



Birth to five 2023



**This book gives you
information on:**

Becoming a parent

Taking care of yourself and
your child

Finding practical help and
support



This book employs the terms 'woman' and 'mother'. These terms should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term 'parents' is used, this should be taken to include anyone who has main responsibility for caring for a baby

This book is given free to all expectant mothers. Because developments can be very rapid, significant changes will always be notified to doctors and other health professionals at once. They will then be incorporated into the text for the next reprint.

This book does not include information on COVID-19 – see **nidirect.gov.uk** for current advice and **ni-maternity.com** for advice on local maternity services.

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Birth to

1 Taking care of yourself as a parent 4

The postnatal check - a six week check for you	4
Physical problems	4
Thinking about the next baby?	8
Smoking	10
Sleep and rest	11
Stress	11
Relationships	13
Sex	14
Domestic and sexual abuse	16
Single parenting	17
Bereavement	17
Loneliness	18
Postnatal mental health and wellbeing	18
Money, work and benefits	20

2 Feeding your baby and young child 22

Feeding your baby	22
Help with breastfeeding	22
Breastfeeding	23
Staying healthy	32
Medicines and breastfeeding	36
What partners should know about breastfeeding	37
Breastfeeding help and support	39
Different feeding situations	40
Formula feeding	41
Introducing your baby to solid food	46
Feeding your young child	56
Dairy and alternatives	56
Potatoes, bread, rice, pasta and other starchy carbohydrates	57
Fruit and vegetables	57
Beans, pulses, fish, eggs, meat and other proteins	58
Oils and spreads	59

Vegetarian and vegan diets	60
Fat, sugar and salt	61
Eating as a family	63
Drinks	64
Food additives	66
Food allergies	67
Some common problems with eating	68
Keeping active	71
Teeth	72

3 Taking care of your baby and child 76

Sleeping	76
Reducing the risk of unexpected death in infancy	80
Crying	83
Washing and bathing	87
Nappies	89
Taking your baby out	92
A new baby in the family	93
Twins, triplets or more	94
Your baby's health	94
Learning to use potties and toilets	98

4 A guide to your child's growth and development 104

Following your child's growth and development	104
Weight and height	107



five

Eyesight	110
Talking	111
Reading	113
Hearing	113
Feet and shoes	113
Children with additional needs	115
Dealing with challenging behaviour	116
When every day is a bad day	122

5 Learning and playing 124

Playing with your child	124
Keeping active	125
Get creative: ideas to help your child play and learn	126
Playing and learning with other children	130
Childcare	132

6 Keeping your child safe 137

Immunisations	137
Vaccines	139
Non-routine immunisations	142
Common childhood illnesses	146
Meningitis and septicaemia	149
Reducing the risk of accidents and unintentional injuries	150
Safety in the sun	158
Safety in the winter	159
Safety equipment you should have	160

7 Your rights and benefits 161

Glossary of useful terms 162

Useful organisations 165

Index 169



No one needs a book to tell them what is good about being a parent.

Parents turn to books when they need advice, when they are worried and when they have got questions or concerns, small or large.

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

The information in this book is updated every year and also available online from **www.publichealth.hscni.net**



1

Taking care of yourself as a parent

Many people say that becoming a parent is one of life's most challenging and rewarding experiences, but you need time to recover from the birth, to rest and to get to know your baby. You will also need time and support in your new role as a parent.

The postnatal check - a six week check for you

Make an appointment with your GP for your six week postnatal health check. Your GP may check your blood pressure. This is an opportunity for you to discuss with your GP any problems you may be experiencing with your stitches or wound site healing. You can talk to your GP about family planning and when is the best time to attend for your next cervical smear. Your GP will ask you

about your mood and how you are feeling. This is to see if you have any symptoms of postnatal depression, which is very common. Don't be afraid to be open and honest about how you may be feeling, as they will be able to help.

Physical problems

Having a baby changes your body. If you are happy the way you are, don't let other people tell you differently. If you feel uncomfortable with your body, though, you will want to



make some changes. Some things will never be quite the same again – for example, stretch marks will fade, but will never go away completely. Other changes need not be permanent.

You can tighten a saggy tummy with exercise, and weight gained will gradually drop off if you eat and exercise sensibly. But it's not going to happen overnight. It took nine months to make a baby, and it will take at least that long to get back into shape again. In the meantime, give your body some little treats to cheer you up. For example, if it makes you feel good to paint your nails, then make time to do it.

A lot of women experience physical problems either as a result of labour and birth or



because of the kind of work involved in caring for young children, or both. Problems like recurring infections, back pain, a leaky bladder and painful sexual intercourse are more common than people think.

For some problems you can do a lot to help yourself. For example, if you are suffering from a leaky bladder or getting that 'falling out' feeling, you may need to strengthen the muscles around your bladder, vagina and perineum. Pelvic floor exercises can help. A bad back can also be helped by exercise and by learning to use your back carefully.

But if something really is bothering you, don't be afraid to ask for help. Your GP may be able to suggest treatment or refer you to a specialist or a physiotherapist specialising in women's health who can help with back and bladder problems and painful stitches.

Pelvic floor exercises

The muscles of the pelvic floor form a hammock underneath the pelvis, supporting your bladder, uterus and bowel. You use these muscles when you pass water or empty your bowels and when you have sex. Pregnancy, labour and birth can stretch and weaken these muscles. If you can improve their strength and function you

are less likely to have a leaky bladder and more likely to enjoy sex.

You can do the following exercises either sitting or standing, when you are washing up, queuing in the supermarket, watching TV – anytime, anywhere:

- squeeze and draw in your back passage at the same time - close up and draw your vagina (front passage) upwards;
- do it quickly, tightening and releasing the muscles immediately;
- do it slowly, holding the contractions for as long as you can (not more than 10 seconds) before you relax;



- repeat both exercises 10 times, four to six times a day.

You may find it helps to imagine you are stopping a bowel movement, holding in a tampon or stopping yourself passing urine. In fact, the best way to find the muscles is to try stopping and starting (or slowing down) the flow of urine while you are on the toilet.

Deep stomach exercise

This exercise will help to firm your stomach:

- lie on your side with your knees slightly bent;
- let your tummy sag and breathe in gently;
- as you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline;
- squeeze your pelvic floor at the same time;
- hold for a count of 10 then gently release;
- repeat 10 times.



Easing back pain

The following tips will help relieve an aching back:

- while feeding your baby, always sit with your back well supported and straight - use a pillow or cushion behind your waist;
- kneel or squat to do low-level jobs like bathing your baby or picking things up off the floor - avoid bending your back;
- make your knees work instead - change nappies while kneeling on the floor;
- to lift weights like a carrycot or an older child, bend your knees, keep your back straight and hold the weight close to your

body - make your thigh muscles work as you lift;

- try to keep a straight back when you push a pram or buggy, or carry your baby in a sling.

Deep vein thrombosis

Deep vein thrombosis (DVT) is a serious condition where clots develop in the deep veins of the legs. It can be fatal if the clot travels from the legs to the lungs. Flights lasting over five hours where you sit still for a long time may increase the risk. Pregnant women and women who have recently had a baby are among those more at risk. If you intend to travel by air, it is important that you consult your GP or health visitor

before the trip. They can give you advice on in-seat exercises to keep your blood circulating.

If you do develop swollen, painful legs or have breathing difficulties after a flight, see a GP urgently or go to the nearest emergency department.



Eating

Being a parent is an exhausting business and it's easy to find that you have no time or energy to cook or eat properly. Healthy eating is important for all of your family. Eating well will make you feel better and it need not take much time.

If you are breastfeeding, you don't need to eat a special diet. But you should make sure you eat and drink plenty and get plenty of rest. See page 32 for information on eating healthily while breastfeeding.

If you feel you need to lose weight, the most effective way of losing weight is to cut down on fat and sugar but not



to go on a crash diet. Small regular meals will keep up your energy levels without adding to your weight. If you are breastfeeding, losing weight by eating healthily and taking regular moderate exercise such as a brisk 30-minute walk will not affect the quality or quantity of your milk.

Physical activity

When you are feeling tired, being active or taking more exercise may seem like the last thing you need, but activity can relax you, help your body recover after childbirth, keep you fit or improve your fitness, and make you feel better and more energetic. The following suggestions may help:

- **Keep up your postnatal exercises.** They will strengthen vital muscles and improve your shape. See page 5 for practical information on some important exercises.
- **Join a postnatal exercise class.** It may help to be with other new mums. Find out if your local maternity unit has a class run by a physiotherapist who specialises in women's health, or ask your health visitor about other local classes. If you are going to a class other than a special postnatal class, be sure to tell the person running the



class if you have had a baby in the last few months. You will need to take special care of your back and avoid exercises that could damage it.

- **Push the pram or buggy briskly, remembering to keep your back straight.** Walking is great exercise so try to get out as much as you can.
- **Play energetic games with older children.** You can exercise by running about with them. Find outdoor space if there is no space at home.
- **Run upstairs.** You probably find yourself going up and down a hundred times a day in any case. Try to think of it as good exercise!
- **Squat down to pick things up from the floor, holding heavy weights close to your body.** This is also something you are likely to be doing a lot. If you squat rather than stoop, bending your knees and keeping your back straight,

you will strengthen your thigh muscles and avoid damaging your back.

- **Swimming is good, relaxing exercise.** If you take your child with you, try to have someone else there too, so that you get a chance to swim.
- **Borrow or buy an exercise DVD or search YouTube.** This is a way that you can do a workout at home. You could get a friend or your older children to join in.

To stay healthy, adults aged 19-64 should try to be active daily and should:

- do at least 150 minutes of moderate aerobic activity such as cycling or fast walking every week or 75 minutes of vigorous aerobic activity every week;



- do strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms);
- minimise the amount of time being sedentary (sitting).

Oral Health

As well as taking care of physical health new parents should remember the importance of maintaining their oral health.

Recommendations include:

- Brush teeth at least twice daily with toothpaste containing 1,350 to 1,500ppm fluoride.
- Minimise the amount and frequency of consumption of sugar-containing food and drinks
- Avoid sugar-containing foods and drinks, particularly at bedtime, to reduce the risk of dental decay.
- Regular dental practice attendance is advised, and your dentist will assess how often you need to attend based on oral health needs and disease risk.

Thinking about the next baby?

Holding your new baby in your arms, it may be impossible to imagine that you will ever have the energy to go through it

all again! But sooner or later, you may decide that you want another child.

This section explains how you and your partner can create the best possible circumstances for your next pregnancy.

Finding it hard to get pregnant?

It can take several months or more to get pregnant, even if it happened really quickly the first time.

If you are under 36 years old and still not pregnant after one year, are over 36 years old and still not pregnant after 6 months, or have a known fertility problem, talk to your doctor or family planning clinic.

It takes two

You will increase your chances of getting pregnant if you are in good health – and that applies to men too. A bad diet, smoking, drinking and unhealthy working conditions can affect the quality of sperm and stop you getting pregnant. You should both try to make your lifestyle as healthy as possible before you try to conceive.

Folic acid

You should take 400 micrograms (mcg/μg) of folic acid from the time you start trying to conceive right up until you are 12 weeks pregnant.

You can get these tablets from a supermarket or pharmacist. Eat foods that contain this important vitamin as well.

These include green, leafy vegetables, and breakfast cereals and breads with added folic acid.

You will need a bigger dose of folic acid that requires a prescription if:

- you already have a baby with spina bifida;
- you have coeliac disease;
- you have diabetes;
- you have sickle cell disease;
- you are obese;
- you take anti-epileptic medicines. Ask your GP for advice as well.

Rubella (German measles)

Rubella in early pregnancy can damage your developing baby. It is important to make sure that you have had two MMR (measles, mumps and rubella) vaccines before you get pregnant again, to ensure that you are protected against rubella infection.





Your weight

Maintaining a healthy weight can improve your chances of getting pregnant. You may have put on weight during your last pregnancy and want to go back to your normal size. This is particularly important if you weigh more than 100kg (approximately 15.5 stones). The best way to lose weight is by following a balanced low-fat diet and doing exercise. It might help to join a slimming class with a friend or your partner to encourage and support you. Speak to your doctor if you need help or advice.

Long-term conditions, medicines and drugs

Some medicines can harm a baby in pregnancy but others are safe.

If either you or your partner has a long-term illness or disability and has to take long-term medication, talk to your doctor about any possible effects on fertility or pregnancy.

Check with your doctor, midwife or pharmacist before

you take any over the counter drugs.

Illegal drugs will affect your ability to conceive and can damage your baby's health. For more information visit www.drugsandalcoholni.info

Diabetes

All women with a history of diabetes (type 1, type 2 and gestational) during pregnancy will be advised in the postnatal period of the importance of planning future pregnancies and ensuring that their diabetes is well controlled before they get pregnant. All Health and Social Care Trusts have pre-pregnancy diabetes clinics in place to assist women with this. All women with diabetes should be made aware of the website www.diabetes.org.uk/guide-to-diabetes/life-with-diabetes/pregnancy



Epilepsy

If you have epilepsy, talk to your doctor before you try to get pregnant. Pre-pregnancy clinics for women with epilepsy are available to help you get ready for pregnancy.

Postnatal depression and puerperal psychosis

If you have previously experienced postnatal depression or puerperal psychosis, talk to your doctor before you try to get pregnant (see page 18).

Sexually transmitted infections

Sexually transmitted infections (STIs) can affect your health and your ability to conceive. If there is any chance that either of you has an STI, it's important to get it diagnosed and treated before you get pregnant.

STIs, including HIV, herpes, chlamydia, syphilis, gonorrhoea, hepatitis B and hepatitis C, can be passed on through sex with an infected person, especially if you don't use a condom. Some STIs can be transmitted during sex without penetration. HIV, hepatitis B and hepatitis C can also be passed on by sharing equipment for injecting drugs. If you are HIV positive, you can pass the virus on to your baby during pregnancy, at birth or when breastfeeding.



Vaginal birth after a caesarean section

Many women who have had a caesarean section can have a vaginal delivery for their next baby. This depends on why you had a caesarean section the first time. Your obstetrician will be able to advise you. Most women who are advised to try for a vaginal delivery in subsequent pregnancies do have normal deliveries.

Smoking

Lots of people smoke because they think it calms their nerves, but it doesn't. It just calms the cravings for nicotine, the addictive substance in cigarettes. The best thing you can do for your health and your family's health is stop smoking. It's a worrying fact, but the children of smokers are three times as likely to grow up to be smokers themselves.

Giving up smoking is not always easy, but the HSC is here to help. You are up to four times more likely to stop smoking successfully with support. Here are some first

steps you might find useful to stop smoking:

- **Know why you want to stop.** Keep a checklist of your reasons for going smoke-free and keep it handy in those times when you are finding it tough. Good reasons include feeling healthier, protecting your children's health and having more money to spend on other things.
- **Change your habits.** Smoking is strongly linked to certain situations – the first cigarette with a cup of tea or coffee, a cigarette when the phone rings. Try to break the link by changing your habits. For example, drink orange juice instead of coffee for a while.
- **Be ready to stop.** Choose a day and stop completely on that day. The day before, get rid of cigarettes, ashtrays and lighters.
- **Get support.** Tell your family and friends you have decided to stop and ask them for their support. For

example, ask them not to offer you cigarettes and not to smoke around you.

- **Plan ahead.** If you know a situation is going to be difficult, don't just wait for it to happen. Plan how you are going to deal with it.
- **Take one day at a time.** At the start of each day, congratulate yourself on having got this far and make it your goal to get through the day without smoking. Don't worry about tomorrow.
- **If you need to put something in your mouth, try sugarfree gum.** If you need to do something with your hands, find something to fiddle with like a pencil or a coin – anything but a cigarette.



You can also ask your pharmacist, midwife, health visitor or practice nurse for advice on stopping smoking and details of your local free HSC Stop Smoking Service. They can offer one-to-one or group sessions with trained stop smoking advisers and, if

you are pregnant, they may even have a pregnancy stop smoking specialist. They can also give you advice about dealing with stress, weight gain and using nicotine replacement therapy to help you manage your cravings. Support and advice on stopping smoking is also available at www.stopsmokingni.info

Sleep and rest

While caring for a small child is rewarding, it can be very tiring. Here are some suggestions:

- **Get to bed early, really early, say for a week.** If you cannot sleep when you get to bed, do something relaxing for half an hour beforehand, whether it's exercise, soaking in a bath or watching TV.
- **Try deep relaxation.** As little as five or 10 minutes' deep relaxation can leave you feeling refreshed, so it's worth learning some techniques. Look online, or go to the library for books or DVDs.
- **Sleep when your child sleeps.** Rest when your child has a day time rest, and/or when they are at playgroup or nursery school. You could ask a relative or friend to take your child for a while and spend the time sleeping, not doing chores. Take turns with other parents to give yourself time to rest. Set an alarm if you are worried about sleeping too long.
- **If you can, share getting up in the night with your partner.** Take alternate nights or weeks. If you are on your own, a friend or relative may be prepared to have your children overnight occasionally.

Sleep deprivation can be difficult. Your days and nights will become easier over time from about 6 weeks on. This is when your baby starts to settle into a routine for feeding and sleeping

If you feel all of this is getting to be too much, then talk to your partner about ways that you can both manage through this time. You can also talk to your GP or health visitor.

See page 78 for other ways of coping with disturbed nights.

Stress

Small children ask a lot of you but perhaps the most stressful thing is having to cope with everything else that is going on in your life as well as coping with their demands. You can spend a whole day trying – and failing! – to get one job done. Just as you start on it, your baby wakes up, or a nappy needs changing, or they just need a bit of attention.





Sometimes you can feel as though life is completely out of control. If you are the sort of person who likes to be in control and worries about getting things done, this can make you feel very tense and frustrated.

Worry and unhappiness can also cause stress. Maybe you are worried about where you are living, money or relationships or just a whole lot of small things that nevertheless make a big difference to your life. You may not be able to do anything about some of these things, but there are some things that you can do about the stress. Here are some suggestions. Some will be more suitable for you than others:

- **Unwind.** You may find that you can relax just by spending half an hour each evening doing something that you enjoy and that helps you put other things out of your mind. Have a bath, read a magazine or watch TV – whatever helps you unwind. Borrow a book or audiobook from the library about relaxation. Ignore any other chores, they can wait. Make some time for yourself.

- **See other people.** Seeing other people can help to relieve stress. Your health visitor, or other parents, may be able to recommend local mother and baby or mother and toddler groups. If you are not keen on organised groups, you could try to get together with people you meet at the clinic, playgroup or nursery school. Netmums (www.netmums.com) has full details of baby and toddler groups in your area.
- **Make time for your partner.** Relationships can go wrong when you are tense and tired and you don't seem to spend any time together. Make time to be with your partner, even if all you manage to do is fall asleep in front of the TV together!
- **Express yourself.** Talking about how you are feeling can help, at least for a while. You and your partner need to understand how each other is feeling, and work out how best you can support each other. Sometimes it's better to talk to someone outside the family.

- **Accept help.** Make the most of all the help you can find. And remember, you cannot do everything. There is really no point trying.
- **Relax!** There are no prizes for being a supermum or superdad. It can be difficult if you are a perfectionist, but being a parent is the one thing that no one is perfect at.

Alcohol

You may feel like alcohol helps you relax and unwind. In fact it's a depressant, and will affect your mood, judgement, self-control and coordination. If you are tired and run down, it will have even more of an effect. It's fine to drink every now and then, but try to keep track of how much and when you drink. Never mix alcohol with antidepressants or tranquillisers.





Talking it over

It does help to talk, but it's not always easy:

- You may want to say things that you are afraid of admitting to the people you love.
- You may feel guilty about your feelings.
- You may worry that people will think you are a 'bad mother'.

For all these reasons it's often best to talk to someone who is not too close to you. That way you can talk honestly without worrying about whether you are shocking them. You may find that it helps to talk to your GP or health visitor. Alternatively, they may be able to refer you to someone else. When you start talking about how you feel, you will almost certainly find that the things you have been worrying about are not as bad as you thought they were.

If you cannot bring yourself to talk to someone face to face, www.netmums.com has an online support forum. It's a

good way of talking to other parents who have had similar experiences, and a way to access professional support.

Getting medical help

If you are feeling totally lost in depression, your doctor may prescribe antidepressant drugs. They may be enough to give you the lift you need to start coping again and to find a way out of your depression, though they can take time to work.

Antidepressants are not habit-forming. As long as they are prescribed for you by your GP, there is no need to worry about taking them. Tranquillisers are different. They don't help depression and can be habit-forming, so they are best avoided.

Relationships

Parenthood often puts a strain on relationships, regardless of what they were like before. Part of the problem is that you have so much less time to spend with each other than you did before the baby

arrived and it's a lot harder to get out together and enjoy the things you used to do. Your partner may feel left out, and you may feel resentful at what you see as lack of support.

Remember, make time for each other when you can and do little things to make each other feel cared for and included. Talk together and share your feelings. Share household jobs.

Relationships with family and friends

Bringing a baby into your life changes your relationships with other people, whether you are part of a couple or alone with your child. Everyone's situation is different. For example, some mothers feel that their own mothers are taking over, while others resent the fact that their mothers will not help them more.

However painful it may be, it's best to try to be very clear about the kind of help you do want, rather than going along with what is offered and then feeling resentful. Remember, your mother is also having to



get used to a completely new relationship with you, and she will not know what to do for the best – unless you tell her!

Taking time to listen

However close you were before the baby was born, your partner cannot read your mind! Things are changing in both your lives and you have to talk about it. Both you and your partner will need to tell each other what you want, and you will need to explain what is bothering you if you are resentful, angry or upset.

- Be upfront about what you need. Do you need a hug? Or just a bit of quiet understanding?
- Ask a friend or relative to babysit so that you can have time together – even if it's just for a walk in the park.
- Share the housework, so you can make more time to be together.
- Share the childcare too.

It's also important to talk about how you want to bring up your children.

You may find that you don't agree about such basic matters as discipline and attitudes. You need to find a way of dealing with these issues without disagreeing the whole time in front of your children.



Friends

You may find that your old friends stop visiting or that they seem to expect you just to drop everything and go out for the evening. This can be quite annoying, but try to explain how your life has changed. They may not understand the changes you are going through. Keep in touch and keep some space for them in your life.

Getting some extra help

If this is your first baby, you may be feeling very lonely and cut off from your old life. Your partner cannot supply everything that you used to get from work and friends. You need other people in your life, too, for support, friendship and a shoulder to cry on. See page 18 for more on coping with loneliness.

If you feel your relationship is in danger of breaking down, get help. Relate has local branches where you can talk to someone in confidence, either with your

partner or alone. You don't have to be married to contact them. You can find your local branch at www.relate.org.uk

Sex

Babies and small children don't make for an easy sex life. You are tired and stressed, and opportunities are few and far between. That is fine as long as you and your partner are happy with the situation, but if sex is causing problems in any way at all, you need to sort it out. Lack of sex, or unhappy sex, can cause a lot of frustration and worry and put a real strain on a relationship.

Immediately after the baby is born many women feel sore as well as tired. They may also be worried about the state of their body or about getting pregnant again. Men can face problems too. Tiredness apart, a partner's sexual feelings will probably be much the same as before their baby's birth, but many partners worry about what is right for their partner,

are unsure what to do, and feel worried and frustrated.

The following suggestions may help:

- **If penetration hurts, say so.** It's not pleasant to have sex if it causes you pain. If you pretend everything is all right when it is not you may well start seeing sex as a chore rather than a pleasure, which will not help either of you. You can still give each other pleasure without penetration (for example, by mutual masturbation).
- **Be careful the first few times.** Explore a bit with your own fingers first to reassure yourself that it will not hurt, and use plenty of extra lubrication, such as lubricating jelly (you can buy this at the chemist). Hormonal changes after childbirth may mean that you don't lubricate as much as usual.
- **Make time to relax together.** There is little point trying to make love when your minds are on anything but each other.
- **Take your time.** If you are still experiencing pain two months or so after the birth, talk to your GP or family planning clinic. You can get treatment for a painful episiotomy scar. Ask

to see a physiotherapist who specialises in women's health.

Contraception

You can get pregnant as soon as three weeks after the birth of a baby, even if you are breastfeeding, and even if you have not started your periods again. You should use some kind of contraception from the first time you have sex after giving birth unless you want to get pregnant again. You will usually have the opportunity to discuss the various options before you leave hospital after your child's birth, and at the postnatal check-up. But you can also talk to your GP or health visitor, or go to a clinic, at any time.

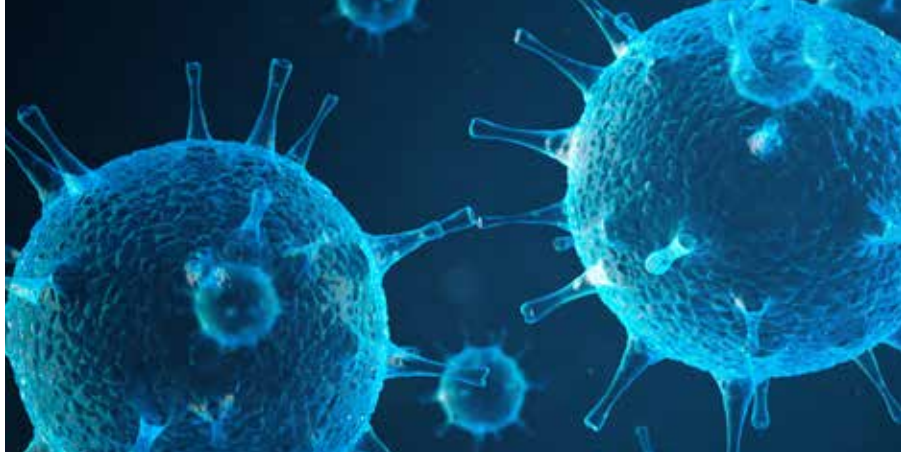
Non-surgical (that is, not sterilisation) short-acting contraceptive choices include the pill, the patch, barrier methods (condoms and diaphragms), spermicides and natural methods. Remember, contraceptives are only effective if you use them correctly. For example, taken correctly, the pill is

a very reliable method of contraception but you can still get pregnant if you forget to take a pill, take one at the wrong time or have an upset stomach.

If you are looking for an extremely reliable method of contraception, which you can 'fit and forget', you could think about a long-acting reversible contraceptive (LARC). These include implants (such as Implanon), injections, IUDs (intra-uterine devices, formerly known as the coil) and IUSs (intra-uterine systems, such as Mirena). Once fitted or injected, LARCs stay in place for anything between three months and 10 years and have an almost 0% failure rate.

Remember to use condoms with any new partner to reduce the possibility of catching a sexually transmitted infection, regardless of what other form of contraception you choose. You can now get your contraception including combined, mini or morning after pill for free by post by placing your order at sh24.org.uk





you. If the result is positive, counselling will be offered to help you understand the implications. You can also go to a GUM clinic for an HIV test and advice.

Sexually transmitted infections

The rate of sexually transmitted infections (STIs) is on the increase. Up to 70% of women and 50% of men with an STI show no symptoms, so you may not know if you have one. However, many STIs can affect your baby's health during pregnancy and after birth.

If there is any reason to believe that you or your partner could have an STI which was not diagnosed before pregnancy, you should go for a check-up as soon as you can.

Ask your GP or midwife or, if you prefer, go to a genito-urinary medicine (GUM) or sexual health clinic, where you will also be guaranteed strict confidentiality. You can find your nearest GUM clinic or sexual health centre at www.sexualhealthni.info

HIV and AIDS

Since 1999, HIV tests have been offered and recommended to every pregnant woman, and as a result there has been a

dramatic fall in the percentage of HIV positive women giving birth to HIV positive babies, from 20% in 1997 to less than 1%. Treatment according to the latest British HIV Association (BHIVA) guidelines (www.bhiva.org) will result in the best outcomes for mothers with HIV and their babies.

If you are HIV positive, talk to your GP about your own health and the options open to you, or you can contact a number of organisations for advice and counselling. There are ways of substantially reducing the risk of transmitting HIV to your baby during pregnancy and after birth.

You should be offered a confidential HIV test as part of your routine antenatal care. Before the test, your doctor or midwife will discuss it with

Domestic and sexual abuse

One in three women experience domestic and sexual abuse at some point in their lives. This may take the form of physical, sexual, emotional or psychological abuse. Victims are likely to suffer repeated attacks before they ask for help. Nearly a third of this abuse starts in pregnancy, and existing abuse may worsen during pregnancy or after birth. No one should have to put up with domestic abuse. It puts your health, and that of your baby, at risk, before and after birth.

If you are being abused, help is available. You can speak in confidence to your GP, midwife, health visitor or social worker, or call the confidential Domestic and Sexual Abuse



Helpline for information and support on 0808 802 1414.

Witnessing domestic abuse can have a serious effect on children. Social workers can help you protect your child and, if you wish, help you take steps to stop the abuse or seek refuge. For more information visit pha.site/domestic-violence

Single parenting

Don't be afraid to ask for help from friends and family. But you may find the best source of support is other single parents. The following suggestions may help take the pressure off you a bit, and make it easier to cope:

- Suggest a 'swap' arrangement with another parent so that you take it in turns to look after both the children. It might be easier to start doing this during the day; later, when everyone is used to the arrangements, you can try doing it overnight. The children will benefit too from having a close friend, especially if they don't have brothers or sisters.
- Suggest a regular evening babysit by a trusted relation or friend. You may well find that they are delighted at



the opportunity to make friends with your child.

- Grandparents are often glad to have a child stay overnight.
- Focus on your strengths and skills.

Shared parenting for parents who live apart

For couples who are separating or divorcing:

- Love, support and reassure your child.
- Get support and help from others, such as family and friends.
- Look after yourself. Eat, sleep, rest, take exercise and reduce the amount of alcohol you drink.
- Keep telling yourself that this upsetting time will not be for ever.



- Be kind to yourself.

- Be positive about your future, make plans for yourself and your children.
- Make both homes feel special.

Making friends

If you don't already know people locally, try contacting other mothers through local groups.

Ask your health visitor what is going on locally, and have a look through the list of support and information organisations on page 165. Many run local groups.

Sharing your feelings

You will almost certainly want (and need) to talk about your own feelings. Try to find another adult to talk to. Your children don't need to hear the details of your feelings about their father and will feel confused and unhappy about loving someone who you clearly don't love any more.

Bereavement

The death of someone you love can turn your world upside down and is one of the most stressful and difficult



things you can go through. If you have just had a baby, you may find it even harder to cope. It can help just to spend time with friends and family. A sympathetic arm around the shoulders can express love and support when words are not enough.

Grief is not just one feeling but a whole mixture of feelings. It takes time to get through it, and the process cannot be hurried. If you need help or advice, contact your GP or any of the relevant organisations listed from page 165.

If your partner dies

Losing your partner, particularly during your pregnancy or soon after childbirth, is devastating. You may feel numb and as if you will never be able to get over what has happened. That may be true; but it's also true that you will learn, eventually, to live with it. Don't be afraid to lean on family and friends for help and support for yourself and your baby.

Financially, you may need urgent advice and support. Call the benefit helpline Make the Call on

0800 232 1271. You could also contact the WAY Foundation (www.widowedandyoung.org.uk).

Loneliness

Lots of mothers feel lonely, especially after the birth of a first baby. You may feel cut off from old friends but find it difficult to make new ones. Even if you have friends around you, it can be difficult to make the effort to get out and see them.

Meeting new people takes confidence, but it's worth it. Being able to share the ups and downs of parenting with other people who are in the same situation will help you to cope with the difficult times and make the good times better.

- Ask your health visitor for information about postnatal groups, mother and baby groups, carer and toddler groups, and playgroups. These may also be advertised on the noticeboard at your clinic or Sure Start Children's Centre. There may be a group specifically for young parents.

- Chat with other mothers at your baby or child health clinic.
- Talk to your health visitor and ask them to introduce you to other new mothers living nearby.
- Netmums, Home-Start, NCT and many other local organisations (sometimes based in churches or temples) run local groups where you can meet other people, chat, relax and get some support (see the useful organisations section from page 165 for details).

Postnatal mental health and wellbeing

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

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

Postnatal depression

Sometimes, though, the baby blues just will not go away. Postnatal depression is thought to affect around 1 in

10 women (and up to 4 in 10 teenage mothers). Although it's very common, many women suffer in silence.

Postnatal depression usually occurs two to eight weeks after the birth, although it can happen at any time up to a year after your baby is born. Some of the symptoms, such as tiredness, irritability or poor appetite, are normal when you have just had a baby, but these are usually mild and don't stop you leading a normal life. With postnatal depression, you may feel increasingly depressed and despondent, and looking after yourself or your baby may become too much.

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

confidence. See page 94 for more on coping with twins, triplets and more.

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

You should also see your GP. If you don't feel up to making an appointment, ask someone to do it for you or ask the doctor to visit you at home. Milder cases of postnatal depression can usually be dealt with by a health visitor

or therapist. In more serious cases, your GP may prescribe anti-depressants. Some are safe to take while you are breastfeeding, so check that you are on the right one. Your GP may also refer you to a specialist.

Puerperal psychosis

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

Most women make a complete recovery, although this may take a few weeks or months.

Post-traumatic stress disorder

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



they might die, or that their baby might die.

The symptoms include:

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

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

The Association for Post-Natal Illness (apni.org) can help. They can offer information and advice, and put you in touch with other mothers who've experienced PTSD and know what it's like.

Postnatal depression and men

Postnatal depression can affect men. Pregnancy and the birth of a baby can be a stressful time for both



parents. Some men feel the pressure linked to becoming a father too much to cope with. Sometimes coping with a partner who has postnatal depression can lead to a father becoming depressed as well. The symptoms of postnatal depression can surface any time in the first year of your baby's life.

Going back to work

For some mothers, the solution to feeling lonely and cut off is to go back to work. It's not always easy to find the right sort of work with the right sort of hours, or to make childcare arrangements. But if you feel that working outside the home could help you, there is plenty of support available.

Money, work and benefits

Money can be a major headache. The first step is to make sure you are getting everything you are entitled to.

Call the benefit helpline Make the Call on 0800 232 1271.

See page 161 for information about help with work and benefits, including Employers For Childcare's family benefits advice service.

Most mothers go back to work at some point. About half do so before their children start school. It may help to talk to other working mothers, but the most important thing is to decide what is right for you and your family. You will need to consider all these issues:

- **Feeding.** If your baby is still breastfeeding, try to get them used to taking milk from a bottle or cup before you go back to work. For advice on feeding once you have gone back to work, talk to your health visitor, NCT, La Leche League, or the Association of Breastfeeding Mothers (see page 39 for contact details). You can express milk to leave for feeds. It's also possible to give your baby formula milk in the middle of the day and still breastfeed the rest of the time (mixed feeding). See page 28 for more on expressing milk.
 - **Childcare arrangements.** Keeping arrangements as simple as possible will mean things are more likely to run smoothly, and that means less stress for you. You will also need to be reasonably sure the arrangements you have made will go on working effectively over time (see page 132 for more information about childcare).
 - **Childcare costs.** Childcare can be very expensive. Will you be able to afford to pay for childcare out of what you earn? Can you find work that you can do while your partner is at home? Can you fit work into school hours?
- Can a relative help out at least some of the time? Have you checked all the benefits you may be entitled to?
- **Housework.** Think about who is going to do it, and when. If you have a partner, talk to them about how you are going to share the housework and childcare.
 - **Making time for your child.** Even the best childcare is not a substitute for a parent. There are ways that you can spend quality time with your child so that they know that they are special. If you work long hours during the week, can you or your partner keep your weekends free? If you don't see your child in the day, can they stay up later in the evening and sleep longer during the day? You may be able to work flexi-time, part-time or a four day week, to free up time to spend with your child.
 - **Flexible working.** Everyone has the right to ask their employers for flexible working arrangements if:
 - they are an employee (but not an agency worker or member of the armed forces);
 - they have worked for their employer for 26 weeks continuously by the time they make their request;
 - they have not made a request in the last 12 months.



2

Feeding your baby and young child



This chapter provides advice on feeding your baby and young child, from the early days through weaning on solid food and beyond.

Feeding your baby

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

After six months giving your baby breastmilk alongside solid food will help them continue to grow and develop. The World Health Organization recommends exclusive breastfeeding for six months, and breastfeeding along with solid foods into the second year of life and beyond.

Breastfeeding protects your baby from infections and diseases. It also offers health benefits for mums. Every day makes a difference to your

baby, and the longer you breastfeed, the longer the protection lasts. It reduces your chance of getting some illnesses later in life. Formula milk cannot give your baby the same ingredients or provide the same protection.

Breastfeeding helps build a strong bond between mother and baby, both physically and emotionally.

Breastfeeding significantly reduces the chance of your baby being admitted into hospital to be treated for a chest infection or a gastric intestinal infection. Ear and kidney infections are also less

likely if your baby is breastfed. Breastfeeding reduces the risk of sudden infant death (also known as cot death). There is strong evidence to show that breastfed babies experience less tooth decay and breastfeeding provides best nutrition for a baby's overall health.

Breastfeeding also helps protect against childhood obesity and diabetes.

Help with breastfeeding

Midwives, health visitors and trained volunteers such as peer supporters or voluntary breastfeeding counsellors can all offer information and practical help with breastfeeding. Peer supporters are mothers who have breastfed their own babies and have had training to help them support other mothers. Talk to your midwife or health visitor about the





help that is available in your area.

For more information breastfeeding support groups in your area visit www.breastfedbabies.org

Breastfeeding

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

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

Immediately after your baby is born

Every pregnant woman has milk ready for her baby at birth. This first milk is called colostrum and it is sometimes quite yellow in colour.

It is very concentrated, so your baby only needs a small amount at each feed, which might be quite frequent. It is full of antibodies to boost your baby's ability to fight off infection.

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

The first few days

Each time your baby feeds, they are letting your body know how much milk it needs to produce. The amount of milk you make will increase or decrease in line with your baby's needs. Around days two to four, you may notice that your breasts become fuller and warmer.

This is often referred to as your milk 'coming in'. To keep yourself as comfortable as possible, feed your baby as often as they want. Your milk will vary according to your baby's needs. It will look quite thin compared with colostrum, but gets creamier as the feed goes on. Let your baby decide when they have had enough.

Sometimes, breastmilk may leak from your breast. You may need to wear breast pads and



'Liquid gold': the perfect food for your newborn

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

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



to change them frequently. If you need to quickly stop your milk flowing you can apply some pressure to your nipple with the flat of your hand for a few seconds.

In the beginning, it can seem that you are doing nothing but feeding, but gradually your baby will get into a pattern of feeding and the amount of milk you produce will settle.

Your baby will be happier if you keep them near you and feed them whenever they are hungry. This will quickly help your body to produce the amount of milk your baby needs. At night, your baby will be safest sleeping in a cot in the same room as you. This will make feeding easier and will reduce the risk of sudden infant death. Try to take each day as it comes. If you are very uncomfortable or sore, ask for help as soon as possible.

Health professionals recommend that babies and adults should be given extra vitamin D. It is recommended that babies who are consuming less than 500ml of infant formula a day are given a supplement of 8.5–10mcg of vitamin D. If you are not eligible for Healthy Start vitamins, you can buy vitamin D infant drops from your local pharmacy. You can learn more about breastfeeding from the Public Health Agency booklet *Off to*

a good start. Ask your midwife for a copy or visit pha.site/good-start

First steps: starting to breastfeed

You might like to watch the Bump to Breastfeeding video as you read this part of the chapter so you can see what to expect. To view this video visit pha.site/bump-to-breastfeeding

Getting comfortable

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

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

Remember at all times to keep your baby safe. Never breastfeed your baby lying down on a sofa. You can try feeding lying in bed on your side or in a bed or chair,

Helpful tips

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

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

Attaching your baby

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

Let their head tilt a little so the top lip can brush against your nipple. This should encourage your baby to open their mouth.

Once the baby's mouth is wide open, bring them to your breast, chin first, head tipped up and nose clear of the breast. Make sure your baby takes in a large mouthful of breast, not just the nipple. Your nipple should go towards the roof of your baby's mouth.

The let-down reflex

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts inside your breasts towards your nipples.

This is called the 'let-down' reflex. Some women get a tingling feeling which can be quite strong, while others feel nothing at all. You will see your baby respond and their quick sucks change to

deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be 'delivered'. If your baby falls asleep quickly before the deep swallowing stage, check that they are properly latched on. It might be easier to get someone else to check for you. Sometimes you will notice your milk flowing in response to your

baby crying or when you have a warm bath.

If you have any concerns about any of these points, talk to your midwife, health visitor or peer supporter.

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



How do I know that my baby is feeding well?

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



Bring your baby in close to your body so that they don't have to stretch to reach your breast. Support their neck, shoulders and back. Make sure their head is free to be able to tilt back.



Check their head and body are in a straight line facing the same way as they will be uncomfortable if they are twisted when feeding. Move your baby so that they start the feed with their nose pointing to your nipple.



Starting 'nose to nipple' like this allows them to reach up and get a mouthful of breast from underneath your nipple.



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

Tips for breastfeeding

- Make sure your baby is well attached to your breast (see pictures on page 25). This will help your body make the right amount of milk and stop your breasts getting sore. The more you breastfeed your baby, the more milk you will produce. When your baby comes off the first breast, offer the second. It doesn't matter if they are not interested or don't feed for long, or even if they feed for longer on the second breast. This is fine – just start with this breast next time. Sometimes your baby might seem hungrier than usual and feed for longer or more often. Your body responds automatically and makes more milk to provide the extra needed. This is why you can feed more than one baby at the same time (see page 27).
- There is no need to offer formula milk in addition to breastmilk. If your baby feels hungrier, feed more often, rather than offer formula milk.
- Breastfeeding mums are now encouraged to practice responsive feeding. This means offering feeds before crying starts (such as when your baby is restless or sucking her fingers). It also involves offering the breast for food and comfort, which helps

maintain a good supply.

- Breastfeeding can be a nice chance to sit down and rest. It can soothe, comfort and calm both you and your baby. Just

remember to stay alert.

- Try not to give your baby any other food or drink before the age of about six months. This will reduce your milk supply and could increase

How do I know my baby is getting enough milk?

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

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

Day 1

Days 2–3

Day 4

If you are concerned about any of these points, speak to your midwife or health visitor. After four weeks or so some breastfed babies will only poo once every few days and some will occasionally only poo once a week.



the chance of your baby getting ill.

- Try not to give your baby a dummy until breastfeeding is going well, as this can also reduce your milk supply.
- If you decide to give formula, keep your milk supply going by breastfeeding as much as possible.

Breastfeeding while out and about

When you are out and about, wear something that will make it easier for you to breastfeed, like a t-shirt or vest top and a cardigan so that you can lift your top up from the waist to feed. If you are worried about showing your tummy you can wear a belly band or a second vest.

The Public Health Agency



Breastfeeding Welcome Here scheme helps support mums who

are breastfeeding by asking businesses to display a sticker which says breastfeeding mums are particularly welcome – look for a pink and white heart.



Visit www.breastfedbabies.org to see where your local members are.

Dummies

A dummy may help soothe a restless child. Some children automatically suck their thumb or finger for comfort. This is entirely natural. Try not to give your baby a dummy until breastfeeding is established, usually when your baby is a about month old. Using dummies has been shown to reduce the amount of milk that is produced. If your baby becomes accustomed to using a dummy while sleeping, it should not be stopped suddenly in the first six months. But you should stop using a dummy when your baby is between six and 12 months old.

Make sure the dummy is sterilised. You should never give your child a dummy which has a drink or something sugary in it and we recommend that in the long-term, as adult teeth come through, the dummy and thumb-sucking are discouraged. Talk to your dental team if you need some advice on managing this.

Breastfeeding more than one baby

Twins, triplets or more can be breastfed. Because multiple babies are more likely to be born prematurely and to have a low birth weight, breastmilk is especially important for their wellbeing. To start with, you may find it easier to feed each of your babies separately, until you feel confident about handling them at the same time and feeding is well established.

This may take some time, so it can be really helpful to accept any offers of help around the house from family and friends.

Twins Trust provide information and support on feeding – for more information visit www.twinstrust.org

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

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



supply. See page 40 for more on combining breast and formula feeding.

How long should I breastfeed?

Exclusive breastfeeding (with no other food or drink) is recommended for around the first six months of a baby's life. After this, you can carry on giving your baby breastmilk alongside other foods for as long as you and your baby want. This can be into the second year or beyond. For information about introducing your baby to solid foods, see the PHA leaflet Weaning made easy on www.publichealth.hscni.net/publications.

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

To find out more about breastfeeding and returning

to work, see the Public Health Agency leaflet ***Breastfeeding and returning to work*** at pha.site/breastfeeding-work

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

If you stop breastfeeding, it can be difficult to restart. Giving formula milk to a breastfed baby can reduce your supply of breastmilk. See page 40 for more information on combining the two.

Breastfeeding can continue with minimal planning and a little support for a planned trip (such as a friend's hen weekend, business trip) or separation from your baby.

Download the Best Beginnings Baby Buddy app at www.bestbeginnings.org.uk

Expressing milk

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

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

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

Expressing by hand

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

1. Before you start, wash your hands thoroughly then gently massage your breast to stimulate the milk to start flowing.



2. If you are going to collect the milk, use a sterilised jug or bowl to catch the milk.

- Place your thumb on top of your breast and the rest of your fingers below about 2–3 centimetres from the base of your nipple, with your thumb and fingers in a sort of C-shape.



- Release the pressure then repeat, building up a rhythm. Avoid sliding your fingers over the skin. At first, only drops will appear, but just keep going as it will help build up your supply. With practice, and a little time, milk will flow freely.



- When no more drops are coming, move your fingers round to try a different section of your breast and repeat.
- When the flow slows down, swap to the other breast. Keep changing breasts until the milk is dripping very slowly or stops altogether.
- If the milk doesn't flow, try moving your fingers slightly towards the nipple



or further away, and try giving your breast a gentle massage.

Expressing milk if your baby is premature or ill

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

Hospitals often have machines for expressing milk, and will show you how to use one. If you go home from hospital before your baby you may need to use an electric breast pump for many weeks. You can borrow a breast pump from Tiny Life, the premature baby charity. Contact them on 028 9081 5050 or visit tinylife.org.uk

If you are freezing breastmilk because your baby is premature or ill, ask the

staff caring for your baby for support and information. Also see the section below for guidance on storing breastmilk.

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

Cup feeding

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

Storing breastmilk

You can store breastmilk for up to five days in the fridge at 4°C or lower. This means putting the milk in the coolest



part of the fridge, usually at the back (do not keep it in the door). Breastmilk can be frozen in a domestic freezer for up to three months. Breastmilk should be labeled with the date and time expressed. Breastmilk should be given at around the same time of day it was expressed.

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

Milk should be defrosted in the fridge. Once it's defrosted, you will need to use it straight away.

Milk that has been frozen is still good for your baby and better than formula milk. Milk should

not be refrozen once thawed. Don't use a microwave oven to warm or defrost breastmilk as this can alter the proteins in your milk and there is a risk of scalding.

Some common breastfeeding problems and how to solve them

Tender breasts, blocked ducts and mastitis

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

If you have mastitis, your breasts will feel hot and

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

Sore or cracked nipples

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

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

Helpful tips with mastitis

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

- take extra care to make sure your baby is attached well to your breast;
- feed your baby more often;
- let your baby feed on the tender breast first;
- if your breasts still feel full after a feed, or your baby cannot feed, express your milk (see page 28 for more information on how to do this);
- warmth on your breast before a feed can help milk flow and make you feel more comfortable;
- while your baby is feeding, gently stroke the lumpy area with your fingertips towards your nipple - this should help the milk to flow;
- get lots of rest - go to bed if you can;
- take a painkiller such as paracetamol;
- ask for help with how you get your baby latched on properly (see page 25 for information);
- mastitis may also be a sign of infection. If there is no improvement within 12 to 24 hours, or you start to feel worse, contact your GP or healthcare professional.

If necessary, they can prescribe antibiotics that are safe to take while breastfeeding.

The following suggestions may also help:

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

It can be hard to ask for help, but tackling any problems as soon as they start will give you more time to enjoy these early days. In



lots of cases, the solution is as simple as changing your baby's position slightly or feeding them a bit more often.

Unsettled feeding

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

Thrush

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

You can obtain more information on breastfeeding and thrush from www.breastfeedingnetwork.org.uk

You and your baby will both need treatment. You can easily give thrush to each other,

so if your baby has it in their mouth they will need oral gel and you will still need some cream for your nipples to stop it spreading to you. You may want to ask your pharmacist for advice. Some antifungal creams can be bought over the counter from a pharmacy.

Tongue-tie

Some babies are born with a tight piece of skin between the underside of their tongue and the floor of their mouth. This is known as tongue-tie, and it can sometimes affect feeding by making it hard for your baby to attach to your breast. Tongue-tie does not always need surgical treatment. But if after getting help with positioning and attachment it is still difficult to achieve pain free breastfeeding, it could be helpful to be assessed to see if getting the tongue-tie snipped would help. If you have any concerns talk to your midwife or health visitor and if necessary ask to be seen by a breastfeeding specialist within your Health and Social Care Trust.

Staying healthy

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



Your milk is good for your baby whatever you eat, but there are foods to avoid (see page 33). Being a new mother is hard work though, so it's important to look after yourself and try to eat as varied and balanced a diet as you normally would. Aim to eat healthily as a family. A healthy range of food includes:

- at least five portions of a variety of fruit and vegetables a day (including fresh, frozen, tinned, dried and juiced);
- a low alcohol intake as alcohol in breastmilk can affect your baby's feeding or sleeping; avoid drinking alcohol shortly before feeding your baby;
- not too much strong tea or coffee;



- starchy foods such as wholemeal bread, pasta, rice and potatoes;

- plenty of fibre, found in wholegrain bread and breakfast cereals, pasta, rice, pulses (such as beans and lentils), fruit and vegetables; after childbirth, some women experience bowel problems and constipation – fibre helps with both of these;
- protein, such as lean meat and poultry, fish, eggs and pulses;
- at least two portions of fish each week, including one portion of oily fish;
- dairy foods, such as milk, cheese and yogurt, which contain calcium and are a useful source of protein.

It's also important to drink plenty of fluid. Aim for at least 1.2 litres (six to eight glasses) each day. It's a good idea to have a drink beside you when you settle down to breastfeed. All non-achoholic drinks count towards your fluid intake, but milk and water are your best choices.

To find out more about healthy eating, go to pha.site/healthy-eating

Helpful tips

- Eat when you feel hungry, and choose healthy snacks.
- You will probably feel quite thirsty. Have a drink beside you before you sit down to breastfeed.
- Try to eat a wide variety of foods.
- Try not to restrict your diet unless you think a food is upsetting your baby. Always talk to your health visitor or doctor before cutting out foods.

Healthy snack ideas

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

- Fresh fruit.



- Sandwiches or pitta bread filled with salad vegetables, grated cheese, salmon or sardine or cold meat.

- Yogurt and fromage frais.
- Hummus and bread or vegetable sticks.
- Ready-to-eat dried apricots, figs or prunes.
- Vegetable and bean soups.
- Fortified unsweetened breakfast cereals, muesli or other wholegrain cereals with milk.
- Milky drinks.
- Baked beans on toast or baked potato.

Vitamin D

Vitamin D is an essential vitamin for everyone, to help develop and maintain healthy bones, teeth and muscles.

Babies and young children who don't get enough vitamin D before they are born or in their early lives, can be at risk of developing rickets, which causes weak and badly formed bones. We get vitamin D mainly from sunlight and

a small amount from certain foods, but health professionals recommend that everyone aged five years and over should consider taking a vitamin D supplement during the winter months (October to late March/April).

Breastfed babies from birth to one year of age should be given a daily supplement of 8.5–10 micrograms 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 1 to 4 years require a daily supplement of vitamin D throughout the year. See page 55 for Vitamin D supplementation for children aged 5 and over.

can ask your local pharmacist about buying a suitable vitamin D supplement for your baby. You can find out more about vitamin D from the PHA leaflet at pha.site/vitamin-d-and-you

Foods to avoid

Breastfeeding mums should eat no more than one portion a week of shark, swordfish or marlin. These types of fish contain high levels of mercury. Don't eat more than two portions of oily fish per week. Oily fish includes salmon, mackerel, sardines and trout. Fresh tuna had previously been classified as an oily fish but studies showed the fish oil content of fresh tuna is similar to that of white fish. Tuna is therefore no longer classed as an oily fish.

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



If you are eligible for Healthy Start you can obtain free vitamin drops for your child and these contain vitamin D. If you are not getting Healthy Start vouchers you

Alcohol

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

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

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

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

One unit of alcohol is approximately equal to a 25ml measure of spirits, half a pint of beer, or half a 175ml glass of wine, although it depends on the strength of the drink (Note that in Northern Ireland, a pub measure of spirits is larger: 35ml).

The website pha.site/alcohol-units contains more information on units, including the units found in typical drinks.

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

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

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

To reduce the exposure of your baby to alcohol:

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

Caffeine

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



Smoking

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

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

Avoid smoking in the home and ask your partner, friends and family to do the same when they are around your baby. From 1 February 2022, it is an offence to smoke in an enclosed private vehicle where a child or young person aged under 18 is present and there is more than one person in the vehicle. It is also an offence if the driver does not prevent smoking in a private vehicle.



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

You are up to four times more likely to stop smoking successfully with support. Visit www.stopsmokingni.info for further information. You can also speak to your GP or community pharmacist about the nicotine replacement therapy available to help you manage your cravings and become smoke free.

Peanuts

Peanuts are one of the most common causes of food allergy (see page 66). Peanut allergy affects about 1% of people and can cause severe reactions. Your baby may be at higher risk of developing a peanut allergy if you, the baby's father, brothers or sisters have a food allergy or other allergic condition such as hayfever, asthma and/or eczema.

If you would like to eat peanuts or foods containing peanuts (such as peanut butter) while breastfeeding, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.

You may have heard that some women have, in the past, chosen not to eat peanuts while they were breastfeeding. This is because the government previously advised women that they may

wish to avoid eating peanuts while they were breastfeeding if there was a history of allergy in their child's immediate family (such as asthma, eczema, hayfever, food allergy or other types of allergy), in case small amounts of peanut in their breastmilk increased the chance of the baby developing a peanut allergy. But this advice has been changed because the latest research shows that there is no longer clear evidence to say that eating or not eating peanuts while breastfeeding has any effect on your baby's chances of developing a peanut allergy.



If you have a child under six months and are not breastfeeding (for example because you are feeding your baby on formula), then there is no reason why you should avoid consuming peanuts or foods containing peanuts.

If you have any questions or concerns, you should discuss these with your GP, midwife, health visitor or other health professional.

Medicines and breastfeeding

Many illnesses, including depression (see page 18), can be treated while you are breastfeeding without harming your baby. Small amounts of whatever medicines you take will pass through your breastmilk to your baby, so always tell your doctor, dentist or pharmacist that you are breastfeeding.

Medicines that can be taken while breastfeeding include:

- most antibiotics;
- common painkillers such as paracetamol and ibuprofen (use with caution when breastfeeding – speak to pharmacist before purchase). The lowest dose should be used for the shortest duration. Aspirin should not be used;

- hayfever medicines such as Clarityn and Zirtek;
- cough medicines (provided they don't make you drowsy);
- asthma inhalers;
- normal doses of vitamins.

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

Over the counter medicines for minor ailments when breastfeeding

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



Minor ailment	First choice	Second choice	Do not use
Constipation	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Bisacodyl Senna (occasional use only)	
Cough	Honey and lemon in hot water Simple linctus		Medicines that contain codeine (co-codamol, co-dydramol) or guaifenesin
Diarrhoea	Oral rehydration sachets	Occasional doses of loperamide	
Haemorrhoids (piles)	Eat more fibre Bulk laxatives that contain ispaghula Lactulose	Soothing creams, ointments, suppositories or ice packs	
Hayfever, house dust mite and animal hair allergy	Antihistamine eye drops or nasal sprays Steroid nasal sprays	Antihistamines – cetirizine or loratadine. Do not use antihistamines that cause you to feel drowsy if caring for your baby.	Other antihistamines unless advised by your doctor
Head lice	Wet combing Dimeticone lotion	If ineffective, then head lice lotions	
Indigestion	Antacids (indigestion mixtures)	On your doctor's advice: medicines that reduce acid production, for example omeprazole	
Nasal congestion (stuffy or runny nose)	Steam inhalation	Oxymetazoline or xylometazoline nasal sprays (maximum of seven days)	Medicines that contain phenylephrine
Pain (headache, mastitis, toothache)	Paracetamol	Ibuprofen (use with caution when breastfeeding – speak to pharmacist before purchase. The lowest dose should be used for the shortest duration)	Medicines that contain aspirin Medicines that contain codeine (co-codamol, co-dydramol), unless advised by your doctor
Threadworms (treat whole household)	Mebendazole		
Vaginal thrush	Clotrimazole pessaries or cream	Fluconazole	

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

Illegal drugs are dangerous for your baby, so talk to your midwife, health visitor, GP or for more information go to pha.site/drugs-in-breastmilk, or contact druginformation@breastfeedingnetwork.org.uk

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

What partners should know about breastfeeding

Your partner's support is vital to helping you continue to breastfeed, as they can help by:

- making sure mother and baby are comfortable while feeding;
- explaining to family and friends about the importance of breastfeeding;
- bringing you a drink or a healthy snack to eat, such as a piece of fruit or a slice of toast;

- preparing meals and doing the housework so you can concentrate on feeding your baby;
- encouraging you, particularly when you are very tired or finding things difficult;
- protecting you from others' opinions about breastfeeding which may be undermining.

How partners can help

After the first few weeks when breastfeeding is going well, you might decide to express some milk so someone else can help with an occasional feed.

Expressing milk can be done by hand or, more usually, by using a pump to collect milk from the breast and store it in a bottle. Your health visitor or community midwife will be able to give advice on this. See also www.breastfedbabies.org

It's important to remember:

- Breastfeeding must be well established before a bottle is introduced as some babies can get confused or develop a preference for the bottle. This is because the sucking action required to feed from a bottle is

different to that used to feed from the breast.

- Maintaining a good milk supply depends on milk being removed regularly either by breastfeeding or expressing. Long periods between expressing or feeds may lower milk supply.

Knowing what helps

There are very few women who cannot breastfeed for medical reasons. However, many women experience difficulties if the baby is not latched onto the breast properly.

The more often your baby breastfeeds the more milk will be made – it works on supply and demand. Most babies will want to feed frequently, especially in the first weeks, so some feeds will seem very close together.

You and your partner may worry that your baby is not getting enough milk because you can't measure the amount they get.



But if they are having wet and dirty nappies and gaining weight at a normal rate, that means they are getting enough.

In fact, as your baby gets both a drink and food from the breast, there is no need for anything else for the first six months.

You and your partner may feel self-conscious about breastfeeding in public but it can be done without anyone noticing. You can lift your top from the waist and perhaps use a blanket, scarf or shawl. It can look as if your baby is just having a cuddle.

Breastfeeding is sometimes used as a method of contraception. If you definitely don't want to have another baby just yet, it is best to use other more reliable methods of contraception which are suitable while breastfeeding.

Keeping mother and baby together at night is important as it makes it easier for you to feed baby in a responsive way.

Breastfeeding is handier than bottlefeeding at night and when away from home as there's no need to worry about keeping milk fresh and heating bottles, plus it's free – bottlefeeding a baby can cost over £800 a year.

You will lose weight more quickly after the birth if you breastfeed.

How partners can get involved

If your baby is breastfed it is important for you to feed baby initially, but partners can be involved in many other ways caring for and being close to the baby. Here are some suggestions that your partner might like to try:

- change the baby's nappy;
- settle the baby after a feed by winding them;
- hold and soothe the baby;
- play with the baby;
- place the baby on their bare chest for skin-to-skin contact;
- give the baby a massage;
- carry the baby in a sling or baby carrier;
- talk, read and sing to the baby;
- take the baby for a walk in the pram;
- bath the baby.

Your relationship with your partner

Some parents worry that breastfeeding will affect the physical side of their relationship with their partner.



Some women lose interest in sex after having a baby and for most couples it is difficult to find the time and energy to make love, but it is possible for you both to enjoy an active sex life.

It is a good idea for you to feed the baby first so that you are more comfortable, your baby is settled and you are less likely to be disturbed by them crying.

Remember that breastfeeding may make your breasts feel more sensitive.

Your partner and your baby

The more your partner gets involved with caring for your baby, the more quickly they will develop a strong bond. Try to enjoy this time – it is busy and tiring but the rewards are amazing and it won't last forever!

Breastfeeding help and support

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

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

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

A list of breastfeeding groups for Northern Ireland can be found on www.breastfedbabies.org or ask your midwife or health visitor about your local group.

To find out what is available in your area, talk to your midwife

or health visitor, or contact the **National Breastfeeding Helpline** on 0300 100 0212 (lines are open from 9.30am to 9.30pm) or go to the website at www.nationalbreastfeedinghelpline.org.uk

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

For breastfeeding information visit the Public Health Agency website www.breastfedbabies.org

The following voluntary organisations can also provide information:

La Leche League

0845 120 2918
www.laleche.org.uk

NCT (formerly the National Childbirth Trust) Breastfeeding Line

0300 330 0700
www.nct.org.uk

The **Unicef Baby Friendly** site at www.unicef.org.uk provides information and links to useful resources about many aspects of breastfeeding.

All these voluntary organisations provide training for peer supporters.

The ***Bump to Breastfeeding (Best Beginnings)*** video is a useful source of information and will give you an insight into other mothers' experiences of breastfeeding. You can view this video online at pha.site/bump-to-breastfeeding

Informal sharing of breastmilk

Informal milk sharing involves a mother providing extra expressed breastmilk to another mother who may have low milk supply. This practice is not recommended as human milk obtained from outside the Northern Ireland Human Milk Bank carries risks as it will not have been processed in a way that follows accepted guidelines. There are significant risks associated with using informally shared human milk as it could be contaminated with disease causing bacteria. It may contain viruses as a result of the mother having unknown infections such as HIV, hepatitis; and it may contain medications taken by the mother as well as alcohol, nicotine, drugs and other contaminants.

Any mother experiencing difficulties with milk supply should talk to a midwife or health visitor. With good support it is very possible to increase a mother's milk supply to meet the needs of her baby.



Different feeding situations

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

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

Introducing infant formula

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

Most mothers find it easier, more comfortable and less likely to cause mastitis (painful, inflamed breasts) if they gradually stop breastfeeding. So give yourself plenty of time for the change, and cut out one feed at a time. Try the first formula feed when your baby is

happy and relaxed – not when they are very hungry. It may help if someone other than you gives the first feeds, so that your baby is not near you and smelling your breastmilk. It may take your baby a little time to get used to the new arrangements. So keep trying, stay calm and don't force it.

If you are making these changes because you are going back to work, make sure you start a few weeks before you are due to go back. However, don't feel you have to stop breastfeeding if you are returning to work. Depending on what age your baby is, they may take milk from a cup while being cared for by someone else and you can breastfeed when you are at home with your baby.

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

Increasing the amount of breastmilk you make

If you have had a difficult start or have changed your mind and want to start breastfeeding, talk to your midwife, health visitor or peer supporter about what you can do. Holding and cuddling your baby in close contact (skin-

to-skin) as much as possible gives you and your baby the time and opportunity for breastfeeding to happen as easily as possible.

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

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

Types of milk to avoid

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

Follow-on formula should never be fed to babies under six months old and there is no need to switch to these milks after six months.

Some follow-on formula has cereal added to it, and is described as a 'night-time feed for babies'. This type of formula is not necessary and there is no evidence that babies settle better or sleep longer when fed this.

Formula feeding

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

Choosing a formula

The different types of infant formula, and other infant milks marketed for babies and young children, can seem confusing as there are lots of different brands and types available. The majority of infants who are formula fed or mixed fed should be given a first infant milk (sometimes called first stage or stage 1 milk) throughout the first year.



All infant formula on the UK market must meet required standards for what they contain. More expensive brands still have to meet the same standards as cheaper brands. To find out more about infant formula visit www.firststepsnutrition.org

Infant formula milk usually comes in powder form and is based on processed, skimmed cows' milk and is treated so babies can digest it. Vegetable oils, vitamins, minerals and fatty acids are added to make sure the milk contains the vitamins and minerals that young babies need. This information will be on the contents list of the pack. Infant formula powders are not sterile, so it is important to follow the cleaning and sterilising instructions on page 42.

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



'Ready-to-feed' infant formula milk in cartons is also available. This is generally more expensive than powdered milk. Once opened, the carton should be stored in the fridge with the cut corner turned down or screw cap replaced. Do not store it for longer than 24 hours. You can continue giving your baby infant formula when they are older than six months. If you have any worries about the infant formula milk you are giving your baby, ask your midwife, health visitor or GP for information.

Using formula milk safely

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

If the feed is not prepared safely, these bacteria can cause infections. Infections are very rare, but can be life-threatening. Formula must therefore be made up with water hot enough to kill the

bacteria – at least 70°C. In practice, this means boiling the kettle and leaving it to cool for no longer than 30 minutes.

Vulnerable premature babies benefit from the use of ready-to-feed formula rather than powdered formula to reduce the risk of contamination and infection in hospital, however on discharge home a powdered formula can be used. If you are using formula, mix the formula and water and cool quickly to feeding temperature in cold water.

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

Automatic formula makers

The Food Safety Authority of Ireland (FSAI) does not recommend the use of automatic formula preparation machines. There is not enough evidence to support the safety of these machines.

Vitamin drops

If your baby is formula fed, you should give them vitamin

drops if they are drinking less than 500ml of formula milk a day. Some babies may need to be given vitamin D supplements from birth, see page 56 for more information. You can buy suitable drops at any pharmacy.

Ask your midwife or health visitor where you can get vitamin drops.

Sterilising

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

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



1 Clean and rinse. Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Rinse all

equipment in cold, clean running water before sterilising.

2 Cold water sterilising.

Follow the manufacturer's instructions. Change the sterilising solution every 24 hours, and leave feeding equipment in the solution for at least 30 minutes. Make sure there is no air trapped in the bottles or teats when putting them in the sterilising solution. Keep all the equipment under the solution with a floating cover.

3 Steam sterilising (electric or microwave).

Follow the manufacturer's instructions. Make sure the openings of the bottles and teats are facing down in the steriliser. Any equipment not used straight away should be re-sterilised before use.

Preparing a feed

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

STEP 2

Step 2: Use fresh tap water to boil a kettle with at least 1 litre of water. After it has boiled, let the water cool for no more than 30 minutes. Don't use artificially softened water or water that has already been boiled. If you have to use bottled water, you will still need to boil it. The water must still be hot, otherwise any bacteria in the milk powder might not be destroyed. For more information on bottled water, see page 44.

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

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

STEP 3

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

STEP 4

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

STEP 5

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

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

Feeding your baby

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

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

Responsive bottle feeding

Get everything you need ready before you start feeding. Find a comfortable position to hold your baby while you are feeding. Use this time to connect with your baby, hold them close, talk to your

baby and make eye contact. Offer the bottle gently giving your baby time to take breaks. Some babies take some milk, pause for a nap, and then wake up for more. So you will need to be patient. Remember, feeding is an opportunity to feel close to your baby and for you and your partner to get to know them. Avoid lots of different people feeding your baby as this can be confusing and frightening for them. Even when your baby is a little older, they should never be left alone to feed with a propped-up bottle, as they may choke.



Bottled water

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

If you are giving bottled water to babies under six months, you should boil and cool it just like tap water. If you need



to use bottled water to make up infant formula (for babies of any age), you should boil it and allow it to cool for no more than half an hour.

Bottles and teats

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

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

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

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

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

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

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





had enough for the time being or just want a rest.

Feeding away from home

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

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

If it's not possible to make up a fresh feed, or if you need to transport a feed – for example to a nursery or childminder – you should prepare the feed at home and cool it in the back of the fridge for at least one hour. Take it out of the fridge just before you leave, and carry it

in a cool bag with an ice pack and use it within four hours. If you reach your destination within four hours, take it out of the cool bag and store it at the back of a fridge for a maximum of 24 hours. Re-warm for no more than 15 minutes.

Coping with allergies

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

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

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

When to use a cup

While breastfeeding is encouraged into the second year and beyond, for bottlefed babies, Public Health

England's Delivering Better Oral Health recommends that babies should be introduced to drinking from a free-flow cup from the age of 6 months and feeding from a bottle should be discouraged from the age of 1 year.

Babies should be discouraged from holding the teat of a bottle in their mouths when they are not drinking. This is because it is important for learning to eat and talk, and for developing healthy teeth.



Babies can be encouraged to use cups from the age of six months.



Some common problems with formula feeding

Crying and colic

For information about crying and colic, see page 83.

Sickness and vomiting

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

As long as your baby is gaining weight, there is usually



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

Cover your baby's front when feeding and have a cloth or paper towels

handy to mop up any mess. Check that the hole in your baby's teat is not too big, as giving milk too quickly can cause sickness. Sitting your baby upright in a baby chair after a feed can also help.

The problem usually stops after six months when your baby is starting on solid foods and drinking less milk.

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

Constipation

Always stick to the recommended amount of infant formula milk powder. Using too much can make your baby constipated or thirsty. Breastfed babies don't usually get constipated. If your baby is under eight weeks old and has not passed a stool for a few days, talk to your health visitor or GP. For further information, see page 89.

Introducing your baby to solid food

Food is one of life's greatest pleasures. Yet it's also a source of worry for many parents. What should my baby or child be eating? How do I encourage them to eat lots of different foods that will help to keep them healthy? Can I afford to feed them the right things?

The next few pages will give you some basic guidelines on how to introduce your baby to solid foods and eating with the rest of the family.

For the first six months, babies only need breastmilk (or infant formula milk). It's normal for babies aged three to five months to start waking up in the night. This doesn't necessarily mean they are hungry. At this age, their digestive system is still developing and they are probably not ready for solid food.

By about six months, most babies are ready to start on solid food. At this age they may be able to sit up, wanting to chew and putting toys and other objects in their mouths, and reaching and grabbing for things.

Introducing a good variety of healthy foods from the start will help lay the foundations for healthy growth and development. Sugar should not be added to weaning foods.

Eating with the family and sharing the same foods will help your baby learn valuable social skills too.

You can learn more about introducing solid foods from the Public Health Agency booklet *Weaning made easy*, available at pha.site/weaning

When to start solid foods?

Health experts agree that about six months is the best age for introducing solids. Before this, your baby's digestive system is still developing, and introducing solids too early can increase the risk of infections and allergies. Research has also shown that introducing solid food has little impact on how long a baby sleeps or how often they wake up during the night. It is also easier to introduce solids at six months.

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

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

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

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

Sitting your baby in a high chair at the table means that you can smile and talk to them while they eat so that they feel included. Give your baby the same food as the rest of the

family, mashed or cut up into small pieces. Babies should not eat much salt, so you should not add any to your baby's food. Encourage babies and young children to feed themselves with finger foods, and let them decide when they have had enough.

Getting started

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

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

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

Some babies take time to learn to eat new foods. Your baby will be finding out about different tastes and textures





and that food doesn't come in a continuous flow. This may take time and you should be prepared for some mess! Never leave your baby alone when eating in case they choke.

Solid foods and milk

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

Helpful tips

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

- It needs to be a relaxed time – not when you are in a hurry or the baby is unsettled.
- To eat solid foods your baby has to learn to move food from the front of their tongue to the back so that they can swallow it. Some seem to do this really quickly and others take longer – that is OK, it's more important to go at your baby's pace.
- Your baby should be sitting up straight and facing the food. This will make it easier for them to explore foods and they will be less likely to choke. A high chair may be useful.
- Everything you use for feeding your baby should be really clean. It's better to spoon out the amount you think your baby will eat and heat this, rather than heating a large amount that then goes to waste. You can always heat up more if it's needed. Some babies are happy to eat food that has not been heated.
- Never reheat food that has already been reheated to prevent food poisoning.
- At first your baby will only need small amounts to try.
- Cover the floor with newspaper or a protective mat and use a bib to catch food spills – introducing solids can be a messy business!

- Feeding your baby is a great opportunity to communicate, so keep talking to them the whole time. This will help them to relax while they are eating. You will usually be sitting facing them, so they can really concentrate on what you are saying. Initially, your sentences can be very short ('More?'). As your child gets older, you can start offering more choices and using more complex language ('Do you want milk or water?').
- Babies love to explore and do things for themselves – it is how they learn new skills – so encourage your baby by giving finger foods so that they can do it for themselves. Don't worry if they make a mess.
- **Never** leave your baby alone when eating as they could choke. For further information on choking, see page 155.



How will I know when my baby has had enough?

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

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

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

Safety and hygiene

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

Dos:

- Always wash your hands well before preparing food.
- Check that hands are clean before feeding.

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

- Wash and peel fruit and vegetables, such as apples and carrots.
- Teach your children to wash their hands after touching pets and going to the toilet, and before eating.

Don'ts:

- Don't save and reuse foods that your baby has half eaten.
- Don't give your baby shellfish.
- Don't give babies food or drink when they are sitting on the potty.

Due to improved food safety controls in recent years it is unlikely to get food poisoning from raw or lightly cooked hen eggs from reputable suppliers which have been produced under the British Lion Code of Practice. Therefore it is safe to enjoy soft boiled hen's eggs and foods containing raw or lightly cooked eggs. For more information on food safety and hygiene, go to the Food Standards Agency website at www.food.gov.uk



Storing and reheating food

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

Choosing foods for your baby

First foods

Your baby's first solid foods need to be simple foods that they can easily digest, like vegetables, fruit or rice. Around six months of age, babies can eat finger foods – this means food that is big enough to be held in their



hand and stick out the top of their fist. Food cut into pieces that are adult finger sized usually works well. Try:

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

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

Giving your baby a varied diet

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



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



Ready-prepared baby foods

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

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

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

Remember to check the label of any food product you use to make family meals. Many sauces, soups, breakfast

cereals and ready-prepared meals are high in salt and sugars. Try to look out for healthier versions.

Foods to avoid

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

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

Honey. Very occasionally honey contains bacteria that can produce toxins in a baby's intestines, leading to

a very serious illness (infant botulism), so it's best not to give your child honey until they are one year old. Honey is a sugar, so avoiding it will help prevent tooth decay as well.

Choking

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





Nuts. Whole nuts, including peanuts, should not be given to children under five years in case they choke. As long as there is no history of food or other allergies in your family, you can give your baby peanuts, as long as they are crushed or ground

into peanut butter. See pages 35 and 66 for information about peanut allergies.

Low-fat foods. Fat is an important source of calories and some vitamins for babies and young children.

Getting into good habits

Feeding your baby a balanced diet will give them the best chance of growing up into a healthy child and adult. It's much easier to establish good eating habits from the start, as it can be hard to change things once your baby is older.

Up to 12 months, babies are usually willing to try new foods, so this is a good time to introduce a wide variety of foods with different flavours and textures. Wherever possible, offer them the same food as you are giving the rest of the family.

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

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

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

- dairy and alternatives;
- potatoes, bread, rice, pasta and other starchy carbohydrates;
- fruit and vegetables;
- beans, pulses, fish, eggs, meat and other proteins;
- oils and spreads.

Red meat (beef, lamb and pork) is an excellent source of iron. (For further information, see page 58.)

Sources of vitamin A

- Oily fish
- Eggs
- Dairy products
- Margarines
- Carrots and dark green vegetables (such as spinach, cabbage and broccoli)



Sources of vitamin C

- Oranges and orange juice
- Kiwi fruit, blackcurrants, mangoes, nectarines and strawberries
- Red and green peppers, cabbage, tomatoes and broccoli

Sources of vitamin D

- Safe exposure to summer sunshine
- Margarines
- Fortified breakfast cereals
- Oily fish like salmon, sardines, herring, mackerel and fresh tuna

Find out more about vitamin drops or supplements on page 55.



It's better for babies and young children under two to have full-fat milk, yogurt and cheese rather than low-fat kinds of milk, yogurt, fromage frais, cheese or spreads.

Shark, marlin and swordfish.

These contain large amounts of mercury. You should also limit the amount of tuna your child eats - no more than two portions per week (see page 58).

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

Mould-ripened soft cheeses and unpasteurised cheese.

Babies and young children shouldn't eat mould-ripened soft cheeses or unpasteurised cheeses, such as Brie or Camembert, or ripened goat's milk cheese and soft blue veined cheese such as Roquefort, as there is a higher risk that these cheeses might carry a bacteria called listeria.



Food allergies

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

For more information on food allergies (including peanut allergies), see page 66.

Some meal ideas to try

Breakfast

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

Lunch

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

Dinner

- Cooked sweet potato with mashed chickpeas and cauliflower with a white sauce.
- Shepherd's pie with green vegetables.
- Rice and mashed peas with courgette sticks.
- Mashed cooked lentils with rice.
- Minced chicken and vegetable casserole with mashed potato.
- Mashed canned salmon with couscous and peas.
- Fish poached in milk with potato, broccoli and carrot.



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

Beakers and cups

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

Choosing a beaker or cup

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

Nine months and over

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

- three to four servings of starchy food, such as potato, bread, pasta, cereals and rice, each day;
- three to four servings of fruit and vegetables each day (the vitamin C in fruit and vegetables will help your baby absorb iron, so

it's good to include them at mealtimes); and

- two servings of beans, pulses (such as peas or lentils), fish, eggs or meat each day.

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

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

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



Healthy Start vouchers

If you have children under four or are pregnant and on certain benefits you may qualify for Healthy Start.

Healthy Start vouchers can be spent on plain (with no added ingredients) cow's milk – whole, semi-skimmed or skimmed; plain fresh or frozen fruit and vegetables (whole or chopped, packaged or loose); and infant formula milk that says it can be used from birth and is based on cow's milk. A request for vouchers should be made to:

Freepost RRTR-SYAE-JKCR
Healthy Start Issuing Unit
PO Box 1067
Warrington
WA55 1EG
Telephone 0845 607 6823

Healthy Start vitamins

Women and children getting Healthy Start food vouchers also get coupons to use to claim free Healthy Start vitamins.

If you are entitled to Healthy Start the vitamin coupons will be sent to you

automatically. Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Your midwife or health visitor will be able to tell you why vitamins are important.

To claim Healthy Start vitamins, you should post the Healthy Start letter you receive with the vitamin coupon still attached to:

Business Services
Organisation
Healthy Start Vitamin Scheme
Pinewood Villa
73 Loughgall Road
Armagh
BT61 7PR
Telephone 028 3741 2744

The Healthy Start vitamins will be posted directly to your home. This postal arrangement applies to only those living in Northern Ireland.

To find out more visit www.healthystart.nhs.uk or www.health-ni.gov.uk

Vitamins

From one to five years all children should be given vitamin A, C and D supplements. Some babies will need to be given vitamin D supplements from birth, see page 56 for more information. It's especially important to give vitamin drops to children who are fussy about what they eat, children living in northern areas of the UK and those of Asian, African and Middle Eastern origin.

Vitamin drops may contain peanut oil – always check the bottle.

Too much of some vitamins is as harmful as not enough. So always talk to your health visitor, pharmacist or GP before starting any supplements. Your health visitor can give you advice on vitamin drops and tell you where to get them. You will be able to get vitamin drops free if you qualify for Healthy Start (see left).

Vegetarian and vegan diets

The advice on introducing solid food to babies who are on a vegetarian or vegan diet is exactly the same as for babies on any other diet. See page 60 for advice on ensuring your vegetarian or vegan toddler or child is getting the nutrients they need for healthy growth and development.



Feeding your young child

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

Like the rest of the family, your toddler needs to eat a variety of foods from the five groups:

- dairy and alternatives;
- potatoes, bread, rice, pasta and other starchy carbohydrates;
- fruit and vegetables;
- beans, pulses, fish, eggs, meat and other proteins;
- oils and spreads.

Babies and children (and adults) do not need foods high in fat and sugar such as cakes, biscuits, chocolate and sweets in their diet. If included, they should be offered infrequently, in small amounts and ideally at the end of a meal, which helps reduce the risk of tooth decay.

Dairy and alternatives

Young children still need milk. Whole milk and full-fat dairy

Vitamin D

Vitamin D only occurs naturally in a few foods such as oily fish. It is mainly made by the skin when it is exposed to gentle sunlight between April and September. Encourage your children to play outside, but remember that children burn easily, especially those with fair skin. Children should not be out for too long in the sun in hot weather and never let their skin turn red or burn (see page 158 for advice about safety in the sun).

Everyone aged five years and over, including pregnant and breastfeeding women, should consider taking a 10 microgram vitamin D supplement daily. During summer months, most people will usually get enough vitamin D from sunlight so you may choose not to take a supplement over the summer months (late March/April to the end of September).

products are a good source of vitamin A, which helps the body to resist infections and is needed for healthy skin and eyes.

After the age of one, children need less milk than they do as babies. If you are breastfeeding you can just carry on and your baby will naturally reduce the amount they take as they increase the amount of food they eat. Give smaller drinks of whole cow's milk in cups or beakers, not

bottles (see page 54 for more information about choosing the right cup or beaker).

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



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

Some ideas to try

Milk

- Porridge, hot oat cereal or cornmeal made with whole milk.
- Breakfast cereals with milk.
- Rice pudding, custard or bread-and-butter pudding.

Cheese

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

Yogurt and fromage frais

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



Potatoes, bread, rice, pasta and other starchy carbohydrates

Starchy foods provide energy, nutrients and some fibre. Whether it's bread or breakfast cereals, potatoes or yams, rice or couscous, pasta or chapattis, most children don't need much encouragement to eat foods from this group. Serve them at all meals and as some snacks. Let your child try lots of different varieties of starchy foods. For more information on fibre, see 'Eating as a family' on page 63.



Fruit and vegetables

Fruit and vegetables contain lots of vitamins, minerals and fibre and they liven up meals

with a variety of colours, textures and flavours.

It's good to try to introduce lots of different types from an early age, whether fresh, frozen, canned or dried.

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

Fruit and vegetables contain lots of different vitamins and minerals, the greater the variety your toddler eats the better, but don't worry if they will only eat one or two.



Some ideas to try

Snacks

- Fruit and vegetable sticks or pieces.
- Breakfast cereals (not sugar-coated).
- Plain popcorn (not sweetened or salted) or breadsticks.
- Toast, bagels, bread rolls or potato bread.
- Fingers of toasted brown bread covered with cheese spread.

More substantial meals

- Baked potatoes with baked beans and cheese.
- Pasta with vegetable, meat, fish or cheese sauces.
- Pitta bread filled with cream cheese, ham or fish.

- Couscous mixed with peas and flaked fish or cooked minced meat.
- Noodles or rice mixed with shredded omelette and vegetables.
- Chapattis with dhal.

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

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

Lots of children don't like cooked vegetables but will nibble on raw vegetables – like sticks of carrot or peppers – while you are preparing a meal. Your child might be more likely to eat vegetables if they are given in different ways – for example on the top of a pizza or puréed in a sauce. If your child flatly refuses to eat vegetables,



keep trying but offer them plenty of fruit too and try not to make a big fuss if they refuse. It can help if you show them that you like eating vegetables. Give vitamin drops as a safeguard (see page 55 for more about vitamins).

Beans, pulses, fish, eggs, meat and other proteins

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

You can give boys up to four portions of oily fish (such as mackerel, salmon and sardines) a week, but it's best to give girls no more than two portions a week. This is because the low levels of pollutants that oily fish contain can build up in the body and may harm an unborn baby during a future pregnancy.





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

Some ideas to try

Tasty snacks

- Mashed banana on fingers of toast.
- Pitta pockets filled with canned salmon and salad.
- Scrambled egg on toast with tomato slices.
- Grilled sausages with baked beans (reduced salt and sugar) and mashed potato.
- Spaghetti bolognese made with lean mince and served with vegetables.
- Ham with baked potato and broccoli.
- Fish curry with vegetables and rice.

Oils and spreads

Getting enough healthy fats is essential for growth and

development. Young children in particular need enough of them in their diet to help the brain and nervous system develop normally. The best ones to use are unsaturated oils and spreads such as rapeseed, olive or sunflower oil.

Getting a good start

healthy eating from one to five



HSC Public Health Agency

You can find out more from the Public Health Agency booklet **Getting a good start** visit pha.site/getting-good-start-one-to-five

More substantial meals

- Beans, lentils and peas made into delicious soups or stews.
- Chickpea curry with vegetables and chapattis.
- Grilled fish fingers with potatoes and peas.
- Stir-fried chicken and vegetables with rice.



Vegetarian and vegan diets

If you are bringing up your child on a diet without meat (vegetarian) or without any food from an animal (vegan), they will need two or three portions of vegetable protein or nuts every day to ensure they are getting enough protein and iron. Don't give whole nuts to children under five, as they could choke. Grind nuts finely or use a smooth nut butter. See pages 35 and 66 for important information about peanut allergy.

The advice on introducing your child to solids (see page 46) is the same for vegetarian babies as for non-vegetarians. However, as your child gets older, there is a risk that their diet may be low in iron and energy and too high in fibre. You can help to make sure that all your child's nutritional needs are met by giving them smaller and more frequent main meals, with one or two snacks in between.

You will also need to make sure they are getting enough



calcium, vitamin B12 and vitamin D. Vitamin drops are especially important up to five years of age.

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

Take care when feeding children on a vegan diet. Young children need a good variety of foods to provide the energy and vitamins they require for growth.

A vegan diet can be bulky and high in fibre and this can mean that children get full before they have taken in

enough calories. Because of this, children being weaned onto a vegan diet will require supplements of vitamin B12 and riboflavin. It's a good idea to ask a dietitian or doctor for advice before starting your child on solids.

For more information on vegetarian diets, contact The Vegetarian Society (www.vegsoc.org).

For more information on vegan diets, contact The Vegan Society, at www.vegansociety.com

A healthy vegan diet

Energy. Young vegan children need high-calorie foods such as tofu and smooth nut and seed butters (such as tahini and cashew or peanut butter). See pages 35 and 66 for information about peanut allergy.

They still need starchy foods but it's best if these are eaten in moderation. For



extra energy, you could add vegetable oils or vegan fat spreads to foods.

Protein. Pulses and food made from pulses are a good source of protein. Breastfeeding until your child is two or more, or giving them soya-based formula milk, will also help to ensure they are getting enough protein.

Always ask your GP for advice before using soya-based formula. Nut and seed butters also contain protein (but always use smooth versions for babies and children up to five).

Iron. See page 58.

Calcium. Fortified unsweetened milk alternatives such as soya, oat or almond milks are rich in calcium, low in saturated fat and cholesterol-free. Some foods are also fortified with calcium, so always check the label.

Vitamin B12. Fortified breakfast cereals and some yeast extracts contain

vitamin B12, however the main sources of B12 come from animal sources, so it is recommended that children take a supplement.

Vitamin D. See page 56.

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

Fat, sugar and salt

Fat

Young children, especially under-tuos, need the concentrated energy provided by fat. There are also some vitamins that are only found in fats. That is why foods such as whole milk, yogurt, cheese and oily fish are so important. From the age of two, you can gradually introduce lower-fat dairy products and cut down on fat in other foods so

that by the time your child is five they are eating a healthy low-fat diet like the one recommended for adults.

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

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

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

- grill or bake foods instead of frying;
- skim the fat off meat dishes like mince or curry during cooking;





- buy leaner cuts of meat and lower-fat meat products, such as sausages and burgers with low-fat labels;
- take the skin off poultry before cooking – it's the fattiest part;
- reduce the amount of meat you put in stews and casseroles, and make up the difference with lentils, split peas or beans;
- for children over two, use lower-fat dairy products like semi-skimmed milk, low-fat spreads and reduced-fat cheeses;
- use as little cooking oil as possible and choose one that is high in omega 3 polyunsaturates such as rapeseed or olive oil. In the UK, pure vegetable oil is often rapeseed oil.

Sugar

This is the sugar found in fizzy drinks, juice drinks, sweets, chocolate, cakes and jam. It's best to stick to giving these kinds of foods and drinks to your child only at mealtimes and give them only occasionally.

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

Parents or carers should brush their children's teeth:

- as soon as they erupt
- twice a day
- last thing at night (or before bedtime) and on one other occasion
- with only a smear of toothpaste containing at least 1000 ppm fluoride

As soon as your child gets their first teeth and certainly by their first birthday, take them to the dentist so they become familiar with the experience. Your dentist will assess how often your child should attend. Until their 18th birthday, the time between appointments should never be more than 12 months.

Salt

There is no need to add salt to your child's food. Most foods already contain enough. Too much salt can give your child a taste for salty foods and contribute to high blood pressure in later life.

Your whole family will benefit if you gradually reduce the amount of salt in your cooking. As well as keeping salt off the table, you can also limit the amount of salty foods (such as crisps and savoury snacks) that your child has.

Salt: know your limits

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



Helpful tips

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



as sugar. Limit foods containing this, like Indian sweetmeats.

Eating as a family

Try to eat together and sit at the table. Try to involve your child in preparing food and serving it when it is safe to do so. Allow your child to help with laying and clearing the table. Encourage the child to try all the foods offered. For adults and children over five, a healthy, balanced diet usually means eating foods from the four main food groups. The Eatwell Guide pha.site/eatwell-guide shows how much of the various different types of food you need to eat for a well-balanced, healthy diet. Children under the age of five need a diet that is higher in fat and lower in fibre than this.

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

Include bread, potatoes,

breakfast cereals, pasta, rice, oats, noodles, maize, millet, yams, cornmeal and sweet potatoes. Make these foods the main part of every meal. Choose wholegrain varieties when you can, but young children should not eat wholegrain foods all the time. You should avoid giving your baby high-fibre versions of foods, especially those with added bran. It stops young children absorbing important minerals such as calcium and iron. It is better not to give young children brown rice, wholemeal pasta or bran-enriched breakfast cereals until they are older, although giving them some brown bread is OK.

Include milk, yogurt and fromage frais. Children need about three servings a day. From the age of two, you can gradually introduce lower-fat dairy products and cut down on fat in other foods, so that by the time your child is five they are eating a healthy low-fat diet like the one recommended for adults.

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

How much food do toddlers need?

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

Cutlery, chopsticks or fingers?

Mealtimes can get messy! It will take time for your child to learn how to behave when eating. The best way that they can learn is by copying you and the rest of your family. That is why it's good to try to eat and enjoy your food together. Remember to turn off the TV, phones, computers and laptops and enjoy each other's company. Some families prefer to eat with their fingers, while others use cutlery or chopsticks.



Whichever option you go for, be patient.

By about one year of age, babies should be trying to feed themselves. Some are very independent and want no help – so be patient, even if most of the food misses their mouths! Others will accept your help, but will still want to hold a spoon themselves while being fed. Whichever group your child falls into, you can encourage them to feed themselves either with a spoon or by giving them finger foods (see page 50).

Safety

- Make sure there are no sharp knives on the table within your child's reach.
- Also be aware of the danger of table cloths. Children are able to pull on them to access things on the table.
- Unbreakable plates or bowls are ideal for small children, who often decide their meal is finished when their plate hits the floor.
- When your child no longer needs their high chair, make sure they are sitting at the right height for the

table, otherwise they will find it difficult to eat.

- Use cushions, booster seats or even sit them on your own or someone else's lap, but always make sure they are sitting safely.

Drinks

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

Breastmilk is the ideal drink for babies. It should be given exclusively for the first six months and then continue with demand breastfeeding as solid food is introduced. Your child will naturally reduce the amount of breastmilk taken as more food is eaten.

Infant formula is the only alternative to breastmilk in the first 12 months of your baby's life. It can be used up to the time when ordinary cows' milk can be introduced (at one year old) or beyond. Follow-on milks are available for babies over six



months, but there is no need to change over to these. See page 41 for more information about these and other types of formula.

Goats' and sheep's milk

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

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

Unsweetened calcium-fortified milk alternatives

such as **soya drinks** and other milk alternatives like **almond and oat drinks** can be given from the age of one as part of a healthy balanced diet. For more information see pha.site/childrens-drinks

While breastfeeding is encouraged into the second year and beyond, for bottlefed babies it is recommended that after one year all drinks should be given from a cup and a feeding bottle should no longer be used.

Rice drinks

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

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

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



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

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



Non-cows' milk formula

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

Squashes, flavoured milk and juice drinks contain sugar and can cause tooth decay even when diluted. They are not suitable for young babies. For older babies and toddlers, these drinks can lead to poor appetite, limited weight gain and, in toddlers, loose stools. Even those with artificial sweeteners can encourage children to develop a sweet tooth. If you want to use squashes, flavoured milk and juice drinks, keep them for mealtimes, make sure they are diluted well and always give them in a feeder cup rather than a bottle. These drinks should never be given as a bedtime drink as this can be particularly bad for tooth decay. You should also try to keep drinking times short.

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

Energy drinks are not suitable for babies or young children due to high caffeine and sugar levels.

Diet drinks and 'no added sugar' drinks, whether squashes or fizzy drinks, are not intended for babies, toddlers or young children. This is in line with advice from the British Dental Association.

Baby and herbal drinks contain sugars and are not recommended.

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

See page 54 for information on choosing the right cup or beaker for your baby or toddler.

Food additives

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

	100ml	250ml	%GDA*
Energy	199kJ	500kJ	6%
	47kcal	120kcal	
Total fat	0.5g	1.3g	
Saturated fat	10.5g	26.3g	
Carbohydrate	10.5g	26.3g	
of which sugars	trace	trace	
of which saturates	trace	trace	
Fibre	trace	trace	
Sodium	trace	trace	

Food allergies

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





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

If you choose to start giving your baby solid foods before six months (after talking to your health visitor or GP), don't give them any of the foods above until after six months of age. This is because these foods can sometimes trigger development of a food allergy.

When you give these foods to your baby for the first time, it's a good idea to start with one at a time, so that you can spot any allergic reaction. If you think your child is having an allergic reaction, you should seek urgent medical attention. Common symptoms of an allergic reaction include one or more of the following: coughing; dry, itchy throat and tongue; itchy skin or rash; diarrhoea and/or vomiting; wheezing and shortness of breath; swelling of the lips and throat; runny or blocked nose; sore, red and itchy eyes.

You may have heard that previous advice was to avoid giving your child peanuts before the age of three years – this advice has now changed, based on the latest research, and you only need to avoid giving

peanuts before six months of age.

If your child already has a known allergy, such as a diagnosed eczema or a diagnosed food allergy, or if there is a history of allergy in your child's immediate family (if parents, brothers or sisters have an allergy such as asthma, eczema, hayfever, or other types of allergy) then your child has a higher risk of developing peanut allergy (see page 35). In these cases you should talk to your GP, health visitor or medical allergy specialist before you give peanuts or peanut-containing foods to your child for the first time.

Remember not to give whole peanuts or nuts to children under five because of the risk of choking.

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

For advice on asthma and allergies, contact Asthma UK's helpline on 0300 222 5800 or go to www.asthma.org.uk, or call the Allergy UK helpline on 01322 619898. Lines are open

from Monday to Friday, 9am to 5pm. The Allergy UK website is at www.allergyuk.org

Coping with allergies

If you think your baby might be allergic to cows' milk, talk to your GP or health visitor. Breastmilk is best for your baby. Do not eliminate food groups from your diet unless advised to do so by a healthcare professional.

If your baby is formula fed, your GP can prescribe a trial of formula called 'extensively hydrolysed protein milk', which will be trialled for two to four weeks and will be followed by reintroduction of the cows' milk containing formula in order to confirm a diagnosis of cows' milk protein allergy. It is important to trial the baby back on cow's milk formula after 4 weeks. Some over-the-counter formulas are labelled as 'hypoallergenic' but they are not suitable for babies with a diagnosed cows' milk protein allergy. Once a diagnosis of cows' milk protein allergy is confirmed, your GP should refer your baby to a paediatric dietitian for ongoing support.

Soya based infant formulas are not recommended in babies under six months of age, or for the treatment of cows' milk protein allergy. You should speak to your health visitor/GP/dietitian if you intend to introduce soya formula to your baby. A small

Party time!

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

- make tiny sandwiches and cut them into different shapes. Use fillings that cut easily, like wafer-thin ham, cheddar cheese spreads and egg mayonnaise;



- offer bowls of plain popcorn, breadsticks, raw vegetable sticks and baby tomatoes;
- make reduced-sugar jellies and add canned mandarins or slices of fruit;
- offer one or two ready-diluted fruit juices to drink rather than carbonated drinks;

- fruit scones need very little preparation;
- decorate small plain biscuits with cheese spread and a small piece of fresh or canned fruit to add colour;
- serve ice cream with fresh or canned fruit;
- don't forget the birthday cake for the end of the meal!



proportion of babies who are cows' milk protein allergic may also have an intolerance or allergy to soya.

Babies often grow out of a cows' milk allergy after six to nine months of a cows' milk exclusion diet. When your baby reaches nine to twelve months of age, you will be supported by your dietitian to discuss gradually reintroducing cows' milk back into their

diet, or aim to switch to an alternative, calcium and vitamin D-enriched dairy-free milk, eg oat, coconut etc, which may be suitable as a main drink after 12 months of age. A small proportion of babies will not be ready for a milk challenge at nine to twelve months of age. Your dietitian will guide you regarding this. Always ask your dietitian/GP/health visitor for advice before making any changes to your baby's diet.

It is important to introduce your baby to other allergens prior to twelve months of age; these include eggs, peanut and other tree nuts (in the form of nut butter or nut flours), fish, sesame. If your child has a history of eczema, the above advice may differ and you should speak to your dietitian/GP/health visitor about this.

Some common problems with eating

It's perfectly normal for toddlers to refuse to eat or even taste new foods. Children will usually eat enough to keep themselves going, so try not to worry unless your child is not putting on weight as quickly as they should (see page 107) or is obviously ill.

As long as your child eats some food from each of the four food groups – even if it's always the same old favourites – you do not need to worry. Gradually introduce other food choices or go back to the foods your child did not like before and try them again.

Remember, as long as your child is active and gaining weight, they are getting enough to eat, even if it doesn't look like it to you.

Never force a child to eat

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

These tips can help:

- give your child the same food as the rest of the family, and eat your meals together if possible;
- give small portions and praise your child for eating, even if they only manage a little;
- it can take up to 10-15 tries before your child will accept a new food;
- if your child rejects the food, don't force-feed them. Just take the food away without comment; try to stay calm even if it's very frustrating.



- don't leave meals until your child is too hungry or tired to eat;
- your child may be a slow eater so you may have to be patient;
- don't give too many between-meal snacks; you could limit them to, for example, a milk drink and some fruit slices or a small cracker with a slice of cheese;
- you may find it useful to take the attitude that a food refusal is 'not liked today'; just offer the food again in a different way, as this may be more acceptable;
- it's best not to use food as a reward, otherwise your child will start to think of, say, sweets as nice and vegetables as nasty; instead, reward them with a trip to the park or promise to play a game with them;
- if your child fills up with juice or squash between meals and refuses milk or snacks, try gradually reducing the amount of juice or squash they have, diluting it well with water, and give them a small amount of food - children sometimes get thirst and hunger mixed up and say they are thirsty when they are actually hungry;
- try to make mealtimes enjoyable and not just about eating - sit down and have a chat about other things;
- if you know of any other children of the same age who are good eaters, ask them to tea; a good example can work wonders, as long as you don't talk too much about how good the other children are;
- ask an adult who your child likes to eat with you; sometimes a child will eat for someone else, like a grandparent, without any fuss;
- children's tastes change - one day they will hate something, a month later they will love it.

Frequently asked questions

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

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

What snacks can I give instead of biscuits or crisps?

You could try:

- raw vegetable sticks such as cucumber and carrots;
- a plain yogurt with a banana sliced into it;
- a slice of toast with cream cheese, hummus or a slice of chicken;



- some crackers, breadsticks or rice cakes with nut butter;
- a bowl of cereal with milk;
- a piece of fruit.

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

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

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

Try to choose two savoury options, some fruit, a sweet option (yogurt, plain fromage frais, scone, pancake or currant bun) and a drink. Good sandwich fillings are canned tuna or salmon, hummus, hard or cream cheese, chicken, turkey or peanut butter (see page 35 for advice on peanut allergy). You could add a few vegetable sticks (carrots,



peppers or cucumber) to munch on and a container of bite-sized fruit – for example a peeled satsuma or washed, chopped up seedless grapes. A box of raisins is fine if eaten at lunchtime. If you include a fromage frais or yogurt, don't forget a spoon. And a piece of kitchen towel is always useful. If the lunchboxes are not refrigerated at nursery, use an insulated box with an ice pack to keep food safe and cool. If you have a leak-proof beaker, you can give milk, water or well-diluted fruit juice.

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

Frequent sugary drinks increase the chance of tooth decay. See page 64 for a list of suitable drinks. If your child will only drink sugary drinks, it can take some time to break the habit. Start by diluting them really well with water and offering them in smaller quantities, in a beaker at mealtimes.

Keeping active

Children love using their bodies to crawl, walk, run, jump and climb. The more opportunities you give them to burn off some energy, the happier they will be. You will probably find they sleep better and are more easy going, too. By giving them the chance to exercise, you will be helping their muscle development and general fitness, and laying down habits that will help them grow into fit, healthy adults. Visit pha.site/kids-physical-activity for practical ideas for physically active play.

Here are some ways to keep your child active:

- let your baby lie down and kick their legs;



- babies should be encouraged to be physically active through floor play, tummy time and water play in a safe environment;
- once your baby has started crawling, let them crawl around the floor - you will need to make sure it's safe first;



- children of pre-school age who are capable of walking unaided should be physically active for at least 180 minutes (three hours) spread throughout the day;



- let your toddler walk with you, rather than always using the buggy;
- toddlers and young children love going to the park where they can climb and swing, or just run around;



- toys that your child can pick up and move around will help improve their coordination and develop the muscles in their arms and hands;
- there may be activities for parents and children at your local leisure centre;



- you can take your baby swimming from a very young age - there is no need to wait until they have been immunised.



Teeth

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

(milk) teeth in all, 10 at the top and 10 at the bottom.

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

Brushing your child's teeth

As soon as your baby's teeth start to come through, you can start brushing their teeth. Buy a baby toothbrush and use it

with a tiny smear of fluoride toothpaste. Check with your dentist whether the brand you are using has enough fluoride for your baby's needs. Don't worry if you don't manage to brush much at first. It is important to get your baby used to teethbrushing as part of their everyday routine. Let your baby have their own toothbrush too as this can help make it fun. You can help by setting a good example and letting them see you brushing your own teeth.

Gradually start brushing your child's teeth more thoroughly, covering all the surfaces of the teeth. You should do it twice a day – just before bed, and at

Teething

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

It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot (stay nearby in case of choking). It's best to avoid rusks because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth. For babies over four months old, you can try rubbing sugar-free teething gel on their gums. You can get this from the pharmacist.

For younger babies, talk to your GP or health visitor. You may also want to give sugar-free baby paracetamol or ibuprofen. Follow the instructions

on the bottle for your child's age, or check with your pharmacist, GP or health visitor. Do not use teething jewellery like necklaces, bracelets and anklets. These products are unsafe.

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

TEETHING





Fluoride

Fluoride is a natural element that can help prevent tooth decay. It occurs naturally in foods, and is also in some water supplies, although the levels are usually too low to be of much benefit.

Parents of children aged under 3 years are advised to have only a smear of fluoride toothpaste, when toothbrushing. Your dental professional can give advice on how your child may benefit from additional fluoride to help protect your child's teeth.

another time that fits in with your routine. Not all children like having their teeth brushed, so you may have to work at it a bit. But try not to let it turn into a battle. Instead, make it into a game, or brush your own teeth at the same time and then help your child 'finish off'.

The easiest way to brush a baby's teeth is to sit them on your knee with their head resting against your chest. With an older child, stand behind them and tilt their head upwards. Three to six year olds should use a pea-sized amount of toothpaste. Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. You can also clean your baby's teeth by wrapping a piece of damp gauze with a tiny amount of fluoride toothpaste on it over your finger and rubbing this over their teeth.

You will need to carry on helping your child brush their teeth until you are sure they can do it well enough themselves. You should brush or supervise toothbrushing until they are at least seven.

Taking your child to the dentist

You can take your child to a dentist as soon as they are born, even before they have any teeth. HSC dental treatment for children is free. Take your child with you when you go to the dentist, so they get used to the idea.

You can search for a dentist in your area using the link: [https://](https://online.hscni.net/in-your-area/hsc-service-finder/)

online.hscni.net/in-your-area/hsc-service-finder/

If you have difficulty finding a dentist, you can contact your local SPPG office for advice:

- Northern Office: 028 9536 2812
- Belfast / South Eastern Office: 028 9536 3926
- Western Office: 028 9536 1010
- Southern Office: 028 9536 2104

Reducing sugary snacks

The risk of developing tooth decay increases as the amount and frequency of





Happy Smiles

Happy Smiles is a local programme to promote good dental health in children and young people. More information is available at pha.site/happy-smiles

sugar consumption rises.. It's not just the amount of sugar in sweet food and drinks that matters, it's how often the teeth are in contact with the sugar. Sweet drinks in a bottle or feeder cup and lollipops are particularly bad because they

'bathe' the teeth in sugar for long periods of time. Acidic drinks such as fruit juice and squash can harm teeth too. This is why it's better to give them at mealtimes, not in between.

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

- From the time your baby is introduced to solid food, try to encourage them to eat savoury food. Watch for sugar in pre-prepared baby foods (even the

savoury ones), rusks and baby drinks, especially fizzy drinks, squash and syrups.

- Try not to give biscuits or sweets as treats – and ask relatives and friends to do the same. Use things like stickers, badges, hair slides, crayons, small books, notebooks and colouring books, soap and bubble baths. They may be more expensive than sweets, but they last longer too.



- If children are having sweets or chocolate, it's less harmful for their teeth to eat them all at once and at the end of a meal than to eat them little by little and/or between meals.
- At bedtime or during the night, give your baby milk or water rather than baby juices or sugar-sweetened drinks.
- If your child needs medicine, ask your pharmacist or GP if there is a sugar-free option.



- Try to avoid giving drinks containing artificial sweeteners, such as saccharin or aspartame. If you do, dilute them with water (read the labels carefully).
- It's OK to use bottles for expressed breastmilk, infant formula or cooled boiled water but using them for juices or sugary drinks can increase tooth decay. It's best to put these drinks in a cup and keep drinking times short.
- Between six months and one year, you can offer drinks in a lidded non-valved free-flowing cup (see page 54 for more on choosing the right cup or beaker).
- It might help to check your whole family's sugar intake and look for ways of cutting down.
- For more information on children's nutrition and tips for introducing solids to your baby visit the Public Health Dietitians channel on YouTube: www.youtube.com/@publichealthdietitians9636

Nutrition Facts	
Serving Size 1 Doughnut (51g)	
Amount Per Serving	
Calories 280	Calories from Fat 140
%Daily Value*	
Total Fat 15g	23%
Saturated Fat 7g	35%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 400mg	17%
Total Carbohydrate 33g	11%
Dietary Fiber 1g	4%
Sugars 16g	
Protein 3g	

Monitoring sugar content

Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch are all sugars. Invert sugar or syrup, honey, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juices are all sugars. Maltodextrin is not a sugar, but can still cause tooth decay.

3

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.

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 they feel and want – watch out for their 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. Some soon sleep

The safest place for your baby to sleep is in a Moses basket or cot in your room for the first six months. They should be placed on their back with their feet touching the bottom of their Moses basket or cot. Do not use pillows, loose blankets, cot bumpers or sleep positioners. Keep blind cords, electrical leads, baby monitor cables, bunting and other decorations away from the Moses basket or cot. 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.

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 Twins Trust (www.twins-trust.org) for information about sleeping, including guidance on how more than one baby can share a cot safely.

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 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, brushing teeth with a smear of toothpaste containing 1000ppm fluoride, 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 in a moses basket or cot in your room for the first six months. They should be placed on their back with their feet touching the bottom of their moses basket or cot. Do not use pillows, loose blankets, cot bumpers or sleep positioners.

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 unexpected death in infancy

Sadly we don't know why some apparently healthy babies die suddenly. 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.

The risks of co-sleeping

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

should be placed on their back with their feet touching the bottom of their moses basket or cot. Do not use pillows, loose blankets, cot bumpers or sleep positioners.

You should never sleep with your baby on an armchair or sofa. If you are feeling tired or sleepy put your baby back in their cot in case you fall asleep. Co-sleeping with your baby is associated with a higher risk of sudden infant death.

It is dangerous to share a bed with your baby if:

- you or anyone in the bed has recently drunk alcohol;
- you or anyone in the bed smokes;
- you or anyone in the bed has taken any drugs that make you feel sleepy.

In these situations, always put your baby in their own safe sleep space such as a cot or a moses basket. Keeping the cot or moses basket next to the bed might make it easier to do this.

Whether you choose to co-sleep, or it is unplanned, there are some key risks you should avoid.

- Ensure there are no pillows, sheets, blankets or other items in the bed that could obstruct your baby's breathing or cause them to overheat. A high proportion



of infants who die as a result of sudden infant death are found with their head covered by loose bedding.

- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Never leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position.
- Never let pets or other children into the bed with your baby.

Remember, co-sleeping is not a risk-free activity. You are responsible for ensuring your baby's safety. No studies have found that the parents' bed is safer than a cot or moses basket beside the bed.

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:

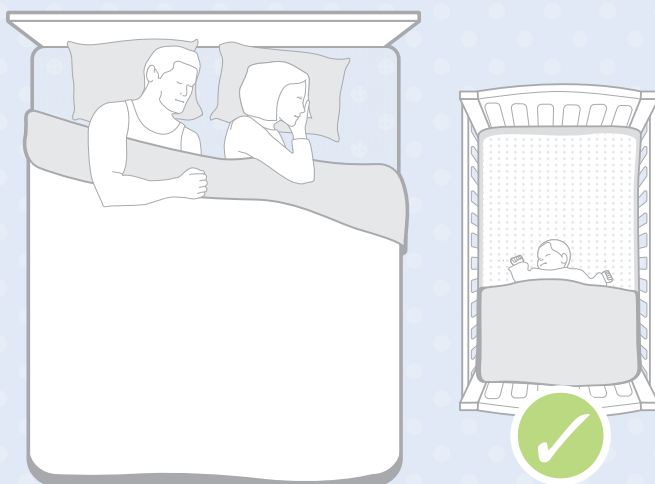
Do:

- put your baby to sleep in a cot or Moses basket in the same room as you for the first six months;
- 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;
- 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;
- make sure, if using a baby sleeping bag, it is fitted with neck and armholes, and no hood.

Do not:

- 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;
- cover your baby's head;
- smoke during pregnancy or let anyone smoke in the same room as your baby (both before and after birth);
- 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;
- cover your baby's head.

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.

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' (with their feet touching the end of the cot, moses basket, 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.

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. Stop giving the dummy when

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



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 phs.site/immunisation-and-

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

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 your baby.

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.

babies with severe colic, 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.
- 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.

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.



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.

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. From day five breastfed babies should have a minimum two yellow soft stools per day until 4-6 weeks.

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.





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.

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





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 and cotton pads.

- 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'

There have been a number of fatalities recorded by parents using certain types of baby slings to carry their children. Parents should be careful

selecting the type of sling and to be aware that there are risks attached. The safest carriers keep the baby solidly against the parent's body, in an upright position. Parents should make sure they keep their baby's chin off their chest, keeping the airway free for breathing.

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 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. Ensure that all sun creams have UV star rating for sunscreen and EU standard logo.

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 Trust 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. Twins Trust's helpline, Twinline, is run by mothers with multiple babies. Call 0800 138 0509 or see www.twinstrust.org 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 birth	Newborn hearing screening	Your baby will be offered a newborn hearing screening test shortly after birth. The aim of this screening programme is to identify babies born with a permanent childhood hearing impairment (PCHI) at an early stage, to allow for timely intervention and improved outcomes for baby	<p>The newborn hearing screening test is carried out by a trained screener and will usually be done in the maternity unit before you go home, or at an outpatient clinic. See page (XX) for more information.</p> <p>Further information regarding this screening programme (including leaflets) can also be found on the PHA website: www.publichealth.hscni.net/publications/newborn-hearing-screening-english-and-translations</p>
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 spot test for nine rare but serious conditions	<p>The heel-prick test will screen for:</p> <ul style="list-style-type: none"> • Congenital hypothyroidism (CHT) • Cystic fibrosis (CF) • Sickle cell disease (SCD) • And six inherited metabolic disorders: <ul style="list-style-type: none"> - Phenylketonuria (PKU) - Medium-chain acyl-coa dehydrogenase deficiency (MCADD) - Maple syrup urine disease (MSUD) - Isovaleric acidemia (IVA) - Glutaric aciduria type 1 (GAI) and - Homocystinuria (HCU) <p>The Northern Ireland parental information leaflet and translations are available to view or download at www.publichealth.hscni.net</p>
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.



Recognising the signs of illness

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

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

- a high-pitched or weak cry, less responsive, much less active or more floppy than usual;
- very pale all over, grunts with each breath and/or seems to be working hard to breathe;
- takes less than a third of their usual amount of fluids, passes much less urine than usual, vomits green fluid, or passes blood in their poo (stools);
- a fever of 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 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

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 beyond 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.

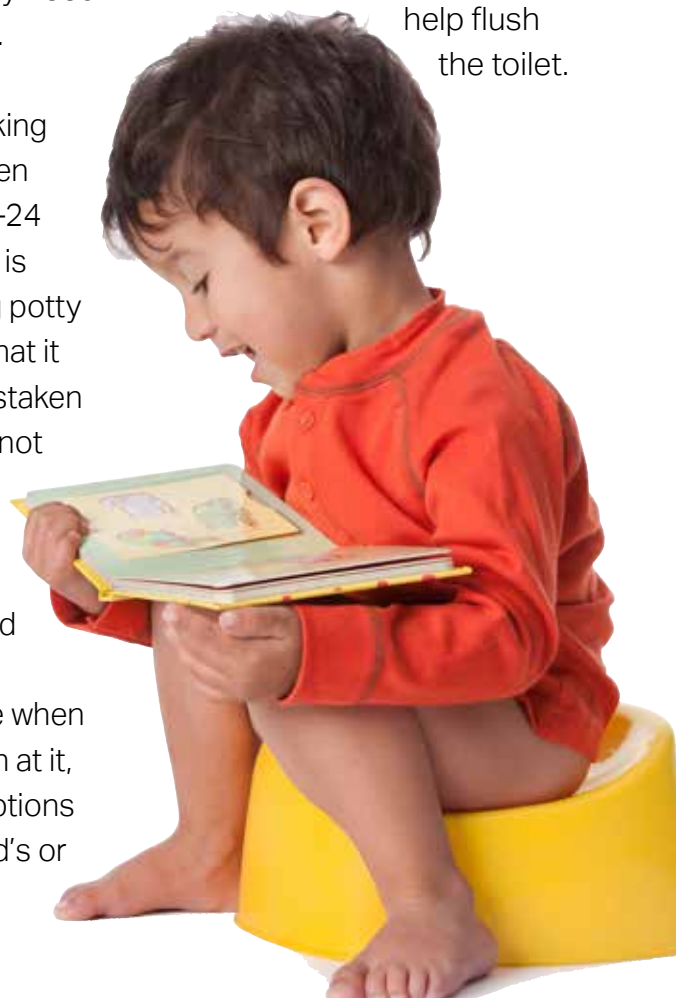
When to start potty training

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.





- 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, 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.





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 your 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 who 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).



4

A guide to your child's growth and development

Each child is different because each one is an individual. This chapter looks at the way babies and children grow.

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



Following your child's growth and development

The personal child health record (PCHR)

Shortly before or after your baby is born, you will be given a PCHR. This has a red cover, so is often called 'the red book'.

This is a way of keeping track

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

When you have contact with a health professional, such as a health visitor, they will use 'the red book' to record your child's weight, other measurements, immunisations and other important health information. This is your record, so do add information yourself.

Personal Child Health Record

Please keep this book safe

Please bring this book to all appointments

For more on learning and playing, see Chapter 5.

This could be a note of when your child does something for the first time, or advice given to you by a healthcare professional. It's a good idea to record any illnesses or accidents and details of any medicines your child takes.

Please bring this book to all appointments so that health professionals can access information already in the book and can also record details about the contact.

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



These reviews are an opportunity for you to talk about your child and their health



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

The Healthy Child, Healthy Future Programme

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

The health visiting team is led by a health visitor, who will work closely with your GP. The team includes people with different skills and experience such as nurses, nursery staff nurses and early years support staff.

Development is an ongoing process. It's important that you continue to observe your

child's development and go to all of the reviews.

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

After birth:

Maternity services will support you with breastfeeding, caring for your new baby and adjusting to life as a parent.

Your baby will be examined and offered a number of tests, including a newborn hearing screening test.

By 14 days:

A health professional, usually a health visitor, will carry out a 'new baby review'. They will talk to you about feeding your baby, becoming a parent and how you can help your baby grow up healthy.



Health professionals should ensure that babies are weighed (naked) at birth and again at five and 10 days. From then on, healthy babies should be weighed (naked) no more than fortnightly and then at two, three and four months. Babies should be weighed on well-maintained digital scales.

Between 6 and 8 weeks:

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

At 2 months:

Your baby will be given their first scheduled immunisation (see page 137). This is an opportunity to raise any concerns and ask for any information you need.

At 3 months:

Your baby will be given their second scheduled immunisation. This is a further opportunity to raise any

concerns and ask for any information you need.

At 14–16 weeks:

Your baby will be reviewed by your health visitor.

At 4 months:

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

At 6 to 9 months:

Your baby will be reviewed by a member of the health visiting team.

At 12–13 months:

Your baby will be given their fourth scheduled immunisation. This happens between 12 and 13 months and includes measles, mumps and rubella (MMR) immunisation. Your baby will usually be weighed at the time of this routine immunisation. Your baby will have a health and development review. Information/support will be available for your family on key issues, such as bonding issues, healthy nutrition, play, dental health and home and child safety. By this age your baby should have had their first visit to the dentist.

By 13 months:

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



Between 2 and 2½:

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

By now, your child may be attending an early years setting such as a playgroup or nursery.



The staff in these settings will join you and the Healthy Child, Healthy Future team in working to make sure your child stays healthy and develops well, both emotionally and socially.

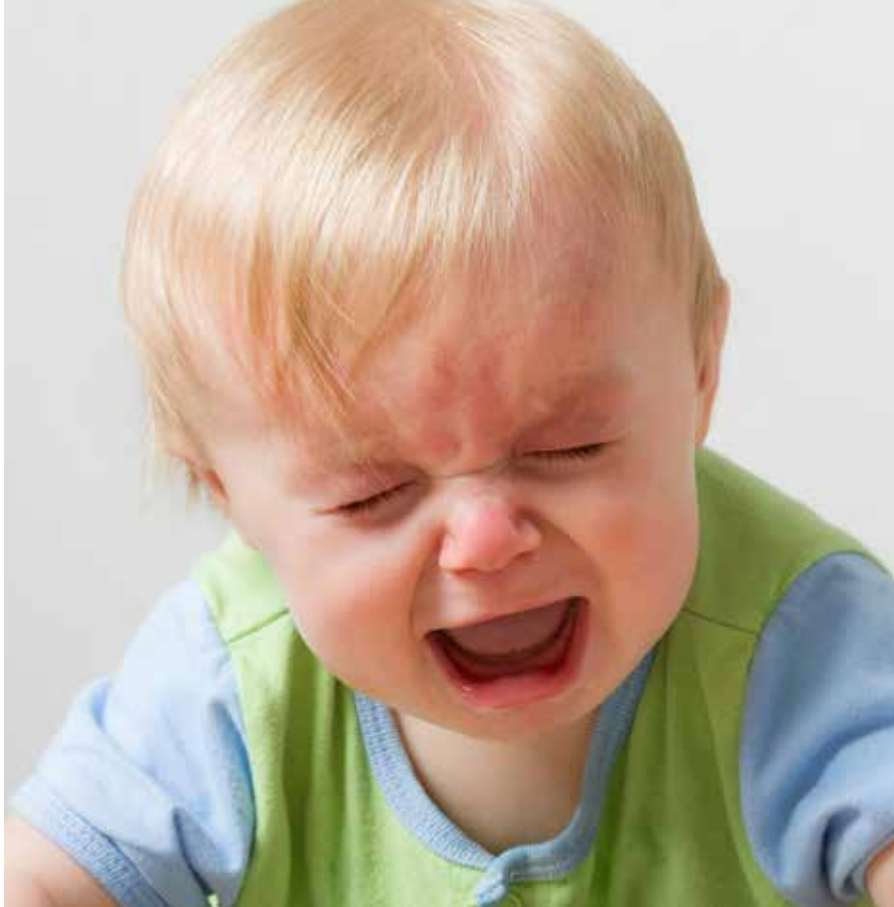
3+ review

A new review has been introduced for some pre-school children. Parents will be invited to complete an Ages and Stages Questionnaire and attend a review in the child's pre-school setting. This is an opportunity to discuss any worries or concerns about your child with a health visitor. Visit www.publichealth.hscni.net for more information. The second MMR vaccine and pre-school booster will be offered to your child when they are three years and four months.

At school entry (4 to 5 years):

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

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



Weight and height

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

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

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

Weight gain is just one sign that feeding is going well. See Chapter 2 for other ways you can tell that your baby is feeding well and getting what they need.

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

Months	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Years	2	3	4	5	6	
Movement	Lift their head while lying on their front.						Sit without support. If your baby is not sitting unsupported by 9 months, talk to your health visitor or GP.	Start trying to crawl. Some babies crawl backwards before they crawl forwards. Some learn to walk without ever crawling. Others are bottom shufflers.	Pull themselves upright and stand, holding on to the furniture.	Learn to let go of things, for example to drop something or give it to you.	Begin to feed themselves very messily with a spoon and to take off easily removable clothes (like loose short socks).	Begin to build with bricks. Large bricks are easiest to begin with.	Can draw what you see is a person (with a face and maybe arms and legs). Like much else, this depends a lot on how much practice and encouragement they get.	Can use a knife and fork.					Learn to kick or throw a ball. Throwing sometimes takes longer than kicking.						
Handling things			Reach out for objects.				Can hold an object and will lift it up to suck it. At first, babies can hold objects but are unable to let go.	Learn to pass things from hand to hand.		Feed themselves 'finger foods'.									Enjoy scribbling with a crayon.						
Hearing and talking	Startled by sudden, loud noises.						By 4 months: make cooing noises and enjoy making more and more different sounds.	By 6 months: make repetitive noises and enjoy making more and more different sounds.	By 7 months: turn to your voice across the room, or to very quiet noises on either side if not distracted by something else.		By 12 months: respond to their own name, say something like 'mama' and 'dada' to parents.		By 18 months: can say between 6 and 20 recognisable words, but understand many more. They also start to use language in play, for example when feeding a teddy or doll, or talking on a toy telephone.	By 3-3½ years: can talk well in sentences, chant rhymes and songs, and talk clearly enough to be understood by strangers. A few 3-year-olds may be difficult to understand. It's normal for a 2-year-old to pronounce words incorrectly, if your 3-year-old is hard to understand, mention this to your health visitor.											
Seeing																									
<div>This guide gives an idea of the age range within which most children gain certain skills. The ages given are averages. Lots of perfectly normal children gain one skill earlier, another later than average. You can tick off each thing as your child achieves a new skill and keep it as a record for development reviews (see page 104).</div>																									

This guide gives an idea of the age range within which most children gain certain skills. The ages given are averages. Lots of perfectly normal children gain one skill earlier, another later than average. You can tick off each thing as your child achieves a new skill and keep it as a record for development reviews (see page 104).

Understanding your child's chart

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

The charts in your PCHR or 'red book' (see page 104) are based on measurements taken by the World Health Organization from healthy breastfed children, with non-smoking parents, from a range of countries. They represent the pattern of growth that healthy children should follow, whether they are breastfed or formula fed. They are suitable

for children from all ethnic backgrounds.

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

The centile lines also show roughly the pattern of growth expected in weight and in length, but this will not usually follow one centile line exactly. The weight will usually track within one centile space (a centile space is the distance between two of the marked centile lines on the chart). All babies are different, and your

baby's growth chart will not look exactly the same as another baby's (even their brother or sister).

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

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



Eyesight

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



health visitor or your GP. They can refer you to an orthoptist or ophthalmologist who specialises in children's eyes.

It's important that any problems with your child's eyesight are identified as soon as possible, as they can affect social and educational

development. Children themselves may not know that there is anything wrong with their sight. Eye examinations are available free of charge to all children under 16, and they don't have to be able to read to have one. Ask your health visitor or school nurse for further advice or book an appointment directly with an optometrist.

Talking

Learning to talk is vital for children to make friends, as well as for learning and understanding the world around them. They need to

Advice about dummies

The dummy may mean different things to different parents. Parents may also have different views about the use and withdrawal of the dummy. Here are a few ideas on how to manage your child's use of the dummy.

- Not all babies will need or want a dummy.
- Try to use a dummy only when your baby is tired, upset or trying to get to sleep.
- Don't give your baby a dummy unless he or she really needs it.
- Dummy sucking can soon become a habit.
- Try to reduce using a dummy by the time your baby is 6–9 months old.

Giving up the dummy...

- Gives your baby more time to learn to babble and talk.

- Will be better for the position of your child's teeth.
- May reduce the risk of tummy, mouth and ear infections.

Remember...

Never dip a dummy in sweet things.

Tips from parents:

"I take it out when she's playing"

"I made a clean break, stuck at it and didn't give it back"

"We gave his dummy to the Dummy Fairy"



understand words before they can start to talk themselves.

You can help your child learn by holding them close, looking at them and talking to them as soon as they are born. They will look back at you and very soon begin to understand how conversations work.

Even copying and making 'baby' noises will help your baby learn about listening, the importance of words and taking turns in a conversation.



As your baby starts to take more of an interest in what is going on around them, you can start naming and pointing to things that you can both

see (for example 'Look, a cat!'). This will help your baby to learn words and, in time, they will start to copy you (around 12 months of age). Once

The following tips will help encourage your baby (0-1½ years) to start talking:

- **"Take your place face to face, I learn most when you are close"**
Right from birth, look at and talk to your baby face to face.
- **"Playing with parents is number one, get ready for learning and lots of fun!"**
Play games where you have to take turns, like 'Peek-a-boo' and 'Round and round the garden'.
- **"Copy what I say and do, to help me learn to speak like you"**
If you repeat the sounds your baby makes, your baby will learn to copy you.
- **"Time with me is so much fun, I learn much more when we're one to one"**
Have special times playing with your baby throughout the day.
- **"When I gurgle, laugh and coo, I'm taking my turn to 'talk' to you"**
When your baby makes sounds, add the word that you think she is trying to say, like: Baby 'Brmmm Brmmm', You: 'Car'.

- **"Turn off your tablet, phone and TV, spend some time playing with me"**
Background noise will make it harder for your baby to listen to you. Babies need to hear your voice to learn to speak.
- **"Pick up a book and have a look"**
You can start looking at books from an early age. You don't have to read the words on the page, just talk about the pictures. Join your local library!
- **"Sing a rhyme anytime, start me learning for a lifetime"**
As your baby grows, have fun singing nursery rhymes and songs, especially those with actions like 'Pat-a-cake' or 'Row, row, row your boat'.
- **"Add some words to my actions and play, I'll learn to say them myself one day"**
For example, if your baby raises his hands to get lifted, say what he is trying to say with his actions... 'Up'.
- **"A dummy can help when it's time for bed, but sometimes I need a hug instead"**
It is a good idea to reduce the use of a dummy by the time your baby is six to nine months old.



your toddler can say around 50 individual words, they will start to put words together. Putting words together usually

happens by the age of two years.

Some children may find it hard to learn what words mean, other children may struggle to use words, say words clearly or put them together in sentences. A small number of children may have a stammer. These are all signs that they may need some extra help. If you are at all worried about your child's speech or

language development, talk to your GP or health visitor. Your child may need to be referred to a speech and language therapist. In most areas, you can do this yourself by contacting your health visitor or local health centre. Useful information can be found on www.talkingpoint.org.uk. The site also provides general information about learning to talk.

Helping your child to talk (for 1½ to 2½ years)

- **"Take your place face to face, I learn most when you are close"**

Talking to your child throughout the day will help her learn words. Point out things you see when you are out and about.

- **"Playing with parents is number one, get ready for learning and lots of fun"**

Playing games helps your child learn and develop new skills. Join in with what your child is doing and have fun.

- **"Time with me is so much fun, I learn much more when we're one to one"**

It is best to use short sentences when you are talking to your child. If you ask a question, give your child plenty of time to answer.

- **"Pick up a book and have a look"**

Your child likes to look at picture books, turn the pages and try to tell stories. Reading the same story many times helps your child learn and use new words. Join your local library.

- **"Turn off your tablet, phone and TV, spend some time playing with me"**

Your child is learning to listen, but background noise will make it harder. Children learn more when they are listening well.

- **"Add some words to what I say, I'll learn about sentences as we talk and play"**

If your child says, 'Ball Mummy!', you could add some words, for example, 'Yes, it's a big ball', 'lets kick the ball'.

- **"Sing a rhyme, anytime, start me learning for a lifetime"**

As your child grows. He can join in with action rhymes and songs, he can have lots of fun singing and learning new words.

- **"Give me a choice and hear my voice"**

Help your child learn new words by giving her choices, like 'Do you want an apple or a banana?'

- **"Some words are hard for me to say, so let me hear them the right way"**

If your child says a word that is not clear, just say the word back to him the right way. For example, if they say 'tar' you say 'car'.

- **"When I talk and play, take my dummy away"**

If your child still has a dummy this is the time to give it up for good!

Reading

Spending time reading to or with your baby or child will help them develop good language skills, support their emotional wellbeing and help you bond.

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

Hearing

Hearing, speech and language are closely linked. If your baby is unable to hear or experiences difficulty hearing, they may find it difficult to learn to talk. This may also impact upon their social and developmental skills.

Your baby will be offered a newborn hearing screening test shortly after birth. The aim of this screening programme is to identify babies born with a permanent childhood hearing impairment (PCHI) at an early stage, to allow for timely intervention and improved outcomes for baby.

Consent to participate in newborn hearing screening must be provided by the



person(s) with parental responsibility. The screening test is carried out by a trained screener and will usually be done in the maternity unit before you go home, or at an outpatient clinic, within the first few weeks following birth. The test is painless and is usually done while baby is sleeping.



The outcome of the screening test(s) will be recorded in your baby's Personal Child Healthcare Record (PCHR or 'red book') and in the regional (Smart4Hearing) IT system. Your baby's PCHR also contains a 'checklist' which gives advice about the sounds your baby should react to and the types of sounds that they should make as they grow older.

It is important to note that hearing loss can occur at any age, therefore, if you have any concerns regarding your baby's hearing you should discuss this with your health visitor or GP.

Further information regarding this screening programme (including leaflets) can be found on the PHA website: www.publichealth.hscni.net/publications/newborn-hearing-screening-english-and-translations

If test results show that there could be a problem with your child's hearing, you will be invited to a follow-up assessment. Sometimes, a cold or other infection can temporarily affect hearing.

Feet and shoes

Babies' and small children's feet grow very fast, and it's important that the bones grow straight. The bones in a baby's toes are soft at birth. If they are cramped by tight shoes or socks, they cannot straighten out and grow properly. It's a good idea to keep your baby's feet as free as possible.



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

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

If possible, have your child's feet measured for each new pair of shoes. Children under four should have their feet measured every six to eight weeks. For children over four, it's enough to measure their

feet every 10–12 weeks. You cannot rely on the question 'Do they feel comfortable?' – because children's bones are soft, your child will not necessarily know if their shoes are cramping their feet. Try not to buy second-hand shoes or hand shoes down, as they will have taken on the shape of the previous owner's feet and may rub and/or not give your child's feet the support they need. It's also important to check that socks are the right size. Cotton ones are best.

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

Some common foot problems and how to deal with them

When children first start walking, it's normal for them to walk with their feet apart and to waddle. It's also common for young children to appear bow-legged or knock-kneed, or walk with their toes turned in or out. Most minor foot problems in children correct themselves. But if you are worried about your child's

feet or how they walk, talk to your GP or health visitor. If necessary, your child can be referred to a paediatrician, orthopaedic surgeon or paediatric physiotherapist.

- **Bow legs.** Before the age of two, most children have a small gap between their knees and ankles when they stand. If the gap is pronounced, or does not correct itself, check with your GP or health visitor. This could be a sign of rickets (a bone deformity), although this is very rare.
- **Knock knees.** This is when a child stands with their knees together and their ankles apart. Between the ages of two and four, a gap of 6cm (around 2.5 inches) is considered normal. Knock knees usually correct themselves by the age of six.
- **In-toeing.** Also known as pigeon-toes, this is where the child's feet turn in. The condition usually corrects itself by the age of eight or nine, and treatment is not usually needed.
- **Out-toeing.** This is where the feet point outwards. Again, this condition usually corrects itself and treatment is not needed in most cases.



- **Flat feet.** Even if your child appears to have flat feet, don't worry. If an arch forms when your child stands on tiptoe, no treatment will normally be needed.
- **Tiptoe walking.** If your child walks on tiptoe, talk to your GP or health visitor.

Children with additional needs

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

You may find it difficult to take in everything that is said to you at first, or even the second time around. You may

also find that not all health professionals talk easily or well to parents. Go back and ask for the information again. If you can, get a friend or relative to come with you, or at least take a pen and paper so you can make some notes. In the end, the honest answer to your questions may be 'I don't know' or 'we are not sure', but that is better than no answer at all.

Special educational needs

If you are concerned that your child has special educational needs – that is, you think they might need extra help at school

– talk to a health professional who already knows you and your child.

You, or any of the professionals involved in caring for your child, can ask the Education Authority to carry out a statutory assessment of your child's needs. After this, the Education Authority will decide whether to issue a statement that describes your child's needs and the support needed to meet them.

Help for children with additional needs

Child development teams

In most areas, teams made up of paediatricians, therapists, health visitors and social workers will help support children with additional needs and their families. These teams are usually based in child

Some questions you might like to ask

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

development centres. Your GP, health visitor or hospital paediatrician can refer your child to one of these teams if you have any concerns or there is a need for further assessment or support.

Coping with your own feelings

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

Benefits

If you have a child with a disability, you may be able to claim certain benefits. If you are already getting benefits or tax credits, you may be entitled to extra amounts. Visit pha.site/benefits or telephone



Getting information, advice and support

You can also get information, advice and support from organisations dealing with particular disabilities, illnesses and other problems. They will usually be able to put you in touch with other parents in similar situations. See the useful organisations section (page 165) for contact details.

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

Make the call on 0800 232 1271 for further information on what benefits you may be entitled to.

Dealing with challenging behaviour

Children develop skills and awareness as they grow. Babies learn to sleep without you soothing them, young toddlers experiment with food (perhaps making quite a

mess!) and they begin to play with other children. It is sometimes easy to expect quite young children to be more independent, or better able to manage their feelings than is possible. It is normal for toddlers to have tantrums, especially when they cannot do something they want. They need you to help them learn how to cope with strong emotions, support



and encourage them to do new things and give them confidence in themselves.

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

You will probably find that you deal with your child's behaviour in your own way and set rules that fit the way you live and the way you are. But there will probably be times when your child's behaviour

worries you or gets you down, and when nothing you do seems to work. This section will give you some pointers on how you might cope if this happens.

Understanding challenging behaviour

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

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

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

Identifying the reasons for challenging behaviour

There are a number of possible reasons for challenging behaviour.

Here are a few suggestions:

- Any change in a child's life, like the birth of a new baby, moving house, a change of childminder, starting playgroup, or even something much smaller, can be a big deal. Sometimes children show how they are feeling in the only ways they know how.
- Children are quick to pick up on it if you are feeling upset or there are problems in the family. Their behaviour may be difficult to manage just at the time when you feel least able to cope. If you are having problems, don't blame yourself – but don't blame your child either if they react in a difficult way.
- Sometimes your child may react in a particular way because of the way you have handled a problem in the past. For example, if you have given your child sweets to keep them quiet at the shops, they may well scream for sweets every time you go there.





- Could you accidentally be encouraging challenging behaviour? Your child might see a tantrum as a way of getting attention (even if it's angry attention!) or waking up at night as a way of getting a cuddle and a bit of company. Try giving them more attention when they are behaving well and less when they are being difficult.
- Think about the times when your child's behaviour is most difficult to manage. Could it be because they are tired, hungry, over-excited, frustrated or bored?

Changing your child's behaviour

Do what feels right

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

Stick at it

Once you have decided to do something, give it a fair trial.

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

Try to be consistent

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

Try not to overreact

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

Of course, you would have to be superhuman not to show your irritation and anger

sometimes, but try to keep a sense of proportion. Once you have said what needs to be said and let your feelings out, try to leave it at that. Move on to other things that you can both enjoy or feel good about. And look for other ways of coping with your feelings.

Talk to your child

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

Encourage your child to talk

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

Be positive about the good things

When a child's behaviour is really difficult, it can come to dominate everything. What can help is to say (or show) when you feel good about something they have done.

You can let your child know when they make you happy by just giving them some attention, a hug or even a smile. There doesn't have to be a reason. Let your child know that you love them just for being themselves.

Rewards

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

Don't give your child a reward before they have done what they were asked to do.

Smacking

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

is wrong. There are lots of alternatives to smacking as a way of controlling your child's behaviour.

Extra help with challenging behaviour

You can get help for especially challenging behaviour, so don't feel you have to go on coping alone. Talk to your health visitor or GP. Sometimes, a bit of support and encouragement might be all you need. Some children may need to be referred to a specialist where they can get the help they need. Having a child whose behaviour is very difficult can put a huge strain on you. You might find that you need help yourself.

Temper tantrums

Tempers and tantrums can start at around 18 months. They are very common at around this age: one in five two year olds has a temper tantrum every day. One reason for this is that two year olds really want to express themselves,

but find it difficult. They feel frustrated, and the frustration comes out as a tantrum. Once a child can talk more, they are less likely to have tantrums. Tantrums are far less common by about the age of four.

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

- **Find out why the tantrum is happening.** It could be that your child is tired or hungry, in which case the solution is very simple.
- **Or they could be feeling frustrated or jealous,** maybe of another child. They may need time, attention and love, even though they are not being very lovable!
- **Understand and accept your child's anger.** You probably feel the same way yourself at times but you can express it in other ways.
- **Find a distraction.** If you can see that your child is starting a tantrum, find something to distract them straight away – for example, something you can see out of the window ('Look, a cat!').

Make yourself sound as surprised and interested as you can.



- **Sit it out.** Losing your temper or shouting back will not make the tantrum end. Ignore the looks you get from people around you and concentrate on staying calm. 'Giving in' will not help in the long term. If you have said 'no', don't change your mind and say 'yes' just to end the tantrum. Otherwise, your child will start to think that tantrums pay. For the same reason, it doesn't help to buy your way out with sweets or treats. If you are at home, try going into another room for a while – but make sure your child cannot hurt themselves.

- **Be prepared when shopping.** For some reason, tantrums often seem to happen in shops.

There are many different reasons why a child might react in a supermarket environment that are not

necessarily 'bad behaviour'. Often the people, lights and music can cause sensory overload. Anticipate how a child might react in a supermarket environment. Prepare and chat to the child in advance, set gentle boundaries.

If a tantrum occurs, hold the child closely to calm them. Some parents find this helpful but it can be hard to hold a struggling child. It will usually only work when your child is more upset than angry, and when you are feeling calm enough to talk to them gently and reassure them.

Hitting, biting, kicking and fighting

Most young children will occasionally bite, hit or push another child. Toddlers are also curious and may not understand that biting

or pulling hair hurts. This doesn't necessarily mean your child is going to grow up to be aggressive. Here are suggestions for how you can teach your child that this kind of behaviour is unacceptable:

- **Don't hit, bite or kick back.** This could have the opposite effect of making your child think that it's OK to do this. Instead, make it clear that what they are doing hurts, and that you will not allow it.
- **Take them out of the situation.** If you are with other children, say you will leave, or ask the other children to leave, unless your child's behaviour improves – you will have to carry it out for this approach to work!
- **Put your child in another room.** If you are at home, try putting your child in another room (check that it's safe for them) for a short period.
- **Talk.** Children often go through patches of insecurity or upset and let their feelings out by being aggressive. Finding out what is worrying them is the first step to being able to help.
- **Show them you love them, but not their behaviour.** Children behaving aggressively are not always easy to love, but extra love may be what is needed.



- **Help your child let their feelings out some other way.** Find a big space, like a park, and encourage your child to run and shout. Just letting your child know that you recognise their feelings will make it easier for them to express themselves without hurting anyone else. You could try saying things like, 'I know you are feeling angry about...'. As well as recognising the feeling, it helps them to label and think about their own feelings.
- **Ask an expert.** If you are seriously concerned about your child's behaviour, talk to your health visitor or GP.

Coping with an overactive child

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

be known as hyperactivity.

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

Below are some tips on managing an active child. If these tips or the other information in this chapter on dealing with difficult behaviour don't help, talk to your health visitor or GP.

- **Keep to a daily routine as much as you can.** Routine can help if your child is restless or difficult to manage. It can also help

you to stay calmer and cope better with the strain.

- **Make time to concentrate on your child.** One way or another, your child may be demanding your attention for most of the day (and sometimes the night too). Sometimes, you will have no choice but to say 'no' to them.

That will be easier to do, and easier for your child to accept, if there are certain times each day when you give them all your attention.

- **If possible, avoid difficult situations.** For example, keep shopping trips short.
- **Try to get out every day.** Go to a park or playground or another safe, open space – anywhere your child can run around and really burn off some energy.
- **Avoid giving your child fizzy drinks, tea and coffee.** These all contain caffeine, which can make children 'jumpy'. A lot of sugar can also have an adverse effect.
- **Set small goals.** You could try to help your child to be still or controlled, or to concentrate, for a very short time, then gradually build up. You cannot transform your child's behaviour overnight.





When every day is a bad day

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

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

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

Stop. And start again...

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

- **Change the timetable.** An argument that always happens at a particular time may not happen at another. Try to do the difficult things when your child is not tired or hungry or when they are most cooperative. For example, try dressing them after breakfast instead of before, or have lunch a bit earlier than you normally would.
- **Find things that your child enjoys, and do them together.** It doesn't have to be special or expensive. You could try going for a swim, to the library or just to play in the park. Let your child know that you

are happy when they are happy. If you give them plenty of opportunities to see you smile, they will start to learn that a happy parent is more fun to be with than an angry one.

- **Ask yourself, does it really matter?** Sometimes it does, sometimes it doesn't. But having an argument or telling your child off about certain things can get to be a habit.
- **Say sorry.** When you lose your temper because you are tired or upset, apologise. You will both feel better for it.
- **Remember, all children are different.** Some like sitting still and being quiet, while others want to spend every waking minute learning and exploring. If your child is 'into' everything, the best thing you can do is give them as many opportunities as possible to let off steam and explore safely.
- **Remember, the way you and your partner behave has an effect on your child.** Happy parents tend to have happy children. If you and your partner are having difficulties, you may wish to seek help from an organisation like Relate (www.relate.org.uk).

- **Young children are still learning.** Children under three cannot always understand and remember what they should and should not do. Even after this age, it's hard for a child to remember instructions.
- **No one is perfect.** You are not perfect and neither is your child! Don't expect too much of yourselves.
- **Look after yourself.** Looking after young children can be exhausting, physically and emotionally. Having some time to yourself can help you to manage better. Try getting an early night or finding someone to talk to about how you are feeling.

Talk about it

It does help to talk to and spend time with other people, especially other parents. It's

often true that 'only parents understand'. They may look calm and capable from the outside (and remember, they are probably thinking the same about you!), but they would not be human if they did not get angry and frustrated at times.

If you don't already know any other parents near you, go to page 165 for information about local groups.

Groups don't suit everybody, but at the very least they are a way of making friends and spending time with people who have children the same age as yours. If the first group you try doesn't suit you, it's worth trying another one.

Talking to others can help

If every day has been a bad day for a while, and you feel that things are getting out of control, get some help. Talk to

your health visitor or phone a helpline. Talking to someone who understands what you are going through may be the first – and biggest – step towards making things better.

The Solihull Approach is a team of professionals within the National Health Service who work with parents to develop new resources to support emotional health and wellbeing in children, families and adults. The Public Health Agency has partnered with the Solihull Approach to sponsor free online courses. These courses are designed to help you understand your child's feelings and learn to understand the changes in your child's development. Visit:

<https://solihullapproachparenting.com/online-courses-northern-ireland>



5

Learning and playing

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

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

Babies and children have to experience play physically and emotionally. In other words, it is not enough to provide stuff to play with. The most important element for young babies is the parents

or primary caregivers. It is those people who form close emotional bonds with the baby. A child with this secure attachment feels able to rely on their parents or caregivers for safety and comfort, develops knowledge about communication and language, and uses these important attachment relationships as bases from which to explore and learn about the world.

- Get together lots of different things for your child to look at, think about and do.
- By making what you are doing fun and interesting for your child, you can get your chores done while they are learning.
- Make sure there are times when you focus completely on your child.
- Talk about anything and everything, even the



washing-up or what to put on the shopping list, so you are sharing as much as possible and your child will pick up lots of new words.

- Make sure your child gets plenty of opportunities to use their body by running, jumping and climbing, especially if you don't have much room at home.
- Find other people who can spend time with your child at those times when you really do need to focus on something else.

Playing with your child

To grow and develop, children need time and attention from someone who is happy to play with them. Gradually they will



learn to entertain themselves for some of the time, but first they need to learn how to do that.

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

When you are washing-up, you can let your child join in, for example by washing the saucepan lids; when you cook, you can show them what you are doing and talk to them as

you are working. Getting them involved in the things you do will teach them about taking turns and being independent, and they will also learn by copying what you do.

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



Keeping active

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

Introducing your child to books

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

The Libraries NI website (www.librariesni.org.uk) is a valuable source of information for all parents and carers. The



website has the following information:

- Details about lots of free activities and events for young children and families.
- Rub-a-Dub Hub – a free online resource with tools, tips and fun activities to help parents and carers develop their child's communication and language skills.
- Recommended books for toddlers and young children to help with real life situations like visiting the doctor.
- Information about where to borrow or buy a copy of ***Monkey See Monkey Do*** – a Libraries NI book of rhymes with accompanying CD.
- eBooks and eMagazines are available for members to access through the website. Be a good role model and show your children how much you enjoy reading – it's infectious!

Toys for children with additional needs

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



Children with a visual impairment will need toys with different textures to explore with their hands and mouth. Children with impaired hearing will need toys to stimulate language; for example, puzzles that involve matching 'finger-spelled' letters to appropriate pictures. The Council for Disabled Children can provide information about suitable toys. <https://councilfordisabledchildren.org.uk> more information about help and support for children with additional needs.

Visit pha.site/kids-physical-activity for practical ideas for physically active play.

Here are some ways to keep your child active:

- Let your baby lie down and kick their legs.
- Babies should be encouraged to be physically active through floor play and water play in a safe environment. It is recommended this includes 30 minutes of tummy time spread throughout the day.
- Once your baby has started crawling, let them crawl around the floor. You will need to make sure it's safe first.
- Children of pre-school age who are capable of walking unaided should be physically active for at least 180 minutes (three hours) spread throughout the day.
- Let your toddler walk with you, rather than always using the buggy (you may want to use reins for safety). It might slow you down, but it's a great way for both of you to get some exercise!
- Toddlers and young children love going to the park where they can climb and swing, or just run around.

- Toys that your child can pick up and move around will help improve their coordination and develop the muscles in their arms and hands.
- There may be activities for parents and children at your local leisure centre.
- You can take your baby swimming from a very young age. There is no need to wait until they have been immunised.

Get creative: ideas to help your child play and learn

Giving your child lots of different opportunities to play doesn't need to be difficult or expensive. Sharing books, songs and nursery rhymes with your child is fun, and will help them develop language and communication skills. You can also use lots of things you have already got around the house.

Try some of the ideas listed here. Remember to get involved yourself – your child will learn more from you than they will from any toy.

Rattles (from four months).

Use a toy or homemade rattle – move it in front of your baby so they can follow it with their eyes, and let them grab and hold the rattle for themselves to begin to learn to make their own sounds.

Play dough (from about 18 months).

You can make your

own play dough. Put one cup of water, one cup of plain flour, two tablespoons of cream of tartar, half a cup of salt, one tablespoon of cooking oil and some food colouring or powder paint in a pan. Stir over a medium heat until it forms a dough. Once the dough has cooled down, you can show your child how to make different shapes.



If you keep it in a plastic box in the fridge, you can use it again.

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



Playing with water (any age).

Babies, toddlers and young children love playing with water, in the bath or paddling pool or just using the sink or a plastic bowl. Use plastic bottles for pouring and squirting at each other, plastic tubing, a sponge,

colander, straws, a funnel, spoons – anything unbreakable. You will probably both get a bit wet so you might want to cover your clothes. Remember, never leave a young child alone with water. A toddler can drown in less than 5cm (2 inches) of water. Be aware of the risks posed by all water sources and don't forget things like buckets, toilets, ditches and post holes, sand pit lids, pots, planters and pet bowls.



Dressing up (from 18 months).

Collect old hats, bags, gloves, scarves, nighties, lengths of material, tea towels and old curtains. Ask friends and



relatives, or try jumble sales. Make sure there are no loose

cords, strings or ribbons that could wrap around your child's neck or trip them (or you!) up. Paper plates or cut-up cereal packets make good masks – cut slits for the eyes and tie them on with string.

Reading. You can start looking at books with your baby from an early age. You don't have to read the words, just talk about what you can see. Even quite small babies like looking at picture books. Local libraries usually have a good range of children's books and some run story sessions for young children. Looking at books with your child, even if it's just for 10 minutes a day, will help them build important skills and encourage their interest in reading. To find out more, see 'Introducing your child to books' on page 125.



Toy safety

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



you, for example when they are learning to use a potty (see page 98), how to wash and dress themselves, what not to touch and where it's not safe to run.



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

- **Wait until you think your child is ready.** If you try to teach them something too soon, you will both end up getting frustrated. If it doesn't work out, leave it for a few weeks and try again.
- **Don't make it into a big deal.** Your child might learn to eat with a spoon very quickly but still want to be fed when they are tired, or use the potty a few times then want to go back to nappies. Don't worry. It doesn't mean you have failed. It will not take them long to realise that they want to learn to be grown up and independent.
- **Keep it safe.** Children under three cannot really understand why they should not fiddle with electrical



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

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

Music and singing. Listen to music and sing with your child. Singing lullabies and nursery rhymes as well as family favourites that you love can be a great way to soothe babies or enhance bonding and interaction. Remember, everyone can sing and the voice your baby wants to hear the most is yours!

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



Teaching your child the essentials

When children play, they are learning what they want to learn. Often these will be things you want them to learn too. Sometimes, though, they might need a bit of extra help from

equipment or pull the leaves off plants. It's easier just to keep things you don't want touched well out of the way. In certain circumstances, the use of plastic plug covers (sold as safety accessories), can cancel out the safety features designed into socket outlets. These plug covers are no longer recommended for use in healthcare premises.

- **Be encouraging.** Your child wants to please you. If you give them a big smile, a cuddle or praise when they do something right, they are much more likely to do it again. This approach works a lot better than telling them off for doing something wrong.
- **Be realistic.** You cannot expect perfection or instant results. If you assume everything is going to take a bit longer than you thought, you can only be pleasantly surprised.
- **Set an example.** Your child wants to be like you and do what you do. So let them see you washing, brushing your teeth and using the toilet.
- **Be firm.** Children need firm, consistent guidelines. So once you have made a decision, stick to it. For example, if you have started



potty training but decided your child is not ready, it's fine to give up and try again a few weeks later. But a child who is in nappies one day, out the next, and back in them the day after is bound to get confused.

- **Be consistent.** For the same reason, it's important that everyone who looks after your child teaches them more or less the same things in more or less the same way. If you and your partner, or you and your childminder, do things very differently, your child will not learn so easily and may well play you off against each other.
- **Do what is right for your child, for you and for the way you live.** Don't worry about what the child next door can or cannot do. It's not a competition!

Young children and technology at home

Technology like computers and tablets can be really attractive to children, and with the right adult support, they can provide great learning opportunities.

Some people say that using a computer is harmful and that too much time in front of a computer or TV screen is a bad thing. Others say that computers, DVDs and TV shows can help with learning numbers and letters so they're good for helping children get ready for school.

There's no definitive piece of research that proves that looking at a computer or TV screen is either good or bad for young children, so it seems safe to say that using technology in moderation is the key. Try to use technology together with your child.

No one is perfect, and some children do find it very difficult to learn. See page 116 for help to deal with challenging behaviour.





Playing and learning with other children

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

It's never too early to start, especially if your child is an only child. Even babies and small children like other children's company, although to start with they will often play alongside rather than actually with each other. Ask your health visitor if there is a new

parents group meeting in your area. Getting together with other parents can be good for you too (see 'Loneliness' on page 18).

This section tells you about the kinds of groups you and your child can get involved in up until they are old enough to go to school.

Parent and toddler groups

Once your child starts to crawl and walk, you can try a toddler group or 'stay and play' session. It's a great way for toddlers and children aged up to about three to burn off energy, and for you to relax and chat to other parents.

Ask your health visitor or other parents you know about groups in your area. It's also worth looking at the clinic noticeboard and in shop windows. Your local library will probably have information too, and might also run story sessions for pre-school children. Toddler groups are often run by parents or carers themselves.

Playgroups, pre-schools and nurseries

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



There are playgroups and pre-schools in most areas. They vary in what they offer and how they are run. Some are free. Whatever the age of your child, or hours of provision you wish to access, the you will find will find details of all registered childcare providers at www.familysupportni.gov.uk along with related advice about help available with childcare costs.



Pre-school education

The Pre-school Education Programme, funded by the Department of Education, provides one year of non-compulsory education for all children in their immediate pre-school year, which builds upon the learning children experience at home. It provides a rich variety of challenging play activities and other experiences in a stimulating environment and helps prepare children for primary school. A limited number of places may be available for younger children in some centres.

Funded pre-school places are available in a range of pre-school centres including:

- nursery schools;
- nursery units in primary schools;
- voluntary and private playgroups and day nurseries which are part of the Pre-school Education Programme (these centres may also offer fee paying places to parents).

Primary school admissions

All children who are 4 years old on or before 2 July must begin their primary education from the beginning of the school year following their 4th birthday.

The application procedure



for primary education allows parents to express a preference for the primary school they wish their child to attend.

The Education Authority manages the procedures for the enrolment of children in pre-school settings and primary schools. A parents' guide is available on the Education Authority website which provides information on schools in different areas, how the admissions procedure operates, how schools select pupils and when you will be informed of the outcome of

your application (www.eani.org.uk/admissions).

For information on preparatory schools and independent schools please contact the schools directly.

Preparing your child for school

The first two years at primary school are called the Foundation Stage which aims to build on children's earlier learning experiences at pre-school and at home. In this stage, your child will learn through well planned and challenging play that builds on their interests and curiosity.





Teachers will encourage them to explore their feelings and emotions and how to work with others. These are basic skills that your child will need throughout their life.

At the heart of the Foundation Stage are the vital life-long skills of talking and listening, reading, writing and maths which will be taught in an active and enjoyable way.

You can best prepare your child for school by:

- Encouraging independence and encouraging your child to 'have a go'!
- Helping develop oral speech and language.
- Sharing stories, information books, rhymes, songs.
- Providing lots of opportunities to play, explore and problem solve.

Pre-school settings prepare children for this stage in education and will provide you with advice and support on how best to help at home.

Each primary school will invite you to an induction meeting before your child starts school to help you as well. Provide the Year 1 teacher with as much information as possible to help them get to know your child and plan the right activities for learning.

Childcare

Inevitably, there will be times when you need to arrange for your child to be looked after by someone else, perhaps because you have decided it's time to go back to work. Ideally, whatever arrangements you make should give your child plenty of opportunities to spend time with other children. Note that all childminders and daycare providers (except nannies who work with no

more than two families and au pairs) must be registered with Social Services. You will find details of all Registered childcare providers on www.familysupportni.gov.uk along with related advice about help available with Childcare Costs

Additional support

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

Childminders and home childcarers

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



A childminder can care for up to six children under 12, including their own. Only three of these may be aged under five and usually only one child below one-year old. There are some exceptions, for example, twins. Annual inspections are carried out by Social Services on both the home and the childminder to assure the standard of care provided to children. In addition an Access NI criminal record check is carried out on all those aged over 10 who live in the childminder's home, see pha.site/accessni for more information. Childminders can also now apply to be registered as home childcarers, meaning they can look after your children in your own home. If you are using a childminder or home childcarer, always ask to see their registration certificate.

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

Once you have found a childminder or home childcarer you are happy with, it's a good idea to make sure you have a written agreement



or contract in place before they start looking after your child. As well as providing a safeguard for both of you, it will help avoid any misunderstandings about things like holidays, extra pay for extra time, and expenses.

Nannies

A nanny is paid by you to look after your child in your home. They can live in or come to your home for set days and hours. Some may have nursery nurse training or childcare qualifications but they do not have to.

Nannies are not inspected or registered by Social Services unless they care for children from more than two families. That means it is down to you to interview them and check their references.

Duties vary from nanny to nanny, but typically you can expect a nanny to prepare meals for your child, clear up after them and do some of their laundry. If you employ a nanny you are responsible for paying their tax and National

Insurance as well as their wages. You may find that there is another working parent nearby who would like to share the cost and services of your nanny.

Au pairs

Au pairs are young women or men who come to the UK from overseas, usually for a year, so they can learn English. An au pair will live in your house, and work for you for up to 35 hours a week. You provide bed and board and pocket money and access to English lessons in return for help in the home.

They do not have to be registered and inspected by Social Services and are not governed by national standards.

Day nurseries

Most day nurseries are run privately or by voluntary organisations.

All day nurseries must be registered with a HSC trust. Contact your local trust for information about nurseries near you. You may be lucky enough to have a nursery or

crèche where you work. If not, and if there are a number of parents needing childcare, you could think about asking your employer to set one up.

Coping with the cost of childcare

Childcare costs can be high. If you are on a low or moderate income, you may be able to get help with the cost of registered or approved childcare. For more information go to the HM Revenue and Customs website at www.hmrc.gov.uk or telephone Make the Call on 0800 232 1271.

Remember, if your child is aged three or four you will be able to access a free part-time childcare place for them. If you are under 19 years at the start of a course of study at school or under 19 years and committed to returning to school once your baby is born, the school age mother's programme may be able to help with childcare costs. Contact the Education Authority.

Making childcare work

Think about your child's needs and what is available. You might prefer to leave a small baby in the care of a single person who you can get to know. A toddler or pre-school child might be happier in a group atmosphere, making friends and learning new skills, although a very shy child

The childcare checklist

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

might prefer to spend most of their time with a childminder but have regular trips to a playgroup or toddler group to meet

other children. Your needs are important too. Will the childcare cover your working hours or will you need someone else

to cover the extra time? Over-complicated arrangements will make life stressful for you and your child.

- **Don't rush into a decision.**

Visit the childminder or nursery and have a good chat with them. Ask about the basics like hours, fees and what they cover, holidays and what happens if someone is ill or there is an emergency. See the checklist on page 134 for a list of questions you might want to ask.

- **Think about transport.**

How easily can you get there from work and from home?

- **Give your child time to settle in.**

If you can, start by leaving your child for a short time and gradually build up. This might mean introducing your child to childcare before you have actually started back at work.

- **Tell your childminder or nursery all about your child.**

They will need details about their routine, likes and dislikes, feeding habits (particularly if you are still breastfeeding), and so on. When you are picking your child up or dropping them off, try to allow enough time to talk and find out how things are going.



- **If you have specific concerns, talk about them.**

If your child has asthma, for example, you will need to be sure that your childminder doesn't keep pets and find out whether they, or anyone else in the house, smokes. Perhaps you worry about your child being given certain things to eat. Whatever the issue, if it's important to you, you need to talk about it.

- **Make sure you and your childminder or nursery workers agree on key issues.**

It's important to take a consistent approach to things like discipline and potty training.

- **Support and reassure your child in every way you can.**

The early weeks are likely to be difficult for both of you. A regular routine and a handover that is as smooth as possible both help. It's perfectly normal for your child to cry when you leave, but remember that the crying usually stops once you

have gone. Don't hang around and, once you have left, don't go back. If you have said you will be back at a certain time, make sure you are.

- **Share the experience.**

With older children, chat about what they have been doing while you have been away, and talk about the person or people who look after them. Show them it's all part of normal life, and something to look forward to.

- **Make time.**

Whatever else you need to sacrifice – like the housework! – it's vital to carry on making time to spend with your child once you have gone back to work.

- **Don't feel guilty.**

Evidence shows that children do well in high-quality childcare. There is no need to feel guilty about not being there 24/7. If you are worried about the quality of care though, it's important to do something about it as soon as possible.



Finding a childcarer or early education provider

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

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

Talk to other parents whose children are at the group or school.

Your health visitor may also be able to tell you about other parents' views and experiences.

Talk about ways of settling your child in happily.

Staff may suggest ways of helping with this. At a playgroup or nursery school you might, for example, stay with your child at first and then go away for longer and longer periods of time. Sometimes, your child might need more support and reassurance. In this situation, talk to the school beforehand

about any problems that might come up. Find out how the school will handle them, make suggestions yourself if you want to, and explain your child's needs. Talk to your child about it, too, in whatever way seems best.

6

Keeping your child safe

6

Keeping your child safe

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

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

sensible clothes will protect your child from burning and damaging their skin.

Immunisations

By the age of two years, it is recommended that your child has the following vaccines:

- DTaP/IPV/Hib/HepB;
- PCV;
- Rotavirus;
- MenB;
- MMR;
- Hib/MenC.

Why do we need immunisation?

Immunisation is the best and safest way to help stop your baby becoming sick from various infectious diseases. Our immune system is the body's natural defence against disease. The immune system produces substances called antibodies which usually fight off infection and prevent disease. In some cases, though, our immune systems need a bit of help.



Vaccines are given to babies to strengthen their immune system by stimulating their body to produce antibodies. This means their body is ready to fight infection if they come into contact with the disease.

It takes a number of vaccines to fully protect your baby, so it's important to complete the course.

If your baby misses any of these vaccines, they can still catch up on most of them, even if there's been a long gap. Just ask your GP or health visitor to arrange to give them the dose they missed. They don't have to start the course again from the beginning.

Routine immunisations

Your GP's surgery or clinic will usually send you an appointment to take your baby for immunisation. If you think your child is due for an immunisation, but you have not received an appointment, contact your health visitor or GP.

Most surgeries and health centres run special immunisation or baby clinics. If you cannot get to the clinic, contact the surgery to make another appointment.

All childhood immunisations are free. It's important that your baby has their immunisations at the right age, to keep the

risk of disease and any side effects as low as possible. The doctor or nurse will explain the immunisation process to you and answer any questions you

have. Most vaccines are given by injection into your baby's thigh or upper arm, some are given orally or as a nasal spray. The table below shows what age

When to immunise

When to immunise	Diseases vaccine protects against	How it is given
2 months old	Diphtheria, tetanus, pertussis (whooping cough), polio, Hib and hepatitis B (6 in 1) Rotavirus Meningococcal B infection	One injection Orally One injection
3 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Pneumococcal infection Rotavirus	One injection One injection Orally
4 months old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B (6 in 1) Meningococcal B infection	One injection One injection
Just after the first birthday	Measles, mumps and rubella Pneumococcal infection Hib and meningococcal C infection Meningococcal B infection	One injection One injection One injection One injection
Every year from 2 years old up to and including Year 12	Influenza	Nasal spray or injection
3 years and 4 months old	Diphtheria, tetanus, pertussis and polio Measles, mumps and rubella	One injection One injection
Girls and boys 12 to 13 years old	Cancers caused by human papillomavirus types 16 and 18, including cervical cancer (in girls) and cancers of the mouth, throat, anus and genitals (in boys and girls) and genital warts caused by HPV types 6 and 11.	One injection
14 to 18 years old	Tetanus, diphtheria and polio Meningococcal ACWY	One injection One injection

If you would like further information about immunisation, visit www.publichealth.hscni.net or pha.site/immunisation-and-vaccinations

Immunisation and premature babies

Premature babies are at greater risk of infection. They should be immunised according to the recommended schedule from two months after birth, regardless of how premature they were.

children are when they receive their vaccines in Northern Ireland. You can also check: www.publichealth.hscni.net or pha.site/immunisation-and-vaccinations

Most babies will not have any side effects, but all babies are different.

Your baby may get some of the side effects shown below but these are usually mild. It is important to remember that the risks from the disease are much worse than the rare side effects of the vaccine.

Vaccines

DTaP/IPV/Hib/HepB (6 in 1)

This vaccine protects against the following diseases:

- **Diphtheria** is a serious disease that usually begins with a sore throat and can quickly cause breathing problems. It can damage the heart and nervous system. In severe cases, it can kill. Before the diphtheria vaccine was introduced, there were up to 1,500 cases of diphtheria each year in Northern Ireland.
- **Tetanus** affects the nervous system, leading to muscle spasms, breathing problems and, in severe cases, death. It is caused when germs in soil and manure get into the body through open cuts or burns.

Tetanus cannot be passed from person to person but is always present in the soil, even in Northern Ireland.

- **Pertussis (whooping cough)** can cause long bouts of coughing and choking which can make it hard to breathe. It can last for up to three months. It can be very serious for young children and can even kill babies under one year old. Before the pertussis vaccine was introduced, up to 3,500 cases of pertussis were reported each year in Northern Ireland.
- **Polio** is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill. Before the polio vaccine was introduced, as many as 1,500 cases of paralytic polio occurred each year in Northern Ireland.
- **Haemophilus influenzae type b (Hib)** is an infection caused by *Haemophilus influenzae* type b bacteria. It can lead to a number of major illnesses, including blood poisoning (septicaemia), pneumonia and meningitis, serious bone and joint infection and a serious form of croup. The Hib vaccine only protects your baby against the type of

meningitis caused by the *Haemophilus influenzae* type b bacteria, not against any other type of meningitis. Illnesses caused by Hib can kill if they are not treated quickly.

- **Hepatitis B (HepB)** is an infection of the liver caused by the hepatitis B virus. In children, the infection can persist for many years and can sometimes lead to complications such as scarring of the liver (cirrhosis), which prevents it from working properly, or liver cancer. The hepatitis B vaccine only protects against the B type of the virus and three doses will provide long lasting protection for those children without additional risk factors.

DTaP/IPV/Hib/HepB (6 in 1 vaccine) vaccine side effects

- irritability up to 48 hours after having the injection;
- a mild fever;
- a small lump at the site of the injection. This could last for a few weeks and will slowly disappear.

For advice on treating a fever see page 143. If you think your baby has had any other reaction to the DTaP/IPV/Hib/HepB vaccine, talk to your GP, practice nurse or health visitor.



PCV

Pneumococcal vaccine protects your child against one of the causes of meningitis, and also against other conditions such as severe ear infections and pneumonia caused by the most common types of pneumococcal bacteria. This vaccine does not protect against all types of pneumococcal infection and does not protect against meningitis caused by other bacteria.

PCV vaccine side effects

Out of every 10 babies immunised, one or two may get swelling, redness or tenderness at the injection site or get a mild fever. Very rarely, a vaccine may cause an allergic reaction.

Rotavirus

Rotavirus can be a serious infection in young babies. It usually starts with your baby being sick for a couple of days, followed by severe diarrhoea which can lead to dehydration requiring hospital admission. In Northern Ireland several hundred children are admitted to hospital every year with rotavirus infection. Your baby needs to get the first rotavirus vaccine before 15 weeks and the second one before 24 weeks.

Rotavirus vaccine side effects

Occasionally, babies who have had the vaccine may be restless, tetchy or develop mild diarrhoea. In very rare cases (about two in every hundred thousand babies

vaccinated), the vaccine can affect the baby's lower gut and they may develop abdominal swelling, vomiting, and pull their knees up to their chests as if in pain – sometimes they may pass blood. If this happens, you should contact your doctor immediately.

MenB

This vaccine offers protection against meningitis and septicaemia (blood poisoning) caused by meningococcal group B bacteria. It does not protect against meningitis caused by other bacteria.

MenB vaccine side effects

- redness, swelling or tenderness where they had the injection (this will slowly disappear on its own within a few days);
- be a bit irritable and feed poorly;
- have a temperature (fever).

Fever is quite a common reaction after the MenB vaccine. It is not something to be concerned about. You can help to prevent it by giving your baby infant paracetamol after the MenB vaccines at 2 and 4 months of age. It is important to make sure you have some infant paracetamol available before taking your baby for his/her first MenB vaccine.

MMR

Since its introduction in the UK in 1988, the MMR vaccine has almost wiped out the following three diseases among children in Northern Ireland:

- **Measles** is caused by a very infectious virus. Children are usually very unwell with a high fever and rash. Children often have to spend about five days in bed and could be off school for 10 days. Adults are likely to be ill for longer. Around 1 in 15 children will be affected by complications, which can include chest infections, fits, encephalitis (swelling of the brain) and brain damage. In very serious cases, measles can kill. Measles is one of the most infectious diseases known. A cough or a sneeze can spread the measles virus over a wide area. Because it's so infectious, the chances are your child will get measles if they are not immunised.
- **Mumps** is caused by a virus which can lead to fever, headache and painful and uncomfortable swelling of the glands on the side of the face and under the jaw. It can result in permanent deafness, viral meningitis (swelling of the lining of the brain) and encephalitis. Rarely, it causes painful swelling of the testes in boys and ovaries in girls.

Mumps lasts about seven to 10 days. It is spread in the same way as measles.

- **Rubella**, or German measles, is caused by a virus. It causes a short-lived rash and swollen glands. In children, it's usually mild and can go unnoticed, but in unborn babies rubella can be very serious, damaging their sight, hearing, heart and brain. Rubella infection in the first three months of pregnancy causes damage to the unborn baby in 9 out of 10 cases. This condition is called congenital rubella syndrome (CRS). In many of the cases, pregnant women catch rubella from their own or their friends' children.

MMR vaccine side effects

The three different viruses in the vaccine act at different times. The first dose may cause the following side effects:

- Six to 10 days after the immunisation, as the measles part of the vaccine starts to work, about 1 in 10 children may develop a fever. Some also develop a measles-like rash and go off their food. For advice on treating a fever, see page 143.
- Rarely, children may get mumps-like symptoms (fever and swollen glands)

about three weeks after their immunisation as the mumps part of the vaccine starts to work.

- Very rarely, children may get a rash of small bruise-like spots in the six weeks after the immunisation. This is usually caused by the measles or rubella parts of the vaccine. If you see spots like these, take your child to the doctor to be checked. He or she will tell you how to deal with the problem and protect your child in the future.
- Fewer than one child in a million develops encephalitis (swelling of the brain) after the MMR vaccine, and there is very little evidence that it is caused by the vaccine. Remember that, if a child catches measles, the chance of developing encephalitis is much greater (between 1 in 200 and 1 in 5,000).

Side effects after the second dose of MMR are less common and usually milder.

Hib/MenC

Your child will need a dose of the combined Hib/MenC vaccine to protect them against meningococcal C (MenC) infection and to provide a booster dose of Haemophilus influenza type b (Hib). This vaccine provides

MMR and autism

Some years back, a number of newspaper stories appeared suggesting a possible link between MMR and autism. Some parents opted to delay their children's MMR immunisation or not to have it at all, leading to outbreaks of measles.

Although autism is increasingly recognised now, the increases were going on long before MMR was introduced. Parents often first notice signs of autism in children after their first birthday. MMR is usually given to children at about this age, but this doesn't mean that MMR causes autism.

Extensive research into the possibility of a link between the MMR vaccine and autism, involving hundreds of thousands of children, has been carried out in the UK and many other countries. No link has been found. Experts from around the world, including the World Health Organization, agree that there is no link between the MMR vaccine and autism.



longer-term protection throughout childhood against two causes of meningitis and septicaemia (blood poisoning).

Hib/Men C vaccine side effects

Your baby may have swelling, redness or tenderness at the injection site. About half of all babies who have the vaccine may become irritable, and about 1 in 20 could get a mild fever. Very rarely, a vaccine may cause an allergic reaction.

Flu

Immunisation against flu is now recommended for all children from their second birthday up to and including

Year 12. It needs to be given every year, and is given in the autumn. The vaccine that will be offered to nearly all children is given as a liquid which is squirted from a syringe up the nose, meaning it is not painful and is easier to give. This vaccine helps protect children against seasonal flu. It also means they are less likely to pass the flu onto others who may develop serious complications when they get flu such as younger babies, older people and people with certain medical conditions.

Flu vaccine side effects

A runny or stuffed nose is the most common side effect following the nasal spray.

Non-routine immunisations

The following immunisations will only be given to babies and children whose background or circumstances puts them at particular risk of specific diseases.

Flu

Babies and young children with certain medical conditions are more vulnerable to getting serious complications and ending up in hospital, and even rarely dying from flu. For these babies the flu vaccine can be given from six months of age and it is very important that a baby or young child with certain medical conditions

get the vaccine every year. The conditions include chest conditions such as asthma, heart conditions, kidney disease, diabetes, lowered immunity to disease or treatment such as steroids or cancer therapy; a neurological condition or a condition that affects the nervous system, such as cerebral palsy and any other serious medical conditions. Check with your doctor if you are unsure.

BCG

The BCG vaccine protects against tuberculosis (TB), and is offered to those babies who are at most risk of coming into contact with someone with TB. They could be at risk if:

- a parent or grandparent was born in a high-incidence TB country;
- they will be living in a high-incidence TB country for more than three months;
- there is family history of TB within the past five years;
- they were born in a high-incidence TB country.

TB is an infection that usually affects the lungs but can also affect other parts of the body such as the lymph glands, bones, joints and kidneys. It can also cause a serious form of meningitis in babies. Most cases can be cured with treatment.



BCG vaccine side effects

After the immunisation, a small blister or ulceration may appear where the injection is given. It's best to leave this uncovered. It will heal gradually

and may leave a small flat scar. If you are worried or think the ulceration has become infected, seek advice from your health visitor or GP.

Recognising and treating a fever

1. If your baby's face feels hot to the touch and they look red or flushed you should check their temperature with a thermometer (a fever is over 37.5°C).

A fever can occasionally bring on a fit or convulsion so it's important to bring their temperature down. Fits due to a high temperature are less common in the first six months of life.

2. Keep your baby cool by making sure:
 - they don't have too many layers of clothes or blankets on;
 - the room they are in isn't too hot (it shouldn't be cold either, just pleasantly cool - about 18°C).
3. Give them plenty of water to drink.
4. Give them infant paracetamol. When your baby has had the MenB vaccine as part of the two and four month vaccination, it is recommended that you give your baby **three doses** of infant paracetamol even if they have not developed a fever, at 4 to 6 hourly intervals. If your baby has a fever after the three month vaccination, you may also give them infant paracetamol.

Frequently asked questions

How do vaccines work?

Vaccines contain weakened organisms (bacteria or viruses) or tiny amounts of the chemicals that some organisms produce. These cannot cause disease but instead encourage the body's immune system to make antibodies (substances that fight off infection and disease) and memory cells. If your child comes into contact with an infection they have been immunised against, the memory cells will recognise it and be ready to protect them.

If diseases like polio and diphtheria have almost disappeared in the UK, why do we need to immunise against them?

In the UK, these diseases are kept at bay by high immunisation rates. Around the world, more than 15 million people a year die from infectious diseases. Over half are children under the age of five.

Immunisation doesn't just protect your child, it also helps to protect your family and the whole community, especially those children who, for medical reasons, cannot be immunised.

How do we know that vaccines are safe?

Before they can be licensed all

medicines (including vaccines) are thoroughly tested to check their safety and effectiveness. After they have been licensed, the safety of vaccines continues to be monitored. Any rare side effects that are discovered can then be investigated further. All medicines can cause side effects, but vaccines are among the very safest. Research from around the world shows that immunisation is the safest way to protect your child's health.

Will having an injection upset my baby?

Your baby may cry and be upset for a few minutes, but they will usually settle down after a cuddle.

Will there be any side effects?

Side effects are less common than people think, and they are usually mild. Some babies will have some redness or swelling in the place where they had the injection, but this will soon go away. Others might feel a bit irritable or unwell, or have a slight temperature. See from page 139 for more information about the possible side effects of routine immunisations. Parents can report suspected side effects of vaccines and medicines through the Yellow Card Scheme online at <https://yellowcard.mhra.gov.uk> or by calling their hotline on freephone 0800 731 6789 (Mon to Fri 10.00am to 2.00pm).

Is it safe to take my baby swimming around the time of an immunisation?

Yes. You can take your baby swimming at any time before and after their immunisation. Contrary to popular belief, your baby does not need any immunisations before they go swimming.

Are immunisations safe for babies with allergies?

Yes. Immunisations are safe for babies with asthma, eczema, hayfever and allergies. If you have any questions, speak to your GP, practice nurse or health visitor.

Are some babies allergic to vaccines?

Very rarely, children can have an allergic reaction soon after immunisation. This will usually be a rash or itching affecting part or all of their body. The GP or nurse giving the vaccine will know how to treat this. It is not a reason to avoid having further immunisations.

Even more rarely, children may have a severe anaphylactic reaction within a few minutes of the immunisation, leading to breathing difficulties and, in some cases, collapse. A recent study has shown that only one anaphylactic reaction is reported in about a million immunisations.

The people who give immunisations are trained to deal with anaphylactic reactions and, as long as they are treated quickly, children make a complete recovery.

Is there any reason why my baby should not be immunised?

There are very few reasons why babies cannot be immunised. Vaccines should not be given to babies who have had a confirmed anaphylactic reaction to a previous dose of that specific vaccine or to something in the vaccine.

In general, children who are 'immuno-suppressed' should not be given live vaccines. This includes children who are being treated for a serious condition (like an organ transplant or cancer) or who have a condition that affects their immune system, such as severe primary immunodeficiency. If this applies to your child, always tell your GP, practice nurse or health visitor before the immunisation. They will need to get specialist advice about live vaccines such as MMR, BCG, Rotavirus and Intranasal Flu.

What if my baby is ill on the day of the appointment?

If your baby has a minor illness without a fever, such as a cold, they should have their immunisations as normal. If your baby is ill with a fever, put off the immunisation until they are better. It's a good idea to book a replacement appointment straight away so the immunisation is not delayed by more than a week.

Hepatitis B

All pregnant women are offered a blood test to screen for hepatitis B in pregnancy. If they are found to have hepatitis B infection their baby will need to be immunised against hepatitis B at birth, one month and 12 months of age as well as having hepatitis B in the routine vaccinations at two, three and four months of age.

Hepatitis is an infection of the liver caused by viruses. Hepatitis B vaccine only protects against the B type of the virus, which can be passed through infected blood from mothers to their babies or body fluids from someone infected with hepatitis B. There is a risk that the baby could then become a carrier and develop serious liver disease later in life. To ensure adequate

protection babies require a number of doses of the vaccine.

A blood test is carried out at 12 months to ensure that the baby of a hepatitis B positive mother has not contracted hepatitis B.

Hepatitis B vaccine side effects

The side effects of the hepatitis B vaccine are usually quite mild. There could be some redness and soreness where the injection is given. This lasts for a few days.

Travelling abroad

If your child is going abroad, their routine immunisations need to be up to date. They may also need extra immunisations. Contact your doctor or a travel clinic well in advance for up-to-date information.

Courses of most travel vaccines can be given over a four-week period, but you will need to allow more time if your child also needs a primary (first) course of the DTaP/IPV/Hib/HepB vaccine (see page 139).





If you don't have that much time before you leave, it's still worth going to a clinic.

For more information, go to nathnac.net

Common childhood illnesses

This section provides details about some common childhood illnesses. In each case, it gives:

- the incubation period (the time between catching an illness and actually becoming unwell);
- the infectious period (the

time when your child can pass on the illness to someone else);

- a list of common symptoms to help you recognise the illness;
- advice on what to do.

Symptom Checker

If your child is feeling unwell, you can also follow the link below to get a better understanding of what might be happening and where to get treatment.

<https://belfasttrust.hscni.net/hospitals/childrens/childrens-symptom-checker/>

Chickenpox

Incubation period: 10–23 days.

Chickenpox and pregnancy

Keep your child away from anyone who is, or who is trying to get, pregnant. If your child was with anyone pregnant just before they became unwell, let the woman know about the chickenpox. In women who have not previously had chickenpox, catching it in pregnancy can cause miscarriage or the baby may be born with chickenpox.

Infectious period: From four days before the rash appears to five days after.

Symptoms: Starts with feeling unwell, a rash and maybe a slight temperature. Spots are red and become fluid-filled blisters within a day or so and eventually dry into scabs which drop off. Spots appear first on the chest and back and then spread. Spots will not leave scars unless badly infected.



What to do: You don't need to go to your GP or to the emergency department unless

Sepsis

Sepsis is a rare but serious medical condition that results from baby's overwhelming response to an infection. Sepsis can occur in anyone at any time and from any type of infection affecting any part of the body. If your child has an illness which may include fever, cough, sore throat, vomiting and diarrhoea and if they develop any of the following symptoms, seek medical help:

- mottled blueish or pale skin;
- lethargic or difficult to wake;
- abnormally cold;
- breathing very fast;
- a rash that doesn't fade when you press it;
- fits or convulsions.

For further information visit sepsistrust.org

you are not sure whether it's chickenpox, or your child is very unwell and/or distressed. Give them plenty to drink. Infant paracetamol will relieve discomfort and fever. Baths and loose comfortable clothes can all ease the itchiness. Try to stop your child scratching or picking at their spots, as this will increase the risk of scarring. It's hard for children to do this, so give them lots of praise and encouragement. Distractions, like TV, are good for taking their mind off it. Let the school or nursery know in case other children are at risk.

Measles

Incubation period: 7–12 days.

Infectious period: From a few days before the rash appears until four days after.

Symptoms: Begins like a bad cold and cough with sore, watery eyes. Child becomes gradually more unwell, with a temperature. Rash appears after third or fourth day. Spots are red and slightly raised; they may be blotchy, but not itchy. Begins behind the ears, and spreads to the face and neck and then the rest of the body. Children can become very unwell, with a cough and high temperature. The illness usually lasts about a week. Measles is much more serious than chickenpox, German measles or mumps,



and is best prevented by the MMR immunisation. Serious complications include pneumonia and death.

What to do: Your child will be quite unwell, so make sure they get lots of rest and plenty to drink. Warm drinks will ease the cough, and infant paracetamol or ibuprofen will ease discomfort and fever. You could also put petroleum jelly around their lips to protect their skin. If their eyelids are crusty, wash it away with warm water. If your child is having trouble breathing, is coughing a lot or seems drowsy, see your GP urgently.

Mumps

Incubation period: 14–25 days.

Infectious period: From a few days before starting to feel unwell until the swelling goes down.

Symptoms: At first, your child may be slightly unwell with a bit of fever, and may complain of pain around the ear or feeling uncomfortable when chewing. Swelling then starts on the side of the face, in front of the ear and under the chin. Swelling often

starts on one side, followed (though not always) by the other. Your child's face will be back to normal size in about a week. It's rare for mumps to affect boys' testes (balls). This happens rather more often in adult men with mumps. If you think your child's testes are swollen or painful see your GP.

What to do: Your child may not feel especially ill and may not want to be in bed. Infant paracetamol or ibuprofen will ease pain in the swollen glands. Check the package for the correct dosage. Give plenty of water to drink, but not fruit juices as they make the saliva flow, which can hurt and make your child's pain worse.

There is no need to see your GP unless your child has stomach ache and is being sick, or develops a rash of small red/purple spots or bruises.



Rubella (German measles)

Incubation period: 15–20 days.

Infectious period: From one week before the rash first appears until at least five days after.

Symptoms: Can be difficult to diagnose with certainty. Starts like a mild cold. The rash appears in a day or two, first on the face, then spreading. Spots are flat. On a light skin, they are pale pink. Glands in the back of the neck may be swollen. Your child will not usually feel unwell.

What to do: Give plenty to drink, and keep your child away from anybody you know who is trying to get pregnant or is up to four months pregnant. If your child was with anyone pregnant before you knew about the illness, you will need to let the woman know. If an unimmunised pregnant woman catches German measles in the first four months of pregnancy, there is a risk of damage to her baby.

Pregnancy and German measles (rubella)

Any pregnant woman who has had contact with German measles should see her GP. The GP can check whether or not she is immune and, if not, whether there is any sign of her developing the illness.

Parvovirus B19 (also known as fifth disease or slapped cheek disease)

Incubation period: Anywhere between 1–20 days.

Infectious period: For a few days until the rash appears.

Symptoms: Begins with a fever and nasal discharge. A bright red rash, like the mark left by a slap, appears on the cheeks. Over the next two to four days, a lacy type of rash spreads to the trunk and limbs. Although it is most common in children, the disease can occur in adults. In the majority of cases it has no serious consequences. Children with blood disorders such as spherocytosis or sickle cell disease may become more anaemic and should seek medical care. Rarely, in pregnant women who are not immune to the disease, it may affect the baby in the uterus.

Whooping cough (pertussis)

Incubation period: 5–21 days.

Infectious period: From the first signs of the illness until about three weeks after coughing first starts. If an antibiotic is given, the infectious period will continue for 48 hours after starting treatment.

Symptoms: Begins like a cold and cough. The cough gradually gets worse. After

about two weeks, extended bouts of coughing start.

These are exhausting and make it difficult to breathe. Younger children (babies under six months) are much more seriously affected and can have breath-holding or blue attacks, even before the cough appears. Your child may choke and vomit.

Sometimes, but not always, there will be a whooping noise as the child draws in breath after coughing. The coughing fits may not die down for several weeks and can continue for three months.

What to do: If your child has a cough that gets worse rather than better and starts to have longer fits of coughing more and more often, see your GP.

It's important for the sake of other children to know whether or not it's whooping cough. Talk to your GP about how best to look after your child and avoid contact with babies, who are most at risk from serious complications.



Meningitis and septicaemia

Meningitis is an inflammation of the lining of the brain. It is a very serious illness but, if it's picked up and treated early, most children make a full recovery. Septicaemia is blood infection, which may be caused by the same germs that cause meningitis. Septicaemia is also very serious and must be treated straight away.

In recent years, there has been a lot of concern about meningitis in children. There are several different types of meningitis and septicaemia and some can be prevented by immunisation (see page 137).

Early symptoms of meningitis and septicaemia may be similar to a cold or flu (fever, vomiting, irritability and restlessness). However, children with meningitis or septicaemia can become seriously ill within hours, so it is important to be able to recognise the signs.

The main symptoms of meningitis and septicaemia may include:

- fever (a temperature of 38°C or more in babies under three months and of 39°C or more in babies between three and six months);
- vomiting and refusing feeds;

The 'glass test'

Press the side of a clear tumbler firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your doctor immediately. This rash can be harder to see on darker skin, so check for spots over your baby's whole body, especially on paler areas like palms of the hands, the soles of the feet, on the tummy, inside the eyelids and on the roof of the mouth. For more information, phone the Meningitis Research Foundation's free 24-hour helpline on 080 8800 3344 or go to



www.meningitis.org

You can also ask your GP, practice nurse or health visitor for advice.

- cold hands and feet;
- skin that is pale, blotchy or turning blue;
- rapid or unusual patterns of breathing;
- irritability, especially when picked up (this can be due to limb or muscle pain);
- a high-pitched, moaning cry;
- shivering;
- red or purple spots that don't fade under pressure (do the glass test explained in the box above);
- floppiness and listlessness
- or stiffness with jerky movements;
- drowsiness, or your child is less responsive, vacant or difficult to wake;
- a bulging fontanelle;
- neck stiffness or a stiff neck.

Remember, not all infants and older children will develop all the symptoms listed above. If your child develops some of the symptoms listed above, especially red or purple spots, get medical help urgently. The rash does not always appear, if a child is sick get medical help even if there isn't a rash.



Reducing the risk of accident and unintentional injuries

Accidental injury is one of the biggest killers of children in the UK. It is second only to cancer.

Five key issues for the under fives:

- choking, suffocation and strangulation;
- falls;
- poisoning;
- burns and scalds;
- drowning.

Keep these items out of children's sight and reach

From about six months babies start to put things to their mouths to investigate them. Always keep medicines, household cleaning products, washing tablets, liquitabs (both washing machine or dishwasher ones) and small batteries out of the sight of children, preferably in a high, lockable cupboard.

Accidents can be prevented! On average one child in six is taken to hospital each year.

Other items that should not be left lying around include e-cigarettes, liquid refills, plug-in air fresheners and sachets of air fresheners.

Special care should be taken with the following household items

Button batteries

These small round batteries are found in a growing number of toys, remote controls and car keys. They can be extremely dangerous for children if swallowed, not just because of choking but also because they corrode quickly in the body and cause internal burns.

See pha.site/button-batteries

Magnets

High-strength magnets can be found in toys, puzzles, etc. As well as being a choking hazard magnets can cause serious damage to the body if swallowed. Keep all products containing high strength magnets out of reach of young children.

Nappy sacks are handy for disposing of used nappies, but they pose a hazard to children.

To avoid danger of suffocation and choking, always keep nappy sacks, dog poo bags, food caddy bags and other plastic bags and wrappings away from babies and young children.

Hair straighteners – young children's skin is much thinner

than adults' skin. This means they can suffer painful burns more easily. To avoid the danger of serious burns and fire, turn hair straighteners off at the plug as soon as you've finished using them. Put them in a safe place to cool down out of the reach of children.

Blind cords – children

can easily get blind cords caught around their necks and become unable to free themselves. Tie-up cords out of the reach of children using a cord shortener or cleat.

Don't place a child's cot, bed, highchair, playpen or items of furniture near a window blind. For further information visit pha.site/blind-cord-safety

Safety checklist

The following safety advice is provided by the Child Accident Prevention Trust (CAPT). It is divided into three sections:

- safety for all under-fives;
- safety for babies before they can walk;
- safety for under-fives who can walk.

This is because accidents tend to relate to what a child can do, rather than to their age alone, and all children develop at slightly different rates. Parents are often taken by surprise when their child makes a sudden breakthrough

Fire safety

All fire and rescue services have community fire safety teams. You can find your local fire and rescue service, and get advice about home safety risk assessments and fire safety generally from www.nidirect.gov.uk

You can also phone your local fire and rescue service and ask for 'community fire safety' team. They can give you advice for your home and may be able to provide and fit smoke alarms free of charge.

in their development. These newly acquired abilities can be a cause of celebration, but sudden changes in ability can also be linked to serious childhood accidents.

Children have a knack of doing things – crawling, walking, climbing, opening a bottle, or whatever – before you expect it.

Children of different ages need different approaches. Very young babies are completely dependent on adults for all their needs. They have absolutely no control over their environment and what is happening to them,



and need an adult to keep them safe. When they start to wriggle and then crawl, they can get themselves into trouble, and this is why you need to take some simple precautions. Toddlers are keen to explore their surroundings but don't understand what might hurt them. They may repeat warnings back to you so you think they understand, but it doesn't always mean that they do.

Exploring and playing are an essential part of learning, and children should not be 'wrapped in cotton wool'. Bumps and bruises are inevitable but you can do some simple things to make sure that your child doesn't get seriously injured.

Safety for all under-fives

House fires

It is safest not to smoke in the home if you wish to prevent house fires. If your home catches fire, you and your child could breathe in poisonous smoke. It's especially dangerous if the fire breaks out at night while you are all asleep.

- Fit smoke alarms on every level of your home. Test the batteries every week.
- Change the batteries every year or, even better, get alarms that have 10-year batteries, are wired into



the mains or plug into light sockets.

- At night, switch off electrical items wherever possible before going to bed and close all doors to contain any fire. Make sure that you always put cigarettes right out.
- Mobile phone chargers can cause serious burns if a child puts the live end in their mouth. Keep them switched off and out of the way when not in use. Always check that chargers are the licensed accessories for the particular product. Unlicensed accessories can be poorly made, and might cause electric shocks or fire.
- Practise how you will escape if there is a fire, so you know what to do if the alarm goes off.

Carbon monoxide poisoning

Carbon monoxide is poisonous, but you cannot see it, smell it or taste it. To reduce the risk of carbon monoxide poisoning it is important to



check that heating systems and chimney flues are safe – this is most easily done by having boilers and fuel burning appliances serviced at least once a year by a suitably qualified and registered engineer.

Homes should be properly ventilated and it is advisable to fit a carbon monoxide alarm when there is a flame burning appliance (such as an open fire or a gas, oil, coal or wood boiler). More information is available at www.publichealth.hscni.net or www.nidirect.gov.uk

In the car

If your child travels in a car they are required by law to travel in an appropriate child car seat until they are 12 years old or 135cm tall, whichever comes first.

Rear-facing is the safest way for your child to travel, an i-Size R129 seat must carry a child rear facing until they are at least 15 months old. There are some seats which will carry children in this position until they are much older, for example some are available with a 25kg weight limit, which is the weight of an average seven year old. Rear-facing greatly reduces the forces on a child's delicate neck in a collision and dramatically reduces the risk of spinal cord injury.

Children should not move

into a high back booster until they have the required pelvic and spinal bone development and maturity to use the seat correctly. R44 forward facing seats with a built-in harness are designed to carry children who weigh between 9-18kg.

Currently there are two safety regulations that seats sold in the UK must comply with: ECE **R44/04**, which is weight based and the more recent **R129** or "i-Size" which is height based. The best seat for your child is one that gives a solid installation in the vehicle that it is intended to be used in AND gives a good fit for your child. Always try the seat in your car before you buy it.

Choosing your seat:

- Ideally all under fours should use a rear facing harnessed seat. These will typically be Group 1 (R44/04) with a weight limit of 18kg or i-Size (R129) with a height limit of 105cm.
- If your child is higher centile (see Red Book for growth charts) they may outgrow these seats before safe boosting age, in which case an extended rear-facing up to 25kg seat would be recommended.
- Seat belt installation is just as safe as ISOfix, provided it is installed correctly. Always check the manual



that comes with your child seat and ensure the retailer shows you how to install it correctly. Belt fitted seats should move no more than one inch when tested where the lap belt touches the seat.

- **Never** buy a second hand seat, it may have been in an accident and would not protect your child in any future accident.
- Be aware of a seat's weight and height restrictions. A seat must **never** be used beyond the tested limits.
- Although it is still legal to use seats tested to R44/03 standard (but not to sell) it is not recommended. R44/03 seats could be up to 25 years old and although seats do not have an expiry date the materials can degrade over time. Manufacturers recommend 6-10 years of use before a seat should be replaced. This also allows for advances in safety.

Safety considerations:

- It is **illegal**, and very dangerous, to put a rear facing seat in the front seat of a car with an active airbag. Some cars come with the function

to deactivate the airbag (usually with the vehicle key) or your car dealership may be able to do this, check your vehicle manual. Your vehicle manual will also tell you which seat positions can be used for different child restraints.

- **Never** add anything to your car seat that has not been crash tested, as it may affect how your seat performs in an accident.
- **Never** place a child in a car seat with thick clothes on, as they can affect how well the harness hugs the body. Always layer blankets over the harness to keep your child warm and remove if needed, young babies can overheat easily.
- Always read the manual that came with your seat to ensure it is installed correctly and that your child is fitted in the seat correctly.
- For a rear facing seat the straps should be level with or no more than 2cm **below** the shoulders, for a forward facing seat the straps should be level or no more than 2cm **above** the shoulders.
- Never leave your child unattended in the car. Cars can get very hot very quickly and children can die in hot cars.
- For very low birth weight



babies it is recommended to keep journeys short (below 30 minutes) in the first few weeks.

Bathwater scalds

These can result in very serious injuries, needing prolonged treatment and care, and can even kill a child. Toddlers may play with the hot tap, scalding themselves and any other children who are sharing the bath with them.

- Never leave a child alone in the bath, even for a moment.
- Fit a thermostatic mixing valve to your bath hot tap to control the temperature at which the water comes out, to stop your child being badly scalded.
- Put cold water into the bath first, then add the hot water. Always test the temperature of the water before you put your baby or toddler in the bath. Use your elbow – the water should not feel either hot or cold.

Burns and scalds

- Fit fireguards to all fires and heaters and use a sparkguard too if you have a coal or wood fire. Guards can prevent under-fives falling or reaching into fires.

- Don't leave hot drinks in easy reach of little hands – babies and toddlers may grab at cups and mugs on low tables or the floor and pull the contents over themselves.



Drowning

Babies can drown in as little as 5cm (2 inches) of water and drowning is silent – you will not necessarily hear any noise or struggle.

- Stay with your baby all the time they are in the bath – never leave them even for a moment, even if there is an older brother or sister in the bath with them.
- Baby bath seats can give you a false sense of security. If you use a bath seat, remember that it's not a safety device. You will still need to stay with your baby all the time. Babies can drown quickly and in very shallow water.

Strangulation

- Make sure any cot toys have very short ribbons and remove them when your baby goes to sleep.
- Never hang things like bags with cords or strings over the cot.

- Make sure leads and cables eg baby monitor are out of reach.
- Tie-up curtain or blind cords well out of your baby's or toddler's reach.
- Don't tie a dummy to your baby's clothes as the tie or ribbon could strangle them.

Poisonings

Remember that child-resistant devices, such as bottle tops, strips of tablets and cigarette lighters, are not child-proof. Some children can operate these products, so store medicines, household chemicals (including cleaning products) and lighters out of sight and out of reach, or locked away safely.

Pet safety

Download the Dogs Trust factsheet *A new baby and the family dog* from pha.site/dogs-new-baby

Housing safety

If you live in rented accommodation, and are worried that your housing might be unsafe for you and your child, contact your housing association or your landlord.

Safety for babies before they can walk

At this stage of development, babies are completely dependent on you for their safety. Here is what you can do

to keep them safe.

Falls

Babies soon learn to wriggle and kick, and it's not long before they can roll over, which means that they can roll off things. Once they learn to crawl, some babies may try to climb onto things, which increases the risk of falling. Here are some things you can do:

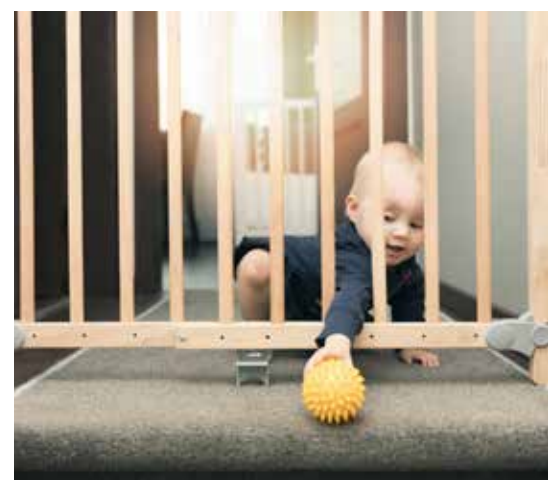
- Change your baby's nappy on the floor.
- Don't leave your baby unattended on a bed, sofa or changing table – even for a second – as they could roll off.
- Don't put your baby in a bouncing cradle or baby car seat on a table or kitchen worktop – their wriggling could tip it over the edge.
- Use the handrail when carrying your baby up and down stairs in case you trip.
- Watch where you are putting your feet while carrying your baby – it's easy to trip over something like a toy.
- Use a five-point safety harness to secure your baby in a high chair. Take care to strap your child in every time and remember to supervise them.

When your baby can crawl

- Fit safety gates to stop

them climbing stairs and falling down them. Close them properly after you go through the gate.

- If the gaps between banisters or balcony railings are more than 6.5cm (2.5 inches) wide, cover them with boards or safety netting. Small babies may be able to squeeze their bodies through, but not their heads.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches to restrict the opening to less than 100mm to stop babies climbing out. However, make sure adults know where the keys are kept in case of fire.
- Baby walkers are not recommended by health professionals. Baby walkers increase the risk of head injuries, burns, scalds and poisonings. Stationary activity centres provide a safe alternative. Your baby should always be supervised. Children who are not walking should spend time on the floor while you





supervise. Crawling, shuffling and pulling themselves up support their motor development (how your child learns to use their muscles to make movements).

- Remove cot toys and cot bumpers as a baby can use them to climb on and may fall out of the cot.

Burns and scalds

A baby's skin is much thinner than an adult's and will burn much more easily. This means taking extra care at bath time. Also, remember that babies will grab at brightly coloured objects, like mugs.

- After warming milk for a bottlefeed, shake the bottle well and test the temperature of the milk by placing a few drops on the inside of your wrist before feeding. It should feel lukewarm, not hot.
- If you are having a hot drink, put it down when you are holding your baby. A wriggly baby can cause you to spill the drink on them if you are holding both at the same time.

Choking and suffocation

Babies can choke very easily, even on their milk. They will also put small objects that can

choke them in their mouths, even when they are quite young.

- If you give your baby a bottle, always hold the bottle and your baby during feeding.
- Keep small things like buttons, small batteries, coins, small pieces of fruit (like grapes) and small parts from toys out of reach.
- Once your baby has started on solid food, always cut it up. Babies can choke on something as small as a grape. Grapes and baby tomatoes should be sliced or halved lengthwise so they can't stick in your child's throat.
- Don't use pillows or duvets with babies under one as they can suffocate if their face gets covered. They will not be able to push the duvet away.

Keep children safe from poisoning

From about six months, babies will start to put things in their mouths.

- Keep all medicines locked away or high up out of reach and sight. Do not keep tablets or other medication in your

- Keep nappy sacks or plastic packaging out of the reach of children.

Safety for under-fives who can walk

At this stage of development, children can climb and do simple things like open containers. They will also put things in their mouth to explore taste and texture. This is all perfectly normal, but it can lead to injuries if you don't take care.

Out and about

- There will come a time when you need to start using a forward-facing child car seat. But you should carry on using your rear-facing seat for as long as you can as these provide better protection in a crash.
- When taking your toddler out of the car or putting them in, do it from the pavement side of the vehicle.

handbag or in bedside cabinets.

- Keep cleaning products high up out of reach or, if this is not possible, fit safety catches to low cupboard doors. Try to choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are



- Use a five-point harness to secure your child in a buggy.
- Use a harness and reins when out walking, or hold your child's hand tightly. It only takes a few seconds for them to run into the road.
- Set a good example when crossing the road by choosing a safe place and talking to your child about what you are doing.
- Under-fives are too young to be allowed to play in the street. Find a safe place for them to play outside, such as the garden or a playground.

For more information on road safety see www.nidirect.gov.uk/campaigns/road-safety

Falls

When babies start to walk, they can be unsteady on their feet but can move very quickly. They tend to trip and try to climb.

- Install gates at the top and bottom of all stairs stop them climbing stairs and falling. Position gates back from the stairs themselves and only use gates secured to the wall with screws. Gates that only press
- against the walls can be shaken loose and so aren't as secure. Stair gates are not suitable as a safety device for children over two years of age.
- Teach your child how to climb stairs but never let them go up and down on their own. Even four year olds may need some help.
- Don't use the top bunk of a bunk bed for children under 6 – they can easily fall out.
- Make sure low furniture is kept away from windows and that windows are fitted with locks or safety catches. Make sure adults know where the keys are kept in case of fire.
- Make sure your child cannot get out onto a balcony without supervision. Do not put anything on a balcony your child could climb on, for example outdoor furniture, pots or boxes.
- Carry on using a five-point harness when your child is in their high chair.
- Trampolines are not recommended for children under 6 years of age (pha.site/rosipa-trampoline).

House fires, burns and scalds

Toddlers will play with anything they can reach, and they learn very quickly.

- Keep matches and lighters out of young children's sight and reach.
- Use a kettle with a short or curly flex to stop it hanging over the edge of the work surface where it could be grabbed.
- When cooking, use the rings at the back of the cooker and turn saucepan handles towards the back so they cannot be grabbed by little fingers.
- It's best to keep your toddler out of the kitchen when preparing hot food and drinks, well away from kettles, saucepans and hot oven doors. You could put a safety gate across the doorway.
- Keep hot drinks well away from young children – a hot drink can still scald 20 minutes after it's been made.
- When you have finished using your iron or hair straighteners, put them out of reach while they cool down. Make sure your child cannot grab the flex while you are using them.

Choking and suffocation

At this stage, children will put everything and anything they can in their mouths. It's all part of learning, but even something as small as a grape can choke them.

- Cut large food up so it's small enough for little mouths, and don't give young children hard food like boiled sweets.
- Don't give peanuts to children under six months of age.
- Don't leave your children when they are eating, and encourage them to sit still, as running around while eating could make them choke.
- Keep small objects like coins, buttons or small parts from older children's toys away from toddlers.
- Keep plastic bags of all types out of reach and sight of young children so they cannot play with them and put them over their head.

Strangulation

Children of all ages can strangle themselves playing with cords. They are also prone to getting their heads stuck when they squeeze their body through small gaps. This can be particularly dangerous if their feet are off the ground.

- Don't put baby monitors with cords near the cot.
- Tie-up curtain or blind cords so they are well out of your toddler's reach or use one of the many cleats, cord tidies, clips or ties that are available.
- Don't leave any type of rope or cord lying around, including dressing gown cords.
- Stop them from trying to squeeze through rails or banisters.
- Keep garden play equipment well away from washing lines.

The law on blind cords

- All internal blinds sold must comply with 2014 standards.
- Professional installers must fit safety compliant blinds in all homes.
- All professional installers must fit safety devices.

The new standards aim to protect babies and small children by:

- Installation of child safe blinds in all homes whether children are present or not.
- Limitations on cord and chain lengths.



- Safety devices for preventing any cord or chains at the point of manufacture.
- The testing of all safety critical components of internal blinds.
- Safety warning and product instructions.

When installing blinds choose those that do not have a cord, particularly in a child's bedroom. Do not place a child's cot, bed, playpen or high chair near a window. 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. Blind cords should not be cut.

See the window blind video at www.makeitsafe.org.uk or the Make it safe leaflet www.bbsa.org.uk

Drowning

Toddlers can drown in quite shallow water, for example in baths or ponds. Remember, drowning is silent. You will not necessarily hear any noise or struggle.

Safety in the sun

For the benefits of sunshine and Vitamin D see page 56. Exposing your child to too much sun may increase their risk of skin cancer later in life. The following tips will help you protect your child:

- Keep your child out of the sun between 11am and 3pm when the sun is at its highest and most dangerous.
- Keep babies under the age of six months out of direct sunlight, especially around midday.
- Encourage your child to play in the shade – for example under trees.
- Don't let your child run around all day in a swimsuit or without any clothes on.
- Cover your child up in loose cotton clothes such as an oversized T-shirt with sleeves.
- Use waterproof sunblock factor 15 or above if your child is swimming. Re-apply after towelling.
- Cover exposed parts of your child's skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) of



15 or above and which is effective against UVA and UVB. Don't forget their shoulders, nose, ears, cheeks and tops of feet. Re-apply often.

- Be especially careful to protect your child's shoulders and back of neck when playing, as these are the most common areas for sunburn.
- Get your child to wear a 'legionnaire's hat' or a floppy hat with a wide brim that shades the face and neck.
- Protect your child's eyes with sunglasses with an ultraviolet filter made to British Standard 2724.

Children in hot cars

A number of babies and children die each year after being left in cars, especially if there has been a change in routine, or if parents have been distracted, stressed or overworked.

- Never leave young children alone in the bath – even for a second.
- Empty the bath as soon as you have taken your child out.
- Fence off, fill in or securely cover your garden pond if you have one.
- Watch toddlers in paddling pools or playing near water. Empty paddling pools straight after use.
- Make sure your garden is secure so your child cannot get into neighbouring gardens where there may be ponds or other drowning hazards.

Poisoning

Toddlers like putting things in their mouths to see what they taste like. They will also find all sorts of ways to reach things they think look like sweets.

- Keep cleaning products high up out of reach or, if that is not possible, fit safety catches to low cupboard doors. Try to



choose cleaning products that contain a bittering agent. This makes them taste nasty, so children are less likely to swallow them.



- Keep all medicines locked away or high up out of reach and sight.
- Make sure bottle tops and lids are always firmly closed when not in use.
- Check your garden for poisonous plants and teach children not to eat anything they pick outdoors until they have checked with an adult.

Cuts, bumps and bruises

Toddlers just don't understand about danger and while minor cuts, bumps and bruises are part of growing up, there are things you can do to protect them from serious accidents or injuries.

- Use safety glass in low glass doors and windows or cover panes with safety film.
- Keep scissors, knives and razors out of reach.
- You can get special devices that stop doors from closing fully.

- This helps to prevent your child's fingers being trapped in doors. But at night, you should remember to close doors to stop fire spreading.

Tip over accidents

- Assess the stability of TVs and furniture in the home.
- Secure TVs by securing flat screens to a solid wall or place on a sturdy low base, keeping cords out of reach.
- Secure all heavy items of furniture or appliances.
- Check brackets/strap regularly.
- You can get corner protectors to protect your child's head from sharp corners on furniture.



For more information about safety, call the Child Accident Prevention Trust on 020 7608 3828 or go to www.capt.org.uk

Child safety on the farm

Working farms have many hidden dangers and children can stray very quickly. Never allow your child to play on the farm. Children are at high risk from vehicles, machinery, drowning, falls and animals.

Teach your child that the farm is a workplace and can be dangerous. Be very vigilant also when your children's friends visit the farm.

Safety in the winter

- Seasonal risks to child safety may be due to shorter daylight hours and colder weather.
- When outside children should wear something to make them more visible. This should be something bright or fluorescent during the day and something reflective at dusk and in the dark.
- As the weather is colder, the heating will be on. Make sure all appliances (gas, oil or solid fuel) are regularly checked.
- If you have an open fire, chimneys need to be swept and kept clear of debris.
- Make sure antifreeze and screen wash are kept well out of reach like other household products.
- Make sure children are wrapped up warmly and changed out of wet clothes as soon as they get home.
- Ice is also a risk. Children are inquisitive and careful supervision around frozen lakes or waterways is required.

- Securely cover or fence all slurry pits.
- Secure all chemicals, veterinary medicines and cleaning fluids. Never store in a soft drink bottle.
- Keep children a safe distance from animals.

The Health and Safety Executive's *Farmwise: Your essential guide to health and safety in agriculture* is available to download free on the HSE website.

Top tips for 'sharenting'

From announcing a pregnancy by uploading ultrasound pictures to sharing children's milestones and achievements, technology has transformed the traditional family album into a shared, online experience described as 'sharenting'.

Unlike the family album, however, the online audience can be huge and include people who aren't really 'friends'. Sometimes sharenting is not respectful of children's

privacy or dignity, especially when parents are frustrated and share content that could shame, embarrass or upset a child. If your child is not able to consent or is far too young, it's worth thinking about what it felt like when your own parents brought out the family album and showed other people your baby photos. Consider the future implications of your sharenting – do you want your child's future employer, class mates or partner to see that photo or read that story?

Safety equipment you should have

Windows

- Window restrictors

Blinds or curtains with cords

- Tie up the cords or use one of the cleats, cord tidies, clips or ties that are available

Open fires, stoves and hearths

- Sparkguard
- Fireguard

Bathroom

- Non-slip bath mats (to be effective these must be cleaned frequently)
- Toilet locks
- Bath thermometers

Furniture

- Brackets or straps to secure TVs, drawers and bookcases
- Furniture pads to cover sharp corners on furniture

Kitchen

- Fridge and freezer locks
- Fire blanket
- High chair with five-way safety harness

Fire Surrounds

- RoSPA has promoted the importance of safe fitting of stone or artificial stone fireplace surrounds following the death of a four-year-old, killed when a fireplace surround fell on him. Have a professional

fit any fireplace surround installed in the home.

Cupboards

- Locks

Alarms

- Smoke alarms
- Carbon monoxide alarms

Doors

- Safety door stoppers

Stairs and steps

- Stair gates at top and bottom of stairs

First aid/emergency information

- First aid kit
- Basic first aid instructions
- Emergency numbers

7

Your rights and benefits

Make sure that you know your rights and that you claim all the benefits that you are entitled to.

Visit pha.site/benefits or contact Make the call on 0800 232 1271 for further information on what benefits you may be entitled to.

Working out what benefits and rights you are entitled to and making claims can be complicated. There are a number of government departments and voluntary organisations that can help you.

- Your local Jobs and Benefits or Social Security Office can give you advice about benefits. You can find your local Jobs and Benefits or Social Security Office at pha.site/jobs-benefits-offices



- Advice NI, law centres and other advice agencies can advise you about your rights at work. To find your local advice agencies, visit www.adviceni.net/local-advice
- The Equality Commission for Northern Ireland can advise you if your problem is to do with sex discrimination, visit www.equalityni.org to find out more.
- Employers for Childcare provide a free, confidential family benefits advice service, which helps working parents to get into and stay in work. Employers for Childcare also provide a free benefits check to ensure

parents are receiving all the financial support they are entitled to (including help with childcare costs). Call Freephone 0800 028 3008 or email hello@employersforchildcare.org

You also have certain rights in the workplace when you have a baby, such as the right to maternity leave. You can find out more about maternity leave and other parental rights at nidirect, see pha.site/maternity-rights or pha.site/parental-rights

Rights do change and different benefits have to be claimed using different forms and from different offices. Get further advice if you are unsure of anything.



Glossary of useful terms

Term	Meaning
Additives	Substances added to food to improve flavour, colour, texture or stability. Some additives can cause allergic reactions. Check the labels on food packaging before you buy.
Allergies	<p>Disorders of the immune system often also referred to as atopy. Certain substances (called allergens) trigger bad reactions in some people. There are many different types of allergens, but three of the most common are pollen, dust mites and nuts.</p> <p>Common allergic reactions include eczema, hives, hayfever, asthma, food allergies, and reactions to the venom of stinging insects such as wasps and bees. Mild allergies like hayfever are very common and cause symptoms such as allergic conjunctivitis, itchiness, and a runny nose.</p> <p>Allergic reactions can cause a range of symptoms. Some can be quite mild, and some are more serious, and even life-threatening. Some of the most common symptoms include the following: sneezing, wheezing, sinus pain (feelings of pressure or pain high up in the nose, around the eyes and at the front of the skull), runny nose, coughing, nettle rash/hives, swelling, itchiness (of the eyes, ears, lips, throat and roof of mouth), shortness of breath, and sickness, vomiting and diarrhoea.</p> <p>A variety of tests now exist to diagnose allergies. Treatments include: avoiding the allergen that you are allergic to, antihistamines, steroids or other oral medications, immunotherapy and targeted therapy. Make sure you contact a doctor or health professional before you take or give your children any drugs.</p>
Asthma	<p>An allergy that causes the airways of the lungs (the bronchi) to become inflamed and swollen. This results in respiratory symptoms such as wheezing, coughing, shortness of breath, and a feeling of tightness within the chest or bronchial airways.</p> <p>The symptoms of asthma vary from person to person, from mild to severe. A severe onset of symptoms is known as an asthma attack, or 'acute asthma exacerbation'. Asthma attacks can be life-threatening and may require hospital treatment.</p>
Baby blues	Feeling sad or mildly depressed a few days after your baby is born. The baby blues are very common – eight out of 10 new mothers feel like this. They can be caused by hormone changes, tiredness or discomfort and usually only last a week. More severe depression or anxiety that lasts longer than a week could be postnatal depression (page 18).
Balanced diet	A diet that provides a good balance of nutrients.
Colic	Frequent crying in a child, usually from weeks two to 12. Although colic is common, no one knows exactly what causes it. It can be very distressing for parents.
Colostrum	This extra-special breastmilk is full of germfighting antibodies that will help protect your baby against infections that you have had in the past.

Term	Meaning
Contraception (also known as birth control)	Contraception prevents or reduces your chances of getting pregnant. See page 15 for the different types of contraception that are available.
Croup	Croup is caused by an infection of the voice box and windpipe. This causes a child to produce a cough that sounds like a bark as well as a rasping sound when they breathe in.
Diarrhoea	Frequent and watery bowel movements. Diarrhoea in babies and very young children can cause them to become dehydrated.
Eczema	A chronic skin condition that causes the skin to become itchy, reddened, dry and cracked. Atopic eczema is the most common form of eczema, and mainly affects children.
Fontanelle	A diamond-shaped patch at the front and top of a baby's head where the skull bones have not yet fused together. During birth, the fontanelle allows the bony plates of the skull to flex so that the baby's head can pass through the birth canal. The bones usually fuse together and close over by a child's second birthday.
Formula milk	Cows' milk that has been processed and treated so that babies can digest it. It comes in powder or liquid form.
Immunisation (also known as vaccination)	A way of protecting your child against serious disease. Vaccines stimulate the immune system to produce antibodies without the child having to become infected with the actual disease. Once children have been immunised, their bodies can fight those diseases if they come into contact with them.
Jaundice	The development of a yellow colour on a baby's skin and a yellowness in the whites of their eyes. It is caused by an excess of the pigment bilirubin in the blood. Jaundice is common in newborn babies and usually occurs approximately three days after birth. It can last for up to two weeks after birth or up to three weeks in premature babies. See page 96 for more information.
Lice	Tiny insects that are parasites. They have flat, colourless bodies and can be difficult to see. Lots of children get head lice, regardless of whether their hair is clean or dirty. They catch them just by coming into contact with someone who is already infested.
Local health services	A range of medical, mental health and social care services in a particular area that meet the needs of the local population.
Mastitis	An infection in the breasts caused by blocked milk ducts. Symptoms include hot and tender breasts and flu-like symptoms. See page 30 for how to treat it.

Term	Meaning
Meconium	The first stools that a baby passes. Meconium is made up of what a baby has ingested during their time in the uterus, including mucus and bile. It is sticky like tar and has no odour.
Paediatrician	A doctor specialising in the care of babies and children.
Perinatal	The time shortly before and after the birth of a baby.
Perineum	The area between the anus and the scrotum in the male and between the anus and the vulva (the opening to the vagina) in the female.
Personal child health record (PCHR) (also known as the 'red book')	Given to parents when a child is born. When you visit a clinic, your GP or a hospital, your healthcare professional will use the red book to record your child's weight, other measurements, immunisations and other important health information. You can also add information yourself.
Plagiocephaly	A persistent flat spot, either at the back or on one side of the head. It is cosmetic and will not affect your baby's brain.
Postnatal	The period beginning immediately after the birth of a baby until they are about six weeks old.
Postnatal care	The professional care provided to you and your baby, from the birth until your baby is about six to eight weeks old. It usually involves home visits by midwives to check that both mother and baby are well. Classes may also be available.
Postnatal depression	Feelings of depression and hopelessness after the birth of a baby. These feelings are more severe than the 'baby blues' (see above). Postnatal depression affects one in 10 women and can be serious if left untreated. See page 18 for more information.
Sudden infant death (also known as cot death)	The sudden and unexpected death of an apparently healthy infant during their sleep. For information on what you can do to avoid sudden infant death, go to page 80.

Useful organisations

nidirect

www.nidirect.gov.uk

nidirect is the official government website for Northern Ireland citizens. nidirect aims to make it easier to access government information and services. It does this by working closely with Northern Ireland departments and other public bodies to collate key information based on users' needs.

Action on Smoking and Health (ASH)

www.ash.org.uk

A campaigning public health charity that works to eliminate the harm caused by tobacco.

ADDISS (National Attention Deficit Disorder Information and Support Service)

Telephone: 020 8952 2800

www.addiss.co.uk

Provides information and resources about Attention Deficit Hyperactivity Disorder to parents, sufferers, teachers and health professionals.

Allergy UK

Helpline: 01322 619 898

www.allergyuk.org

A leading national medical charity providing up-to-date information on all aspects of allergy, food intolerance and chemical sensitivity.

Association for Post-Natal Illness (APNI)

Telephone: 020 7386 0868 (Mon–Fri 10am–2pm)

www.apni.org

Network of telephone and postal volunteers who have experienced postnatal illness, offering information, support and encouragement.

Asthma and Lung UK

Helpline: 0300 222 5800

www.asthma.org.uk

A charity dedicated to improving the health and wellbeing of the 5.4 million people in the UK whose lives are affected by asthma. Works with people with asthma, health professionals and researchers to develop and share expertise to help people increase their understanding and reduce the effect of asthma on their lives.

Aware NI

Telephone: 028 9035 7820

info@aware-ni.org

www.aware-ni.org

Aware NI is the depression charity for Northern Ireland. Aware has an established network of 24 support groups in rural and urban areas across the country, which are run by trained volunteers.

Barnardo's Northern Ireland

Telephone: 028 9067 2366

www.barnardos.org.uk/northern-ireland

A children's charity that protects and supports the UK's most vulnerable children and young people.

BBC Tiny Happy People

www.bbc.co.uk/tiny-happy-people

Tiny Happy People is a website designed to help you develop your child's language skills and is full of simple activities and play ideas. The site also provides advice on a wide range of parenting topics.

Bladder and Bowel UK

Helpline: 0161 214 4591

www.bbuk.org.uk

Bladder and Bowel UK offer impartial advice and information on bladder and bowel problems, practical tips on symptom management and offer solutions to help manage problems to promote quality of life and independent living.

Bliss

Telephone: 020 7378 1122

hello@bliss.org.uk

www.bliss.org.uk

UK charity that cares for premature and sick babies. Dedicated to ensuring that babies survive and go on to have the best possible quality of life. Provides practical and emotional support to families so they can give the best care to their babies. Specialist study days and training support doctors and nurses to develop their skills. Funds research to improve the care of all sick and premature babies.

British Deaf Association (BDA)

www.bda.org.uk

Provides advocacy and youth services for deaf people whose first language is British Sign Language.

Child Accident Prevention Trust (CAPT)

Telephone: 020 7608 3828

www.capt.org.uk

Provides information on safety products and sources of literature. A leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents.

Children's Law Centre

Telephone: 028 9024 5704

www.childrenslawcentre.org.uk

Helping young people, their parents and professionals work with and understand laws which affect children.

Coeliac UK

Telephone: 0333 332 2033

Helpline: 0845 3052060

www.coeliac.org.uk

Helps parents of children diagnosed as having the coeliac condition or dermatitis herpetiformis.

Cry-sis

Telephone: 08451 228 669

www.cry-sis.org.uk

UK charity offering help and support to parents with babies who cry excessively or have sleeping problems.

Diabetes UK

Helpline: 0345 123 2399

www.diabetes.org.uk

Diabetes UK fund groundbreaking diabetes research, campaign for equality of care and support for all people affected by diabetes.

Domestic and Sexual Abuse helpline (24 Hour)

Helpline: 0808 802 1414

www.dsahelpline.org

Email: help@dsahelpline.org

The Domestic and Sexual Abuse Helpline provides information and support to those affected by domestic and sexual abuse across Northern Ireland. It is funded by the Departments of Health, Justice and Communities and aims to offer support, help, signposting and referral to victims, family, friends and professionals.

Equality Commission for Northern Ireland

Telephone: 028 9050 0600

www.equalityni.org

The Equality Commission is an independent public body which oversees equality and discrimination law in Northern Ireland.

Family Support NI

www.familysupportni.gov.uk

The Family Support NI website provides details of a wide range of services provided by statutory, voluntary and community organisations.

Mencap

Telephone: 028 9069 1351

Learning Disability Helpline: 0808 808 1111 (Mon-Fri, 9am-5pm)

www.mencap.org.uk

Mencap works with people with a learning disability and their families and carers. Advice and information on local branches.

Meningitis Now

Nurse-led helplines:

UK: Freephone 0808 80 10 388

Northern Ireland: 0345 120 0663

www.meningitisnow.org

Meningitis Now is a national charity based in the United Kingdom. Meningitis Now is working towards a future where no one in the UK dies from meningitis and everyone affected gets the support they need.

Meningitis Research Foundation

Telephone: 080 8800 3344

www.meningitis.org

the Meningitis Research Foundation promotes education and awareness to reduce death and disability from meningitis and septicaemia, and supports people affected by these diseases. Funds research to prevent the diseases and improve survival rates and outcomes.

Muscular Dystrophy UK

Helpline: 0800 652 6352

www.musculardystrophyuk.org

Provides support, advice and information for people with muscle disease, their families and carers.

National Childbirth Trust (NCT)

Telephone: 0300 330 0700

www.nct.org.uk

Supports parents through helplines, courses and a network of local support.

National Deaf Children's Society (NDCS)

Helpline: 0808 800 8880 (Mon 9.30am–

7.30pm; Tue–Thu 9.30am–5pm; Fri–Sat

9.30am–12pm) www.ndcs.org.uk

An organisation of families, parents and carers, providing emotional and practical support through the freephone helpline, a network of trained support workers, a wide range of other support services, publications and the website.

National Eczema Society

Helpline: 0800 448 0818 (Mon–Fri 8am–8pm)

www.eczema.org

An eczema patient support organisation offering help and information to everyone affected by eczema.

National Children's Bureau Northern Ireland (NCB NI)

Telephone: 028 9087 5006

www.ncb.org.uk/northern-ireland

The National Children's Bureau in Northern Ireland champions the right of children to be safe, secure and supported.

National Society for the Protection of Cruelty to Children (NSPCC)

Helpline: 0808 800 5000

www.nspcc.org.uk

The leading children's charity in the UK, specialising in child protection and dedicated to the fight for every childhood. NSPCC is the only UK children's charity with statutory powers and that means they can take action to safeguard children at risk of abuse.

Netmums

www.netmums.com

A family of local websites, each site set up around a local community, which is totally interactive, with much of the information coming from local mums. At the heart is the coffeehouse, an invaluable place members can chat and get support and advice on anything to do with being a parent.

Northern Ireland Commissioner for Children and Young People (NICCY)

Telephone: 028 9031 1616

www.niccy.org

The Commissioner's role is to safeguard and promote the rights and best interests of children and young people. All of the Commissioner's work is focused on making sure children and young people have access to these rights in their day-to-day lives, so they have the best opportunity to reach their full potential.

Parentline NI

Helpline: 0808 8020 400

www.ci-ni.org.uk/parentline

Northern Ireland's free helpline for Parents and Carers. Parentline NI offers caring, non-judgemental support and advice. Delivers workshops, podcasts, and can make referrals for counselling sessions. Callers can also avail of follow up calls and one to one support tailored to their needs. Web chat is available and calls in Arabic and Polish can be taken at specific times (please see website for details).

Parenting NI

Telephone: 028 9031 0891

Helpline: 0808 8010 722

www.parentingni.org

Parenting NI is committed to supporting all parents and ensuring that their voices are heard whenever decisions are made that will affect them.

Royal National Institute for the Deaf

Telephone: 0808 808 0123

www.rnid.org.uk

RNID is the charity making life fully inclusive for deaf people and those with hearing loss or tinnitus.

Royal National Institute of Blind People (RNIB)

Telephone: 028 9032 9373

Helpline: 0303 123 9999

www.rnib.org.uk

Information, advice and services for blind and partially sighted people.

Royal Society for the Prevention of Accidents (RoSPA)

Telephone: 0121 248 2000

www.rospace.com

By providing information, advice, resources and training, RoSPA is actively involved in the promotion of safety and the prevention of accidents in all areas of life – at work, in the home, on the roads, in schools, at leisure and on (or near) water.

Stillbirth and Neonatal Death Charity (SANDS)

Telephone: 028 7436 7940

Helpline: 0808 164 3332

www.sands.org.uk

SANDS exists to reduce the number of babies dying and to ensure that anyone affected by the death of a baby receives the best possible care and support for as long as they need it wherever they are in the UK.

St John Ambulance

Telephone: 028 9079 9393

www.sja.org.uk

St John Ambulance provides a range of first aid courses designed to meet the needs of home or leisure activities. Courses include CPR and basic first aid.

The Solihull Approach

<https://solihullapproachparenting.com/online-courses-northern-ireland>

The Solihull Approach is a team of professionals within the National Health Service who work with practitioners and parents to develop new resources to support emotional health and wellbeing in children, families and adults. The Solihull Approach model is now used in most areas of the UK applied by midwives, health visitors, family workers, foster carers, social workers and teachers. The Public Health Agency has partnered with the Solihull Approach to sponsor FREE online courses. These courses are designed to help you understand your child's feelings and learn to understand the changes in your child's development.

Tiny Life

Telephone: 028 9081 5050

www.tinylife.org.uk

Northern Ireland's premature and vulnerable baby charity dedicated to reducing premature birth, illness, disability and death in babies.

A

Accidents and injuries 86-88, 105, 137, 150-160
Active children 56, 68, 71, 121, 125-128
Alcohol 12, 17, 32-34, 39, 80-81
Allergies 23, 35-36, 45, 47, 52-53, 60, 66-68, 70, 88, 140, 142, 144, 165
Antibiotics 30, 36, 148
Antidepressant drugs 12-13
Aspirin 36
Asthma 35-36, 53, 67, 135, 143-144
Au pairs 133

B

'Baby blues' 4, 9, 13, 18-20, 36
Back pain 5-6, 89, 93
Bathing and washing 6, 38, 78, 85, 87-88, 90, 147, 153, 155, 157
Bedwetting 101-103
Behaviour 20, 93, 105, 116-122, 129, 134
Benefits 18, 20-21, 55, 116, 161
Bereavement 17-18
Blind cords 150, 153, 157
Blood poisoning (septicaemia) 139-141, 149
Breastfeeding 6-7, 9, 15, 19, 21-40, 45, 53-56, 60-61, 64-65, 77, 79, 82, 85, 89, 97, 105, 135
Burns 139, 150-156
Button batteries 150

C

Caffeine 33-34, 85, 102, 121
Cancer 92, 139, 143, 145, 150, 158
Car safety 92, 152-153, 155, 158
Carrying your baby 6, 38, 92-93, 154
Chickenpox 146-147
Child development centres 115
Child health clinics 18, 107
Childbirth and labour 4-5, 7, 10, 15-16, 18-19, 32
Childcare 14, 20-21, 130, 132-136, 161
Childminders 132-136
Choking 48, 51-52, 67, 72, 139, 150, 154-157

Colds 23, 34, 36, 113, 145, 147-149
Colic 46, 84-86
Colostrum 23
Common childhood illnesses 146-148
Congenital rubella syndrome (CRS) 141
Constipation 32, 36, 43, 46, 101-103
Contraception 15-16, 36, 38
Cot death (also known as sudden infant death) 22, 24, 80-83
Coughs 36, 67, 139, 141, 146-148
Crawling 71, 108, 125-126, 130, 150-154
Crèches 133-136
Croup 139
Cronobacter sakazakii 41
Crying 25-26, 38, 46, 72, 77-79, 83-87, 96, 135, 149
Cups and beakers 21, 29, 40, 45, 54, 56, 65-66, 70, 74-75
Cuts and bruises 139, 141, 150-151, 159

D

Day nurseries 116, 130-136
Death of partner 17-18
Deep vein thrombosis (DVT) 6
Dental treatment 36, 62, 66, 70, 72-75, 106, 116
Depression 4, 9, 13, 18-20, 36
Development 46, 50, 54-55, 64, 71, 81, 90, 95, 102, 104-123, 125-126, 137, 150, 154-155
Diabetes 8-9, 22, 143, 166
Diarrhoea 36, 42, 67, 90, 103, 140, 146
Diphtheria 138-139, 144
Disabilities 9, 102, 115-116, 166-168
Domestic abuse 16-17
Drinks for your child 40, 45, 51, 54, 56, 61-62, 64-66, 68-69, 70, 74-75, 78-79, 96, 100-103, 121, 143, 146-148
Drowning 127, 150, 153, 157-160
Dummies 27, 78-79, 82-83, 110-112, 153

E

Ear infections 110, 140
Early education 107, 130-132, 136
Eczema 35, 53, 67-68, 144
Episiotomy 15
Exercises, postnatal 4-7
Expressing and storing milk 21, 28-30, 34, 37, 40
Eyesight 110, 141

F

Falls 89, 150, 153-156, 159
Families and friends 13-14, 17-18
Farm safety 159-160
Feet and shoes 113-114
Fever 96, 139-149
Fire safety 150-156, 160
First aid 160, 168
Fits or convulsions 87, 96, 141, 143, 146
Flu 23, 30, 36, 137-138, 141-143, 145, 149
Fluoride 72-73
Folic acid 8
Follow-on milk 53, 56, 65
Food additives 66
Food poisoning 48-49, 53, 66
Formula milk 21-22, 24, 26-28, 30, 33-35, 40-47, 53-56, 61, 66, 75, 85, 89, 95, 97, 109
Fruit and vegetables 32, 47, 49-59, 63, 68-70, 102-103, 155

G

German measles (rubella) 8, 36, 106, 138, 141, 148
'Glass test' for meningitis 149
Growth and development 46, 50, 54-55, 64, 71, 81, 90, 95, 102, 104-123, 125-126, 137, 150, 153-155

H

Haemophilus influenza type b (Hib) 137-139, 141-142, 145
Head lice 36
Health checks and screening 94-95, 104-109, 113
Healthy child, Healthy Future Programme 95, 105-107
Healthy start scheme 24, 33, 55, 97

Hearing 95, 104-105, 107-108, 113, 126, 141, 165
Height 107-110
Hepatitis B 9, 39, 138-139, 145
Hepatitis C 9, 39
Hib 137-139, 141-142, 145
HIV and AIDS 9, 16
Home childcarer 132-133

I
Ibuprofen 36, 72, 147
Immunisation 8, 71, 83, 95, 104-107, 126, 137-149
Influenza (see flu) 23, 36, 138, 142-143, 145, 149
Iron 52, 54, 57-58, 60-61, 63, 65-66, 74

J
Jaundice 89, 96-97

L
Language development 48, 108, 111-113, 124-126, 132
Loneliness 14, 18, 130

M
Mastitis 30, 36, 40
Maternity leave 161
Measles 8, 36, 106, 137-138, 141-142, 147
Medicines 9, 36-37, 155, 159, 167
Meningitis 139-143, 149
Meningococcal B and C 137-141
Mental health 18-20, 166, 168
Milk and dairy foods 32, 52, 54, 56-57, 61-63
MMR 8, 37, 106-107, 137, 141-142, 145, 147
Mother and baby groups 12, 17-18, 39, 123, 130
Multiple babies 19, 27, 77, 94
Mumps 8, 36, 106, 138, 141, 147

N
Nanny 132, 133
Nappies 6, 11, 26, 38, 72, 78, 84-85, 87-91, 98-103, 128-129, 150, 154-155
Nappy rash 89-91
Newborn bloodspot (heel-prick test) 95
Nipples, sore or cracked 26, 30-31

Nurseries and playgroups 70, 116, 131-136
Nuts 35, 52-53, 60-61, 64, 67-70, 88, 134, 157

O
Obesity 8, 22

P
Paracetamol 30, 36, 72, 140, 143, 147-149
Parent and toddler groups 130
Partners 8-9, 11-21, 35, 37-38, 44, 78, 80, 86, 93, 105, 107, 118, 122, 129, 160
Parvovirus B19 (slapped cheek disease) 148
Peanuts 35, 52-53, 55, 60, 67-68, 70, 88, 157
Pelvic floor exercises 5
Personal child health record (PCHR/'red book') 104-105, 109, 113
Pertussis (whooping cough) 138-139, 148
Physical activity 7-8, 125-126
Plagiocephaly 80, 83
Pneumococcal (PCV) 137-138, 140
Pneumonia 139-140, 147
Poisoning 48-49, 126, 150-160
Polio 138-139, 144
Postnatal depression 4, 9, 13, 18-20, 36, 165
Post-traumatic stress disorder (PTSD) 19-20
Potty training 98-103, 129, 135,
Premature babies 27-29, 42, 47, 138, 166, 168
Puerperal psychosis 9, 19

R
Reading 76, 78-79, 84, 101, 111-113, 125, 127, 132
Relationships 12-18, 168
Road safety 156
Rotavirus 137-138, 140, 145
Rubella (german measles) 8, 37, 106, 138, 141, 148
S
Safety 64, 127, 150-160, 166, 168
Scalds 30, 43, 150-160
School 107, 131-132

Screening and health checks 94-95, 104-109, 113
Screen time 129
Septicaemia (blood poisoning) 139-141, 149
Sexual abuse 16
Sexually transmitted infections (STIs) 9, 16
Shaking 86-87
Sharenting 160
Shoes and feet 113-114
Single parents 17-18
Sleeping 11, 76-83
Smacking 119
Smoking 8, 10-11, 35, 81, 85, 151
Sore throats 139, 146
Special needs 9, 102, 115-116, 126, 165-168
Stools (poo) of baby 26, 46, 66, 89, 96-103
Strangulation 150, 153, 157
Stress 11-13
Sudden infant death (also known as cot death) 22, 24, 80-83
Sun safety 81, 92, 137, 158
Sure Start 18, 113, 116

T
Talking 48, 108, 111-112, 124-126, 132
Teeth and gums 27, 33, 45, 54, 56, 62-63, 70, 72-75, 110
Tempers and tantrums 116-123
Tetanus 36, 138-139
Thermometers 82, 143, 160
Threadworms 36
Thrush 31, 36, 91
Tongue-tie 31
Toys 46, 71, 93, 104, 126-127, 153-155, 157
Travel 6, 92, 145
Triplets 19, 27, 77, 94
Tuberculosis 143
Twins 19, 27, 77, 94

V
Vaccinations 8, 83, 95, 104-107, 137-145
Vegetarians and vegans 55, 60-61, 65, 134
Vitamins 8, 24, 33, 42, 52, 54-56, 60-61, 97
Vomiting and sickness 46, 67, 96, 140, 146, 148, 149

W

Walking 71, 92, 108, 113-114, 155-160

Washing and bathing 6, 38, 78, 85, 87-88, 90, 147, 153, 157

Weaning 46-53, 103

Weather 92, 159

Whooping cough (pertussis) 138-139, 148

Winter safety 159

Work 20-21, 28, 40, 132-136, 161



Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

www.publichealth.hscni.net



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