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Managing your child's health



Welcome

You know your child and will know when something is wrong from quite early on. It is normal to worry that you will not recognise the signs that your child is unwell. Learn how to spot the signs of serious illness and how to cope if an accident happens. If you know the basics and you are well prepared, you will find it easier to cope - and less scary.

This book is intended to help you decide the best way to treat your child and choose the most appropriate NHS services if they are unwell or injured. If your child seems to have a serious illness it is important to get the appropriate medical help as soon as possible, trust your instincts, you know your child best.



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Local services

Self care

Many common minor illnesses and injuries can be treated at home. Information is provided in this booklet and lots of helpful tips are available on the NHS Choices website at www.nhs.uk



GP

Your GP is your family doctor and is there to see your child if you have concerns about their health or development. GPs offer emergency same day, urgent next-day and routine appointments and many have extended opening hours and a home visit service if it is appropriate. Your GP will see your child quickly if you are worried and they are best placed to deal with most childhood illnesses close to home. They should be your first contact between 8am to 6.30pm Monday to Friday if you are worried about your child's health. Keep their number in your mobile.



Pharmacist

Your local pharmacist or chemist has knowledge of everyday health issues and can help you with advice on common health problems and minor illnesses such as colds, skin conditions and allergies and could save you a trip to your GP surgery. There are often pharmacies in supermarkets and many are open late.



Health visitor



Health visitors are qualified nurses or midwives with specialist public health training. They are available to support you in pregnancy, once your baby is born and until your child becomes five years old. Health visiting teams advise on the health and wellbeing of babies, children and their families. They can support you with breast feeding and give advice on common childhood illnesses. They are also trained in child development and are very good sources of advice if you have concerns about your child's development or behaviour. Health visitors lead the Healthy Child Programme 0-5 years to improve the health and well-being of children, families and communities.

NHS 111

www.nhs.uk/111

NHS 111 is available 24 hours a day every day.



If you are worried about your child's health and are unable to contact your GP you can call 111 and get advice from trained staff. When you call 111, they will ask you to provide some basic information, including details of any medication your child may have had. NHS 111 will assess the problem and advise you on the best course of action. If they feel your child needs to be seen they may arrange this with your GP or with your local out of hours centre. If they feel it is an emergency they may ask you to go to your nearest Accident & Emergency department or call an ambulance for you.

Out of Hours Centres

These are centres with nurses and GPs which are open when your GP practice is shut. They do not offer walk in appointments but will see your child if NHS 111 feels it is necessary. 111 will book the appointment and explain where to go. Appointments may also be arranged if your GP has seen your child and wants them reviewed later that evening.

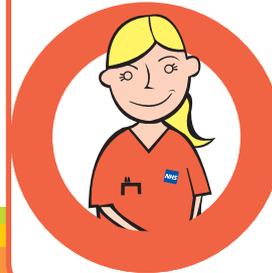


Minor Injuries Unit

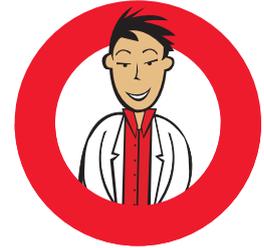
If your child has a minor injury including deep cuts, sprains and minor burns, you can visit your local minor injuries unit. You do not require an appointment to attend.

To find your nearest minor injuries unit, go to NHS Choices:

www.nhs.uk



Accident & Emergency Department



Accident & Emergency Departments (A&E) should only be used in a critical or life-threatening situation. The A&E Department provides emergency care for people who show the symptoms of serious illness or are badly injured. If you suspect an injury is serious go straight to the A&E Department or dial 999 and ask for an ambulance.

To find your nearest Accident & Emergency department, go to NHS Choices: www.nhs.uk



Accident & Emergency Department tips for burns

- If your child's clothes are stuck to the skin, do not try to take them off.
- Do not put butter, toothpaste, oil or ointment on a burn or scald as it will have to be cleaned off before the burn or scald can be treated.
- Blisters caused by a scald or burn will burst naturally. The raw area underneath them needs a protective dressing. Ask your pharmacist or practice nurse for advice.



Health visitor tips for preventing burns:

- A baby's skin is much thinner than an adult's and will burn much more easily. This means you need to take extra care at bath time.
- Babies will grab at brightly coloured objects like mugs. If you're having a hot drink, put it down before you hold your baby.
- After warming a bottle of milk, shake the bottle well and test the temperature of the milk by placing a few drops on the inside of your wrist before feeding. It should feel lukewarm, not hot.

Accidents

Bumps and bruises

Minor cuts, bumps and bruises are a normal part of growing up. Allowing children to explore the world around them (with supervision) helps them develop and learn. Many of your toddler's bumps will require no more than a cuddle to make them better. You will quickly be able to tell how serious a bump is by the noise of the bang, the reaction of your child and the colour of the area affected.

If it looks like the bump may swell, then use a cold flannel (soaking the cloth with cold water) or ice pack (but do not put ice directly onto the skin) to help reduce swelling and cool the area for at least a few minutes. If your child has had a bump to the head and it looks serious or the symptoms worsen call your GP or 111. If your child is under a year old and has a bump on the head please seek advice from your GP.

Burns and scalds

If you think your child has been burned or scalded, immediately put the burn or scald under running cold water to reduce the heat in the skin. Do this for up to 10 minutes but no longer, as babies and toddlers can get too cold. If there is no running water, immerse the burn or scald in cold water, or any other cool fluid like milk or another cold drink.

Use something clean and non-fluffy like a cotton pillowcase, linen tea-towel or clingfilm to cover the burn or scald. This will reduce the danger of infection. Do not wrap it too tightly. If your child's clothes are stuck to the skin, do not try to take them off. Do not put butter, toothpaste, oil or ointment on a burn or scald. Depending on the severity of the burn or scald, see your GP or go to a minor injuries unit, or an Accident and Emergency department.



GP tip

Babies under six months

If your baby has signs of illness and a raised temperature or their temperature is higher than 38°C (102F) you must contact your GP practice to see what you should do.

Children over six months

If your child has a fever:

- Keep the room well ventilated at a comfortable temperature (18°C) and make sure they are not over or under dressed.
- Ensure your child drinks as much fluid as possible.
- Give liquid paracetamol regularly in the correct dose for your child.
- DO NOT GIVE ASPIRIN TO CHILDREN.

Contact your GP if your child seems unusually ill or has a high temperature which does not come down.



High temperature

Fevers are common in young children. They are usually caused by viral infections and clear up without treatment.

If your child has a fever, he or she 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.

A fever is part of the body's natural response to infection and can often be left to run its course provided your child is drinking enough and is otherwise well. It is important to prevent your child from becoming dehydrated, which can lead to more serious problems. As a guide, your child's urine should be pale yellow - if it is darker, your child may need to drink more fluids.

A fever can occasionally be a sign of a more serious illness such as a severe bacterial infection of the blood, urinary tract infection, pneumonia or meningitis. Trust your instinct as a parent, and contact your GP if the problem persists or if you think your child has a serious illness.

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

Pharmacy tip



Have a digital thermometer at home they are quick to use, accurate and can be used under the armpit.

Child-friendly paracetamol or ibuprofen may be useful if your child has a fever and is also unwell. Keep some in a safe place at home as you never know when you may need it.

Make sure you have the right strength of medicine for the age of your child, always follow instructions carefully and check use by dates, ask your pharmacist for advice.



Understanding why your baby is crying

It can be worrying when your baby cries for a long period of time. Crying is your baby's way of letting you know they need something or are uncomfortable. They may need changing, they may be hungry or just need a cuddle. Burping your baby after a feed may help them to feel more comfortable.

If your baby cries suddenly and often, but otherwise appears to be happy and healthy, he or she may have colic. Colic is common in very young babies and although uncomfortable it is not serious. 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 the legs to the chest, clenching fists, passing wind and trouble sleeping. When a baby cries, it can be upsetting. It is very important to stay calm and do not be afraid to ask for help.



Health visitor tip

Finding out why your baby is crying is often a matter of going through all the possible options.

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

- Could your baby be hungry?
- Does your baby need their nappy changed?
- Is your baby tired?
- Does your baby need a cuddle?
- Does your baby have wind?
- Is your baby too hot or too cold?



Accident & Emergency Department tip

Seek immediate advice if your baby has a rash and a high temperature or vomiting. Contact a doctor immediately if your baby has a rash that does not disappear when you press a glass to it. This may be a sign of meningitis and needs to be seen by a doctor no matter how well your baby seems.



Health visitor cap tip

This is the name given to the yellowish, greasy scaly patches on the scalp of newborns and usually appears in the baby's first three months. It can look like a bad case of dandruff and is harmless. It does not cause irritation to your baby and usually clears up by the time he or she is two years old.

- Wash the scalp gently every day using lukewarm water.
- Use a small amount of natural oil (vegetable or light olive oil) on the scalp and leave for 15mins before washing off with lukewarm water.
- Do not pick the scales as it may cause an infection.

Rashes and 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 healthy, but has a rash you are worried about contact your health visitor.

Nappy rash is very common and affects lots of babies. It is usually caused when your baby's skin comes into contact with wee and poo that collects in their nappy. You might need to change the nappy more often. Most nappy rashes can be treated with a simple skincare routine and by using a cream you can get from the pharmacy. With a mild nappy rash, your baby will not normally feel too much discomfort. However, some nappy rashes are more serious and can be caused by something else. A bad rash will be more upsetting for your baby, and may need medical treatment. Talk to your health visitor if the problems continue.

Another common rash for babies is heat rash. This mainly appears on the head and neck as tiny red spots and is nothing to worry about. Keep the baby warm but not hot and try to dress him or her in natural cotton clothes, with nothing that can rub on the skin.



Health visitor rash tips

- Leave your baby in a warm safe place with no clothes or nappy on to let the air get to their skin.
- Remember to change and check their nappy often.
- If you can, use cotton wool and warm water instead of baby wipes. Baby wipes are convenient when you are out and about but they can cause skin to become sore.
- Use a barrier cream (see Pharmacy tip below).

Pharmacy tip

Talk to us about the creams you can buy. There are two main types: one is a barrier to keep wee away from the skin, the other is medicated that is good for clearing up soreness if it has been advised by us, your health visitor or GP.





Baby being sick

It is not unusual for your baby to be sick (vomit) quite a lot in the first few weeks as they become used to feeding and their bodies develop. You can tell when your baby is vomiting, rather than just bringing up small amounts of milk, because there will be a lot more coming out. This can make your baby cry. Your baby can be sick for a lot of different reasons. If you are concerned about your baby being sick please speak to your health visitor.

Being sick often or producing a lot of vomit may be due to 'gastric reflux' where acid from the tummy can come up again. Babies can be grumpy and it can sometimes lead to poor feeding. If your baby is feeding well but doesn't seem themselves, you may just need to change the baby's position during a feed to make them more upright. Feeding smaller amounts and more often may also help.



Health visitor tip

Possetting is when a baby brings up small amounts of milk. This is very common in the first few weeks and may be nothing to worry about. If you are worried get advice. After the first few months, if your baby is suddenly sick, it is more likely to be caused by a stomach virus rather than possetting. Gastroenteritis is a tummy bug (see page 27), which can come with diarrhoea (runny poo).

This is more serious in babies than older children because babies easily lose too much fluid from their bodies and become dehydrated. If they become dehydrated they may wee less, lose their appetite and have cold hands and feet.

Get expert advice. If your baby is unwell, or if vomiting has lasted more than a day, get your practice nurse or GP's advice straightaway.

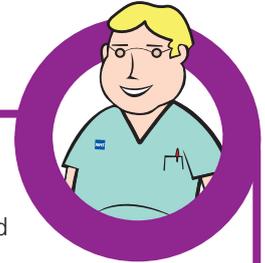


Teething trouble

Most babies get their first milk tooth at around six months, usually in the front and at the bottom but all babies are different.

Some are born with a tooth already, and others have no teeth when they're a year old. Most will have all their milk teeth by about two and a half. There are 20 milk teeth: 10 in the top row and 10 at the bottom. The first permanent 'second' teeth grow at the back at around the age of six.

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.



Dentist tip

It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot. (Stay nearby in case of choking.)

Do not give them rusks, because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth.

For babies over four months old, you can rub sugar-free teething gel on their gums. You can get this from your local pharmacy. For younger babies, talk to your GP or health visitor.

You could also give them some sugar-free baby paracetamol or ibuprofen. Follow the instructions on the bottle for your child's age, or check with your pharmacist, GP or health visitor.

You can take your child to an NHS dentist as soon as they are born, before they have got any teeth. NHS dental treatment for children is free. Take your child with you when you go for your own dental appointments. To find a dentist accepting new NHS patients in your local area please visit: www.nhs.uk



Pharmacy tip

Children can be treated using painkillers to help bring down a raised temperature. Some are available as a liquid for babies and can be given from the age of about three months. Check with your pharmacy and tell them how old your baby is. Always check with your pharmacy if you are not sure which treatments you can give your baby.



Coughs and colds

Babies and children can have eight or more colds a year. This is because there are hundreds of different cold viruses and young children have no protection against any of them as they have never had them before. You will probably find when your child goes to playgroup or nursery that they get lots of coughs, colds and sniffles. Gradually they build up their natural defences and get fewer colds.

Children often cough when they have a cold because mucus trickles down their throat. It can be upsetting to hear, but coughing helps clear away phlegm from the chest or throat. There is no cure for a cold or flu. Most coughs and colds will run their course without doing any harm, however there are things you can do at home to help:

- Give your baby more to drink than normal.
- Try baby paracetamol (not aspirin).
- Keep your baby away from smoke, do not let people smoke at home, around your child or come into contact with your child if they have recently smoked.
- Encourage your whole family to wash their hands regularly to stop the cold spreading.
- Talk to your pharmacist but remember that coughing is the body's way of keeping the lungs clear.



GP tip

CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

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



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.





GP tip

You need to contact your GP immediately if your baby or toddler:

- Seems to find breathing hard work and they are sucking in their ribs and tummy.
- Their chest looks like it is 'caving in.'
- They appear pale or even slightly blue-ish.
- They cannot complete a full sentence without stopping to take a breath or seem breathless with a heaving chest.

Wheezing and shortness of breath

Any kind of breathing difficulty your infant or child experiences can be scary for parents. It may be nothing to worry about and could just be normal baby 'snuffles'.

Use your instincts with newborns and babies. You may notice:

- Rapid breathing or panting, which is common. There is no other sign of illness, it comes and goes and your baby is breathing comfortably most of the time, there is normally no need to worry.
- Breathing may sound a bit rattly. Try holding your baby upright.
- Occasional, coughing or choking which 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 page 21).
- On-going croup (hoarse voice, barking cough) needs to be assessed by a doctor and may need further treatment. Mild croup can be treated at home. Try junior paracetamol if your child is in discomfort or distress, give lots of water to drink and allow them to breathe in steam from a hot bowl of water or bath (with supervision).

If you are worried, even after reading this, contact your GP or call 111 immediately.

Bronchiolitis

Bronchiolitis is a common respiratory tract infection that affects babies and young children under two years 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 slight fever, a dry and persistent cough and difficulty feeding.

Most babies/children with bronchiolitis get better within about two weeks and in most cases the illness is not serious. The cough may go on for a few more weeks. There is usually no need to see your GP if they are recovering well. However, contact your GP if your child is only able to feed half the normal amount or is struggling to breathe, or if you are generally worried about them.

Source: www.nhs.uk/conditions/Bronchiolitis/



Constipation

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 with 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 get well-balanced meals typically are not constipated.

Ask your health visitor if a laxative might help. If it does not solve the problem, talk to your GP. In rare cases constipation in children and babies 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.



Health visitor tip

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 vitamins and minerals. Make sure they drink plenty of fluids.

If a bottle fed baby becomes constipated you can try offering water between feeds (never dilute baby milk). If the problem does not go away, talk to your health visitor or GP again.



GP tip

Look out for signs of dehydration in your child. If you are concerned contact us:

- appearing to get more unwell.
- becoming irritable and tired.
- pale or mottled skin.
- sunken eyes and fontanelle (the soft spot on the top of their head).
- passing less wee.
- cold hands and feet.

Upset tummies and diarrhoea

Sickness and diarrhoea bugs are caught easily and are often passed on in places where there are lots of children - like playgroups or nurseries. Feeling sick and suddenly being sick are normally the first signs and diarrhoea can follow afterwards. The main concern is making sure your child does not become dehydrated.

- Do not stop breastfeeding and continue usual feeds.
- Give extra fluids in addition to usual breast milk or formula feeds if you are bottle feeding. Give your baby oral rehydration fluids in between feeds or after each watery stool.
- Older children should have plenty of drinks/fluid - little and often is best eg every 10 minutes. You can also offer them 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, to reduce the chance of passing the infection on.
- Make sure everyone in your family washes their hands regularly with soap and warm water to avoid spreading the infection. If you are out, use alcohol hand gel.
- Do not share towels.
- Do not take your baby swimming in a swimming pool for two weeks after the last episode of diarrhoea.

Speak to your GP if your child is unwell and have had three or more vomits or six or more poos in 24 hours or sooner if they are newborn or if you notice signs of dehydration.

Pharmacy tip

You can get oral rehydration fluids from your local pharmacy. If your baby is under one you will need to visit your GP.



Health visitor tip

Diarrhoea can last five - seven days and in most children it stops within two weeks. Vomiting can last one or two days and in most children it stops within three days. If your child does not get better after this time make sure you get some advice from your health visitor or GP.





Chickenpox

Chickenpox is a mild condition that most children catch at some point. It takes 10 to 21 days for the signs to show. If you are sure it is chickenpox you do not need to go to your GP unless your child is very unwell. Chickenpox is most common in children who are between two and eight years old. Your child is also more likely to catch chickenpox in winter and spring, particularly between March and May.

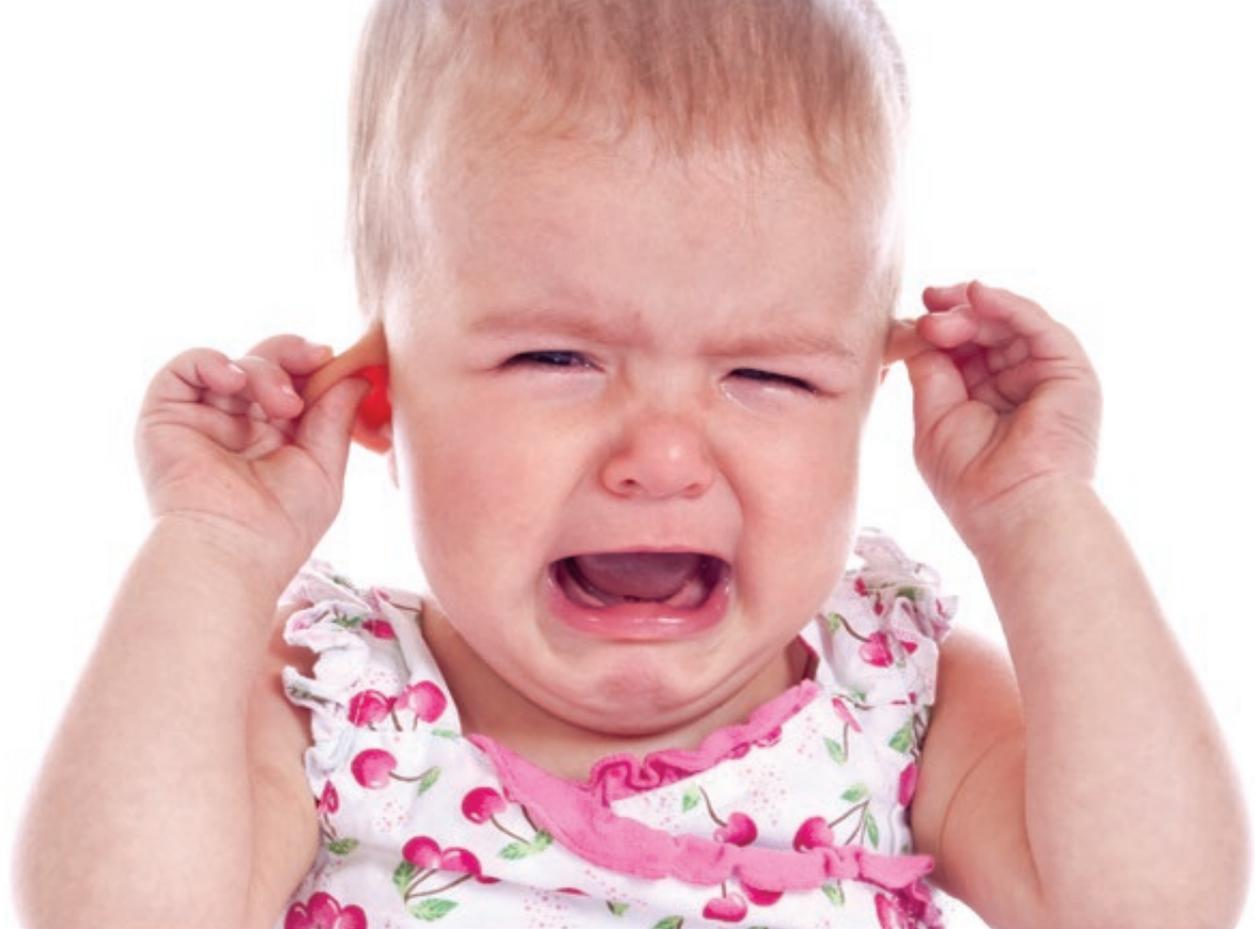
Chickenpox can be passed on to others from about two days before the rash appears until roughly five days after. The rash usually appears on the chest and back. You and your baby should stay away from other people until all of the blisters have fully burst and dried, which usually happens five to seven days after the first blister appears. You can take your baby out if they are well enough, but be careful to keep away from other people. Keep your child away from friends and family who have poor immune systems or are pregnant. If you are pregnant discuss this with your GP.

After the last blister has burst and dried, they are no longer likely to pass the infection on. Chickenpox spreads from spit, sneezes and coughs from a person who has chickenpox.

Pharmacy tip

It is important to keep babies cool as itching gets worse if they are hot. Speak to your local pharmacy about treatment which can help to calm itching (especially at night) and to help stop the blisters scarring.





Ear problems

Ear infections are common in babies and small children. They often follow a cold and sometimes cause a temperature. A child may pull or rub at an ear, but babies cannot always tell where pain is coming from and may just cry and seem uncomfortable. Most ear infections are caused by viruses, which cannot be treated with antibiotics. They will just get better by themselves.

Children who live in households where people smoke (passive smoking) or who have a lot of contact with other children, like those who go to nursery, are more likely to get ear infections.

If your child has an earache but is otherwise well, it is okay to give them paracetamol and ibuprofen together (make sure you read the instructions carefully). Do not put any oil, eardrops or cotton buds into your child's ear. If you are unsure of how to clean your child's ears ask your health visitor.

After an ear infection your baby may have a problem hearing for two to six weeks. If the problem lasts for any longer than this, ask your GP for advice.

Glue ear

Repeated ear infections may lead to glue ear, where sticky fluid builds up and can affect your baby's hearing. This may lead to unclear speech or behavioural problems. If you smoke your baby is more likely to develop glue ear and will get better more slowly. Your GP will give you advice on treating glue ear.

Pharmacy tip

Ask your local pharmacy about how to safely combine paracetamol and ibuprofen to treat your child's earache.





Health visitor tip - The glass test

If your baby has red or purple spots, if possible press the side of a clear drinking glass firmly against the rash so you can see if the spots fade and lose colour under pressure. If they do not change colour, contact your GP immediately.

This rash can be harder to see on darker skin, so check for spots over your baby's whole body. They may show up on paler areas like the palms of the hands, the soles of the feet, the tummy, inside the eyelids and on the roof of the mouth.



Meningitis

Meningitis is a very serious illness but if it is diagnosed and treated early most children make a full recovery. There are several types of meningitis, and some can be prevented by vaccinations (speak to your health visitor or GP for more information).

Early symptoms of meningitis may be similar to a cold or flu (fever, vomiting, irritability and restlessness). However, babies and children with meningitis can become seriously ill in hours, so make sure you can recognise the signs.



Accident & Emergency Department

Know the signs of meningitis:

Not all children will develop all the symptoms listed here. If your child develops some of these symptoms, especially red or purple spots, get medical help urgently.

If you cannot get in touch with your GP, or are still worried after you have spoken to them, take your child to the A&E department of your nearest hospital.

- Cold hands and feet.
- Rapid or unusual patterns of breathing.
- Shivering.
- Red or purple spots that do not fade under pressure (do the glass test explained to the left).
- Floppiness and listlessness, or stiffness with jerky movements.



Fever (a temperature of above 37.5°C)



Vomiting and refusing feeds



Skin that is pale, blotchy or turning blue



Blank and staring expression



Irritability, especially when picked up (can be due to limb or muscle pain)



A high-pitched, moaning cry



Drowsy, less responsive, vacant or difficult to wake



A stiff neck



A bulging fontanelle (the soft spot on a baby's head)

Useful contacts

- Allergy UK 01322 619 898 www.allergyuk.org
- Association of Breastfeeding Mothers 0300 330 5453 9.30am-10.30pm www.abm.me.uk
- Asthma UK 0800 121 62 44 www.asthma.org.uk
- Baby LifeCheck www.babylifecheck.co.uk
- British Nutrition Foundation 0207 557 7930 www.nutrition.org.uk
- Call NHS 111. Available 24 hours a day - for when it is less urgent than 999
- Change4Life Healthy eating tips www.nhs.uk/change4life
- Child Accident Prevention Trust 020 7608 3828 www.capt.org.uk
- Cry-sis 08451 228 669 www.cry-sis.org.uk
- Diabetes UK 0345 123 2399 www.diabetes.org.uk
- Family Lives 0808 800 2222 www.familylives.org.uk
- Gingerbread single parent helpline 0808 802 0925
- Healthy Start www.healthystart.nhs.uk
- La Leche League GB 0845 120 2918 available 24 hours 7 days a week, www.laleche.org.uk
- National Childbirth Trust 0300 330 0700 8am-10pm 7 days a week www.nct.org.uk
- National Breastfeeding Network Helpline 0300 100 0212 9.30am-9.30pm www.breastfeedingnetwork.org.uk
- National Domestic Violence Helpline 0808 2000 247 www.nationaldomesticviolencehelpline.org.uk
- Netmums parenting advice and information. www.netmums.com
- Meningitis Trust 0808 80 10 388 www.nationaldomesticviolencehelpline.org.uk
- Redcross information on CPR (kiss of life) www.redcrossfirstaidtraining.co.uk
- To find a dentist call NHS 111 or visit www.nhs.uk

Useful websites:

Oxfordshire CCG: www.oxfordshireccg.nhs.uk

Oxford University Hospitals Trust: www.ouh.nhs.uk

Oxford Health NHS Foundation Trust: www.oxfordhealth.nhs.uk

For advice leaflets and further information on conditions visit:

www.nhs.uk

www.patient.co.uk

Quit smoking services:

Call 0800 022 4332 or visit www.smokefree.nhs.uk

Health visitors:

Please look in your RED BOOK or telephone your local GP surgery for contact details of your local health visitor.

Children's centres tip

Do not forget there is always advice and support available from children's centres across the region for all families with children under five. Please visit this link www.oxfordshire.gov.uk to access the information.

Get in touch

If you have a compliment, concern or complaint about this book please contact Patient Services – Freephone – 0800 052 6088 or send us your feedback via email – patient.services@oxfordshireccg.nhs.uk