NHS

Birth to five

This book gives you advice on:

becoming a parent

taking care of yourself and your child

finding practical help and support

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This book is given free to all first-time mothers in England.

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Every effort has been made to make this book reflect the most up-to-date medical advice available at the time of publication. Because developments can be very rapid, significant changes will always be notified to doctors and other health professionals at once. They will then be incorporated in the text at the next reprint. The information on rights and benefits is correct at the time of going to press but may change and should be checked against the latest information.

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Birth to five

Your complete guide to parenthood and the first five years of your child's life

Contents

1 The first weeks 3
Coping with the first few weeks 4
Is it the blues or postnatal depression? 6
Breastfeeding 7
Bottle feeding 14
Frequently asked questions 17
Sleeping 19
Babies with jaundice 21
Vitamin K 22
Crying 22
Nappies 24
Washing and bathing 27
Taking your baby out 28
Twins (or more) 29

2 How your child will grow 30
How children develop 30
Feet – and first shoes 32
Teeth 33
Keeping an eye on your baby's growth and development 36
Children with special needs 40

3 Learning and playing 41
Playing with you 41
Ideas for play 43
How to make sure your child learns what you want him or her to learn 45
Making friends 46
When you can't be there 47

4 Habits and behaviour 51
Potties and toilets 51
Sleeping 54
A new baby in the family 57
Dealing with difficult behaviour 58
When every day is a bad day 60
Tempers and tantrums 62
Hitting, biting, kicking, fighting 63
Overactive children 64

5 Feeding your Child 65
Starting solid food 65
Vitamins 72
Family food 72
Drinks 80
Food additives 82
Food safety 82
Food allergies 83
Problems with eating 84
Party time! 85

6 Illness and Accidents 87
Knowing when your child is ill 87
Using your GP 88
Using medicines 88
Looking after a sick child 89
Children in hospital 90
Common complaints 90
Infectious illnesses 100
Immunisation 100
Childhood immunisations 104
Other immunisations 106
Travel advice for children 107
Safety 108
Safety in the sun 111
Emergency first aid 112
Bereavement 118
When a child dies 119

7 Your own life 120
Your body after childbirth 120
Physical problems 121
Keeping healthy 122
Relationships 126
Domestic violence 128
Lone parents 128
Loneliness 129
Going back to work 130

8 Your services 131
Health services 131
Local authority services 131
Advice centres 132
Using the services 132
How to change your GP 133
Finding other help 133

9 Your rights and benefits 134
Benefits for all children 134
Benefits for all parents 135
Benefits for families 141

Useful organisations 147

Index 151

About this book

No one needs a book to tell them what's good about being a parent. Parents turn to books when they need information, when they're anxious, when they've got questions or concerns, small or large. This is a book you can turn to.

1 The first weeks

There's something very special and exciting about being alone for the first time with your new baby, but it can also be frightening. This is when you begin to realise that you can never go back. You're now responsible for a new human being. The responsibility may seem much too big. You may have a secret wish to run home to your own mother and ask her to take over. Or you may be the kind of person who just knows that you'll get through and that everything will turn out fine in the end.

In these early weeks you'll find there's a great deal to learn, and all of it at the same time. Today it might seem impossible, but in a matter of months you'll look back and wonder how it could have all seemed so hard. Think of these first few pages as a guide to the basic information you'll need to survive. Read Chapter 7 for more on how having a baby changes your life.

'I don't think I'll ever forget those first few days. Feeling so happy, though I don't know why. I couldn't sleep, I was sore, I couldn't move about very well, but I felt happier than I can ever begin to say.'

'There was none of this love at first sight. It was a long time before I came to love him. I can say that now, but at the time I couldn't tell anybody. I thought there was something wrong with me. There was all that work, and feeling rough myself, and because I didn't have this overwhelming feeling for him, none of it made much sense. But oh yes, after three or four months or so of all that, yes, it came right then.'

'I didn't think I'd feel the way I do about her. Sometimes I look at her when she's sleeping, you know, and I have to put my face down next to hers, just to check she's breathing.'

(A FATHER)

Is it an emergency?

As you get to know your baby you will gain more confidence as a parent and be able to spot when something is wrong more easily. But, in these early days when you are just getting to know your baby, you may not be able to tell what is simply a change in your baby's normal behaviour, or what is a real problem. For instance, is your baby crying because of hunger, or is he or she too hot or cold or ill? If you are worried, never be afraid to ask your midwife, health visitor or GP for help and advice – they are there to help you. See page 87 for how to know when your baby is ill.

Coping with the first few weeks

- Make your baby your first task and try not to worry about everything else.
- Ask for help from your partner, mother or friends. Sometimes people with small babies of their own can be the most help because they know what it's like. The health visitor and midwife will also help you to put things into perspective.
- Accept help and suggest to people what they can do: cook a meal and bring it round; do a stack of washing up; do bits of shopping when you run out; take the baby for a walk.
- Sleep whenever your baby allows you to.
- Practise relaxation techniques (see page 124).
- Keep a good supply of nutritious snacks, like fruit, milk and wholemeal bread, which you can eat without cooking.
- See friends when *you* want to and, if you're tired, tell your friends and suggest that they leave and come back later.
- Remember, this period is hard but it lasts for a relatively short time and it does get better.

Screening at a glance

Your baby will be offered a series of tests to check on their health and development. This table shows when these tests are due to be offered and what they are. If you would like more information about any of these tests, or if you are worried about your child's development, contact your health visitor or GP.

Age screening offered at	Name of screen test	What it is	Comments
1 day–1 month	Newborn hearing	A hearing test will be offered to babies born within areas that are implementing the newborn hearing screening programme.	Your baby may alternatively be offered a hearing distraction test at 6–8 months old. *This will be phased out as the newborn programme is fully implemented.*
1–3 days	Newborn physical examination	Your baby will be offered a check to screen his/her heart, hips and eyes, and testes in boys.	This also includes a general physical examination
5–8 days	Newborn bloodspot	A heel-prick sample is offered to test for phenylketonuria and congenital hypothyroidism for all babies. Screening for sickle cell disorders and cystic fibrosis is also being implemented.	
6–8 weeks	Physical examination	You will be offered a check to screen your baby's heart, hips and eyes, and testes in boys. This will also include measuring your baby's weight.	
6–36 months	Hearing assessment at 6–8 months General reviews between 8 and 36 months	An infant distraction test will be offered at 6–8 months if your child has not previously had the newborn hearing test. *This will be phased out when the newborn screening programme has been fully implemented.*	At 8–12 months and at around 2 and around 3 years, a review may be offered to assess your child's general well-being. Immunisations are routinely offered at 8 weeks, 12 weeks, 16 weeks and 13 months. For more information, see Childhood immunisations on page 104.
3½–4½ years	School entry vision screening, height and weight, dental screening and hearing screening	Your child may be offered a review to assess general well-being.	

For more information on NHS screening programmes, you can check:

- http://libraries.nelh.nhs.uk/screening (the main site for NHS screening programmes)
- www.nhsp.info/(for newborn hearing screening)
- www.newbornscreening-bloodspot.org.uk (for newborn bloodspot)
- www.kcl-phs.org.uk/haemscreening/(for sickle cell and thalassaemia)

Is it the blues or postnatal depression?

*Two organisations that offer help are the **Association for Postnatal Illness** and the **Meet-a-Mum Association** (MAMA): their addresses are on page 147. Both organisations will put you in touch with other mothers who've been depressed themselves and know what it's like. Remember that what's called postnatal depression can happen a long time after the birth of a baby.*

'Friends kept telling me how well I was coping and I felt really proud. I wanted to be a coping person but underneath I felt I wasn't. And I couldn't admit it either. When I finally talked about it to friends, I found out that a lot of them felt the same way.'

The baby blues

During the first week after childbirth, most women get what is often called the 'baby blues'. Symptoms can include feeling emotional and irrational, bursting into tears for no apparent reason, feeling irritable or touchy or feeling depressed or anxious. All these symptoms are normal and usually only last for a few days. They are probably due to the sudden hormone and chemical changes which take place in your body after childbirth.

Puerperal psychosis

One or two mothers in a thousand will also develop an obvious severe psychiatric illness after the birth of their baby, which requires hospital treatment. Usually a complete recovery is made, although this may take a few weeks or months.

Postnatal depression

This lies between the baby blues and puerperal psychosis, and is an extremely distressing condition with many symptoms. Postnatal depression is thought to affect at least one in ten women, but many women suffer in silence or the condition may go unnoticed by health professionals.

Postnatal depression usually occurs two to eight weeks after delivery. In some cases the baby blues do not go away or the depression can appear up to six months or even a year after the birth of the baby. Some symptoms such as tiredness, irritability or poor appetite are normal if you have just had a baby, but usually these are mild and do not stop you leading a normal life. With postnatal depression you may feel increasingly depressed and despondent and looking after yourself or the baby may become too much. Some other signs of postnatal depression are:

- anxiety;
- panic attacks;
- sleeplessness;
- aches and pains or feeling unwell;
- memory loss or unable to concentrate;
- can't stop crying;
- feelings of hopelessness;
- loss of interest in the baby.

If you think that you are suffering from postnatal depression don't struggle on alone. It is not a sign that you are a 'bad mother' or are unable to 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. It is also important to see your GP, and if you don't feel up to making an appointment, ask someone to do this for you, or arrange for the GP to call. You may also find it helpful to contact the Association for Postnatal Illness, Meet-a-Mum Association (MAMA) or the National Childbirth Trust (see page 147) (see also 'Feeling depressed', on page 125).

Breastfeeding

Breastfeeding provides the best possible food for your baby (see box below). Breastfeeding is the healthiest start you can give your baby. By breastfeeding, you are giving your baby protection from a variety of infections and other illnesses. Your baby doesn't need anything other than breast milk for the first 6 months.

Successful breastfeeding
In the first few days both you and the baby need to learn what to do. Breastfeeding is a skill that you need to learn – it's OK to ask for help. The next few pages help you to understand how your breasts produce milk and how you attach and position your baby for successful breastfeeding.

Your milk supply
During the first two to three days after birth, your baby may be sleepy and may feed infrequently. On the third day, as your milk comes in, your baby may feed very frequently.

Your breasts produce milk in response to your baby feeding at your breast. The more your baby feeds, the more milk you produce, provided that your baby is correctly positioned. So, if you let your baby feed whenever he or she wants to feed, you're more likely to produce the amount of milk your baby needs. This is known as demand feeding and from the third day you may find that your baby will want to feed frequently at irregular intervals.

'There's nothing in the world more satisfying than to sit in a darkened silent room, in the middle of the night, with a warm baby in your arms, suckling contentedly.'

'I suppose I'd thought that I'd just put her to my breast and that would be it. I hadn't thought of it as something I might have to learn about and practise. So it came as a bit of a shock that the first few weeks were really quite tough. But I was determined I was going to do it, and yes, it's lovely now.'

Why breast is best for babies

- *Breast milk is the only food naturally designed for your baby. It contains all the nutrients your baby needs in the right amounts and in forms that are very easily absorbed. Its composition even changes as your baby grows.*
- *Breast milk contains growth factors and hormones to assist your baby's development.*
- *Your baby's immune system is not fully developed at birth. You can help to protect your baby from infection by breastfeeding because your antibodies are passed to your baby through your milk.*
- *Because breastfed babies continue to receive antibodies, they are much less likely to get infections such as coughs, colds and chest infections.*
- *Breastfed babies are less likely to get tummy upsets or to be constipated.*
- *Breastfed babies are less likely to get allergies like eczema, for example.*
- *Breastfeeding lowers the risk of juvenile diabetes in susceptible children.*
- *Children who are breastfed have better dental health.*
- *Breastfed infants are less likely to become obese in later childhood.*

Why breast is best for mums

- *Breastfeeding reduces the risk of pre-menopausal cancer.*
- *Breastfeeding helps your womb return to its normal size more quickly, and because it uses up calories, it will help you to lose some of the weight gained in pregnancy.*
- *It's so much easier and more practical in the middle of the night.*
- *There's no need to prepare feeds or wash and sterilise bottles, and your baby isn't kept waiting.*

Very occasionally a mother is advised not to breastfeed. For example, if she is HIV positive, because of the risk of passing the virus on to the baby, or if she is taking some essential medication that may be harmful to the baby.

Hints for breastfeeding

- *Eat when you feel hungry, and choose healthy snacks.*
- *You will tend to feel thirsty. Prepare a drink before you sit down to feed.*
- *Eat a wide variety of foods; see page 10.*
- *Try not to restrict your diet unless you think a food is upsetting your baby and then talk to your health visitor or doctor before cutting out foods.*
- *Keep your intake of alcohol low – alcohol in breast milk can affect your baby's feeding or sleeping. Avoid drinking alcohol shortly before feeding your baby.*
- *Avoid drinking too much strong tea or coffee.*

Don't be tempted to give your baby a bottle at this stage. This reduces the time your baby spends suckling at your breast and therefore reduces the milk supply.

Different kinds of breast milk
For the first few days after birth, your breasts produce a special food called 'colostrum', which looks like rich creamy milk and is sometimes quite yellow in colour. This contains all the food your baby needs. This also contains antibodies, which pass on to your baby your own resistance to infections.

The change from colostrum to milk begins on about the third day, and is known as 'transitional milk'. It becomes 'full' breast milk after two weeks. Don't worry if the milk looks very thin or appears blue-white in colour – this is normal. The make-up of the milk also gradually changes throughout the course of the feed. The first milk which your baby takes flows quickly, is thirst-quenching and means your baby gets a drink at the start of every feed. As the flow slows down during a feed, the amount of fat in your milk increases.

How your baby feeds
If you hold and attach your baby correctly, it will feel comfortable and your baby will feed easily. Your baby needs to be able to squeeze the dark area around your nipple (the areola) to receive milk. See picture 5 on page 9. The breasts are never empty, but the milk is 'let down' so that it can gather behind the nipple and areola. When a baby sucks on just the nipple, he or she doesn't get much milk and it feels painful.

Follow the step-by-step guide to breastfeeding below and opposite.

How to breastfeed

1 Get comfortable.
Sit so that your back is straight and your lap is flat.
You can use a pillow to support your baby.

2 Holding your baby, turn your baby's body towards your tummy. Tuck your baby's bottom under your elbow.
Or support your baby by using a pillow. Hold your baby behind the neck and shoulders.

3 Be patient…
Start with your baby's nose opposite your nipple.
Allow your baby's head to tilt back.

4 Move your baby's mouth gently across your nipple until your baby's mouth opens really wide.

'I was quite tense at first. I worried whether I was doing it right, and whether I was giving her enough, and I was feeling a bit weepy anyway. You need to find somebody to help and give you confidence. Maybe I was lucky, but my midwife was fantastic. And once I'd got her help, I just relaxed about the whole thing.'

5 Speed…
Bring your baby towards your breast quickly. Your baby's bottom lip and chin should touch your breast first.

6 Your baby's chin is in close contact with your breast. Your baby is able to breathe easily. You can feel your baby has a big mouthful of breast.

7 Breastfeeding…
You may need to support your breast.

8 Babies love to breastfeed. They usually come off by themselves when they have had enough.

Breastfeeding feels comfortable. Your baby is relaxed. You can hear a soft swallowing. If it does not feel right … start again. Slide one of your fingers into your baby's mouth, gently break the suction and try again.

If you stop breastfeeding, it can be difficult to re-start. Giving formula milk to a breastfed baby can decrease your supply of breast milk. Your breast milk is perfect for your baby and adapts to meet your baby's changing needs. Most babies need no other food or drink until they are about six months old.

Your diet

A healthy, well-balanced diet is important for you and your family's health and means eating a variety of foods from the five food groups (see page 73). Don't go for long periods without food or snatching a snack, as this can just leave you feeling tired.

If you have an allergic reaction to certain foods, check with your health visitor before omitting any food from your diet. You should avoid eating shark, swordfish and marlin and limit oily fish to two servings a week.

Small amounts of caffeine and alcohol pass into breast milk. So keep your intake of tea, coffee, cola and alcohol low, as they may affect your baby's feeding, sleeping or digestion. Stick to no more than one or two units of alcohol once or twice a week, and avoid drinking alcohol before you feed your baby. Or you may decide not to drink alcohol at all.

Some ideas for healthy foods

You could try:

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

How often, how long?

Some babies settle into a pattern of feeding quite quickly. Others take longer. In the early weeks, you may find that your baby's feeds are sometimes long, sometimes short, sometimes close together, and sometimes further apart. Try to follow what your baby tells you. Feed when your baby asks to be fed, and for as long as your baby wants.

Once you've put your baby to your breast, let the feed go on until your baby wants to stop. Most mothers then offer the other breast after a short break.

Vitamin D

VITAMIN D supplements are recommended for breastfeeding mothers as it is difficult to get enough from food. Vitamin D is also made by the skin when it is exposed to gentle summer sunlight between April and September.

If you have dark skin or always cover your skin when outside, ask your GP or health visitor where to get vitamin D supplements.

Allow your baby to decide when he or she has had enough. Both breasts might not always be wanted at each feed. Your baby will show that he or she has finished by either letting go of your breast or falling asleep. Start each feed on the breast that was offered second at the previous feed.

If you feed as often and for as long as your baby wants, you'll produce plenty of milk and give your baby what he or she needs. At first, it may seem that you're doing nothing but feeding and changing nappies. Remember that this stage will not last very long. Young babies take longer to feed. As babies get older, the feeding time gets shorter. Growth spurts may also affect your baby's feeding patterns. Babies have growth spurts at approximately ten days, six weeks and three months. Your baby may feed more frequently at these times, until your milk supply increases to meet the bigger demand.

Twins, triplets or more

Twins, triplets or more multiples can be breastfed successfully. It may help to start feeding each of your babies separately until feeding is well established. You may need help putting your babies to the breast at the start, but once you have learned how to position and attach one baby at a time, you may wish to encourage twins to feed at the same time. If you breastfeed two babies together, you will not only save time, but also produce more milk, though you may have to wake one baby up to keep them feeding together. For more information about twins (or more), turn to page 29.

Hunger or thirst?

Breast milk is drink and food in one. If the weather is hot, your baby may want to feed more often. There's no need to give your baby drinks of water, even in a very hot climate.

How much is enough?

You may wonder whether your baby is getting enough. If you feed as frequently and for as long as your baby wants, you'll find that your baby will stop feeding when he or she is full-up. You can be sure your baby is getting enough milk if he or she:

- has plenty of wet nappies each day and is having nothing but breast milk;
- is growing and generally gaining weight – some babies gain weight steadily, other perfectly healthy babies gain little or no weight one week, then feed more often and make up for it over the next week or two (see pages 37–8);
- is awake and alert for some of the time.

If you notice that your baby isn't growing in length or generally gaining weight, and is very sleepy or lethargic with no alert times, then he or she may not be getting enough milk. Persistent green stools may also be an indication that your baby is not getting enough milk.

For information and advice about breastfeeding please ask your midwife, health visitor or GP. You can also contact one of the following voluntary organisations' helplines:

Association of Breastfeeding Mothers 0870 401 77 11

The Breastfeeding Network 0870 900 8787

La Lèche League 0845 120 2918

National Childbirth Trust 0870 444 8708

You can also visit the website: www.breastfeeding.nhs.uk

Always make sure that your baby feeds fully on one breast before offering the other breast. If you are concerned, talk to your midwife or health visitor.

Night feeds are important. A small baby can receive as much milk at night as during the day, and night feeds encourage the body to make more of the hormone that produces breast milk. When your baby is small it's important for night feeds to continue.

If your baby seems unusually sleepy and is slow to start feeding, he or she may be ill, so contact your GP.

Gently massage your breast towards the nipple to stimulate the let-down reflex.

Expressing milk

It is useful to learn how to express your milk for the following reasons:

- your baby may be in Special Care;
- to help your baby latch on to a full breast;
- your breasts feel full;
- so someone else can give the expressed milk to your baby.

You can express milk by hand, using a hand pump or an electric pump.

Hospitals often keep machines for people who need to express milk and you can be shown how to use one.

Alternatively, the Association of Breastfeeding Mothers, La Lèche League and the National Childbirth Trust all have breast pumps for hire (see page 147).

If you've plenty of milk you'll probably find expressing quite easy, particularly if you do it in the morning. Your midwife or health visitor will show you how to express milk by using either an electric or hand pump or by hand.

Milk will begin to gather behind the areola (area of dark skin around the nipple).

Gently squeeze the breast between the first finger and thumb. Keep pressing and releasing. The milk will start to flow.

You must express your milk into a sterilised bottle, which you can then cap and keep in the fridge for up to 24 hours. You can also freeze breast milk for one week in the freezer compartment of the fridge or up to three months in the freezer. Freeze it as soon as possible after expressing, and certainly within a couple of hours (there are specially designed breast milk freezer bags).

Thaw frozen breast milk in a fridge and when it is thawed use it within 24 hours. Or you can put the container into luke warm water to thaw. When it is warmed to room temperature, use at once or throw away. **Never refreeze.**

Bottle feeding expressed milk

If you are planning to go back to work, or if you want someone else to feed your baby expressed breast milk once in a while, it is a good idea to get your baby used to a bottle and teat.

It is best to get breastfeeding right for you and your baby before you introduce a bottle. Babies squeeze the breast to obtain milk, but suck on a teat like drinking from a straw. So once breastfeeding is well established, feels comfortable and your baby is content, you can start expressing milk and giving it in a bottle.

Breast milk separates very quickly into fat and whey, so shake the breast milk that has been kept in the fridge before use.

Combining breast and infant formula

Once breastfeeding is well established, you may want to introduce infant formula milk (if, for example, you are returning to work, or simply want someone else involved in feeding). Mothers returning to work often breastfeed in the morning and/or evening and their babies have a bottle of infant formula during the day (see pages 14–17). Introducing infant formula milk will affect the amount of breast milk you produce.

Changing from breast to infant formula

Don't stop breastfeeding suddenly as this can cause your breasts to become hard, swollen and uncomfortable. Give yourself time for the changeover and cut out one feed at a time, starting well before your return to work. It's probably best not to give the first bottle feed at times when your baby is tired and it may help if someone other than you gives the first feeds. Your baby is not then near your breast, smelling your breast milk. You may experience difficulties at first, but most babies get used to the new arrangements in time. Keep on trying and offering infant formula milk. If you are concerned that your baby is not getting enough milk, speak to your health visitor. See also **How much is enough?** on page 11. Changing from breast to bottle feeding can be an emotional time for you. It's best to do it gradually to give yourself time to adapt.

Bottle feeding

Infant formula milk can be used as an alternative to breast milk. But there is a greater risk of your baby developing infections if you choose to bottle feed. It is important to follow the instructions starting opposite on how to sterilise your equipment and make up a feed. Infant formula milk powder is not sterile. It is important to use boiled water that has been left to cool for less than half an hour when making up a feed. Make each feed up as required and do not store feeds once made. Throw away any left-over milk.

If there is a strong history of **allergies** in your family, such as eczema, asthma or food allergies, and you do not want to breastfeed, seek advice as early as possible from your GP or health visitor. Infant formula based on cow's milk is the better option, but if your baby has an allergic reaction to milk formula, it may be necessary to use an extensively hydrolysed protein formula. Your GP can prescribe this for you. Any other formula, such as soya-based formula, should only be given on the advice of your GP. Other milk, such as goat's milk or milks based on rice or oats, should not be used.

What you'll need

- You'll need about **six bottles and teats**. Ask your midwife or other mothers about the type of bottle and teats to buy. If you are offered second-hand bottles make sure that they are not scratched as you will not be able to sterilise them properly.
- You'll also need **a supply of baby milk** (also called infant formula). Discuss the different brands with your midwife or health visitor and then make your own choice. If you are on benefits, check whether you can get help from either the Welfare Food Scheme or Healthy Start (see page 145).

Sterilising

All the equipment used for feeding your baby needs to be sterilised. By sterilising your feeding equipment, you will reduce the chance of your baby getting sickness and diarrhoea.

How to sterilise
Clean the bottle and teat in hot soapy water as soon as possible after a feed, using a clean bottle brush. Squirting water through the teat helps remove every trace of milk.

Rinse all your equipment before sterilising.

Cold water sterilising

Follow the manufacturer's instructions.
Change the sterilising solution every 24 hours.
Leave feeding equipment in the sterilising 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.

Steam sterilising

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.

Making up a feed

Before making up a feed, clean the surface you are going to use.
It's really important that you WASH YOUR HANDS.

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.

Stand the bottle on a clean surface. Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.

When making up infant formula milk use fresh tap water to fill the kettle. After it has boiled let the water cool for up to half an hour. Always put the boiled water in the bottle first. Always check the water level is correct. Follow the manufacturer's instructions.

Loosely fill the scoop with milk powder and level it off without compacting it. Only use one scoop of powder to 30 ml or 1 oz water.

Add the milk powder to the water. Making up a feed with too much powder can give your baby constipation.

Holding the edge of the teat, put it on the bottle. Screw the retaining ring into the bottle. Cover the teat with a cap. Shake the bottle until the powder is dissolved.

Test the temperature of the feed by dropping a little onto the inside of your wrist. Cool the milk by holding the bottle under running water. If you need to warm your baby's milk, stand the bottle in hot water. Heating the milk in a microwave oven is dangerous as the milk continues to heat up after it has been taken out.

If you are going out for the day, take the boiled water in a flask and make up the feed just before feeding. Alternatively use ready-to-feed liquid formula.

Going abroad on holiday
If you have to use bottled water, check that it is suitable for babies. Some bottled mineral waters are not suitable because they are too high in salt. Always boil the bottled water and allow to cool for no more than half an hour before making up the feed in a sterilised bottle.

Feeding your baby

When feeding your baby, keep the teat full of milk, otherwise your baby will take in air. If the teat flattens while you are feeding, pull gently on the bottle to release the vacuum. If the teat blocks, start again with another sterile teat. Never prop up a bottle and leave your baby to feed alone – he or she may choke.

MAKE UP ONLY ONE FEED AT A TIME AND THROW AWAY ANY LEFT-OVER MILK.

Frequently asked questions

'How soon can I start to put my baby to the breast?'
Providing you and your baby are both well, you will be able to hold him or her straight away. Skin-to-skin contact is a great way to get breastfeeding off to a good start. Ask your midwife to help you to put your baby to the breast.

'I've heard that breastfeeding can hurt. How can I avoid this?'
If feeding hurts, your baby's position is probably wrong, but if you can't get the position right yourself ask for help. Pain in your nipple when your baby first attaches to your breast means your nipple is not at the back of your baby's mouth. It is worth taking time to get the position right from the beginning to avoid problems later (see page 9).

'I've been feeding my baby for some time now, but my nipples are cracked and painful. What can I do?'
If your baby is in the right position at your breast, and attached correctly, feeding shouldn't hurt.

- Ask your midwife or health visitor for help and advice on how to position your baby correctly. Once your baby is positioned correctly, cracks should heal rapidly.

'Will anything else help to ease sore nipples?'
Yes. The following may help.

- Keep your nipples clean and dry, but avoid soap, which dries the skin too much.
- Change breast pads frequently. Avoid pads with plastic backing.

Don't leave your baby alone with a bottle as a way of getting him or her off to sleep. There's a danger of choking.

Bottle feeding help and advice

If you want help or advice on bottle feeding, talk to your midwife or health visitor, or to other mothers with experience of bottle feeding.

- Wear a cotton bra and let the air get to your nipples as much as possible.

- A few drops of milk rubbed into the nipple at the end of a feed may help.

'Could sore nipples be caused by anything else?'
Thrush in your baby's mouth can sometimes cause sore nipples. Thrush is an infection that results in small white patches in the baby's mouth, which don't wipe away. If you think your baby has thrush, both you and your baby will need medical treatment, so see your GP.

'My friend complained her breasts became very swollen and hard and painful when she started breastfeeding. How can I prevent this happening to me?'
This is called breast engorgement. It is important to distinguish this from the normal breast fullness or heaviness that occurs when your milk supply increases three or four days after the birth. This does not cause swelling or pain.

Engorgement can happen if there has been a delay in starting breastfeeding, or you limit the amount of time, or the frequency, of feeding your baby. It rarely happens if you feed on demand. Making sure your baby is correctly attached to the breast and letting him or her feed early and frequently can help to prevent engorgement.

If feeding is difficult because your breasts are full, ask for help. Check your bra's not too tight.

'Early on, if the feeds weren't going well, I'd think, well, perhaps I'd better try a different kind of milk, or a different bottle, or a different teat, or whatever. But it's the same as doing anything the first time. It's a while before you know what you're doing, and then you settle down and start to enjoy it.'

'I have a hard, painful lump in my breast. What is it?'
It's probably milk which has built up because a duct is blocked and isn't being emptied properly. Check that your bra isn't too tight and that nothing is pressing into your breast as you feed.

A good feed on the blocked breast will help. As you feed, massage the lump towards the nipple. If left untreated, blocked ducts can lead to mastitis.

'There is a red, hot, painful patch on my breast and I feel quite unwell. Why?'
You may have mastitis. Don't stop feeding as you need to keep your milk flowing. Try different positions to empty different parts of your breast. Try the suggestions for relieving blocked ducts, get lots of rest, and try not to wear a bra, especially at night. A health visitor or breastfeeding counsellor can offer information, help and support (see page 11).

If you have an infection you may need to take antibiotics. Your doctor can prescribe one that is safe to take while breastfeeding.

'What if I have problems with bottle feeding?'
If your baby swallows a lot of air while bottle feeding and is then put down to sleep, the trapped wind may

cause discomfort and your baby may cry. After a feed, it may help to hold your baby upright against your shoulder or propped forward on your lap. Then gently rub your baby's back so that any trapped air can find its way up and out quite easily. Some babies are never troubled by wind, others seem to suffer discomfort after every feed. For information about colic, see pages 23–4.

Sickness and vomiting

Some babies sick up more milk than others during or just after a feed. (This is called 'possetting', 'regurgitation' or 'gastric reflux'.) It's not unusual for a baby to sick up quite a lot, but many mothers get upset or worried about this. If your baby is gaining weight there is usually nothing to worry about. But if this happens often or if your baby is frequently or violently sick, appears to be in pain, or you're worried for any other reason, see your health visitor or GP.

Cover your baby with a thick bib when feeding and have a cloth or paper towels handy to mop up any mess. (If you sprinkle a damp cloth with bicarbonate of soda, this will remove the worst of the smell.) Check too that the hole in your baby's teat is not too big. Check you are not giving your baby more milk than he/she wants. Sitting your baby upright in a baby chair after a feed can help, and the problem usually stops after six months when your baby is starting on solid foods and drinking less milk. If your baby brings back a lot of milk, remember he or she is likely to be hungry again quite quickly. Do not force your baby to take on more than they want.

Constipation

Always add the recommended amount of infant formula milk powder to the water. Milk feeds that contain too much infant formula milk powder can make your baby constipated or thirsty. In hot weather babies fed on infant formula milk can get thirsty, so offer your baby cool boiled tap water if he or she is unsettled between feeds.

Sleeping

Some babies sleep much more than others. Some sleep in long patches, some in short. Some soon sleep right through the night, some don't for a long time. Your baby will have his or her own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know.

In the early weeks your baby's sleeping pattern is very unlikely to fit in with your need for sleep. Try to follow your baby's needs. You'll gradually get to know when sleep is needed. Don't catch up on housework while your baby sleeps. Snatch sleep and rest whenever you can.

A baby who wants to sleep isn't likely to be disturbed by household noise, so there's no need to keep the house silent while your baby sleeps. In fact, it will help you if your child gets used to sleeping through a certain amount of noise.

Most parents want their children to learn to sleep for the longest period at night – when they are sleeping – and it helps if you encourage night-time sleeping right from the start by teaching your baby that the night-time is different from the daytime. During night feeds:

- keep the lights down low;
- keep your voice low and don't talk much;
- put your baby down as soon as you have fed and changed him or her;
- don't change your baby if a change is not needed.

If your baby always falls asleep in your arms, at your breast, in your partner's arms, or with someone by the cot, he or she might not easily take to settling alone. This might not matter to you

'It wasn't that she wouldn't sleep when she needed to. She just didn't need it. Or at least, she needed a whole lot less than we did. It's not getting your baby to sleep that's the problem; it's getting enough sleep yourself.'

'I would just get one of them off to sleep when the other one woke for a feed. I was desperately tired but gradually they got into a pattern and at last I could get some sleep myself.'

The 'feet to foot' position means that the baby's feet are right at the end of the cot to prevent the baby wriggling under the covers.

Disturbed nights can be very hard to bear. If you're bottle feeding, encourage your partner to share the feeds. Many fathers find this a valuable time for getting to know their babies. If you're breastfeeding, your partner may be happy to take over the early morning changing and dressing so that you can go back to sleep, or once breastfeeding is established he could occasionally give a bottle of expressed breast milk. If you're on your own, you could ask a friend or relative to stay for a few days so that you can sleep.

and may be unavoidable in the early weeks, particularly with a breastfed baby, but, if you want your baby to get used to going off to sleep alone, it's wise to start putting the baby down before he or she falls asleep right from the beginning, whenever this is possible. However, you may need to wait until the baby is alert for longer or more frequent periods. Remember though, the longer you leave it, the more difficult it will become.

Once you've established a pattern, you may want to try and shift things around a bit. For example, you may wake your baby for a feed just before you go to bed in the hope that you'll get a good long stretch of sleep before he or she wakes again. See pages 55–6 for more information about sleeping problems in older babies and children. Cry-sis, the organisation for parents of crying babies, can also offer help with sleeping problems (address on page 147).

Safe sleeping

Reducing the risk of cot death
Sadly, we don't know why some babies die suddenly and for no apparent reason from what is called 'cot death' or 'sudden infant death syndrome' (SIDS). But we do know that placing a baby to sleep on his or her back reduces the risk, and that exposing a baby to cigarette smoke or overheating a baby increases the risk.

All the advice that we now have for reducing the risk of cot death and other dangers, such as suffocation, is listed below.

- **Always put your baby to sleep on his or her back.**
- **Cut out smoking in pregnancy – fathers too!**
- **Don't let anyone smoke in the same room as your baby.**
- **Don't let your baby get too hot and don't overheat the room (see *The right temperature*, right).**
- **Keep your baby's head uncovered in bed – place your baby in the 'feet to foot' position (see picture on page 19).**
- **If your baby is unwell, seek advice promptly (see page 87).**
- **Do not share a bed with your baby if you have been drinking alcohol, take drugs or are a smoker.**

Keep your baby's head uncovered. Babies whose heads are covered accidentally with bedding are at an increased risk of cot death.

Sleep your baby on a mattress that is firm, flat, well fitting and clean. The outside of the mattress should be waterproof, like PVC. Cover the mattress with a single sheet. Use sheets and lightweight blankets but not duvets, quilts, baby nests, wedges, bedding rolls or pillows.

To prevent your baby wriggling down under the covers, place your baby's feet at the foot of the cot or pram. Make the covers up so that they reach no higher than the shoulders. Covers should be securely tucked in so they cannot slip over the baby's head.

The safest place for your baby to sleep is in a cot in your room for the first six months. While it's lovely to have your baby with you for a cuddle or a feed, it's safest to put your baby back in their cot before you go to sleep. There is a link between sharing a bed all night and cot death if you or your partner:

- are smokers (no matter where or when you smoke);
- have recently drunk any alcohol;
- have taken medication or drugs that make you sleep more heavily;
- are very tired.

There is also a risk that you might roll over in your sleep and suffocate your baby, that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured. Never sleep with a baby on a sofa or armchair.

The right temperature
Small babies aren't very good at controlling their own temperature. It's just as important to prevent them getting too hot as it is to avoid them getting chilled. Overheating is known to be a factor in cot death.

- **If the room is warm enough for you to be comfortable wearing light clothing (16–20°C), then it's the right temperature for your baby.**
- **Give your baby one light layer of clothing (or bedding) more than you're wearing. If the room is hot for you, keep your baby's clothes or bed covering light.**
- **Although it is fine to take your baby into your bed for comfort, a baby who falls asleep under your duvet may get too hot.**
- **Keep your baby's head uncovered indoors (unless it's very cold) because a baby needs to lose heat from his or her head and face.**
- **Never use a hot-water bottle or electric blanket. Babies have a delicate skin which scalds or burns easily.**
- **Ill or feverish babies don't need any extra bedding. In fact they usually need less.**
- **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.**

Clean air
Babies shouldn't be exposed to tobacco smoke either before birth or afterwards. If you, or anyone else who looks after your baby, smoke, then don't smoke anywhere near the baby. It would be even better if everyone could make an effort to give up completely. Smoke is present in the air that is breathed out for a considerable time after smoking has taken place. Babies and young children who breathe in cigarette smoke are more likely to get coughs, asthma attacks, and chest and ear infections. For more on quitting smoking see pages 123–4.

Cot mattresses
Current research has found that there is absolutely no risk of cot death from toxic gases from fire-retardant materials found in some cot mattresses.

If your baby seems at all unwell, seek medical advice early and quickly. Do remember that cot death is rare. Don't let worrying about cot death spoil the first precious months you have with your baby. Following the advice given above will help reduce the risk of cot death.

Don't give your baby a pillow or duvet (quilt) until he or she is one year old.

Babies enjoy a variety of movements when awake, and it is good for them and their development to experience different positions and to play on their front when awake.

Babies with jaundice

Many babies get jaundiced – which means they have yellow skin and eyes – for up to two weeks following birth. This is not a reason to stop breastfeeding, but it is important to ensure that all is well. If your baby is still jaundiced **after** two weeks, see your GP. This is particularly important if your baby's stools are pale or the urine is dark orange. Your GP will arrange any tests that might be needed.

Vitamin K

We all need vitamin K to make our blood clot properly so that we won't bleed too easily. Some newborn babies have too little vitamin K. Although this is rare, it can cause them to bleed dangerously into the brain. This is called 'haemorrhagic disease of the newborn' or vitamin K deficiency bleeding (VKDB). To reduce the risk, you should be offered vitamin K, which will be given to your baby either by mouth or by injection. Your doctor or midwife will be able to explain these options.

A warning cry

Although all babies cry sometimes, there are times when crying may be a sign of illness. Watch out for a sudden change in the pattern or sound of your baby's crying. Often there may be a simple explanation: if you've been socialising more than usual, your baby might simply be overtired and fretful. But if you feel that something is wrong, follow your instincts and contact your GP. See page 87 for more on what to do if you think your baby is ill.

Crying

A lot of people seem to think that babies shouldn't cry. They think that if babies do cry there must be a reason and you, the parent, should be able to do something about it. But all babies cry, and some cry a lot. Sometimes you'll know the reason. Often you'll try everything to stop it – change nappies, feed, rock, play – and yet nothing seems to work. Here are some things you can try.

- **Let your baby suckle at your breast.**
- **Hold your baby close,** rocking, swaying, talking, singing. Or put your baby in a sling, held close against you. Move about gently, sway and dance.
- **Rock your baby** backwards and forwards in the pram, or go out for a walk or a drive. Quite a lot of babies sleep in cars, and even if your baby wakes up again the minute you stop, you've at least had a break.
- **Find things to look at or listen to** – music on the radio or a tape, a rattle, a mobile above the cot.
- **If your baby is bottle fed you can give him or her a dummy,** sterilised for small babies, never sweetened. Some babies find their thumb instead. Later, some will use a bit of cloth as a comforter; you can wash this as often as you need.
- **Stroke your baby** firmly and rhythmically, holding him or her against you or lying face downwards on your lap. Or undress your baby and massage with baby oil, gently and firmly. Talk soothingly as you do it. Make sure the room is warm enough. Some clinics run courses to teach mothers baby massage – ask your midwife or health visitor about this.
- **Give your baby a warm bath.** This calms some babies instantly, but makes others cry even more. Like everything else, it might be worth a try.
- **Quietly put your baby down after a feed and leave the room for a few minutes.** Sometimes all the rocking and singing succeeds only in keeping your baby awake.

Remember

- **This difficult time won't last forever.** Your baby will gradually start to take more interest in the things around him or her and the miserable, frustrated crying will almost certainly stop.
- **Never shake your baby. Shaking makes a baby's or infant's head move violently. It causes bleeding and can damage the brain.** Sometimes you will feel very tired and even desperate. You might feel that you are losing control and have an urge to shake your baby. But don't, this is dangerous. Put your baby down safely in the cot or pram and calm yourself; don't be angry with your baby.

If you're finding it hard to cope you may need some help or support. Look on pages 124–6 for suggestions. You could also ask for help from a friend, your health visitor or doctor. Or contact Cry-sis (see page 147) who will put you in touch with other parents who've been in the same situation.

Colic

Many babies have particular times in the day when they cry and cry and are difficult to comfort. Early evening is the usual bad patch. This is hard on you since it's probably the time when you are most tired and least able to cope.

Crying like this can be due to colic. Everybody agrees that colic exists, but there's disagreement about what causes it or even if there is always a cause. Some doctors say that it's a kind of stomach cramp, and it does seem to cause the kind of crying that might go with waves of stomach pain – very miserable and distressed, stopping for a moment or two, then starting up again.

The crying can go on for some hours, and there may be little you can do except try to comfort your baby and wait for the crying to pass.

If you are concerned about your baby's crying, you may want to ask your GP or health visitor about it. Make a list of the questions you want to ask them so you won't forget anything. It can help if you keep a record of how often and when your baby cries, for example, after every feed or during the evening. This may help you to identify the times when you need extra support or to see if a change of routine could help. For example, if your baby cries more in the afternoon and you go out in the morning, taking him or her out in the afternoon may be better. Such information may help the GP or health visitor to diagnose the problem. You might want to ask:

- Is my baby poorly?
- Is there any medication that could help?
- Is there anything I can do to help ease my baby's pain?

'At first it really upset me. I felt I ought to be able to comfort him, I ought to be able to make him happy, and he wasn't happy, and I couldn't comfort him, no matter what I did. And then it went on so long, it felt like forever, and I was still upset, but I got sort of worn out by it, almost angry, because I was so disappointed that things weren't like I wanted them to be. I wanted to enjoy him, and I wanted him to be like other babies, smiling, gurgling, all of that, and he was just dreadful with the crying.'

'It was every evening. We'd be there, rocking her and walking up and down. We got so exhausted we were desperate. And then it stopped, gradually. You don't think you can bear it, but you do bear it, because there's nothing else for it. And in the end, it stops.'

'At some points I just didn't want to be involved at all. The first few months it was so much of a shock … I think that first bit – the sleepless broken nights and constant crying – I just couldn't handle it. I could quite easily have left it all to her, but then gradually I got used to it and you start to bond with the baby.'

(A father)

Coping with a colicky baby is extremely stressful. It may be best to tell yourself that there's nothing very much you can do. You just need to hang on as best you can until this part of your baby's life is over, which will certainly be only a few weeks. Just knowing that you're not causing the crying, and you can't do much to prevent it, may make it easier for you to bear. Try to take some time out for yourself whenever you can – maybe just handing over to someone else so that you can have a long, hot soak in the bath in the evening. Make sure that you get a decent meal every day to keep up your energy. If a crying baby occupies all your evening, then make lunch your main meal.

If the strain gets too much

- There may well be times when you're so tired you feel desperate, angry and can't take any more. Don't be ashamed to ask for help.

- **Try to share the crying times.** Think about handing your baby over to someone else for an hour. Nobody can cope alone with a constantly crying baby. You need someone who'll give you a break, at least occasionally, to calm down and get some rest.

- **Think about putting your baby down in the cot or pram and going away for a while.** Make sure your baby is safe, close the door, go into another room, and do what you can to calm yourself down. Set a time limit – say, ten minutes – then go back.

- **Ask your health visitor if there is any local support for parents of crying babies.** Some areas run a telephone helpline. Cry-sis has branches in many areas and offers support through mothers who have had crying babies themselves. See page 147 for details of this and other support organisations.

Other remedies

- Some parents find giving their baby colic drops or gripe water helps. Others find these remedies are ineffective.

- Try massaging your baby's tummy in a clockwise direction with one drop of pure lavender oil to 10 ml of oil, such as baby or olive oil.

- A drop of lavender oil placed on a cotton wool ball on a warm radiator or in a vaporiser may also soothe your baby.

Nappies

What's in a nappy?

What should my baby's stools look like?

Your baby's stools will be sticky and greenish/black at first (called 'meconium'). They will then change to a yellow or mustard colour, and do not smell in a breastfed baby. Stools of a bottle-fed baby are darker brown and more smelly. Some infant formulas can also make the motions dark green. Breastfed babies have quite runny stools. Bottle-fed babies' stools are firmer. If you change from breast to bottle feeding, you will find the stools become darker and more paste-like.

How often should my baby's bowels be opened?

Some babies fill their nappies at or around every feed. Some, especially breastfed babies, can go for several days, even a week, without a bowel movement. Both are quite normal. It is usual for babies to strain or even

Nappy rash

Most babies get nappy rash at some time in the first 18 months. This is most commonly caused by the skin being in prolonged contact with ammonia from urine or bacteria from stools burning or irritating the skin, which may then break open. Other causes include:

- *a sensitive skin;*
- *rubbing or chaffing;*
- *strong soap, detergent or bubble bath;*
- *baby wipes containing alcohol;*
- *diarrhoea or illnesses;*
- *changes in diet such as weaning or changing from breast milk to formula.*

In its early stages the rash may appear as red patches on your baby's bottom or there may be general redness. The skin may look sore and be hot to touch and there may be spots, pimples or blisters.

cry when passing a stool. Your baby is not constipated if the stools are soft when passed, even if the bowels have not been opened for a few days.

Is it normal for my baby's stools to change?
From day to day or week to week your baby's stools will probably vary a bit. But if you notice a marked change of any kind, such as the stools becoming very smelly, very watery, very pale (see page 21 for information on jaundice), or becoming hard, particularly if there's blood in them, you should talk to your doctor or health visitor.

Nappy changing

Some babies have very delicate skin and need changing the minute they wet themselves if they're not to get sore and red. Others seem to be tougher and get along fine with a change before or after every feed. All babies need to be changed when they're dirty to prevent nappy rash and because they can smell awful!

Getting organised

- Get everything you need for changing 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've more than one baby. If you sit down you won't hurt your back, and your baby can't wriggle off and hurt him or herself. If you're using a changing table, keep one hand on your baby at all times.
- Make sure you've a supply of nappies. If you're using cloth nappies, 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 are also useful as they protect the nappy from heavy soiling and can be flushed away.
- You'll need a supply of cotton wool and a bowl of warm water or baby lotion, or baby wipes.
- Make sure you've a spare set of clothes. In the early weeks you often need to change everything.

To protect your baby against nappy rash

- *Change the nappy as soon as you can when it becomes wet or soiled. You may find your young baby needs changing 10 to 12 times a day, and older children at least 6 to 8 times.*
- *Clean the whole nappy area thoroughly, wiping from front to back. Use a mild baby soap with plain water, or specially formulated baby lotion or gentle baby wipes. If using soap and water, rinse off the soap and pat dry gently.*
- *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.*

To treat nappy rash

Follow the steps outlined in ***To protect your baby against nappy rash*** *on page 25 and also:*

- *Apply a nappy rash cream to help healing – ask your health visitor or pharmacist to recommend one.*
- *If the rash does not go away after treatment or there is a persistent bright-red moist rash with white or red pimples which also affects the folds of the skin, this may be due to a thrush infection. In this case, a special anti-fungal cream available from your pharmacist or on prescription from your doctor will be needed.*

Nappy services and nappy costs

If you use disposable nappies, it is worth enquiring whether any shop in your area provides a free delivery service. Or, if you use washable cloth nappies, you may be able to use a nappy laundering service (see page 149).

The approximate cost of buying and washing cloth nappies for 2½ years ranges from £185 to about £352, depending mainly on nappy type. (This is based on an estimated cost of £1 per week using your own washing machine. Nappy laundry services cost from £6 to £9 per week.) The cost of disposable nappies over the same period ranges from £463 to £732.

Getting started

- If your baby is dirty, use the nappy to clean off most of it. Then, using the cotton wool, a mild baby soap and warm water, baby lotion or gentle baby wipes, clean girls from front to back to avoid getting germs into the vagina. Boys should be cleaned around the penis and testicles (balls). Don't pull back the foreskin when cleaning the penis. It's just as important to clean carefully when you're changing a wet nappy.
- You can use a barrier cream, which helps to protect against nappy rash, but it's usually enough just to leave your baby's skin clean and dry. Some babies are sensitive to these creams and some thick creams may clog nappies or affect the ability of disposable nappies to absorb wetness.
- Avoid using baby powder because it can make your baby choke.
- If you're using a washable nappy, adjust the size, or choose the right size nappy and waterproof cover for your baby's weight. Pre-wash nappies to make them softer and more absorbent. Insert a nappy liner then fasten the nappy on your baby, making sure it fits snuggly round the waist and legs.

- If you're using disposable nappies, take care not to get water or cream on the sticky tabs as they won't stick. You can now buy extra tabs to stick disposable nappies (or sticky tape will do).

Nappy hygiene

Put as much of the contents as you can down the toilet. If you're using nappies with disposable liners, the liner can be flushed away, but don't ever flush a nappy down the toilet because you'll block it.

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

Washable cloth nappies. These are easily laundered in a normal 60°C wash. There may be a nappy laundering service near where you live who deliver a pile of freshly laundered nappies to your home and take away the soiled ones to be washed every week. They supply everything you need, including nappies, nappy covers, liners and storage bins. For more information see page 149.

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

Washing and bathing

Washing

Wash your baby's 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. Organise everything you need in advance – a bowl of warm water, a towel, cotton wool, a fresh nappy and, if necessary, clean clothes.

- Hold your baby on your knee, or lie your baby on a changing mat, and take off all your baby's clothes except for a vest and nappy. Then wrap your baby in the towel.
- Dip the cotton wool in the water (not too much) and wipe gently around your baby's eyes from the nose outward, using a fresh piece of cotton wool for each eye.
- Using a fresh piece of cotton wool, clean around your baby's ears, but don't clean inside them.
- Wash the rest of your baby's face, neck and hands in the same way and dry them gently with the towel.
- Now change your baby's nappy as described on pages 25-6.

Bathing

Bathing two or three times a week is quite enough, but you can do it daily if your baby enjoys it. Don't bath your baby straight after a feed or when your baby is 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 (but avoid this if your baby has particularly dry skin) or baby soap, a clean nappy, clean clothes and cotton wool.

- Make sure the water is warm, *not* hot; check it with your wrist or elbow.
- Hold your baby on your knee and follow the instructions given above for cleaning his or her face.
- Wash your baby's hair with baby soap or liquid, then rinse carefully, supporting your baby over the bowl. Dry gently.

- Now remove your baby's nappy, wiping away any mess. If you're using baby soap, soap your baby all over (avoiding his or her face) while still on your knee, keeping a firm grip while you do so.
- Lower your baby gently into the bowl using one hand to hold your baby's upper arm and support his or her 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.
- Lift your baby out and pat dry, paying special attention to the creases. You may want to use this time to massage oil into your baby's skin. Many babies love this and it may help your baby relax and sleep. Lay your baby on a towel on the floor as both the baby and your hands might be a bit slippery.

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

Taking your baby out

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

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 his or her back flat.

In a 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 air bags in the front your baby should **not** travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates.

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

In cold weather

Make sure your baby is wrapped up warm in cold weather because babies chill very easily. **Take the extra clothing off when you get into a warm place** so that your baby doesn't then overheat, even if he or she is asleep.

In hot weather

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. Children with fair or red hair, blue eyes and freckles are especially at risk, as the paler the skin, the less melanin is produced, and the more likely the child is to get burnt in the sun. Keep babies under six months out of the sun altogether. Older children should always be protected, either by covering them up or with a high protection sunscreen (sun protection factor 15+). Babies' and children's skin burns easily, even in sun which wouldn't affect your own skin. See page 111 for further tips on protecting your child from the sun.

Twins (or more)

Parents with only one child often think that having two together is much the same sort of experience, but doubled. If you have twins, you'll know differently. Caring for twins, or more, is very different from caring for two of different ages. There's certainly a lot more work, and often you need to find different ways of doing things.

You need as much support as you can get. If you've more than two babies you may be able to get a home help from your local council. Find out what their policy is. A few hours of help with housework a week could make a big difference. If your council doesn't provide home helps, ask your health visitor for any suggestions. The Twins and Multiple Births Association (TAMBA) also offers professional support and a range of direct services to families of twins and other multiple births (the address is on page 150).

You may get a lot of help from family and friends, but it also helps to be in contact with other parents of twins. TAMBA offers a lot of helpful information, including information about local Twins Clubs. Through these clubs you can meet other parents whose experiences are like yours, and get support and practical advice. Often you can get secondhand equipment too, such as twin prams and buggies.

2 How your child will grow

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

How children develop

'When he does something new that he's never done before, that's magic. It's like no other baby in the world has ever done it.'

(A FATHER)

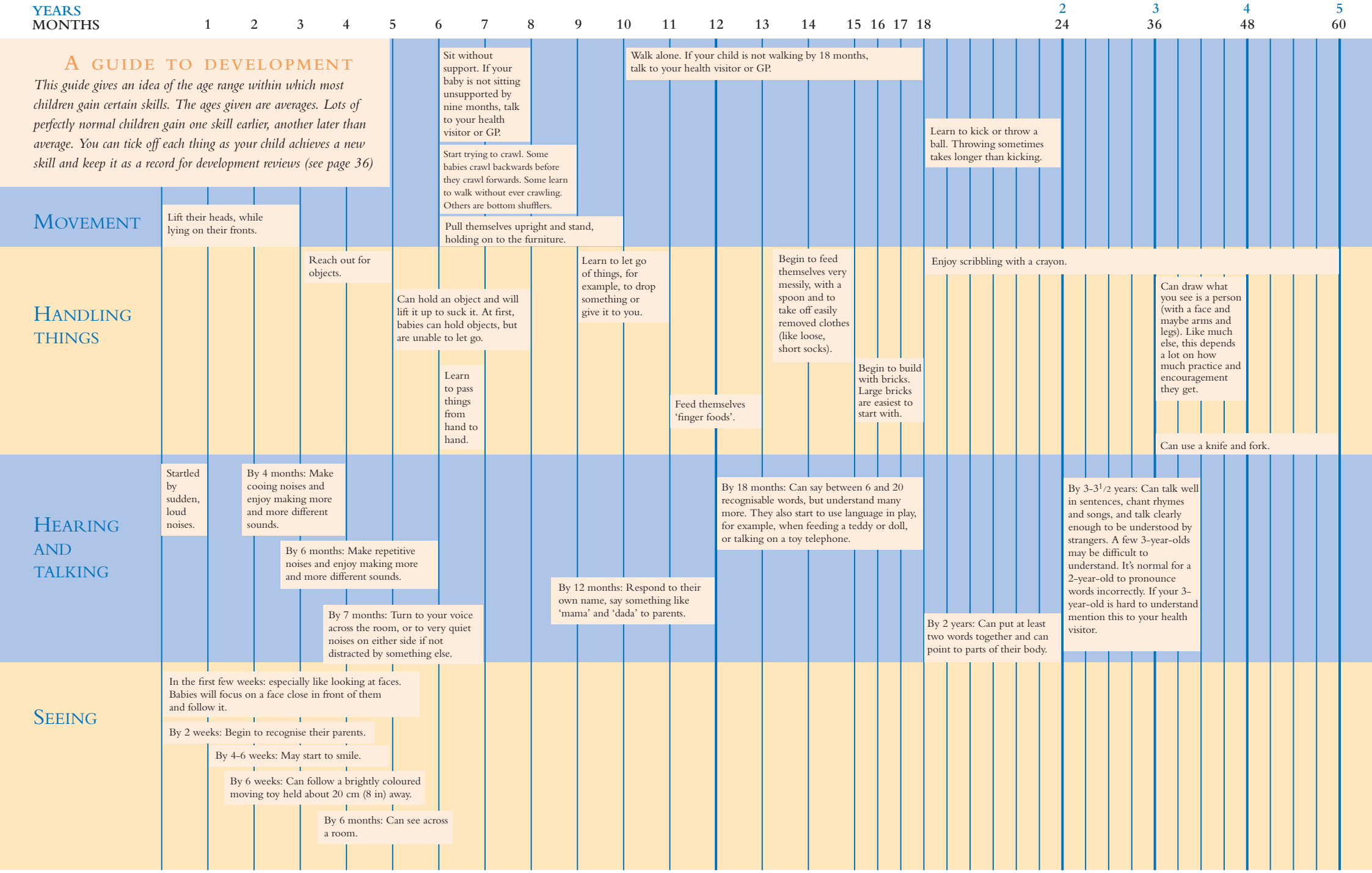
'My mum said, "Isn't she walking yet?" And as it happened, the little boy next door who's about the same age was up and walking and Annie was just sitting there not doing a thing. My mum said I was walking at that age. She kept going on about it.'

'I want to know that she's all right and, you know, keeping up.'

(A FATHER)

Children aren't just born different, they also have different lives and they'll learn different things. A child who plays a lot with toys will be learning to use his or her hands and eyes together. A child who goes out to the park every day will soon learn the names of ducks and trees. A child who is often talked to will learn more words. A child who's given love and praise for learning new things will want to learn more.

Some children have difficulty learning, perhaps because of physical problems with, for example, hearing or seeing. You may already know that your child's development is likely to be slower than normal or you may be worried about your child's progress. Your child may be offered regular development reviews (see page 36) but you don't have to wait for a check-up. If you're concerned, talk to your health visitor or GP. If something's holding your child back, the sooner you find out, the sooner you can do something to help. For more on this see page 40. For more about play and learning see pages 41–7.


YEARS
MONTHS
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A GUIDE TO DEVELOPMENT
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 36)
MOVEMENT
HANDLING THINGS
HEARING AND TALKING
SEEING
Lift their heads, while lying on their fronts.
Sit without support. If your baby is not sitting unsupported by nine months, talk to your health visitor or GP.
Start trying to crawl. Some babies crawl backwards before they crawl forwards. Some learn to walk without ever crawling. Others are bottom shufflers.
Pull themselves upright and stand, holding on to the furniture.
Walk alone. If your child is not walking by 18 months, talk to your health visitor or GP.
Learn to kick or throw a ball. Throwing sometimes takes longer than kicking.
Reach out for objects.
Can hold an object and will lift it up to suck it. At first, babies can hold objects, but are unable to let go.
Learn to pass things from hand to hand.
Learn to let go of things, for example, to drop something or give it to you.
Feed themselves 'finger foods'.
Begin to feed themselves very messily, with a spoon and to take off easily removed clothes (like loose, short socks).
Begin to build with bricks. Large bricks are easiest to start with.
Enjoy scribbling with a crayon.
Can draw what you see is a person (with a face and maybe arms and legs). Like much else, this depends a lot on how much practice and encouragement they get.
Can use a knife and fork.
Startled by sudden, loud noises.
By 4 months: Make cooing noises and enjoy making more and more different sounds.
By 6 months: Make repetitive noises and enjoy making more and more different sounds.
By 7 months: Turn to your voice across the room, or to very quiet noises on either side if not distracted by something else.
By 12 months: Respond to their own name, say something like 'mama' and 'dada' to parents.
By 18 months: Can say between 6 and 20 recognisable words, but understand many more. They also start to use language in play, for example, when feeding a teddy or doll, or talking on a toy telephone.
By 2 years: Can put at least two words together and can point to parts of their body.
By 3-3 1/2 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.
In the first few weeks: especially like looking at faces. Babies will focus on a face close in front of them and follow it.
By 2 weeks: Begin to recognise their parents.
By 4-6 weeks: May start to smile.
By 6 weeks: Can follow a brightly coloured moving toy held about 20 cm (8 in) away.
By 6 months: Can see across a room.

Feet – and first 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're cramped by tight bootees, socks, stretch suits or pram shoes, the toes can't straighten out and grow properly. So keep your baby's feet as free as possible. Make sure bootees and socks leave room for the toes, both in length and width. If the feet of a stretch suit become too small, cut them off and use socks instead.
- Don't put your child into proper shoes until he or she can walk alone, and keep them only for walking outside at first.
- When you buy shoes, always have your child's feet measured by a qualified fitter. Shoes should be about 1 cm (a bit less than ½ in) beyond the longest toe and wide enough for all the toes to lie flat.
- Shoes with a lace, buckle or velcro fastening 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.
- Buy footwear made of natural materials, i.e. leather, cotton or canvas, as these materials 'breathe'. Plastic shoes make feet perspire and may cause fungal infections and abrasions.
- Have your child's feet measured for each new pair of shoes. Children under four years old should have their feet measured every 6–8 weeks. Those over four should have their feet measured every 10–12 weeks.
- Check that socks are the right size and discard any outgrown or misshapen socks. Cotton ones are best.
- Don't keep shoes for 'best' as your child may outgrow these without having proper wear.

Common foot problems

When children first start walking, it is normal for them to walk with their feet apart and to 'waddle'. It is also common for young children to appear to be 'bow-legged', '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 he or she walks in any way, talk to your doctor or health visitor. If necessary, your child can be referred to a chiropodist, orthopaedic surgeon or paediatric physiotherapist.

- ***Bow legs*** *– a small gap between the knees and ankles when the child is standing up is normally seen until the child is two. If the gap is pronounced or it does not correct itself, check with your doctor or health visitor. Rarely, this could be a sign of rickets – a bone deformity.*
- ***Knock knees*** *– this is when a child stands with his or her knees together and the ankles are at least 2.5 cm (1 in) apart. Between the ages of two and four, a gap of 6–7 cm (2–2¾ in) is considered normal. Knock knees usually improve and correct themselves by the age of six.*
- ***In-toeing*** *(pigeon-toed) – here 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*** *(feet point outwards) – again this condition usually corrects itself and treatment is not needed in most cases.*
- ***Flat feet*** *– if when your child stands on tiptoe the arch forms normally, no treatment is needed.*
- ***Tiptoe walking*** *– if your child walks on tiptoe, talk to your doctor or health visitor.*

- Walk out of any shop that asks you the size of your child's feet and does not measure them.
- Never rely on the question 'do they feel comfortable?' Because children's bones are soft, distortion and cramping can be present without your child feeling it.
- Never buy secondhand shoes or hand shoes down as these take on the shape of the previous owner and will rub and not support vital areas.
- After washing your child's feet, dry well between the toes, and cut toenails straight across – they can become ingrown if cut shaped.

Teeth

The time when babies get their first primary teeth (milk teeth) varies. A few are born with a tooth already through. Others have no teeth at one year old. Most get their first tooth at around six months, usually in front and at the bottom. Most have all their primary teeth by about two and a half. The first permanent 'second' teeth come through at the back at around the age of six.

There are 20 primary teeth in all, 10 at the top and 10 at the bottom.

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, but it's often

hard to tell whether this is really due to teething.

It can help to give your baby something hard to chew on, such as a teething ring, or a crust of bread or breadstick, or a peeled carrot **(stay nearby in case of choking)**. Avoid rusks because almost all 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 sugar-free teething gel rubbed on the gum. You can get this from the pharmacist. For younger babies you should talk to your GP or health visitor. You may also want to give sugar-free baby paracetamol. Follow the instructions on the bottle for your child's age, or check with your pharmacist, GP or health visitor.

People put all sorts of things down to teething – rashes, crying, bad temper, runny noses, extra dirty nappies – but be careful not to explain away what might be the signs of illness by saying it's 'just teething'.

Fluoride

Fluoride is a natural element found in our diet which can help prevent tooth decay. It is also present in many water supplies, but usually at a level too low to be beneficial. In the UK, the West Midlands and North East have fluoride added to the water supply at the ideal level, as do most cities in the USA.

There are also fluoridation schemes in Bedfordshire, Cheshire, Cumbria, Derbyshire and Nottinghamshire. However, 90 per cent of the UK population live in areas with little or no fluoride in the water. Some children may benefit by taking fluoride drops (for babies) or tablets as dietary supplements. They should ***not*** *be used in areas with fluoride naturally present or artificially added to the water, as an excessive fluoride intake is undesirable. Therefore, advice from your dentist is essential before giving them. Fluoride in toothpaste is very effective – for babies use a tiny smear and for children only use a small pea-sized amount on the brush.*

Looking for sugars on the label

- *The following are sugars that can cause dental decay – sucrose, glucose, dextrose, maltose, fructose, hydrolysed starch.*
- *Invert sugar or syrup, honey, raw sugar, brown sugar, cane sugar, muscavado and concentrated fruit juices are all sugars.*
- *Fruit juices too contain sugars, which can cause decay. Always dilute these with a lot of water and keep to mealtimes.*
- *Maltodextrin is not a sugar, but may cause decay.*

Caring for your child's teeth

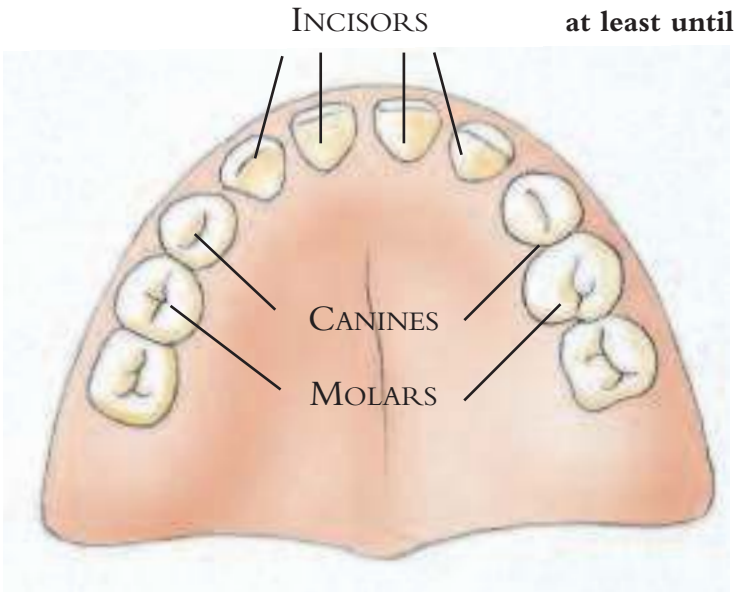
- Keep down the number of times each day that your child eats or drinks something sugary.
- Acidic drinks such as fruit juices and squashes should only be offered with meals – not on their own.
- Brush your child's teeth thoroughly twice each day, using a small pea-sized amount of fluoride toothpaste or a tiny smear for babies; help an older child. Let your child see you brushing your teeth too.

Cutting down on sugar
Sugar causes tooth decay. It's not just the amount of sugar in sweet food and drinks that matters but, perhaps more importantly, how often there are sugary things in the mouth. This is why sweet drinks in a bottle, feeder cup or lollipops are so bad. The teeth are bathed in sugar for quite a long time.

- **From the time you start your baby on foods and drinks other than milk, avoid giving sweet things.** Try to encourage savoury tastes. Watch for the sugar in baby foods in tins and packets (even the savoury varieties), rusks and in baby drinks, especially fizzy drinks, squash and syrups.
- **Only give your child sweet foods and fruit juice at mealtimes** to avoid tooth decay. Well-diluted fruit juice containing vitamin C and given in a cup with a meal can also help iron to be absorbed. Between meals, it is better to give milk or water as a drink.
- **Try to find treats other than biscuits or sweets,** 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. These may be more expensive than one small sweet, but they all last longer.
- **If children are given sweets or chocolate, it's less harmful for their teeth if they eat them all at once and at the end of a meal** than if they eat, say, a little every hour or so.
- Children who eat sweets every day have nearly double the decay compared with children who eat sweets less often.
- **Be aware of the amount of sugar the whole family's eating.** Look for ways of cutting down. See page 78 for some suggestions.
- **Never give baby juices or sugar-sweetened drinks at bedtime** or in a bottle, and keep drinking times short. Only milk or water should be given as a drink during the night.
- **Ask your pharmacist and doctor for sugar-free medicine for your child.**
- **Try to avoid giving drinks containing artificial sweeteners, such as saccharin or aspartame. If you do, dilute with at least 10 parts water to 1 part concentrate.**

Brushing your child's teeth

- **Start early, as soon as your baby's teeth start to come through.** Buy a baby toothbrush and use it with a tiny smear of fluoride toothpaste. Check with your dentist whether baby toothpaste has enough fluoride for your baby's needs. Don't worry if you don't manage to brush much at first. The important thing at the start is to get teeth brushing accepted as part of the everyday routine. That's why it's important you do it too.
- **Gradually start to brush your child's teeth more thoroughly, brushing all the surfaces of the teeth.** Do it twice a day - just before bed, and whatever other time in the day fits in best. Not all children like having their teeth brushed, so you may have to work at it a bit. Try not to let it become a battle. If it becomes difficult, try games, or try brushing your own teeth at the same time and then helping your child to 'finish off'.
- **Go on helping your child to brush until you're sure he or she is brushing well enough – at least until the age of seven.**



How to brush

The best way to brush a baby's teeth is to sit him or her on your knee with the head resting against your chest. Stand behind an older child and tilt his or her head upwards. Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. You can also clean your baby's teeth by wrapping a piece of damp gauze with a tiny amount of fluoride toothpaste on it over your finger.

Taking your child to the dentist

You can take your child to an NHS dentist as soon as your child has been born – even before any teeth come through. Your dentist can give advice on your child's oral health. NHS dental treatment for children is free.

Take your child with you when you go to the dentist, so that going to the dentist becomes a normal event. If you need to find a dentist, you can ask at your local clinic, contact your local Primary Care Trust – the address and telephone number will be in the phone book – or contact NHS Direct on 0845 4647.

Keeping an eye on your baby's growth and development

Parent-held records

After your baby's birth you'll usually be given a personal child health record or parent-held record for your baby. 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'll have a copy of the records for your own information and for health professionals when and where you may need it.

You'll want to use the records to record your child's weight, any clinic visits, and any concerns you have. If not recorded by a healthcare worker, you can add information about immunisations (see pages 100–7), childhood illness and accidents.

You may find that when your child is reviewed, the doctor or health visitor will not formally 'test' your child but will ask you questions about what he or she can or can't do. It is therefore helpful if you record these details in your child's personal child health record and complete the questionnaires in the book before your child has a review. Don't forget to take the book with you when you take your child for a review or immunisation!

General reviews

Your GP and health visitor will offer you regular general reviews. The review gives you, the parents, an opportunity to say what you've noticed about your child. You can also discuss anything at all that may concern you about your child's health and general behaviour. Not just the big things, but the kinds of worries and niggles that every parent has but feels unsure about taking to a doctor or nurse.

The review programme

General reviews will usually be carried out by your health visitor, a doctor, or both. They may be carried out at a regular clinic session or in your own home. The aim is to spot any problems as early as possible so that, if necessary, some action can be taken. So, even if you think your child is doing fine, it's worth having the review. Your health visitor will tell you when it's due, but, if you're concerned about something at any other time, don't wait. Ask to see someone.

You may be offered a general review when your child is:

- 6–8 weeks old;
- 8–12 months old;
- around 2 years old;
- around 3 years old;
- at school entry age.

In some parts of the country, the age that your child is reviewed may vary slightly from those given above, especially after the age of three. You can refer to the table on page 5 for more information.

Height and weight

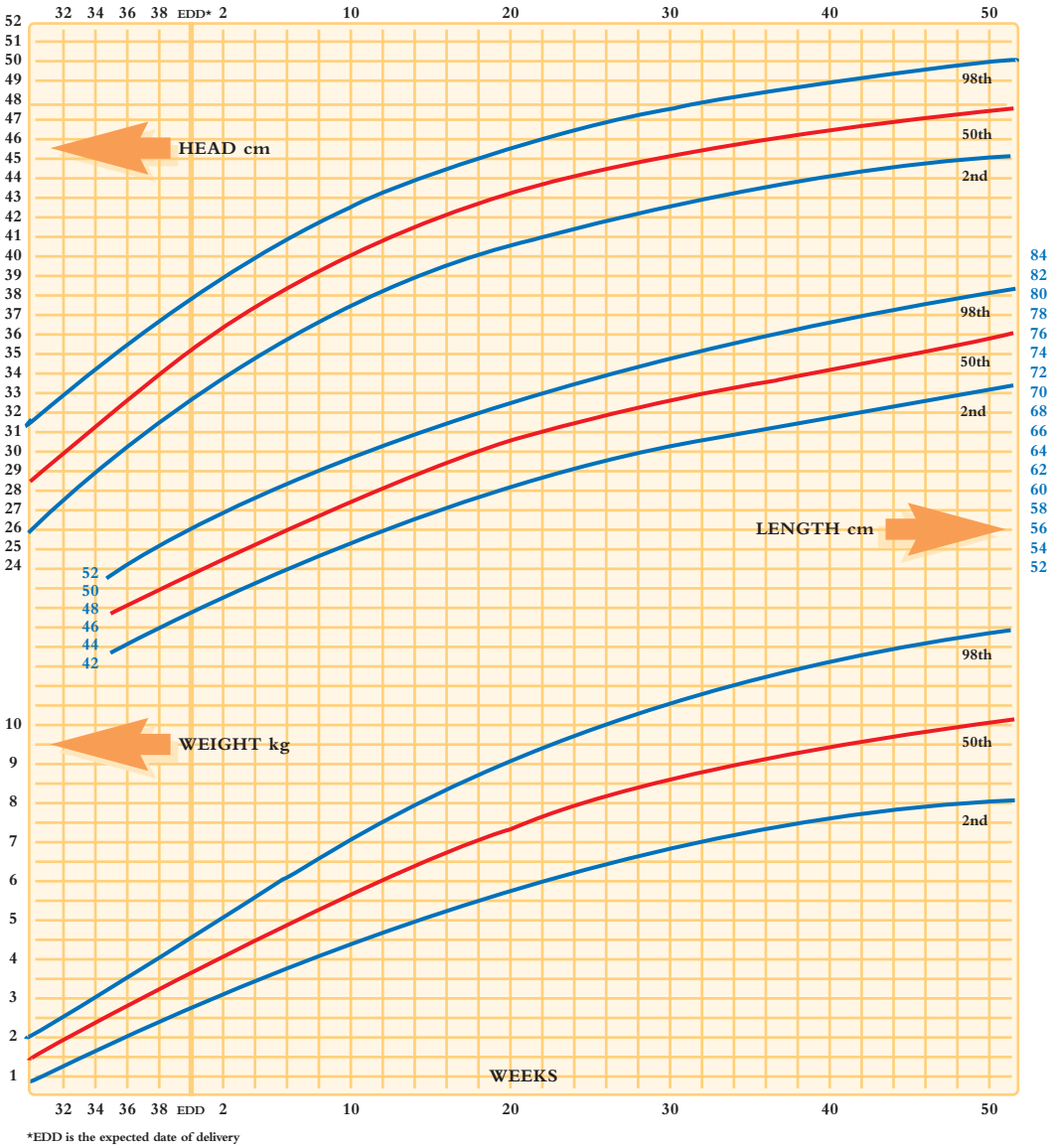
Your child's height and weight are a very useful guide to general progress and development. You can have your baby regularly weighed at your child health clinic or doctor's baby clinic. Older children may be weighed as part of other health checks. Your child's length or height will be measured if there are ongoing concerns about your child's health. Babies vary in how fast they put on weight, but usually weight gain is quickest in the first six to nine months, and then it slows down.

- Most babies double their birthweight by four to five months.
- Most babies treble their birthweight by one year.

Some weeks your baby will gain weight; some weeks he or she will not gain weight. This doesn't matter. What's looked for is a general weight gain over a period of weeks.

Understanding your child's length and weight chart

Your child's growth will be recorded on 'centile' charts so that his or her progress can be easily followed. Boys and girls have different charts because boys are on average heavier and taller and their growth pattern is slightly different. This page shows an example of a boy's length, weight and head size centile lines for babies up to one year old; page 38 shows a girl's length and weight centile lines for children from one to five.



*EDD is the expected date of delivery

Boys | 0 to 1 year

Remember that, even if your child's development is satisfactory at one review, development is a continuous process. It is therefore important that you continue to observe your child's development, attend all the reviews and talk to your health visitor or GP if you have any concerns about your child between these reviews.

The centile lines printed on the charts show roughly the kind of growth expected in weight and in length. On each of the charts the middle line (shown as a red line in this book) represents the national average for white British babies. For example, if 100 babies are weighed and measured, 50 will weigh and measure more than the amount indicated by the red line, and 50 will weigh and measure less.

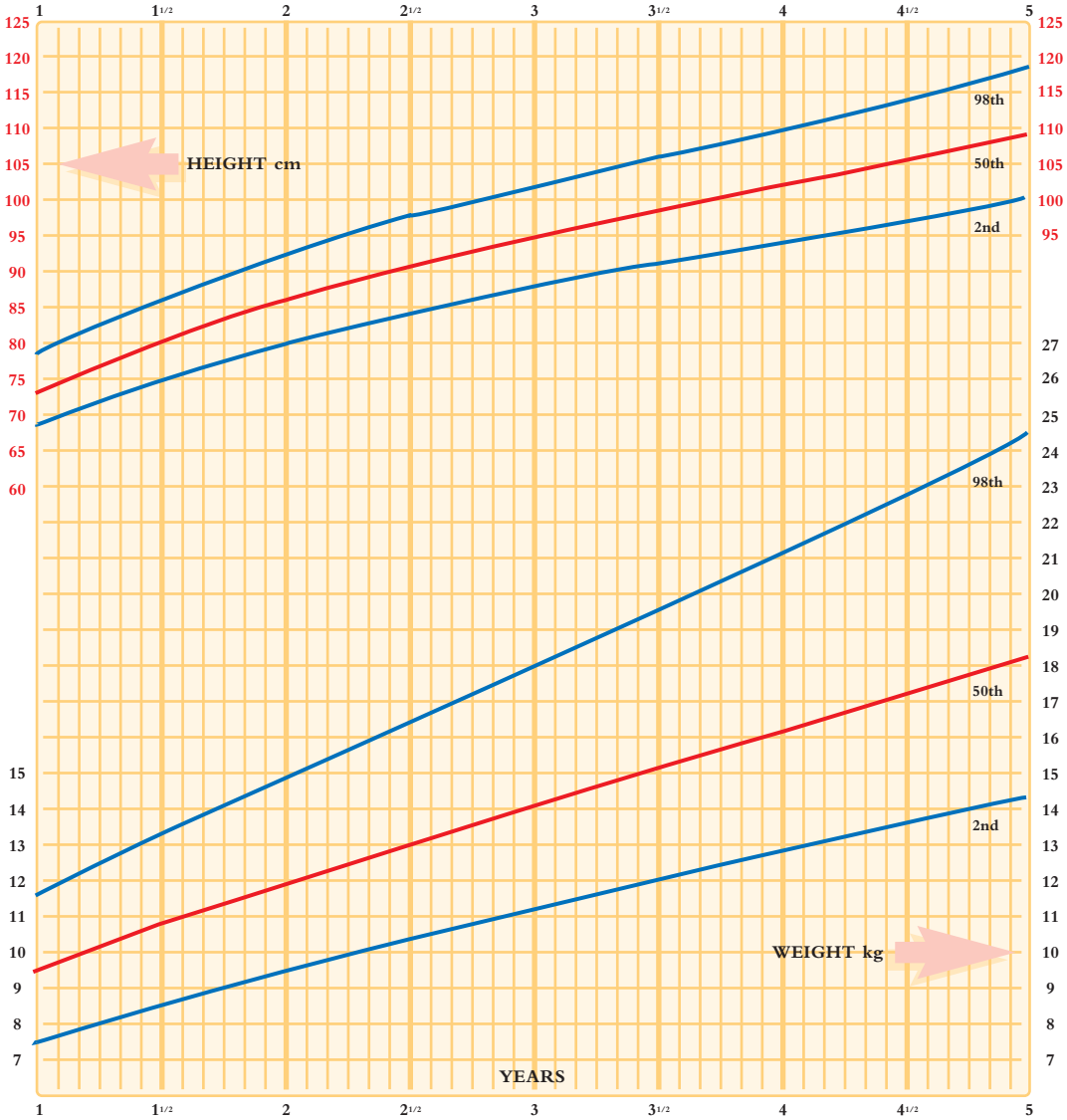
Most babies' and children's weight and length will fall between the two centile lines coloured blue in this book. Only four out of every 100 babies and children will have weights and lengths that fall outside these centiles.

As these data are based on the average lengths and weights of white children, it's worth bearing in mind that if you're of Asian origin, your baby will on average be lighter and shorter. If you're of African-Caribbean origin your baby will on average be heavier and longer.

Your child's length and weight (and head size if under a year) will be plotted as a curved line on one of these charts. This makes it easy to see how your child is developing.

Whatever weight and length your baby is at birth, he or she should have a fairly steady growth, resulting in a line curving in roughly the same way, and usually inside, the centile lines on the chart. **During the first two years of life it is quite usual for a baby's line to cross the centiles on the chart from time to time, but if at any time your baby's weight line suddenly goes up or drops (and it may drop, for example, because of illness), talk to your health visitor or GP about it.**

Girls | 1 to 5 years



If you don't speak English

If your first language is not English, or your child's first language is not English, you can have help from an interpreter, linkworker or health advocate who can speak your language. Ask your health visitor about this help if you need it.

You should also talk to your health visitor or GP if, after the age of two, your baby's height curve does not follow a centile line or starts to veer upwards or downwards from it.

General development

Some health visitors may ask your child to do little tasks, such as building with blocks or identifying pictures. Others may simply watch your child playing or drawing, and get an idea from this observation, and your comments, of how your child is doing. If you look at the development chart on page 31, you'll have an idea of the kind of physical and verbal skills they're looking for.

If your child seems slow in one particular area of development, you'll have the opportunity to discuss what the reason may be, and whether anything useful needs to be done to speed things up.

Eyesight

A baby should be able to see from birth. Eyesight develops gradually over the next six months.

By the first review, you'll have noticed whether or not your baby can follow a colourful object held about 20 cm (8 in) away with his or her eyes. If this isn't happening you should mention it.

At birth a baby's eyes may roll away from each other occasionally. If a baby is squinting all, or much, of the time, tell your health visitor and your GP. If your baby is squinting, you'll need to be referred to an orthoptist or ophthalmologist who specialises in understanding children's eyes.

It is important that any vision problems are identified as soon as possible, particularly if your child has any other disability (cerebral palsy or Down's syndrome) as visual impairment can cause serious educational and social difficulties. Children themselves may not know that their vision is impaired. Eye examinations are available free of charge to all children under 16 years of age, and they do not have to be able to read to have one.

Hearing and talking

Hearing and talking are linked. If your child can't hear properly, he or she will have great difficulty learning to talk and may need to be taught other ways of communicating. So the sooner hearing problems are discovered the greater the chance that something can be done.

It isn't only hearing that is important though. Babies don't learn to talk unless they're talked to, even if, at first, the conversation is limited to making noises at each other. By learning to take it in turns to make babbling noises, your baby is learning what a conversation feels like. Most parents quite naturally join in babbling sessions with their babies and so they're very often the first people to notice if there's a problem.

If you're ever worried about your child's language development, talk to your GP or health visitor. Your child may be helped by referral to a speech and language therapist.

Babies born within areas that are implementing the newborn hearing screening programme will be offered a hearing test within a month of birth. Alternatively, your baby may be offered a hearing distraction test at 6 to 8 months old. For more information on screening, go to page 5. If there's no apparent problem, but you're still worried, ask for another appointment. If a problem is found, your baby will need to have a follow-up assessment because hearing loss may be temporary, being due to a cold or a passing infection.

If your child doesn't seem to hear properly at the second appointment, or you are still worried, ask for a referral to a specialist.

Tips for helping your child learn to talk

- *Start talking to your child right from birth – say what you are doing about the house, e.g. when unpacking shopping.*
- *Start looking at books with your baby from an early age.*
- *Point things out when going for a walk, e.g. 'There's a bus, the bus is red.'*
- *Have fun singing nursery rhymes and songs, especially those with actions.*
- *Encourage your child to listen to different sounds.*
- *Gain your child's attention when you want to talk together.*
- *Increase vocabulary by giving choices, e.g. 'Do you want an apple or a banana?'*
- *Give your child opportunities to talk.*
- *Don't have the television on as a background noise.*
- *If your child says something incorrectly, say it back the right way. Do not make your child repeat it.*

Bilingual children

Many children grow up in a family in which more than one language is spoken. It can give children a good head start and they don't usually have problems. The important thing is to talk to your child in whatever language feels comfortable to you. This may mean one parent using one language and the other using another. Children usually adapt to this very well.

Children with special needs

For some families, everything is not 'all right'. Sometimes what begins as a worry does turn out to be a more serious problem or disability.

If this happens to you, your first need will be for information about the problem and what it's likely to mean for your child and for you. You'll have a lot of questions (see box). Put them all to your GP, your health visitor and specialists to whom you are referred. You may find it easier to make a list.

Be determined and persist if you need to. Not all health professionals talk easily or well to parents. And you yourself may find it's difficult to hear and take in all that's said to you first, or even second, time round. Rather than live with unanswered questions, go back and ask again for the information or opinion you feel you need. Or you could take along a tape recorder. If, in the end, the honest answer is 'I don't know' or 'We're not sure', that's better than no answer at all.

Some questions you may like to ask

You may find it helpful to write these down.

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

Coping with your feelings

At whatever stage in your child's life you receive a diagnosis of disability or illness, you'll have difficult feelings to cope with and some hard decisions and adjustments to make. Your GP, health visitor, social worker or counsellors of various kinds may all be able to help. So may other parents who've been through similar experiences. But, even with help, all parents say it takes time. Throughout that time, and afterwards, it's right to think about your own life and needs as well as your child's.

Help for children who need specialist care

Child development centres
In some areas, teams of professionals (doctors, therapists, health visitors, social workers), usually working from what is known as a child development centre, are available to help support children with special needs and their families. You can be referred to such a team through your GP or health visitor.

Further help
You can also get information, advice and support from organisations dealing with particular disabilities, illnesses and other problems. Through them, you can often contact other parents in situations like your own (see pages 147–50). The Early Support programme, backed by Sure Start, provides information and support for very young children with a disability or special needs. Visit www.earlysupport.org.uk.

There are many services available to help children who have special needs to learn and develop, 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's available in your area, ask your health visitor, GP, social services department or the early years area special educational needs co-ordinator (area SENCO) at your local education department or early years service. See pages 131–3 for more information about the services, including information about regional variations.

Special needs assessment
Local education authorities who think a child over two years old may have special educational needs *must* make an assessment of his or her needs. For a child under two an assessment must be made if a parent *asks* for it. This assessment is a way of getting advice about your child's educational needs. You can take part in the assessment yourself. The Advisory Centre for Education (see page 147) offers advice on education and produces a handbook on the subject.

Benefits advice
If you've a child with disabilities you may be able to get a Disability Living Allowance, which you can claim on form DLA1. To get this form ring the Benefit Enquiry line for people with disabilities: Freephone 0800 882200.

3 Learning and playing

What we call playing is really the way children learn. With toys and their imaginations they practise all the skills they'll need as they grow up. The more they play, the more they learn, and the best thing about it is that they love it.

Playing with you

Young children find it hard to play alone. They need attention from someone who can play with them. Gradually they'll learn to entertain themselves for some of the time, but first they need to learn how to do that.

In the meantime, you can't spend all your time playing. You've other things to do and other people to attend to. Fortunately, children learn from everything that's going on around them, and everything they do. When you're washing up, your toddler can stand next to you on a chair and wash the saucepan lids; when you cook, make sure your baby can see and talk to you as you work.

The times when they're not learning much are the times when they're bored. That's as true for babies as of older children. So what really matters?

- Find a lot of different things for your child to look at, think about and do (see **Ideas for play** on pages 43–4).
- Make what you're doing fun and interesting for your child, so you can get it done.
- Make some time to give all your attention to what your child wants to do.

Toy safety

- *It is best to buy toys that carry the British Standard kitemark or the Lion mark, or CE mark, as these conform to safety standards.*
- *Take care if you buy toys from car boot sales or market stalls or secondhand toys as these may not conform to safety standards and could be dangerous.*
- *Take safety measures such as 'Not suitable for a child under 36 months' seriously (0–3 sign). This sign warns that a toy is unsuitable for a child under three because of small parts.*

- *Check that the toy has no sharp edges that could hurt your child, or small parts that your child could put in his or her mouth and choke on.*

'I'd play with them all day if I could. I tell you, it's much more fun than doing the housework.'

'There are things I've got to do. She's forever asking me to play and I'm forever saying "In a minute, in a minute."'

'I don't know that we play all that much. We do a lot of things together, but it's often the shopping and hanging out the washing and that sort of thing. It may not be play, but we have a good time.'

- Talk about anything and everything, even about the washing-up or what to put on the shopping list, so that you share as much as possible.
- Find a place and time when your child can learn how to use his or her body by running, jumping and climbing. This is especially important 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 attend to something else.

Toys for children with special needs

Toys for children with special needs should match their mental age and ability. They should be brightly coloured and offer sound and action. If a toy made for a younger child is used by an older child, the strength of the toy should be taken into account.

Children who have a visual impairment will need toys with different textures to explore with their hands and mouth. A child who has a hearing impairment will need toys to stimulate language.

Making time

Some things do have to happen at certain times, and your child does slowly have to learn about that. But when you're with your child try not to work to a strict timetable. Your child is unlikely to fit in with it and then you'll both get frustrated. A lot of things can be pushed around to suit the mood of you and your child. There's no rule that says the washing-up has to be done before you go to the playground, especially if the sun's shining and your child's bursting with energy.

Keep your child fit

Children want to use their bodies to crawl, walk, run, jump and climb. The more opportunity you can give them, the happier they'll be, and you'll probably find that they sleep better and are more cheerful and easy going when they've had the opportunity to run off some energy. At the same time you'll be helping their muscle development and general fitness, and if they start to see outdoor activities and sports as a part of their lives, you'll be laying down the habits that will keep them fitter as adults. Make time for your children to exercise.

- Allow your baby to lie and kick his or her legs.
- Make your floor a safe place for a crawler to move around.
- Make time for your toddler to walk with you rather than using the buggy.
- Take toddlers and young children to the park to try climbing and swinging or just so that they have a safe space to run.
- Find out what's on for parents and babies at the local leisure centre.
- Take your baby swimming. There is no need to wait until your child has had his or her immunisations.

Ideas for play

Rattles (from 4 months). Use washed-out plastic screw-top bottles with lentils or dried beans inside. Glue the top securely so it won't come off. Some dried beans are poisonous and small objects can be dangerous for young children.

Play dough (from about 18 months). Put 1 cup of water, 1 cup of plain flour, 2 tbsp of cream of tartar, ½ cup of salt, 1 tbsp of cooking oil, and some food colouring or powder paint in a pan. Stir over a medium heat until this makes a dough. Cool. Store in a plastic box in the fridge.

Junk modelling (30 months). Collect all sorts of cardboard boxes, cartons, yoghurt pots, milk bottle tops – anything – and some children's glue, strong enough to glue cardboard, but not to mark clothes. The sort with a brush is easiest to use.

Pretend cooking (from 18 months). Use a bowl and spoons for measuring out and mixing small quantities of 'real' ingredients (flour, lentils, rice, sugar, custard powder) and put out in egg cups or bowls. Use water to mix.

Television gives your child a lot of entertainment, and you a bit of peace. It gives you more peace if it's not on all the time. Make sure you know what your child's watching. And watch with your child when you can so you can talk about what you see.

Playing with water is fun for all ages – in the bath, sink, a plastic bowl, paddling pool. Use plastic bottles for pouring and squirting, plastic tubing, sponge, colander, straws, funnel, spoons - anything unbreakable. Remember, **never** leave a young child alone with water.

Dressing up (from 18 months). Collect old hats, bags, gloves, scarves, nighties, lengths of material, tea towels, old curtains. Ask friends and relatives, or try jumble sales. Take care that clothes for young children do not contain loose cords, strings or ribbons that could wrap around your child's neck and cause strangulation or cause a fall. Paper plates or cut-up cereal packets make good masks – cut slits for the eyes and tie on with string.

Reading. Even quite small babies like looking at picture books. Local libraries usually have a good range of children's books and sometimes run story sessions for young children.

Drawing and painting (from 18 months). Use crayons, felt tips, powder paint. Add washing-up liquid and water to powder paint for a thicker paint. You can use old envelopes slit open and the inside of cereal packets for paper.

Walking. Encourage your child to walk with you (using reins for safety) as soon as he or she is able. It may be slower, but children need exercise, and so do you!

How to make sure your child learns what you want him or her to learn

When children play they're learning what they want. Often these will also be the things you want them to learn, but for some things they may need extra encouragement, like using the potty (see page 52), washing or dressing themselves, learning what not to touch and where it's not safe to run. It's worth thinking about how you do it.

- **Wait until you think your child is ready.** Forcing something too soon usually ends in failure. You get cross and upset, your child gets cross and upset, and the whole thing becomes impossible. If it doesn't work out, leave it for a few weeks and try again.

- **Try not to make it seem too important.** Your child may learn to eat with a spoon because it's fun but still want to be fed when he or she is tired, or may enjoy the first few times on the potty because you're so pleased and then get bored with the idea. In time he or she will see that it is worthwhile learning to be more grown-up and independent.

- **Keep it safe.** If your child is under three years old, he or she can't really understand why not to touch your stereo or pull leaves off your pot plants, so keep things you don't want touched well out of the way and you'll both be less frustrated. Time enough to learn about not touching when your child can understand why.

- **Be encouraging.** Your happiness is your child's best reward for good behaviour. If you give your child a big smile, a cuddle or praise when he or she does something right, your child is much more likely to try doing it again. Giving your child attention and praise for doing something right works much better than telling him or her off for doing something wrong.

- **Don't ask for perfection** or for instant success. It's safest to expect everything to take much longer than you'd hoped.

- **Set an example.** Whatever it may look like, your child does want to be like you and do what you do. So seeing you wash in the bath, brush your teeth or use the toilet does help.

- **Avoid fuss and confrontation.** Once something gets blown up, it can take longer and be much more difficult for everybody to calm down.

- **Be firm.** Children need you to decide some things for them, and need you to stick to your decisions. They need some firm guidelines. So try not to waver. You might start something like potty training, decide your child isn't ready, and give up for a while. That's fine. But a child who is in nappies one day, out the next and back in them the next is bound to get confused.

- **Be consistent.** For the same reason, it's important that everybody involved in looking after your child is teaching more or less the same things in more or less the same way. If you and your partner, or you and your

'At playgroup he could run about and make a mess. At home there was just no room. He was happier and I was happier.'

'I would worry about mine being looked after by someone else in case they didn't want to know me.'

childminder, do things very differently, your child won't learn so easily and may well play you off against each other.

- **Do what's right for your child, for you and for the way you live.** It doesn't matter what the child next door can or can't do. Don't compete and don't ask your child to compete.

No parent is perfect, and some children seem to find these lessons particularly difficult to learn. See pages 58–64 for dealing with difficult behaviour.

Making friends

Learning how to make friends is one of the most important things your child will do. If your child learns early how to get on well with others, he or she will get off to a better start at school, and a happy child learns better than a child who's anxious and afraid of others.

It's never too soon to start, especially if yours is an only child. Even babies and small children like other children's company, although at first they play alongside each other rather than with each other. Ask your health visitor if there's a new parents group meeting in your area. Getting together with other parents can be good for you too (see **Loneliness** on page 129).

As your child starts to crawl and walk, you could try a parent and toddler group or a 'one o'clock club'. These can be great for energetic children from 18 months to three years old, and give you a bit of relaxation and company.

Ask other mothers or your health visitor about groups in your area. Or look on the clinic notice board, or in shop windows. Your local library may also have information, and may itself run story sessions for pre-school children.

To begin with, your baby or toddler will want you, or another trusted adult, nearby for safety. By the time your child is three, he or she will be ready to spend time without a parent or childminder to run to.

Playgroups, nursery schools or day nurseries all have a lot to offer – more organised play of different kinds, the chance to be with other children and make friends, probably space to run around in.

Find out what's available in your area well in advance as there may be waiting lists. It may be worth putting your child's name down on several lists.

Playgroups and pre-schools

Playgroups and pre-schools can be found in most areas. They vary in what they offer and how they're run. Some are free while others charge a small fee. Sometimes you'll be able to leave your child for, say, a couple of hours once or twice a week. Sometimes you'll be asked, or might want, to stay and help. Playgroups are often run by parents themselves. To find out about local playgroups or pre-schools:

- Ask your local Children's Information Service (CIS). You can contact them on 08000 96 02 96.
- Contact the Pre-School Learning Alliance (address on page 147).

Nursery classes and nursery schools

A nursery class is part of an infant school. A nursery school is a separate school. In some areas they only provide sessions of about 2½ hours a day. However, others will be able to offer additional services – but you will need to ask what services are available and if there are additional costs.

Free early education entitlement

All children are entitled to some free early education between age three and starting school. These free sessions are available in a variety of settings in the public and private sectors, including nursery schools and classes, day nurseries, childminder networks and playgroups. To find out where to access the free entitlement, ask your local CIS on 08000 96 02 96.

Primary school (reception class)

Legally children must start formal education no later than the beginning of the school term following their fifth birthday. Many infant and primary schools admit children to their reception classes when they are four. The reception class will also be following the Foundation Stage Curriculum.

If you are offered a school place for your child when he or she is four, but you would prefer to delay entry until later on in the academic year, you may ask the school to agree to deferring your child's entry. You must, however, take up the place during that academic year – a place cannot be reserved for the next academic year.

Schools can only offer a certain number of places so start looking early. You can get a list of local schools and information about them from your local education department (see page 132).

When you can't be there

Choosing childcare while you work

If you're returning to work, you'll need to consider how your baby or child will be looked after when you're not there – not just the need for adults, but also for other children as companions.

Although playgroups and nursery classes may not keep children for long enough to suit all working parents ideally, they can still be used alongside other care from childminders or nannies, so they're worth keeping in mind as you consider your options.

All childminders and daycare providers (with the exception of nannies who work in your home) should be registered with Ofsted. Your local CIS will be able to give you information about available care options.

Childminders
Childminders look after small numbers of children in their own homes. Anybody paid to look after children under eight in this way for more than two hours a day has, by law, to apply to register as a childminder with Ofsted. This doesn't apply to close relatives, but does apply to friends or neighbours. Childminders are registered to care for up to three children under five, including any of their own. Registered childminders are visited by Ofsted inspectors to check that their homes are suitable and that the level of care they provide meets the National Standards for childcare. So, if you go to a childminder you don't know, ask to see the registration certificate.

You should be able to get the names of childminders with vacancies from your local CIS. Other working parents will also be able to tell you about childminders. If you don't already know parents who use childminders, ask your health visitor to put you in touch.

Home Child Carers
Childminders can now apply to be registered as Home Child Carers.

Birth to three matters

Whatever registered childcare provision you choose for your 0–3 year old, the childcare provider will probably be following the principles and practice set out in the Sure Start ***Birth to Three Matters*** *support framework. This is a set of resources for practitioners and workers, guiding them to think about:*

- *your child;*
- *your child's needs;*
- *the things your child enjoys doing;*
- *ensuring that your child's time is spent in a happy and productive way.*

Nursery schools and classes are part of the ***Foundation Stage****. Through well-planned play, children will develop such skills as speaking, listening, persistence, concentration, learning to work together and co-operate with other children, as well as early reading, writing and numbers. This will give them the best chance of achieving the Early Learning Goals by the end of their first year in primary school. Phone 0845 602 2260 and ask for the Foundation Stage leaflet for parents (reference IFP/leaflet), which gives more information about the Foundation Stage.*

'I wanted him to go to a childminder because I felt if I had to work that was a much more natural setting for him to grow up in … I don't know, though; maybe a nursery school would have been better where he could have learned to co-operate with people more.'

Before a final agreement is made to place your child with a childminder, ask for a written agreement or contract which safeguards both you and the childminder. It avoids forgetting important things like retainers for holiday periods, extra money for extra time and under what circumstances, payment for any extra expenses, etc. It is easier and makes for a happier relationship if you have a framework.

This allows them to look after your children in your own home with the safeguards which registration with Ofsted gives. Contact your local CIS to help you find the details of Home Child Carers in your area.

Nannies, mother's helps and au-pairs

If you employ a nanny you're responsible for paying her tax and national insurance as well as her wages. You may find that there's another working parent nearby who'd like to share the cost and services of your nanny. Working Families (see page 147) can provide you with more information on employing a nanny.

Au-pairs are young women or men who come from another country on a one-year basis to learn English. If you invite an au-pair to live in your house, he or she should not do more than 35 hours work a week. You provide bed and board and pocket money and access to English lessons in return for help in the home.

Nannies, mother's helps and au-pairs don't have to be registered by Ofsted, which means you don't have the safeguards which the registration of childminders provides. However, it is possible for nannies and other childcarers to be approved under the Childcare Approval Scheme, run by the Department for Education and Skills (DfES). This incorporates a criminal records check, first-aid certification and a minimum training requirement. To find out more, visit the website at: www.childcareapprovalscheme.co.uk

Day nurseries

The majority of day nurseries are run privately or by a voluntary organisation. These nurseries must be registered with Ofsted, and you can find out about them by calling your local CIS (see page 147).

You may be lucky enough to have a nursery or crèche where you work. If one doesn't exist, but there are a number of parents wanting and needing one, it's worth discussing the possibility with your employer.

Day nurseries run by local authorities are rare. Priority is usually given to parents who, for one reason or another, are under a lot of stress and are unable to cope, or to parents of children with special needs.

Sharing/group care

Sharing/group care means getting together with other parents with needs like your own and organising your own childcare. This can work well if at least some of you work part-time. Your health visitor may be able to put you in touch with other parents who work or want to work and need childcare. The Daycare Trust (address on page 147) supplies information about setting up group care. If the group runs for more than two hours a day, or for more than five days a year, it will need to be registered with Ofsted.

The cost of childcare

The costs of registered childcare vary and can be high. If you need help with the cost of childcare and are on a low or moderate income, you may be entitled to assistance with registered or approved childcare under the Working Tax Credit (see page 141), or if you are a student aged 16–19, the Care to Learn Scheme.

You may be able to get help with the cost of approved nannies and childminders through tax credits or tax exemptions on childcare vouchers.

For more information, visit HM Revenue and Customs' website at: www.hmrc.gov.uk

Making childcare work

- **First consider your child's needs and what is available.** There are few nursery places for babies and you may prefer leaving a small baby in the care of a single person who you can get to know. A toddler or pre-school child may be happier in a group atmosphere, making friends and learning new skills, although a very shy child might prefer, for example, a childminder, but would like to go to a playgroup or one o'clock club to meet other children.

- **Your needs are important too.** Will the childcare cover your working hours or will you be looking for someone else to cover the extra time? If the arrangements are too complicated, your child may feel anxious and you'll feel very stressed.

- **Before you decide on childcare, visit the childminder or nursery,** talk and ask all the questions on your mind (see the box on page 50 for ideas). Talk about hours, fees, what the fees cover, and what happens during holidays, when there's illness, or an emergency. Write questions down as it's easy to forget things.

- **Consider transport arrangements.** How easily can you get there from work and from home?

- **It helps if children can settle in gradually.** If you can, start by leaving your child for a short time and build up. This might mean starting to leave your child before you actually go back to work.

- **Tell your childminder or nursery all about your child,** his or her routine, likes and dislikes, feeding information (particularly if you're still breastfeeding), and so on. When you leave or collect your child, try to make time to talk and find out how things are going.

- **There may be special worries you want to talk about.** If your child has asthma, for example, you'll need to be sure that your childminder doesn't keep pets. You'll also want to know whether the childminder, or any other people in the house, smoke. Or you may need to explain to a white childminder how to do a black child's hair. Perhaps you worry about your child being given certain things to eat. If this is important to you, it's right to talk about it.

- **Make sure that you and your childminder or nursery workers can agree about such issues** as discipline, potty training, and so on.

- **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's as smooth as possible both help. Expect crying when you leave, maybe for longer than just the early weeks, but remember the crying usually stops once you've gone. You can ask how long it has gone on. It's best neither to linger long nor to leave and then go back. Try to keep promises about

'The first day was really terrible. I remember hoping that Andrew's salary would have doubled overnight and that I wouldn't have to go back. But I have to say, now I've got to know the childminder, I enjoy it. And even on the bad days when he's really crying I call the childminder and she says he's settled 10 minutes after I've left.'

Questions you might want to ask

- *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 would my child's day be like?*
- *What sort of discipline is used?*
- *What facilities are there, such as equipment, space to play outside, space to run around inside when the weather is bad?*
- *Are trips and visits organised?*
- *What teaching is there about different races, cultures and religions?*
- *Are parents expected to help on a regular or occasional basis, perhaps with cooking or outings?*
- *What meals and snacks are provided and is there a nutrition policy?*
- *Can I be reassured that my baby's particular dietary needs will be met, such as Kosher, vegetarian or no nut products? If not, can I bring in food and will it be kept separate?*

when you'll return and explain to older children when that will be.

- **Chat with older children about the daily routine,** about the person or people caring for them, about what they've done while away from you. Try to show it's a part of normal life and something to look forward to.
- **It will help you to get into a routine,** and you need to make time with your child part of that routine. A lot of other things will have to go, especially the housework, but not sleep or meals.
- **Children do well in high-quality childcare.** So you've no need to feel guilty about not always being there, but if you're worried about the quality of care, then it's important to do something about it. Contact the Ofsted early years helpline for help and advice on how to make a complaint (0845 601 4771).

Finding a child carer or early education provider

Go to see the group or school
See a few if you have a choice. Talk to the people in charge, look at what's going on, ask questions (see box).

Trust your feelings
If you like the feel of a place and the children seem happy and busy, that's 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. Be prepared to give support and reassurance for quite some time if needed.

In some situations, more support and reassurance may be needed. For example, it may be that your child will be one of very few black children at a mainly white school, or one of very few white children. In this situation, talk to the school beforehand about the kind of difficulties that a different colour, culture or language might bring. Find out how the school will handle these, make suggestions yourself if you want to, and explain your child's needs. Talk with your child too in whatever way seems best.

4 Habits and behaviour

There are some things that our children need to learn just so that we all get along together. The big issues for most parents are that our children should learn to:

- **use a toilet;**
- **sleep through the night;**
- **behave reasonably well in public and private.**

Sometimes we feel so anxious about these goals that we actually make it harder for our children to achieve them. This chapter helps you to step back a bit and see how you are managing.

Potties and toilets

What to expect

Daytime
Children get bladder and bowel control when they're physically ready for it and want to be dry and clean. The time varies, so it's best not to compare your child with others.

- Most children can control their bowels before their bladders.
- By the age of two, one in two children are dry during the day.
- By the age of three, nine out of ten children are dry most days. Even then all children have the odd accident, especially when they're excited or upset or absorbed in doing something.

Night-time
Learning to stay dry throughout the night usually takes a child a little longer than staying dry during the day. He or she has to respond to the sensation of having a full bladder while asleep either by waking up and going to the toilet, or holding on until morning. Although most children do learn this between the ages of three and five, it is estimated that:

- a quarter of three-year-olds wet the bed;
- one in six five-year-olds wet the bed.

'It's hard not to push them. You see these other children, you know, younger than yours, and they're all using the potty or the toilet, and there's yours, still in nappies. But they all learn in the end and, looking back, it wasn't that important. At the time I thought it was dreadful because Al was the only child in nappies. But it was only me that minded. Al certainly didn't care, so what does it matter?'

Learning to use a potty

'My mother-in-law kept telling me that all her three were potty trained by a year. At the time, I didn't know whether to believe her or not. I mean, it didn't really seem possible, but I wasn't sure. Looking back now, I suppose she must have spent a lot of time just putting her children on the potty. They didn't really know what they were doing, but if there was something in the potty, she counted that as potty trained. Well, for a start, I haven't got the time or patience for that. And anyway, it doesn't seem worth it. Just catching what comes isn't the same as potty training.'

When to start

It helps to remember that you can't and shouldn't try to force your child to use a potty. In time he or she will want to use it. Your child will not want to go to school in nappies any more than you would want him or her to. In the meantime, the best thing you can do is to encourage the behaviour you want.

Many parents seem to think about starting potty training around 18–24 months, but there's no particular time when success is guaranteed. It's probably easier to start in the summer, when washing dries better and there are fewer clothes to take off.

Try to work out when your child is ready. Most children go through three stages in developing bladder control.

- They become aware of having a wet or dirty nappy.
- They get to know when they are peeing, and may tell you they're doing it!
- They know when they need to pee, and may say so in advance.

You'll probably find that potty training is fastest if your child is at the last stage before you start. If you start earlier, be prepared for a lot of accidents as your child learns.

What to do

- **Leave the potty around where your child can see it and get to know what it's for.** If there are older children around, he or she may see them using it and their example will be a great help. Let your child see you using the toilet and explain what you're doing.
- **If your child regularly opens his or her bowels at the same time each day, take off the nappy and suggest that he or she tries going in the potty.** If your child is the slightest bit upset by the idea, just put the nappy back on and leave it a few more weeks before trying again.
- **As soon as you see that your child knows when he or she is going to pee, try the same thing.** If your child slips up, just mop it up and wait for next time. It usually takes a while for your child to get the hang of it, and the worst thing you can do is to make your child feel worried about the whole thing.
- **Your child will be delighted when he or she succeeds, and a little praise from you will make it better still,** but don't make a big deal of it and don't use sweets as a reward. You may end up causing more problems than you solve.

When the time's right, your child will *want* to use the potty.

Problems with toilet training

Wet children in the day

- **If your child shows no interest in using the potty, don't worry.** Remind yourself that, in the end, your child will want to be dry for him or herself. If your child starts to see the whole business as a battle of wills with you, it'll be much harder.
- **Take the pressure off.** This might mean giving up the potty and going back to nappies for a while, or just living a wet life and not letting it get you or your child down. It might help to talk to someone about the best action. What you don't want to do is to confuse your child by stopping and starting too often.
- **Show your child that you're pleased, and help your child to be pleased, when he or she uses the potty or toilet or manages to stay dry, even for a short time.** Be gentle about accidents. You need to explain that it's not what's wanted. But do your best not to show irritation or to nag. Once a child becomes worried, the problem often gets worse.
- **If your child has been dry for a while (night or day) and then starts wetting again, there may be an emotional reason, such as a new baby or new house.** Be understanding and sympathetic. Your child will almost certainly be upset about the lapse and will not be doing it 'on purpose'.
- **By the time your child starts school, he or she is likely to be just as upset by wetting as you are, so do all you can not to be angry.** Your child needs to know you're on his or her side and will help to solve what is now your child's problem more than yours. You can also obtain helpful information from ERIC (Education and Resources for Improving Childhood Continence) (see page 147 for address).

Bedwetting

Bedwetting up to the age of five is considered normal, and treatment is not usually given. You may, however, find the following measures helpful if your four- or five-year-old wets the bed.

- Try not to get angry or irritated with your child.
- Protect the mattress with a good plastic protective cover.
- Check whether your child is afraid to get up at night – would a night light or potty in the room help?
- **Don't** cut back on fluids as the bladder tends to adjust and holds less. It is better for your child to drink around six or seven cups of fluid during the day so that his or her bladder learns to hold a larger capacity. However, avoid giving fizzy drinks, citrus juices and drinks with caffeine, such as tea, cola and chocolate, before your child goes to bed as these can stimulate the kidneys to produce more fluid.
- If your child is constipated, this can also irritate the bladder at night.

Most children simply grow out of wetting. If this does not seem to be happening when your child is ready for school, talk to your GP or health visitor about it. You may be referred to a clinic for expert help – not for your sake, but for your child's sake.

If a child who has been dry starts to wet the bed again, this may be due to threadworms. See page 99 for more information.

Constipation and soiling

Your baby or child is constipated if he or she doesn't empty the bowel properly (some stool stays inside) when going to the toilet. The stool is usually, but not always, hard and difficult to pass. The stools may also look like little pellets.

If your child continues to be constipated, talk to your health visitor or GP. If it's not sorted out, in the end it'll become more of a problem for your child than for you, and he or she may need your help in solving it.

If your child has sleep problems, both parents or carers should agree a sleep management plan and stick to it.

Another sign of constipation can be if pants are soiled with diarrhoea or very soft stools. This may happen because there is not enough fibre in your child's diet to keep things moving, or it can be something that starts as an emotional problem. Drinking too much milk can also cause constipation.

Even if passing a stool isn't painful, once a child is really constipated they lose the sensation of wanting to go to the toilet, at which point they need professional help.

- If your child becomes constipated, it can become painful to pass stools. The pain means that your child will then hold back even more, become more constipated, have more pain, and so on. It's important to stop this spiral. Ask your health visitor or GP to recommend a suitable laxative. If it doesn't solve the problem quickly, talk to your GP.

- Once the initial problem has been sorted out, it's important to stop it coming back. Make sure your child eats plenty of fibre. Fruit and vegetables, wholemeal bread or chapattis, wholegrain breakfast cereals, baked beans, frozen peas and sweetcorn are good sources of fibre, and children often like them. Also give lots to drink – clear drinks rather than milk. All this will help to prevent constipation.

- If dietary changes aren't helping, consider whether something could be upsetting your child. A young child may be afraid of using the potty. Be reassuring. Let your child be with you when you go to the toilet. And try to be as relaxed as you can be about it.

Sleeping

In some families, children simply go to bed when they're ready, or at the same time as their parents. Some parents are happy to cuddle their children off to sleep every night, but others want bedtime to be more organised and early enough to give their children a long sleep and some child-free time for themselves.

How much sleep is needed?
Like adults, the sleep patterns of babies and children vary. From birth, some babies need more or less sleep than others, but below are the average amounts needed in 24 hours, including naps in the day.

- **Newborns to three months**. A newborn baby spends roughly the same amount of time asleep as awake, but may spend as many as 16–18 hours out of 24 asleep, or as little as 8. Inevitably, sleep will be disturbed by the need for night feeds. Such problems as being too hot or too cold may also disturb your baby's sleep.

- **Three to six months.** As your baby grows, the need for night feeds becomes less frequent and periods of sleep get longer. Some babies will sleep for around eight hours or even longer at night, and, by four months, may spend on average twice as long asleep at night as they do during the day.

- **Six to twelve months.** At this age, night feeds are no longer necessary, and some babies may even sleep for up to 12 hours at a stretch at night. However, teething discomfort or hunger may cause some babies to wake during the night.

- **By twelve months**, babies sleep for about 12–15 hours altogether.
- **A two-year-old** may sleep for about 11–12 hours at night, with one or two naps in the day.
- **Most three–four-year-olds** need about 12 hours sleep, but some may need only 8 or 10 hours, and others 14. Some may need a nap in the day.

Regular bedtimes

Some future sleep problems may be avoided if you can establish a simple and soothing bedtime routine early. This can include a bath, changing into night clothes, feeding, cuddling, then putting to bed.

Put your baby down awake rather than getting him or her to sleep by rocking or cuddling in your arms, otherwise your baby may not learn to fall asleep in the cot, and may need nursing back to sleep if he or she wakes up again.

As your child gets older, keeping to a similar bedtime routine is also important. This should include a 'winding down' period and the avoidance of excitement and over-stimulation before bedtime. An example of a routine could be:

- bathtime, and put in night clothes;
- a milky drink or supper;
- brushing of teeth;
- a bedtime story;
- making sure your child's comforter, such as a dummy, cuddly toy or security blanket, is nearby;
- a good night kiss and cuddle;
- leaving a dim light on if necessary.

Sleep problems

Difficulties in settling down to sleep and night waking are common in young children aged 1–5 years. These can be persistent, but what is a sleep problem for one family may not be one for another. If you are happy for your baby to go to bed at the same time as you, or for your child to sleep in your bed, that's fine. If, however, you or your child are suffering from lack of sleep because your child will not go to bed or wakes during the night, you may like to try some of the suggestions below. Research has shown that changing habits in ways like these is more effective than drugs in treating sleep problems.

Refusing to go to bed

- Decide what time you want your child to go to bed.
- Close to the time that your child falls asleep, start a 20-minute 'winding down' bedtime routine. Bring this forward by 5–10 minutes a week until the right bedtime is reached.
- If a very late bedtime has been established, gradually reduce this by 15–30 minutes each night until you reach the time the child is to go to bed.
- Put your child to bed and set limits on the amount of time spent with him or her. For example, read one story only, then tuck your child in and say good night.
- Make sure your child has a dummy, if used, favourite toy, or comforter before settling into bed.
- Leave a crying child for 5–10 minutes before going back in. Resettle your child down again.

Getting help for sleep problems

Most sleep problems can usually be solved by using simple techniques. But patience, consistency and commitment are usually needed if these have gone on for some time. It is important that both parents should agree on a sleep plan and stick to it.

If you've tried the suggestions on these pages and your child's sleeping is still a problem, talk to your GP or health visitor. They may suggest other solutions or suggest that you make an appointment at a sleep clinic if there is one in your area. Sleep clinics are usually run by health visitors who are specially trained in the management of sleep problems and who can give you the help and support you need. Your GP may also prescribe a drug for very short-term use but it is far better to tackle the long-term issue. In the meantime, if you're desperate, try to find someone else to take over for the odd night, or even have your child to stay. You'll cope better if you can catch up on some sleep yourself.

Make sure your baby over six months is not waking from hunger. If you gave the last solid food around 5–6 pm, try offering some more food such as bread or a breakfast cereal around 7–8 pm, as well as a milk drink.

Other sleep problems

Nightmares
Most children have nightmares at some stage. They often begin between the ages of 18 months and 3 years. Nightmares are not usually a sign of emotional disturbance but may occur if your child is anxious about something or has been frightened by a television programme or story.

After a nightmare your child will need comforting and reassuring. If your child has a lot of nightmares and you cannot find the cause, talk to your GP or health visitor.

Night terrors
These can begin under the age of one, but are most common in three–four-year-olds. They usually start with the child giving a scream or thrashing about while still asleep. He or she may sit up and talk or look terrified while still sleeping.
Night terrors normally have no importance, and your child will eventually grow out of them. Don't wake your child during a terror, but, if they happen at the same time each night, try to break the pattern by gently waking your child up about 15 minutes beforehand. Keep your child awake for a few minutes before letting him or her go back to sleep. He or she will not remember anything in the morning.

Don't pick him or her up or take him downstairs again. Put a child who gets up back to bed again.

- Leave a drink of water within reach and a dim light on if necessary.
- Don't keep checking to see if your child is asleep.
- **Be prepared to repeat this routine for several nights. The important thing is to be firm and not to give in.**

Waking during the night

By the time your child is six months old, it is reasonable to expect him or her 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 think why your child is waking up and decide what you want to do about it.

For example:

- Is it hunger? A later feed or some cereal last thing at night might help your baby to sleep through the night.
- If your child seems afraid of the dark, a nightlight should be given.
- Is your child waking from fears or bad dreams? If so, try to find the reason.
- Is your child too hot or too cold? If so the bedclothes or heat should be adjusted.

If no cause is found, and your child continues to wake and cry, or wants company, here are some suggestions for coping.

Scheduled waking
If your child wakes up at the same time every night, try waking him or her 15-60 minutes before this time and then resettling them to sleep. For some children this can help to reduce night waking.

Let your child sleep in the same room as a brother or sister
If you think your child is lonely, and the brother or sister does not object, putting children in the same room can often result in them both sleeping through the night.

Teach your child to fall back to sleep alone

- Check everything is all right and settle your child down with the minimum of talking.
- Do not give anything to eat, and only water to drink if necessary.
- Do not take your child downstairs or into the parental bed.
- Leave your child and let him or her cry for a short period.
- Repeat the above routine, gradually extending the time period before checking.
- Continue the routine each night until your child sleeps.
- Be prepared for this routine to take several nights or even a week or two before it is effective.

A NEW BABY IN THE FAMILY

Coping with two children is very different from coping with one, and it can be tough at first, especially if your first child isn't very old. So far as the baby goes, you've got more experience and probably more confidence, which helps, but the work more than doubles, and dividing your time and attention can be a strain.

It's not unusual for the birth of a second baby to alter your feelings towards your first child. It would be strange if it didn't. At first you may feel that you're somehow not loving your first one as much or enough.

Some parents say they feel very protective towards the baby and 'go off' the older one for a while. It simply takes time to adjust to being a bigger family and loving more than one child.

Your older child, no matter what his or her age, has to adjust too. You can probably help with this, and that will help you.

- **Try to keep as many of the old routines and activities as you can,** like going to playgroup, going to visit friends, telling a bedtime story. This may not be easy in the early weeks, but it gives reassurance.

- **Don't expect your older child to be pleased with the baby or to feel the way you do.** It's lovely if the pleasure is shared, but it's best not to expect it.

- **Do expect an older child to be more demanding and to want more and need more of you.** Someone like a grandparent can often help by giving the older one time. But try to give some special attention yourself, and have some time alone together, so your older child doesn't feel pushed out.

- **Older children don't always find babies very lovable, but they often find them interesting.** You may be able to encourage this. There's a lot you can say and explain about babies, and children like to be given facts. Talk about what your older one was like and did as a baby. Get out the old toys and photos. And try to make looking after and playing with the baby a good game, without expecting too much.

- **Feeds are often difficult.** An older child may well feel left out and jealous. Find something for him or her to do, or make feeds a time for a story or a chat.

- **Be prepared for your older child to go back to baby behaviour for a time** – wanting a bottle, wetting pants, wanting to be carried. It's hard, but don't always refuse requests, and try not to get angry.

- **There'll be jealousy and resentment,** shown one way or another, 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 won't feel so constantly pulled in different directions.

'When you've got the one, you don't know how easy it is. Once you've got the two of them, it's much more than twice the work. At the beginning when the second's only a baby still, that's the most difficult time of all.'

'When I only had one, if he had a tantrum, I found I could ignore it and stay fairly calm. Now, with the two of them, if I try to ignore anything, it turns into a full-scale war.'

'I feel split in two. They pull me in different directions the whole time and it's almost impossible to do right by both of them. What's right for the baby is wrong for my older one, and the same the other way round. I love them both, but there doesn't seem any way of showing them that, or of being fair.'

Dealing with difficult behaviour

'You get a lot of advice about how to handle your children and I think, because a lot of the time you feel very unsure of yourself, you get to think there's a "right" way. When you read something, or get a bit of advice, or see somebody handling their child a certain way, you forget to stop and think, you know, "Is that me?" '

'The thing is that what you have to ask of them isn't always what you'd want to ask. It's how things are. My husband works nights and he has to sleep mornings. There's no way round that. If the children are noisy, he can't sleep.'

People have very different ideas about good and bad behaviour. What's bad behaviour to you may be accepted as normal by other parents, and vice versa. Sometimes it's a matter of a particular family's rules. Sometimes it's more to do with circumstances. It's much harder to put up with mess if you haven't got much space, or with noise if the walls are thin.

People react to their children's behaviour very differently. Some are tougher 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 also how you *are* as a person.

It's best to set your own rules to fit the way you live and the way you are. And it's best to deal with your child's behaviour your way. But for all parents there will be times when your child's behaviour gets you down or really worries you. There are times when nothing you do seems to work. What do you do then?

Understanding difficult behaviour

Try to step back and do some thinking.

Is it really a problem?
In other words, is your child's behaviour a problem that you feel you must do something about? Or might it be better just to live with it for a while? Sometimes it's trying to do something about a certain sort of behaviour that changes it from something that's irritating for you into a real problem for your child. But if a problem is causing you and your child distress, or upsetting family life, then you do need to do something about it.

It's also worth asking yourself whether your child's behaviour is a problem in your eyes, or only in other people's. Sometimes some kind of behaviour that you can happily ignore, or at any rate aren't worried about, is turned into a problem by other people's comments.

Is there a reason for your child's difficult behaviour?
There usually is, and it's worth trying to work out what it is before you do anything. Here are just some of the possible reasons for difficult behaviour.

- Any change in a child's life, like the birth of a new baby, moving house, a change of childminder, starting playgroup, or even a much smaller change, can be a big event. Sometimes children show how they're feeling by being difficult.

- If you're upset or there are problems in your family, your children are likely to pick that up. They may then become difficult at just the time when you feel least able to cope. If a problem is more yours than your children's, don't blame yourself for that, but try not to blame your children either.

- You'll know your child's character and may be able to see that a certain sort of behaviour fits that character. For example, some children react to stress by being loud and noisy and wanting extra attention, others by withdrawing and hiding away.

- Sometimes your child may be reacting in a particular way because of the way you've handled a problem in the past. For example, you may have given your child sweets to keep him or her quiet at the shops, so now your child screams for sweets every time you go there.

- Could you accidentally be encouraging the behaviour you most dislike? If a tantrum brings attention (even angry attention) or night-time waking means company and a cuddle, then maybe your child has a good reason for behaving that way. You may need to try to give more attention at other times, and less attention to the problem.

- Think about the times when the bad behaviour happens. Is it, for example, when your child is tired, hungry, over-excited, frustrated or bored?

Changing your child's behaviour

Do what feels right
For your child, for you and for the family. If you do anything you don't believe in or anything you feel isn't right, it's far less likely to work. Children usually know when you don't really mean something.

Don't give up too quickly
Once you've decided to do something, give it a fair trial. Very few solutions work overnight. It's easier to stick at something if you've someone to support you. Get help from your partner, a friend, another parent, your health visitor or GP. At the very least, it's good to have someone to talk to about progress or lack of it.

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

Try not to over-react
This is very hard. When your child does something annoying, not just once, but time after time, your own feelings of anger or frustration are bound to build up. But if you become very tense and wound up over a problem, you can end up taking out your feelings on your child. The whole situation can get out of control. You don't have to hide the way you feel. It would be inhuman not to show irritation and anger sometimes, but, hard as it is, try to keep a sense of proportion. Once you've said what needs to be said and let your feelings out, try to leave it at that. Move on to other things that you can both enjoy or feel good about. And look for other ways of coping with your feelings (see pages 60–1).

Talk
Children don't have to be able to talk back to understand. And understanding might help. So 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.

'Your children's behaviour takes over your life. I just felt that I changed totally when I had a second child. I felt my patience had gone completely. If I saw parents shouting in the street, I used to think that was a terrible thing. When I had one, I could reason with her and we'd sort it out. When I had two, one only had to do something the slightest bit wrong and I would fly off the handle.'

'You think, if I handle this right, they'll learn, it'll get better. But you know sometimes it's just that you have to let time go by. Everything I wanted to happen happened in the end. Sometimes you can try too hard with them.'

If you can think about your child's behaviour a bit and begin to understand it, you're more likely to find a right answer. And even if you can't find an answer, you'll probably cope better.

'Sometimes I will smack her because she's done something really bad or really dangerous. But other times I know I want to smack her just because of the way I'm feeling, and after, I'll feel bad about it. When it's like that, I just walk away. If John's at home, I'll ask him to take over. And if I'm on my own, I just go into another room and count to ten.'

'It drives me mad. He's plenty old enough to use the toilet, but he won't have anything but the potty, and I'm running around all day emptying it. I had to leave him for a morning with my sister. So I took the potty and told her, you know, I'm sorry, but he won't use the toilet. And when I got back, it turned out he'd gone to the toilet every time, no fuss, nothing said or anything.'

'I think what's so wearing is that it all depends on mood. Not their mood, but mine too. And you have to hide your feelings away so much, and they just let theirs out. If they want to lie down and cry because their favourite T-shirt's in the wash or you won't buy them something at the shops, they just do it. And when they do it in front of other people, that's awful.'

Be positive about the good things
When a child is being really difficult, it can come to dominate everything. That doesn't help anybody. What can help is to say (or show) when you feel good about something. Make a habit of often letting your child know when he or she is making you happy. You can do that just by giving attention, a smile or a hug. There doesn't have to be a 'good' reason. Let your child know that you love him or her just for being themselves.

Rewards
Rewards can put pressure on a child, when maybe what's needed is to take the pressure off. If you promise a treat in advance, and your child doesn't manage to 'earn' it, it can cause a lot of disappointment and difficulty. Giving a reward after something has been achieved, rather than promising it beforehand, is less risky. After all, a hug is a reward.

Smacking
Smacking may stop a child at that moment from doing whatever he or she is doing, but it is unlikely to have a lasting effect. Children learn most by example. If you hit your child, you're telling the child that hitting is reasonable behaviour. Children who are treated aggressively by their parents are more likely to be aggressive themselves and to take out their angry feelings on others who are smaller and weaker than they are. Parents do sometimes smack their children, but it is better to teach by example that hitting people is wrong.

When every day is a bad day

No parent 'does it well' all of the time. All parents have bad days, and most go through times when one bad day seems to follow another. Since you can't hand in your notice, or take a week off, you have to find some way of making life work.

When you're tired or in a bad mood, or when your child is tired or in a bad mood, 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 if the short time you've got to spend with your child is spoilt by arguments.

Most children also go through patches of being difficult or awkward over certain things – dressing, eating, or going to bed at night.

Knowing that it makes you cross or upset probably makes them still more difficult. And you become more and more tense, and less and less able to cope.

Stop! and start again

When you're in a bad patch, a change in routine or a change in the way in which you're dealing with a problem can be all that's needed to stop an endless cycle of difficult behaviour. Here are some ideas.

- **Do things at different times.** An argument that always happens at one time of day may not happen at another. Do the difficult things when your child is least tired or most co-operative. For example, try dressing your child after breakfast rather than before; have lunch earlier, or later, and so on.

- **Find things to do (however ordinary) that your child enjoys, and do them together.** Let your child know that you're happy when he or she is happy. Every time he or she does something

Remember

It's all right not to be a 'perfect' parent.

that pleases you, make sure you say so. We all prefer praise to blame, and, if you give your child lots of opportunities to see you smile, the chances are that he or she will learn that a happy mother is more fun than a cross one.

- **Ask yourself whether the thing you're going to tell your child off about really matters.** Sometimes it does, sometimes it doesn't. Having arguments about certain things can get to be a habit.

- **When you lose your temper because you're tired or upset, say you're sorry.** It'll help you both feel better.

- **Don't expect too much.** You may think that sitting still and being quiet is good behaviour. Some children can manage this for a while. Others find it torture because they want to be learning and exploring every waking minute. If your child never keeps still and is 'into' everything, you'll be happier giving him or her as much opportunity as possible to run off steam and explore safely.

- **Don't expect a child under the age of three to understand and remember what they are allowed to do.** Even after the age of three it's hard for a child to remember instructions.

- **Don't expect perfect behaviour.** If you don't expect perfect behaviour, then you won't feel so disappointed and angry if you don't get it. After all, if it's all right for you to be a less than perfect parent, then it's all right for your child to be less than perfect too. It's just hard to live with sometimes.

Talk about it

It does help to talk and be with other people, especially other parents. It's often true that 'only parents understand'. A lot look very calm and capable from the outside (and you may too), but alone at home most get frustrated and angry at times.

If you don't already know other parents living nearby, look on page 133 for how to find out about local groups. Groups don't suit everybody, but at the very least they're a way of making friends. And a group that is run by parents can often give more than friends who haven't got children the same age. If one doesn't seem right for you it's worth trying a different one.

Sometimes it isn't your child whose mood is a problem, it's you. If you're miserable, trying to be happy for your child's sake may seem impossible. Read Chapter 7 for more about this.

When you can't cope

If every day is a bad day, and you feel that things are getting out of control, *get help*. Talk to your health visitor and/or phone a helpline (see box). Talking to someone who understands what you're going through may be the first – and biggest – step towards making things better.

Look on pages 147–50 for organisations that provide help and support to new mothers.

'I've just stopped asking myself to be perfect. I've stopped trying so hard. You don't have to be perfect, and, if you were, I don't think it would be that good for your child. People have to take me as they find me. That goes for the children, and it goes for people who drop in and find yesterday's washing-up in the sink and a heap of dirty washing on the floor.'

You can talk in confidence to:

- *Parentline Plus*
  0808 800 2222 (or see your local phone book)
  www.parentlineplus.org.uk

- *NSPCC Helpline*
  0808 800 5000
  www.nspcc.org.uk

'When it gets too much, I drop everything and get out. I go and see people, find somebody to talk to. I'm a different person when I'm with other people.'

Tempers and tantrums

Help for difficult behaviour

You can get help for especially difficult behaviour, so don't feel you have to go on coping alone. Talk to your health visitor or GP, or contact your local child guidance clinic (you can sometimes go without a referral). Sometimes all you need is encouraging support to help you hold on until the problem is over.

Your child can also be referred to a specialist for help. If you've got a special problem, it's right to get special help.

Having a difficult child is an enormous strain. You need help too. See page 61 for more on this.

Tantrums may start around 18 months, are common around two years, and are much less common at four. One in five two-year-olds has a temper tantrum at least twice a day. One reason is that around this age children often want to express themselves more than they are able. They feel frustrated and the frustration comes out as a tantrum. Once a child can talk more, tantrums often lessen.

- **Tantrums tend to happen when children are tired or hungry.** Sleep or food might be the answer.

- **If sleep or food isn't the answer, try to work out the reason and tackle that.** It may be frustration. It may be something like jealousy. More time and attention and being extra loving, even when your child is not so lovable, can help.

- **Even if you can't be sure why your child has a temper tantrum, try to understand and accept the anger your child is feeling.** You probably feel the same way yourself very often. If you think about that, you may be better able to accept your child's feelings.

- **When a tantrum is starting, try to find an instant distraction.** Find something to look at, out of the window for example. Make yourself sound really surprised and interested in it.

- **If your child has a tantrum, try sitting it out.** Don't lose your temper or shout back. Ignore the looks you get from people around you. Stay as calm as you can and try not to get involved, but don't give in. If you've said 'no', don't change your mind and say 'yes' just to end the tantrum. If you do change your mind, your child will think that tantrums pay. For the same reason, don't buy your way out with sweets or treats. If you're at home, you could try walking away into another room.

- **Tantrums often seem to happen in shops.** This can be really embarrassing, and embarrassment makes it extra hard to cope and stay calm. Keep shopping trips short. You could start by going

out to buy one or two things only, and then build up from there. Once you've managed one quick trip without trouble, you're beginning to make progress.

- **Some parents find it helps to hold their child, quite firmly, until the tantrum passes, although a struggling child can be hard to contain.** This usually only works when your child is more upset than angry, and when you yourself are feeling calm and able to talk gently and reassuringly.

Hitting, biting, kicking, fighting

A child who is aggressive can cause parents a lot of anxiety, but most young children will occasionally bite or hit someone or push another child. So, if your child is sometimes aggressive, this does not mean he or she is going to grow up like this. Toddlers are also curious and may not understand that biting or pulling hair hurts. However, if your child is being aggressive, he or she needs to understand that this is not acceptable. Here are some suggestions for dealing with it.

- **Don't hit, bite or kick back.** It makes behaving like that seem all right. You can still make it clear that it hurts and you won't allow it.
- **If you're with other children, say you'll leave,** or ask others to leave, if the behaviour continues – and do it!
- **If the behaviour is directed at you at home and your warning is ignored,** place your child in another room, where it is safe for them to be, for a short period.
- **Talk.** Children often go through patches of insecurity or upset and let their feelings out by being aggressive – at playgroup, for example. If by talking you can find out what's worrying your child, you may be able to help.
- **Try to show your child how much you love him or her, even though you don't love the way he or she is behaving.** Children who are being aggressive aren't so easy to love. But extra love may be what's needed.
- **Help your child let his or her feelings out some other way.** Find a big space, like a park, and encourage your child to run and to shout to get rid of the angry feelings inside. Just letting your child know that you recognise the feelings will make it easier for him or her to express them without hurting anyone else.
- **If you are seriously concerned about your child's behaviour, talk to your health visitor or doctor.**

Overactive children

There is no doubt that a substantial proportion of children are overactive, and some may be described as suffering from 'attention deficit hyperactivity disorder', as this condition is now called. But quite a lot of children who are difficult to manage, and who have problems concentrating, are not necessarily overactive too. Alternatively, some children may suffer from a mild form of hyperactivity only. So, the difficulty for parents, and sometimes for health professionals, is deciding what are 'normal' behaviour problems in a child and what are symptoms of attention deficit hyperactivity disorder which require early treatment and management.

Below are some tips on managing an active child. If these, or the other information in this chapter on dealing with difficult behaviour, do not help, then talk to your health visitor or GP. You can also obtain information from the Hyperactive Children's Support Group (see page 147).

- **Keep to a daily routine as much as you can.** Routine can be important if your child is restless or difficult. Routine may also help you stay calmer and stand up better to the strain.

- **Make giving your child time and attention a part of the routine.** In different ways, your child may be demanding your attention most of the day, if not most of the night as well. A lot of the time you'll have to say 'no'. This is easier to say, and may be easier for your child to accept, if there are certain times each day when you do give all your attention to your child.

- **Avoid difficult situations as much as you can** – for example, by keeping shopping trips short. It's often no good even expecting an overactive difficult child to sit still at meals or behave well in a supermarket. And try lowering your expectations. Start by asking your child to be still, or controlled, or to concentrate, for a very short time, then gradually build up.

- **Try to get out every day to a place where your child can run around and really let go.** Go to a park, or a playground, or whatever safe, open space there is. Find ways of helping your child burn off energy.

- **Avoid giving your child cola drinks, tea and coffee**. These drinks all contain caffeine. Some children are sensitive to this and it can make them 'jumpy'.

5 Feeding your child

Food is one of life's greatest pleasures and yet it's also a source of worry for most parents. What should children eat? Can I afford to give it to them? Will they eat it? The next few pages will give you some basic guidelines on how to get your baby through the stage of weaning and on to family foods.

Starting solid food

When to start

For the first six months babies can't properly digest any foods other than breast or infant formula milk.

Most babies are ready to start solids when they are six months old. (Babies who were born prematurely may be ready at different times. Ask your GP or health visitor for advice about what is best for your baby.) Introduce solid foods when your baby is six months old, as he or she now needs more than milk alone can provide. Continue with breast or formula milk to drink alongside.

Hints for successful weaning

The idea of weaning is to introduce your baby gradually to a wide range of different textures and tastes so that your baby will be able to join in family meals. Introducing a variety of foods will help to ensure that your

How will I know my baby is ready?

Babies are usually ready to start on solid food at six months. At this age they may be:

- *showing interest in what you or your family are eating;*
- *able to sit up – even though he or she may need some support;*
- *wanting to chew and may have teeth;*
- *still hungry after a feed when you have increased his or her milk feeds for a few days.*

Go on breastfeeding, alongside giving 'solid' food, for as long as you and your baby want.

'With your first baby, you worry about what you give them, and how much, and whether they'll like it. But with your second, it's much more like they have to fit in with the rest of the family, and you don't think about it so much. They take what's going and they do it for themselves really.'

'I think there's a lot of pressure on you to stop the breastfeeding and, you know, get on to something a bit more substantial. People are always sort of pushing you on to the next stage. It's hard to know what's best when people are saying to you "Isn't she weaned yet?" and "Have you tried this, have you tried that?" '

baby's diet is nutritionally balanced. All babies are different. Some take to solid food quickly, some take longer. Some are choosy, others like anything and everything.

- Choose a time of day when you are both relaxed.
- Go at your baby's pace. Allow plenty of time for feeding, particularly at first. Until now your baby has only known food that comes in a continuous flow. Your baby needs to learn to move solid food from the front of the tongue to the back in order to swallow it. The food tastes and feels different – it's bound to take time.
- Make sure everything you use for feeding your baby is really clean. 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 is needed. Heat food really thoroughly and allow it to cool. Stir it well and test before offering it to your baby. Throw away any food your baby hasn't eaten as it is not safe to reheat previously warmed food. Don't refreeze warmed food if it isn't used.
- Your baby may be happy to eat food that hasn't been heated.
- Cover the floor with newspaper or a protective mat and use a bib to catch food spills – weaning can be a messy business!
- Always stay nearby when your baby is eating to make sure he or she doesn't choke.
- Do not rush or 'force feed'. Most babies know when they've had enough to eat. Don't spend a lot of time trying to persuade your baby to take more food. Babies learn to like foods by having tastes of different foods – the amount they eat is less important. Give attention, chat and enjoy meals together, but when food is refused, it is best to call an end to the meal.
- When your baby shows an interest in feeding him or herself, this is a good sign. Encourage this by giving your baby finger foods. You can also offer your baby a spoon whilst you feed most of the meal to him or her with another spoon. It will be messy at first, but try not to worry about it.
- In the end you want your baby to be eating a variety of ordinary foods and adapt to your pattern of eating – say three meals a day with a drink at each meal and two or three additional snacks. Offering a wide variety of foods now may help avoid choosiness later on.
- Use mashed-up family food when you can – you know what the ingredients are and it will get your baby used to eating what you eat. But do not add salt or sugar when cooking. (Commercial baby foods can be useful but don't let them replace family foods altogether. See the box on page 67 for more information about using commercial baby foods.)
- 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;
  – spit food out repeatedly; or
  – hold food in their mouth and refuse to swallow it.

Here's how to start

Most babies take time to learn how to take food from a spoon. Be patient and prepared for some spitting and mess. Your baby may at first also cry between mouthfuls. Until now, food has come in one continuous stream. Now there are frustrating pauses.

Don't press the food on your baby. If it really doesn't seem to be wanted, stop. Wait until next time. The main aim at this stage is to get your baby used to the idea of taking food from a spoon. Your baby will still be getting most of the nourishment he or she needs from breast milk or infant formula milk.

Foods you might try at first

- Mashed or puréed potato or yam with mashed carrot, parsnip or courgette.
- Mashed or puréed ripe fruit, such as pear or mango, or cooked apple.
- Mashed or puréed rice mixed with your baby's usual milk.

Once your baby is used to a spoon, give the solids first and the milk feed second. Gradually increase the amount of solid food you give. Try to follow your baby's appetite. Give the amount that seems to be wanted.

At the same time, move gradually from solid food at one feed in the day to solid food at two and then three feeds. You will find that as your baby eats more solid food, his or her milk intake will start to decrease.

Begin to add different foods and different tastes. You'll be able to use lots of the home-cooked family foods you prepare for yourself. Just mash a small amount (without added salt or sugar) and give it a try.

Using your own food is cheaper than bought baby foods; you will know what the ingredients are (e.g. halal meat) and your baby will get used to eating like the rest of the family. Preparing larger quantities than you need and freezing small portions for later can save time and effort.

Some foods may cause allergic reactions. See **Foods to avoid giving your baby** on the next page.

More foods to try

Add to the vegetables other foods such as:

- puréed or mashed meat and poultry;
- mashed lentils (dhal) or split pulses, hummus;
- whole milk products (yoghurt, fromage frais, custard – opt for lower sugar varieties);
- whole cow's milk can also be used for cooking (e.g. in custard or cheese sauce) but avoid using cow's milk as a drink until your baby is one year old.

Baby foods

It can be useful to have a few jars, tins or packets of baby food in the cupboard, but don't let them replace home-made foods altogether. If you buy baby foods:

- *check the 'use by' and 'best before' dates;*
- *check the seals on cans and jars haven't been broken;*
- *read the instructions carefully about how to prepare the food;*
- *avoid these foods before six months: wheat-based foods which contain gluten, nuts, seeds, liver, eggs, fish, citrus fruits and juices – check the label for these;*
- *choose foods which state they do not contain added sugars;*
- *if your family has asthma, eczema, hay fever or allergies to foods, do not use peanut butter.*

Drinks

Do not give cow's milk to your baby until he or she is 12 months old. Only use soya-based formula on the advice of your GP. Some babies who are allergic to cow's milk may also be allergic to soya. Goats' milk infant formula and follow-on formula based on goats' milk protein have not been approved for use in Europe.

Make sure you offer a variety of foods as your baby needs to learn to like them all.

Foods to avoid giving your baby

- **Salt.** Do not add **any** salt to foods for young babies as their kidneys can't cope with it. Baby foods are not allowed to contain salt, but ingredients like bacon and cheese will contain some. It's best not to encourage a liking for salt at any age. When you're cooking for the family, leave out the salt so your baby can share the food. It's healthier for you all without the salt anyway. If you're breastfeeding, your baby will be getting the right amount of salt. Infant formula contains a similar amount of salt to breast milk. You can find out more at www.salt.gov.uk.
- **Sugar.** Do not add sugar to food or drinks you give your baby; it isn't necessary. Sugar could encourage a sweet tooth and lead to tooth decay when the first teeth start to come through.
- **Honey.** This too is a sugar and can cause the same problems as sugar. Don't give honey until your child is one year old, even for easing coughs. Very occasionally it can contain a type of bacteria which can produce toxins in the baby's intestines and can cause a very serious illness (infant botulism). After the age of one, the bacteria are not able to grow in the baby's intestine.

- **Nuts.** Whole nuts should not be given to children under five years in case of choking. See also **Nut allergies,** page 69.

Weaning before six months

If you choose to wean before six months the following foods should be avoided as they can cause an allergic reaction or contain harmful bacteria:

- **Wheat-based foods which contain gluten,** for example, wheat flour, bread, breakfast cereals, rusks, etc. If someone in your family can't eat foods containing gluten, talk to your GP before giving any wheat, rye, oats or barley-based foods to your baby. You can obtain a list of gluten-free foods from the Coeliac Society (see page 148).
- **Nuts and seeds including ground nuts**, peanut butter and other nut spreads (see **Nut allergies**, see page 69).
- **Eggs.**
- **Fish and shellfish.**
- **Citrus fruits** including citrus fruit juices.
- **Soft and unpasteurised cheeses.**

Allergies

Babies are more likely to develop allergies if there is a family history of atopy, which means eczema, asthma, hay fever or food allergies. Introduce the common allergenic foods (milk, eggs, wheat, peanuts, nuts, seeds, fish and shellfish) one at a time so you can spot any allergic reaction, but don't introduce these into your baby's diet before six months.

Nut allergies

Serious allergies to nuts and nut products and some seeds affect about 1 to 2% of the population. In recent years, ***peanut allergy****, although still uncommon, appears to be increasing. It is not yet known why. The following may help to reduce the risk of developing this life-threatening allergy:*

- ***Breastfeeding mothers*** *who are 'atopic', or those for whom the father or any sibling of the baby has an allergy, may wish to avoid eating peanuts or peanut products while breastfeeding.*
- ***Peanuts and foods containing peanuts,*** *such as peanut butter or* ***unrefined or cold-pressed groundnut oil****, should not be given to babies from 'atopic' or 'allergic' families until they are at least three years old.*
- *Read contents labels carefully to check if you need to avoid the product.*
- *If there is no allergy or atopy in the immediate family, there is no need for children to avoid peanuts after weaning, as long as they are ground as nut butter or crushed.*
- *Do not give* ***whole peanuts*** *or any type of* ***whole nuts*** *to children under five in case of choking.*

Giving more solids

You can give your baby almost any home-cooked family food, as long as it's the right consistency for your baby (i.e. mashed or puréed). Avoid adding salt and sugar or honey to your baby's food.

Your baby should still be having breast milk or a minimum of 500–600 ml (about a pint) of infant formula milk. As solid foods become a large part of your baby's diet, it is important to offer a range of different foods to provide all the vitamins and minerals needed.

- Include some starchy foods with each meal, i.e. potatoes, yams, rice, bread, plantain or unsweetened breakfast cereals.
- Fruits and vegetables make good finger foods and should be included at two or more meals each day.
- Your baby should have one or two servings of soft cooked meat, fish, egg, tofu or pulses, such as beans or lentils (dhal), a day. Red meat (beef, lamb and pork) is an excellent source of iron. Eggs (well cooked) are a quick, nutritious and cheap source of protein.

Finger foods and lumps

Encourage your baby to chew, even if there are no teeth, by giving finger foods. Avoid giving biscuits and rusks so that your baby does not get into the habit of expecting sweet snacks. Even low-sugar types contain sugar.

Finger foods provide chewing practice and encourage babies to feed themselves. Also give foods which have a few lumps. Most babies can start to chew soft lumps, such as mashed banana, mashed vegetables or cottage cheese, from six months even if they have no teeth. If you delay giving 'lumpy'or finger foods, you may find your baby refuses to eat 'lumpy' foods as they get older. Chewing also encourages development of speech muscles.

Always stay near to your baby during feeding to give encouragement and to make sure he or she doesn't choke.

First finger foods

- *Toast*
- *Bread crusts*
- *Pitta bread*
- *Rice cakes*
- *Slices of soft, ripe, peeled fruit*
  - *bananas*
  - *pears*
  - *peaches*
  - *melon*
- *Cooked vegetable pieces*
  - *green beans*
  - *broccoli*
  - *cauliflower*
  - *carrots*
  - *courgette*
- *Cubes of cheese*
- *Cooked pasta shapes*

Some meals to try

Breakfast

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

Lunch or tea

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

Dinner

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

Drinks

Keep to your baby's usual breast milk or infant formula milk. Give milk at waking and bedtime.

It's a good idea to teach your baby to use a lidded feeding cup to give milk or water any time after six months. You can give water or diluted fruit juice in a cup with a meal. If you give fruit juice, use a cup and dilute it 1 part juice with 10 parts water. Then finish the meal with a milk feed.

After six months, tap water need not be boiled. However, you should continue to use boiled water to make up infant formula milk.

Remember that cow's milk should not be given as a drink until your baby is one year old, but it can be used for mixing foods such as cereal or adding to potatoes.

9–12 months

Babies are usually very happy to try new tastes and textures, so do give them a wide range of family foods at this stage. Just remember not to put salt in your cooking.

You can begin to offer your child:

- minced foods, rather than mashed;
- harder finger foods such as raw fruit and vegetables.

Make sure you give them **full-fat** dairy products, such as yoghurt, fromage frais and cheese. Cutting back on fat is sensible for adults, but not for babies, who need energy for growth.

Don't encourage a sweet tooth by giving biscuits and cakes – they will fill your baby up without providing the right nutrients.

Your baby should be having a good mixed diet by now with probably three or four meals a day.

- Your baby's diet should contain:
  - starchy foods at each meal – these are potatoes, rice, pasta, bread and plantain;
  - fruit or vegetables at each meal – use some as finger foods. Give your baby a wide range as this is the ideal age for babies to learn to like lots of different tastes;
  - one or two servings of meat, fish, eggs or pulses a day.
- Start to offer two courses at each meal:
  - Give a savoury course of a starchy food, meat, fish or pulses, and some vegetables as the first course.
  - Give fruit or a milk pudding, or both, as the second course.
- As you introduce a milk-based pudding such as yoghurt or rice pudding as the second course, you may find your baby no longer needs the milk feed after the meal.
- Remember, red meat (pork, beef and lamb) is an excellent source of iron. Serving meat and vegetables together rather than at separate meals helps to absorb iron.
- If you have decided not to give your baby meat or fish, make sure that you give two servings a day of split pulses (red lentils, split peas, chick peas), tofu, etc. The vitamin C in fruit and vegetables helps to absorb iron so give fruit and vegetables at mealtimes.
- Offer a variety of foods. Why not go back to the foods that your baby didn't like earlier and try them again?
- If you or your family have a history of hay fever, eczema, asthma or other allergies, see page 69 for important information.

Drinks

Offer some water from a cup with meals.

Continue to breastfeed or give infant formula as your baby's main drink until your baby is one year old. They contain important nutrients.

You can go on breastfeeding your baby alongside giving solid food for as long as you want to. If both you and your baby enjoy it, there's no reason to stop. A bedtime breastfeed can make a good end to the day.

Using cups rather than bottles

As you cut out breast feeds, you can use a cup rather than a bottle.

If you use a bottle or trainer cup, don't put anything in it other than formula or breast milk or water. Comfort sucking on sweetened drinks is the major cause of painful tooth decay in young children.

It's a good idea anyway to wean from a bottle by the end of the first year as bottle-sucking can become a habit that is hard to break.

Try cutting out a bottle feed at one meal in the day and using a cup instead.

Which type of beaker or cup?

How you give drinks is important. A free-flow lidded beaker is better than a bottle or beaker with a teat. Drinks flow very slowly through a teat and drinking can take a long time. This means your child spends a lot of time with a teat in the mouth, which may delay speech development and damage teeth, especially if drinking a sweetened drink. Move on from a lidded beaker to drinking from a cup as soon as your child is ready. Non-spill (valved) cups are not recommended as they encourage longer drinking times. Use lidded free-flow cups instead, so that your baby learns to sip.

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

Vitamins

Parents sometimes get confused about whether or not to give vitamin drops. Your health visitor should be able to advise you. If you are still breastfeeding after your baby is six months old, he or she should have vitamin drops containing vitamins A, C and D. If your baby is bottle fed, extra vitamins are already added during manufacture. Provided your baby is drinking 500 ml (1 pint) of formula milk per day, vitamin drops are not needed. If your baby is drinking less than this, then it's sensible to give vitamin drops. Ask your health visitor where to get them. They are free if you qualify (see page 145).

It is sensible to give all children vitamin drops from the age of one to five years old. It is particularly important to give vitamin drops to fussy eaters, children living in northern areas of the UK and those of Asian, African and Middle Eastern origin.

Vitamin D is made naturally 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. Don't leave them out too long in the sun in hot weather (see page 111 for advice about safety in the sun). Children of mothers who wear concealing clothes that cover them throughout the year when outdoors will particularly benefit from starting vitamin drops at one month and continuing until they are five.

Sources of vitamin A

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

Sources of vitamin C

- *Oranges and orange juice (not suitable for babies under six months old)*
- *Kiwi fruit, blackcurrants, mangoes, nectarines, strawberries*
- *Peppers, cabbage, tomatoes, broccoli*

Sources of vitamin D

- *Summer sunshine*
- *Margarines*
- *Fortified breakfast cereals*
- *Salmon, sardines, taramosolata, herring*

Family Food

For adults and children over five, a healthy, balanced diet usually means eating foods from all five food groups. **The balance of good health** model shown right indicates the types of foods and the proportions you need to eat them in for a well-balanced, healthy diet. Children under the age of five need a diet that is higher in fat and lower in fibre than this.

Fruit and vegetables
E.g. fresh, frozen and canned fruit and vegetables, salads, dried fruit, fruit juices. *Include them at each meal and as some snacks. Try to eat at least five servings a day. This can include a glass of fruit juice.*

Bread, other cereals and potatoes
E.g. bread, potatoes, breakfast cereals, pasta, rice, oats, noodles, maize, millet, yams, cornmeal, sweet potatoes. *Make these the main part of every meal, eat wholegrain varieties when you can.*

Milk and dairy products
E.g. milk, yoghurt, fromage frais. *Children need about three servings a day. Use low-fat varieties for children over five who are eating and growing well.*

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

Foods containing fat, foods containing sugar
E.g. all spreading fats, oils, salad dressings, cream, chocolate, crisps, biscuits, pastries, ice-cream, cakes, puddings, fizzy drinks. *Limit the amount you eat.*

Welfare Food Scheme and Healthy Start

If you receive Income Support, income-based Jobseeker's Allowance or Child Tax Credit without Working Tax Credit and have a family income of £14,155 or less (2006/07 figures), you can get help from **either** the Welfare Food Scheme **or** Healthy Start. Healthy Start is replacing the Welfare Food Scheme in phases.

- The Welfare Food Scheme provides four litres or seven pints of cow's milk per week (or 900g of infant formula for children under 1 year old).
- Healthy Start provides cow's milk, fresh fruit and vegetables, or infant formula worth £2.80 per week (£5.60 for children under 1 year old).

For further information see the Welfare Food Scheme leaflet *Free Milk for Pregnant Women* (40537), or the Healthy Start leaflet *A Healthy Start for Pregnant Women and Young Children* (267679). Leaflets are available from your local health centre or by calling 08701 555 455.

Information on Healthy Start is also available at www.healthystart.nhs.uk

Some ideas to try if your child won't drink milk

Milk

- *Porridge, hot oat cereal or cornmeal made with whole milk*
- *Breakfast cereals with milk*
- *Vermicelli cooked in whole milk*
- *Rice pudding, custard, bread-and-butter pudding*
- *Dairy ice-cream made with milk*

Cheese

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

Yoghurt and fromage frais

- *Add fruit (fresh, frozen or canned) raw, stewed or baked, to full-fat yoghurt or fromage frais*
- *Add yoghurt to curry*

Your Toddler's Diet from one year

By the time your child is starting to stand up and take his/her first steps, he or she will be joining in family meals. They will also be more active and using more energy, and will need a varied, energy-rich diet for good health and growth.

We all need energy (calories) and nutrients (protein, carbohydrate, fat, vitamins and minerals) to grow, for activity, and for the body to work properly and repair itself. Babies and children under two have small tummies and can't 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 following five groups.

- **Milk and dairy foods** – milk, cheese, yoghurt, fromage frais.
- **Bread, other cereals and potatoes** – bread, rice, pasta, maize, potatoes, breakfast cereals, chapatti, etc.
- **Fruits and vegetables** – all types of fruits and vegetables.
- **Meat, fish and alternatives** – meat, fish, poultry, eggs, beans, lentils, nuts, etc.
- **Foods containing fat and foods containing sugar** – biscuits, cakes, chocolate, puddings, sweets, ice-cream, fats and oils. Give only limited amounts.

Milk and dairy products

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

After the age of one, children need less milk than they had as a baby. Give smaller drinks of milk in cups or beakers, not bottles.

Continue breastfeeding after the age of one if you wish and whole cow's milk can now take the place of infant formula and follow-on milk as your baby's main drink. Give about three servings of milk as a drink, milk-based dishes, cheese, yoghurt or fromage frais. This will provide enough calcium for strong bones and teeth.

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 is not suitable for children under five.**

Bread, other cereals and potatoes

Whether it is bread or breakfast cereals, potatoes or yams, rice or couscous, pasta or chapattis, most children don't need much encouragement to eat one or more of the foods from this group. Serve these at all meals and as some snacks.

A portion with each meal will provide energy, various nutrients and some fibre. Let your child try lots of different varieties of starchy foods.

'When you go shopping, your mind's on anything but shopping. You can't stop and think. You grab what you can and get out quick.'

FIBRE

Wholegrain foods, such as wholemeal bread, pasta and brown rice, can be introduced 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 only wholegrain foods because they may fill your child up too quickly to get all the calories they need. Don't add bran to cereals or use bran-enriched cereals as they can interfere with the body's ability to absorb iron.

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. Try to introduce lots of different types from an early age, whether fresh, frozen, canned or dried.

Try to ensure young children have fruit and vegetables regularly. If you can, try to include some green vegetables (broccoli, cabbage), and some yellow or orange vegetables (swede, carrots, squash) and fruit (apricots, mango, peaches). These contain beta-carotene, the plant form of vitamin A. Also try to include some citrus fruits (satsumas, oranges) and some salad (peppers, tomatoes) for vitamin C which helps the absorption of iron from other foods (see **Getting enough iron**, page 76).

Different fruits and vegetables contain different vitamins and

SOME IDEAS TO TRY

Tasty snacks
- *Breakfast cereals (not sugar-coated)*
- *Popcorn or breadsticks*
- *Toast, bagels, bread buns or potato cakes*
- *Fingers of toasted white bread covered with cheese spread*

More substantial meals
- *Baked potatoes with baked beans and cheese*
- *Pasta with vegetables, 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.*

'It's difficult to give them healthy food because of the money. But some of the stuff that's not healthy costs most of all – like sweets. And there are things you can do – like beans and lentils and things are cheap and you can store them. And I slice up fruit and share it between the kids and it goes further.'

'I do feel, you know, I wish she'd eat that. But I'm resigned to it. Because even getting her to try things is hard. So I just serve up the same old things, and it's a fairly good mix, so why worry? I mean, she does eat different sorts of food. She eats baked beans, she loves bread, she'll drink milk. Potatoes and cheese always go down OK. She has orange juice and apples, bananas sometimes. There's nothing wrong with that.'

minerals, so the wider the range your toddler eats the better, but don't worry if your child will only eat one or two types. They will learn to like them by having small tastes frequently.

Offer fruit and vegetables at each meal

Many children don't like cooked vegetables but will nibble on them while you're preparing the meal. Be imaginative about serving vegetables, perhaps puréeing some together in sauces or adding them to the top of pizza.

If your child flatly refuses to eat vegetables, keep offering them but also offer more fruit. Make sure you show that you like eating them. Don't make a big fuss if they refuse. Give vitamin drops as a safeguard (see **Vitamins**, page 72).

Some ideas to try

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

Meat, fish and alternatives

Protein is needed by young children to grow and develop. Meat, fish, eggs, nuts, pulses (beans, lentils and peas), and foods made from pulses (tofu, hummus, soya mince, etc.) are excellent sources of protein, so **give one to two portions from this group each day**. Meat and fish also contain zinc, which is important for healing wounds and making many of the body's processes function properly. Zinc can be in short supply in toddlers' diets.

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

If you are bringing up your child on a diet without meat (vegetarian) or without any food from an animal (vegan), give **two to three portions of vegetable proteins or nuts** daily to ensure enough protein and iron. Whole nuts should not be given to children under five years of age as there is a risk of choking. Grind nuts finely or use a smooth nut butter (see page 69 for important information about peanut allergy).

Getting enough iron

Iron is essential for your child's health. Lack of iron leads to anaemia, which can hold back your child's physical and mental development. Children who carry on drinking too much milk are most at risk. Iron comes in two forms. One is found in meat and fish and is easily absorbed by the body. The other is found in plant foods and is not as easy for the body to absorb.

Even a small portion of meat or fish is useful because it also helps the body to absorb iron from other food sources. If your child doesn't have meat or fish, make sure that he or she regularly eats plenty of iron-rich alternatives (choose from the list on page 77).

It's also a good idea to give foods or drinks that are high in vitamin C

at mealtimes, as it helps the absorption of iron from non-meat sources. Tea and coffee reduce iron absorption, so don't serve these, especially at mealtimes.

Good sources of iron

Plant sources

- *Fortified breakfast cereals*
- *Dark-green vegetables*
- *Breads*
- *Beans, lentils and dhal*
- *Tofu*
- *Dried fruit: apricots, figs, prunes*

Animal sources

- *Lean beef, lamb or pork*
- *Chicken or turkey*
- *Sardines, pilchards, mackerel or tuna*

Is your child a vegetarian?

Types of vegetarian diets

*There are different types of vegetarians. Vegans eat no foods which come from animals. Lacto-vegetarians eat milk and milk products, and lacto-ovo-vegetarians eat milk, milk products and eggs. If your child has a vegetarian or vegan diet, take care to provide enough energy, protein, iron, calcium, vitamin B12 and vitamin D. The principles of weaning for the first six months are the same for vegetarian babies as for non-vegetarians. However, as your child gets older, the iron and energy content of such a diet may be low and the fibre content high (see **Getting enough iron**, above, and **Fibre**, page 75). To ensure all your child's nutritional needs are met, smaller and more frequent main meals, with one or two snacks in between, are best. Vitamin drops are especially important up to five years of age.*

Vegan diets

*Breastfeeding vegan mothers must take vitamin D and vitamin B12 supplements to make sure there is enough in their breast milk. A vegan diet may be very bulky, consisting mainly of fruits, vegetables and beans. Young children may have difficulty in eating enough food to provide the energy and nutrients they need for growth and so may become malnourished. Vegan diets are **not** therefore recommended for young babies. If your child does have a vegan diet, you need to take extra care to ensure he or she has enough of the following nutrients and enough energy. Extra supplements may be needed. It is advisable to consult a dietitian or doctor before starting weaning.*

- ***Energy** – starchy foods. These need to be eaten in moderation. For extra energy, add vegetable oils or vegetarian fat spreads to foods.*
- ***Protein** – pulses, foods made from pulses. Continue breastfeeding or using soya-based infant formula until your child is two years of age to ensure she or he has enough protein. Smooth nut or seed butters can also be used, but you will have to avoid some of these products (e.g. peanut butter, tahini paste,★ etc.) if there is a risk of your child being allergic to them (see **Food allergies**, page 83 and ★ below).*
- ***Iron** – see **Getting enough iron**, above.*
- ***Calcium** – soya mince, soya drinks and yoghurts that have been fortified with calcium, tahini paste,★ tofu and tempeh.*
- ***Vitamin B12** – fortified breakfast cereals, some yeast extracts. A supplement of vitamin B12 may be needed.*
- ***Vitamin D** – see page 72.*

For more information on vegetarian diets, contact: The Vegetarian Society, Parkdale, Dunham Road, Altrincham, Cheshire WA14 4QG, Tel: 0161 925 2000.

★ *Tahini paste is made from sesame seeds, and these may cause an allergic reaction in a small number of children.*

Some meals to try

Tasty snacks

- *Canned mashed sardines on fingers of toast*
- *Filled pitta pockets with canned salmon and salad*
- *Scrambled egg on toast with tomato slices*

More substantial meals

- *Beans, lentils and peas make delicious soups or stews*
- *Grilled sausages with baked beans (reduced salt and sugar) and mashed potato*
- *Lean mince for spaghetti bolognese served with vegetables*
- *Chick pea curry with vegetables and chapatti*
- *Grilled fish fingers with potatoes and peas*
- *Stir-fried chicken and vegetables with rice*
- *Ham with baked potatoes and broccoli*
- *Fish curry with vegetables and rice*

Fats and sugar
Foods containing fat and foods containing sugar are the fifth main food group.

Fat Young children, especially the under twos, need the concentrated energy provided by fat in their diet. Some vitamins are only found in fats. That is why it is important to give such foods as whole milk, yoghurt, cheese, and oily fish. Between the ages of two and five you can gradually introduce lower-fat dairy products and cut down on fat in other foods so that by the time children are five they are eating a healthy low-fat diet like that recommended for adults.
Make sure you don't increase the saturated fat in the diet by introducing too many high-fat fast foods, for example cheap burgers.

Crisps, chips, biscuits, cakes and fried foods are also high in fat, and they're popular with children and adults alike, but they should be limited at all ages to keep your family healthy. Consider 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 is easy to eat too much of it and become overweight. It's a good idea to be aware of the amount of fat contained in foods which the whole family eats and to try to keep it to a minimum. Some ideas for cutting down on fat are shown in the box opposite.

Sugar Most young children enjoy sweet foods, such as biscuits, cakes, sweets, chocolates and sweet drinks. A small amount of sugar in foods at mealtimes is OK, but when teeth are in frequent contact with sugary foods and drinks, they will decay. You can reduce the amount of sugar you give by trying the following.

- Reduce the number of foods and drinks you give which taste sweet, whether from sugar or artificial sweeteners as they encourage a sweet tooth.
- Try not to give sweet foods and drinks to your child every day. Keep them for mealtimes and don't use them 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 consumed frequently.
- Encourage your children to choose breakfast cereals that aren't sugar-coated.
- Beware of other forms of sugars on labels – sucrose, glucose, honey, dextrose, maltose syrup, or concentrated fruit juice.
- Do not 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.

Try some of these ideas for cutting down fat in family meals (especially saturated fat)

- *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.*
- *Use vegetables or soaked dried beans with just a small amount of meat in stews and casseroles.*
- *Use lower-fat dairy products like low-fat spreads and reduced-fat cheeses (e.g. reduced-fat cheddar or edam) rather than full-fat varieties (but not for children under two).*
- *Use as little cooking oil as possible and choose one which is high in omega 3 polyunsaturates such as rapeseed, soya or olive oil. In the UK, pure vegetable oil is often rapeseed oil.*

Salt

There is no need to add salt (sodium chloride) to your child's food because there is enough naturally present in foods. Too much salt can lead to a liking for salty foods and contribute towards high blood pressure in later life. The whole family will benefit if you gradually reduce the amount of salt in your cooking. Keep salt off the table and limit the amount of salty foods (crisps, savoury snacks, bombay mix) that your child has.

Cutlery, chopsticks or fingers?

Be prepared for messy mealtimes with children. It will take time for your child to learn how to behave when eating. You and the rest of the family will set an example, so try to eat and enjoy your food together. Some families prefer to eat with their fingers, while others use cutlery or chopsticks. Whatever tool is preferred, be patient. Your child will need time to get used to them.

By about one year of age, babies should be trying to feed themselves.

Some babies are very independent and want no help – so be patient, even if most of the food does not reach their mouths. Others prefer help, but are happy to fiddle with a spoon whilst being fed. Whichever the case, encourage your child to feed him or herself, either with a spoon or by offering suitable finger foods.

How much food do toddlers need?

Children's appetites vary enormously, so common sense is a good guide on how big a portion should be. Be guided by your children – do not force them to eat when they no longer wish to, but do not refuse to give more if they really are hungry. As long as your child eats a range of foods, and your health visitor is happy with his or her progress, try not to be concerned about the amount your child eats.

'A lot of it is habit. I mean, if your children have never had sugar on their cereal in the morning, then they don't expect it. But then you mustn't have it either. The thing is that I like sweet things myself. In fact, at the moment, the more tired I get the more I want to eat biscuits and that sort of thing. But if I eat them, the children eat them. The only answer is not to buy them in the first place.'

'Everybody knows that sweets aren't good. But they love them. And the fact is, it's a pleasure to treat them.'

Babies up to six months old should have less than 1g of salt a day. For children aged one to three, the maximum amount is 2g of salt a day, and for children aged four to six, the maximum is 3g of salt a day. Find out more about salt, its effects on health, daily limits and how to cut down at www.salt.gov.uk.

Drinks

Not all drinks are suitable for babies and young children. Here is some advice about different types of drinks.

*Only use **soya-based infant formulas** on the advice of your GP. Babies who are allergic to cow's milk may also be allergic to soya.*

***Goat's milk**, even that made for babies, should not be used for babies under one year. Milks based on goat's milk protein are not suitable for babies and have not been approved for use in Europe.*

- **Breast milk** is the ideal drink for babies in the first six months, and ideally up to their first birthday. You can go on breastfeeding as long as you want.

- **Infant formula** is based on cow's milk and is the only alternative to breast milk in the first 12 months of your baby's life. It can be used up to the time when ordinary cow's milk can be introduced (at one year old) or beyond. Once your baby is six months old you can give follow-on milks, but this change is not necessary.

- **Extensively hydrolysed protein infant formulas** are recommended for babies who are allergic to cow's milk.

- **Whole cow's milk** is not suitable as a main drink until your baby is one year old as it doesn't contain sufficient iron and other nutrients to meet your baby's needs. Semi-skimmed milk is not suitable as a drink for children under two, but can be introduced from two years if the child is a good eater and has 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.

Start encouraging your child to use a cup after six months. You may find it easier to use a jug with graduated measurements to mix infant formula for use in a cup.

- **Goat's and sheep's milk and milks based on rice or oats, etc.** are not suitable as drinks for babies under one year old as they do not contain sufficient iron and other nutrients to keep your baby healthy. Providing they are pasteurised, they can be used once a baby is one year old.

- **Water.** Fully breastfed babies don't need any water until after they have started eating solid food. Babies fed on formula milk may need some extra water in very hot weather. Take the water from the mains tap in the kitchen and boil and then cool it for babies under six months (it doesn't need boiling once your baby is six months old). Some natural mineral waters have mineral contents unsuitable for babies. However, there are other bottled waters that are suitable for infant feeding and you might see 'suitable for infant feeding' on their labels. Remember that bottled water is not sterile, so, like tap water, make sure you boil and cool it if you need to give it to babies under six months old.

- **Citrus fruit juices,** such as orange juice or grapefruit juice, are a good source of vitamin C, but also contain naturally present sugars which can cause tooth decay. They're acidic too. Fruit juices should not be given before your baby is six months old. However, vitamin C helps to absorb any iron in a meal, and if your baby has a vegetarian diet you may be advised to give diluted fruit juice with your child's meals after six months. Give very dilute juice (1 part fruit juice with 10 parts cooled, boiled water) in a feeding cup at mealtimes only.

- **Squashes, fizzy drinks, flavoured milk and juice drinks.** Filling up on too much of these drinks can result in a poor appetite, poor weight gain and, in toddlers, loose stools. **They are all unsuitable for young babies** as they contain sugars and even if diluted can cause tooth decay, especially when given in a bottle. Most contain varying amounts of artificial sweeteners (even those **not** labelled as 'diet' or 'no added sugar', which may be more tooth friendly, but still encourage a sweet tooth).

  If you want to use squashes, flavoured milk and juice drinks, keep them for mealtimes in a feeder cup and make sure all juices are diluted well. Offer water and milk in between meals. Never give these drinks as a bedtime drink or put them in a bottle for your baby to hold, and try to keep drinking times short. **Do not give fizzy drinks to toddlers – they are acidic and can damage tooth enamel.**

- **Diet drinks and 'no added sugar' drinks,** whether squashes or fizzy drinks, are not intended for babies or toddlers. They contain artificial sweeteners which may be more tooth friendly than other squashes, but they still encourage a sweet tooth. The artificial sweeteners saccharin and aspartame can be found in lots of these drinks and, if they are not diluted enough, your child could get more of these sweeteners than is recommended. If you do give concentrated drinks containing saccharin, dilute them well (more than you would for yourself) so your child doesn't get too much of this sweetener (at least 1 part sweetened drink to 10 parts water). Many regular squashes (not labelled 'no added sugar') also contain artificial sweeteners. Look at the label to check.

- **Baby and herbal drinks** contain sugars and their use is **not** recommended.

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

- Use **lidded free-flow cups** rather than non-spill valved ones which extend drinking times. The teeth are bathed in the drink for longer.

- Cut out bottles after your baby is one year old.

Some safety tips

- *Take care that your child only has access to small blunt knives at the meal 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 the high chair, make sure that he or she is sitting at the right height for the table, otherwise your child will find it difficult to eat. Booster seats, cushions or a lap may be useful, but whatever you use, make sure your child is sitting safely.*

Food additives

Foods contain additives for a variety of reasons – to prevent food poisoning, to stop foods from going off, 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. Many are shown by the European Community 'E number'. Additives with E numbers have been tested and passed as safe for use in EU countries. Numbers without an E in front are allowed in the UK, but not in all EU countries.

A few people suffer from adverse reactions to some food additives, but many more people react to ordinary foods such as milk or soya. A diet which is high in processed foods is not only more likely to contain additives, but will probably be higher in salt, sugar and fat than is desirable for adults and children. Replacing these foods with more fruits and vegetables and starchy foods is good advice.

Finger foods for snacks or with meals

- *Slices of fruit*
- *Chapatti or pitta bread fingers*
- *Breadsticks*
- *Wholemeal toast fingers with cheese spread*
- *Cooked pasta twirls*
- *Lightly cooked vegetables, e.g. green beans, cauliflower and broccoli pieces*
- *Raw vegetables, e.g. cucumber, tomato, carrot, celery, slices of peppers*
- *Cubes of cheese*
- *Thin-cut sandwiches cut into small pieces*

Food safety

Young children are especially vulnerable to bacteria that cause food poisoning. So it's very important to store, prepare and cook food safely, and to keep the kitchen, the chopping board and utensils clean. Always wash your hands before preparing food and after touching raw meat. For a healthy, safe diet:

- wash all fruits and vegetables before eating;
- avoid raw eggs – they sometimes contain Salmonella bacteria, which may cause food poisoning (also avoid giving your child uncooked cake mixture, home-made ice-creams, mayonnaise, or desserts that contain uncooked raw egg – and, when cooking eggs, the egg yolk and white should be firm);

- when re-heating food, make sure that it is piping hot all the way through, and allow to cool slightly before giving to your child (if you choose to use a microwave to heat your child's food, always stir and check the temperature of the food before feeding your child to avoid burning from hot spots);
- don't give children food or drink when they're sitting on the potty, to avoid passing bacteria to their food and mouth;
- teach your children to wash their hands after touching pets and going to the toilet, and before eating.

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

Food allergies

Some children experience unpleasant reactions after eating certain foods. They might be sick, have diarrhoea, cough or wheeze or get an itchy rash, tingling of the mouth or throat, or eczema, but they often outgrow these food sensitivities. However, some foods may cause a reaction so severe that it is life-threatening (anaphylaxis). Thankfully, this affects very few children. The foods most likely to cause a problem for small children are often the ones they first meet at weaning, so it's sensible to avoid giving these foods until a baby is at least six months old. A list of these foods can be found on page 68.

Serious allergies to nuts, nut products and some seeds affect 1 to 2% of the population. For those who are most at risk (people with allergies such as hayfever, asthma and eczema in the family) it may be best to avoid these foods. Peanut allergy is a particular concern. For children who are at risk of peanut allergy (i.e. those whose parents or siblings suffer from hayfever, asthma, eczema or any food allergy), the advice is to avoid giving peanuts and foods containing peanut products (e.g. peanut butter, peanut (groundnut) oil and some snacks, etc.) until the child is three years old. Read food labels carefully and, if you are still in doubt about the contents, avoid these foods.

If you suspect that your child may be reacting to a food, always seek medical advice. Don't be tempted to experiment by cutting out a major food such as milk. Your child's diet may not provide all the necessary nutrients. Talk about your worries with your doctor and health visitor, who may refer you to a registered dietitian.

If you suspect your child may be susceptible to food allergic reaction, contact your GP who can refer the child to a specialist clinic.

*For advice you can contact the **National Asthma Campaign** Helpline (08457 01 02 03, www.asthma.org.uk) or **Allergy UK** www.allergyuk.org (allergy helpline Mon–Fri 9am–5pm) 01322 619898*

Problems with eating

It is normal for toddlers to refuse to eat or even taste new foods. They will learn to eat and enjoy new foods by copying your behaviour, so eat with your toddler as often as possible. It can be a great worry if your child refuses to eat or is terribly choosy, but this is a normal phase for toddlers. It is extremely rare for a child to actually starve him or herself. Children will eat enough to keep them going. So try not to worry unless your child is clearly not gaining weight as he or she should (see pages 37-9), or is obviously unwell.

It may be that your child is picking up your own feelings about food. Perhaps you're a dieter or have a weight problem, or maybe you just see healthy eating as a very important goal. If your child is picking up on your anxiety it may be that mealtimes have become an ideal time to get attention.

Just as anxiety may cause problems with toilet training, it can also create problems with eating. So try to take a step back and think about how much of a problem there really is.

Refusing to eat, or eating very little

As long as your child eats some food from each of the five food groups – even if it's always the same old favourites – you shouldn't have to worry. Gradually offer other food choices. Or why not go back to the foods your child didn't like earlier and try them again? Remember, if your child is active and gaining weight, he or she is getting enough to eat however little it appears to you.

Tips for success

- Offer your child the same food you're giving your family, and eat your meals together if possible.
- Give smaller portions and praise your child for eating even a little.
- If your child rejects the food, don't force-feed him or her. Remove the food without comment.
- Don't leave meals until your child is too hungry or tired.
- Limit in-between-meal snacks to, for example, a milk drink and some fruit slices or a small cracker with a slice of cheese.
- Your child may find that refusing to eat will annoy you, so try to stay calm. Eating with your child and eating the same foods will help to encourage good eating habits.
- Don't use sweet food as a reward for finishing savouries. To a child this might be saying, 'Here's something nice after eating those nasty greens'.
- Don't use food as rewards at all. Reward them with a trip to the park or play a game with them.

- If your child fills up with juice or squash between meals and refuses milk or a snack, try gradually reducing the amount, diluting the drink well with water, and offer a small amount of food first. Sometimes too, children mistake thirst for hunger and say they are thirsty when really they are 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 sometimes works, so long as you don't go on about how good the other children are.

- Ask another adult, whom your child likes, to eat with you. Sometimes a child will eat for, say, a grandparent without any fuss. It may only be for one meal but it can break the habit.

- Your child may just be a naturally slow eater, so lots of patience will be needed.

- Children's tastes change. One day they'll hate something, a month later they'll love it. There will nearly always be enough that your child is willing to eat for some variety (say beans, fish fingers and fruit, potatoes with milk to drink). It may be boring, but it's perfectly healthy.

Party time!

Parties are a great time for children to experience different types of foods. It's a special occasion, so offer foods normally kept for treats as well as some familiar everyday foods.

Try some of the following healthy party food ideas.

- Fill tiny sandwiches and cut them into different shapes. Use fillings that cut easily – wafer thin ham, cheddar cheese spreads, egg mayonnaise, etc.

- Offer bowls of plain popcorn, breadsticks, raw vegetable sticks and baby tomatoes.

- Make reduced-sugar jellies and add canned mandarins or slices of fresh fruit.

- Offer one or two ready-diluted fruit juices to drink rather than carbonated drinks.

- Fruit scones or fruit malt loaf need minimal 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.

Your questions answered

Q. How do I discourage a relative from giving sweets to my child?

A. Suggest a present of a small book, pencil or other non-edible gift instead. You could keep sweets to a special 'treat' day, once a week. Remember that the number of times that teeth come into contact with sugars is as important as the amount of sugar that is eaten. Sweets are best eaten in one go rather than over the course of an hour or two. Keep them for mealtimes, when they do least damage to teeth. If you want more information about caring for your children's teeth ask your health visitor.

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

A. Try some of these:

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

Q. I've heard that a high-fibre diet is unsuitable for young children. Why is this?

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

Q. What should I pack in a lunchbox for my three-year-old when she goes to nursery?

A. Try to choose two savoury options, some fruit, a sweet option (yoghurt, fromage frais, scone, or currant bun) and a drink. Fill sandwiches with canned tuna or salmon, hummus, hard or cream cheese, ham, or peanut butter (but beware of food allergies, see page 83). Add a few vegetable sticks of carrots, peppers or cucumber to munch on and a container of ready washed and bite-size fruits – satsuma or seedless grapes. A box of raisins is fine if eaten at lunchtime. If you include a fromage frais or yoghurt, don't forget a spoon. A piece of kitchen towel is always useful. If the lunchboxes are not refrigerated at nursery, choose an insulated box with an ice pack to keep food safe and cool. Buy a leak-proof beaker so you can give milk, water or well-diluted fruit juice.

Q. My child refuses to drink anything but sugary drinks.

A. If sugary drinks are drunk frequently, teeth are at high risk of decay. See pages 80–81 for suitable drinks. If your child will only drink sugary drinks, it can take some time to break the habit. Start by diluting these really well with water and offer in smaller quantities, in a beaker at mealtimes.

6 Illness and accidents

Every child gets ill occasionally and every parent has had that feeling of anxiety as they see their normally cheerful child looking sad and listless. Most bouts of illness pass quickly and leave children better able to resist the next attack. Sometimes, if the illness or accident is serious, immediate (and possibly long-term) help is needed. This chapter deals with common childhood illnesses and accidents, the best ways to prevent them, and the action to take in an emergency.

Knowing when your child is ill

Sometimes there's no doubt, but often it's difficult to tell whether a child is ill. Children may be listless, hot and miserable one minute, and running around quite happily the next. Watch out for:

- **some sign of illness** (like vomiting or a temperature, cough, runny nose, runny eyes);
- **behaviour that's unusual for your child** (like a lot of crying, being very irritable or refusing food and drink, being listless or drowsy).

Possible signs of illness are always more worrying if your child is a baby or very small. To know when to consult the doctor about your baby, see the box on this page.

If your child is older and you're not sure whether or not to see the doctor, you might want to carry on normally for a while and see whether the signs of illness or pain continue. It might be best not to let your child see you watching. Most children can put on an act, especially if they see you're worried.

Above all, trust your feelings. You know better than anyone what your child is like day-to-day, so you'll know what's unusual or worrying. If you're worried, contact your doctor. Even if it turns out that nothing is wrong, that is exactly what you need to know.

If you have seen your GP or health visitor and your baby isn't getting better or is getting worse, contact your GP again the same day. If you become worried and you can't get hold of your GP or your GP can't come to you quickly enough, then take your baby straight to the Accident and Emergency department of the nearest hospital, one with a children's ward if possible. It's worth finding out in advance where this is, in case you ever need it.

If you're seriously worried and/or know your child needs urgent attention, phone your GP at any time of the day or night. There may be a different number for when the surgery is closed. If you can't contact a GP, go directly to the nearest Accident and Emergency department. See inside the back cover for what to do in an emergency.

Sick babies – always contact your doctor if:

- *you think your baby's ill, even if you can't make out what's wrong;*
- *your baby has one or more of the problems listed in the box below.*

'My doctor gives me advice. He's also a Moslem, you see, so he can give me advice about any questions I want to ask. He said if I had any worries, I could always go and talk to him.'

Using your GP

Most practices are very supportive towards parents of small children. Many will fit babies into surgeries without an appointment, or see them at the beginning of surgery hours. Many doctors will also give advice over the phone.

Some GPs are less helpful and it's not always easy to phone or to get to the surgery. Even so, if you're worried about a particular problem that won't go away, it's right to persist. (See page 133 for information on how to change your GP.)

Your health visitor and/or clinic doctor can give you advice and help you decide whether your child is really unwell or not. But it's only your family doctor (your GP) who can treat your child and prescribe medicines. If you think your child is ill, it's best to see your GP.

If you're unsure whether to go to the surgery or ask for a home visit, phone and talk to the receptionist or to your GP. Explain how your child is and what's worrying you. Often it doesn't do a child (or anyone else) any harm to be taken to the surgery, and you're likely to get attention more quickly this way. But explain if it's difficult for you to get there. Wrapping a sick child up and going by car is one thing; going on the bus might be impossible.

Symptoms and signs that are always urgent:

- *a fit (convulsion), or if your baby turns blue or very pale (in a dark-skinned baby check the palms of the hands) or seems floppy;*
- *a very high temperature (over 39°C), especially if there's a rash;*
- *difficulty breathing, breathing fast or grunting breathing;*
- *unusually drowsy or hard to wake or doesn't seem to know you;*
- *a temperature, but the skin of the hands and feet feels cold and clammy;*
- *a purple-red rash anywhere on the body – this could be a sign of meningitis (see photo of the glass test on page 100);*
- *yellow skin and eyes – this is a sign of jaundice.*

Using medicines

Medicine isn't always necessary when your child is ill. Some illnesses simply get better by themselves and make your child stronger and better able to resist similar illness in the future. If you're offered a prescription, talk with your GP about why it's needed, how it will help, and whether there are any alternatives.

- When a medicine is prescribed, ask about any possible side-effects. Could it, for example, make your child sleepy or irritable?
- Make sure you know how much and how often to give a medicine. Write it down if need be. If in doubt, check with your pharmacist or GP.
- Always finish a prescribed course of medicine. A course of antibiotics, for example, usually lasts at least five days. This is to make sure all the bacteria are killed off. Your child may seem better after two or three days, but the illness is more likely to return if you don't finish all the medicine.
- If you think your child is reacting badly to a medicine, for example with a rash or diarrhoea, stop giving it and tell your GP. Keep a note of the name of the medicine so you can tell your GP in the future.
- If you buy medicines at the pharmacist, always say it's for a young child. Give your child's age. Some medicines are for adults only. Always follow the instructions on the label or ask the pharmacist if you're unsure.
- Ask for sugar-free medicines if they are available.

- Look for the date stamp. Don't use out-of-date medicines. Take them back to the pharmacy to be destroyed.

- Only give your child medicine given by your GP or pharmacist. **Never** use medicines prescribed for anyone else.

- Keep all medicines out of your child's reach and preferably out of sight – in the kitchen where you can keep an eye on them, rather than the bathroom.

- In the past, all medicines for children have been diluted to the right strength for each child with a liquid solution so that you could give it to your child on a 5 ml spoon. Now most medicines prescribed by your GP will no longer be diluted in this way. Instead you'll have to measure the correct dose for your child's age. The instructions will be on the bottle.

- Medicines that aren't diluted in liquid may need to be given using a 'liquid medicine measure', which looks like a syringe. It allows you to give small doses of medicine more accurately.

Always read the manufacturer's instructions supplied with the measure, and always give the exact dose stated on the medicine bottle. Some medicines will come with a measure supplied by the manufacturer, in which case that's the right measure to use. If in doubt ask the pharmacist for help.

Looking after a sick child

It doesn't matter if your child doesn't want to stay in bed. Being with you, maybe tucked up in an armchair or on a sofa, might be less lonely. Children are usually sensible about being ill and if they say they're well enough to be out of bed, they very probably are.

- Don't overheat the room your child is in. Keep it airy without being draughty.

- See page 98 for what to do if your child has a temperature.

- Give your child plenty to drink. For the first day or so don't bother about food unless it's wanted. After that, try to find ways of making a bit of food tempting.

- Try to give your child time for quiet games, stories, company and comfort.

- Sick children are often easily tired and need lots of rest. Encourage your child to doze off when he or she needs to, perhaps with a story read by you or on tape.

Looking after a sick child, even for a couple of days, is exhausting. Make things as easy for yourself as you can. Get rest and sleep when you can, and try to get somebody else to take over every now and then to give you a break.

Symptoms and signs that are sometimes serious:

- *a hoarse cough with noisy breathing;*

- *crying for an unusually long time or in an unusual way or seeming to be in a lot of pain;*

- *refusing feeds;*

- *diarrhoea or vomiting, particularly both together;*

- *unusually hot or cold or listless, or more drowsy than normal.*

***Aspirin** should not be given to children under 16 years of age. It has now been linked with a rare but dangerous illness. Seek advice from your GP before taking aspirin if you are breastfeeding.*

***Paracetamol** is safer, but don't give it to children under three months without asking your GP first. Make sure you've got the right strength for your child. Overdosing is dangerous. Read the label and/or check with your pharmacist.*

***Ibuprofen** made for children can be given for pain and fever to children over the age of one who weigh more than 7 kg (15 lbs). Avoid if your child has asthma unless advised by your GP. Check the correct dose for your child's age. Don't give adult ibuprofen to children under the age of 12.*

Children in hospital

Hospitals can be strange, frightening places for children. Being ill or in pain is frightening too. There's no parent who isn't anxious to do all they can to help their child.

- **Prepare your child as best you can.** You could play 'doctors and nurses' or 'operations' with teddies and dolls and read story books about being in hospital. It's worth doing this even if you don't know your child is going into hospital. Quite a large number of under fives do have to go into hospital at some stage, and many go in as emergencies.

- **Be with your child in hospital as much as possible.** It's extremely important for you to be with your child in hospital as much as possible and, with young children especially, to sleep there. Do all you can to arrange this. All hospital children's departments now have some provision for parents to stay overnight with their children. Talk to hospital staff beforehand and be clear about arrangements, what will happen, and so on. You may then be able to explain at least a part of it to your child.

- **Explain as much as possible to your child.** Even quite young children need to know about what is happening to them, so explaining as much as possible is important. What children imagine is often worse than reality. Be truthful, too. Don't, for example, say something won't hurt when it will. Some hospitals will arrange visits for children and their families before the child is admitted for a planned treatment or operation.

- **Talk with hospital staff about anything that will be important for your child.** You may need to explain cultural differences. Staff should know, for example, if hospital food is going to seem very strange to your child. Try to discuss ways of getting over problems like this. Also tell staff about any special words your child uses (such as for needing to go to the lavatory), any special ways of comforting, and so on.

- **Make sure something like a favourite teddy bear or comforter goes into hospital with your child.**

- **Be prepared for your child to be upset by the experience,** and maybe to show it in one way or another for some time afterwards. Reassure as much as you can.

You can get a lot of helpful information and advice on how best to cope when your child is in hospital from Action for Sick Children (address on page 148).

Common complaints

Smoking and childhood illnesses

Children who live in a smoky atmosphere are more likely to get:

- coughs and colds;
- chest infections (temperature with a bad cough);
- asthma attacks;
- ear infections and glue ear.

Every year 17,000 children are admitted to hospital because their parents smoke. If you can't stop

smoking or encourage other adults in your house to stop, then try to make sure that your children don't have to smoke too by creating a smoke-free zone. See pages 123–4 for tips on giving up.

Asthma

Asthma is an inflammatory condition of the airways (bronchial tubes) of the lungs. These carry the air we breathe. With asthma the airways are extra sensitive to substances or trigger factors which irritate them, such as dust, animal fur or cigarette smoke. When in contact with a trigger factor, the air passages become narrower and a sticky mucus (phlegm) is produced making it difficult for air to pass through. Asthma is on the increase, especially in children.

The exact cause of asthma is unknown, but an attack can be due to sensitivity (allergy) to a trigger factor or to non-allergic causes. It is known that asthma often runs in families. Viral infections are a very common trigger of an asthma attack – more common than allergy.

Some symptoms of asthma

- Repeated attacks of coughing and wheezing, usually with colds, shortness of breath and production of phlegm. The symptoms are often worse at night or after exercise. Not everyone with asthma gets all the symptoms. And for many young children, a dry irritating cough may be the only symptom. See your GP if you think your child has asthma.
- Smoking during pregnancy or around a child can increase the child's risk of asthma.
- Breastfeeding your child for as long as possible can help protect against asthma developing.

Colds

It may seem that your child always has a cold or upper respiratory tract infection. In fact it is normal for a child to have a cold eight or more times a year. This is because there are hundreds of different viruses and young children are meeting each one of them for the first time. Gradually they build up immunity and get fewer colds. Here are some suggestions on how to treat colds.

- Because colds are caused by viruses, not bacteria, antibiotics don't help. It is also best for antibiotics to be used only for more serious illnesses.
- Most colds will get better in five to seven days.
- Cough and cold medicines have not been shown to work and may produce side-effects in young children. They may also cause poisoning if your child accidentally swallows more than the right dose.
- Stuffiness may be made worse by nasal decongestants; if these are necessary they should only be used for two to three days.
- Saline nose drops may help to loosen dried nasal secretions or a stuffy nose – ask your pharmacist, GP or health visitor about these.
- Tickling the nose with a teased cotton bud causes sneezing and is helpful for clearing the nose before feeding.
- Increase the amount of fluid your child normally drinks.
- A pillow or blanket put *under* the baby's mattress to raise the head may help snuffly babies breathe more easily.

Children who need specialist care

Newborns are tested for sickle cell disorders, phenylketonuria, congenital hypothyroidism, and in some cases cystic fibrosis. If your child has any of these conditions, he/she will require specialist care. This type of care is agreed between parents or guardians and health professionals. Voluntary organisations can also provide information, support and advice (see ***Useful organisations*** *on pages 148 and 149).*

Antibiotics

Many doctors are now reluctant to prescribe antibiotics for common illnesses such as colds, or may adopt a 'wait-and-see' policy to make sure an infection is caused by bacteria. Not only are antibiotics ineffective against viruses, but inappropriate use of these can result in the child developing a resistant infection in the future. If your child is prescribed antibiotics, always make sure the course is finished, even if your child seems better.

- Fever and pain can be treated with *the correct dose of* paracetamol for your child's age or with junior ibuprofen if your child is over the age of one and weighs 7 kg (15 lbs) or over.
- Encourage all the family to wash their hands to prevent the spread of colds from infected secretions.

Coughs

- Children may also cough when they have a cold because of mucus trickling down the back of the throat. If your child is feeding, eating and breathing normally and there is no wheezing, a cough is not usually anything to worry about. But if your child has a bad cough that won't go away, see your GP. If your child has a temperature and cough and/or is breathless, this may indicate an infection on the chest. If the cause is bacteria and not a virus, your GP will prescribe antibiotics to treat this – although it won't soothe or stop the cough straight away.
- If a cough continues for a long time, especially if it is more troublesome at night or is brought on by your child running about, it might be a sign of asthma. Some children with asthma also have a wheeze or some breathlessness. If your child has any of these symptoms, he or she should be seen by your GP. If your child seems to be having trouble breathing, contact your GP, even in the middle of the night.
- Although it is distressing to hear your child cough, in fact coughing serves a purpose. When there is phlegm on the chest, or mucus from the nose runs down the back of the throat, coughing clears it away. Most doctors believe cough mixtures do not work and are a waste of money. To ease your child's cough, give him or her plenty of warm, clear fluids to drink. If your child is over the age of one, try a warm drink of lemon and honey. There is no need to try to stop the cough completely.

Croup

Croup is a result of inflammation of the larynx (voicebox). Your child will have a hoarse, barking cough and noisy breathing. Contact your GP if you think your child has croup. Sometimes, though not often, croup can be life-threatening. Therefore, it is important to watch out for danger signals like:

- indrawing between the ribs or below the ribs with breathing;
- restlessness and lots of saliva;
- irritability;
- blueness of the lips or face.

If you notice any of these signs, call your GP or, if a doctor is not available, take your child straight to the nearest hospital with an Accident and Emergency department.

- If your child has croup a steamy atmosphere may help to relieve a 'croupy' cough and ease breathing. If your child has an attack of croup sit with him or her in the bathroom with the hot tap running or in the kitchen with water boiling. But be careful: very hot water, even if it isn't boiling, can scald. Keep the door and windows closed.

Diarrhoea

Young Babies

Most young children have occasional loose stools. Diarrhoea means the frequent passage of unformed watery stools. Diarrhoea, together with vomiting, is called gastro-enteritis. The main problem is that, if diarrhoea or gastro-enteritis continues for more than a few hours, your baby can lose too much fluid from the body and may then become **dehydrated**. The baby becomes lethargic, has a dry mouth, the skin becomes loose and the eyes and fontanelle (soft spot on the top of the head) may become sunken. The baby will also pass very little urine.

To prevent or treat dehydration your baby will need extra fluids. There are special fluids available which can be bought from your local pharmacy or chemist or prescribed by your doctor. These are called **oral rehydration fluids** and include Dioralyte, Electrolade and Rehidrat.

If the diarrhoea continues for more than a few hours, or your baby is also vomiting or is unwell, contact your doctor or health visitor urgently for advice.

In general, for mild diarrhoea:

- give extra fluids in the form of **oral rehydration fluids** – for example, in between feeds or after each watery stool;
- **don't stop breastfeeding** – give the extra fluid in addition to breast milk;
- **if you are bottle feeding** offer normal formula feeds and give extra fluids in the form of *oral rehydration fluid*.

For more severe diarrhoea or for diarrhoea and vomiting:

- **don't stop breastfeeding** – give oral rehydration fluid in addition to breast milk;
- stop formula feeds and **give oral rehydration fluid for three–four hours**;
- **start giving normal formula feeds** after giving oral rehydration fluid for three to four hours.

Your doctor will give you further advice. Many no longer advise that you should stop bottle feeding for 24 hours, and also advise that toddlers can go back on to a normal diet three–four hours after having rehydration fluids.

Remember, if your baby is unwell, or if watery diarrhoea has lasted more than a day, seek your doctor's advice straight away.

Toddler diarrhoea

Some children between the ages of one and five pass frequent, smelly, loose stools with mucus or bits of vegetables in them. Usually these children are otherwise perfectly healthy and are growing fine, and the doctor cannot find any serious cause. This type of diarrhoea is known as 'toddler diarrhoea'. If your toddler has diarrhoea for which there is no obvious cause the following may help.

- **Giving less fluid between meals and at meals if your child drinks a lot.** In particular, cut down on low-calorie drinks with artificial sweeteners and clear apple juice if your child drinks these. If your child is used to drinking a lot, you may have to do this gradually by offering smaller amounts. Also, if your child wants a drink in between meals, try offering some snack food too, such as a piece of bread and butter with a smaller drink.
- **Try to introduce more foods with fat,** such as full-fat yoghurt, cheese, fromage frais and butter.

- **If your child is having foods with a lot of fibre, or wholemeal foods, reduce these.** Give white bread, pasta and white rice instead of wholemeal varieties.

Older children

Contact your GP if your child is vomiting at the same time, or if the diarrhoea is particularly watery, has blood in it or goes on for longer than two or three days or your child has severe or continuous tummy ache.

- Otherwise diarrhoea isn't usually worrying – just give your child plenty of clear drinks to replace the fluid that's been lost, but only give food if it's wanted. Do not give anti-diarrhoeal drugs unless prescribed by your GP.

- Help to prevent any infection spreading by using separate towels for your child and by reminding everyone in the family to wash their hands after using the toilet and before eating.

Ear infections

Ear infections are common in babies and small children. They often follow a cold and sometimes cause a bit of a temperature. Your child may pull or rub at an ear, but babies can't always tell where pain is coming from and may just cry and seem unwell and uncomfortable.

- If your child has earache but is otherwise well, paracetamol can be given for 12–24 hours. A covered hot-water bottle can also be placed under your child's ear for warmth.

- Do not put any oil or eardrops into your child's ear unless advised to do so by the GP.

- Some doctors prefer to treat ear infections with antibiotics, others feel the infection will clear up with paracetamol and decongestant nose drops.

After an ear infection your child may have a hearing problem for two to six weeks. If the problem persists after this time you should see your GP for further advice.

Repeated ear infections

Repeated bouts of middle ear infections (called otitis media) may lead to 'glue ear' (otitis media with effusion). Here sticky fluid builds up and can affect your child's hearing. Your child may also have behaviour problems. If you smoke, your child is more likely to develop glue ear and will not get better so quickly. Never bottle feed your baby if he or she is lying down nor let your child drink milk lying down if he or she has repeated ear infections. The milk may go into the short tube between the ear and throat (Eustachian tube) and cause irritation. It is also better if your baby can be weaned from a bottle on to a cup. Your GP will give you further advice about the treatment for glue ear.

Eczema

Atopic eczema (which occurs mainly where there is a family history of eczema, asthma or hayfever) is thought to affect one in eight children. It often starts between the ages of two and four months with patches of red, dry and irritable skin on the face or behind the ears, and in the creases of the neck, knees and elbows. It can be very itchy. This can lead to your baby scratching and the eczema may sometimes become infected. If you think your child has eczema, speak to your GP or health visitor.

Tips on managing eczema

- *Keep your child cool and the bedroom temperature cool.*
- *The faeces of the house dust mite can sometimes cause an allergic reaction and make eczema worse.*
- *If your child has fluffy or furry toys in the cot or bedroom, the house dust mite collects on them. Limit these toys to one or two favourites, and either wash them weekly at 60°C or put them in a plastic bag in the freezer for 24 hours to kill the house dust mite.*
- *Wash your child's bedlinen at 60°C to kill the house dust mite.*
- *Parents sometimes get worried about using topical steroids. However, used properly for short periods they are safe and may prevent the eczema getting worse.*
- ***Don't cut out important foods, such as milk, dairy products, wheat or eggs, without consulting your GP or health visitor.*** *It's fine to cut out such foods as citrus fruits, juice or tomatoes if you think these are irritating the skin.*
- *Don't let your child's skin get dry. Apply a moisturising cream or emollient to the skin several times a day. (Try to put some cream on when you feed your baby or change a nappy.)*
- *Apply the cream with downward strokes – don't rub it up and down.*
- *Avoid using substances that dry or irritate your baby's skin, such as soap, baby bath, bubble bath or detergents.*
- *Bath your child in cool water with a suitable skin oil added.*
- *Aqueous cream, which can be bought cheaply from pharmacists, is often as effective a moisturiser as more expensive creams. It can also be used for washing instead of soap.*
- *Try to identify and avoid anything that irritates the skin or makes the problem worse. For example, soap powder, animals, chemical sprays, cigarette smoke or some clothing.*
- *Avoid wool and nylon clothing – cotton is best.*

Fits or convulsions

Febrile convulsions or 'fever fits' are common in children under the age of three, but can seem very alarming to parents. Although there are other reasons why children 'fit', fits are most commonly triggered by a high temperature. If your baby or child seems feverish or has a high temperature it is important to cool him or her down immediately. See **Temperatures** on page 98 to find out how to do this.

What to do if your child has a fit
If your child has a fit he or she may suddenly turn blue and become rigid and staring. Sometimes the eyes will roll and the limbs start to twitch and jerk.

- Keep calm.
- Lie your child on his or her side to make sure he or she does not vomit or choke. Remove any objects from your child's mouth. Do not put anything in the mouth.
- Remove your child's clothing and any covering, and ensure your child is cool but not chilly.
- Sponge your child with tepid water if possible, starting from the head and working downwards.

Most fits will stop within three minutes. When it is over, reassure your child, make him or her comfortable, and then call a doctor.

- If the fit hasn't stopped, dial 999, or get someone else to go for help. Carry your child with you if there is no one to help you. If your GP isn't immediately available take your child to a hospital or call an ambulance. Stay with the child to prevent injury and move objects away from where the child is lying.
- Tell your GP that your child has had a fit.

Febrile convulsions become increasingly less common after the age of three and are almost unknown after the age of five. Children with *epilepsy,* which causes fits or seizures, may also grow out of these.

Bug busting

For more information on head lice detection and eradication check the Community Hygiene Concern website: www.chc.org/bugbusting/

Head lice

Head lice are tiny insects and are slightly smaller than a match head. They can be difficult to see. Lots of children get head lice. It makes no difference whether their hair is clean or dirty. They catch them just by coming into contact with someone who is infested. When heads touch, the lice simply walk from one head to the other. They cannot jump or fly.

Signs of head lice

- A rash on the scalp.
- Lice droppings (a black powder, like fine pepper, may be seen on pillowcases).
- Eggs/nits – the lice lay eggs that are dull and well camouflaged, and hatch after about seven–ten days. Nits are the empty eggshells, about the size of a small pinhead. They are white and shiny and may be found further down the scalp, particularly behind the ears. They may be mistaken for dandruff, but, unlike dandruff, they're firmly glued to the hair and cannot be shaken off.
- Head itching – this is not always the first sign. Lice have usually been on the scalp for three or four months before the head starts to itch, or they may not cause itching.

Checking for head lice

Lice are most easily detected by fine toothcombing really wet hair. Wet your child's hair and part it about 30 times. Comb each section carefully with a plastic, fine-tooth nit comb. This should be done over a pale surface, such as a paper towel or white paper, or over a basin of water or when your child is in the bath. Any lice present may be seen on the scalp or the comb, or may fall on the paper or in the water. They are usually grey or brown in colour.

Treatment of head lice

There are two ways of dealing with the problem.

'Wet combing' or non-insecticide method

- Wash the hair in the normal way with an ordinary shampoo.
- Using lots of hair conditioner and while the hair is very wet, comb through the hair from the roots with a fine tooth comb. Make sure the teeth of the comb slot into the hair at the roots with every stroke.
- Clear the comb of lice between each stroke with a tissue or paper towel.
- Wet lice find it difficult to escape, and the hair conditioner makes the hair slippy and harder for them to keep a grip, so that removal with the comb is easier.
- Repeat this routine every three to four days for two weeks so that any lice emerging from the eggs are removed before they can spread.

Lotions

Lotions currently available to treat head lice contain either malathion, phenothrin, permethrin or carbaryl. Lotions containing carbaryl can only be obtained on prescription from your doctor. The others may be bought from pharmacists or obtained on prescription. Your school nurse, health visitor, pharmacist or GP can advise you on which one to use.

Alternative treatments. 'Natural' methods of treating head lice using essential or aromatherapy oils, such as lavender, rosemary or tea tree oil, or blends of different oils, are popular with some parents. However, little research has been done on their effectiveness or whether these can be toxic if used repeatedly or in the incorrect amount. Some oils can also irritate the skin or may not be suitable for children. **If you do use essential oils to treat head lice it is therefore wise to use these cautiously and not as a preventative measure against lice. It is also known that some essential oils should not be used in pregnancy, so always check that any oil used to treat head lice during pregnancy is safe to use.**

Remember

- One infected child can infect an entire nursery – so do treat your child as soon as you discover head lice.
- Tell the nursery and other parents.
- Check your child's hair regularly, and always check if there is an outbreak at the nursery or school.
- If your child has head lice, check the whole family (including dad!) and treat them if necessary.
- Older people, such as grandparents, may have head lice without knowing it and may pass these on to children.
- Brush and comb your child's hair often – it may help prevent head lice taking hold.

TREATING HEAD LICE USING LOTIONS OR RINSES

Only use these when head lice have been detected and never as a preventative. A fine-tooth *plastic* comb is better for detection than a metal one.

- *Head lice shampoos are not recommended as they are generally ineffective.*
- *Head lice repellants are not recommended.*
- *Follow the instructions on how to use the lotion or rinse carefully.*
- *To make sure all the head is covered, use an adequate amount of lotion. A minimum of 50 ml is needed for each application.*
- *Make a small parting, pour a few drops of lotion on to this and spread over the scalp and hair with the fingers.*
- *Repeat this process making small partings systematically about every 2 cm or ½ in until the whole head is covered.*
- *If after you have rinsed the product off, **live lice** can still be seen on the head, or seen within a day or two of treatment, the lice may be resistant to the insecticide. In this case, use the 'wet combing' method as described, or switch to a product with a different ingredient. If you have used a product containing phenothrin or permethrin, do not switch to another product containing either of these as they belong to the same insecticide group.*
- *A second application of the same treatment is recommended seven days later.*
- *Do not use any product containing malathion or carbaryl more than once a week for three weeks at a time.*
- *Once the lice are dead, if you want to remove empty eggshells ('nits') from the head, metal tooth combs are best.*

Thermometers

Ear thermometer
Digital thermometers are put in the child's ear. They take the child's temperature in one second and do not disturb the child, but are expensive. Ear thermometers may give low readings when not correctly placed in the ear. Carefully read the manufacturer's instructions and familiarise yourself with how the thermometer works (this applies to all thermometers).

Strip-type thermometer
Strip-type thermometers, which you hold on your child's forehead, are not an accurate way of taking termperatures. They show the skin and not the body temperature.

Mercury-in-glass thermometers
Shake down the mercury in the thermometer. Hold your child on your knee and tuck the thermometer under his or her armpit. Hold your child's arm against his or her body, and leave the thermometer in place for at least five minutes. It may help to read a story or watch television while you do this.

A mercury-in-glass thermometer should not be placed in the mouth of a young child as they may bite and break it. You should seek medical advice if this happens, as mercury is poisonous.

Nappy rash

See page 25.

Sore throat

Many sore throats are caused by viral illnesses like colds or flu. Your child's throat may be dry and sore for a day or so before the cold starts.

Sometimes a sore throat is caused by tonsillitis. Your child may find it hard and painful to swallow, have a high temperature and swollen glands at the front of the neck, high up under the jaw.

The majority of sore throats will clear up on their own after a few days. Paracetamol can be given to help reduce the pain.

If your child has a sore throat for more than four days, has a high temperature and is generally unwell or is unable to swallow fluids or saliva, see your GP.

Teething

See page 33.

Temperatures

You may wish to discuss methods of taking your child's temperature with your health visitor, doctor or practice nurse. Whichever method you use, do not rely on readings alone. If you have any health concerns, seek medical advice. If you are buying a new thermometer, consider buying one that is mercury-free.

Normal body temperature

Under the arm, normal temperature is about 36.4°C (97.4°F). Under the tongue, normal temperature is slightly higher, at about 37°C (98.4°F), but may vary a bit.

Babies under six months

Always contact your GP if your baby has other signs of illness (see box on page 88) as well as a raised temperature and/or if your baby's temperature is 39°C (102°F) or higher.

If the doctor doesn't find a reason for the temperature, he or she will almost certainly want to send a urine specimen to the laboratory. A detailed test will show if your baby has a urine infection.

Older children

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

- It's important to encourage your child to drink as much fluid as possible. Cold, clear drinks are best. Even if your child isn't thirsty, try to get him or her to drink a little and often, to keep fluids up. Don't bother about food unless it's wanted.

Bringing a temperature down is important because a continuing high temperature can be very unpleasant and, in a small child, occasionally brings on a fit or convulsion (see page 95).

- Give your child plenty of cool clear fluids.
- Undress your child to his or her nappy or pants and vest.
- Cover with a sheet if necessary.
- Keep the room cool by turning the radiators down or opening a window.
- Give paracetamol in the *correct* recommended dose for your child's age every four hours.

After these measures, take the temperature in your child's armpit if you have a thermometer. If the

temperature is above 40–41°C (104–105°F), or your child still feels feverish, try sponging your child's body, arms and legs with *tepid* water. **Do not use cold water** as this causes the blood vessels to contract and less heat will be lost. Always give the paracetamol before starting sponging.

Vomiting

Babies

Babies often sick up a bit of milk, some a lot, without distress. But if your baby is vomiting often or violently and/or there are other signs of illness, contact your GP straight away. Your baby can lose a dangerous amount of fluid if he or she is sick often, especially if your baby has **diarrhoea** as well (see page 93 for how to make sure your baby is getting enough fluid).

Older children

Older children can be sick once or twice without any bother and be well again quickly afterwards, or after a night's sleep. If your older child goes on vomiting, and/or there are other signs of illness, contact your GP.

- Give your child plenty to drink – clear drinks rather than milk. Don't bother about food unless he or she wants it.

Threadworms

Many children get threadworms. They spread by producing large numbers of tiny eggs which cannot be seen with the eye. The eggs are present in dust and stick to food, carpets, towels, bedlinen and toilet seats. Because they are so small and widespread they get on fingers and under fingernails and are easily swallowed. In the bowel they hatch into worms which lay eggs around the bottom. You'll see them in your child's stools, looking like tiny white threads. Your child may have an itchy bottom and may scratch it a lot, especially at night.

If you think your child has worms, see your GP or health visitor, or ask your pharmacist for treatment. Everybody in the family has to be treated because the threadworm eggs spread very easily. To prevent the infection spreading:

- keep your child's nails short;
- let your child wear pyjamas or pants in bed;
- bath your child or wash around the bottom each morning;
- keep your child's towel separate;
- make sure everyone in the family washes their hands and scrubs their nails before every meal and after going to the toilet;
- disinfect the toilet seat, toilet handle or chain regularly;
- vacuum and dust bedrooms thoroughly.

Spotting a rash

Rashes look different on different people. The colour of spots can vary and, on a black skin, rashes may be less easy to see. If in doubt, check with your GP. Small children and babies sometimes get rashes that are not due to infectious illnesses and which soon go without treatment. For information about meningitis and septicaemia, see page 100.

Kawasaki disease

This disease affects up to 2,000 children a year, mainly the under fives, but is not very well known. A diagnosis is important because of the risk of serious complications, which include coronary artery disease. Although it affects all children, it appears to be more common in children of Asian and African-Caribbean origin. The child has a high fever lasting more than five days without any obvious cause and at least four of the following symptoms:

- *conjunctivitis (red infected eyes);*
- *a rash;*
- *dry, red, swollen lips or a 'strawberry tongue';*
- *redness and/or swelling of the arms and legs or general peeling of the skin;*
- *swollen glands.*

Infectious illnesses

The 'glass test'
Press the side of a clear drinking glass firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your doctor immediately.

Where can I get more information?
*Phone the Meningitis Research Foundation's free 24-hour helpline on **080 8800 3344** or visit the website at **www.meningitis.org**. Phone the Meningitis Trust's 24-hour helpline on **0845 6000 800** or visit the website at **www.meningitis-trust.org**.*

*You can also ask your doctor, practice nurse or health visitor for advice, or call NHS Direct on **0845 4647**.*

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 poisoning, 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 pages 104–5).

Immunisation

Immunisation is the safest and most effective way of protecting your child against serious diseases

What is immunisation?

Immunisation is a way of protecting against serious diseases. Once we have been immunised, our bodies are better able to fight those diseases if we come into contact with them.

When to have your child immunised

Your child should have their first immunisations at two months old. They will be given further doses of these immunisations when they are three months old and four months old. Other immunisations are given at around 13 months old, then between three and five years old (before your child starts school), and in their teenage years.

Watch out for meningitis and septicaemia

Both meningitis and septicaemia are very serious. 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 know the signs and symptoms of these conditions.

In babies, the main symptoms of meningitis may include:

- *a high-pitched, moaning cry*
- *irritable when picked up*
- *a bulging fontanelle*
- *drowsy and less responsive/vacant – being difficult to wake*
- *floppy and listless or stiff with jerky movements*
- *refusing feeds and vomiting*
- *skin that is pale, blotchy or turning blue*
- *fever*

and the main symptoms of septicaemia may include:

- *rapid or unusual patterns of breathing*
- *skin that is pale, blotchy or turning blue*
- *fever with cold hands and feet*
- *shivering*
- *vomiting and refusing to feed*
- *red or purple spots that do not fade under pressure (do the glass test explained below)*
- *pain/irritability from muscle aches or severe limb/joint pain*
- *floppiness*
- *severe sleepiness.*

It is important to remember that not all 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. If you can't get in touch with your doctor, or are still worried after getting advice, trust your instincts and take your child to the emergency department of your nearest hospital.

Illness	Incubation period (The time between catching an illness and becoming unwell)	Infectious period (When your child can give the illness to someone else)	How to recognise it	What to do
Chicken pox	11–21 days	From the day before the rash appears until all the spots are dry.	Begins with feeling unwell, a rash and maybe a slight temperature. Spots are red and become fluid-filled blisters within a day or so. Appear first on the chest and back, then spread, and eventually dry into scabs, which drop off. Unless spots are badly infected, they don't usually leave a scar.	No need to see your GP unless you're unsure whether it's chicken pox, or your child is very unwell and/or distressed. Give plenty to drink. Paracetamol will help bring down a temperature. Baths, loose comfortable clothes and calamine lotion can all ease the itchiness. You should also inform the school/nursery in case other children are at risk. **Keep your child away from anyone who is, or who is trying to become, pregnant. If your child was with anyone pregnant just before he or she became unwell, let that woman know about the chicken pox (and tell her to see her GP). Sometimes chicken pox in pregnancy can cause miscarriage or the baby may be born with chicken pox.**
Measles	7–12 days	From a few days before until 4 days after the appearance of the rash.	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; may be blotchy, but are 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 cough and high temperature. The illness usually lasts about a week.	See your GP. If your child is unwell give him or her rest and plenty to drink. Warm drinks will ease the cough. Paracetamol will ease discomfort and lower the temperature. Vaseline around the lips protects the skin. Wash crustiness from eyelids with warm water.
Mumps	14–21 days	From a few days before becoming unwell until swelling goes down. Maybe 10 days in all.	At first, your child may be mildly unwell with a bit of fever, and may complain of pain around the ear or feel uncomfortable when chewing. Swelling then starts under the jaw up by the ear. Swelling often starts on one side, followed (though not always) by the other. Your child's face is 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. For both boys and men, the risk of any permanent damage to the testes is very low.	Your child may not feel especially ill and may not want to be in bed. Baby or junior paracetamol will ease pain in the swollen glands. Check correct dosage on pack. Give plenty to drink, but not fruit juices. They make the saliva flow, which can hurt. No need to see your GP unless your child has stomach ache and is being sick, or develops a rash of small red/purple spots or bruises.
Parvovirus B19 (also called fifth disease or slapped cheek disease)	Variable 1–20 days	It is most infectious in the days before the rash appears.	Begins with a fever and nasal discharge. A bright red rash similar to a slap appears on the cheeks. Over the next 2-4 days, a lacy type of rash spreads to the trunk and limbs.	Although this is most common in children, it can occur in adults. In the majority of cases it has no serious consequences, but it may cause complications for people with chronic anaemic conditions (e.g. sickle cell disease). Rarely, in pregnant women who are not immune to the disease, the infection may result in stillbirth or affect the baby in the womb. **Pregnant women who come into contact with the infection or develop a rash should see their GP as soon as possible.**
Rubella (German measles)	14–21 days	One week before and at least 4 days after the rash first appears.	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 won't usually feel unwell.	Give plenty to drink. Keep your child away from anybody you know who's up to 4 months pregnant (or trying to get pregnant). If your child was with anyone pregnant before you knew about the illness, let her know. If an unimmunised pregnant woman catches German measles in the first 4 months of pregnancy, there is a risk of damage to her baby. **Any pregnant woman who has had contact with German measles should see her GP. The GP can check whether or not she is immune and, if not, whether there is any sign of her developing the illness.**
Whooping cough	7–14 days	From the first signs of the illness until about 6 weeks after coughing first starts. If an antibiotic is given, the infectious period is up to 5 days after beginning the course of treatment.	Begins like a cold and cough. The cough gradually gets worse. After about 2 weeks, coughing bouts start. These are exhausting and make it difficult to breathe. Your child may choke and vomit. Sometimes, but not always, there's a whooping noise as the child draws in breath after coughing. It takes some weeks before the coughing fits start to die down.	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 doctor. 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.

Why do we need immunisation?
Our bodies have a natural defence system against disease. This is called the immune system. The immune system produces substances called antibodies which usually fight off infection and prevent disease.

However, there are some diseases that can kill children or cause lasting damage to their health. Immunisations are given to strengthen your child's immune system to fight off those diseases if they come into contact with them.

Remember, it's never too late to have your child immunised. *Even if your child has missed an immunisation and is older than the recommended ages, talk to your doctor, practice nurse or health visitor to arrange for your child to be immunised.*

Your doctor's surgery or clinic will usually send you an appointment for you to bring your baby for immunisation.

Most surgeries and health centres run special immunisation or baby clinics. If you can't get to the clinic, contact the surgery to make another appointment. All childhood immunisations are free. It is important that your baby has their immunisations at the right age. This will help keep the risk of your baby catching these diseases as low as possible. Also, the ages when vaccines are given have been chosen to keep any risk of reactions as low as possible.

At the appointment

The doctor or nurse will explain the immunisation process to you, and answer any questions you have. The vaccine will be given by injection into your baby's thigh or upper arm.

Common questions about immunisation

How do vaccines work?
Vaccines contain a small part of the bacterium or virus that causes a disease, or tiny amounts of the chemicals that the bacterium produces. Vaccines work by causing the body's immune system to make antibodies (substances that fight off infection and disease). If your child comes into contact with the infection, the antibodies will recognise it and be ready to protect him or her.

Because vaccines have been used so successfully in the UK, diseases such as polio and diphtheria have almost disappeared from this country.

There are some diseases that can kill children or cause lasting damage to their health. Immunisations are given to strengthen your child's immune system to fight off those diseases if they come into contact with them.

If these diseases have effectively disappeared in this country, 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. More than half of these are children under the age of five. Most of these deaths could be prevented by immunisation.

As more people travel abroad, there is a risk that they will bring these diseases back into the UK. The diseases may spread to people who haven't been immunised and so your baby is at greater risk if he or she has not been immunised.

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, can't be immunised.

How do we know that vaccines are safe?
Before being licensed, all medicines (including vaccines) are thoroughly tested to assess 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 assessed 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.

I am worried that my baby will be upset by having an injection.
Your baby may cry and be upset for a few minutes, but they will usually settle down after a cuddle.

Will my baby have any side effects from the injection?
Some babies will have side effects such as:

- redness or swelling where they had the injection (this will slowly disappear on its own); or
- feeling a bit irritable and unwell, and some may have a temperature (fever).

I'm worried that my baby may have allergies. Can he have the vaccine?
Yes. Asthma, eczema, hay fever and allergies do not prevent your child having any vaccine in the routine childhood immunisation programme. If you have any questions, speak to your doctor, practice nurse or health visitor.

Are some babies allergic to vaccines?
Very rarely, children can have an allergic reaction soon after immunisation. This reaction may be a rash or itching affecting part or all of the body, which the doctor or nurse giving the vaccine will know how to treat. This is not a reason to withhold further immunisations.

Even more rarely, children may have a severe reaction, within a few minutes of the immunisation, which causes breathing difficulties and can cause the child to collapse. This is called an anaphylactic reaction. 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 recover completely.

An anaphylactic reaction is a severe and immediate allergic reaction that needs urgent medical attention.

Are there any reasons why my baby should not be immunised?
There are very few reasons why babies cannot be immunised. The vaccines should **not** be given to babies who have had:

- a confirmed anaphylactic reaction to a previous dose of the vaccine; or
- a confirmed anaphylactic reaction to neomycin, streptomycin or polymyxin B (antibiotics used in vaccines).

In general, children who are 'immunosuppressed' should not receive live vaccines. Children who are immunosuppressed include those:

- whose immune system is suppressed because they are undergoing treatment for a serious condition, such as a transplant or cancer; or
- who have any condition which affects the immune system, such as severe primary immunodeficiency.

If this applies to your child, you must tell your doctor, practice nurse or health visitor before the immunisation. They will need to get specialist advice on using live vaccines such as MMR and BCG.

There are no other reasons why vaccines should definitely not be given.

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 have recovered. This is to avoid the fever being associated with the vaccine, or the vaccine increasing the fever your child already has.

If your baby:

- has a bleeding disorder; or
- has had a fit not associated with fever

speak to your doctor, practice nurse or health visitor before your child has any immunisation.

What is fever?
A fever is a temperature over 37.5°C. Fevers are quite common in young children but are usually mild. If your child's face feels hot to the touch and they look red or flushed, he or she may have a fever. You could check tbeir temperature with a thermometer.

How to treat a fever
Keep your child cool by:

- *making sure they don't have too many layers of clothes or blankets on; and*
- *giving them plenty of cool drinks.*

A dose of infant paracetamol or ibuprofen liquid may help reduce your child's fever. Read the instructions on the bottle very carefully. You may need to give a second dose four to six hours later.

Remember: ***never give aspirin-containing medicines to children under 16 years old.***

If you are worried about your child, trust your instincts. Speak to your doctor or call NHS Direct on ***0845 4647****.*

Call the doctor immediately if your child:

- *has a temperature of 39°C or above; or*
- *has a fit.*

If the surgery is closed and you can't contact your doctor, go to the emergency department of your nearest hospital.

What are fits?

Fits are often called seizures or convulsions. Some are associated with fever and some are not.

Seizures associated with fever (which may be called a febrile seizure or febrile convulsion) are rare in the first six months of life and most common in the second year of life. After this age, the frequency falls and they are rare after the age of five years. Most children who have febrile seizures recover fully.

When a seizure occurs within a short time after immunisation, it might not have been caused by the vaccine or the fever. It could be due to an underlying medical condition.

If your baby has a fit after an immunisation, contact your doctor. He or she may refer you to a specialist for advice about further investigations and future immunisations.

If the surgery is closed or if you can't contact your doctor, go straight to the emergency department of your nearest hospital.

Contrary to popular belief, you can take your baby swimming at any time before and after their immunisation.

Childhood Immunisations

Up to the age of about 15 months, your child will need to have DTaP/IPV/Hib, MenC and MMR vaccines. These are described below, together with the diseases they protect against.

DTaP/IPV/Hib vaccine

Your baby should be immunised with the DTaP/IPV/Hib vaccine when they are two, three and four months old.
This vaccine protects your child against five different diseases – diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib).

What is diphtheria?
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 and, in severe cases, it can kill.

What is tetanus?
Tetanus is a disease affecting the nervous system which can lead to muscle spasms, cause breathing problems and can kill. It is caused when germs that are found in soil and manure get into the body through open cuts or burns. Tetanus cannot be passed from person to person.

What is pertussis (whooping cough)?
Whooping cough is a disease that can cause long bouts of coughing and choking which can make it hard to breathe and can last for up to 10 weeks. Babies under one year of age are most at risk from whooping cough. For these babies, the disease is very serious and can be fatal. It is not usually serious in older children.

What is polio?
Polio is a virus that attacks the nervous system and can permanently paralyse the muscles. If it affects the chest muscles or the brain, polio can kill.

What is Hib?
Hib is an infection caused by *Haemophilus influenzae* type b bacteria. It can lead to a number of major illnesses, such as blood poisoning (septicaemia), pneumonia and meningitis. The Hib vaccine only protects your baby against the type of meningitis caused by the *Haemophilus influenzae* type b bacteria – it does not protect against any other type of meningitis. The illnesses caused by Hib can kill if they are not treated quickly.

After immunisation with DTaP/IPV/Hib
Your baby might get some of the following side effects, which are usually mild:

- It is quite normal for your baby to be miserable for up to 48 hours after having the injection.
- Your baby could develop a mild fever (see page 103).
- You might notice a small lump where your baby had the injection. This may last for a few weeks but will slowly disappear.

If you think your baby has had any other reaction to the DTaP/IPV/Hib vaccine, talk to your doctor, practice nurse or health visitor.

MenC vaccine

Your baby should be immunised with MenC vaccine when they are two, three and four months old.
This vaccine protects your child against meningitis and septicaemia (blood poisoning) caused by 'meningococcal group C' bacteria.

MenC vaccine does not protect against meningitis caused by other bacteria, e.g. meningococcal group B bacteria, or by viruses (see page 100).

After immunisation with MenC
Your baby may have redness and swelling where they had the injection. About half of all babies who have the vaccine may become irritable, and about one in 20 could get a mild fever.

MMR vaccine

Your baby should be immunised with their first dose of MMR vaccine at around 13 months of age.
MMR protects your child against measles, mumps and rubella (German measles).

What is measles?
Measles is caused by a very infectious virus. Nearly everyone who catches it will have a high fever, a rash and generally be unwell. Children often have to spend about five days in bed and could be off school for ten days. Adults are likely to be ill for longer. It is not possible to tell who will be seriously affected by measles. The complications of measles affect one in every 15 children. The complications include chest infections, fits, encephalitis (swelling of the brain) and brain damage. In very serious cases, measles kills.

How is it spread?
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 is so infectious, the chances are your child will get measles if he or she is not protected. Mumps and rubella are spread in the same way.

What is mumps?
Mumps is caused by a virus which can lead to fever, headache and painful, swollen glands in the face, neck and 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 testicles in males and the ovaries in females. Mumps lasts about seven to ten days.

What is rubella?
Rubella (German measles) is a disease caused by a virus. In children, it is usually mild and can go unnoticed. It causes a short-lived rash, swollen glands and a sore throat. Rubella is very serious for unborn babies. It can seriously damage their sight, hearing, heart and brain. Rubella infection in the first three months of pregnancy causes damage to the unborn baby in nine out of ten cases. This condition is called congenital rubella syndrome (CRS). In many of the cases, pregnant women caught rubella from their own, or their friends', children.

What is the MMR vaccine?
The MMR vaccine contains weakened versions of live measles, mumps and rubella viruses. Because the viruses are weakened, people who have recently had the vaccine cannot infect other people.

How and when is the vaccine given?
The vaccine is injected into the muscle of the thigh or upper arm. It is given to a child at around 13 months of age after the immunity the baby got from his or her mother fades. It is given again when children are aged between three and five.

How effective is the MMR vaccine?
MMR has been responsible for almost wiping out the three diseases in children since it was introduced in the UK in 1988.

Immunisation and premature babies

Premature babies may be 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.

MMR and autism
Some years ago, there were many stories in the media linking MMR with autism. These caused some parents to delay their child's MMR immunisation or not to have it at all – resulting in outbreaks of measles. However, independent experts from around the world have found no credible scientific evidence for such a link and there is a large amount of evidence that shows there is no link.

MMR is the safest way to protect your child against measles, mumps and rubella.

Egg allergies
The MMR vaccine can safely be given to children who have had a severe allergy (anaphylactic reaction) to egg. If you have any concerns, talk to your doctor, practice nurse or health visitor.

After vaccination with MMR
The three different viruses in the vaccine act at different times and may produce the following side effects after the first dose.

- Six to ten days after the immunisation, as the measles part of the vaccine starts to work, about one in ten children may develop a fever and some develop a measles-like rash and go off their food. (For advice on treating a fever, see page 103.)
- About one in every 1,000 immunised children may have a fit caused by a fever. This is called a 'febrile convulsion' (see page 104). However, if a child who has not been immunised gets measles, they are five times more likely to have a fit.
- 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 vaccination. 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. However, if a child catches measles, the chance of developing encephalitis is between one in 200 and one in 5,000.

Side effects after the second dose are even less common and usually milder.

Other immunisations

BCG vaccine

Protecting against tuberculosis (TB)
The BCG vaccine is not part of the routine childhood immunisation programme. The BCG vaccine is offered to those babies who are more likely than most to come into contact with someone with TB. If the vaccination is offered, it is usually while you and your baby are still in hospital, but it can be given later.

What is TB?
TB is an infection that usually affects the lungs. It can also affect other parts of the body, such as the lymph glands, bones, joints and kidneys. It can also cause a serious form of meningitis. Most cases can be cured with treatment.

After immunisation
A blister or sore may appear where the injection is given. If it does appear, it will heal gradually, and it is best if you do not cover it up. The sore may leave a small scar. If you are worried or think the sore has become infected, see your doctor.

Although TB is no longer common in the UK, worldwide it kills around two million people a year.

Hepatitis B vaccine

Protecting babies against hepatitis B
The hepatitis B vaccine is not part of the routine childhood immunisation programme. The vaccine is currently given to babies whose mothers are hepatitis B positive to prevent the babies developing the disease.

What is hepatitis?
Hepatitis is an infection of the liver caused by hepatitis viruses. Hepatitis B vaccine only protects against the B type of the virus which is passed through infected blood from

mothers to their babies, who could then become a carrier and develop serious liver disease later in life.

After immunisation
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.

For further information, visit **www.immunisation.nhs.uk** and enter 'hepatitis B' in the search box.

Travel advice for children

If your child is going abroad, make sure their routine immunisations are up to date. Your child may also need extra immunisations.

Contact your doctor or a travel clinic well in advance for up-to-date information on the immunisations your child may need. Courses of most travel vaccines can be given over a four-week period, but more time will be needed if a primary (first) course of the DTaP/IPV/Hib vaccine has to be given. If you find that you have less time before departure, it is still worth attending a clinic.

Your child may need to be immunised against other diseases such as yellow fever, and have a vaccination certificate as proof, before they can enter some countries. The certificate becomes valid and effective 10 days after the vaccination is given.

Watch out for malaria

Malaria is a serious infection that you can catch from mosquito bites. It is a major problem in tropical countries.

If you are travelling to an area where there is malaria, your child will need protection.

There isn't an immunisation against malaria, but your doctor will be able to give you advice on taking anti-malarial drugs. Anti-malarial drugs do not provide complete protection, and they can be quite difficult to give to children.

For more information
You can get *Health advice for travellers*, an information leaflet produced by the Department of Health, from the post office. Or ring the free Health Literature Line on 0800 555 777, between 8am and 6pm, and ask for leaflet T7. You can also get further information on the Department of Health website at **www.dh.gov.uk**

Routine childhood immunisation programme

Each vaccine is given as a single injection in the arm or leg.

When to immunise	What is given
Two, three and four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib) MenC
Around 13 months old	Measles, mumps and rubella (MMR)
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV) Measles, mumps and rubella (MMR)
Thirteen to 18 years old	Tetanus, diphtheria and polio (Td/IPV)

For more information on immunisation, visit **www.immunisation.nhs.uk**.
For more information on MMR, visit **www.mmrthefacts.nhs.uk**.

Avoiding mosquito bites
Do all you can to prevent your child from getting bitten by mosquitoes.

- *During the day and night, use clothes that cover the arms and legs.*
- *Use insect repellent on the skin and a mosquito net soaked in insecticide.*

Use an insect repellent suitable for children. Ask your pharmacist for advice.

The Child Accident Prevention Trust (CAPT) *provides useful information on a range of safety topics, as well as some fun activity and quiz sheets. Look up their website at* ***www.capt.org.uk***

Safety

- Accidents are the most common cause of death among children aged between one and five years.
- Every year about 600,000 children under five go to hospital because of an accident in the home.

Children need to explore and to learn about the things around them. The safer you make your home, the less likely it is that their exploration will land them in hospital. Outside your home it's not so easy to make sure that the world is a safe place, but by getting together with other parents you can make a difference.

You can put pressure on your local council as follows:

- to make road crossings safer;
- to mend stairs and walkways and improve lighting;
- to clear rubbish tips and board up old buildings.

Protect and teach

- **Under-threes** can't be expected to understand or remember safety advice. They need to have an adult nearby at all times.
- **Three-year-olds** can start learning how to do things safely, but expect your child to forget if she or he is excited or distracted.

- **Eight-year-olds** can usually remember and act on safety instructions, though they are not yet safe enough to cross a busy road alone. They need adults around at all times to call on for help.
- **Under eleven-year-old** children are unable to judge speed and distance, so they should never cross busy roads alone. From the age of eight or nine children could cross quiet roads alone but they must wait until there are no cars at all. They should know and understand the Green Cross Code.

Safety checklist

Use this list to check whether you're doing everything you can to prevent accidents. It's impossible to list all dangers, but thinking about some of these should start you thinking about others. Tick off the things you've done.

Danger – choking and suffocation

- ❑ Do you store small objects away from babies and small children who might put them in their mouths?
- ❑ Have you got rid of ribbons and strings that might, either in play or by accident, get wound around a child's neck?
- ❑ Do you keep peanuts away from children in your house? They often cause choking.
- ❑ Do you store polythene bags out of children's reach?

Danger – fires, burns and scalds

- ❑ Have you fitted a smoke detector?
- ❑ Have you checked your smoke detector battery this week?
- ❑ Could you get out of your house in a fire?
- ❑ Have you shortened your kettle flex or bought a coiled flex? Dangling flexes from irons and kettles can be pulled.

- ❑ Do you have a fire guard fixed to the wall round any kind of open fire (coal, gas or electric) or a hot stove?
- ❑ Do you always use the back rings on the cooker and turn pan handles away from the front of a cooker? A flat work surface on either side of the cooker will prevent your child reaching pan handles at the side of the cooker. Or you could fit a cooker hob guard.
- ❑ Do you use a playpen, cot or high chair (with restraints) to keep your child safe while you cook?
- ❑ Do you keep your child away when you're drinking or carrying hot drinks and put mugs and cups, coffee jugs and teapots out of reach?
- ❑ Have you put your tablecloths away? A child pulling at the edges can bring a hot drink or teapot down.
- ❑ Do you always run the cold tap first in the bath and test the temperature before your child gets in? Be especially careful once your child is big enough to get into the bath without help and can play with the taps.
- ❑ Have you turned down the hot water thermostat to 54°C or 130°F to avoid scalds?
- ❑ Do you always cover hot-water bottles to prevent burns and remove them from the bed before your child gets in?

Danger – falls

- ❑ Do you always put bouncing chairs on the floor rather than a table or worktop?
- ❑ Do you have a properly fixed stair gate or barrier, preferably at both the top and bottom of your stairs?
- ❑ Baby walkers are dangerous. They tip babies down stairs and on to fires and radiators. Don't tick this box until you have thrown yours out.
- ❑ Have you checked the rails round your landing and balconies? Could your child fall through, crawl under, climb over? Horizontal railings are especially dangerous.
- ❑ Do you have safety catches or locks on your upstairs windows to stop your child falling out? Are you sure you won't be locked or nailed in if there is a fire?

Danger – cuts

- ❑ Low-level glass in doors and windows is dangerous, especially once your child is on the move. Have you boarded it up, fitted safety film, or safety glass?
- ❑ Do you keep all sharp things somewhere safe (away from children)?
- ❑ Do you make sure your children never walk around holding anything made of glass or with anything like a pencil or lollipop stick in their mouths?

Danger – poisoning

- ❑ Have you locked all alcohol and medicines away or stored them high up, out of sight and where the child can't climb?
- ❑ Are your medicines in child-resistant containers? In other people's houses watch out for dangers like tablets in drawers and handbags.
- ❑ If you use recreational or other illegal drugs, treat them like any other medicines or chemicals and keep them locked away and out of reach of children.
- ❑ Are your household and garden chemicals in a safe place, high up, or locked away? Make sure you replace child-resistant caps properly after use.

- ❑ Are you sure there are no dangerous liquids in a bottle or jar that could make them look like drink?
- ❑ Are you teaching your children not to eat any plants, fungi, berries or seeds?
- ❑ If you use surma on your child's eyes, is it one of the safe, lead-free brands? Talk to your pharmacist. Some surma can be dangerous.

Danger – electricity

- ❑ Are your electric sockets covered by heavy furniture or safety covers when not in use?
- ❑ Have you repaired all worn flexes?
- ❑ Are you careful not to plug too many appliances into one socket?

Danger – drowning

- ❑ Never leave a baby or young child under four alone in the bath for a moment. If the phone or doorbell rings, take your child with you, or let it ring.
- ❑ Is your garden pond covered or fenced off? Never leave your child alone near water.
- ❑ Does your child know how to swim? Children who can swim are safer, but it is still no guarantee of safety, so you should still keep a close watch when your children are near water.

Danger – cars

- ❑ Do you know the law?

- It's illegal to carry an unrestrained child in the front seat.
- It's illegal to carry an unrestrained child if there is a suitable restraint in the car.
- If there's a child restraint in the front but not in the back, then children under three must use it.
- If there's an adult restraint in the front but not in the back, children over three years must use it.
- You can only carry unrestrained passengers if there are more passengers than seat belts.

In general, it's safer for a child over three to use an adult belt than not to use a belt at all. Children should never be allowed to travel in the back of a hatchback (unless it has been specially adapted and fitted with seat belts) or to stand in a moving car.

- ❑ Do you have a rear-facing baby seat or a special restraint system for your carrycot?
- ❑ Do you have a child safety seat for toddlers?
- ❑ Do you have a booster cushion for bigger children to use with an adult safety belt?
- ❑ Do you always make sure you get your children out of the car on the pavement side?
- ❑ If you have air bags fitted to your car, do you make sure your baby always travels in the back seat?

In a growing number of areas there are loan schemes for baby safety seats. Through these schemes, you can get the seats more cheaply. Some schemes are run by local maternity hospitals. Or ask your midwife, health visitor or road safety officer.

Danger – roads

- Never let a child on or near roads alone. Young children don't understand the danger of traffic.
- Hold your child's hand when you're near roads. Walking reins are useful for toddlers.
- Teach your child to cross roads safely by always crossing safely yourself and explaining what you're doing. Don't expect any child under the age of eight to cross a road alone.

Danger – strangers

Parents are often very worried about the possibility that their child will be abducted or murdered by a stranger. In fact this is a rare occurrence compared, for example, with the risk of a traffic accident. Nevertheless it's sensible to teach your children the following.

- Never go with anyone (even someone they know well) without telling the grown-up who is looking after them.
- If someone they don't know tries to take them away, it's OK to scream and kick.
- Tell your children always to tell you if they've been approached by someone they don't know.
- Make sure your child knows what to do if he or she is lost.
- In a crowded place, it's safest to stand still and wait to be found.

Otherwise:

- tell a police officer;
- go into a shop and tell someone behind the counter;
- tell someone who has other children with them.

Teach your child his or her address and phone number or the phone number of some other responsible person.

Safety in the sun

The amount of sun your child is exposed to may increase his or her risk of skin cancer later in life. Do the following to protect your child.

- Keep your child out of the sun between 11 am and 3 pm when the sun is highest and most dangerous.
- Keep babies under the age of six months out of the sun altogether.
- Make the most of shade, e.g. trees.
- Don't let your child run around all day in a swimsuit or without any clothes on.
- Cover your child up in loose baggy cotton clothes such as an oversized T-shirt with sleeves.
- In particular, protect your child's shoulders and back of neck when playing, as these are the most common areas for sunburn.
- Let your child wear a 'legionnaire's hat' or a floppy hat with a wide brim that shades the face and neck.
- 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. Re-apply often.
- Protect your child's eyes with sunglasses with an ultraviolet filter made to British Standard 2724.
- Use waterproof sunblock if your child is swimming.

Emergency first aid

Coping with accidents

You'll have to cope with some accidents while your child is young, mostly minor, but some may be major.

- *Learn basic first aid, or revise what you already know. There's information on the following pages. You can also buy books.*
- *Better still, do a first aid course. Courses are run by St. John Ambulance and your local NHS Ambulance Service. These organisations have local branches. Look in your phone book, or contact the address on page 150 or ask your health visitor to organise a course.*
- *The Royal Life Saving Society UK arranges courses in baby resuscitation skills. If you would like to enquire about courses in your area, or would like further information, then telephone 01789 773994 or fax 01789 773995. A step-by-step emergency sequence leaflet* Save a baby's life *on the steps to take when a baby is choking or stops breathing is available for £3 from River House, High Street, Broom, Warwickshire B50 4HN – please send a large stamped addressed envelope.*
- *Make sure you know what to do to get help in an emergency. See inside the back cover.*

If, for whatever reason, you think your child may have stopped breathing, first you must make sure that it is safe for yourself and any other child to approach. For example, if your child has had an electric shock, you will need to turn the power off before approaching. If this is not possible, push the child away from the source of the shock with a wooden object, such as a broom handle or other non-conducting object, then try gentle stimulation by tapping the feet or stroking your child's neck and **shouting** 'hello' or 'wake up'. If you get no response from your child, then he or she is unconscious and you must follow the **ABC of resuscitation** shown below. **You should also call for help**.

A Open the airway

1 Place your child on any firm surface.
2 Put one hand on your child's forehead and the other under the chin and gently lift the chin with two fingers.

B Check breathing for up to 10 seconds

1 Put your ear close to your child's mouth.
2 Look to see if the chest is rising and falling.
3 Listen for sounds of breathing.
4 Feel for breath on your cheek.
5 Do this for up to 10 seconds.
6 Look inside the mouth for any obvious obstruction which can be removed easily.
7 Do not touch the back of the throat: young children's palates are very soft and may swell or bleed, further blocking the airway.
8 If your child is not breathing, give two breaths of mouth-to-mouth ventilation (see page 113), then check circulation.

C Check circulation for up to 10 seconds

For babies (under one year)
Assess for signs of life. Check for signs of circulation such as movement, including swallowing and breathing, for up to 10 seconds.

For children (over one year)
Assess for signs of life. Check for signs of circulation such as movement, including swallowing and breathing, for up to 10 seconds.

If your child has a pulse but is not breathing

1 Start mouth-to-mouth ventilation (see below).
2 Continue for one minute, then carry your child to a phone and dial 999 for an ambulance, or get someone else to call for you.
3 Continue mouth-to-mouth ventilation. Check for signs of circulation every minute.

Mouth-to-mouth ventilation

Babies (under one year)

1 Place the baby on any firm surface.
2 Look in the mouth and carefully remove any obvious obstruction.
3 Put one hand on the forehead and two fingers of the other hand under the chin as shown.
4 Gently tilt the head backwards.
5 Seal your lips around your baby's mouth and nose.
6 Blow gently over 1–1.5 seconds, looking at the chest to see if it rises.
7 As the chest rises, stop blowing and allow the chest to fall.
8 Do this at a rate of 20 breaths per minute.
9 Check for signs of circulation after 20 breaths. If present, continue mouth to mouth ventilation.
10 If breathing starts, place your baby on his or her side in your arms or lap with the head held low.

If your baby or child has no signs of circulation after 10 seconds and is not breathing

Start chest compression (see page 114) together with mouth-to-mouth ventilation (see below).

If your child has a pulse and is breathing

1 Place your child in the recovery position (see page 114).
2 Dial 999 for an ambulance.
3 Check breathing and signs of circulation frequently.

Children (over one year)

1 Place the child on any firm surface.
2 Look in the mouth and carefully remove any obvious obstruction.
3 Put one hand on the forehead and two fingers of the other hand under the chin as shown.
4 Gently tilt the head backwards.
5 Seal your lips around your child's mouth while pinching the nose.
6 Blow gently over 1–1.5 seconds, looking at the chest to see if it rises. Take shallow breaths and do not empty your lungs completely.
7 As the chest rises, stop blowing and allow the chest to fall.
8 Do this at a rate of 20 breaths per minute.
9 Check for signs of circulation after 20 breaths. If still present continue mouth-to-mouth ventilation. If absent, commence chest compression.
10 If breathing starts, place your child in the recovery position.

Chest compression together with mouth-to-mouth ventilation

Chest compression must always be combined with mouth-to-mouth ventilation.

Babies (under one year)

1 Place your baby on a firm surface.
2 Find the correct position – a finger's width below the nipple line, in the middle of the chest.
3 Use two fingers and press down on the chest about 1/3 of the depth of the baby's chest.
4 Press five times in about three seconds, then blow once gently into the lungs.
5 Continue for one minute.
6 Take your baby to a phone and dial 999, unless someone else has already done this.
7 Continue resuscitation (five compressions followed by one breath) until help arrives.
8 Only if colour improves check the pulse. If present, stop chest compressions but continue to give mouth-to-mouth ventilation if necessary.

Children (over one year)

1 Place one hand two fingers' width above where the edge of the ribs meet the breastbone.
2 Use the heel of that hand and press down on the chest about 1/3 of the depth of the child's chest.
3 Press five times in about three seconds, then blow once gently into the lungs.
4 Continue this process for one minute.
5 Take your child to a phone and dial 999, or get someone else to call for you.
6 Continue resuscitation (five compressions followed by one breath) until help arrives.
7 Only if colour improves check the pulse. If present, stop chest compressions but continue to give mouth-to-mouth ventilation if necessary.

Recovery position

The aim of the recovery position is to keep the airway open and minimise further injury.

Babies (under one year)

1 Don't use the recovery position.
2 Hold your baby on his or her side in your arms or your lap, in each case with the head held low.

Children (over one year)

Note: For small toddlers it may be more practical to follow the guidelines for babies. Otherwise:

1 Place the arm nearest you at right-angles to the body, elbow bent. Bring the other arm across the chest. Hold the hand, palm out, against the cheek.
2 Roll your child on to his or her side so that the upper leg is bent at the knee and the arms remain in the position described above.

3 Tilt the head back gently to maintain the open airway.
4 If in the correct position, as shown, your child will not roll on to his or her tummy or back.
5 Check breathing and signs of circulation. **If either stops, follow the ABC of resuscitation** (page 112).

Don't give your child anything to eat or drink after an accident. Wait until you get to the hospital. He or she may need an anaesthetic later.

If your child has a broken bone

- Don't move your child if you think his or her neck or spine may be injured. Get expert help. Unnecessary movement could cause paralysis.
- A bone in your child's leg or arm may be broken if he or she has pain and swelling, and the limb seems to be lying at a strange angle.
- If you can't easily move your child without causing pain, call an ambulance.
- If you have to move your child be very gentle. Use both hands above and below the injury to steady and support it (using blankets or clothing if necessary). Comfort your child and take him or her to hospital.

If your child is burnt or scalded

- **Immediately** put the burn or scald under running cold water to reduce the heat in the skin. Do this for at least 10 minutes. If running water isn't available, immerse the burn or scald in cold water, or any other cooling fluid, such as milk, or other cold drinks could be used.
- Cover the burn or scald with a clean, non-fluffy cloth like a clean cotton pillow case or linen tea towel or cling film. This cuts down the danger of infection.
- If clothes are stuck to the skin, don't try to take them off.
- Depending on the severity of the burn or scald, see your doctor or call an ambulance or take your child to hospital. You should seek medical help for anything other than a very small burn.
- Don't put butter, oil or ointment on a burn or scald. It only has to be cleaned off again before treatment can be given.
- Don't prick any blisters. You'll delay healing and let in germs.
- Be prepared to treat your child for shock (see page 118).

Minor accidents

Many general practices are equipped to deal with minor casualties such as cuts or items trapped in the nose or ear. In these sorts of cases, therefore, it may be more appropriate or convenient for you to seek advice from your local practice on where best to go before attending an Accident and Emergency department.

If your child is choking

Choking is caused by an obstruction in the airway and must be treated **immediately**.

- Look inside your child's mouth and remove any object if it is very easy to get at. Do not probe blindly into the mouth – you may push the object further in or damage the soft palate.

- If your child isn't breathing, start mouth-to-mouth ventilation – it may be possible to ventilate your child if the obstruction is only partial. If your child is breathing, follow the instructions below.

Babies (under one year)

1 Lie the baby along your forearm or thigh with the face down and the head low and supported.
2 Give up to five firm slaps between the shoulder blades.
3 If this does not work, turn your baby head down on his or her back along your thigh. Give five chest thrusts, using the same technique and finger position as for chest compressions (see page 114), but press more sharply at a rate of about 20 per minute.
4 Repeat steps 1, 2, and 3 three times.
5 If this does not work, dial 999 and continue repeating the sequence of back slaps and chest thrusts.
6 **If your baby becomes unconscious follow the ABC of resuscitation** (see page 112).

DO NOT USE ABDOMINAL THRUSTS ON BABIES UNDER ONE YEAR.

Children (over one year)

1 Encourage your child to cough if possible.

2 If this doesn't work, bend your child forwards so that his or her head is lower than the chest and give up to five firm slaps between the shoulder blades. Check the mouth is clear.
3 If this does not work, lie your child on its back and give up to five chest thrusts, using the same technique and finger position as for chest compressions (see page 114) but press more sharply at a rate of about 20 per minute. Check the mouth is clear.
4 If this does not work, give **abdominal thrusts**. Place yourself behind your child and steady him or her with one arm. Put your other arm around your child, placing the heel of your hand in the upper abdomen. Give a sharp pull inwards and upwards below your child's ribs. Repeat up to three times.
5 If this does not work, summon medical aid and continue repeating the sequence of back slaps, chest thrusts, back slaps, abdominal thrusts.
6 **If your child becomes unconscious follow the ABC of resuscitation** (see page 112).

Things stuck up the nose or in the ears

If your child has something lodged firmly in his or her nose or ear, don't attempt to remove it yourself (you may push it further in). Take your child to the nearest Accident and Emergency department. If the nose is blocked, explain to your child that he or she will have to breathe through the mouth.

If your child has a cut

- If there's a lot of bleeding, press firmly on the wound, using a pad of clean cloth. If you don't have a cloth, use your fingers. Keep pressing until the bleeding stops. This may take 10 minutes or more.
- Don't use a tourniquet or tie anything so tightly that it stops the circulation.
- If possible, raise the injured limb. This helps to stop the bleeding. *Don't do this if you think the limb is broken.*
- Cover the wound with a clean dressing if you can find one. If blood soaks through the pad or dressing, do not remove it. Place another pad or dressing over the top.

- Then call an ambulance or take your child to hospital.
- Ask your GP about a tetanus injection if your child has not been immunised.

If your child has taken a poison

Pills and medicines

- If you're not sure whether your child has swallowed something, spend a minute or two looking for the missing pills. Check they haven't rolled under a chair, for example.
- If you still think something has been swallowed, take your child straight away to your GP or to hospital, whichever is quickest.
- Keep a close watch on your child and be prepared to follow the **ABC of resuscitation if he or she becomes unconscious** (see page 112).
- If possible, take the container (or its label) with you and a sample of whatever you think your child has swallowed.
- Don't give salt and water or do anything else to make your child sick.

When to take your child to hospital after an accident

- *If your child is unconscious.*
- *If your child is vomiting or drowsy.*
- *If your child is bleeding from the ears.*
- *If your child has stopped breathing at some stage.*
- *If your child may have internal injuries.*
- *If your child complains of severe pain anywhere.*
- *If your child is having fits (see page 95).*

If you're worried or uncertain about your child's injuries, get a doctor's advice. If you are unsure whether you should move your child, make him or her warm and call an ambulance. Go to the Accident and Emergency department of your nearest hospital or to a local doctor, whichever is quickest. Not all hospitals have an Accident and Emergency department, so check in advance where your nearest one is. Your health visitor will be able to tell you. (See inside the back cover for how to get help in an emergency.)

Household and garden chemicals

- If you think something poisonous has been swallowed, calm your child as much as you can. You'll do this better if you can keep calm yourself. **But act quickly to get your child to hospital.**
- If possible, take the container (or its label) with you and a sample of whatever you think has been swallowed.
- If your child is in pain or there is any staining, soreness or blistering around the mouth, then he or she has probably swallowed something corrosive. Let him or her sip milk or water to ease the burning in the lips. Get your child to hospital quickly.

If your child is shocked

- If pale, unwell or feeling faint after an accident, help your child to lie down.
- Keep your child covered up and warm, but not too hot.
- If your child has lost a lot of blood, keep his or her head down and raise your child's legs. This makes more blood go to his or her head. **Don't do this if you suspect a head injury or a broken leg.**

If your child suffocates

- Quickly take away whatever is causing the suffocation.
- **If your child has stopped breathing, follow the ABC of resuscitation** (see page 112).

Bereavement

The death of someone you love can turn your world upside down and is one of the most difficult experiences to endure. This may be harder to cope with if you have just had a baby.

Friends and family can help you by spending time with you if you have been bereaved. 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 succession of feelings which take time to get through and which cannot be hurried. If you need help or advice, you can contact your GP or any of the organisations listed on page 149.

If your partner dies

If your partner dies during your pregnancy or soon after childbirth, you will feel emotionally numb. It is like no other loss. It is not something you get over, more that you learn, eventually, to live with.

Don't be afraid to lean on family and friends for help and support with your baby.

Financially, you may need urgent advice and support. You could get the three leaflets suggested (see box 'Benefits available if your partner dies' on this page) from your local Jobcentre Plus.

As well as speaking to friends, family and social services, you may like to contact Widwods, a small support group set up by young widows (see page 149).

Benefits available if your partner dies

You may find the following leaflets produced by the Department for Work and Pensions helpful:
A guide to the Social Fund (SB16)*
Help from the Social Fund (GL18)
What to do after a death in England and Wales (D49)
*Available on the DWP website, www.dwp.gov.uk

When a child dies

There's a feeling that children aren't meant to die. That feeling adds great shock (as well as maybe anger, bewilderment, even a kind of guilt) to the enormous grief and sadness brought by death. The grief, sadness and other feelings are important to you. They're not to be set aside quickly or hidden away.

You need to let yourself grieve in your own way. If you need to cry, don't hold back the tears. Crying may be the only way of letting out your feelings. If you feel angry, as many parents do, or find you're blaming yourself or others, it's important to talk about it. Ask the questions you want to ask of, for example, hospital staff, your GP, midwife or health visitor. Often the reasons for a baby's death are never known, not even after a post-mortem. But you need to find out all you can.

After the first shock, it may help you to think about ways of remembering your child. If you don't already have photographs, you may want to have a photograph taken to keep. Talk to the hospital about this. Give a lot of thought to any service or ceremony you may want, and to mementoes you may want to keep.

Try to explain what's happened as simply and honestly as you can to any older children. They need to understand why you're sad, and will have their own feelings to cope with. Sometimes an older child connects the death with something he or she has done, and may be very quiet, or badly behaved, for a time. It's not easy for you to give the love and reassurance that's needed. It may help to get support from others close to your child.

Coping with the outside world and other people is difficult at first. You may find that even people quite close to you don't know what to say, say the wrong thing, or avoid you. Take the support that's given and feels right.

It's best to expect a long time of difficult feelings and ups and downs. Talking may not come easily to you, but even some time after your baby's death, it can help to talk about your feelings. The more you and your partner can talk to each other, the more it'll help you both. A father's experience of a baby's death can be different from a mother's. Although you'll share a lot, your feelings and moods won't be the same all the time. Try to listen to each other so you can support each other as best you can.

Sometimes talking to someone outside the family is helpful – a close friend, your doctor, health visitor, hospital staff, maybe a priest or other religious counsellor.

'There was this huge emptiness, and the only way we could fill the emptiness and begin to understand was to talk and talk, and to cry. The real friends were the ones who let us talk and weren't afraid to see us cry. The last thing we wanted was to be helped to feel better. That would have meant forgetting what had happened to us before we'd even begun to live with it. It would have meant forgetting our baby. You never forget. It will always be part of us, just like any child.'

'Time goes by and gradually, if you grieve enough, you begin to accept it. A time comes when you can make it all right with yourself to feel happy about happy things.'

Talking to other parents who've been through the same loss and grief can be a special help. You can contact other parents through the following organisations.

- ***Stillbirth and Neonatal Death Society***
  Run by and for parents whose baby has died either at birth or shortly afterwards.

- ***Foundation for the Study of Infant Deaths***
  Supports parents bereaved by a cot death or what is called 'Sudden Infant Death Syndrome' (SIDS).

- ***Compassionate Friends***
  An organisation of, and for, all bereaved parents.

Addresses and phone numbers are given on page 149.

7 Your own life

'People say, "How's the baby doing?" And I want to say, "Well she's OK, but do you want to know how I'm feeling?" '

'I'm totally knackered, but I wouldn't give them back for anything!'

'I suppose I'd thought that having a kid wouldn't change that much for me. Obviously it was going to make a difference financially, with Linda giving up work. Apart from that, I'd thought it was Linda's life that was going to change and that I'd be going on much the same as before. Who was I kidding?'

(A FATHER)

Becoming a parent changes your life. Suddenly there seems to be no time for you, for the things you like to do, for quiet moments with your partner or with friends. Sometimes you may feel that there isn't even any time for the basic things in life like eating and sleeping. But if you don't give yourself some time and consideration, your batteries will soon be used up and you simply won't have the energy to make a good job of being a parent. This section is for you.

YOUR BODY AFTER CHILDBIRTH

Having a baby changes your body. You may not like the changes, or you may enjoy feeling different, 'more like a mother'. If you like the way you are, don't let other people tell you differently.

If you feel uncomfortable with your body, you'll want to make some changes. Some things will never be quite the same again – for example, stretch marks will fade, but won't ever go away completely.

Other changes need not be permanent. A saggy tummy can be tightened up with exercise, and weight gain will gradually drop off if you eat and exercise sensibly. But don't expect this to happen overnight. It took nine months to make a baby. Give yourself at least that long to get back into shape again – and it may take longer.

In the meantime, give your body some little treats to cheer you up. For example, if it makes you feel good to paint your toenails, then make time to do it. Maybe for you that's even more important than 20 minutes extra sleep.

Physical problems

A lot of women have 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 some sort of infection that keeps coming back, back pain, a leaky bladder and painful intercourse are more common than people think.

Helping yourself

For some problems you can do a lot to help yourself. The muscles around your bladder, vagina and back passage (the perineum) may be weak and that could be part of the reason for the 'falling out' feeling or leaky bladder that many women describe. Pelvic floor exercises can help.
A bad back can also be helped by exercise, and by learning to use your back carefully.

Pelvic floor exercise
The muscles of the pelvic floor form a hammock underneath the pelvis to support the bladder, womb and bowel. You use these muscles when you pass water, empty your bowels and when you make love. Often they're stretched during pregnancy, labour and birth. If you can improve their strength and function you're less likely to have a leaky bladder and more likely to enjoy intercourse.

You can do this exercise either sitting or standing, when you're washing up, queuing in the supermarket, watching television – anywhere.

- Squeeze and draw in your back passage at the same time. Close up and draw in your vagina (front passage) upwards.
- Do this exercise quickly – tightening and releasing the muscles immediately;
- then do the exercise slowly, holding the contractions for as long as you can (not more than ten seconds) before you relax;
- repeat both exercises ten times four–six times a day.

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

Deep stomach exercise
This exercise helps to firm your stomach. (If a gap or bulge line appears vertically down the centre of your stomach, you should ask your physiotherapist for special exercises.)

- 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 also;
- hold for the count of 10 then gently release;
- repeat 10 times.

Postnatal check

Don't be so busy looking after your baby that you forget to go for your postnatal check at around six–eight weeks. This is an opportunity for you to talk to your doctor about any health problems following delivery, such as perineal pain or pain following episiotomy, backache, piles, incontinence, etc. It is also an opportunity to talk about how you are feeling, for example, if you are feeling low or depressed, and also to talk about family planning if you wish.

Deep Vein thrombosis (DVT)

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 amongst those more at risk, so if you intend to travel by air, it is important that you consult your GP or health visitor before the trip. You may need advice on in-seat exercises to keep the circulation active. If you do develop swollen, painful legs or have breathing difficulties after the trip, see a doctor urgently or go to the nearest Accident and Emergency department. More information on DVT and travel can be found by searching for DVT on ***www.dh.gov.uk and www.nhsdirect.nhs.uk***

'I think everyone assumes that after the first month or so, you're back to normal again. But I know from talking to friends that I'm not the only one to feel like anything but normal.'

'A frump. That's what I am. But where's the time to do anything about it.'

'I just don't like myself any more. My whole body's completely changed.'

'You think you're the only person in the world with this problem, and you feel embarrassed and, you know, almost a bit ashamed, as though somehow it's your fault. So you just get on and try to forget about it or hope it will go away. And when it doesn't, you get really fed up. It was only because I got talking to a friend, and we found out we both felt the same, it was only then that I started to think, well, maybe I can do something about this. And because there were two of us, we had a bit more courage and could back each other up.'

If you have a problem that is bothering you, don't ignore it – ask for help. Your GP may be able to suggest treatment or might refer you to a specialist at the hospital or to an obstetric physiotherapist who can help with back and bladder problems and painful stitches.

To ease back problems

- While feeding, always sit with your back well supported and straight. Use a pillow or cushion behind your waist.
- Kneel or squat to do low-level jobs like bathing your baby or picking things up off the floor. Avoid bending your back. Make your knees work instead. Change nappies on a waist-level surface or while kneeling on the floor.
- To lift weights like a carrycot or an older child, bend your knees, keep your back straight and hold the weight close to your body. Make your thigh muscles work as you lift.
- Try to keep a straight back when you push a pram or buggy, or carry your baby in a sling.

Keeping healthy

Eating

Being a parent is an exhausting business and it is easy to find that you have no time or energy to cook or eat properly. Try to make eating well a priority; it will make you feel better and needn't take lots of time. Try to follow the guidelines about eating a healthy diet explained on page 73.

If you are breastfeeding, make sure you eat and drink plenty and don't go on a diet. The section on page 10 provides information about healthy eating.

If you're not breastfeeding and feel you need to lose weight, talk to your GP about it first. Cut down on fat and sugar and don't go on a crash diet. Small regular meals will keep up your energy levels without adding to your weight.

Physical activity

When you're feeling tired, being more 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 makes you feel better.

- **Keep up the postnatal exercises you were taught.** Stick at them. They'll strengthen vital muscles and improve your shape. Some important exercises are described on page 121.
- **Join a postnatal exercise class if you've recently had a baby**. Company may help. Find out if your local maternity unit has a class run by an obstetric physiotherapist, or ask your health

visitor about other local classes. If it isn't a special postnatal class, be sure to tell the person running the class if you've had a baby in the last few months. You'll 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**. Get out for walks as much as you can.
- **Play energetic games with older children**. Make yourself run about as well as them. Find outdoor space if there's no space at home.
- **Run upstairs**. You probably find yourself going up and down a hundred times a day in any case. Try to look on 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're likely to be doing a lot. If you squat rather than stoop, bending your knees and keeping your back straight, you'll improve your thigh muscles. You'll also avoid damaging your back.
- **Join an exercise class**. There may be one locally that welcomes children or has a crèche. Ask your health visitor.
- **Swimming is good, relaxing exercise**. If you take your child with you, try to have someone else there too, so that you get a chance to swim.
- **Borrow or buy an exercise video**. Do a workout at home, perhaps with a friend. Get the children to join in.

Give up smoking

Many people smoke because they believe that it calms their nerves, but it doesn't. It just calms the craving for nicotine that cigarettes create. So here are some useful steps to stop smoking.

- **Know why you want to stop**. It is handy to keep a checklist of your reasons to stop smoking.
- **Change your habits.** Smoking is strongly linked to some situations – the first cigarette of the day, the cigarette with tea or coffee, 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.

Planning another pregnancy?

Remember to take a daily 400 microgram supplement of folic acid, from the time you stop using contraception until the 12th week of pregnancy. This can help prevent birth defects, such as spina bifida.

Good reasons to stop smoking

- *Your children's health will improve.*
- *Your health will improve.*
- *You'll have money to spend on other things.*

For help

*Contact **NHS Smoking Helpline on 0800 169 0 169** between 7am and 11pm every day. As well as helping you over the phone, the adviser can also tell you where to find support locally and will send you a self-help guide packed with information about how to stop smoking. People who use professional support are more likely to be successful in stopping smoking.*

- **Get support.** Tell family and friends you have decided to stop and ask them for their support. For example, ask them not to offer you a cigarette.
- **Anticipate problems**. Which situations will be difficult? Don't just wait for them to happen. Plan how to deal with them.
- **Take one day at a time.** At the beginning of each day, congratulate yourself on having made it so far, but make your goal to get through today without smoking. Never mind tomorrow.
- **If you need to put something in your mouth, try sugar-free gum.** If you need to do something with your hands, find something to fiddle with – a pencil, coin – anything but a cigarette.

'I think the tiredness is the worst thing. It goes on and on. And you've got no choice, you've got to keep going. So you feel sort of trapped. And after a bit, it gets you down, feeling so tired all the time.'

'You come in from work and you start right in on another job. And then when you've got them off to bed, there are still other things you've got to do. So you drop into bed and there's been no breathing space. You're probably up in the night as well. And then you get up the next morning and start all over again.'

(A father)

Sleep

Most of the time parents just live with tiredness. But when the tiredness begins to make you feel low, bad-tempered, unable to cope and certainly unable to enjoy things, you've got to find ways of getting more sleep or at least more rest. Just one day, one night, one week, could help.

- **Get to bed early, really early, say for a week**. If you can't sleep when you get to bed, do something relaxing for half an hour beforehand, whether it's exercise, soaking in a bath or watching television.
- **Deep relaxation can refresh you after only five or ten minutes**, so it's worth learning a relaxation technique. You may find books, tapes or videos about this at your library.
- **Sleep when your baby sleeps**. Rest when (if) your child has a daytime rest, or is at playgroup or nursery school. Arrange for a relative or friend to take your child for a while, not so that you can get the jobs done, but so you can sleep. Take turns with other parents to give yourself time to rest. Set an alarm if you're worried about sleeping too long.
- **If you can, share getting up in the night with your partner**. Take alternate nights or weeks. If you're on your own, a friend or relative may be prepared to have your children overnight occasionally.
- **Look on page 56 for other ways of coping with disturbed nights**.
- **Do something about any stress**. Tiredness often comes from stress (see below). If you can do something about the stress, you may be able to cope better, even without more sleep.

Coping with stress

Small children ask a lot of you, and there's a limit to what you can ask of them. But perhaps the greatest stress comes from coping with the rest of life at the same time as coping with a baby or small child. You can spend a whole day trying to get one job done, but never managing to fit it in. Just as you start on it, your baby wakes up, or a nappy needs changing, or your child wants attention. Sometimes you can feel as though life is completely out of control. And if you're not the sort of person who can take things as they come and not mind about what is or isn't done, you can get to feel very tense and frustrated.

Stress also comes from worry and unhappiness: maybe to do with the place you live, money, relationships or just a lot of small but important things. You may not be able to change the way your children are or the life you lead, but you may be able to do something about the stress. It's a matter of finding solutions that are right for you.

- You may find that you can relax just by doing something that you enjoy for half an hour in the evening when you can put other things out of your mind for a while. A bath, maybe, or time to look at a magazine or the television. Do whatever will let you unwind. Borrow a book or tape from the library about relaxation. Make yourself do it.

- See other people – it does take off the pressure. Try a mother and baby or parent and toddler group. Ask your health visitor or other parents about local groups. Or, if you're not keen on organised groups, get together with people you meet at the clinic, playgroup or nursery school.

- Relationships can go wrong when you're tense and tired and never seem to see each other, so make time to be with your partner, even if only to fall asleep together in front of the television.

- Talking about the stress you're feeling can help to get rid of it, at least for a while. If you and your partner can understand how each of you is feeling, then take time to talk about how best to support each other. Sometimes it's better to talk with people outside the family (see page 126).

- Make the very most of all the help you can find. And give up a bit. You can't do everything. Try to believe it really doesn't matter.

- There are no prizes for being a supermum or superdad. Compromise if you're a perfectionist.

Feeling depressed

(See also **Postnatal depression** on page 6).

Most of us feel low occasionally and lack of sleep, stress, and maybe the strain of balancing paid work and parenting, and money problems, all contribute to making the early stages of parenthood a difficult, as well as a rewarding, time. Sometimes feeling low takes over completely and becomes depression.

Depression is more than feeling unhappy. It's feeling hopeless about yourself and all that's happening to you. The hopelessness can make you angry, but often you feel too tired even for anger. It can seem as though there's no answer and no end to the way you're feeling. You may feel all, or some, of these things:

- tired, but can't sleep;
- no appetite or are overeating;
- no interest in yourself;
- no interest in your baby;
- the smallest chores are almost impossible to manage;
- you never stop crying.

This kind of depression is like an illness. Nothing seems worth doing, so doing anything as demanding as caring for a baby or child becomes a real struggle. Both for yourself and for the family, it's important to get help.

See your GP or health visitor, or both. Take someone with you if this would help. Make it clear that you're

'It's the two of them. What one wants the other doesn't want. When I'm getting the little one off to sleep, the older one suddenly decides he needs the potty. You can't seem to do right by both of them. You're split in two, and there's no let-up, it's the whole time.'

'It's hard to explain to someone who isn't a parent how, even when you're enjoying it, there's this sort of constant drain on you. You think about them all the time, you have to. You have to think for them all the time. Even when I'm out at work, I have to think about getting back on time, and remembering to tell the childminder something, and buying something for tea …'

'It gets so frustrating. I wake up in the morning and think, "Right, what have I got today?" And then I give myself a great big long list of all the things I've got to do, and if I can't get them all done in that day, I get really narked about it.'

Alcohol may appear to help you relax and unwind. In fact it's a depressant, affecting moods, judgement, self-control and co-ordination. If you're tired and run down, it affects these even more. So watch how much and when you drink. Never mix alcohol with anti-depressants or tranquillisers.

'It felt like an invasion. All of a sudden, everything was revolving around the baby. For the first month or two I found it really hard. Now it's three of us and it couldn't ever be different, I couldn't imagine it back with just the two of us, but it was a very hard feeling, adjusting to the invasion of our privacy.'

'I think Dave thinks I've got an easy life, you know, just being at home all day. He thinks I can just suit myself and do what I want to do. I get very angry because there are days when I'd give anything to be walking out of the house like he does.'

'There's a lot of pressure, it's true. I think we've had to learn a lot, and learn it fast, about how to get on when there's so much to cope with. But then there's a lot we both enjoy, and more to share, really.'

not talking about just feeling low but something more worrying than that. You may find that you're too low even to make the first step. If this is the case it's important to talk to someone – your partner, a friend or your mother, and ask them to talk to your GP or health visitor on your behalf and arrange an appointment for you.

Talking it through

It does help to talk, but it may be very hard to do so.

- You may want to say things that you're afraid of admitting to the people you love.
- You may feel guilty about your feelings.
- You may believe that you'll be judged as a bad mother for admitting to your feelings.

For all these reasons it's often best to talk to someone who isn't close to you, someone with whom you can be honest without being afraid of shocking them.

You may find that it's enough to talk to your GP or health visitor, or they may be able to refer you to someone else. If you can talk about how you feel, you'll almost certainly find that the things you fear are not as bad as you thought they were.

Medical treatment

If you're feeling totally lost in depression, your doctor may prescribe anti-depressant drugs. They may be enough to give you the lift you need to start coping again, and then to find a way out of your depression, though they can take time to work. Anti-depressants are *not* habit-forming. You should not be concerned about them if they are prescribed for you by your GP. Tranquillisers may also be offered. They are different. They don't help depression and *can* be habit-forming, so they're best avoided.

Relationships

Partnerships under strain

Relationships are often strained by parenthood, no matter 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 so much harder to get out together and enjoy the things you used to do.

- Your partner may feel left out.
- You may feel resentful at what you see as lack of support.

The really hard time, when children take up all your energy, doesn't last for ever. Try to make time for each other when you can and do little things to make each other feel cared for and included.

Time to listen

Don't expect your partner, however close you were before the baby was born, to read your mind. Things are changing in both your lives and you have to talk about it. Your partner will not know what you want unless you say what it is and will not understand why you're resentful or angry unless you explain what's bothering you.

- Ask a friend or relation to babysit so that you can have time together – even if it's just for a walk together in the park.

- Share the housework to make more time just to be together.
- Share the babycare too.
- Talk about how you should bring up your children. You may find that you don't agree about such basic matters as discipline and attitudes. Try to work out a way of not always disagreeing in front of your children.

Sex

Babies and small children don't make for an easy sex life. Often you're tired, maybe too strained, and opportunities are limited. This hardly matters if both you and your partner are content, but if sex is a problem in any way at all, it's important to look at what you can do. Unhappy sex, or just lack of it, can cause a lot of frustration and worry and can really strain relationships.

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 father's sexual feelings will probably be much the same as before his baby's birth. But many men worry about what's right for their partner, are unsure what to do, and feel worried and frustrated.

- **If penetration hurts, say so**. It's not pleasant to have sex if it causes you pain, and if you pretend everything is all right when it isn't you may well start seeing sex as a chore rather than a pleasure, which won't help either of you. You can still give each other pleasure without penetration.
- **Be careful the first few times**. Explore a bit with your own fingers first to reassure yourself that it won't hurt and use plenty of extra lubrication, such as lubricating jelly: hormonal changes after childbirth may mean that you don't lubricate as much as usual.

Getting help

If this is your first baby, you may be feeling very lonely and left out of your old life. Your partner can't 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* ***Loneliness*** *on page 129.*

If you feel your relationship is in danger of breaking down, get help. ***RELATE*** *(National Marriage Guidance) has local branches where you can talk to someone in confidence, either with your partner or alone. Counselling is offered on all sorts of relationship difficulties: you don't have to be married to contact marriage guidance.*

To find your local branch, look under Relate or Marriage Guidance in your phone book, *or write to the address on page 149.*

'I couldn't think about it. My mind was on the baby. And it sounds bad, but all my feelings seemed to be taken up by the baby too. And that caused a lot of difficulty for a while. I did feel bad about it, as though it was my fault. But you can't make love as an obligation, can you? I mean, you can, but it's not really any good for either of you.'

(A mother)

'It's not talked about, is it? Except as a sort of joke. So you don't know if you've got a problem or not. At first, Paula found it hurt, and it put us both off and frightened us a bit. We were worried because we didn't know whether that was normal.'
(A FATHER)

'The thing is everything's on your shoulders. When you have to decide something, you know, like whether or not to take him to the doctor, or even everyday small things, there's nobody to share that with. There are so many things it's useful to talk about, and if you're on your own, you can't. If there's a crisis, you're on your own.'

'It's less stressful being your own boss. There's more satisfaction somehow, more achievement. There's no one to disagree with, no conflict over discipline, no competition with other adults.'

- **Make time to relax together**. There's little point trying to make love when your minds are on anything but each other.

- **Sort out contraception**. It's possible to become pregnant again soon after the birth of a baby, even if you're breastfeeding, and even if you haven't started your period again. So, if you don't want to conceive again quickly, you need to use some kind of contraception from the start. Contraception is usually discussed before you leave hospital after your child's birth, and at the postnatal check-up. But you can go at any time, before or after a check-up, to your GP or family planning clinic, or talk with your health visitor.

- **If your baby sleeps in the same room as you**, you may have to move either yourselves or your baby before you can relax enough to have sex.

- **Don't rush. Take time.**

- **If you're still experiencing pain two months or so after the birth, talk to your doctor or family planning clinic about it.** Treatment is available for a painful episiotomy scar. Ask to see an obstetric physiotherapist.

Domestic violence

One in four women experience domestic violence 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 seek protection and support. Thirty per cent of this abuse starts in pregnancy or after birth. Domestic violence should not be tolerated. It risks your health and that of your baby before and after birth.

You can speak in confidence to your GP, midwife, health visitor or social worker. If you wish, they can help you take steps to stop the abuse or seek refuge. Or you can contact one of the confidential helplines listed under Domestic violence on page 148.

Domestic violence

If you need to speak to someone or to get help, information or advice, you could contact the following organisations.

Women's Aid Federation
0808 2000 247 (24 hours)
www.womensaid.org.uk

Rape Crisis Federation
www.rapecrisis.org.uk

Lone parents

Bringing a baby into your life changes your relationships with other people whether you're part of a couple or alone with your child.

Some lone mothers feel that their own mothers are taking over, others resent the fact that their mothers won't 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's offered and then feeling resentful. Remember your mother is also having to get used to a completely new relationship with you and she won't know what to do for the best – unless you tell her!

You may find that your old friends stop coming by or that they seem to expect you just to drop everything and go out for the evening. Try not to get angry with them. They don't understand the changes you are going through. Keep in touch and keep some space for them in your life. Friends can be more valuable than money when the going gets tough.

But the best support will probably come from other lone mothers.

- Suggest a 'swap' arrangement with another parent so that you take it in turns to look after both the children, by day to begin with, and later overnight. The children will benefit too from having a close friend, especially if they've no brothers and sisters.

- Suggest a regular evening babysit by a trusted relation or friend. You may well find that they're delighted at the opportunity of making friends with your child.

- Grandparents are often glad to have a baby overnight, even if they don't much care for babysitting.

Making new friends

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

- Ask your health visitor what's going on locally, and look through the list of support and information organisations on pages 147–50. Many run local groups.

- Gingerbread, a self-help organisation run by and for one-parent families (address on page 149), can put you in touch with local groups.

Absent fathers

If you'd hoped to bring up your child as a couple you may be feeling very angry and hurt. One of the hardest things for a lone mother is to keep her hurt, angry feelings to herself and let her child make a different relationship with his or her father.

Unless your child's father is violent to you or the child, or you feel he's likely to abuse the child in some way, it's almost certainly better for your child's own development if he or she is able to see his or her father regularly, even if you remarry.

You may find that your child behaves badly at first when he or she gets home. Small children aren't able to understand and explain how they're feeling, and this is the only way they have of letting you know that they're confused. Unless you're convinced that something bad is happening on access visits, the best thing is to be reassuring and calm. In the end your child will learn to look forward to visits and also to coming home.

Money and housing

Money may be a major headache. Look at **Your rights and benefits** (pages 134–46) to check you're claiming all you're entitled to.

The National Council for One Parent Families (address on page 149) offers free advice packs to lone parents and will provide independent advice about maintenance problems to women on benefits.

The Child Support Agency can work out and collect child maintenance for children living in the UK as long as the person with care and the non-resident parent also live in this country. The Agency may also be able to handle child maintenance for some non-resident parents living abroad, if their employer is based in the UK. There are special rules for parents with care who are on benefit. For more information, contact the Child Support Agency National Helpline on 08457 133 133 (local call charge), textphone 08457 138 924, or visit the website **www.csa.gov.uk.**

See pages 132 and 148 for information about help with housing problems. If you are working, or thinking of it, see pages 134–46 for information about available help.

Loneliness

Lots of mothers feel lonely. Especially after the birth of a first baby, many find that they're cut off from old friends, but it's difficult to make new ones. Getting out to see people, even if you've got people to see, is often an effort. Meeting new people takes confidence, but it's worth it. Having other people

'At home in Pakistan, there's a lot of visiting, lots of people about, and children can go anywhere. Here there isn't so much coming and going. You can feel very isolated.'

'When I was working, there were lots of people to talk to and I had all the company I needed. Now I haven't got any of that, I really miss it. And I think I've lost confidence. I don't find it so easy to talk to people.'

'We first met at a postnatal group which the health visitor organised. We were all really shy at first, but after six weeks of meeting we all wanted to meet again, so we swapped addresses and agreed to meet on Tuesday mornings. That was three years ago. We have had our second babies now and our older ones are great friends – they go to nursery together and stay over at each other's houses. That postnatal group was the best thing that ever happened to me!'

Lone parents – your feelings

You'll 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 do not love.

Some mothers find the answer to feeling lonely and cut off is to take a job. 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 work outside the home could help, read the ***Going back to work*** *section.*

'At first I hated leaving her. It was much more upsetting than I'd thought – but more for me than for her, really. I'm better about it now, especially as time goes by and I can see that she's happy and well looked after and I've got to know and like the person who cares for her. But I don't think you can ever feel completely right about it. So you just have to live with that and get on with it.'

'There's no doubt it's hard work. I mean, there's no evenings off, because it's then that we have to get all the jobs done round the house. To my mind, families where there's one parent at home all the time have it very easy in comparison.'

'I enjoy the job. It's nothing much, but it earns money we need, and it gets me out and makes me do things I'd not do otherwise. I think I'm a better parent for doing it. I like having contact with people other than mothers. And Darren gets to meet other children, and he thrives on that.'

with whom to share the ups and downs of being a parent 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, parent and toddler groups, and playgroups. These may be advertised on the clinic noticeboard.
- Chat with other mothers at your baby or child health clinic.
- Talk to your health visitor and ask for an introduction to other new mothers living nearby.
- MAMA, Home-Start, the National Childbirth Trust, and many other local organisations, sometimes based in a church or temple, run local groups where you can meet other people, chat, relax and get a lot of support.

Going back to work

Most mothers go back to work at some point. About half do so before their children start school. It may help to talk to other working mothers. But also try to decide what's right for you and your family. (For information about childcare, see pages 47–50.) You'll need to think about the following.

- **Feeding** – if your baby is still breastfeeding, try to get him or her used to taking milk from a bottle or cup before you return to work. If you need help with combining work and feeding, discuss it with your health visitor, the National Childbirth Trust, La Lèche League, or the Association of Breastfeeding Mothers (see page 147). 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.

- **Childcare arrangements** – must be as simple as possible to work smoothly and avoid a lot of strain. You also have to be reasonably sure they'll go on working effectively over time.
- **Paying for childcare** – can you 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 relation help out on occasion? Have you checked all the benefits and tax credit help you may be entitled to?
- **Housework** – when and who'll do it? If you have a partner you need to talk about how you'll divide responsibilities for housework and childcare.
- **Making time for your child** – even the best childcare isn't a substitute for a parent. Children need to know that they're 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, and make a special time to be with your child.

8 Your services

There is a wide range of services available from statutory organisations, voluntary organisations and local groups. This chapter will help you find what you need.

Health services

Child health clinics

Your child health clinic offers regular health and development reviews (see page 36) and immunisation (see pages 100–7) for your baby or child. It's run by health visitors and doctors. You can talk about any problems to do with your child, but if your child is ill and is likely to need treatment, you should go to your GP.

At some child health clinics you can get baby milk and vitamins cheaper than in the shops. If you're entitled to free baby milk and vitamins, or to low-price baby milk, you may be able to get these at your clinic.

Clinics are good places to meet other parents. Some run mother and baby or parent and toddler groups, and sell secondhand baby clothes and equipment.

Community midwives

Your community midwife has a legal duty to care for you and your baby for the first ten days after your baby's birth and will keep you on her books for the first 28 days if you, or the baby, need her. She can help with any problem to do with you or your baby and will give you a phone number to call at any time, day or night, if you need to.

Family doctors

Your family doctor (GP) can be contacted at any time for yourself, your baby, or child. Some doctors will see small babies at the beginning of surgery hours or without an appointment if necessary, but be prepared to wait. Some will give advice over the phone. Most doctors provide developmental reviews and immunisation themselves, or you can go to a child health clinic.

Health visitors

Your health visitor usually makes her first visit some time after your baby is ten days old. After that she may only see you at clinics or when you ask to see her. If you're alone, or struggling, she may make a point of coming by to see whether you need any help.

A health visitor is a qualified nurse who has had extra training to become a health visitor. Part of her role is to help families, especially families with babies and young children, to avoid illness and keep healthy. Talk to your health visitor if you feel anxious, depressed or worried about your children. She may be able to offer advice and suggest where to find help, and may organise groups where you can meet other mothers.

Your health visitor can visit you at home, or you can see her at your child health clinic, doctor's surgery or health centre, depending on where she's based. She'll give you a phone number to get in touch if you need to.

Patient advice and liaison services (PALS)

Your local PALS provides information to patients, carers and their families about local health services. For example, they can provide you with a list of local doctors. PALS can advise you on how to get what you need from your health services and tell you about the complaints procedures. You can contact your local PALS by phoning your local NHS Trust or Primary Care Trust, asking to be put through, or phone NHS Direct on 0845 4647.

Local authority services

Children's information service

Your local Children's Information Service (CIS) can provide information about registered childcare, free early education places and other services available in your area. You can

Register your baby with your doctor

Register your baby with your doctor as early as possible with the pink card that you'll be given when you register your baby's birth at the local register office. Sign the card and take or send it to your doctor. If you need the doctor to see your baby before you've registered the birth, you can go to the surgery and fill in a registration form for the doctor there.
If you move, register with a new doctor close to you as soon as possible (see page 133).

***Sure Start** is the Government's programme to improve services for children. It is delivering free part-time early education for three and four year olds, developing more and better childcare options in England, and bringing together these and other health and family support services (such as antenatal and postnatal care) through Local Programmes and a new network of Children's Centres. Find out more through your local Children's Information Service. Visit: www.surestart.gov.uk Search for childcare at www.childcarelink.gov.uk*

contact them on 0800 096 0296 or you can search www.childcarelink.gov.uk for your local CIS.

Education departments

Your education department (in your phone book under the name of your local authority) is responsible for all the State-run nursery schools, nursery classes and infant schools in your area and can give you information about them.

The education department also has a responsibility to assess children with special needs and provide suitable education for them.

Housing departments

The housing department (in your phone book under the name of your local authority) is responsible for all council housing in your area and will run the council housing waiting list.

The housing department has a legal duty to house people in certain priority groups who are homeless (or are soon going to be) through no fault of their own. Priority groups include pregnant women and parents of children under 16.

Through your housing department you should also be able to find out about local housing associations, which also provide housing for rent.

Social workers

Social workers are usually found in social services departments. Their job is to provide support for people in need in their area who are having difficulty coping, financially or practically. A social worker may be able to get your child a nursery place, help you find better housing, or give you information about your rights.

To contact a social worker, phone your local social services department, or ask your health visitor to put you in touch.

Advice centres

Advice centres are any non-profit-making agencies that give advice on benefits, housing and other problems. They include citizens advice bureaux, community law centres, welfare rights offices, housing aid centres, neighbourood centres and community projects. Look for them under these names in your phone book, or under the name of your local authority.

Using the services

If you're to get the best from these services, it helps to be clear about what you want.

- Before you meet with any professional, think through exactly what you want to talk about and what information you can give that'll be helpful. You may want to make some notes beforehand and take them with you as a reminder.
- Unless your child needs to be with you, try to get a friend or neighbour to look after him or her so that you can concentrate. It's much easier to talk and listen if you're not distracted.
- If you do have to go with your child or children, take books or toys with you to entertain them.
- Try to consider the answers or advice given to you. If your immediate feeling is 'but that wouldn't work for me' or 'that isn't what I'm looking for', then say so and try to talk about it. You're less likely to come away with an answer you're not happy with or can't put into practice.
- If a problem is making life difficult or is really worrying you, it's worth keeping going until you get some kind of answer, if not a solution. So if the first person you talk to can't help, ask if they can suggest where else you might go. Or if the doctor or health visitor suggests a remedy that doesn't work, go back and ask again.
- Some professionals aren't good at explaining things. If you don't understand, then say so. It's their responsibility to be clear, not yours to guess what they mean. Go back over what's said to you to get it straight.
- If your first language is not English, you may be able to get the help of a linkworker or health advocate. Their job is not just to translate the words, but to act as a friend and make sure that the professionals understand just what you need. Ask your health visitor if there's a linkworker or health advocate in your area.

How to change your GP

You may need to change your GP if you move. You may want to change for other reasons, even if you're not moving house.

First find a GP who will accept you. See if anybody can recommend one. Your local PALS or NHS Direct can give you a list of the doctors in your area. You may have to try more than one GP before you find one willing to accept you, especially if you live in a heavily populated area. If you can't find someone after several attempts, your local health authority will do it for you and you should send them your medical card if you have it, or the address of your previous GP if not.

When you call at the surgery of the GP you've chosen, you may be asked why you want to change. You don't have to give a reason but if you do, try to avoid criticising your old GP. Say something good about the new one instead. For example, the surgery may be easier to get to, the hours may be better, the GP may have a good reputation for treating young children, the practice may be larger and provide more, or you may prefer a woman doctor or one who shares your cultural background.

Once you've found a GP to accept you, leave your medical card with the receptionist. You don't have to contact your old GP at all. If you've lost your medical card, your new GP will probably ask you to complete a form instead, although sometimes you may be asked to contact the primary care trust (in the phonebook under the name of your primary care trust) giving the name and address of your previous GP to obtain a medical card first. If you don't know your old GP's name and address, this may take a while, but if you need treatment in the meantime, you can approach any GP, who must take you on, at least temporarily. It's best to say from the beginning that you need treatment now if you're also asking to be permanently registered with that GP.

Finding other help

The help you want may not come from the services of professionals. There are many other sources of help available to parents – not only family and friends, but also many different kinds of local groups and voluntary organisations.

Local groups

To find out about local groups, try the following:

- Ask your health visitor or GP.
- Ask at your citizens advice bureau or other advice centre, your local library, your social services department, or your local Council for Voluntary Service (in your phone book, maybe as Voluntary Action Group, Rural Community Council or Volunteer Bureau).
- Look on noticeboards and for leaflets in your child health clinic, health centre, GP's waiting room, Sure Start Local Programme or Children's Centre, local library, advice centres, supermarket, newsagent or toy shop.
- Look through the list of national organisations (pages 147–50). Many run local groups.

In many areas there are now groups offering support to parents who share the same background and culture. Many of these are women's or mothers' groups. Your health visitor may know if there's such a group in your area. Or ask at places like your local library, your citizens advice bureau or other advice or community centre, your local Council for Voluntary Service or your Community Relations Council (in your phone book, maybe as Council for Racial Equality or Community Relations Office).

Starting a group

If you can't find a local group that suits you or can't find the support you need, think about setting it up yourself. Many local groups have begun through a couple of mothers (say with crying babies or sleepless toddlers, or just fed up and lonely) getting together and talking. You could advertise on your clinic noticeboard or in a newsagent's window or local newspaper. Or ask your health visitor to put you in touch with others in the same situation as yourself. You don't have to offer any more than a place to meet and a few cups of coffee.

'I think looking after children is the hardest job going and the one you get least preparation for.'

9 Your rights and benefits

The following pages are a guide to the main benefits available to families with young children. You may qualify for other benefits too. Benefits have to be claimed on many different forms, from many different offices, and the situation is always changing. The rates given here are accurate from April 2006. It's always worth checking that you're claiming everything to which you are entitled. There are many voluntary organisations that are happy to help. Don't hesitate to ask for advice. If in doubt, get a second opinion. See the box below on where to get advice.

Where to get advice and help

Working out what benefits and rights you are entitled to and making claims can be complicated. Get help if you need it.

- *You can go to your local Jobcentre Plus, your local citizens advice bureau, library or other advice centre (see pages 149–50).*
- *Some local authorities have welfare officers. Phone your social services department and ask.*
- *Some voluntary organisations offer information and advice on benefits and rights at work, for example the National Council for One Parent Families (see page 149) and Working Families (page 147). Or you can phone Acas on 08457 47 47 47.*
- *You can contact the Child Support Agency National Helpline on 08457 133 133 or textphone 08457 138 924, or visit www.csa.gov.uk.*

Leaflets giving general information

Rates of benefits change every year, but you can find them in leaflet GL23 Social security benefit rates. *Some other useful leaflets that you can get are:*

- BC1 Babies and children.
  A guide to benefits for anyone expecting a baby or caring for children.
- CSL101 Child support: For parents who live apart.
- NI17A A guide to maternity benefits.
  Further information about Statutory Maternity Pay and Maternity Allowance – available from the Department for Work and Pensions website at www.dwp.gov.uk/advisers/ni17a.
- WTC1 Child Tax Credit and Working Tax Credit: An introduction.
- SD1 Sick or disabled?
  A guide for people who have a physical or mental illness or disability, including children – and people who look after them.

There are also leaflets which give more information about specific benefits. You can get all these leaflets from your local Jobcentre Plus (social security office), some large post offices, your citizens advice bureau or other advice centre.

Benefits for all children

Child Trust Fund

What is it?
A long-term savings and investment account for children.

Who gets it?
All children born on or after 1 September 2002, provided Child Benefit has been awarded for them, they live in the UK and they are not subject to immigration regulations.

How much is it?
You will receive a voucher for £250 from the Government to start the account. If you receive the full amount of Child Tax Credit (CTC), because your household income is at or below the CTC income limit (£14,155 in 2006/07), your child will receive a further £250. You can add up to £1,200 a year to the account and neither you nor your child will pay tax on any interest or gains you make. The money cannot be taken out by anyone but your child, and they can only do so when they are 18.

How do I claim?
All you have to do is claim Child Benefit for your child. Once this has been awarded, you will automatically be sent an information pack and voucher within a month.

For more information visit www.childtrustfund.gov.uk or call 0845 302 1470.

Benefits for all parents

Prescriptions and NHS dental treatment

Who gets them?
These are free while you are pregnant and for 12 months after you have given birth. Your child also gets free prescriptions until age 16. To claim for free prescriptions, ask your doctor or midwife for form FW8 and send it to your primary care trust. You will be sent an Exemption Certificate which lasts until a year after your due date.

How do I claim?
To claim after your baby is born (if you didn't claim while you were pregnant) fill in form A in leaflet P11 *NHS Prescriptions*, which you can get from your doctor or Jobcentre Plus.

To claim for dental treatment, tick a box on a form provided by the dentist or show your Exemption Certificate (see above).

Child Benefit

What is it?
A tax-free benefit to help parents with the cost of caring for their children. It is payable for each child from birth until at least age 16.

Who gets it?
The mother, or the person responsible for the care of a child, but you must generally be living in the United Kingdom.

How much is it?
For your first child, £17.45 per week. (If you are a single parent who has been claiming since before June 1998, you get £17.55 per week for your first child.) For other children you get £11.70 a week per child.

How do I claim?
You may get a claim pack inside the Bounty Pack which most new mothers are given in hospital. You can also get a claim pack from your Jobcentre Plus/social security office or post office. Alternatively, you can phone 0845 302 1444. Fill in the forms and send them with your baby's birth certificate to the Child Benefit Centre. The birth certificate will be returned to you. You can also apply online, or notify a change of circumstances, at www.hmrc.gov.uk/childbenefit/

Child Benefit can be paid directly into a bank, building society or Post Office® card account. It is usually paid every four weeks in arrears, but single parents and families on low incomes can choose to be paid weekly. You should start to claim Child Benefit within three months of your baby's birth, otherwise you will lose some of the benefit.

Anything else?
Child Benefit can help to protect your State Retirement Pension if you stay at home to look after your child. For every complete year that you get Child Benefit, but you don't pay enough National Insurance contributions to count towards the basic pension, you automatically get 'Home Responsibilities Protection'.

Maternity leave

What is it?
It is 26 weeks' **Ordinary Maternity Leave** (OML) from work for any woman who is employed while she is pregnant. It doesn't matter how many hours a week you work or how long you've worked for your employer.

Also, if you've worked for your employer for at least 26 weeks by the 15th week before your baby is due, you qualify for **Additional Maternity Leave** (AML). This means you can take an additional 26 weeks unpaid leave at the end of your OML. **You must give your employer the correct notice.** See box on page 136 giving notice for OML and AML.

When can I start my leave?
The earliest you can start your leave is 11 weeks before the expected week of childbirth (this is when you are about 29 weeks). You have to use the due date on your MAT B1 certificate which your midwife or GP will give you from about 20 weeks. Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there. **It is for you to decide when you want to stop work.** You can even work right up until the date the baby is due, unless:

- you have a **pregnancy-related illness/absence in the last four weeks of your pregnancy**. In this case your employer can start your maternity leave even if you are absent for only one day. However, if you are ill only for a short time, your employer may agree to let you start your maternity leave when you had planned; or

- your baby is born before the day you were planning to start your leave. In this case leave will start on the day after the birth.

Do I have to give notice of my return?
You do not need to give any notice of return if you are going back to work at the end of your OML or AML. You simply go to work on the day that you are due back. If you want to return to work early you must give your employer 28 days' notice of the date you will be returning. If you do not give this notice and just turn up at work, your employer can send you away for 28 days or until the end of your leave, whichever is earlier. If you are entitled to AML but want to return to work after OML, you must give 28 days' notice of your return, as you are in fact returning early.

Giving notice for OML and AML

To give notice of your maternity leave, tell your employer the following things, in or before the 15th week before your baby is due:

- That you are pregnant.
- The expected week of childbirth.
- The date on which you intend to start your maternity leave (if your employer asks you to, you must put this in writing).

If you want to change the start date for your maternity leave, you must give your employer notice of the new date at least 28 days before the new date or the old date, whichever is the earlier. If there is a good reason why this is not possible, tell your employer as soon as you can.

What happens when I go back?
When you go back after OML it will be to **exactly the same job**. When you go back after AML your employer must give you

- the same job; or
- only if that is not reasonably practicable, a suitable job on very similar terms and conditions.

What will I get while I'm away?
During the first 26 weeks of leave (your OML period) your *contractual rights* (i.e. any special rights that apply to your particular workplace, such as a company car or pension) continue as if you were still at work, apart from your normal pay.

During the first 26 weeks of your leave you will probably be entitled to either Maternity Allowance or Statutory Maternity Pay (see pages 139–40). After that your leave will be unpaid. Some employers also offer extra maternity pay: you need to check your contract, or ask the human resources department or your union representative.

During the rest of your time on leave (your AML period) you will continue to be an employee, but the only **contractual rights** which will continue automatically will be:

- the notice period in your contract of employment will still apply (if either you or your employer wish to terminate your employment);
- you will be entitled to redundancy pay;
- disciplinary and grievance procedures will apply; and
- if your contract has a section which states that you must not work for any other company, this will still apply.

It might be possible to negotiate with your employer for other contractual rights to continue.

These rules do not apply to your statutory rights (i.e. rights that apply by law to all employees in this country). For example, everyone has a legal right to four weeks' paid annual leave whether they are on maternity leave or not. Also your employer must not discriminate against you by failing to consider you for such opportunities as promotion or when paying some bonuses.

If you are made redundant whilst on maternity leave, your employer must offer you any suitable alternative work that is available. If there is none, they must give you any notice and redundancy pay that you are entitled to.

Return to work on child-friendly hours

What are my rights?
If you need to change your working hours because of childcare, you have the right to have your request seriously considered. Since April 2003, parents with a child 6 years old or under or a disabled child of 18 years old or under have the right to ask their employers for flexible working arrangements. Under the new right, both you and your employer will have to follow a set procedure. Also, according to the Sex Discrimination Act, employers must have a good business reason for refusing to let women work flexibly in order to look after their children.

It is not yet clear how the two rights will work together, so where possible you should carefully follow the procedure for asking for flexible work under the new right.

Under the new right, you will need to send a written request to your employer giving details of the new working pattern you want to work. Your employer can only refuse your request for one of the business reasons set out in the rules, for example, if it would have a detrimental effect on quality.

Your employer must explain why a particular reason applies in your circumstances. If your employer refuses your request, there is an appeal procedure that you must use.

If your employer does not follow the procedure, or refuses for a reason not stated in the rules, or without an explanation, or makes the decision based on incorrect facts, you can make a claim in an employment tribunal. The tribunal will not question whether your employer was justified in refusing unless you can show that your employer got the facts wrong. You must make a tribunal claim within three months of the refusal.

If you cannot use the procedure, for example, if you have not worked for your employer for long enough, you may be able to rely on your rights under sex discrimination law. You may also be able to rely on sex discrimination law even if you have used the new procedure, if you do not believe that your employer had good business reasons for refusing your request.

Your employer must seriously consider your request to change your working pattern. They will only know if they have a good reason for refusing your request by giving it a lot of thought. People often assume a job has to be done full-time or at certain fixed times of day. But, if you and your employer look carefully at your job, you may be able to work out a more child-friendly option – perhaps one that neither of you had considered before.

Does all this apply to me?

The right applies to you if:

- you are an employee;
- you are the parent, adoptive parent or foster carer of a child under six, or a disabled child under 18 (or married to, living with or the partner of that person);
- have worked for your employer for 26 weeks by the time you make your request; and
- you have not made a request in the last 12 months.

The Sex Discrimination Act 1975 applies to all employers and parents with childcare responsibilities. If you need to rely on sex discrimination law, you will need to show that you would be disadvantaged by not being allowed to work the child-friendly hours you need to. You must have a good reason for asking to work differently. Some good reasons for asking are:

- you can't find or afford full-time childcare;
- you can't find or afford childcare outside 9–5, Monday to Friday;
- you have to be there when your children come home from school;
- you are suffering from severe stress from working long hours.

What do I do next?

Before making your request, look at the job you do now and how it could be done differently. You will then need to make your application in writing. Your application must:

- state that this is an application for flexible work and that you are applying as a parent or as someone with parental responsibility;
- state the working pattern you are asking for and the date you want it to start;
- explain how you think the new working pattern may affect the employer and how you think it could be dealt with;
- state whether you have asked before and, if so, when;
- sign and date the application.

Your employer must arrange a meeting with you to discuss your application within 28 days of receiving it. They must give you notice of their decision in writing within 14 days of the meeting. If your employer agrees to your request, the new arrangement should start on the date agreed between you. Your terms and conditions, such as pay and leave, will remain the same until the date the new arrangement starts, when they will be reduced pro-rata to reflect your new working pattern.

If your employer refuses, they must give you a reason (this must be one of those allowed under the regulations) and they must inform you of your right to appeal. You must appeal within 14 days of receiving their notice of refusal. Your employer then has 14 days from the date they receive your notice of appeal to hold the appeal meeting. Again they must notify you of their decision in writing, within 14 days of the appeal, giving reasons for their decision.

What counts as a good reason for refusing?
Many of the arguments employers use do not count as justification at an Employment Tribunal (Industrial Tribunal). For example:

- there are no part-time vacancies (they should look at whether your own job could be done part-time or as a job-share);
- the job is too senior (the law applies to all women, no matter how senior);
- last-minute overtime is an essential part of the job (your employer should consider setting up a job-share, or an 'on call' rota);
- it is too expensive (costs are not usually any higher for part-timers); or
- continuity is crucial (there are usually practical ways around this, like keeping good records and ways of communicating).

An employer probably would be justified in refusing flexible work if there were good business reasons and there was no alternative solution (e.g. if particular opening hours are necessary for business).

If you think your employer has unreasonably refused your request, you should get advice about whether you can get compensation under the new right and/or under sex discrimination law. You must make a tribunal claim within three months of the refusal.

Paternity Leave

What is it?
Following the birth of a child, eligible employees will be able to take one or two weeks' leave to care for the child or support the mother. They must give their employer the correct notice. The leave must be taken within 56 days of the birth.

Who gets it?
Your baby's biological father, your husband or your partner, including a same sex partner, will be able to take paternity leave providing they:

- expect to have responsibility for bringing up the child; and
- have worked for the same employer for at least 26 weeks by the 15th week before your baby is due.

When can my partner start paternity leave?
Your husband or partner can choose to start paternity leave either:

- from the date of your baby's birth;
- from a chosen number of days or weeks after the date of the child's birth (whether this is earlier or later than expected); or
- from a chosen date.

Paternity leave must have been taken within 56 days of your baby's birth or, if your baby was born early, within the period from the actual date of birth up to 56 days after the expected week of birth.

Your partner will be able to return to the same job after paternity leave.

What is Statutory Paternity Pay (SPP)?
SPP is paid by employers for up to 2 weeks at a rate of £108.85 per week or 90% of average earnings, whichever is less.

Can my partner get SPP?
Your partner can get SPP if he or she:

- is the baby's father or your husband/partner and is responsible for the baby's upbringing;
- has worked for an employer for 26 weeks by the 15th week before the baby is due or, if the baby is born before then, would have worked for an employer for 26 weeks by the 15th week before the baby is due;
- is still employed by the same employer before the birth;
- earns at least £84 per week on average (before tax) in the eight weeks immediately before the week your baby is born.

Your partner must give their employer notice of the date they want their SPP to start at least 28 days before or as soon as reasonably practicable.

Parental Leave

This is unpaid leave from work of 13 weeks per parent per child, to be taken before the child's fifth birthday. Adoptive parents can take it either within five years of the placement for adoption or by the child's 18th birthday, whichever is earlier. For children on Disability Living Allowance (DLA) leave has been extended to 18 weeks and must be taken before the child is 18.

Every worker is also entitled to emergency unpaid leave to make arrangements for the care for a dependant who falls ill, gives birth or is injured. This leave can be used if there is a sudden problem with care arrangements for the dependant (e.g. if your childminder falls ill).

Dismissal or unfair treatment

It is against the law for your employer to treat you unfairly, dismiss you or select you for redundancy for any reason connected with pregnancy, childbirth, maternity, paternity, adoption or parental leave.

If you are dismissed while you are pregnant or on maternity leave, your employer must give you a written statement of the reasons. You can make a claim for unfair dismissal, and sex discrimination, in an Employment Tribunal (Industrial Tribunal) within three months. You can also claim unfair dismissal if you are dismissed in connection with parental leave or time off for dependants.

Statutory Maternity Pay (SMP)

What is it?

SMP provides you with some money to help you take time off at and around the birth of your baby. It is paid for up to a maximum of 26 weeks by your employer, who can claim back some or all of it from the Inland Revenue. SMP counts as earnings and your employer will deduct tax and National Insurance. **You can get it even if you don't plan to go back to work. You will not have to pay Statutory Maternity Pay (SMP) back if you don't return to work.** You may qualify for SMP from more than one employer.

Who gets it?

You get SMP if:

- you have been continuously employed by the same employer into the qualifying week (this is the 15th week before the week your baby is due) – part weeks count as full weeks, and
- you are earning an average of £84 a week before tax. This is called the **Lower Earnings Limit** for National Insurance (NI) contributions and is the amount you have to earn to qualify for benefits. You have to earn more than this amount before you actually start paying NI.
- Your earnings are averaged over an eight-week period, running up to and including the 15th week before the week your baby is due. This period may vary slightly depending on whether you are paid weekly, monthly, or at other intervals.

To find out which is the qualifying week, look on a calendar for the Sunday before your baby is due (or the due date if that is a Sunday) and count back 15 Sundays from there. You should use the due date on the MAT B1 certificate which your midwife or GP will give you when you are about 20 weeks pregnant.

If you are not sure if you're entitled to SMP, ask anyway. Your employer will work out whether or not you should get it, and if you don't qualify, they will give you form SMP1 to explain why. If your employer is not sure how to work out your SMP or how to claim it back, they can ring the Employers' Helpline on 0845 714 3143 for advice.

How much is it?

For the first six weeks you get 90% of your average weekly earnings, with no upper limit. The remaining weeks are paid at a flat rate of £108.85 or 90% of your average weekly earnings if this is less than £108.85. SMP should be paid in the same way and at the same time as your normal wages.

When is it paid?

The earliest you can start your SMP is 11 weeks before the expected week of childbirth and the latest the day following the birth. To work out the earliest date, use the due date on your MAT B1 certificate, which your midwife or GP will give you. Find the Sunday before your baby is due (or the due date if it is a Sunday) and count back 11 Sundays from there. It is for you to decide when you want to stop work. You can even work right up until the date the baby is due, unless:

- you have a pregnancy-related illness at the start of, or in, the last four weeks of your pregnancy. In this case your SMP will start automatically the day following the first day of absence from work for that illness;
- your baby is born before the start of your SMP. In this case SMP will start on the day following the birth and will be paid for 26 weeks. You cannot get SMP for any week in which you work. If you return to work early your SMP will stop.

How do I claim?
You must give your employer at least 28 days notice of the date you want to start your pay; they may need this in writing. You must also send your maternity certificate (MAT B1 form), which is issued by your GP or midwife from the 20 weeks before the week your baby is due (usually the 21st week of pregnancy). You can give notice for leave and pay together in the 15th week before your baby is due. You can change your mind about the dates you have given for the start of your SMP, but you must give your employer 28 days' notice of this change and confirm the new date in writing.

Maternity Allowance (MA)

What is it?
A weekly allowance for women who can't get Statutory Maternity Pay (see above). You may also get Maternity Allowance if you are self-employed, if you stopped work or if you changed jobs during pregnancy.

Who gets it?
You can claim Maternity Allowance if you have been employed and/or self-employed in at least 26 of the 66 weeks before your expected week of childbirth. This 66-week period is known as the test period. You must also have gross weekly earnings of at least £30 per week in any 13 weeks in the test period. You should choose the 13 weeks in which you earned the most. In your chosen weeks, you can add together earnings from more than one job, including any self-employed work.

How much is it?
Maternity Allowance is paid at a flat rate of £108.85 a week, or 90% of your average earnings if this is less, for 26 weeks.

When is it paid?
Maternity Allowance is paid for up to 26 weeks, but only for weeks in which you are not working. The earliest that MA can start is 11 weeks before the week your baby is due and the latest is the day following the birth. If you are unemployed your MA will start 11 weeks before the week your baby is due. If you are employed or self-employed at the start of the 11th week before the week your baby is due, you can choose when to start your MA. You can even work right up until the date the baby is due, but if:

- you have a pregnancy-related illness at the start of, or in, the last four weeks of your pregnancy, your MA will start automatically the day following the first day of absence from work for that illness;
- your baby is born before your MA is due to start, your MA will start from the day following the birth.

How do I claim?
You can claim MA from the 14th week before the week your baby is due. Fill in form MA1, available from your local Jobcentre Plus, social security office or antenatal clinic. You must also send your maternity certificate (form MAT B1), which is issued by your GP or midwife from the 20 weeks before the week your baby is due (usually the 21st week of pregnancy). If you are employed and do not qualify for Statutory Maternity Pay, send form SMP1 from your employer to show why you don't qualify.

Claim as soon as you can, even if you are still at work or if you do not have the medical evidence needed, or cannot provide any other information needed to complete the claim form. You can always send more information later.

You must claim within three months of the date your MA period is due to start. If you delay, you will lose money.

How is it paid?
MA is paid directly into your bank account, weekly or every four weeks in arrears.

Anything else?
If you are not entitled to MA, the Jobcentre Plus or social security office will automatically check whether you might be entitled to Incapacity Benefit (see below).

For further information about MA, see leaflet NI17A *A guide to maternity benefits*, available from the Department for Work and Pensions website at: www.dwp.gov.uk/advisers/ni17a.

Incapacity Benefit (IB)

What is it?
A weekly allowance which can be paid to women who don't qualify for Statutory Maternity Pay or Maternity Allowance.

Who gets it?
You get Incapacity Benefit (IB) if you have enough National Insurance contributions in earlier tax years. Claim if you have paid any

National Insurance contributions during the last three tax years that do not overlap the current calendar year. If you are not sure whether or not you qualify, claim and your local Job Centre Plus/Incapacity Benefits Branch will work out whether you can get the benefit.

How much is it and when is it paid?
It is £59.20 per week. It is awarded from the Sunday of the 6th week before the week your baby is due, until two weeks after the baby's birth. As with all claims to IB, you will have to serve three waiting days before your benefit is actually paid. You won't get IB for any week in which you work.

How do I claim?
Make a claim for Maternity Allowance using form MA1, which you can get from your Jobcentre Plus/social security office or your antenatal clinic. You also have to send your maternity certificate (form MAT B1), which is issued by your GP or midwife from the 20 weeks before the week your baby is due (usually the 21st week of pregnancy). You don't need to send in a sick note from your doctor.

If you are not entitled to Maternity Allowance, the Jobcentre Plus/social security office will check automatically to see if you qualify for IB. It can be paid directly into your bank. You must claim within three months of the start of your entitlement.

Contribution-based Jobseeker's Allowance (JSA)

What is it?
An allowance which lasts for up to 26 weeks for people who are unemployed or working less than 16 hours a week.

Who gets it?
You get it if you have paid enough National Insurance contributions during the last two tax years that do not overlap the current calendar year. You have to be available for work for at least 16 hours and actively seeking work.

How much is it?
If you are under 18 you get £34.60 a week; if you are aged 18–24 you get £45.50 a week; if you are 25 or over you get £57.45 a week. Your partner's earnings are not taken into account but, if you are in part-time work, your earnings are.

How do I claim?
Go to your local Jobcentre Plus/social security office in person, or you can claim by post if you live too far away. You will have to go to the Jobcentre Plus every fortnight to 'sign on' to show that you are available for work.

The benefit is paid directly into your bank account, or by Giro normally every two weeks.

If I resign from my job and don't go back to work after maternity leave, can I claim anything?

You may be able to claim contribution-based JSA for up to six months. However, you will have to show that you had 'just cause' for voluntarily leaving your job. You will also have to be available for work for as many hours a week as your caring responsibilities permit (and not less than 16).

If you haven't paid enough National Insurance contributions, you may be able to claim income-based JSA instead (see page 142), depending on your personal circumstances. Apply in person at the Jobcentre Plus. If you are a single parent you may be able to claim Income Support or tax credits (see overleaf) once the baby is born. If you are in a couple and your partner has a low income, you may be able to claim tax credits (see below).

Anything else?
If your family has no other income, you will probably be entitled to income-based JSA and other benefits for families on low incomes (see section overleaf).

Benefits for families

Child Tax Credit and Working Tax Credit

Two tax credits were introduced in April 2003 – Child Tax Credit and Working Tax Credit.

Who gets it?
Child Tax Credit gives financial support for children. It can be claimed by lone parents or couples with one or more children. Nine out of ten families with children will get tax credit.

The Working Tax Credit will help people in lower paid jobs by topping up their wages.

Who gets it?
The Working Tax Credit can be claimed by single people or couples, with or without children, who work enough hours each week. You must be working at least 16 hours each week if:

- you have dependent children and/or
- you have a disability.

Otherwise, you must be 25 or over and work at least 30 hours a week.

You can be treated as if you are working during Ordinary Maternity Leave (usually leave with Statutory Maternity Pay or Maternity Allowance), and were working enough hours immediately before starting your maternity leave.

Help with childcare costs?
The Working Tax Credit can include a childcare element to help with the cost of approved childcare where a lone parent or both partners in a couple work for at least 16 hours a week or one partner works at least 16 hours a week and the other is disabled, in hospital or in prison.

The childcare element is worth up to 80% of the eligible childcare costs, up to a weekly maximum of £175 for one child and £300 for two or more children, paid to the main carer.

How do I claim tax credits?
Both Child Tax and Working Tax Credits can be claimed using the same form, obtained by phoning the helpline on 0845 300 3900 or online at www.hmrc.gov.uk.

How much will I get?
The amount you get will depend on your current circumstances, for example, the number of children in your household, the number of hours you and your partner work, and your households gross income for the last tax year. Claims for the current tax year will initially be based on the previous tax year's income.

Awards will run until the end of the tax year, but if there is a change affecting the amount you can ask for the award to be adjusted from the date of the change; for example, if your wages fall significantly during the current tax year because you are going on maternity leave, or following the birth of your baby.

Maternity Allowance or the first £100 a week of Statutory Maternity Pay will be ignored as income. Families with children, with an annual income of £50,000 or less, will get at least £545 a year. A single parent staying at home to look after one child could get £2,310 a year in tax credits.

Anything else?
If you get tax credits you may also be able to get the £500 Sure Start Maternity Grant (from DWP) and help with fares to hospital for treatment (including antenatal appointments).

Income-based Jobseeker's Allowance (JSA) and Income Support

What are they?
Weekly payments for people who are not in work and do not have enough to live on. If your family income falls below a set level the benefit will 'top it up'. This means that you may be able to get Income Support even if you are already getting Statutory Maternity Pay, Maternity Allowance, Incapacity Benefit or some income from part-time work.

Who gets them?
You can claim income-based JSA if you are 18 or over and you are actively seeking work. Usually you would claim this benefit if you are living with your partner and you are either unemployed or working less than 16 hours per week. You should also claim it if you are single and unemployed but your baby has not been born yet.

If you are 16 or 17 years old and face severe hardship you may be able to claim before your baby is born. You should get further advice about this.

You can claim Income Support if you are 16 or over and cannot be available for work. This would be because you are a single parent or because you are 29 weeks pregnant or more. You may also get Income Support if you are single and pregnant and you are too sick to work.

You **cannot claim either income-based JSA or Income Support** if you have a partner who lives with you and who works for 24 hours or more a week, or if you work for more than 16 hours a week, or if you have savings of more than £16,000.

How much is it?
This depends on your age and the size of your family, and on what other income you have. If you are under 25 or have more than £6,000 in savings you get a lower rate. If you are claiming during pregnancy you should let the Jobcentre Plus know as soon as the baby is born, as your benefit will go up.

How do I claim?
To claim income-based JSA, either you or your partner must go to the Jobcentre Plus in person (or you can claim by post if you live very far away from the Jobcentre).

To claim Income Support, fill in form A1, which you may get from a post office or a Jobcentre Plus.

The benefit is paid directly into your bank account. If you are claiming income-based JSA, you will have to go to the Jobcentre Plus every fortnight, to 'sign on' to show that you are available for work. If you are claiming Income Support, you do not need to 'sign on'.

Anything else?
If you get Income Support or income-based JSA, or any element of Pension Credit you can claim other benefits, such as a £500 Sure Start Maternity Grant, help with fares to hospital, Housing Benefit and Council Tax Benefit. You may be able to get help with mortgage interest payments. You can get help from the Welfare Food Scheme or Healthy Start if you get Income Support, income-based Jobseeker's Allowance or Child Tax Credit but not Working Tax Credit with an annual family income of £14,155 or less (2006/07 figures). See below for more information on all these benefits.

£500 Sure Start Maternity Grant from the Social Fund

What is it?
A lump sum payment (a grant which you do not have to pay back) to help buy things for a new baby.

Who gets it?
Pregnant women and new parents who are getting income-based JSA, Income Support, Pension Credit, Working Tax Credit where a disability or severe disability element is included in the award, or Child Tax Credit at a rate higher than the family element.

How much is it?
£500 for each baby that is expected, born, adopted, the subject of a parental order (following a surrogate birth) or, in certain circumstances, the subject of a residence order.

How do I claim?
Claim using form SF100 (Sure Start), which you can get from your local Jobcentre Plus. You can claim any time from 11 weeks before the due date until three months after the birth, adoption or date of parental or residence order. If you are adopting or, in certain circumstances, have been granted a residence order, your baby must be aged under 12 months at the date of claim.

Part of the form will need to be completed by your midwife, GP or health visitor – this is to confirm when your baby is due or actually born, and that you have received advice about the health and welfare of yourself and your baby.

If you can't get income-based JSA, Income Support, Pension Credit, Working Tax Credit or Child Tax Credit until after your baby is born, you must still claim the Sure Start Maternity Grant within the three-month time limit.

The discretionary Social Fund

What is the discretionary Social Fund?
The discretionary Social Fund provides grants and interest-free loans for needs that are difficult for people to meet out of their weekly benefits or regular income.

What are they and who gets them?
There are three types of payments available:

- Community Care Grants for people getting income support (IS), income-based JSA or Pension Credit.
- Budgeting Loans are interest-free, repayable loans for people getting income support (IS), income-based JSA or Pension Credit for at least 26 weeks.
- Crisis Loans are interest-free, repayable loans for people (whether on benefits or not) unable to meet their immediate short-term needs in a crisis.

How much are they?
This depends on your personal circumstances, your ability to pay and on how much money is available. Social Fund payments are not a right and there is a limited amount of money to be distributed to all those who apply.

How do I claim?
For information about which Social Fund payment to claim and how, contact your local Jobcentre Plus. More information is also available in leaflets SB16 *A guide to the Social Fund*, which is available online at www.dwp.gov.uk, and GL18 *Help from the Social Fund*.

Loans have to be repaid at a set amount per week, which will be taken directly from your income if you are claiming other benefits. The amount you have to repay per week depends on the size of the loan, the size of your income and any other debts you may have.

Anything else?
- A Community Care Grant does not have to be paid back.
- You cannot get a Budgeting Loan or a Crisis Loan for more than £1,500, and the total you owe the Social Fund cannot be more than £1,500.
- Savings. The amount of any Social Fund payment you get will be reduced on a pound-for-pound basis by any savings you or your partner has. For Community Care Grants, savings over £500 (£1,000 if you or your partner are aged 60 or over) will usually affect how much you can get. For Budgeting Loans, savings over £1,000 (£2,000 if you or your partner are aged 60 or over) will usually affect how much you can get.

Anything else?
The Social Fund can also provide Community Care Grants to families receiving income-based JSA, Income Support or Pension Credit under certain circumstances, such as to help pay fares to visit a mother and baby in hospital or to help a family under exceptional pressure. Grants do not have to be repaid.

Housing Benefit – help with your rent

What is it?
Housing Benefit will help you pay your rent (in Northern Ireland rent and/or rates) if you're on income-based JSA, Income Support, or have a low income. If you are a council tenant, it will be paid direct to the council; if you are a private tenant, it will be paid either to you or direct to your landlord.

How much is it?
It depends on the rent and/or rates you pay, average rents in your area, the size of your home, your income, savings, other benefits, your age and your family size. It may not be the same amount as the rent you are actually paying. You cannot get Housing Benefit if you have savings of more than £16,000. The *amount* of savings you have can also affect the amount of Housing Benefit you get.

How do I claim?
If you're getting income-based JSA or Income Support, you will get a Housing Benefit claim pack with your JSA/Income Support claim form. Otherwise get a form from your local council.

Help with mortgage interest repayments

Who gets it?
If you've got a mortgage and you're on income-based JSA or Income Support, you may be able to get help with your interest payments, although there is usually a waiting period during which you won't get any help.

How much is it?
You can only get help with interest payments (not repayments of capital or contributions to a linked PEP, endowment or insurance policy), and the amount is usually based on a standard average interest rate (which may not be the same as the interest you are paying).

If you took out your mortgage before 2 October 1995, you will get no help for eight weeks, half of the allowable interest for the next 18 weeks and then all the allowable interest after that.

If you took out your mortgage after 1 October 1995, you will get no help for 39 weeks and then all the allowable interest from week 40 of your claim. If you claim benefit because of the death of your partner or because your partner has left you and you have at least one child under 16, you are treated as if you took out your mortgage before 2 October 1995.

How do I claim?
Once you have claimed income-based JSA or Income Support, your Jobcentre Plus will automatically send you a form MI12 about your housing costs shortly before they become payable. You fill out part of the form and then send it to your mortgage lender to fill out the rest.

The money will either be paid to you as part of your income-based JSA or Income Support, or paid directly to your mortgage lender.

Anything else?
Tell your mortgage lender as soon as you get into difficulties with your mortgage. If you are unable to meet your repayments, you may be able to negotiate a temporary agreement for reduced repayments (e.g. during your maternity leave). Some mortgage lenders allow a few months 'repayment holiday' once during the life of the mortgage.

If you have mortgage protection insurance, contact your insurer immediately. Most insurance policies will pay out if you are receiving JSA or Income Support, but not if you are only receiving Statutory Maternity Pay or Maternity Allowance, so check carefully.

Council Tax Benefit

What is it?
A benefit to help you pay your Council Tax if your income is low.

Who gets it?
If your income is low or you're getting income-based JSA or Income Support, you may get Council Tax Benefit.

How much is it?
You may get all of your Council Tax paid or just part of it. It will depend on your income, savings, whether other adults live with you, and an assessment of your circumstances.

How do I claim?
If you're getting income-based JSA or Income Support, you will get a Council Tax Benefit claim form with your JSA/Income Support claim form. Otherwise get a form from your local council.

Welfare Food Scheme/ Healthy Start

Who gets it?
You can get either free milk from the Welfare Food Scheme or free milk, fresh fruit and vegetables, or infant formula from Healthy Start if you are pregnant and getting Income Support or income-based Jobseeker's Allowance.

If you have a young child, receive Child Tax Credit but not Working Tax Credit and have an annual family income of £14,155 or less you may also qualify.

Pregnant women under 18, on benefits or not, can get help from Healthy Start if they are living in a Healthy Start area.

Healthy Start is replacing the Welfare Food Scheme during 2006. Ask your midwife or health visitor which scheme you should apply for.

How do I claim?
You can apply for you when you are 10 weeks pregnant, and at any time for a young child. Leaflets that include an application form are available from most GP surgeries or health centres, or you can order one by calling 08701 555 455. The leaflet for the Welfare Food Scheme is called *Free Milk for Pregnant Women* (40537). The leaflet for Healthy Start is called *A Healthy Start for Pregnant Women and Young Children* (267679).

Have you claimed everything?

You can claim → If you get ↓	Child Benefits	Free prescriptions	Free dental treatment	£500 Sure Start Maternity Grant*	Social Fund loans	Council Tax Benefit (not NI) & Housing Benefit	Help with mortgage	Welfare Food Scheme/ Healthy Start**	Fares to hospital
Income-based JSA	✓	✓	✓	✓	✓	✓	✓	✓	✓
Income Support	✓	✓	✓	✓	✓	✓	✓	✓	✓
Low income	✓	✓	✓	✗	✓	✓	✗	✗	✓
All mothers	✓	✓	✓	✗	✗	✗	✗	✗	✗

*You can also claim if you get Pension Credit, Working Tax Credit where a disability or severe disability element is included in the award, or Child Tax Credit at a rate higher than the family element.
**You can also claim if you get Child Tax Credit but not Working Tax Credit with an income of £14,155 or less.

You will need your midwife or health visitor to fill in their part of the application form.

Once a new baby is born, you should claim Child Tax Credit so that you will keep getting help from the Welfare Food Scheme or Healthy Start if you still qualify for it.

IMPORTANT: If you live in a Healthy Start area and have not been getting help from Healthy Start while you are pregnant, you will need to complete an application form if you want to get help from this scheme for your child. The form is in the leaflet *A Healthy Start for Pregnant Women and Young Children* (267679). Don't wait for your Child Tax Credit claim to be processed.

Help with hospital fares

Who gets it?

If your family gets income-based JSA, Income Support, you can get a refund for fares to and from the hospital (including visits for antenatal care). This can cover normal public transport fares, estimated petrol costs and taxi fares if there is no alternative. You may also be entitled to help if your family has a low income or if you are getting tax credits (check your tax credits letter to see if this applies to you).

How do I claim?

If you are claiming one of the benefits mentioned above, you can claim at the hospital at the time of your visit by showing proof that you get the benefit. Alternatively, you can claim within three months of your visit by filling in form HC5 which you can get from the hospital or the Jobcentre Plus.

If your income is low, you must first fill in form HC1, which you can get from your doctor, hospital or Jobcentre Plus. Depending on how low your income is, you will then be given either certificate HC2, which means you qualify for free services, or certificate HC3, which means that you qualify for some help. You show the certificate when you go to the hospital, or you can claim within three months of your visit, on form HC5.

Further information

Some useful websites include:

www.dti.gov.uk/er/workingparents.htm (Department of Trade and Industry – guidance on employment rights)

www.dwp.gov.uk (Department for Work and Pensions)

www.dh.gov.uk (Department of Health)

www.hmrc.gov.uk (HM Revenue and Customs – for all tax information, including Working Tax Credit, Child Tax Credit and Child Benefit)

www.tiger.gov.uk (Acas guidance on employment rights)

www.hse.gov.uk (Health and Safety Executive)

www.acas.org.uk (Acas)

www.direct.gov.uk/employees

USEFUL ORGANISATIONS

Some of these organisations are large; many are small. Some can put you in touch with local groups.

Organisations marked* produce publications. When you write, send a large stamped addressed envelope for a reply.

ADDICTIVE DRUGS

FRANK
0800 77 66 00
0800 917 87 65
(minicom/textphone)
www.talktofrank.com
Offers free, confidential information and advice on any drugs issue, and support and direction to treatment services, 24 hours a day.

Narcotics Anonymous (UK Service)
202 City Road
London EC1V 2PH
(020) 7251 4007
0845 373 3366 (helpline 10am–10pm)
www.ukna.org
Self-help organisations whose members help each other to stay clear of drugs. Local groups. Some groups have a crèche.*

ALCOHOL

Alcohol Concern
Waterbridge House
32–36 Loman Street
London SE1 0EE
(020) 7928 7377
www.alcoholconcern.org.uk
For professionals working in the alcohol field and for general interest.
www.howsyourdrink.org.uk
A website covering sensible drinking guidance, including a test to assess your drinking and how to get help.
Can provide a list of organisations offering help and advice.*

Alcoholics Anonymous (AA)
AA General Service Office
PO Box 1
Stonebow House
Stonebow
York YO1 7NJ
(01904) 644 026
0845 7697 555 (helpline)
www.alcoholics-anonymous.org.uk
Network of independent self-help groups whose members encourage each other to stop drinking. First names only are used to preserve anonymity. For your nearest group look in the phone book or contact the AA General Service Office.*

Drinkline
0800 917 8282
(Mon–Fri 9am–11pm)
Helpline offering free, confidential information and advice on alcohol problems, support and direction to treatment services.

Drink Aware
A website set up by the Portman Group offering information on sensible drinking.
www.drinkaware.co.uk

ALLERGIES

Allergy UK
(01322) 619898
(allergy helpline Mon–Fri 9am–5pm)
www.allergyuk.org

BEHAVIOURAL DIFFICULTIES

Cry-sis
BM Cry-sis
London WC1N 3XX
0845 122 8669 (helpline 9am–10pm)
www.cry-sis.org.uk
Self-help and support for families with excessively crying, sleepless and demanding children.

ERIC (Education and Resources for Improving Childhood Continence)
34 Old School House
Britannia Road
Kingswood
Bristol BS15 8DB
0845 370 8008
(Mon–Fri 10am–4pm)
www.eric.org.uk
Provides advice and information to children, young adults, parents and professionals on bedwetting and soiling. Also sells bedding protection and enuresis alarms.

Hyperactive Children's Support Group
Dept.W
71 Whyke Lane
Chichester PO19 7PD
(01243) 539 966
www.hacsg.org.uk
Information to help with problems related to hyperactivity.*

BREASTFEEDING

Association of Breastfeeding Mothers
PO Box 207
Bridgwater
Somerset TA6 7YT
0870 401 77 11
(helpline 9.30am–10.30pm)
www.abm.me.uk
Telephone advice service for breastfeeding mothers. Local support groups.*

The Breastfeeding Network
PO Box 11126
Paisley
PA2 8YB
0870 900 8787
(helpline 9.30am–9.30pm)
www.breastfeedingnetwork.org.uk
Help with breastfeeding – local groups and leaflets.*

La Lèche League (GB)
PO Box 29
West Bridgford
Nottingham NG2 7NP
0845 120 2918 (24-hour helpline)
www.laleche.org.uk
Help and information for women who want to breastfeed. Personal counselling. Local groups.*

National Childbirth Trust (NCT)
Alexandra House
Oldham Terrace
London W3 6NH
0870 444 8707 (enquiry line 9am–5pm)
0870 444 8708 (8am–10pm for support on breastfeeding)
www.nctpregnancyandbabycare.com
Information and support for mothers, including breastfeeding information, antenatal classes, postnatal groups.*

CHILDCARE/PLAY, DEVELOPMENT AND EDUCATION

Advisory Centre for Education (ACE)
1c Aberdeen Studios
22 Highbury Grove
London N5 2DQ
0808 800 5793 (advice line Mon–Fri 2pm–5pm)
www.ace-ed.org.uk
Advice for parents on state education, special education, exclusion from school, bullying and school admission appeals.

Child Growth Foundation
2 Mayfield Avenue
London W4 1PW
(020) 8994 7625
www.heightmatters.org.uk
Information and advice for parents concerned about their child's growth.

Children's Information Services (CIS)
08000 96 02 96
(information line)
www.childcarelink.gov.uk/index.asp
Provide up-to-date information and advice on childcare provision and services in your area. For your local office look in the phone book.

Daycare Trust
21 St George's Road
London SE1 6ES
(020) 7840 3350 (helpline Mon, Wed, Fri 10am–12 noon, Tue, Thu 3pm–5pm)
www.daycaretrust.org.uk
Campaigns for the provision of good childcare facilities. The Daycare Trust gives information on all aspects of childcare.*

Department for Education and Skills (DfES)
www.parentscentre.gov.uk
Provides support, information and advice about children's learning and the English education system.
www.direct.gov.uk
Information for parents on your child's education, rights and safety, as well as advice on a range of issues including health in pregnancy, adoption procedures and childcare.

Mudiad Ysgolion Meithrin/The National Association of Welsh Medium Nursery Schools and Playgroups (W)
Boulevard St Brieuc
Aberystwyth SY23 1PD
(01970) 639 639
www.mym.co.uk
Help and advice on setting up and running parent and toddler groups and playgroups. Contact with local playgroups.

National Association of Toy and Leisure Libraries
68 Churchway
London NW1 1LT
(020) 7255 4600
www.natll.org.uk
Information about local toy libraries (which lend toys). Offers publications and training courses.*

National Childminding Association
Royal Court
81 Tweedy Road
Bromley BR1 1TG
0845 880 0044
www.ncma.org.uk
0800 169 4486 (infoline Mon–Fri 10am–4pm)

Info@ncma.org.uk
An organisation for registered childminders; provides training, information and support. Works to improve status and conditions of childminders and standards of childcare.*

Ofsted Early Years
Alexandra House
33 Kingsway
London WC2B 6SE
0845 601 4771
www.ofsted.gov.uk
Government body responsible for registration, inspection and investigation of childcare settings (childminders and daycare facilities).

Pre-School Learning Alliance (E)
69 King's Cross Road
London WC1X 9LL
(020) 7833 0991
www.pre-school.org.uk
Supports the work of community pre-schools.

Sure Start
Department for Education and Skills and Department for Work and Pensions
Level 2
Caxton House
Tothill Street
London SW1H 9NA
0870 000 2288
www.surestart.gov.uk
Provides information on Government support for children, parents and communities and details of local childcare and early years education.

Working Families
1–3 Berry Street
London EC1V 0AA
(020) 7253 7243
0800 013 0313 (legal advice line)
www.workingfamilies.org.uk
Free legal and practical advice service for parents and carers. Advice on maternity and paternity leave, employment rights, family-friendly ways of working, childcare options, tax credits and benefits available to working parents.

CONTRACEPTION

Brook (E)
421 Highgate Studios
53–79 Highgate Road
London NW5 1TL
(020) 7284 6040 (admin)
0800 0185 023 (helpline Mon–Fri 9am–5pm)
www.brook.org.uk
Advice and practical help with contraception and pregnancy testing, advice on unplanned pregnancies and sexual counselling for young men and women. Free and confidential. For your nearest centre look in the phone book or contact Brook Central Office.*

FPA (Family Planning Association)
2–12 Pentonville Road
London N1 9FP
(020) 7837 5432
0845 310 1334 (helpline Mon–Fri 9am–6pm)
www.fpa.org.uk
Information on family planning, sexual health and methods of contraception.*

Marie Stopes International
153–157 Cleveland Street
London W1T 6QW
(020) 7574 7400
0845 300 8090 (24-hour booking and appointment line)
www.mariestopes.org.uk
Provides family planning, women's health check-ups, male and female sterilisation, pregnancy testing, advice on unplanned pregnancies and sexual counselling for men and women. You don't need to be referred by your doctor, but you do need to book an appointment. A charge is made to cover costs. For centres in Manchester and Leeds and Bristol look in the local phone book.*

Sexual Health Line
0800 567 123 (24 hours)
www.playingsafely.co.uk
Information and advice on sexual health matters, HIV, contraception and local services.

DEPRESSION AND STRESS

Association for Postnatal Illness (APNI)
145 Dawes Road
London SW6 7EB
(020) 7386 0868
www.apni.org
Telephone support for mothers with postnatal depression.*

Meet-a-Mum Association (MAMA)
7 Southcourt Road
Linslade
Leighton Buzzard
Beds LU7 2TY
0845 120 3746 (helpline Mon–Fri 7pm–10pm)
www.mama.co.uk
Support for mothers suffering from postnatal depression or who feel lonely and isolated. Will try to put you in touch with another mother who has experienced similar problems, or with a group of mothers locally, or help you to find ways of meeting people. Write with an SAE for details of local groups.*

MIND (National Association for Mental Health)
Granta House
15–19 Broadway
London E15 4BQ
(020) 8519 2122 (admin)
0845 766 0163 (Mind infoline)
www.mind.org.uk
Help for people experiencing mental distress, Mind infoline offers confidential help. Local associations.*

DOMESTIC VIOLENCE

NSPCC (National Society for the Prevention of Cruelty to Children)
Weston House
42 Curtain Road
London EC2A 3NH
(020) 7825 2500
0808 800 5000 (24-hour national helpline)
www.nspcc.org.uk
Aims to prevent all forms of child abuse. If you're in need of help or know of anyone who needs help, look in the phone book for your nearest NSPCC office.*

Rape Crisis Federation
www.rapecrisis.org.uk
Refers women seeking help on rape, sexual abuse or violence to local rape crisis centres.

Refuge
2/8 Maltravers Street
London WC2R 3EE
0808 2000 247 (24-hour helpline)
www.refuge.org.uk
Emergency accommodation and advice for women and children experiencing domestic violence in London.

Women's Aid Federation of England
PO Box 391
Bristol BS99 7WS
0808 2000 247 (24-hour helpline)
www.womensaid.org.uk
Information, support and refuge for abused women and their children.*

HOUSING

Shelter
88 Old Street
London EC1V 9HU
(020) 7505 4699
0808 800 4444 (24-hour helpline)
www.shelter.org.uk
Help for those who are homeless. Advice on any housing problems.*

ILLNESS AND DISABILITY (GENERAL)

Action for Sick Children
No 3, Abbey Business Centre
Keats Lane
Earl Shilton
Leicestershire LE9 7DQ
(01455) 845 593
www.actionforsickchildren.org
Aim to ensure sick children receive the highest standard of care at home or in hospital. Information and support to parents and carers. *

Benefit Enquiry Line for People with Disabilities
0800 882 200
0800 243 355 (textphone)

Contact a Family
209–211 City Road
London EC1V 1JN
(020) 7608 8700 (admin)
0808 808 3555 (helpline)
0808 808 3556 (textphone Mon–Fri 10am–4pm)
www.cafamily.org.uk
Links families of children with special needs through contact lines. All disabilities. Local parent support groups.*

Disabled Living Centres (Assist UK)
Redbank House
4 St Chad's Street
Cheetham
Manchester M8 8QA
0870 770 2866
0870 770 5813 (textphone)
www.dlcc.org.uk
Disabled Living Centres offer information and advice on products, also the opportunity to try them out and explore other solutions.*

Disabled Living Foundation (DLF)
380–384 Harrow Road
London W9 2HU
(020) 7289 6111 (admin)
0845 130 9177 (helpline Mon–Fri 9am–4pm)
(020) 7432 8009 (textphone Mon–Fri 10am–1pm)
www.dlf.org.uk
Source of information on daily living and disability equipment.

Family Fund Trust for Families with Severely Disabled Children
Unit 4, Alpha Court
Monks Cross Drive
Huntington
York YO32 9WN
0845 130 4542 (9am–5pm)
(01904) 658085 (textphone)
www.familyfundtrust.org.uk
Gives cash grants to ease stress on families caring for severely disabled children under 16. Also provides information.*

MENCAP (Royal Society for Mentally Handicapped Children and Adults)
MENCAP National Centre
123 Golden Lane
London EC1Y 0RT
(020) 7454 0454
www.mencap.org.uk
Work with people with a learning disability and their families and carers. Local branches.*

Newlife
BDF Centre
Hemlock Business Park
Hemlock Way
Cannock
Staffordshire WS11 7GF
(01534) 468888 (Central Office)
08700 707020 (Here to Help Nurse Service)
www.bdfcharity.co.uk

Parentability
c/o National Childbirth Trust (see under Breastfeeding)
A network within NCT specifically for the support of disabled parents.

Phab
Summit House
50 Wandle Road
Croydon CR0 1DF
(020) 8667 9443
www.phabengland.org.uk
Promotes integration between disabled and non-disabled people through social, leisure and educational activities. Local groups.

Royal Association for Disability and Rehabilitation (RADAR)
12 City Forum
250 City Road
London EC1V 8AF
(020) 7250 3222
(020) 7250 4119 (minicom)
www.radar.org.uk
Information and advice on disability. Local organisations.*

ILLNESS AND DISABILITY (SPECIALISED)

AFASIC – Association for All Speech Impaired Children
2nd Floor
50–52 Great Sutton Street
London EC1V 0DJ
(020) 7490 9410 (admin)
0845 355 5577 (helpline Mon–Fri 10.30am–2.30pm)
www.afasic.org.uk
Helps children with speech and language disorders. Information and advice for parents. Local groups.*

Association for Spina Bifida and Hydrocephalus (ASBAH)
ASBAH House
42 Park Road
Peterborough PE1 2UQ
(01733) 555 988
www.asbah.org
Support for parents of children with spina bifida and/or hydrocephalus. Advice, practical and financial help. Local groups.*

Association of Parents of Vaccine Damaged Children
78 Camden Road
Shipston-on-Stour
Warwickshire CV36 4DH
(01608) 661 595
Advises parents on claiming vaccine damage payment.

Asthma UK
Summit House
70 Wilson Street
London EC2A 2DB
(020) 7786 4900
08457 01 02 03 (advice line)
www.asthma.org.uk
Information and support for people with asthma, their families and health professionals. Booklets. Over 180 branches nationwide.*

British Deaf Association (Head Office)
69 Wilson Street
London EC2A 2BB
(020) 7588 3520
(020) 7588 3529 (textphone)
81.138.165.105 (video)
0800 652 2965 (helpline textphone)
0870 770 3300 (helpline voice phone)
www.signcommunity.org.uk
Provides advocacy and youth services for deaf people whose first language is British Sign Language; also advice and counselling.

British Thyroid Foundation
PO Box 97
Clifford
Wetherby
West Yorkshire LS23 6XD
(01423) 709 707/448
www.btf-thyroid.org

Changing Faces
The Squire Centre
33–37 University Street
London WC1E 6JN
0845 4500 275
www.changingfaces.org.uk
Offers advice, information and support to young children with facial disfigurements and their carers. Child specialist available to help young children cope.

Cleft Lip and Palate Association (CLAPA)
First Floor
Green Man Tower
332 Goswell Road
London EC1V 7LQ
(020) 7833 4883
www.clapa.com
Voluntary organisation of parents and professionals offering support to families of babies born with cleft lip and/or palate. Feeding equipment available. Local groups.*

Climb (Children Living with Inherited Metabolic Diseases)
Climb Building
176 Nantwich Road
Crewe CW2 6BG
0870 7700 325/6
0800 652 3181
www.climb.org.uk
Provides information, advice, support and small grants for the medical treatment and care of children with metabolic diseases. Puts parents in touch with each other. Local groups.

Coeliac Society of the United Kingdom
Suites A–D, Octagon Court
High Wycombe
Buckinghamshire HP11 2HS
(01494) 437 278 (admin)
0870 444 8804 (helpline)
www.coeliac.co.uk
Helps parents of children diagnosed as having the coeliac condition or dermatitis herpetiformis.

Council for Disabled Children
8 Wakley Street
London EC1V 7QE
(020) 7843 1900
www.ncb.org.uk/cdc
Information for parents and details of all organisations offering help with particular disabilities.

Cystic Fibrosis Trust
11 London Road
Bromley BR1 1BY
(020) 8464 7211
0845 859 1000 (support helpline)
www.cftrust.org.uk
Information and support for parents of children with cystic fibrosis and for people worried about the possibility of passing on the illness. Local groups.*

Diabetes UK
10 Parkway
London NW1 7AA
(020) 7424 1000 (admin)
0845 120 2960 (careline Mon–Fri 9am–5pm)
(020) 7424 1031 (textphone)
www.diabetes.org.uk
Information and support for all people with diabetes.*

Down's Syndrome Association
Langdon Down Centre
2a Langdon Park
Teddington TW11 9PS
0845 230 0372 (Mon–Fri 9am–5pm)
www.downs-syndrome.org.uk
Information, advice, counselling and support for parents of children with Down's syndrome. Local groups.*

Haemophilia Society
First Floor
Petersham House
57a Hatton Garden
London EC1N 8JG
(020) 7831 1020
(0800) 0186 068 (helpline Mon–Fri 10am–4pm)
www.haemophilia.org.uk
Information, advice and practical help for families affected by haemophilia and other bleeding disorders. Some local groups.*

(I CAN) Invalid Children's Aid Nationwide
4 Dyer's Buildings
Holborn
London EC1N 2QP
(0845) 225 4071
www.ican.org.uk
Advice and information for parents of children with speech and language difficulties.*

Meningitis Cymru (W)
149 Hawthorn Way
Brackla
Bridgend CF31 2PG
(01656) 646 414 (admin)
0800 652 9996 (helpline)
www.meningitiscymru.org.uk
Education, support and information on meningitis for the people of Wales.

Meningitis Research Foundation
Midland Way
Thornbury
Bristol BS35 2BS
(01454) 281 811
080 8800 3344 (24-hour national helpline)
www.meningitis.org
Provides a support network for families who are bereaved and help and information to families with someone currently ill or recovering from meningitis and septicaemia.

Meningitis Trust
Fern House
Bath Road
Stroud GL5 3TJ
(01453) 768 000
0845 6000 800 (24-hour helpline)
www.meningitis-trust.org
Information and support for those already affected by meningitis. Local groups.

Muscular Dystrophy Campaign
7–11 Prescott Place
London SW4 6BS
(020) 7720 8055
(020) 7720 8055 (helpline Mon–Thur 10am–4pm)
www.muscular-dystrophy.org
Provides support and advice through local branches and a network of Family Care Officers.

National Autistic Society
393 City Road
London EC1V 1NG
(020) 7833 2299
0845 070 4004 (autism helpline Mon–Fri 10am–4pm)
www.nas.org.uk
Provides day and residential centres for the care and education of autistic children. Puts parents in touch with one another. Advice and information. Local groups.*

National Deaf Children's Society (NDCS)
15 Dufferin Street
London EC1Y 8UR
(020) 7490 8656 (text/typetalk/voice)
0808 800 8880 (voice/text helpline Mon–Fri 10am–5pm)
www.ndcs.org.uk
Works for deaf children and their families. Information and advice on all aspects of childhood deafness. Local self-help groups.*

National Eczema Society (NES)
Hill House
Highgate Hill
London N19 5NA
(020) 7281 3553
0870 241 3604 (helpline Mon–Fri 8am–8pm)
www.eczema.org
Support and information for people with eczema and their families. Nationwide network of local contacts offering practical advice and support.*

National Society for Phenylketonuria (NSPKU)
www.nspku.org

Positively Women
347–349 City Road
London EC1V 1LR
(020) 7713 0444 (admin)
(020) 7713 0222 (helpline Mon–Fri 10am–1pm and 2pm–4pm)
www.positivelywomen.org.uk
Offers counselling and support services to HIV positive women.*

Reach (The Association for Children with Hand or Arm Deficiency)
Reach Head Office
PO Box 54
Helston
Cornwall TR13 8WD
0845 130 6225 (Mon–Fri 9.30am–5.30pm)
www.reach.org.uk
Information and support to parents of children with hand or arm problems. Local groups.*

Restricted Growth Association
PO Box 4744
Dorchester DT2 9FA
(01308) 898 445
www.restrictedgrowth.co.uk
Aims to help reduce the distress and disadvantages of persons of restricted growth by providing information, counselling, family support, friendship and other forms of practical help.*

Royal National Institute for the Blind (RNIB)
105 Judd Street
London WC1H 9NE
(020) 7388 1266
0845 766 9999 (helpline – interpreters available Mon–Fri 9am–5pm)
www.rnib.org.uk
Information, advice and services for blind and partially sighted people. Local branches.*

Royal National Institute for the Deaf (RNID)
19–23 Featherstone Street
London EC1Y 8SL
(020) 7296 8000
0808 808 0123 (info line)
0808 808 9000 (textphone)
www.rnid.org.uk
Information, advice and services for deaf and hard of hearing people. Local groups.*

SCOPE
6 Market Road
London N7 9PW
(0808) 800 3333 (Helpline Mon–Fri 9am–9pm, Sat, Sun 2pm–6pm)
www.scope.org.uk
Offers advice and support to parents of children with cerebral palsy. Local groups.*

SENSE (National Deaf-Blind and Rubella Association)
11–13 Clifton Terrace
Finsbury Park
London N4 3SR
(020) 7272 7774
(020) 7272 9648 (minicom)
www.sense.org.uk
Advice and support for families of deaf-blind and rubella-disabled children.*

Sexual Health Line
0800 567 123 (24-hour helpline)
www.playingsafely.co.uk
Free and confidential advice about HIV, AIDS, sexual health, sexually transmitted infections local services, clinics and support services.

Sickle Cell Society
54 Station Road
Harlesden
London NW10 4UA
(020) 8961 7795
www.sicklecellsociety.org
Information, advice, and counselling for families affected by sickle cell disease or trait. Financial help when needed. Local groups.*

Terrence Higgins Trust
0845 1221 200 (helpline Mon–Fri 10am–10pm, Sat, Sun 12am–6pm)
0800 096 7500 (African AIDS helpline)
www.tht.org.uk
Free and confidential advice about all matters connected with HIV and AIDS.

The UK Thalassaemia Society
19 The Broadway
Southgate Circus
London N14 6PH
(020) 8882 0011
0800 731 1109 (24-hour advice line)
www.ukts.org
Information, and advice for families affected by thalassaemia.*

LONE PARENTS

Gingerbread
307 Borough High Street
London SE1 1JH
(020) 7403 9500
0800 018 4318 (advice line Mon–Fri 10am–4pm)
www.gingerbread.org.uk
Self-help association for one-parent families. Local groups offer support, friendship, information, advice and practical help.*

National Council for One Parent Families
255 Kentish Town Road
London NW5 2LX
0800 018 5026 (Mon–Fri 9am–5pm)
www.oneparentfamilies.org.uk
Free information for lone parents on issues including: maintenance, tax credits, benefits, work, education, legal rights, childcare and holidays. Also information about other organisations and local groups who may be able to help.*

LOSS AND BEREAVEMENT

The Child Bereavement Trust
Aston House
High Street
West Wycombe
Buckinghamshire
HP14 3AG
(01494) 446 648
0845 357 1000 (helpline)
www.childbereavement.org.uk
Resources for bereaved families.*

Compassionate Friends
53 North Street
Bristol BS3 1EN
0845 123 2304 (helpline 10am–4pm, 6.30pm–10.30pm 7 days a week)
www.tcf.org.uk
An organisation of and for bereaved parents and families. Advice and support. Local groups.*

CRUSE Bereavement Care
CRUSE House
126 Sheen Road
Richmond
Surrey TW9 1UR
(020) 8939 9530 (admin)
0870 167 1677 (Day-by-day helpline)
0808 808 1677 (Young person's helpline)
www.crusebereavementcare.org.uk
A nationwide service of emotional support, counselling and information to anyone bereaved by death, regardless of age, race or belief. Local groups.*

Foundation for the Study of Infant Deaths (Cot Death Research and Support)
Artillery House
11–19 Artillery Row
London SW1P 1RT
(020) 7222 8001 (general)
(020) 7233 2090 (helpline)
www.sids.org.uk/fsid/
Support and information for parents bereaved by a sudden infant death and gives new parents advice on reducing risk of cot death.*

Stillbirth and Neonatal Death Society (SANDS)
28 Portland Place
London W1B 1LY
(020) 7436 7940
(020) 7436 5881 (helpline Mon–Fri 9.30am–5.30pm)
www.uk-sands.org
Run by and for parents whose baby has died either at birth or shortly afterwards.

Widwods
c/o 60 Rocks Park
Uckfield
East Sussex TN22 2AX
(01825) 765 084 (evenings)
Small support group of young widows aiming to provide practical and emotional support for those who experience the loss of partners. Please include an SAE for written replies to any query.

NAPPIES

The National Association of Nappy Services
To find a nappy laundry service in your area call (0121) 693 4949 or visit
www.changeanappy.co.uk

The Real Nappy Project at the Women's Environmental Network
PO Box 30626
London E1 1TZ
(020) 7481 9004 (Mon–Fri 10am–6pm)
www.wen.org.uk
Nappy line (01983) 401959 (Mon & Wed 9am–12 noon)
Gives information on the availability of modern shaped and fitted cloth nappies. Runs the Nappy Exchange Service, which provides a source of second-hand real nappies.

RELATIONSHIPS

Relate: National Marriage Guidance
Herbert Gray College
Little Church Street
Rugby CV21 3AW
0845 456 1310
0845 130 4010 (helpline Mon–Fri 9.30am–4pm)
www.relate.org.uk
Confidential counselling on relationship problems of any kind. To find your local branch look under Relate or Marriage Guidance in the phone book or contact the above addresses.

RIGHTS AND BENEFITS/ACCESS TO SERVICES

Child Poverty Action Group
94 White Lion Street
London N1 9PF
(020) 7837 7979
www.cpag.org.uk
Campaigns on behalf of low-income families. Provides advisers with information and advice for parents on benefits, housing, welfare rights, etc.*

Child Support Agency
PO Box 55
Brierley Hill
West Midlands DY5 1YL
08457 133 133 (enquiry line)
08457 138924 (textphone) (Both lines open Mon–Fri 8am–8pm, Sat 9am–5pm)
www.csa.gov.uk
The Government agency that assesses maintenance levels for parents who no longer live with their children. The agency will claim maintenance on behalf of the parent with care of the children, but if you are on benefits the money claimed will be deducted from your benefit.

Citizens Advice Bureaux
Citizens Advice
Myddleton House
115–123 Pentonville Road
London N1 9LZ
(020) 7833 2181 (call for the telephone number of your local office)
www.citizensadvice.org.uk
For advice on all benefits, housing, your rights generally, and many other problems. To find your local CAB look in the phone book or ask at your local library.

Patient Advice and Liaison Service (PALS)
Provide help and information about health services and, if you have a complaint can put you in touch with independent complaints services. To find your local PALS contact your local NHS Trust or PCT.

Commission for Racial Equality
St Dunstan's House
201–211 Borough High Street
London SE1 1GZ
(020) 7939 0000
www.cre.gov.uk
Encourages good relations between people from different racial and ethnic backgrounds, the elimination of racial discrimination and promotion of equal opportunities.

Disability Alliance
Universal House
88–94 Wentworth Street
London E1 7SA
(020) 7247 8776 (voice/text)
www.disabilityalliance.org
Information and advice on benefits for all people with disabilities. Publishes the Disability Rights Handbook – an annual guide to rights, benefits and services for those with disabilities and their families.*

Equal Opportunities Commission
Arndale House
Arndale Centre
Manchester M4 3EQ
0845 601 5901
www.eoc.org.uk
Information and advice on issues of discrimination and equal opportunities.*

Family Welfare Association
501–505 Kingsland Road
London E8 4AU
(020) 7254 6251
www.fwa.org.uk
National charity providing free social work services and support for children and families. Provides financial support for families in need throughout the UK.

Jobcentre Plus: local offices
For advice on all social security benefits, pensions and National Insurance, including maternity benefits and Income Support and income-based Jobseeker's Allowance, telephone, write or call in to your local social security office. The address will be in the phone book under 'Jobcentre Plus'. Hours are usually 9.30am–3.30pm. In busy offices there may be a very long wait if you call in.

Social Security offices: see Jobcentre Plus

Social Services
A social worker at your local social services office will give you information on benefits, housing, financial difficulties, employment, relationship problems, childcare and useful organisations. Look up social services in the phone book under the name of your local authority or ask at your local library. Phone, write or call in. There may also be a social worker based at the hospital to whom you could talk either during your antenatal care or when you or your baby are in hospital. Ask your midwife or other hospital staff to put you in contact.

SAFETY AND FIRST AID

Child Accident Prevention Trust (CAPT)
4th Floor
Cloister Court
22–26 Farringdon Lane
London EC1R 3AJ
(020) 7608 3828
www.capt.org.uk
Provides information on safety products and sources of literature.*

The Royal Society for the Prevention of Accidents (RoSPA)
Edgbaston Park
353 Bristol Road
Birmingham B5 7ST
(0121) 248 2000
www.rospa.com
Advice on the prevention of accidents of all kinds.*

St John Ambulance
27 St John's Lane
London EC1M 4BU
0870 0104950
www.sja.org.uk
Runs local first aid courses. Look for your nearest branch in the phone book, or contact the above addresses.*

SMOKING

ASH
102 Clifton Street
London EC2A 4HW
(020) 7739 5902
www.ash.org.uk
Provides information for the public and health professionals on the dangers of smoking.*

NHS Asian Tobacco Helpline
0800 169 0 881 (Urdu)
0800 169 0 882 (Punjabi)
0800 169 0 883 (Hindi)
0800 169 0 884 (Gujarati)
0800 169 0 885 (Bengali)
www.givingupsmoking.co.uk
Counsellors offer confidential help and advice about every stage of quitting.

NHS Smoking Helpline
0800 169 0 169
Open daily 7am–11pm

NHS Pregnancy Smoking Helpline 0800 169 9 169
Textphone 0800 169 0171
Open daily 12am–9pm

Quit
Ground Floor
211 Old Street
London EC1V 9NR
0800 00 22 00 (Quitline)
www.quit.org.uk
Advice on stopping smoking and details of local stop-smoking support services.*

SUPPORT AND INFORMATION

Home-Start UK
2 Salisbury Road
Leicester LE1 7QR
(0116) 233 9955
0800 068 6368 (infoline)
www.home-start.org.uk
A voluntary home-visiting scheme. Volunteers visit families with children under five and offer friendship, practical help, and emotional support. Write for a list of local schemes.

Institute for Complementary Medicine
PO Box 194
London SE16 7QZ
(020) 7237 5165
www.i-c-m.org.uk
Charity providing information on complementary medicine and referrals to qualified practitioners or helpful organisations.*

NHS Direct
0845 46 47
www.nhsdirect.nhs.uk
24-hour nurse led helpline giving health information and advice.

Parentline Plus
520 Highgate Studios
53–79 Highgate Road
London NW5 1TL
0808 800 2222 (24-hour helpline)
0800 783 6783 (textphone)
www.parentlineplus.org.uk
Free confidential helpline to anyone parenting a child. Runs parenting classes and has a range of leaflets and publications.*

Patients' Association
PO Box 935
Harrow
Middlesex HA1 3YJ
(020) 8423 9111
0845 608 4455 (helpline)
www.patients-association.org.uk
Advice service for patients who have problems relating to health and health care.

Twins and Multiple Births Association (TAMBA)
2 The Willows
Gardner Road
Guildford
Surrey GU1 4PG
0870 770 3305 (admin Mon–Fri 9.30am–5pm)
0800 138 0509 (helpline 7 days 10am–1pm and 7pm–10pm)
www.tamba.org.uk
Information and support for parents of multiples. Network of local Twins Clubs.*

Women's Health
52 Featherstone Street
London EC1Y 8RT
(020) 7251 6333 (admin)
0845 125 5254 (helpline Mon–Fri 9.30am–1.30pm)
(020) 7490 5489 (minicom)
www.womenshealthlondon.org.uk
Information and support on many aspects of women's health. Provides a network of individual women who support others with similar health problems.*

INDEX

A
accidents 108–11, 112–18
advice centres 132
air bags 28
alcohol 8, 126
allergies
bottle feeding 14
breastfeeding 7
food 69, 71, 83
anaemia 76, 80
anti-depressants 126
aspirin 89, 103
asthma 21, 91
au-pairs 48

B
baby blues see **depression**
back problems 122
bathing 27, 44
BCG vaccine 106
bedtime see **sleeping**
bedwetting 53
behaviour 51–64
difficult 45, 58–64
benefits 134–46
bleeding see **cuts**
body (yours after birth) 120–3
bones, broken 115
bottle feeding 13–17, 18–19, 22, 93
equipment 14
help 14
how to 17
making up feeds 15–17
sterilising 15
washing 15
weaning 71
breastfeeding 7–13, 22, 70–2, 91, 130
advantages 7
changing from breast to bottle 13
combining breast and bottle 13
how it works 7–8
how to 8–9, 12–13
problems 17–18
weaning 71
burns 108–9, 115

C
car safety 28, 110
chest compression 114
chest infections 21, 90
chicken pox 101
Child Benefit 135
childcare 46–50, 130, 131–2
child health clinics 131
childminders 47–8
Children's Information Service 46, 47, 48, 131–2
Child Tax Credit 141–2
Child Trust Fund 134–5
choking (first aid) 108, 116
colds 91–2
colic 19, 23–4
colostrum 8
constipation 7, 19, 53–4
contraception 128
coping
at first 4
with crying 22–4
with difficult behaviour 58–64
with stress 124–5
cot death 20–1
coughs 21, 89, 92
Council Tax Benefit 145
crawling 31
crèches 48
croup 92
crying 22–4, 89
cuts 109, 117

D
day nurseries 48
death of a baby 119
death of a partner 118
deep vein thrombosis (DVT) 121
dental treatment 35, 135
depression 125–6
postnatal 6
development 30, 31, 39
diarrhoea 89, 93–4
diphtheria 104, 107
disability see **special needs**
Disability Living Allowance 40
doctors see **GPs**
domestic violence 128
drinks 70, 71, 80–1
drowning 110
DTaP/IPV/Hib vaccine 104, 107

E
ear infections 21, 90, 94
early education 47, 131–2
Early Learning Goals 47
Early Support programme 40
eating
family food 72–9
problems 84–5
starting solids 65–71
eating (you) 4, 8, 10, 122
eczema 94–5
education departments 132
emergencies 4, 112–18
employment see **work**
exercise see **physical activity**
expressing milk 12
eyesight 5, 39

F
falls 109
feet 32–3
first aid 112–18
fits 88, 95, 104
fluoride 33
follow-on milk 74
food see **eating**
food additives 82
food safety 82–3
formula milk 14, 16, 65, 70, 71, 145–6
Foundation Stage 47

G
German measles see **rubella**
glue ear 90, 94
GPs 131
changing 133
when to consult 88, 103
growth 11, 36–9
charts 37–8

H
head lice 96–7
health services 131
health visitors 131
Healthy Start 14, 145–6
hearing 5, 30, 31, 39, 94
height 5, 37–8
help and support 4, 11, 40, 53, 55, 61, 62, 87, 119, 122, 124, 125–30
groups and organisations 133, 147–50
rights and benefits 134–46
services 131–3
hepatitis B 106–7
Hib meningitis 104, 107
hospital, children in 90
Housing Benefit 144
housing departments 132

I
ibuprofen 89
illness 87–107
caring for child 89
common complaints 90–9
hospitals 90
infectious illnesses 100–7
medicines 88–9
signs 87, 88, 89
immunisation 100–7
timetable 107
Incapacity Benefit 140–1
Income Support 142–3
iron 76–7, 80

J
jaundice 21
Jobseeker's Allowance 141, 142–3

L
learning 41, 45–6
lifting 122
local authority services 131–2
loneliness 129–30
lone parents 128–9

M
malaria 107, 108
mastitis 18
Maternity Allowance 140
Maternity Leave 135–6
measles 101, 105–6, 107
medicine 88–9
accidental poisoning 109–10, 117–18
MenC vaccine 104–5, 107
meningitis 100, 104–5
see *also* **Hib meningitis**
microwave ovens 17
midwives 131
milk
for children 65–74
free/low cost 14, 145–6
MMR immunisation 103, 105–6, 107
mouth-to-mouth ventilation 113
mumps 101, 105–6, 107

N
nannies 48
nappies 24–6
nappy rash 25, 26
night-time see **sleeping**
nits see **head lice**
nursery classes/schools 46, 47, 50
nuts 68
allergy to 69

O
Ofsted 47, 48, 50
older children 57
overactive children 64

P
paracetamol 89
Parental Leave 138–9
Paternity Leave 138
Patient Advice and Liaison Services 131
peanut allergy 69
physical activity 42
physical activity (you) 122–3
playgroups 46, 50
playing 41–2, 43–4
poisoning 109–10, 117–18
polio 104, 107
postnatal depression see **depression**
potty training 45, 51–4
prescriptions, free 135
primary schools 47
puerperal psychosis 6

R
recovery position 114–15
relationships
between parents 126–7
relaxation 4, 124
resuscitation 112–15
reviews (of child's well-being) 5, 36
rights and benefits 134–46
road safety 110
rubella 101, 105–6, 107

S
safety
checklist 108–10
sleeping 20–1
salt 68, 79
scalds 108–9, 115
screening tests 5, 36
seeing 30, 31, 39
septicaemia 100, 104
sex 127–8
shock 118
shoes 32–3
single parents see **lone parents**
sleeping
babies 19–21
problems 54–6
safety 20–1
sleeping (you) 4, 20, 124
smoking 20, 21, 90–1, 123–4
Social Fund 143–4
social services 132
social workers 132
soya milk 14, 67
special needs, children with 40
Statutory Maternity Pay 139–40
Statutory Paternity Pay 138
stools (baby) 24, 53–4
sudden infant death syndrome (SIDS) see *also* **cot death** 119
sugar 34, 68, 73, 81
sun (protection) 28, 111
Sure Start 132, 133
Sure Start Maternity Grant 143

T
talking 31, 39
tantrums 62–3
tax credits 141–2
teeth 33–5
caring for 34–5
teething 33
temper 62–3
temperature 21, 28, 87, 88, 89, 98–99, 103
tetanus 104, 107
thirst 11, 85
threadworms 99
throat (sore) 98
thrush 18
toilet training see **potty training**
tonsillitis 98
travel advice 107–8
tuberculosis 106
twins 11, 29

U
unconsciousness 112–15

V
vitamins 72
vomiting 19, 87, 89, 99

W
waking see **sleeping**
walking 31
washing 27
weaning 65–71
weight 5, 11, 36, 37–8
Welfare Food Scheme 14, 145–6
whooping cough 101, 104, 107
wind 18–19
work 13, 47, 130, 136–8
Working Tax Credit 141–2

EMERGENCY HELP

If your child is ill or has an accident and you need help quickly:

- **Phone your GP.** You can call at any time of the day or night. If you haven't been given a special number for calls outside surgery hours, phone the usual number and wait for an answer.
- **If your GP doesn't answer or can't get there quickly enough, take your child to the accident and emergency department of the nearest hospital with a children's unit.** Find out in advance where this is. Your health visitor will be able to help you.
- **If you think your child's life is in danger,** call an ambulance. Dial 999 and ask for the ambulance service. Say it's for a baby or a child. You don't need a coin or phonecard to dial 999 from a public phone box.

If you don't have a phone:

- Keep a couple of coins and/or a phonecard always ready in a special place.
- Find out in advance whether neighbours have a phone you could use in an emergency.

*"**Birth to Five** is brilliant; easy to read and colourful."*
(Sarah Cook, Lincoln)

"I have found it very useful... and refer to it again and again."
(Riffat Raj, Bradford)

"It answered all our questions and helped us cope with the good and bad days."
(Sam James, London)

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Birth to Five

Birth to Five is an easy-to-use and practical guide for parents. It gives the latest advice and information on all aspects of child health, immunisation, healthy eating, childhood illnesses and child safety. Fully illustrated with photographs, cartoons, and helpful diagrams, this new edition of *Birth to Five* explains:

- **the first few weeks and how your child will develop;**
- **learning, playing, habits and behaviour;**
- **feeding the family;**
- **where to get help and advice; and**
- **your rights and benefits.**

This book contains everything you need to know about becoming a parent.

***Birth to Five** has been written with advice from:*

The Child Accident Prevention Trust, Community Practitioners and Health Visitors Association, Maternity Alliance, National Childbirth Trust, Royal College of General Practitioners, Royal College of Midwives, Royal College of Nursing, Royal College of Paediatrics and Child Health, St. John Ambulance.