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Taking care of your baby and child

There is something very special and exciting about being alone for the first time with your new baby, but it's only natural to feel a bit anxious too. There is so much to learn, especially in the first few weeks, and the responsibility can seem overwhelming.

But there is plenty of advice and support available. This chapter gives you the basic information you will need to cope with – and enjoy – the early days with your baby, and as they grow into a toddler and beyond.



The first year of life is an important time to build a relationship with your baby. Research has proven that bonding with your baby creates the foundation of a secure base in his or her later life. This improves their resilience, social skills and confidence. Your baby will tell you what he feels and wants – watch out for his cues.

- Encourage your baby to look into your eyes.
- Enjoy a cuddle and skin-to-skin contact with your baby.

- Smile and respond with affection – your baby will copy you.
- Sing and tell nursery rhymes.
- Look at pictures and read a book together.
- Use everyday events to talk to your baby about what you are doing. Use short sentences.
- Don't be angry in front of your baby. Babies can pick up when you are tense or anxious.
- Babies whose cries are soothed tend to cry less, not more.
- Watch, wait and wonder.

Sleeping

Some babies sleep much more than others. Some sleep for long periods, others in short snatches.

The safest place for your baby to sleep for the first six months is on their back in a Moses basket or cot in your room. See page 80 for more information.

Interacting with your baby

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

Some soon sleep right through the night, some don't for a long time. Your baby will have their own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know.

It's also unlikely to fit in with your need for sleep. Try to follow your baby's lead. If you are breastfeeding, in the early weeks your baby is quite likely to doze off for short periods during the feed. Carry on feeding until you think your baby has finished, or until they are fully asleep.

If you are not sleeping at the same time as your baby, don't worry about keeping the house silent while they sleep. It's good to get your baby used to sleeping through a certain amount of noise. It's also a good idea to teach your baby from the start that night time is different to day time. During night feeds you may find it helpful:

- to have a bedtime routine;
- to keep the lights down low;
- not to talk much, and keep your voice quiet;
- not to change your baby unless they need it;
- to keep a child's bedroom free from electronic distractions.

Cry-sis (www.cry-sis.org.uk), the organisation for parents of crying babies, also offers help with



sleeping problems. If you have twins, triplets or more, contact Tamba (www.tamba.org.uk) for information about sleeping,

How much sleep is enough?

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

Birth to three months. Most newborn babies spend more time asleep than awake. Total daily sleep can vary from 9–18 hours. Babies will wake during the night because they need to be fed. Being too hot or too cold can also disturb their sleep.

Three to six months. As your baby grows, they will need fewer night feeds and be able to sleep for longer stretches. Some babies will sleep for around eight hours or even longer at night. Your baby needs 12–14 hours over

including guidance on how more than one baby can share a cot safely.

a day. By four months, they could be spending around twice as long sleeping at night as they do during the day.

Six to 12 months. At this age, night feeds should no longer be necessary, and some babies will sleep for up to 12 hours at a stretch at night. However, teething discomfort or hunger may wake some babies during the night.

12 months. Babies will need to sleep for around 10–12 hours at night.

Two years. Most two year olds will sleep for about 11–12 hours at night, with one or two naps in the day. Your toddler should be awake after 3.30pm.

Three to four years. Most will need about 12 hours of sleep, but the amount can range from eight hours up to 14. Some young children will still need a nap during the day.



Establishing a bedtime routine

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

- warm bath, then put on night clothes;
- supper or a milky drink;

- brush teeth;
- go to bed;
- talk to your child in a low voice;
- a gentle bedtime story (nothing too exciting);
- make sure comforter (dummy, cuddly toy or security blanket) is nearby;
- goodnight kiss and cuddle, then leave the room with confidence and without fuss.

You could leave a dim light on if necessary. Don't change your baby's nappy during sleep time unless it's dirty.

Coping with disturbed nights

Disturbed nights can be very hard to cope with. If you have a partner, get them to help. If you are bottlefeeding, encourage your partner to share the feeds. (If you are breastfeeding, ask your partner to take over the early morning changing and dressing so you can go back to sleep.) After a few weeks, when you feel confident about breastfeeding, you could occasionally express

some milk and get your partner to give baby a bottle of breastmilk in the evening. If you are on your own, you could ask a friend or relative to stay for a few days so that you can sleep.

Current advice is that the safest place for your baby to sleep is on their back in a cot in a room with you for the first six months.

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

My child will not go to bed

Think about what time you want your child to go to bed. Close to the time that your child normally falls asleep, start a 20-minute 'winding down' bedtime routine. Bring this forward by 5–10 minutes a week (or 15 minutes a week, if your child has got into the habit of going to bed very late) until you get to the bedtime you want.

Try to set a limit on the amount



of time you spend with your child when you put them to bed. For example, you could read one story only, then tuck your child in and say goodnight.

Make sure your child has their dummy, if they use one, favourite toy or comforter before settling into bed.

If you keep checking your child, you might wake them up, so leave it until you are certain that they are asleep.

You might have to repeat this routine for several nights. The important thing is to be firm and not to give in.

My child keeps waking up during the night

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

Is it hunger? A later feed or some cereal and milk last thing at night might help your child to sleep through the night.

Are they afraid of the dark? You could try using a nightlight or leaving a landing light on.

Is your child waking because of night fears or bad dreams? If so, try to find out if something is bothering them.

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

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

Scheduled waking. If your child wakes up at the same time every night, try waking them between 15 minutes and an hour before this time, then settling them back to sleep.

Let your child sleep in the same room as a brother or sister. If you think your child may be lonely, and their brother or sister doesn't object, try putting them in the same room. This can help them both to sleep through the night.

Teach your child to fall asleep by themselves. First check that everything is all right. If it is, settle your child down without talking to them too much. If they want a drink, give them water but don't offer them anything to eat. For this approach to work, you need to leave them in their cot or bed and not take them downstairs or into your bed.

Nightmares. Nightmares are quite common. They often begin between the ages of 18 months and three years. Nightmares are not usually a sign of emotional disturbance. They may happen if your child is anxious about something or has been frightened by a TV programme or story. After a nightmare, your child will need comfort and reassurance. If your child has a lot of nightmares and you don't know why, talk to your GP or health visitor.

Night terrors. These can start before the age of one, but are most common in three and four year olds. Usually, the child will scream or start thrashing around while they are still asleep. They usually happen after the child has been asleep for a couple of hours. They may sit up and talk or look terrified while they are still asleep. Night terrors are not usually a sign of any serious problems, and your child will eventually grow out of them. You should not wake your child during a night terror, but if they are happening at the same time each night, try breaking the pattern by gently waking your child about 15 minutes beforehand. Keep your child awake for a few minutes, then let them go back to sleep. They will not remember anything in the morning. Seeing your child have a night terror can be very upsetting, but they are not dangerous and will not have any lasting effects.

Tackle it together with your partner. If you have a partner, you should agree between you how to tackle your child's sleeping problems, as you don't want to try to decide what to do in the middle of the night! If you both agree what is best for your child, it will be easier to stick to your plan.

Extra help with sleeping problems

It can take patience, consistency and commitment, but most sleep problems can be solved. However, if you have tried these suggestions and your child's sleeping is still a problem, talk to your GP or health visitor. Try to find someone else to take over for the odd night, or even have your child to stay. You will cope better if you can catch up on some sleep yourself.

Reducing the risk of sudden infant death

Sadly, we don't know why some babies die suddenly and for no apparent reason. We do know that placing a baby to sleep on their back reduces the risk, and that exposing a baby to cigarette smoke or overheating a baby increases the risk.

Sharing a bed with your baby can be risky, especially if you have been smoking, drinking or taking drugs, including prescription medication. You should never sleep with your



baby on a sofa or armchair.

The risks of co-sleeping

The safest place for your baby to sleep for the first six months is on their back in a moses basket or cot in your room.

Co-sleeping with your baby is associated with a higher risk of sudden infant death. If you bring your baby into bed to feed, put them back to sleep in their cot after feeding.

Speak to your midwife, health visitor, family nurse or GP for advice if you feel strongly that you wish your baby to sleep with you instead of in a cot or moses basket. They can help you understand the increased risks.

If you decide to take a baby into your bed, make sure you or your partner have not taken any medicine, drugs or alcohol

that may make you sleep more heavily than usual.

You should never sleep with your baby on an armchair or sofa. If you are feeling tired or sleepy put the baby back in their cot in case you fall asleep.

Place your baby on their back to sleep

Place your baby on their back to sleep from the very beginning for both day and night sleeps. This will reduce the risk of sudden infant death. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are not more likely to choke. When your baby is old enough to roll over, they should not be prevented from doing so.

Babies may get flattening of the part of the head they lie on (plagiocephaly). This will become rounder again

as they grow, particularly if they are encouraged to lie on their tummies to play when they are awake and being supervised. Experiencing a range of different positions and a variety of movement while awake is also good for a baby's development.

Don't let your baby get too hot (or too cold)

Overheating can be dangerous. Babies can overheat because of too much bedding or clothing, or because the room is too hot. Remember, a folded blanket counts as two blankets. When you check your baby, make sure

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

- It is easier to adjust the temperature with changes of lightweight blankets. A folded blanket counts as two blankets.
- Babies do not need hot rooms; all-night heating is rarely necessary. Keep the room at a temperature that is comfortable for you at night. About 18°C (65°F) is comfortable.

- If it is very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish do not need extra clothes.
- Babies should never sleep with a hot-water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods.

To reduce the risk of sudden infant death:

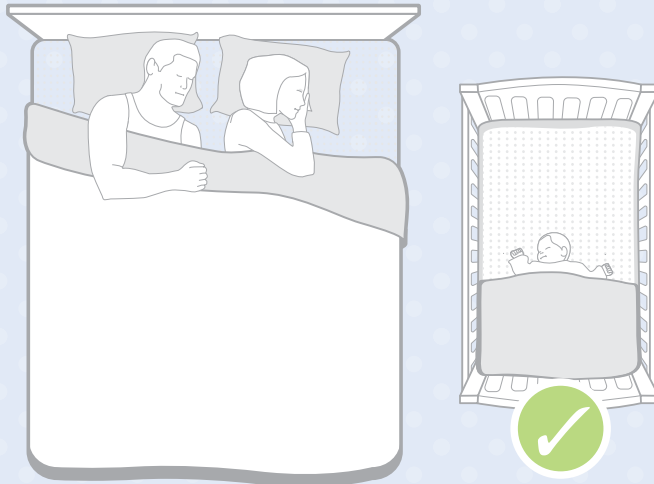
Do:

- always place your baby on their back to sleep;
- place your baby in the 'feet to foot' position (with their feet touching the end of the cot, moses basket, or pram);
- keep your baby's head uncovered – use a light blanket firmly tucked no higher than the baby's shoulders;
- put your baby to sleep in a cot or moses basket in the same room as you for the first six months;
- make sure, if using a baby sleeping bag, it is fitted with neck and armholes, and no hood;
- use a mattress that's firm, flat, waterproof and in good condition;
- breastfeed your baby (if you can) and put your baby back to sleep in their cot after feeding.

Do not:

- smoke during pregnancy or let anyone smoke in the same room as your baby (both before and after birth);
- sleep on a sofa or armchair with your baby;
- allow your baby to sleep alone in an adult bed;
- allow your baby to share a bed with anyone who has been smoking, drinking alcohol, taking drugs or is feeling overly tired;
- let your baby get overheated, light bedding or a lightweight baby sleeping bag will provide a comfortable sleeping environment for your baby;
- leave your baby sleeping in a car seat for long periods or when not travelling in the car;
- put pillows, loose blankets, cot bumpers or sleep positioners in your baby's cot.

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



Don't let your baby overheat.

Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

Feeding

Breastfeeding your baby reduces the risk of sudden infant death. See chapter 2 for everything you need to know about breastfeeding.

It is possible that using a dummy at the start of any sleep period reduces the risk of sudden infant death. Do not begin to give a dummy until breastfeeding is well established, usually when your baby is around one month old.

Don't let your baby's head become covered

Babies whose heads are covered with bedding are at an increased risk of suffocation.

To prevent your baby wriggling down under the covers, place your baby on their back, 'feet to foot' in the moses basket, cot or pram.

Make the covers up so that they reach no higher than the shoulders.

Covers should be securely tucked in so they cannot slip over your baby's head. Use one or more layers of lightweight blankets.

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

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

Put your baby feet to foot in the cot.



Buy a simple room thermometer for your baby to help you monitor the room temperature. For more information on reducing the risk of sudden infant death, visit the Lullaby Trust at www.lullabytrust.org.uk



Stop giving the dummy when your baby is between six and 12 months old. If possible remove the dummy when your baby falls asleep.

Continuous sucking on a dummy for long periods may affect tooth development or speech later on.

Monitors

Normal healthy babies do not need a breathing monitor. Some

parents find that using a breathing monitor reassures them. However, there is no evidence that monitors prevent sudden infant death. If you have any worries about your baby, ask your doctor about the best steps to take.

Immunisation reduces the risk of sudden infant death. For more information about immunisation, visit pha.site/immunisation-and-vaccinations

Crying

A baby crying is normal. Babies cry because they cannot talk. If a baby is fussy, sometimes you can figure out what is wrong and how to soothe them.

However, babies will have periods of inconsolable crying and no matter what you do, the baby will still cry. If your baby is fussy or crying, here are some possible reasons.

Plagiocephaly

You may have heard about babies developing a persistent flat spot, either at the back or on one side of the head. This is known as plagiocephaly. It is cosmetic and will not affect your baby's brain.

It sometimes happens when your baby lies in the same position for long periods. To help avoid this make sure your baby has supervised playtime on his or her tummy, but never let her fall asleep like this. If you are worried and want more information, ask your midwife or health visitor/family nurse.



Possible reason for crying	What to do...
Hunger	Feed your baby. Your baby may be hungrier on some days. Offer the breast often if that helps to soothe them.
Need to be close to people, touched, picked up, held, rocked	Hold, rock, massage, dance with your baby in your arms, sit together on bouncing ball or rocking chair, talk and sing to them. Take off your shirt and hold your baby skin-to-skin. Take a bath with them. Go for walk with your baby in your arms in a sling or in a pram. Lie down beside them while you nurse, massage, gently touch or talk. Let someone else hold them.
Pain or discomfort	Pick up your baby, comfort, change nappy, burp or rub their back. Changing position may help.
Too hot or too cold	Babies should be dressed as warmly as you are, plus one more layer. Your baby should not be cool to the touch.
Tired or over stimulated	Hold your baby close, turn lights off and keep surroundings quiet. Rocking your baby gently can be soothing for both of you. Do not swaddle your baby.
Needs a change	Read, play, talk, sing, hold your baby every day. Change rooms so your baby can look at different things.
Illness	If your baby's cry sounds different to you or your baby cannot be soothed after trying everything, contact your health visitor or GP.
Period of Purple Crying	From two weeks to three to five months, babies can experience a period of inconsolable crying. This is a normal stage. It can be frustrating during these types of crying times if none of the things you are doing to stop the crying work. See www.purplecrying.info for more information.

The Unicef leaflet *Caring for your baby at night* leaflet offers practical advice on coping at night and covers getting some rest, night feeding, safe sleeping and helping the baby to settle. See www.unicef.org.uk



Colic

Colic is a condition where there are repeated bouts of excessive crying in a baby who is otherwise healthy.

The definition doctors use is “a baby crying for more than three hours a day, for more than three days a week, for at least three weeks”. Colic is common and distressing. It usually goes away by the age of three to four months.

In some babies, a period of restlessness in the evening may be all that you notice. In some babies with severe colic,

Crying during feeds

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

If this doesn't work, try keeping a note of when the crying happens to see if there is a pattern. It may be that something you are eating or

drinking is affecting your baby. Some things will reach your milk within a few hours; others may take 24 hours. All babies are different and what affects one will not necessarily affect yours.

But drinks and food you might want to think about include drinks containing caffeine, fruit squashes, diet drinks, dairy products and chocolate.

Talk to your health visitor, or contact your local breastfeeding support group.

the crying may go on for many hours throughout the day (and/or night). However, babies with colic are fine between bouts. They feed well, grow well, and do not show any other signs of illness.

Facts about colic

- Colic occurs in both formula fed and breastfed infants.
- It is common – affecting up to 20% of infants.
- The cause or causes of colic are very poorly understood.
- Maternal smoking has been shown to be associated with infantile colic.

Advice for parents/carers when dealing with a 'colicky' baby

- Exclude common causes of excessive crying, such as hunger, thirst, wet/dirty nappy, too hot or too cold.
- Try holding the baby.

- Burping post-feeds.
- Gentle motion (pushing pram or ride in the car).
- "White noise" (vacuum cleaner, hairdryer etc.).
- Bathing in warm bath.
- Baby massage. Your health visitor may be able to teach you how to do this.
- Cry-sis support group can offer support for families with an excessively crying, sleepless and demanding baby. See www.cry-sis.org.uk
- Colic is usually something that settles after three to four months and you should be reassured that you are not doing anything wrong and your baby is not rejecting you.
- Many of the treatments for colic aim to work on the baby's gut, either by reducing any excess gas or by helping to break down milk because the baby has a deficiency of an enzyme called lactase. There is no good evidence to support either of these theories.



When your baby is colicky, you need to work out ways to cope. Suggestions include:

- If it is possible, take turns with your partner to look after the baby and go outside for a break.
- Ask friends or relatives for support. Let them hold your baby while he/she is crying. They can manage this for a short time, knowing that you are having a break and that you will be able to take over again soon.
- When you are 'off duty', distract yourself perhaps with music played loud enough to drown out the noise of crying (a portable player with earplugs is good for this).
- Talk over your experiences with other parents and share coping strategies.
- Seek advice from your GP or health visitor.
- Remember that colic tends to improve at about six weeks and generally goes away around three to four months.
- **Never ever shake a baby.** Shaking a baby in a moment of frustration can cause serious harm or death.

A warning cry

Although all babies cry sometimes, there are times when crying may be a sign of illness. Watch out for any sudden changes in the pattern or sound of your baby's crying. Often, there will be a simple explanation: for example, if you have been going out more than usual, your baby might simply be overtired. But if you think there is something wrong, follow your instincts and contact your GP. See page 96 for more information on what to do if you think your baby is ill.

Preventing non-accidental head injuries

It can feel very stressful when your baby is crying. Staying relaxed and being able to sooth your crying baby makes a big difference.

Babies are very vulnerable to being shaken in the first few months of their life. At this age, head injuries are the most common cause of non-accidental death or disability.

Never shake your baby. If you are feeling very stressed, put your baby down in a safe place like a pram or a cot. Go into another room. As long as your baby is safe just focus on feeling calm.

There may be times when you are so tired and angry you feel

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

Talk to a friend, your health visitor or doctor, or contact Cry-sis (www.cry-sis.org.uk).

If you cannot cope, ask your midwife, health visitor or GP to check whether there is a reason why your baby will not stop crying.

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

Never shake a baby!

It doesn't matter how upset, stressed, tired or angry you feel. You must never, ever grab or shake the baby. This will not stop the crying. It can cause severe injury or even death.

Play gently with your baby. You should avoid:

- Tossing your baby into the air.
- Jogging with your baby on your back or shoulders.
- Bouncing your baby roughly.
- Swinging your baby on your leg.
- Swinging your baby around by the ankles.
- Spinning your baby around.

Signs and symptoms of shaken baby syndrome

- Constant crying.
- Stiffness.
- Sleeping more than usual.
- Unable to wake up.
- Seizures (fits).
- Dilated pupils.
- Throwing up.
- Difficulty breathing.
- Blood spots in eyes.



If your baby is hurt for any reason go to your emergency department or call 999.

Washing and bathing

Washing

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

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

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

Step 1

Hold your baby on your knee, or lie them on a changing mat, and

take off all their clothes apart from their vest and nappy then wrap them in a towel.

Step 2

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

Step 3

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

Step 4

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

Bathing

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

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

Step 1

The water should be warm, not hot. Check it with your wrist or elbow and mix it well so there are no hot patches. Hold your baby on your knee

and clean their face, following the instructions given under 'Washing'. Wash their hair next with water or a liquid soap or shampoo designed for babies and rinse carefully, supporting them over the bowl. Once you have dried their hair gently, you can take off their nappy, wiping away any mess.

Step 2

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

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

Step 3

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

It's best if you lay your baby on a towel on the floor as both the baby and your hands can get slippery.

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



Nappies

What is in a nappy?

Your baby's first poo will be made up of something called meconium. This is sticky and greenish black. After a few days, the poo will change to a yellow or mustard colour. Breastfed babies' poo is runny and doesn't smell; formula fed babies' poo is firmer, darker brown and more smelly. It is normal before two weeks of age for a breastfed baby to go several days without stooling, if this happens you should contact your midwife or health visitor.

When breastfeeding is well established a baby can also make dark green poo. If you change from breast to formula feeding, you will find your baby's poo becomes darker and more paste-like.

How often should my baby pass a poo?

Some babies fill their nappies at or around every feed. Some, especially breastfed babies



after about four weeks of age, can go for several days or even up to a week without a bowel movement. Both are quite normal. It's also normal for babies to strain or even cry when passing a poo. Your baby is not constipated provided their poo is soft, even if they have not passed one for a few days.

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

From day to day or week to week your baby's poo will probably vary a bit. But if you notice a marked change of any kind, such as the poo becoming very smelly, very watery or harder, particularly if there is blood in it, you should talk to your doctor or health visitor.

Very pale poo may be a sign of jaundice (see page 96).

Changing nappies

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

Getting organised

Get everything you need in one place before you start. The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby.

That way, if you take your eye off the baby for a moment to look after another child, the baby cannot fall and hurt themselves.

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





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

You will need a supply of cotton wool and a bowl of warm water

or baby lotion, or baby wipes. It's also a good idea to make sure you have a spare set of clothes handy, especially in the first few weeks.

Getting started

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

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

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

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

If you are using disposable nappies, take care not to get water or cream on the sticky tabs as they will not stick. It can help to chat to your baby while you are changing them. Pulling faces, smiling and laughing with your baby will help you bond, and help their development.

Nappy rash

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

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





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

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

- Change wet or soiled nappies as soon as possible. Young babies can need changing as many as 10 or 12 times a day, and older babies at least six to eight times.
- Clean the whole nappy area thoroughly, wiping from front to back. Use plain water.

- Lie your baby on a towel and leave the nappy off for as long and as often as you can to let fresh air get to the skin. Use a barrier cream, such as zinc and castor oil.

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

Nappy hygiene

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

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

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

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



Taking your baby out

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

Walking

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

When wearing a sling or carrier, remember the 'TICKS'!

- T** is for 'Tight'
- I** is for 'In view at all times'
- C** is for 'Close enough to kiss'
- K** is for 'Keep chin off the chest'
- S** is for 'Supported back'

Travelling by car

It's illegal for anyone to hold a baby while sitting in the front

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

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

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

Tips for keeping your baby warm in cold weather

Wearing several layers of light clothing is the most effective way of keeping warm as layers

trap warm air. A thermal vest can be worn under a long sleeved top or fleece.

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

Tips for keeping your baby cool in hot weather

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

Babies under six months should be kept out of the sun altogether. Protect older children by putting them in loose clothing and using (high protection sunscreen high SPF25 or greater and UVA 4 or 5 star, for more information go www.careinthesun.org See page 158 for more tips on protecting your child from the sun.

Carrying your baby

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



you backache. Instead, hold the seat close to you with both hands.

A new baby in the family

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

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

Your older child, no matter what their age, has to adjust too, and some children find this difficult.

The following suggestions may help:

Try to keep up old routines and activities. Going to playgroup, visiting friends and telling a bedtime story might be difficult in the first few weeks, but sticking to established routines will help reassure your older child.

Your first child might not love



the baby at first. They may not feel the way you do. It's lovely if they share your pleasure, but it's best not to expect it.

Be prepared to cope with extra demands. Your older child may want and need more attention. Maybe a grandparent can help out. But they will still need one-to-one time with you so that they don't feel as if they have been 'pushed out'.

Encourage your older child to take an interest. Children don't always love babies, but they do find them interesting. You can encourage this, by talking to them about what they were like as a baby and the things they did. Get out their old toys, and show them photos.

Provide distractions during feeds. An older child may well

feel left out and jealous when you are feeding the baby. You could find something for them to do, or use the feed as an opportunity to tell them a story or just have a chat.

Be patient with 'baby behaviour'. Your older child might ask for a bottle, start wetting their pants or want to be carried. This is completely normal behaviour so try not to let it bother you and try not to say 'no' every time.

Expect some jealousy and resentment. It's almost certain to happen, sooner or later. You can only do so much. If you and your partner, or you and a grandparent or friend, can sometimes give each other time alone with each child, you will not feel so constantly pulled in different directions.



Encourage your child to engage with the baby. Try to turn looking after the baby into a fun game and encourage your child to talk to the baby.



Twins, triplets or more

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

You will need as much support as you can get. A few hours' help with housework each week can make a big difference.

The charity Home-Start also provides help for families. Go to www.home-start.org.uk or call 0800 068 6368. Your health visitor will know what is available locally and can help put you in touch with local services.

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

Your baby's health

Screening and health checks

Over the first few months and years of their life, your baby will be offered a series of tests, assessments and opportunities for contact with health professionals as part of the



new Healthy Child, Healthy Future Programme. See page 105 for more information on what the tests are and when they will happen.

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

Find out more about screening programmes at www.publichealth.hscni.net



Age	Test	What is it?	Comments
From one day	Newborn hearing	A test to check whether your baby's hearing is normal	This can be done either before you go home from hospital, or at the clinic, and should be done by one month.
Between one and three days	Newborn physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus a general physical examination	The test can be carried out by a 'baby doctor' or specially trained midwife. It doesn't have to be done before you leave hospital.
Between five and eight days	Newborn bloodspot	A heel-prick blood test for phenylketonuria, congenital hypothyroidism, cystic fibrosis and sickle cell disorders	The heel-prick test screens for phenylketonuria (PKU), medium chain acyl-coA dehydrogenase deficiency (MCADD), congenital hypothyroidism (CHT), cystic fibrosis (CF) and sickle cell disorders (SCD). A number of other inherited metabolic conditions may be identified, for example homocystinuria. The Northern Ireland parental information leaflet and translations are available to view or download at www.publichealth.hscni.net
Six to eight weeks	Physical examination	Screening of your baby's heart, hips and eyes (and testes in boys), plus weighing and a general physical examination	You will also be asked whether your baby is being breast or formula fed on two occasions. This will be recorded in the red book at this stage as: Total: breastmilk only; Partial: breastmilk and formula; or Not at all: formula only.
Eight weeks onwards	Immunisations	See page 137 for more information	Immunisations are routinely offered at eight, 12 and 16 weeks, 12 and 13 months, and three years four months.
14-16 weeks to 36 months	General reviews		You may be offered a general review of your child's wellbeing at 14 to 16 weeks, 6 to 9 months, 12 months and again at around two to two and a half years.



- a rash that doesn't disappear when you apply pressure (see page 149).

Jaundice

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

If your baby develops jaundice in the first 24 hours after birth urgent medical treatment is required.

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

It's important to carry on breastfeeding if you can, as your milk can help clear the jaundice. Babies with jaundice

Recognising the signs of illness

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

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

- very pale all over, grunts with each breath and/or seems to be working hard to breathe;
- takes less than a third of their usual amount of fluids, passes much less urine than usual, vomits green fluid, or passes blood in their poo (stools);
- a fever of 38°C or above (if they are less than three months old) or 39°C or above (if they are aged between three and six months);
- a dry mouth, no tears, sunken eyes or a sunken area at the soft spot on their head (all signs of dehydration);
- a high-pitched or weak cry, less responsive, much less active or more floppy than usual;

When it's urgent

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

- stops breathing;
- is unconscious or seems unaware of what is going on;
- will not wake up;
- has a fit for the first time, even if they then seem to recover;

- is struggling to breathe (for example, sucking in under the ribcage).

Dial 999 and ask for an ambulance.



are often sleepy and might not ask for feeds as often as they should (by day three, babies should be having eight or more feeds in 24 hours). You can help your baby by waking them regularly and encouraging them to feed. If you are advised to stop breastfeeding, express (and freeze) your milk until you can start breastfeeding again.

If jaundice persists greater than day 14 or day 21 in a preterm baby your health visitor will refer you to have a blood test to check the bilirubin levels.

You should also tell your midwife, doctor or health visitor if your baby is passing pale poo,

even if your baby doesn't look jaundiced. They can arrange any tests your baby might need.

Vitamin K deficiency

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

Vitamin D

Vitamin D supplements are now recommended for most of the population as we don't get enough naturally from sunlight.

If you don't receive Healthy Start vouchers then you will need to buy some suitable infant vitamin drops from your pharmacist.

- **Breastfed babies from birth to one year of age** should be given a daily supplement of vitamin D throughout the year to make sure they get enough, as their bones are growing and developing very rapidly in these early years.
- **Babies fed infant formula** will only need a vitamin D supplement **if they are receiving less than 500ml** (about a pint) of infant formula a day, because infant formula has vitamin D added during processing.
- **Children aged one to four years** require a daily supplement of vitamin D throughout the year.
- **Everyone aged five years and over, including pregnant and breastfeeding women** should consider taking a daily supplement of vitamin D.*

*During the summer this group will usually get enough vitamin D from sunlight, so you may choose not to take it or give it to your child from late March or April to end of September.



Learning to use potties and toilets

Children's bladder and bowels gradually mature in the first months of life. However, toilet or potty training also helps this process and timely potty training can help prevent problems when children are older. Every child is different, so it is best not to compare your child with others.

- Some children acquire daytime control of their bowel before their bladders; others learn to control their bladder before their bowel.
- Before the 1960s most children were dry by the age of two. The age of potty training has got later in recent years, which may be for a number of reasons including changes in parenting styles and the widespread use of disposable nappies.
- Children, including those with additional needs, should be supported with learning the skills for toilet training from their second year.
- Many children will have some accidents after toilet training. These usually improve with time.
- Most children are reliably toilet trained in the day by the time they are four. If your child is still wetting or soiling

then, ask your health visitor or GP for advice.

Most children become dry at night within a few months of becoming dry in the day. However for some children becoming dry at night can take longer with a quarter of three year olds and one in six five year olds still wetting their bed.

When to start potty training

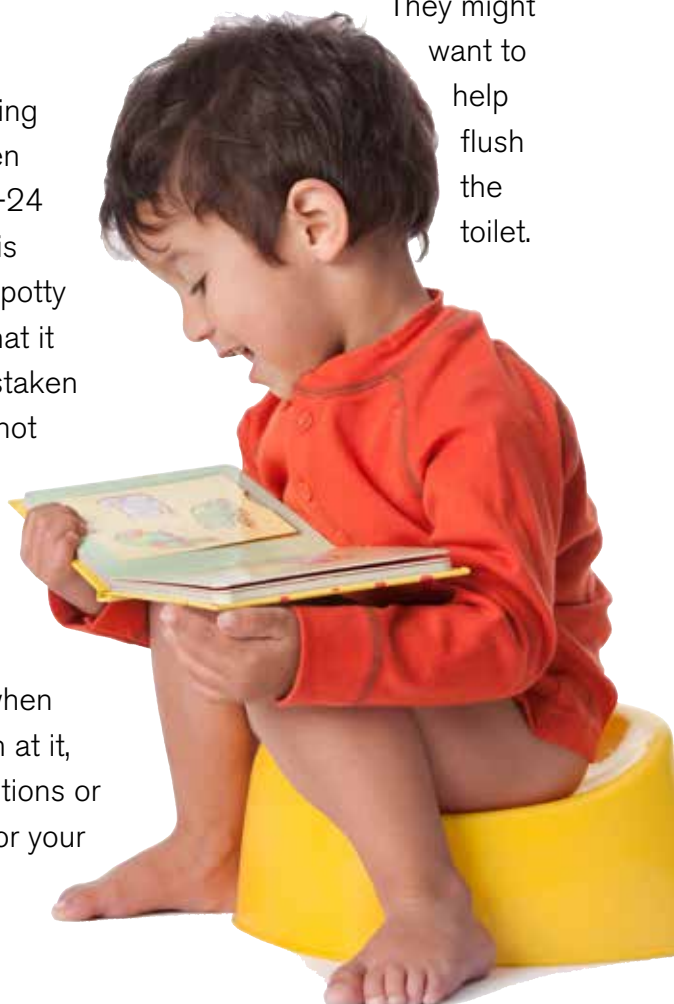
Potty training involves learning a set of skills. Your child is learning new skills all the time, but you can start working on the ones needed for toilet training when your child is one to two years old. You do not need to wait until your child knows when they are wet, or is able to tell you that they need a wee before you start.

Most parents start thinking about potty training when their child is around 18–24 months, although there is no perfect time starting potty training it is important that it is not delayed in the mistaken belief that your child is 'not ready'. It's probably easier to start in the summer, when washing dries better and there are fewer clothes to take off, and at a time when you can have a clear run at it, without any great disruptions or changes to your child's or your family's routine.

How to start potty training

- Always use the same words for wee and poo and ask other people who look after your child to use these words as well.
- When you change your child's nappy always talk about wee and poo in a positive way, for example clever girl, you have done a poo, or well done, your nappy is wet.
- Always change your child's nappy in the bathroom or toilet, so they start to associate wee and poo with the toilet.
- Tip any solid poos down the toilet and show and tell your child what you are doing.

They might want to help flush the toilet.





but give them lots of praise if they do.

As your child gets older, you can start working on more of the skills that they will need for full independence with toileting:

- Encourage your child to help when you are getting them dressed and undressed.
- Change your child with them standing up, so that they can be more involved with taking the nappy off and checking whether it is wet or soiled.
- Encourage your child to wipe themselves – you may want to do this when they are already clean and you may need to put your hand over theirs to guide them where to wipe.
- Encourage your child to wash their hands after a nappy change or sitting on the potty.
- Increase the frequency of sitting, until they have a potty visit at every change or after every meal and before bed.

- Let your child see you, or their brothers and sisters using the toilet.
- Start to sit your child on the potty for a short time, once a day (maybe a few seconds to start with and for not more than two or three minutes), when they can sit independently, so that they learn to sit in the right place. After a meal or drink can be a good time to start the sitting, as they are more likely to wee or poo then.
- If your child regularly opens their bowels at the same time or looks like they know when they are going to do a wee then encourage them to sit on the potty at those times as well.
- Do not expect your child to wee or poo when you first start to sit them on the potty,





When to remove nappies

At some point you will need to stop using nappies. Modern disposable nappies have high absorbency so your child may never feel wet. As long as your child is wearing them, they may not be aware of weeing and pooing, or may not realise that they should tell you when they need to go. When your child is able to sit on the potty, is able to stay dry for more than an hour at a time and is passing a soft poo most days then you can stop using nappies in the day.

- Use washable training pants or ordinary pants.
- Try to give your child a water-based drink about every two hours and take them to use the potty after drinks and meals.

- Praise them for any success with the potty.
- Remember that any wetting or soiling can be part of the learning process. Do not get cross with them if they have an 'accident' but help them to get changed with the minimum fuss and remind them to use the potty next time.
- Have a plan for 'accidents' – carry spare clothes, wipes and plastic bags with you when you go out and make sure you plan in times to use the potty when you are out.
- Try to avoid going back to nappies in the day – your child may get confused about what is expected or they may just wait until they have the nappy on.

If your child is struggling to make progress, if they are wet more than once an hour or you think they may be constipated (if poos are hard, difficult or painful to pass, they seem to be straining to poo or straining to hold a poo in, or they are pooing less than three times a week) then speak to your health visitor or GP. Remaining patient, consistent and keeping going will all help.

When will my child be dry at night?

Most children become dry at night between the ages of three and five years old. They cannot be taught to be dry at night in the same way as they learn to be dry during the day. Encouraging your child to drink plenty of water-based drinks during the day, (avoiding fizzy

and caffeinated drinks), trying to avoid drinks and food in the hour before bed and making sure they have a wee before going to sleep can help. If they use nappies at night, try three or four nights without them. Do not take them to the toilet in the night, unless they wake themselves up and do not tell them off for wetting the bed. If they are still wetting at night when they are five ask your GP for support. There is also information and support about bedwetting at www.stopbedwetting.org

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

My child is not interested in using the potty at all

Make sure your child feels safe and comfortable when sitting on the potty and try to make fun by giving your child attention, reading them a story, singing to them or give them a small toy to play with. Do not leave them sitting for more than a few seconds initially and praise them for sitting. You could give them a small reward for sitting until you say they can get off – make sure that you allow them to get off before they feel restless and gradually extend sitting time, until they can manage it for two or three minutes. Do not make the potty a battle ground and try not to get cross or frustrated.

My child just keeps wetting themselves

Try to keep a note of when they have a drink and when they wee. This might help you get them to the potty at the right time. If they are weeing more than once an hour, speak to their health visitor or GP. Wetting is common when children are first potty training and can be a learning opportunity.

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

Sometimes children will wet if they are distracted, busy or forget to let you know they

need to go. Wetting can also be caused by constipation or a urine infection or other problem. If the wetting is new in a child that has previously potty trained, or if you are struggling with potty training, speak to your health visitor or GP.

My child will only poo in a nappy

This is a common problem. You could allow your child to have the nappy to poo, but always put the nappy on and take it off in the bathroom. Take the nappy off as soon as your child has done a poo and don't let them have it on for more than 10 minutes. Then work on keeping



your child in the bathroom while they use the nappy; then start to sit them on the toilet while the nappy is on. Then you can gradually cut away part of the nappy until the poos start to fall through into the toilet.

My child has disabilities – will that mean they cannot toilet train until they are older?

Most children with disabilities can be taught to use the toilet at the same age as children who have typical development. They may take longer to learn some of the skills and may need more help: some children need picture cue cards to help them understand what is expected, children with poor balance may need an occupational therapist to help them find the right potty or toilet chair for them. Ask your child's health care professional for help and advice.

Bedwetting

Bedwetting is considered a normal part of development until children are five and is common after that age. You may find the following suggestions useful if your child is younger and is wetting the bed:

- Try not to get angry or irritated – they are not in control of what their body does while they are asleep and bedwetting is not due to anything you or they are doing wrong.



- Protect the mattress with a good waterproof cover.
 - Some children are afraid to get up at night, but too much light in the bedroom can make wetting worse. Try a dim light away from the bed or outside the bedroom.
 - Cutting back on fluids will not help as your child's bladder will simply adjust to hold less. Your child should be drinking about six or seven cups of water-based fluid evenly spaced during the day (about 1.25 litres in total) so that their bladder learns to hold on better.
 - Avoid giving your child drinks that contain caffeine (tea, coffee, chocolate and cola) or fizzy drinks as these can irritate the bladder and make wetting worse.
 - Avoid giving your child drinks or food in the last hour before bed.
 - Make sure that going for a wee is the last thing your child does before going to sleep.
 - Constipation can put pressure on the bladder and cause bedwetting. Make sure your child is drinking enough water-based drinks and eating plenty of fruit and vegetables to help prevent constipation.
- If you are worried about the bedwetting, you are finding it difficult to cope or your child is over five years old talk to your GP about it.

Understanding bedwetting

If a child who has been dry at night starts to wet the bed, they may have a bladder infection or constipation. They may also be worried or upset about something. Speak to their health visitor or GP for advice.

There is more information about bedwetting at www.stopbedwetting.org

Constipation and soiling

Constipation is a very common problem in children. It can develop at any time, but it often starts with weaning or potty training. It can also start if your child is having too much milk, not enough water-based drinks, not enough fruit and vegetables, or if they have been unwell.

If your child is not emptying their bowels at least three times a

week, or if their poos are hard and difficult to pass, or if they appear to be straining (either to hold onto poos, or to push them out), they may be constipated. Their poos may look like pellets or balls, be very large or very small. They may also have lots of tummy aches before they have a poo, may not want to eat very much, unless they have just had a big poo and may have a lot of wind, which may be very smelly.

Soiled pants can be another sign. Hard poos may break off a large poo that has got stuck inside, or loose poos (like diarrhoea) may leak around the constipated stools. If your child does a big, hard poo it may hurt. This creates a vicious circle: if it hurts to poo they will hold back and the more they hold back the more constipated they get, so the more it hurts. They also get better at holding on and want to

poo less due to fear and pain. They may go and hide when they need a poo or soil. They probably won't notice the soiling, so will not say and will be upset and avoid pooing even more if you get cross.

Constipation usually needs to be treated with a laxative. Changing your child's diet or fluids is not likely to work on its own. If you think your child might be constipated speak to their GP or health visitor who will recommend a laxative to help. You need to be aware that the soiling may get worse when they first start taking the laxatives, or their poos may get loose to start with. If this happens speak to your child's GP or health visitor will tell you if you should adjust the laxative dose.

If the constipation has not lasted long, your child may be able to stop taking laxatives after a few days. However, if they have had the constipation for a while, they may need to take laxatives for several weeks or months. If this is the case, they should not stop taking the laxatives suddenly or the constipation may come back. They should reduce the dose gradually when they have had no problems with their poos for a few weeks.

There is more information about constipation and using laxatives at Bladder and Bowel UK (www.bbuk.org.uk).

