

CARE CONFIDENT

A guide to
common illnesses
and keeping
your child healthy



What to do, when to worry

www.towerhamletstogether.com/careconfident

CARING FOR YOUR CHILD WHEN THEY ARE SICK

When your child is not well, it can be very stressful.

This guide helps families like yours to deal with 6 common illnesses every child can get from time to time. By knowing how to care for your child at home and how to access the NHS advice services, you could avoid waiting a long time in A&E when you do not need to.

Learn what to do and when to worry about the following conditions:



Fever



Meningitis



Coughs



Cold & Flu



Diarrhoea
& Vomiting



Constipation



Skin
conditions

This handbook will help you check your child's symptoms in a quick and easy way. Every page will give you advice on 'RED', 'AMBER' and 'GREEN' symptoms and how you can care for your child.



All the information in this guide has been gathered from the Department of Health, NHS Choices, British Association of Dermatologists, Meningitis Now and NICE guidelines.

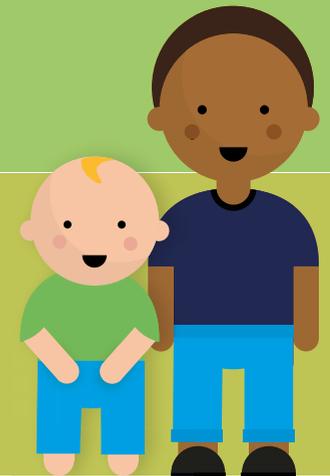
You should always speak to your doctor (GP) if you are not sure about any of the advice in this handbook.

Most of the common illnesses your child may develop are a natural part of growing up. This handbook will help you to talk about these problems with your midwife, health visitor, pharmacist or doctor (GP).

If your baby is younger than 6 months old, it is important to remember that they may be affected differently by common illnesses compared to older children. The advice that you receive from your healthcare professional could be different for babies younger than 6 months old.



	Service	Description	Contact Details
	Midwife	Professionals who look after pregnant women and their babies up to 28 days after birth. This includes feeding support and help with baby jaundice.	www.bartshealth.nhs.uk/maternity
	Health Visitors	Health visitors work with families who have children under 5. They offer a range of health-related services, including support and advice on breastfeeding and feeding, sleeping, child development, speech and language, minor illnesses and general health promotion. They support families through home visits, well baby clinics and developmental reviews. They also work with a range of other professionals, including GPs, hospital specialists, nurseries and children's centres.	www.gpcaregroup.org/health-visiting.html
	Children's Centres	Children's centres can help you to give your child the best start in life. If you are expecting a baby or you are a parent or carer with a child under 11, children's centres can provide family support, early education, childcare advice, employment, volunteering and training support. They also offer advice on housing, domestic violence and emotional support. The centres also work with your local health visitors to provide child and family health services which include advice on breastfeeding, speech, language and child development. The health visitors can also provide other health services from the centres, like 2-year baby reviews, well baby clinics and information sessions such as advice on toilet training and introducing solid foods. Other services include baby massage, pre-and postnatal support, baby feeding service drop-in sessions and advice on oral health and children's eating.	www.towerhamlets.gov.uk/childrencentres
	Tower Hamlets Local Offer	Tower Hamlets Local Offer gives parents and carers more information on organisations working with children, young people and their families, including useful voluntary and community organisations.	www.localoffertowerhamlets.co.uk/pages/local-offer
	Pharmacist	Pharmacists can give advice on common illnesses, injuries and medication and direct you to voluntary services in Tower Hamlets.	www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10
	NHS 111	111 is the NHS non-emergency number. It's fast, easy and free. Call 111 when you need medical help fast but it's not a 999 emergency.	Call 111 (even from mobile phones)
	GP	Your GP can advise, give you the medicine you need, and point you in the right direction if you or your child needs specialist help. (If your local surgery is closed, you can call the GP 'out of hours' service or NHS 111 for advice).	www.nhs.uk/Service-SearchCall Call your GP Practice Call the out of hours service 0300 035 5000 (Open 6.30pm until 8am on weekdays and 24 hours on weekends and Bank Holidays) If your GP practice is closed, call 111
	A&E or 999	You should only call 999 in an emergency. For serious and life-threatening emergencies, A&E and 999 are emergency services that should only be used when babies and children are badly injured or show symptoms of critical illness. For example, choking or breathing difficulties, unconsciousness or unaware of surroundings. They may have taken poison or tablets, have severe tummy pain or have fewer wet nappies, suggesting dehydration.	Go to A&E or call 999





FEVER

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment. However, a fever can occasionally be a sign of a more serious illness.

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

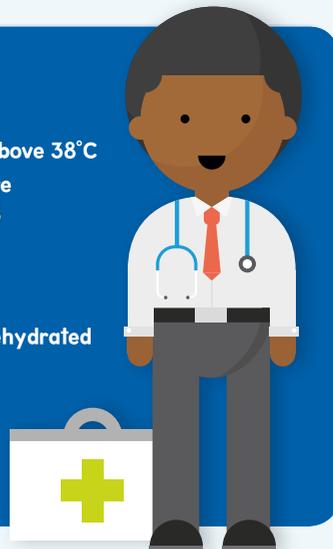


Common conditions that can cause fever in young children are:

- Respiratory tract infection (infection of the sinuses, throat, airways or lungs)
- Flu
- Ear infection
- Roseola (a virus that causes a fever and a rash)
- Tonsillitis
- Kidney or urinary tract (bladder) infection
- Recent vaccination
- Common childhood illness (such as chickenpox and whooping cough)

★ Important points to remember!

- A child with a significant fever will have a body temperature above 38°C
- Use an electronic thermometer to take your child's temperature measurement from their armpit or ear. **Do not take your child's temperature from their mouth if they are under 5**
- **Your child's wee should be pale yellow.** Dark yellow wee is a sign of dehydration
- It is not advisable to give ibuprofen to your child if they are dehydrated
- If your child's fever symptoms do not improve after **48 hours please contact your doctor (GP)**
- Check your child through the night



#Whattodowhentoworry

RED – Urgent medical review

- If your child is:
 - Disorientated or confused
 - Suffering from blue, pale, blotchy or ashen (grey) skin
 - Inconsolably crying or their cry is not normal
 - Vomiting and it is green
 - Having a fit (convulsion or seizure) for the first time
- Call 999 for an ambulance if your child:
 - Stops breathing
 - Will not wake up
 - Has a spotty, purple-red rash anywhere on the body that does not fade when you press a glass against it (please see meningitis section, page 8-9)
 - Is under 12 weeks old and you are very worried that they are unwell



Amber – Contact your doctor (GP)

- Always contact your doctor (GP)/out of hours/urgent care centre or NHS 111 if your child:
 - Is under 3 months and has a temperature of 38°C or above (with no 'RED signs')
 - Is 3-6 months and has a temperature of 39°C or above
 - Is over 6 months and shows other signs of being unwell (for example they are floppy, drowsy, not themselves)
 - Has a high temperature that does not come down with paracetamol or ibuprofen
 - Is under 3 months and does not want to feed
 - Your child has less wet nappies or goes to the toilet less often (this is a sign of dehydration)
 - Is quiet and listless, even when their temperature is down
 - Is panting/breathing fast, has difficulty getting their breath and is sucking their tummy in under their ribs



Green – You can treat this at home!

- When looking after a feverish child who does not have any **AMBER** or **RED** symptoms:
 - Get your child to drink more (if a baby or child is breastfed, breast milk is best). Even if your child is not thirsty, try to get them to drink little and often to keep their fluid levels up
 - If your child is not drinking and is showing signs of dehydration, speak to your doctor (GP)
 - Signs of dehydration:
 - Your child has less wet nappies or goes to the toilet less often
 - Your child has a dry mouth and tongue
 - Your child has sunken eyes and produces no tears when they cry
 - Your child shows a poor overall appearance
 - The soft spot on the top of your child's head is more dipped than usual
 - Know how to identify a meningitis rash (please see meningitis section, page 8-9)



For further information on **fever** and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



MENINGITIS

Meningitis is an infection of the membranes that protect the brain and spinal cord.

Meningitis can affect anyone, but is most common in:

✓ Babies



✓ Young children

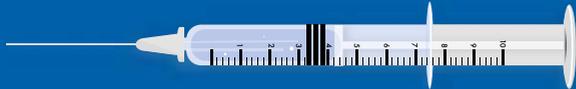


✓ Teenagers & young adults



★ Important points to remember!

- Meningitis **can be very serious if not treated quickly**. It can cause life-threatening blood poisoning (septicaemia) and result in permanent damage to the brain or nerves
- **On dark skin, the spots/rash can be more difficult to see**. Make sure that you are aware of all meningitis signs and symptoms
- Trust your instincts and don't wait until a rash develops
- There is a vaccination **available to fight against meningitis**. This is offered as part of the NHS Childhood Vaccination Programme. ask your doctor (GP) or pharmacist for details



#Whattodowhentoworry

RED – Urgent medical review

- Symptoms of meningitis develop suddenly and can include:
 - A high temperature (fever) of 38°C (100.4°F) or above
 - Being sick
 - A headache
 - A blotchy rash that does not fade when a glass is rolled over it (this won't always develop as a symptom)
 - A stiff neck
 - Sensitivity to bright lights
 - Becoming drowsy and unresponsive
 - Seizures (fits)
 - These symptoms can appear in any order and some may not appear at all

DO THE GLASS TEST

A rash caused by meningitis does **NOT** fade under pressure.

Step 1

Press the side of a clear glass firmly against the skin.



Step 2

Spots and rashes may fade at first, but keep checking. Remember, a fever accompanied by spots/rash that **DO NOT** fade under pressure is a medical emergency.

If your child is ill and does not have a visible rash, do not wait for a rash before seeking medical help.



For further information on meningitis and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



COUGHS (not due to asthma)

Coughs are very common in healthy children. They are usually caused by a viral infection and it is quite normal for your child to get as many as twelve coughs a year.

What is causing my child's cough?

Many illnesses are caused by viruses, not bacteria, which means antibiotics do not help. The guide below will help you to decide whether you should go to your doctor (GP) for antibiotics.

★ Important points to remember!

- **Standard cough medicines** are not helpful for children
- You should **avoid smoking cigarettes or tobacco around your child**, as this will make their cough worse
- A cough **can last several weeks without a fever**, before it gets better

Viral infection

Your child might have a temperature



The cough could last for several weeks before they feel better



Young children might have a noisy chest or a 'chesty' cough (meaning they cough up phlegm or mucus) without having a bacterial chest infection

#Whattodowhentoworry

RED – Urgent medical review

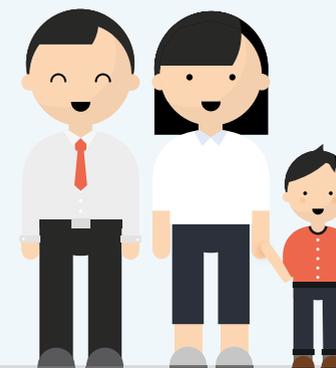
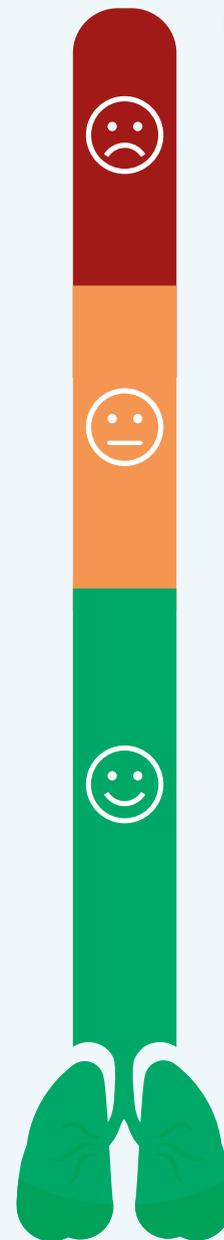
- Your child has a high temperature (fever) of 38°C (100.4°F) or above and is breastfeeding and/or drinking less than normal (Please see fever section, page 6-7)
- Your child has less wet nappies or goes to the toilet less often (this is a sign of dehydration)
- Your child has difficulty breathing, they are breathing fast or using extra muscles to breathe e.g. tummy muscles and is sucking their tummy in under their ribs

Amber – Contact your doctor (GP)

- Your child's cough lasts more than 10 days, or your child is coughing up yellow/green mucus
- Your child is less than 12 weeks old and has a cough
- If your child has a severe, 'hard' cough followed by a high-pitched intake of breath that sounds like a 'whoop', this may be 'whooping cough' (a 100-day cough)
- Your child is generally more 'unwell'
- Your child's fever lasts more than 2 days

Green – You can treat this at home!

- If your child does not have any of the RED or AMBER symptoms, their cough is not likely to be serious
- You will be able to manage this type of cough at home. Visit your local pharmacist or contact your health visitor who can give you advice



For further information on coughs and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



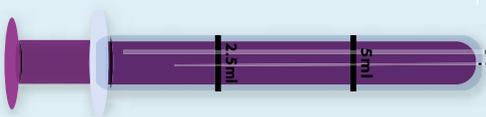
COLD & FLU VIRUSES

Colds are very common in children and they can have as many as 12 colds a year. However, flu viruses behave very differently to cold viruses. Usually, the flu virus will start more suddenly, and is generally more severe.

What's the difference between a cold and the flu?

Cold

- When your child start socialising with other children, they can get lots of coughs, colds and sniffles
- Colds usually start gradually
- Symptoms can last for longer than 2 weeks in children but are less serious than flu
- There is no evidence that antibiotics can treat colds



Flu

- To catch flu, your child must be exposed to the flu virus, either through someone coughing or from touching an infected surface
- Flu usually starts suddenly
- Symptoms are more severe and could include a high fever, tiredness and sore, aching arms and legs

An annual nasal spray flu vaccine is available for children from the age of 2 as part of the NHS Childhood Vaccination Programme. Ask your doctor (GP), pharmacist or health visitor for details

Remember: Don't pass it on!

Catch it

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



Bin it

Germs can live for several hours on tissues so always dispose of your tissue as soon as possible



Kill it

Hands can pass on germs to everything you touch. Wash your hands with soap as soon as you can



#Whattodowhentoworry

RED – Urgent medical review

- Your child has a high temperature (fever) of 38°C (100.4°F) or above (Please see fever section, page 7-8)
- Your child has a fever with a rash
- Your child is drowsy and unresponsive
- Your child is finding it hard to breathe
- Your child has a persistent temperature that does not get better with medicine

Amber – Contact your doctor (GP)

- Your child has less wet nappies or goes to the toilet less often (this is a sign of dehydration). It is important to give your child more fluids
- When your child has a fever, give paracetamol to help control their temperature

Green – You can treat this at home!

- If your child is alert and otherwise well despite the cold/flu symptoms:
 - Give your child lots to drink
 - Try giving your child sugar-free paracetamol or ibuprofen (not aspirin). Your pharmacist will be able to advise on the medication (avoid ibuprofen if your child is not drinking)
 - Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear
 - Make sure your child gets plenty of sleep or rest
- Ask your health visitor for advice

Keep your child away from smoke and anyone who smokes.



Most viruses won't do any real harm and the child will get better on their own. If you are worried, call NHS 111 for advice.



For further information on cold & flu and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



DIARRHOEA & VOMITING

Diarrhoea and sickness bugs (also known as gastroenteritis) can be caught easily. They often pass around in places where there are many children and it is possible for children to have more than 1 episode per year.

If vomiting happens, it usually lasts 1-2 days. Diarrhoea often continues after the vomiting stops and commonly lasts 5-7 days. Slightly loose poos may continue for a further week or so before returning to normal.

Diarrhoea and vomiting are most commonly caused by viruses, food poisoning (usually caused by a bacterial infection), or side effects from taking a course of antibiotics.

How do I know if my child has diarrhoea or a vomiting bug?

- Feeling sick and suddenly being sick are normally the first signs of a vomiting bug, diarrhoea can follow afterwards
- Crampy pains in the tummy are also common
- When babies are suffering from diarrhoea, their poos are more runny/ watery, or they will poo more often than normal. Regular baby poos can be yellow, green, or brown, and can contain seed-like particles
- Your baby might have twice as many poos as he or she usually has
- Older children with diarrhoea will pass 3 or more runny poos in a day

★ Important points to remember!

- Keep your child away from others, especially other children who may pick up the infection (be extra attentive with hand washing)
- Regularly clean any toilets that have been used with disinfectant. Remember to clean flush handles, toilet seats, sink taps, bathroom surfaces and door handles (at least daily) with hot water and detergent. Disposable cleaning cloths should be used, or a cloth just for toilet use
- If your child uses a potty, wear gloves when you handle it, dispose of the contents into a toilet, then wash the potty with hot water and detergent and leave it to dry
- Make sure your child washes their hands after going to the toilet. Ideally, they should use liquid soap in warm running water but any soap is better than none. Make sure your child's hands are dried properly after washing them
- If any clothing or bedding is soiled, first discard of any poos into the toilet. Then wash the clothing or bedding separately from other laundry at the highest temperature possible
- Do not let your child share towels and flannels or let them help to prepare food for others
- They should stay off from school, nursery, swimming etc., until at least 48 hours after the last episode of diarrhoea or vomiting. They should also avoid contact with other children, where possible, during this time. Your child may need to stay off for longer with certain infections. Check with your doctor (GP) if you are not sure

#Whattodowhentoworry

RED – Urgent medical review

- If you have a new-born or your baby is under 12 weeks, contact your doctor (GP) within 24 hours
- If your child is unwell for longer than 24 hours, or if you notice signs of dehydration speak to your doctor (GP)
- Signs of dehydration:
 - Your child has less wet nappies or goes to the toilet less often
 - Your child is more sleepy than usual
 - Your child has a dry mouth and tongue
 - The soft spot on the top of your child's head is more dipped than usual

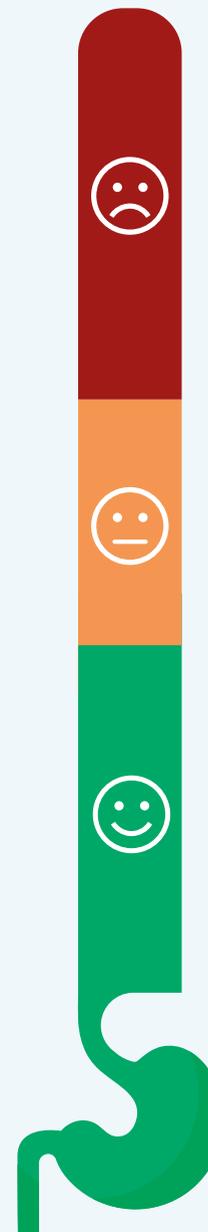
If your child's symptoms are not improving (they are vomiting for more than 1-2 days and/or their diarrhoea does not settle after 3-4 days) arrange to see a doctor (GP)

Amber – Contact your doctor (GP)

- If your child has returned from holiday or has recently been discharged from hospital and they have symptoms of diarrhoea
- Your child is under 6 months
- Your child has another, underlying medical condition
- Your child has a high temperature (Please see fever section, page 6-7)

Green – You can treat this at home!

- If your child is not vomiting frequently and is reasonably comfortable, give them regular amounts of water to keep them hydrated
- If you are breastfeeding, continue to do this frequently
- With bottle-fed babies, restart normal feeds and give them rehydration fluids
- Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty). If they do not want to eat, don't worry, drinks are more important and food can wait until their appetite returns
- Avoid fruit juices or fizzy drinks, as they may make the diarrhoea worse
- Ask your health visitor for advice



For further information on diarrhoea & vomiting and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



CONSTIPATION

Constipation is a very common problem in children but every child is different. They may poo from once a day to every few days. When they have hard poos that are difficult to pass, this is called constipation.

If your child is breastfed they will generally poo more frequently than bottle-fed infants. However, they can pass normal soft poos once a week. On the other hand, bottle-fed infants tend to poo more predictably, again once a week is considered normal.

If your child does not act on their body's signal that they need to do a poo (maybe because they've experienced a painful poo in the past), poo can build up in the large bowel. The longer the poo stays there, the more water is absorbed, and the harder and bigger the poo gets.

How will I know if my child is constipated?

Your child might:

- Have poos that are hard or bigger than normal
- Have fewer poos than normal
- Have dry poos that can be difficult to pass. This may cause the child to cry
- Feel pain when doing a poo
- Arch his or her back and cry (if still a baby)
- Avoid going to the bathroom, do a "dance", or hide when he or she feels a poo coming. This often happens when potty training and/ or starting school
- Leak small amounts of poo into their underwear (if he or she is toilet trained)

★ Important points to remember!

- Switching your babies type of **milk or formula milk** can cause constipation
- Babies and children who get **well-balanced meals** typically are not constipated



#Whattodowhentoworry

RED – Urgent medical review

- If the child has:
 - Pain
 - Vomiting
 - A decreased appetite
 - Blood in their poo due to constipation

Amber – Contact your doctor (GP)

- If home treatments in the **GREEN** section do not help, see your doctor (GP) or nurse
- In rare cases, constipation can be due to an underlying illness, so if the problem does not go away in a few days, it is important to talk to your GP.
- Ask your health visitor for advice

Green - You can treat this at home!



- Feed your child more fruit, vegetables and fibre-rich cereals and foods. Your health visitor will be able to give you more information
- Give your child prune, apple or pear juice to drink. (Children aged 1-6 should drink no more than 4 ounces)



Increase water intake, especially in over 2s (making sure fluids are not only milk).

- Avoid giving your child milk, yoghurt, cheese and ice cream
- Get your child to sit on the toilet for 5 or 10 minutes after meals (if he or she is toilet trained)
- Stop potty training for a while (if you are working on it)



For further information on **constipation** and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



SKIN CONDITIONS

Scarlet fever is an infectious illness that causes a blotchy pink or red rash. It is contagious and other people can catch it from your child even before you notice that they have become ill.



Warning signs:

- The rash starts on the tummy before spreading. Pink, red blotches that may join up appear on the skin
- The blotches feel rough and hard, like sandpaper
- The rash turns white if you press a glass on it
- The rash on the face may look like sunburn
- Your child may have a red tongue – usually described as a 'strawberry tongue'

How to care for your child who has scarlet fever:

- See your doctor (GP) if you think you or your child has scarlet fever
- If your child is being treated for scarlet fever and it is not getting better, see your doctor (GP)
- Stop your child from attending nursery or school
- Scarlet fever remains contagious until 24 hours after your child starts taking antibiotics and even before you notice they have become ill



Chickenpox is a viral illness that most children will catch at some point, usually when they are under 10.



Warning signs:

- You will notice a rash of itchy spots on the skin that turns into fluid-filled blisters. These will eventually harden and 'crust over' to form scabs, which drop off later
- Some children only have a few spots, while others get spots everywhere on their body
- The spots usually appear on the face, ears and scalp, under the arms, on the chest and tummy and on arms and legs

How to care for your child who has chickenpox:

- There is no specific treatment for chickenpox but it will get better by itself in time
- Do not give your child ibuprofen as it can make someone with chickenpox very ill
- Calamine lotion and cooling gels can ease the itching
- Keep your child away from school or nursery until they stop getting new spots and for at least 5 days after the spots first appeared



Measles is a highly infectious illness that usually affects young children. It is rare in the UK as children are given the measles, mumps and rubella (MMR) vaccine.

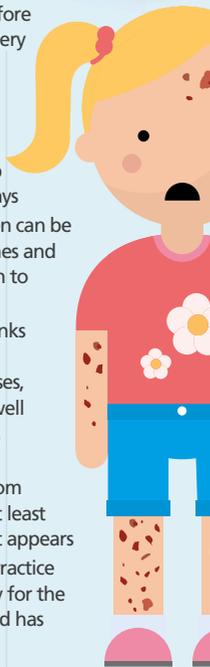


Warning signs:

- The measles rash appears as red-brown blotches on the skin
- Measles usually starts on the head or upper neck and then spreads outwards to the rest of the body
- Your child may also have a fever and cold-like symptoms

How to care for your child who has measles:

- Call your GP surgery immediately if you think your child has measles. Remember to phone before visiting because the surgery may need to make arrangements to avoid spreading measles to other patients
- Measles usually clears up by itself in about 7-10 days
- Paracetamol or ibuprofen can be used to relieve fever, aches and pains (do not give aspirin to children under 16)
- Make sure your child drinks plenty of water to avoid dehydration. In some cases, children can be very unwell (please see fever section, page 6-7)
- Keep your child away from school or nursery until at least 4 days after the rash first appears
- Remember to see your Practice Nurse at your GP surgery for the MMR vaccine if your child has not had this!



This skin condition is a common problem, often before your baby turns 1. Eczema is not contagious and can appear anywhere on the body, including the face.



Eczema can be caused by:

- Becoming too hot (overheated)
- Dry skin
- Using certain soaps, detergents or fabrics
- Allergies to dust mites, pollen from flowers or fur from pets
- Viruses or other infections

Warning signs:

- You will notice dry or cracked, inflamed skin that turns red and itchy
- If your child's eczema does not respond to simple treatment and flares up, see your doctor (GP)
- Ensure people with cold sores (painful blisters, usually around the lips) do not kiss your child who has eczema
- If the eczema becomes infected, weepy, red and scabby, your child needs to be reviewed by your doctor (GP) who may consider treatment with steroid ointments

How to care for your child who has eczema:

- Always keep your child's skin well moisturised
- Tell your child to avoid scratching the eczema allows the skin to heal. Look for the cause of the eczema (e.g. heat, dust or stress) and try to stop it
- Drugs called antihistamines can stop the itching





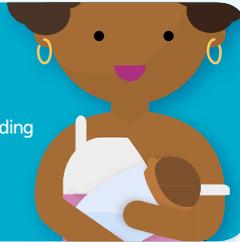
GOOD NUTRITION FOR BABIES & TODDLERS

Establishing healthy habits early on gives your baby the best start in life and reduces their risk of poor health later on.

Breast milk is the best food for your baby and gives them everything they need for the first 6 months.

Breastfeeding support and healthy weaning drop-in sessions (run by the Tower Hamlets Baby Feeding team) are available. For locations and times call 07961 609 626 or email BHNT.B2BTH@nhs.net.

For more information on breastfeeding visit www.breastfeedingnetwork.org.uk/breastfeeding-help/ or call the National breastfeeding helpline 0300 100 0212.



★ Important points to remember!

- Start introducing foods from about **6 months**
- Choose foods and drinks with **no added salt, sugar or sweeteners to give to your baby (do not add salt or sugar)**
- Encourage your baby to explore new foods and feed themselves. let them get messy!
- Continue to **breastfeed** or use **infant formula** alongside **solid foods** at least until your baby is a year old. you do not need to use 'Toddler', 'Growing Up' or 'Hungry Baby' milk
- **Do not give your baby cow's milk until they are 1 year old.** Make sure it is full-fat milk and continue to give this to them until they are at least 2 years old
- **From 10-12 months your baby can eat 3 meals per day** with the family as well as healthy snacks such as **fruit, vegetable sticks, toast, bread or plain yogurt**
- Remember **your baby has a small tummy**, offer small portions and never force your baby or toddler to eat more than they want



Feeding your baby

- Breastmilk or infant formula is enough for healthy growth for the first 6 months
- You can get help from the baby feeding team or your health visitor if you need support or have any concerns
- To find out more: www.unicef.org.uk/babyfriendly

Vitamins

- Give your baby Healthy Start vitamins from birth if you are breastfeeding and from 6 months if you are using infant formula (as it is already fortified with vitamins)
- You may be eligible to receive free Healthy Start vitamins if you live on a low income and are pregnant, a new mother or have young children Healthy Start vouchers can be used to buy milk, fresh or frozen fruit and vegetables. Eligible families can receive 1 voucher each week for every child under 4 and 2 vouchers each week for every child under 1
- To find out more or to request an application form, visit www.healthystart.nhs.uk

Introducing solid foods

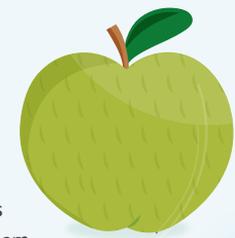
- From 6 months, offer your baby a variety of foods such as vegetables, fruit, starchy foods, protein foods such as meat, fish, eggs, lentils and pasteurized dairy foods
- If you start with mashed foods move on to food with more texture and lumps by 7-8 months
- Offer 'finger foods' to encourage your baby to feed themselves
- Giving your baby a better start in life www.nhs.uk/start4life/first-foods
- NHS Choices www.nhs.uk/Conditions/pregnancy-and-baby/Pages/solid-foods-weaning.aspx

Healthy drinks

- From 6 months, your baby can start to drink from a beaker or cup
- The healthiest drinks are breastmilk, infant formula or water
- Do not give your baby sugary drinks from a bottle as it will cause tooth decay
- If you give your baby pure fruit juice it should be diluted. Check the label and do not give your baby drinks with added sugar or sweeteners

Healthy eating habits for life

- Your baby will copy you so encourage the whole family to eat a healthy diet with plenty of vegetables and fruit
- Only offer sweets, chocolates, crisps and foods with added sugar as an occasional special treat, do not give these treats to your child every day



For further information about **breastfeeding** and **nutrition** and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk/start4life



HEALTHY TEETH FOR UNDER 5'S

Sugary food and drink cause bacteria in our mouths to produce acid that attacks teeth and causes tooth decay.

Cut down on sugary snacks and drinks for children and avoid these completely at bedtime.



★ Important points to remember!

- Take your child to see the dentist as soon as their teeth start to appear
- You should visit regularly, as often as your dentist recommends
- NHS dental treatment is free for:
 - Children under 18 or under 19 if they are in full-time education
 - Pregnant women or a mother who has given birth in the last 12 months
- The NHS Choices website (www.nhs.uk) can be used to find a dentist near you
- Start brushing as soon as your child's first tooth appears (this will happen usually when they are around 6 months old)
- Brush your child's teeth at least twice a day with fluoride toothpaste, last thing at night and at least once during the day
- Ask your dentist about fluoride varnish. All children over 3 should have this applied to their teeth twice a year



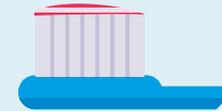
Tooth brushing tips

- Brushing at bedtime is important as it makes sure that the fluoride continues to protect the teeth while your child is asleep
- Spit, don't rinse. Encourage your child to spit out the toothpaste after brushing. Do not let them rinse it out with water as this will wash away the fluoride and will reduce how well it works
- Help your child to brush their teeth until they are at least 7 (or when they can write and hold a pencil correctly)
- Always supervise brushing to ensure the correct amount of toothpaste is used and to prevent your child licking or eating the toothpaste

How much toothpaste should I use?

Ages 0-3 years

Use a smear of toothpaste



Ages 3-6 years

Use a pea-sized amount of toothpaste



Use the right toothpaste for the age of your child so you do not give too much fluoride. Check with your dentist if you are not sure.

What toothbrush should I use?

- Choose a toothbrush with a small head and medium-textured bristles
- A manual or electric toothbrush can be used
- For babies, special toothbrushes that have a small head can be used

For children who may have difficulties brushing their teeth such as those with special needs, alternative toothbrushes can be recommended by your dentist.



For further information on oral care and where to go for help please visit www.towerhamletstogether.com/careconfident or www.nhs.uk



This guide helps families like yours to deal with common illnesses every child gets from time to time, as well as advice to keep your child healthy.



when it's less
urgent than 999

#Whattodowhentoworry