

**If a child in your care is ill or injured, choose from the following services available:**

Concern	Service	What to do?
Grazed knee, sore throat, coughs and colds, headaches	<b>Self-care</b>	You can treat minor illnesses and injuries at home by using the recommended medicines and making sure they get plenty of rest. <a href="http://www.nhs.uk">www.nhs.uk</a>
Mild diarrhoea, mild skin irritations (including spots/rash), coughs, colds, headaches, sore throat, upset stomach, mild fever	<b>Pharmacist</b> For advice on common illnesses, injuries and medication.	To find your local pharmacy and its contact details <a href="http://www.nhs.uk/chemist">www.nhs.uk/chemist</a>
For medical help, advice and direction to services 	<b>NHS 111</b> For 24 hour health advice and information.	Call NHS 111 when it is less urgent than 999 by dialling 111. <a href="http://www.nhs.uk/111">www.nhs.uk/111</a>
High temperature, head injuries not involving loss of consciousness, persistent cough, worsening health conditions (inside GP hours), minor bumps, cuts and possible fractures, dehydrated, headache, abdominal pain, long-term conditions, repeat prescriptions	<b>GP</b> For the treatment of illnesses and injuries that will not go away.	Write your GP's (family doctor) telephone number here: <input type="text"/> Use NHS 111 out-of-hours service.
If you have an urgent but non-life threatening illness or injury such as cuts, sprains, suspected fractures	<b>Urgent Care</b>	<b>Urgent Care Services</b> are available in Colchester, Clacton and Harwich. Visit <a href="http://www.neessexccg.nhs.uk">www.neessexccg.nhs.uk</a> for a list of local contacts.
For life-threatening and serious illness and injury	<b>A&amp;E or 999</b>	Call 999 or go to your local A&E department at Colchester Hospital.

This handbook has been produced by North East Essex Clinical Commissioning Group.  
To see all our handbooks please visit [www.neessexccg.nhs.uk](http://www.neessexccg.nhs.uk)

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# A Guide

to caring for young children from **birth - 5 years**

# Common childhood illnesses

Keeping your child healthy and safe






**NHS**  
North East Essex  
Clinical Commissioning Group

*Embracing better health and wellbeing for all*  
[www.neessexccg.nhs.uk](http://www.neessexccg.nhs.uk)



# Welcome

**This handbook has been developed by NHS North East Essex Clinical Commissioning Group.**

Being a parent is a wonderful and rewarding experience. We want to help you enjoy parenting your new child and to support you during times when you may need extra help or advice.

This handbook contains helpful information for parents and carers of children aged from birth to five years. It includes information on general welfare and wellbeing and common childhood illnesses to help you keep your child safe and healthy.

Every parent, guardian or carer wants to know what is best for their growing baby and to give them the best start in life. You can use this handbook to seek advice on general welfare as well as helpful information on what to do when your baby or child is ill.

This handbook will guide you on how to care for your child at home and when to seek professional help

and advice. It will give you information on which service to contact e.g. when to call NHS 111, your GP, emergency services or health visitor. Most of the issues you will face are simply an everyday part of growing up, often helped by a chat with a healthcare professional.

Almost all babies, toddlers and children will get most common childhood illnesses like constipation, colds, sore throats and ear infections. While these are not very nice at the time, they are often easily treated at home with the support from your local pharmacy or NHS 111 rather than going to your GP or A&E. Every parent wants to know what to do if their child is unwell and how to recognise the signs. If you are worried and need further advice call NHS 111.

We hope you find this handbook useful. Further health advice is available at [www.livewellcampaign.co.uk](http://www.livewellcampaign.co.uk) and [www.nhs.uk](http://www.nhs.uk)

All factual content has been sourced from Department of Health, the NHS website, British Association of Dermatologists, Allergy UK, Meningitis Now, NICE guidelines and other expert sources as relevant. This information cannot replace specialist care. Produced by Sense Interactive Ltd ©2018

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# Know the basics

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

Learn how to spot the signs of minor illness and how to cope if a minor accident happens. If you know the basics and you are prepared, you will find it easier to cope and self-care for your child.

**Keep a small supply of useful medicines** in a **locked cabinet** or **somewhere up high** where a child cannot reach them. See box on the right for the things to have at home just in case. **Make sure you've got the right strength of medicine for the age of your child.** Read the instruction leaflet carefully, taking note of the use by date and how the medicine should be stored. **Do not give aspirin to children under 16.**

For possible emergency situations, you may wish to find out about CPR (resuscitation) by visiting [www.redcrossfirstaidtraining.co.uk](http://www.redcrossfirstaidtraining.co.uk).

**If your child has a serious or life-threatening illness or injury call 999 or visit your nearest A&E.**

## Paracetamol and ibuprofen

These medications can be given to children with a fever (as a general rule those with a temperature of over 38°C), as these can help reduce fever and distress. Treat them with either paracetamol **OR** ibuprofen in the first instance. Remember this medication can take up to an hour to work. **Never give** paracetamol and ibuprofen at the same time. We recommend that you try using paracetamol first. If your child still has a fever or is in pain after a few hours of taking paracetamol, you can give

ibuprofen **before** the next dose of paracetamol is due. It is important to space these two types of medication apart from one another. Always read the advice leaflet provided with the medication to ensure you are familiar with the correct dose for the age of your child and do not give your child more than the maximum daily dose of either medicine. See your GP if you have tried both ibuprofen and paracetamol and they haven't helped.

**Avoid ibuprofen if your child has asthma or chickenpox, unless otherwise advised by your GP.**

## Pharmacist says

Keep a small supply of useful items. Include things like:



Thermometer to take your child's temperature



Plasters for small cuts and grazes



Children's liquid painkillers (e.g. sugar-free paracetamol or ibuprofen)



Barrier cream to stop nappy rash



Antihistamine for allergies, insect bites, stings

# Children's medicines

## Not always needed for childhood illnesses

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

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

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

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

1

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

2

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

3

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

## Antibiotics for children

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

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

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



If you feel worried and anxious about breastfeeding contact your midwife or health visitor for advice. They will provide you with help and support and contact details when they visit you at home.

**Tongue-tie** can sometimes affect feeding, making it hard to attach properly to the breast. Speak to your health visitor.

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

- **Is your baby's head and body in a straight line?**

If not, your baby might not be able to swallow easily.

- **Are you holding your baby close to you?**

Support their neck, shoulders and back. They should be able to tilt their head back easily.



Hold your baby's whole body close with their nose level with your nipple to help them attach correctly.



Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide open mouth.



When your baby's mouth opens wide, **their chin is able to touch your breast first**, with their head tilted, so that their lower lip can make contact with the breast 2-3cm below the nipple.



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

Source: DoH, [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

# Feeding your baby

## The best start in life

Breastfeeding is the healthiest option with many health benefits for both mother and child. We encourage responsive feeding, which means recognising your baby's cues to feed, whenever and for as long as baby needs. Frequent feeding is normal, breastfed babies cannot be spoiled or overfed, so you can use breastfeeding to soothe your baby and as a way of spending time together.

Should you be unable to breastfeed or choose to bottle feed your baby, your midwife or health visitor can offer support and advice on feeding technique, sterilisation of equipment and the milk volume your baby needs. When you are bottle feeding, hold your baby close and look into their eyes, learn to notice their cues and that they want to be fed and when they have had enough. Whether your baby is receiving breast milk or formula, no other food or drink should be required for the first six months. Whilst the World Health Organisation recommend breastfeeding for up to 2 years, you should continue for as long as you both wish.

Breast feeding classes are available in the Early Weeks workshops and there are breastfeeding drop in clinics. For information contact the health visiting team on **01206 372300**. They can also provide advice and guidance on using milk formula.

## Sterilising and bottle hygiene

- Infections (like gastroenteritis) are rare, but if they do occur, can be very serious.
- All the equipment needs to be washed in hot soapy water, rinsed and sterilised.
- Cleaning and sterilising is important, whether you are using expressed breast milk or infant formula milk.
- Keep sterilising feeding equipment until your child is one year old.
- Formula preparation machines do not heat all the water to the recommended boiling temperature. This may lead to an increased risk of gastroenteritis.

## Health Visitor says

You can look out for the following signs that show your baby is getting enough milk for their needs:

- Your baby will be content and satisfied after most feeds.
- Your baby may lose weight in the first few days, but should be back to their birth weight by two weeks of age.
- Your baby should be happy and alert when they're awake.
- In the early weeks, your baby's nappies are a good sign of how much milk your baby is getting. From day five onwards, babies should have at least six wet nappies a day and two soft yellow stools a day. After around 4-6 weeks, breastfed babies might not have their bowels open every day.

Source: iHV.org.uk 2017



### Finding out why

You will know your baby best of all. Try to understand what it is they need. Finding out why your baby is crying is often a matter of going through all the possible options.

Things to check first are:

- ✓ Does their nappy need changing?
- ✓ Could they be hungry?
- ✓ Could they be too hot?
- ✓ Could they be too cold?
- ✓ Do they need burping?

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

# Crying and colic

## Understanding why

All babies cry, especially in the first few weeks after birth. Crying is their way of letting you know they need something or are uncomfortable. Always burp your baby after a feed as this will help. To burp your baby, sit your baby upright or hold them against your shoulder and gently rub their back and tummy until they burp. They may vomit a small amount of milk when you do this.

Early signs that your baby may be hungry are things like putting their hands to their mouth, becoming restless and stretching. By recognising these cues you may avoid hunger crying altogether and the need to calm baby down before a feed. Your baby may be crying because they need a cuddle and want to be close to you.

If you feel you can't cope with your baby's crying, make sure your baby is safe - like in a cot or pram, leave the room and calm down for a few minutes. If you feel overwhelmed or stressed, it can help to talk to other parents and your health visitor. If your baby's cry seems unusual, for example high pitched or a whimper, call **111** or speak to your health visitor. Crying can sometimes be a sign that your baby is unwell.

### Colic

If your baby cries suddenly and often, but otherwise appears to be happy and healthy, they may have colic. Colic is common and although uncomfortable it is not serious and usually affects babies only in the first few months. The most common symptom of colic is continuous crying, which typically occurs in the late afternoon or evening. Other signs include a flushed appearance, drawing their legs to their chest, clenching fists, passing wind and trouble sleeping. Your local pharmacist may be able to supply over-the-counter medicine to help relieve pain from colic which may be caused by swallowing air (trapped gas).

### Health Visitor says

Babies who are colicky often cry, bring their knees up towards their tummy and are difficult to settle lying down.

To soothe your baby between or after feeds, there is a range of different things you can do. All babies are different and respond to different techniques.

A crying baby is often comforted by being carried on your shoulder with support for their back or carried across your forearm along their tummy.

Your baby may also respond well to being carried in either a sling or papoose. This will allow you to walk around safely whilst keeping your baby close and comfortable.

Pushing your baby in a pram or buggy can also help. Baby massage techniques for colic and warm baths may also help to soothe babies who are upset between feeds.

Source: iHV 2016 parent tips



### Health Visitor's cradle cap tips

This is the name given to the large greasy yellow or brown scales that appear on your baby's scalp. Sometimes they may flake and the skin may be red. It should not cause your baby any discomfort and should settle over time. It is important not to pick at the scales as this may cause infection.



Massage a non-cosmetic moisturiser (emollient) which is oil based or liquid paraffin into the scalp (not olive oil) and leave to soak in.



Gently wash the scalp and use a soft baby brush or cloth and gently remove any loose scales.

If this does not settle, the redness spreads or your baby is itchy then seek medical advice.



### Health Visitor's nappy rash tips



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



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



Remember to change and check their nappy often.

# Rashes and dry skin

## A common problem that's easy to treat

It's normal for babies to develop rashes early on as their skin adapts to a different environment. If your baby develops a rash and seems unwell contact your GP. Most rashes are nothing to worry about but do be aware of the signs of meningitis and sepsis (see pages 30-31).

### Nappy rash

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

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

### Dry skin

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

1

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

2

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

3

Change nappy often. Speak to your health visitor and if you are worried see your GP.

### Pharmacist says

- Call in and talk to us about creams we can provide you with over the counter.
- There are two types of nappy cream available. One is a barrier cream to keep wee away from your baby's skin. The other is a medicated cream, that is good for clearing up any soreness but should only be used when advised by a health professional.



Image of chickenpox

[www.nhs.uk/conditions/skin-rash-children](http://www.nhs.uk/conditions/skin-rash-children)

### Painkillers

If your child is in pain or has a high temperature (fever), you can give them paracetamol. **Do not give ibuprofen to children with chickenpox** because it may increase the risk of skin infection. **Aspirin should not be given to children under the age of 16.**

# Chickenpox

Chickenpox is a mild and common childhood illness. It is highly infectious and can cause serious illness in adults who have not had chickenpox. It causes a rash of red, itchy spots that turn into fluid-filled blisters, which crust over to form scabs, and eventually drop off. Some children have only a few spots, while others can have spots covering their entire body. These are most likely to appear on the face, ears and scalp, under the arms, on the chest, tummy and on the arms and legs.

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

Your child will probably feel pretty miserable and irritable while they have it. They may have a fever for the first few days and the spots can be incredibly itchy. Paracetamol (sugar-free) can help relieve fever and calamine lotion or cooling gels help ease itching. **Do not give ibuprofen to children with chickenpox.**

Chickenpox usually gets better on its own. However, some children can become more seriously ill and need to see a doctor.

#### Contact your GP straight away if:

- Blisters become infected.
- Your child has chest pain or difficulty breathing.
- Anyone in your home is pregnant.
- You or any adult at home has not had chickenpox.

# Measles

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

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

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

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

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

Help to make your child comfortable:

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

## A safe sleeping environment for a baby

- 
- A photograph of a baby sleeping peacefully in a white cot. The baby is lying on their back, wearing a white onesie, and is tucked under a white blanket with a floral pattern. The cot has a white frame and a light-colored mattress.
- 1 Place your baby in the 'feet to foot' position i.e. baby's **feet** at the **foot** of the cot.
  - 2 Newborn babies should sleep in a cot in parents' room at night, and the room where parents are during the day.
  - 3 Make sure your baby is not too hot or too cold. The room temperature should be 18-20°C .
  - 4 Put your baby to sleep on their back.
  - 5 Keep your baby's head uncovered.
  - 6 Do not smoke and keep the house smoke free.
  - 7 Avoid pillows, stuffed animals, toys or cot bumper pads inside the cot.
  - 8 Avoid heavy or loose blankets.
  - 9 If a blanket is used, it must be tucked in and only as high as the baby's chest. Instead of a blanket, a lightweight, well-fitting baby sleeping bag is a good choice.
  - 10 Crib sheets must fit tightly over mattress.
  - 11 Use a clean, firm, well-fitting mattress. Mattresses should carry the BSI number BS-1877-10:1997.
  - 12 These points apply to day time and night time sleeps.



[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

# Sleeping

## Patience, praise and peace

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

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

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

1

"I am so tired when my baby wakes up at night it seems easier to share the bed."

2

The safest place for your baby to sleep is in a cot by your bedside for at least the first six months. Try to establish a regular sleep routine.

3

Speak to your health visitor about how to keep your baby safe and get some sleep.

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

- Are a smoker (even if you never smoke in bed or at home).
- Have been drinking alcohol or taken any drugs.
- Have taken any medication that makes you drowsy.
- If your baby was premature (born before 37 weeks).
- If your baby was low birth weight (less than 2.5kg).
- If you or your partner are overweight.

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

## Health Visitor says

Sometimes the cause of watering eyes is a blocked tear duct, it may help if you massage the tear duct every few hours using gentle pressure on the outside of the nose, near the corner of the eye. If the tear duct continues to be blocked at twelve months of age, then consult your GP who may refer your child to an eye specialist.

### See your pharmacist or GP if:

- Your baby's eye becomes inflamed, angry or red, there is yellow or green sticky crusty discharge around the eye that keeps on coming back.
- Your baby rubs his/her eye a lot or seems in pain.
- Your baby does not like to open their eyes, or light seems to hurt your baby's eye.
- You think your baby might have conjunctivitis.
- The structure of the eyelid does not seem right.

For more information visit [www.ihv.org.uk/families/top-tips](http://www.ihv.org.uk/families/top-tips)

Source: ihv.org.uk/ 2016



# Sticky eye and eye care

## Protect your baby's eyes

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

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

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



### Eye tests and checks

It is important to look out for any signs of problems with your baby's eyes. It's quite normal for the eyes of newborn babies to 'cross' occasionally, particularly when they're tired. However, speak to your GP or health visitor if you notice this happening to your child after three months of age. Left untreated, lazy eye can develop.

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

1

"There is discharge in the corner of my baby's eye and their eyelashes appear to be stuck together."

2

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

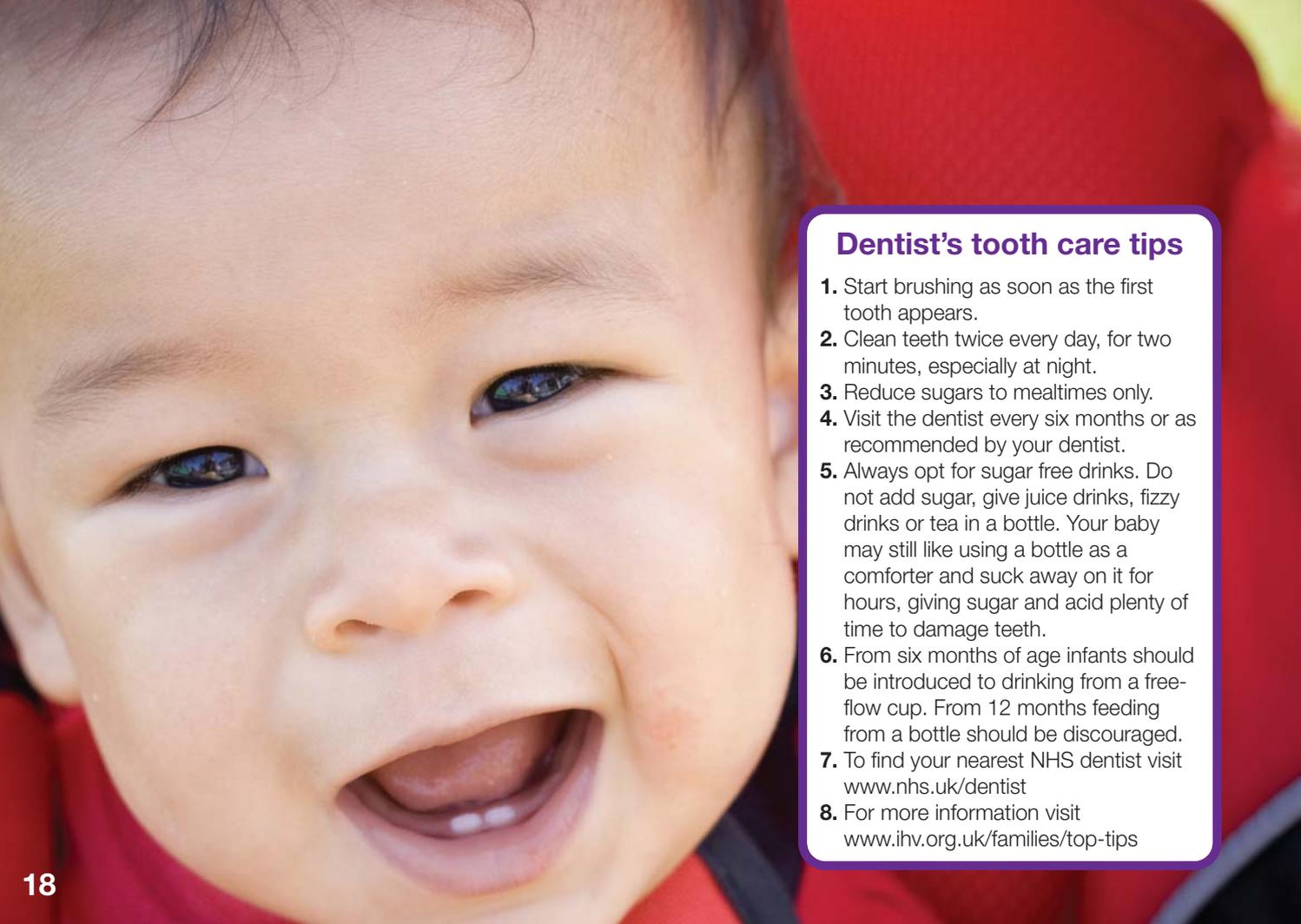
3

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

## Conjunctivitis

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

Visit [www.nhs.uk/conditions/conjunctivitis](http://www.nhs.uk/conditions/conjunctivitis)



### Dentist's tooth care tips

1. Start brushing as soon as the first tooth appears.
2. Clean teeth twice every day, for two minutes, especially at night.
3. Reduce sugars to mealtimes only.
4. Visit the dentist every six months or as recommended by your dentist.
5. Always opt for sugar free drinks. Do not add sugar, give juice drinks, fizzy drinks or tea in a bottle. Your baby may still like using a bottle as a comforter and suck away on it for hours, giving sugar and acid plenty of time to damage teeth.
6. From six months of age infants should be introduced to drinking from a free-flow cup. From 12 months feeding from a bottle should be discouraged.
7. To find your nearest NHS dentist visit [www.nhs.uk/dentist](http://www.nhs.uk/dentist)
8. For more information visit [www.ihv.org.uk/families/top-tips](http://www.ihv.org.uk/families/top-tips)

# Teething trouble

## Every baby goes through it

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

Some people attribute a wide range of symptoms to teething, such as diarrhoea and fever. However, there is no research to prove that these other symptoms are linked. You know your baby best. If their behaviour seems unusual, or their symptoms are severe or causing you concern, talk to your health visitor. Do not soothe your baby by giving biscuits to chew on or a dummy dipped in a sugary substance. This encourages your baby to have a sweet tooth and is damaging to teeth that are growing.

Think about your child's tooth care routine. You can brush their teeth with a soft baby toothbrush and a smear of toothpaste with a minimum of 1000ppm fluoride. Make sure you register your child early and see your dentist regularly ([see good oral health page 42 and 43 for more information](#)).

1

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

2

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

3

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

### Pharmacist says

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

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



### Health Visitor says

If your baby has oral thrush and you're breastfeeding, it is possible for your baby to pass a thrush infection to you. You can contact your health visitor for advice and support.

Search breastfeeding and thrush at: [www.nhs.uk](http://www.nhs.uk)

# Thrush

## Usually harmless and easily treatable

Oral thrush in babies and young children is a fungal infection in the mouth caused by a yeast fungus called *Candida Albicans*. Babies are at an increased risk of oral thrush because their immune systems haven't yet fully developed and are less able to resist infection. This is particularly the case with babies born prematurely.

It looks like spots or patches of cottage cheese or milk curds in and around your baby's mouth. These patches may appear inside the cheeks. If your baby has a white coating on their tongue that can be rubbed off easily, it's probably milk coating the tongue and not thrush.

Babies may not seem bothered by the patches, but they may be reluctant to feed, or keep detaching from the breast during feeds if they're sore. There may also be associated nappy rash caused by the same infection that needs to be treated as well.

Oral thrush in babies isn't usually serious, but you should visit your GP if you think your child may have the condition. You can also ask your health visitor for advice or call NHS 111. If your GP or health visitor feels your baby needs treatment, they'll probably prescribe an antifungal medicine.

The risk of thrush can be reduced by:

- Sterilising dummies regularly, as well as any toys that your baby puts in their mouth.
- Sterilising bottles and other feeding equipment regularly.

Washing your hands thoroughly after changing your baby's nappy can also be helpful in stopping thrush spreading because the infection can be passed through their digestive system.

## Antibiotics

Oral thrush can also affect babies if they've recently been treated with antibiotics. Antibiotics reduce the levels of healthy bacteria in your baby's mouth, which can allow fungus levels to increase. If you are breastfeeding and have been taking antibiotics for an infection, your own levels of healthy bacteria in your body can be affected. This can also make you prone to a thrush infection that may then be passed to your baby during breastfeeding.

## Tips

Breastfed babies do not get constipation but it is not uncommon in babies who have formula, or who have solid foods. Ask your health visitor or pharmacist for advice on treatment.

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

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

Source: [www.nct.org.uk](http://www.nct.org.uk)



# Constipation

## It's likely to happen now and then

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

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

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

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

1

"My bottle-fed baby gets constipated."

2

Try boiled water that has been cooled for 30 minutes between feeds.

3

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

## Health Visitor says

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

1

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

2

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

3

If symptoms last for more than 10 days or your child is coughing up yellow phlegm they may have a bacterial infection. Contact your GP.

### Don't pass it on

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

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

**Kill it** Hands can pass on germs to everything you touch. Wash your hands with soap and water as soon as you can.

### Flu prevention

An annual nasal spray flu vaccine is available free from the age of two as part of the NHS Childhood Vaccination Programme. Children aged two, three and four years can be given the vaccination at their GP surgery usually by the practice nurse. Visit [www.nhs.uk](http://www.nhs.uk) and search children's flu vaccine. Contact your GP practice for more information.



# Coughs, colds and flu

## Not usually serious

You will probably find when your child starts mixing with other children they get lots of coughs, colds and sniffles. There are some good things about this though as it helps the body build up a natural immune system. If your baby is under three months and has a cough, take them to your GP who may check them for whooping cough. Young babies do not always make the characteristic whooping cough sound.

Flu can be more serious than a cold and leave your child feeling quite unwell. Flu tends to come on more suddenly and severely than a cold. Your child may have aching limbs and feel uncomfortable, and be ill for a week or more. Coughing at night may keep them awake. Children under six months should not be given over-the-counter cough and cold medicine unless prescribed by your GP or pharmacist.

Most viruses will run their course without doing any real harm because they will get better on their own. An annual nasal spray flu

vaccine is available from the age of two as part of the NHS Childhood Vaccination Programme. Ask your GP or pharmacist for details.

### Things you can do at home to help:

- ✓ Give your child lots to drink e.g. cool water.
- ✓ Try sugar-free paracetamol or ibuprofen (not aspirin) ([see page 4](#)).
- ✓ Keep your child away from smoke and anyone who smokes.
- ✓ Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.
- ✓ Make sure your child gets plenty of sleep/rest.

### Contact your GP if:

- ✓ Your baby has a persistent high temperature of **38°C** (fever) or more.
- ✓ They are drowsy and less interactive.
- ✓ Your child is finding it hard to breathe.
- ✓ A persistent temperature does not respond to medicines ([see pages 28-29](#)).

## Pharmacist says

Children can be treated using over-the-counter medicines to bring down a raised temperature if it is causing distress. Sugar-free paracetamol or ibuprofen liquid can help and can be given from the age of about three months. Check the label carefully. If in doubt, check with the pharmacist and tell them how old your child is. Flu symptoms are more severe and you may need to see your GP.



# Earache and tonsillitis

## A baby's ears need to be treated with care

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

Babies have some natural protection against infections in the first few weeks - this is boosted by breastfeeding. In babies and toddlers, bacteria pass from the nose to the ears more easily. Ear infections can be painful. If your child has earache, with or without fever, you can give them sugar-free paracetamol or ibuprofen at the recommended dose ([see page 4 for advice on usage](#)). Try one first and, if it doesn't work, you can try giving the other one. Your child may have swollen glands in their neck, this is the body's way of fighting infection.

**Tonsillitis** - earache can also be caused by tonsillitis (the inflammation of the tonsils). It is a common type of infection in children. Symptoms include a sore throat, earache, coughing and a high temperature. It is not a serious illness and you only need to see your GP if symptoms last longer than four days or become more serious, with severe pain, a very high temperature or breathing difficulties.

1

"My toddler has earache but seems otherwise well."

2

Have you tried sugar-free paracetamol or ibuprofen from your pharmacist? ([See page 4 for advice on usage](#)).

3

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

### What are the signs of an ear infection?

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

### To reduce ear infections

- A baby's ears need to be treated with care.
- Never use a cotton bud inside your child's ear.
- Use different, clean damp cotton wool on each ear to gently clean around the outer area.
- Avoid smoky environments.
- Do not use ear drops or oil unless prescribed by your GP.
- If you think your child is still having problems with their hearing six weeks after infection, your GP or health visitor can refer them for an early hearing test for further investigations.



### Babies and young children

Always contact your GP or NHS 111 if your child:

- Is under three months of age and has a temperature of **38°C** or above.
- Is between three and six months of age and has a temperature of **39°C** or above.
- Is over six months and shows other signs of being unwell - for example, they are floppy and drowsy or you are concerned about them.

### Children over five years:

A little fever isn't usually a worry for an older child. Contact your GP if your child seems unusually ill, has a high temperature which doesn't come down or is having difficulty breathing. With older children it's not so much the temperature to look out for but the other symptoms.

It's important to encourage your child to drink as much fluid as possible. Water is best.

### To help reduce temperature:

- Undress to nappy/pants.
- Keep room at comfortable temperature (18°C).
- Encourage your child to drink more (even little amounts often).
- Give sugar-free paracetamol or ibuprofen in the correct recommended dose for your child (see packaging).

1

"My toddler is hot and grumpy."

2

Have you tried infant paracetamol? Have you made sure they are drinking lots of fluids?

3

If their temperature remains over 38°C after administering medication, contact your GP or call NHS 111.

# Fever

## Part of the body's natural response

A child with a significant fever will have a body temperature above **38°C**. Your child may also feel tired, look pale, have a poor appetite, be irritable, have a headache or other aches and pains and feel generally unwell. Take the temperature from the armpit, using an electronic thermometer (don't use in the mouth of under 5s) or use an ear thermometer. Remember that measurements from under the arm are less accurate as the armpit is slightly cooler.

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

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

**If temperature remains over 38°C after administering medication, contact your GP or call NHS 111.** Check your child during the night.

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

## GP says

When looking after a feverish child at home you should:

- Give your child plenty to drink e.g. cool water and no added sugar squash. (For babies who are breastfed the most appropriate fluid is breast milk. Babies that are formula fed should be offered frequent sips of cooled boiled water to increase their fluids between feeds. Do not dilute formula to encourage the intake of more fluids).
- Look for signs of dehydration: reduced wet nappies, dry mouth, sunken eyes, no tears, poor overall appearance, sunken soft spot on baby's head.
- If your child is dehydrated contact your GP or **call 111**.
- Know how to identify a meningitis rash (see pages 30-31).
- Check on them during the night.

Source: NICE, Feverish illness in children/ 2013

# Meningitis and sepsis

## Not common but serious and contagious

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

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

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

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

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

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

## The glass test

The glass test is a really useful way of spotting suspected meningitis. If your child has a cluster of red or purple spots, press the side of a clear drinking glass firmly against the rash.

**Go straight to the Accident and Emergency Department**



In this example the spots are still visible through the glass. This is called a **non-blanching rash** - it does not fade. **Call 999 or go straight to A&E.**



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

Find out more from: [www.meningitisnow.org](http://www.meningitisnow.org)

## GP says

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



Fever, cold hands and feet



Floppy and unresponsive



Drowsy and difficult to wake



Spots/rash. Do the glass test



Rapid breathing or grunting



Fretful, dislikes being handled



Unusual cry or moaning



### Pharmacist says

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

- ✓ Give them regular drinks - try small amounts of boiled cooled water if bottle fed.
- ✓ If breastfeeding, carry on as usual. If not, continue with other milk feeds.
- ✓ Being extra careful with hand hygiene (use soap and water and dry hands well with a clean towel).
- ✓ Rehydrating solutions come in pre-measured sachets to mix with boiled cooled water. It helps with dehydration.

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

# Diarrhoea and vomiting

## Not nice for you or your baby

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children. They are generally caused by viruses and those affected (adults and children) usually recover within 48 hours. It is important to drink plenty of fluid to prevent becoming dehydrated.

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

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

Continue breastfeeding or other milk feeds - do so even more frequently. Offer older children plenty of water, or an ice-lolly for them to suck. If they want to eat, give them plain foods like pasta or boiled rice (nothing too rich or salty).

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

### Signs of dehydration

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

Try a rehydrating solution from your pharmacist.

1

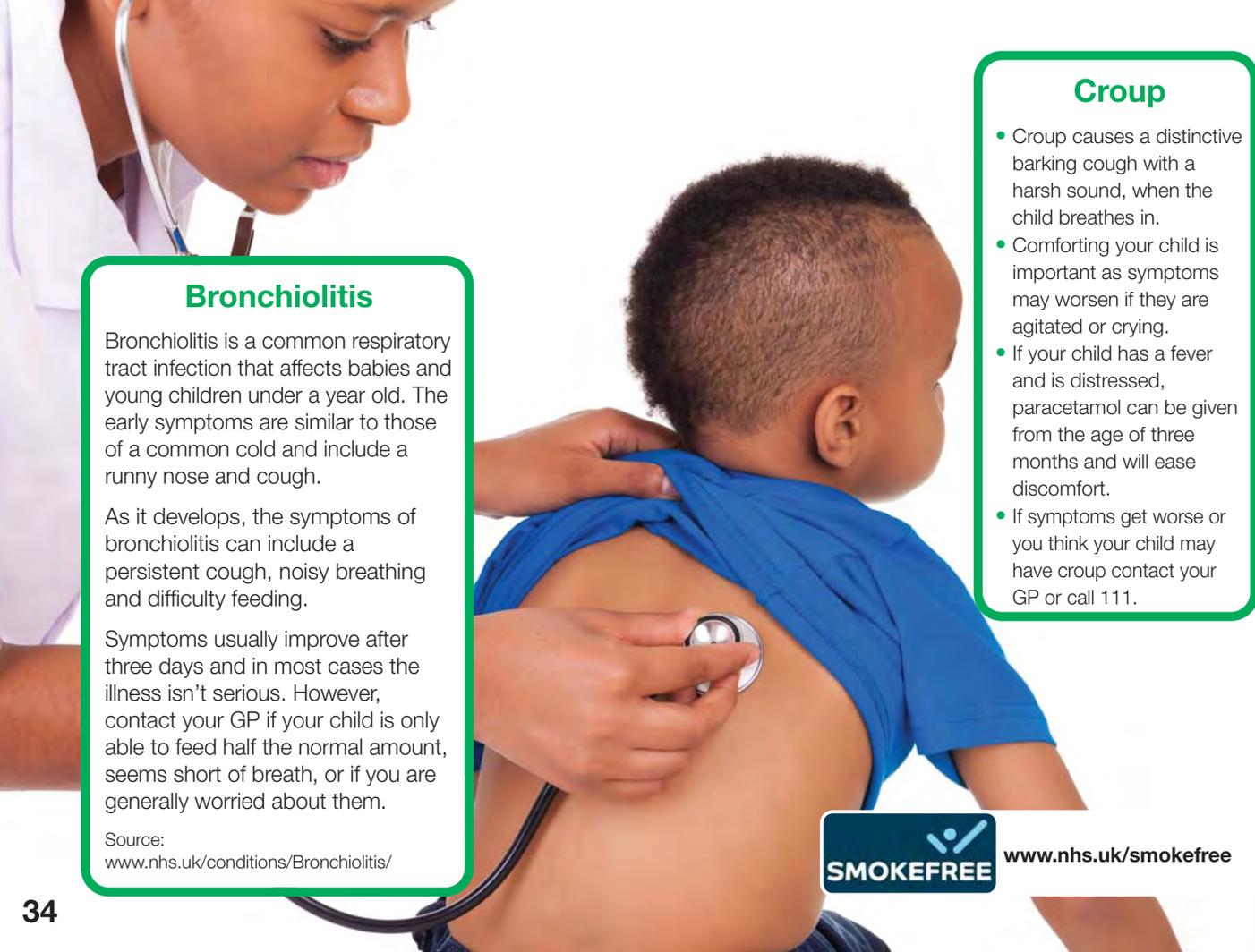
"My baby has diarrhoea and is being sick."

2

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

3

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



## Bronchiolitis

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

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

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

Source:  
[www.nhs.uk/conditions/Bronchiolitis/](http://www.nhs.uk/conditions/Bronchiolitis/)

## Croup

- Croup causes a distinctive barking cough with a harsh sound, when the child breathes in.
- Comforting your child is important as symptoms may worsen if they are agitated or crying.
- If your child has a fever and is distressed, paracetamol can be given from the age of three months and will ease discomfort.
- If symptoms get worse or you think your child may have croup contact your GP or call 111.



[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

# Wheezing and breathing difficulties

## Look at the signs

Any kind of breathing difficulty your infant or child experiences can be scary for parents. A cough can often be treated at home, if you are worried contact your GP.

### Common symptoms:

- Rapid breathing or panting is common. If there are no other signs of illness, it comes and goes and your baby is breathing comfortably most of the time, there's normally no need to worry.
- Breathing may sound a bit rattly occasionally. Try holding your baby upright.
- Occasional coughing or choking may occur when a baby takes in milk too quickly with feeds. Try to slow things down a bit. Check feeding position.
- A cold or mild cough. Keep an eye on them at this stage and use your instincts. If you are worried talk to your health visitor or call NHS 111.

### In older babies and toddlers you may notice:

- Coughing, runny nose, mild temperature - (see pages 24-25).
- Croup (hoarse voice, barking cough) needs to be assessed by your GP.
- Child appears pale.
- Wheezing is fairly common in the under fives associated with colds. It is not usually suggestive of asthma unless symptoms occur between viral infections.

Children are particularly impacted by passive smoking. For advice on making your child's home smokefree (see pages 38-39).

## GP says

Get immediate medical assistance if your child:

- ✓ Seems to find breathing hard work and they are sucking in their ribs and tummy.
- ✓ They can't complete a full sentence without stopping to take a breath.
- It is recommended that you take your child to your GP for a formal review within two working days following any urgent treatment for a wheezy illness in hospital or a urgent care service.
- If your child is ever prescribed inhalers, these should never be used without a spacer. Your doctor or nurse will explain to you how each inhaler works and show you how and when to use it.



### Asthma nurse says

The most important part of managing asthma is for you and your child to know about asthma and what triggers an attack. Make sure your child's asthma action plan is kept up to date. GP practice asthma clinics offer advice and treatment. Ask about whether your child needs the flu vaccine.

### Symptoms of severe asthma

Symptoms include repeated coughing and wheezing, shortness of breath and bringing up phlegm. Symptoms often get worse at night. **Call 999 to seek immediate medical assistance if your child has severe symptoms of asthma.**

# Asthma

## Know the symptoms

Asthma has many causes and is a common long-term condition that can be well controlled in most children. The severity of asthma symptoms varies between children, from very mild to more severe. Asthma is more than just wheezing. Other symptoms can include coughing, difficulty breathing and a tight, sore feeling in the chest. Asthma is difficult to diagnose in children under the age of two years as nearly one third of children will wheeze at some point.

The two most common triggers of asthma in children are colds and allergies. In older children allergies become particularly important, so avoiding the triggers to which your child is allergic may help improve their asthma. Don't get any pets if your child has asthma and make sure no-one in the house smokes.

A sudden, severe onset of symptoms is known as an asthma attack. It can be life threatening and may require immediate hospital treatment, call 999. Asthma often runs in families and parents should avoid smoking indoors or near to their children.

Make sure you know how to use your child's inhaler properly and attend the yearly review with your GP.

- 1 "My child seems to wheeze and cough a lot and it seems to get worse at night."
- 2 Is there a family history of asthma? See your GP for advice. Do you smoke? Try to stop. Do not smoke in the house or near children.
- 3 Has your child got a personal asthma action plan? See your practice's asthma nurse or GP for regular reviews (read more at [www.asthma.org.uk](http://www.asthma.org.uk)). If your child has a serious asthma attack **call 999**.

### GP says

Your GP will normally be able to diagnose asthma by asking about your child's symptoms, examining their chest and listening to their breathing. A peak flow test may be useful if your child is old enough. Parents should regularly attend their practice Asthma Clinic to get support on better management of their child's asthma at home, as this will save unnecessary trips to hospital. Ask your GP or practice nurse to give you an asthma action plan for your child. All children over six months with asthma who require continuous or repeated use of a steroid preventer inhaler or oral steroid tablets should have the seasonal flu vaccine.

# Smokefree homes

## Protecting your child's health

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

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

Always protect children from second-hand smoke. If you need to smoke, go outside to smoke but always ensure your children are looked after by a person you trust and never left alone. If you live alone, find a trusted neighbour to sit for you. It is also illegal to smoke in cars and other vehicles when children are present.

'Third-hand smoke' that lingers on things such as clothes, furnishings and carpet can be as dangerous to children as secondhand smoke.

1

"Does smoking anywhere near my children, like in the car, affect their health?"

2

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

3

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

## Make your home smokefree

- Keep all the areas in your home smoke free.
- Tell everyone in your house, and any visitors, that your home is smokefree.
- If needed, select a place for people to smoke outside of the house.
- Time your smoking to other outings.
- Nicotine replacement methods like patches, gum or vapers can help you start to quit.
- You can get help to quit at [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) or at [www.essexlifestyleservice.org.uk/stop-smoking](http://www.essexlifestyleservice.org.uk/stop-smoking)

Source: [www.steprightout.org.uk](http://www.steprightout.org.uk)

**SMOKEFREE**

[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

**Provide**

Essex  
Lifestyle  
Service



[www.essexlifestyleservice.org.uk/stop-smoking](http://www.essexlifestyleservice.org.uk/stop-smoking)



### If you are the victim

Many people find it difficult to understand why people stay in abusive situations. Fear, love, the risk of homelessness and money worries can make it difficult for people to leave their partners. If you are a victim of domestic abuse, you are not the only victim - your children are too. You can report domestic abuse to any professional. There are many local agencies offering support and advice ([see page 55 for domestic violence contact details](#)).

Even if you think an incident is just a one-off, other professional agencies may already have concerns. So your information could be very important.

Long-term abuse is much more likely to cause problems for a child or young person as they get older. The longer children are exposed to violence, the more severe the effects on them are. These can include a lack of respect for the non-violent parent, loss of self-confidence (which will affect their ability to form relationships in the future), being over-protective of a parent, loss of childhood, problems at school and running away.

# Domestic abuse

## Keeping your child safe

You are not responsible for your abuser's behaviour. You and your child do not deserve to experience any form of abuse. Your abuser may blame you and other things like being drunk, pressure of work, unemployment and minimise or deny what they are doing. You may have tried changing what you do, say and wear to try to pacify and not to antagonise the situation. Violence rarely happens only once and will get more and more serious as time goes on. You need to make sure you and your child are safe. It's not easy to accept that a loved one can act in this way and you may be trying to make the relationship work.

Domestic abuse can affect children in many ways. They may feel frightened, become withdrawn, aggressive or difficult, bedwet, run away, have problems at school, lack concentration and suffer emotional upset. Domestic abuse places children at risk of significant harm and professional support is needed. It is best that action is taken early to stop things getting worse. Keeping your child safe is your responsibility. Children can often get caught up in the crossfire and become victims.

Children need time to discuss the feelings they have about violence or abuse. Children need to know that it is not their fault and that this is not the way relationships should be.

Services are available to support the whole family irrespective of gender and age.

1

"I am being abused and it is affecting my child but if I contact someone it may get worse."

2

Don't keep what is happening secret, you have nothing to be ashamed of. The longer abuse goes on the harder it gets to take some action.

3

Don't suffer alone, get help by talking to someone you trust or contact one of the organisations on pages 54-55. Be a survivor - not a victim.

## What is domestic abuse?

Abuse can take many forms:

- Physical including sexual violence.
- Mental and verbal cruelty.
- Financial control.
- Controlling behaviour.

## The facts

Domestic abuse affects many families. Women are at increased risk of domestic abuse during pregnancy and the first year after giving birth, even if there has not been any abuse before. Men can also be victims. Children do hear, see and are aware of violence at home, even if you think they do not. Children react in different ways to violence and research suggests that they are more likely to become abusers or victims later in life.



### Drinks

Fizzy drinks can contain large amounts of sugar, which will increase the risk of tooth decay. All fizzy drinks, fruit juice and smoothies contain acids that can erode the outer surface of the tooth. If you do have sugary, fizzy drinks, fruit juice or smoothies, drinking these at mealtimes can help reduce the damage to teeth. The best drinks to give children are water and milk. Try diluting fruit juice with sparkling water instead of giving fizzy drinks. Remember to dilute squashes well to reduce the sugar content in the drink. Diet versions of fizzy drinks also contain very few nutrients. Milk or water are much healthier choices, especially for children. Pick up some tips for reducing the amount of sugar in drinks and meals at [www.nhs.uk/sugar-smart](http://www.nhs.uk/sugar-smart)  
Source: the NHS website

### Good habits

Use a family fluoride toothpaste right from the start. Remember that learning about good tooth care will come from the family. Take opportunities to let them watch you brushing your teeth. Explain what you are doing and why you are doing it. Try to make it fun. Visit the dentist as a family.

# Good oral health

## Tooth care matters

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

Although it's not always easy, you should get your child into good habits at an early age and they will need your help with toothbrushing until they are seven. Make sure your child brushes their teeth last thing at night and at least one other occasion with a family fluoride toothpaste that has levels of between 1000-1450 parts per million (ppm) fluoride. Check the tube for fluoride content. When your child turns three, use a pea sized amount of toothpaste and prior to that use just a smear. Adults and children should spit not rinse their mouths after brushing with a fluoride toothpaste for maximum effectiveness.

Get your child used to visiting the dentist and take them to an appointment with you to reassure them. Talk to your health visitor and take your child to a dentist as soon as you can. Ask your dentist about brushing on fluoride varnish for added protection against tooth decay (for children aged three and above). **It's free!** From the age of three, children should be offered fluoride varnish treatment at least twice a year. Fluoride varnish should be offered two or more times a year for children of all ages with tooth decay or those at high risk of developing it.

All children in Essex receive a Brushing for Life pack at the one year and two and a half year developmental review from the health visitor.

## Dentist says

- As soon as teeth appear in the mouth, parents should brush their baby's teeth in the morning and last thing before bed.
- Provide a healthy, balanced diet and avoid sugary foods e.g. sweets, biscuits and chocolate and added sugar drinks. Naturally sweet foods such as fruit can be included as part of a healthy diet.
- Introduce drinking from a cup from six months and stop bottle feeding by one year. If children are brought up to care for their teeth early on, it should stand them in good stead for the rest of their lives.
- Do not give your toddler juice in a bottle or sippy cup. They may use this as a comforter and expose teeth to fruit sugar all day long.

**Cuts**

Glass, knives and sharp objects can cause serious cuts.

**PREVENTION:**

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

**WHAT TO DO:**

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

**Drowning**

Children can drown in very shallow water. It happens in the bath, in garden ponds, paddling pools and water butts.

**PREVENTION:**

- Supervise children near water at all times. Use a grille on ponds or fill in to use as a sand pit.
- Make sure your child learns to swim. Local sessions are available.

**WHAT TO DO:**

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

**Poisoning**

Poisoning from medicines, household products and cosmetics are common.

**PREVENTION:**

Lock all chemicals, medicines, alcohol, batteries and cleaning products away.

**WHAT TO DO:**

Find out what your child has swallowed and take it with you when you **go to A&E**.

**Strangulation**

Window blind cords and chains can pose a risk of injury or strangulation.

**PREVENTION:**

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

**WHAT TO DO:**

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

**Fractures**

A fracture is a broken or cracked bone.

**PREVENTION:**

Supervise play, use correct safety equipment (helmet, knee and elbow pads) for scooters, skateboards and bikes.

How do I know it's a break?

- Sometimes it's obvious and you can see the bone through the skin.
- They are in pain and sometimes shock.

- Limb can appear to be disjointed.
- Swelling and bruising.

**WHAT TO DO:**

- Don't let them eat or drink in case they need an anaesthetic.
- Hold an ice pack (frozen peas) wrapped in a tea towel gently onto the area.
- Stabilise a broken arm using a towel as a sling.
- Support the limb, especially when in a car, so ask someone else to drive if possible.
- **Go to A&E**.

**Falls**

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

**PREVENTION:**

- Do not leave your baby alone on a surface where they could roll off.
- Do not put a bouncing cradle or car seat on a surface where they could wriggle off.
- Use stairgates once your child is mobile. Make sure balconies are locked and fit window safety locks.

**WHAT TO DO:**

If your child has a serious fall **call 999**.

**Bumps and bruises**

Most bumps, bruises, cuts and grazes can be treated at home.

**PREVENTION:**

- Make sure play is supervised in a safe place.

**WHAT TO DO:**

Contact your GP if:

- Their injury doesn't seem to be getting better.
- The cut or graze might be infected.
- They have a fit for the first time.

Minor head injuries often cause a bump or bruise. If the child is awake and with no deep cuts, it's unlikely there will be any serious damage. Other symptoms of a minor head injury may include:

- A mild headache
- Feeling sick
- Dizziness
- Mild blurred vision

If these symptoms get worse or if there are other, more serious symptoms, **go to A&E** or **call 999** to request an ambulance.

**Head injury**

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

**You need to get medical attention if:**

- They are vomiting persistently (more than three times).
- They are complaining it hurts.
- They are less responsive to you.
- Pain is not relieved by paracetamol or ibuprofen.

**WHAT TO DO:**

Check that they are okay, and that they are responding normally throughout the night.

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

## Choking

Babies and toddlers can easily swallow, inhale or choke on small items like balloons, batteries, peanuts, buttons, plastic toy pieces, strings or cords.

### PREVENTION:

- Check on the floor and under furniture for small items.
- Check that toys are age appropriate and in good condition.
- Find out more about CPR (a first aid technique that is a combination of rescue breaths and chest compressions. Sometimes called the 'kiss of life').

### WHAT TO DO:

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

See this link for video information:  
[www.nhs.uk/video/Pages/my-young-child-is-choking-what-should-i-do.aspx](http://www.nhs.uk/video/Pages/my-young-child-is-choking-what-should-i-do.aspx)

## Button batteries

### Why are button batteries dangerous?

Button batteries and lithium coin batteries are the small, round batteries you find in lots of toys and everyday objects. They can be extremely dangerous for children if swallowed, especially lithium coin batteries and can kill within hours.

Most button batteries pass through the body without a problem. But if a button battery, particularly a lithium coin battery, gets stuck in the throat or gullet, energy from the battery can make the body create caustic soda (the chemical used to unblock drains!). This can burn a hole through the throat and lead to serious internal bleeding and death.

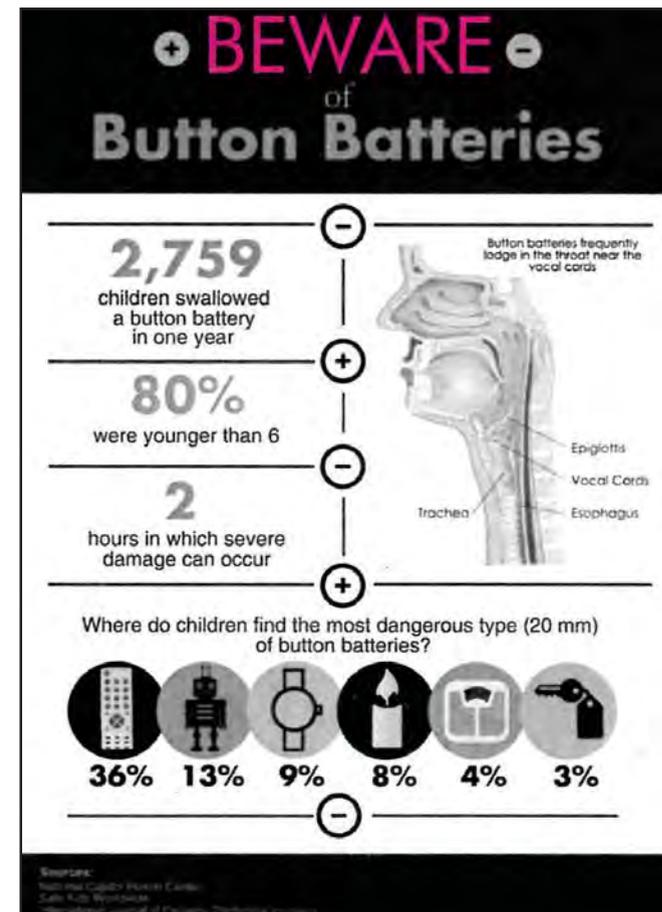
### PREVENTION:

- Keep products with batteries well out of reach if the battery compartment isn't secured with a screw.
- Keep all spare batteries out of children's reach and sight, ideally in a high-up, lockable cupboard.
- Avoid toys from markets or temporary shops as they may not conform to safety regulations.
- Teach older children that button batteries are dangerous and not to play with them or give them to younger brothers and sisters.

### WHAT TO DO:

Unfortunately it may not be obvious that a battery is stuck in a child's throat. They may be breathing normally, or simply develop cold or flu-like symptoms. If you suspect your child has swallowed a button battery, act fast.

- Take them straight to the A&E department at your local hospital or **call 999** for an ambulance.
- Tell the doctor there that you think your child has swallowed a button battery.
- Do not let your child eat or drink.
- Do not make them sick.
- Do not wait to see if any symptoms develop.



## Bonding/attachment

Bonding is the intense attachment that develops between parents and their baby. Bonding is the lasting relationship that forms between parents and their children. It is one of the triggers making them attentive to their baby's wide range of cries. Healthy attachment, built by repetitive bonding experiences during infancy, provides the solid foundation for future healthy relationships. Bonding experiences include hugging, holding, rocking, singing, feeding, gazing, smiling and kissing.

### Non-verbal cues and how they can be used to create a secure attachment bond:

**Eye contact** - look at your child affectionately and they will pick up on the positive emotion conveyed which makes them feel safe, relaxed and happy.

**Facial expression** - if your expression is calm and attentive when you communicate with your child, they will feel secure.

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

**Touch** - the way you touch your child conveys your emotional state - including when you are calm, tender, relaxed or disinterested, upset and unavailable. The way you wash, lift or carry your baby or the way you give your

older child a warm hug, a gentle touch on the arm, or a reassuring pat on the back can convey so much emotion to your child.

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

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

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

Source: [www.childtrauma.org](http://www.childtrauma.org)



# Infant/parental wellbeing

## Your health and wellbeing matters too

As parents, whether you are a mum, dad, guardian or carer we all want to do what's best to keep our children safe, fit and well. However, it can be easy to forget about our own health and wellbeing. A positive attitude and a good social outlook encourages us all to have a healthy lifestyle. You should have your postnatal check about six to eight weeks after your baby's birth to make sure that you feel well and are recovering properly.

Family life plays an important role in the wellbeing of both children and parents. Doing active and creative things together can really boost happiness levels all round. Family Hubs (formerly known as Children's Centres) can be great places for you to socialise and meet other parents as well as giving your child the opportunity to meet friends. Visit [www.essexfamilywellbeing.co.uk](http://www.essexfamilywellbeing.co.uk) and search Family Hubs to find your local hub. Sometimes it can be a bit daunting when meeting a group of complete strangers, but it can be an easy way to meet new people and make friends. After all, you all have something in common - your children!

We are often our children's first teachers and they not only learn practical things from us, but pick up on attitudes that can last a lifetime. It is important to take care of your own physical and mental health in order to be able to 'parent' well.

1

"I often overlook my own wellbeing as I want to do the best for my child."

2

Your child's wellbeing is linked to your health.

3

It is important to have a healthy family lifestyle and treat your own health as importantly as your child's.

## Postnatal depression - not feeling like yourself?

Postnatal depression is more common than people think and can begin within days of giving birth or occur up to 12 months after. Postnatal depression does not always mean having low mood or feeling sad but can often create feelings of too much anxiety. Some mums feel overly anxious about themselves or their babies or other issues such as money worries. Poor sleep, poor eating and staying away from family and friends can be signs to discuss with the health visitor and GP. Seeking help is important to reduce the length of time a mum is unwell/affected by this illness and can include talking therapies, practical support and medication. Treatment for mothers does not mean separation from her baby. Talk to your GP or health visitor.



### Tips to keep you child safe in the sun

- Encourage your child to play in the shade - for example, under trees - especially between 11am and 3pm, when the sun is at its strongest.
- Keep babies under the age of six months out of direct sunlight, especially around midday.
- Cover exposed parts of your child's skin with sunscreen, even on cloudy or overcast days. Use a high factor sun protection with an SPF50 rating which is effective against UVA and UVB. Don't forget to apply it to their shoulders, nose, ears, cheeks, and the tops of their feet. Reapply often throughout the day.
- Be especially careful to protect your child's shoulders and the back of their neck when they're playing, as these are the most common areas for sunburn.
- Cover your child up in loose cotton clothes, such as an oversized T-shirt with sleeves.
- Get your child to wear a floppy hat with a wide brim that shades their face and neck.
- Protect your child's eyes with sunglasses that meet the British Standard (BSEN 1836:2005) and carry the CE mark - check the label.
- If your child is swimming, use a waterproof sunblock of SPF50 and reapply after towelling.

# Sun safety

## Simple steps to protect their skin

Keep your child cool and protect them from the sun and heat. Babies under six months should be kept out of the sun. Older children should be allowed in the sun for a limited time only, and their skin should be well protected. Stay out of the sun, especially during the middle of the day. All types of skin, fair or dark, need protection.

As parents we can take simple measures to protect our children. Remember sunburn can seriously damage their skin.

Attach an effective sunshade to the pushchair to keep them out of direct sunlight. A sun hat, with a wide brim or a long flap at the back, will protect your child's head and neck from the sun. Try to use loose long sleeved clothing. Apply high factor sunscreen regularly (SPF50 recommended), particularly if your child is in and out of the sea or a paddling pool.

If your baby is under six months, offer more fluids. If bottle feeding, use cooled boiled water between feeds and if breastfeeding, breastfeed more often. If your baby is over six months old encourage them to drink water. For older toddlers and children, plenty of fruit will also help to keep their fluid levels up.

1

"It is a bright day and my child is playing outside."

2

Are they in the shade and wearing sunscreen? Are they wearing a hat, long sleeves and trousers?

3

Make sure you protect your child's head, skin and eyes especially during the middle of the day.

## Pharmacist says

- The higher the SPF (Sun Protection Factor) the more protection.
- Use a complete sun block and one that is effective against UVA and UVB on your baby or toddler.
- SPFs of up to 60 are available which block out almost all of the sun's rays.
- Even with suncream, keep them in the shade whenever you can and make sure newborn babies are never in the sun.
- Do not forget to protect their head, skin and eyes.
- For older children buy sunglasses from a pharmacy. Check they offer 100% UV protection.



For information on vitamin supplements visit [www.nhs.uk/conditions/pregnancy-and-baby/vitamins-for-children/](http://www.nhs.uk/conditions/pregnancy-and-baby/vitamins-for-children/)

# Introducing solids

## Introducing your baby to solid foods

Introducing your baby to solid foods is a really important step in your child's development. Babies can get all the nutrients they need from breast milk or formula until they are around six months old. Up until this time their digestive system is still developing and it can't yet cope with solid foods.

To begin with, how much your baby takes is less important than getting them used to the idea of eating. They will still be getting most of their nutrition from breast milk or formula, so do not stop. Start off with fruit or vegetable purées and cereals added to milk. Keep feeding your baby breast milk or formula too, but don't give them whole cows' milk as a drink until they are one year old (you can use it in cooking from six months). You can give your child unsweetened calcium-fortified milk alternatives, such as soya, almond and oat drinks, from the age of one as part of a healthy balanced diet.

Babies do not need three meals a day to start with, so you can begin by offering foods at a time that suits you both. Gradually, you'll be able to increase the amount and variety of food your baby eats, until they can eventually eat the same as the rest of the family, in smaller portions. It can be great fun to explore new flavours and textures together.

Every baby is an individual, but there are three clear signs (see below) that, together, show your baby is ready for solid foods alongside breast milk or formula. It's very rare for these signs to appear together before your baby is six months old.

1

"Is my baby ready for solid food? They can stay in a sitting position and hold their head steady."

2

Yes, if they can co-ordinate their eyes, hands and mouth so they can look at the food, pick it up and put a small amount of food in their mouth.

3

Babies who are not ready will push their food back out with their tongue, so they get more round their face than they do in their mouths.

## Getting started with solid foods

- Always stay with your baby when they are eating in case they start to choke.
- Let your baby enjoy touching food.
- Allow your baby to feed themselves, using their fingers, as soon as they show an interest.
- Do not force your baby to eat, this is a gradual process.
- If you are using a spoon, wait for your baby to open their mouth before you offer the food (do not try to force the food in). Your baby may like to hold a spoon too.
- Start by offering just a few pieces or teaspoons of food, once a day.
- Make sure you cool hot food (and test it before giving it to your baby).
- Do not add salt, sugar or stock cubes to your baby's food or in cooking.

# Useful national contacts

## Allergy UK

01322 619 898  
[www.allergyuk.org](http://www.allergyuk.org)

## Association of Breastfeeding Mothers

0300 330 5453, 9.30am-9.30pm  
[www.abm.me.uk](http://www.abm.me.uk)

## Asthma UK

0300 222 5800  
[www.asthma.org.uk](http://www.asthma.org.uk)

## Birth-to-five Development Timeline

[www.nhs.uk/tools/pages/birthtofive.aspx](http://www.nhs.uk/tools/pages/birthtofive.aspx)

## Child Accident Prevention Trust

020 7608 3828  
[www.capt.org.uk](http://www.capt.org.uk)

## Cry-sis

Helpline for support for crying and sleepless babies/colic awareness.  
08451 228 669  
[www.cry-sis.org.uk](http://www.cry-sis.org.uk)

## Dental Helpline

0845 063 1188

## Diabetes UK

0345 123 2399 [www.diabetes.org.uk](http://www.diabetes.org.uk)

## Family Lives

Parent and family support.  
0808 800 2222  
[www.familylives.org.uk](http://www.familylives.org.uk)

## Heads Together

Mental health support.  
[www.headstogether.org.uk](http://www.headstogether.org.uk)

## Healthy Start

[www.healthystart.nhs.uk](http://www.healthystart.nhs.uk)

## The Lullaby Trust

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

## Meningitis Now

0808 80 10 388  
[www.meningitisnow.org](http://www.meningitisnow.org)

## Mind

Mental health support.  
0300 123 3393  
[www.mind.org.uk](http://www.mind.org.uk)

## National Breastfeeding Network Helpline

0300 100 0212, 9.30am-9.30pm  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

## National Childbirth Trust

0300 330 0700 8am-10pm 7 days a week  
[www.nct.org.uk](http://www.nct.org.uk)

## National Domestic Violence Helpline

0808 2000 247  
[www.nationaldomesticviolencehelpline.org.uk](http://www.nationaldomesticviolencehelpline.org.uk)

## NHS Information Service for Parents

[www.nhs.uk/InformationServiceForParents](http://www.nhs.uk/InformationServiceForParents)

## Red Cross

Information on CPR (kiss of life)  
[www.redcrossfirstaidtraining.co.uk](http://www.redcrossfirstaidtraining.co.uk)

## St Johns Ambulance

First aid training training.  
[www.sja.org.uk](http://www.sja.org.uk)

## Start4Life

Healthy tips  
[www.nhs.uk/start4life](http://www.nhs.uk/start4life)

## Stay at Home Dads

Dad's views, chat, news and support  
[www.stayathomedads.co.uk](http://www.stayathomedads.co.uk)

## Time to Change

Mental health support.  
020 8215 2356  
[www.time-to-change.org.uk](http://www.time-to-change.org.uk)

## To find an NHS dentist

Call **NHS 111** or visit [www.nhs.uk](http://www.nhs.uk)

## Young Minds

Mental health support.  
0808 802 5544  
[www.youngminds.org.uk](http://www.youngminds.org.uk)

## NHS 111

When it is less urgent than 999 dial 111.  
[www.nhs.uk/111](http://www.nhs.uk/111)

## Call 999 in an emergency

# Useful local contacts

## Essex Family Information Service

[www.essex.gov.uk](http://www.essex.gov.uk)

## Essex Local Education Authority (LEA)

[www.essex.gov.uk/Education-Schools/](http://www.essex.gov.uk/Education-Schools/)

## Essex Safeguarding Children Board

If you are concerned that a child or young person is being harmed, neglected or is at risk you should contact Essex County Council Children & Young People Service on 0345 603 7627.

Out of hours (Monday-Thursday, 5.30pm-9.00am, Friday and Bank holidays, 4.30pm-9.00am) 0345 606 1212.

If a child is in immediate danger of being harmed or is home alone, call the police on 999.

## Essex Child and Family Wellbeing Service

Provided by Virgin Care in partnership with Barnardo's, ensuring that families have free services and easy access to local health visitors, school nurses and practitioners who can support families and children from pre-birth to 19 years of age. 01206 372300  
[www.essexfamilywellbeing.co.uk](http://www.essexfamilywellbeing.co.uk)

## Healthwatch Essex

[www.healthwatchessex.org.uk](http://www.healthwatchessex.org.uk)

## Health in Mind Perinatal Mental Health

0300 330 5455  
[www.northessexiapt.nhs.uk](http://www.northessexiapt.nhs.uk)

## NCT - Colchester and Tendring

[www.nct.org.uk/NCT/Branches](http://www.nct.org.uk/NCT/Branches)

## Essex Mums

For sharing information, experiences and stories as life as a parent.  
[www.essexmums.com](http://www.essexmums.com)

## Colchester & Tendring Maternity Voices

A voluntary run group that seeks the views of parents, parents-to-be, carers, family members, midwives, doctors, healthcare professionals, members of local services and community groups on their experience of maternity care. For more information visit [www.neessexccg.nhs.uk/maternity-voices](http://www.neessexccg.nhs.uk/maternity-voices)

## Colchester & Tendring Women's Refuge

Domestic abuse support and accommodation.  
01206 500585 or 01206 761276 (8am-5pm)  
[www.colchester-refuge.org.uk](http://www.colchester-refuge.org.uk)  
Police non-emergency number is 101.

## Essex Local Offer for children with Special Education Needs

Information about support services and local opportunities for children and young people with SEND.  
[www.essexlocaloffer.org.uk](http://www.essexlocaloffer.org.uk)

## The Maze Community Group

Support for parents with children with additional needs.  
[www.themazegroup.co.uk](http://www.themazegroup.co.uk)

## Healthy lifestyles

[www.essexlifestyleservice.org.uk](http://www.essexlifestyleservice.org.uk)

## Live Well

[www.livewellcampaign.co.uk](http://www.livewellcampaign.co.uk)

## GP Practices

[www.neessexccg.nhs.uk/gp-practices](http://www.neessexccg.nhs.uk/gp-practices)

## Emergency A&E Service

Colchester General Hospital, Turner Road, Colchester CO4 5JL.  
01206 747474

## Urgent Care Services

For urgent care and minor injuries in Colchester, Clacton and Harwich please visit [www.neessexccg.nhs.uk](http://www.neessexccg.nhs.uk) for a list of local contacts.