thrive

Emotional health and wellbeing service. 0161 716 2844 or drop in at central hub 'Around the Corner', 2 Argyle Parade, Darnhill, Heywood, Rochdale, OL10 3RY.
www.healthyyoungmindspennine.nhs.uk/thrive/

Out-of-hours services

To access these, call your GP practice as usual and you will be advised which services are available to you.

Walk-in centres

Offer assessment and treatment of minor illnesses and injuries that aren't serious enough to require a visit to A&E. No appointment is necessary.

Rochdale Urgent Care Centre

Rochdale Infirmary, Whitehall Street, OL12 0NB. Open 24 hours, seven days a week.

Bury Urgent Treatment Centre

Moorgate Primary Care Centre, 22 Derby Way, BL9 0NJ. Open 8am-10pm, seven days a week.

Oldham NHS Walk-in Centre

Integrated Care Centre, New Radcliffe Street, OL1 1NL. Open 7am-11pm, seven days a week.