



WELL CHILD TAMARIKI ORA



My Health Book



You might like to
stick photos of
your child here





Contacts and information

Police/Fire/Ambulance	111
Midwife	
Doctor	
Well Child provider www.health.govt.nz/ wellchildproviders	
Immunisation Advisory Centre (IMAC) www.immune.org.nz	0800 IMMUNE (0800 466 863)
PlunketLine	0800 933 922
Healthline	0800 611 116

PlunketLine nurses provide advice on parenting, nutrition, child development and behaviour for children from birth to 5 years.

Healthline nurses provide advice on unwell children of any age and health advice for all the family/whānau.

Both services are free and available 24 hours.

National Poisons Centre	0800 POISON (0800 764 766)
Women's Refuge	0800 REFUGE (0800 733 843) (24 hours)

Acknowledgements

The speech and language development table on pages 203 and 204 was created using information from the following sources:

- the Ages and Stages Questionnaire (www.agesandstages.com)
- the Denver II Developmental Screening Test (Frankenburg, Dodds, Archer, Shapiro & Bresnick, *Pediatrics*, 1992)
- www.kidshealth.org.nz/tags/growth-development-speech-and-language.

Quick reference guide

Below is a list of topics you may wish to read about.

For the main subject areas in this book, see the Contents (pages 2–3).

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Quick reference guide

Turn this bookmark over for a list of useful topics and their page numbers.



General

- ▶ Cannot be woken or is responding less than usual to what is going on around them.
- ▶ Has glazed eyes and is not focusing on anything.
- ▶ Seems more floppy, more drowsy, or less alert than usual.
- ▶ Has a convulsion or fit.
- ▶ Has an unusual cry (high pitched, weak or continuous) for 1 hour or more.
- ▶ Has severe abdominal pain.
- ▶ Has a bulge in the groin that gets bigger with crying.



Temperature

- ▶ Feels too cold or hot (temperature below 35°C or above 38.5°C).



Skin colour and circulation

- ▶ Skin is much paler than usual or suddenly goes very white.
- ▶ Nails are blue, or big toe is completely white or mottled, or colour does not return to the toe within three seconds of being squeezed.
- ▶ Blue colour develops around the mouth.
- ▶ A rash develops with reddish-purple spots or bruises – it's especially important if the spots or bruises don't disappear when you press a glass onto them.

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Danger signs

Baby and child sickness

Get help quickly from a doctor if your baby or young child shows any of the signs listed below. Learn CPR (rescue breathing) to be prepared for emergencies.



Breathing

- ▶ Struggles to breathe or stops breathing.
- ▶ Breathes more quickly than normal or grunts when breathing out.
- ▶ Wheezes when breathing out.



Vomiting and diarrhoea

- ▶ Has vomited up at least half of their feed (food or milk) after each of the last three feeds.
- ▶ Vomit is green.
- ▶ Has both vomiting and diarrhoea.
- ▶ Has drunk less fluid and has fewer wet nappies or visits to the toilet than usual.
- ▶ Has blood in their poo (tūtae).

Emergency numbers

Ambulance/Fire/Police 111

National Poisons Centre 0800 764 766

Healthline 0800 611 116

Women's Refuge 0800 733 843



My health book

Child's name:

Birth date:

Birth weight:

Time of birth:

Day of week:

Parents/caregivers:

Address(es):

Telephone:

Put your NHI sticker here

For important telephone numbers, see inside back cover.

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Baby and child sickness

Back cover

Back cover



Prayer for or greeting
to your new baby



Whakapapa family tree

You might like to draw your family tree here

How to use this book

Welcome, Kia ora koutou katoa, Tālofa lava, Kia orāna, Fakalofa lahi atu, Tāloha ni, Ni sa bula vinaka, Tālofa koutou, Mālō e lelei.

This book belongs to you and your child. The words 'you' and 'your' mean anyone who will love and care for this child – father, mother, partner, foster parent, grandparent, whānau, family, babysitter or childcare worker.

In it, you will find information as well as places to record your child's development in the first 5 years.

Keep it somewhere safe, and use it to write down all the special and important things that happen to your child.

When your child sees a doctor, nurse or other health professional, they will need to record your child's health and development information. Please take this book with you every time you take your child to a health appointment or hospital visit.

If the meaning of any page in this book is not clear, ask your Lead Maternity Carer, nurse or doctor to explain it.

Mehemea kāore ngā kōrero o tēnei pukapuka e marama ana, me pātai atu ki tētahi nēhi kia whakamāramatia.

Afai e i ai se faamatalaga o i so'o se itulau o lenei tusi e te le malamalama atoatoa i ai, ia fesili i se tasi, e pei o le tama'ita'i tausima'i, o le a mafai ona ia faamaninoina.

Me kare te aiteanga ki roto i teia puka e marama ana, e ui atu ki tetai tangata meī te neti, kia akamarama mai.

Kaeke kua fai he tau lau he tohi nei kua nakai maama e koe, ti hūhū atu ke he ha tagata tuga e nosi ke fakamaama atu e ia kia koe.

Kapau 'oku ta'e mahino ha me'a 'i he tohi ni, 'eke ki ha taha hange ko ha Neesi.

Kafai he fakamalamalama i tenei tuhi e he manino, fehili ki he tino ve ko te teine tauhi tauale ke fakamatala atili atu.

Symbol reference guide

➔ Related information page reference



A page for you to fill in



A page for your health provider to fill in



Further help or information

Tip box

All about your child



Well Child Tamariki Ora programme

You and your child have the right to use the **free** Well Child Tamariki Ora service. The three parts of the service will support you to ensure your child grows and develops to their full potential:

1 Health and development assessments

Providing reassurance that your child is developing normally, through growth and development assessments; and informing you about other services to keep your child healthy.

2 Care and support for families and whānau

Supporting and helping you and your family/whānau to identify your needs as you care for your child, and linking you with community and other services.

3 Health education

Supporting you to gain the knowledge and skills to respond to your child's needs at the different stages of their development.

Different health professionals will see you and your child at different times		When
Lead Maternity Carer A Lead Maternity Carer is usually a midwife, but may also be an obstetrician or a general practitioner with additional training in caring for pregnant women and babies.		Birth
		24–48 hours
		First week
Transition of care from Lead Maternity Carer to Well Child provider During these weeks your care moves from the Lead Maternity Carer to a Well Child provider. Your Lead Maternity Carer provides you with a choice of Well Child providers in your area.	Lead Maternity Carer	2–6 weeks
	Well Child provider	4–6 weeks
General practitioner This assessment includes the 6-week immunisations, hip screening and vision check (as for the birth assessment).		6 weeks
Well Child provider A Well Child provider is usually a nurse who has additional training in supporting parents/caregivers to care for their babies and preschool children. The nurse may be employed by range of organisations including Plunket, a Māori Well Child Tamariki Ora provider, a Pacific Well Child Tamariki Ora provider, a general practice team, or a public health service. There may also be times when you and your baby will be seen by a general practitioner for a Well Child assessment.		8–10 weeks
		3–4 months
		5–7 months
		9–12 months
		15–18 months
		2–3 years
		B4 School Check

➔ For the schedule of immunisations, see page 15.

Health appointments

Well Child Tamariki Ora health assessments are timed to match with important stages in your child's life. More visits may be arranged if you and your child need additional care and support.

 Write appointment times here.

➔ Dental appointments can be listed on page 26.

Age of child	What happens at each appointment	Appointment	
		Date	
Birth–24 hours	➔ See page 41		
Within 48 hours	➔ See page 42		
First week	➔ See page 47		
2–6 weeks	➔ See page 57		
Lead Maternity Carer completes referral forms (➔ see pages 51–55) to Well Child provider and general practitioner			
4–6 weeks	➔ See page 62		
6 weeks	Immunisation, hip screening, vision check		
8–10 weeks	➔ See page 67		
3–4 months	➔ See page 73		
5–7 months	➔ See page 79		
9–12 months	➔ See page 85		
15–18 months	➔ See page 91		
2–3 years	➔ See page 97		
B4 School check	➔ See page 103		

Vision and hearing screening record

Vision and hearing screening, part of the Well Child Tamariki Ora service, is designed to identify hearing problems at birth and specific vision and hearing problems at around 4 to 5 years and at 11 years. Your child will be offered hearing screening soon after birth, and vision and hearing screening as part of their B4 School Check and then at school when they are 11.



To be completed by vision hearing technician, nurse or doctor.

Age	Screen	Date	First test		Retest		Referred to
			Pass	Retest/ refer	Pass	Refer	
Birth – 1 month	Newborn hearing						
	Eye – red reflex						
B4 School check	Hearing screening						
	Vision screening						
On request							

Immunisation

Immunisation is your child's best protection

The World Health Organization, the New Zealand Ministry of Health and medical authorities all recommend that children be fully immunised. Immunisation helps protect against a number of serious diseases. The risks of these diseases are far greater than the very small risks of the immunisation.

If enough people are immunised against diseases, the diseases can't spread easily.

Immunisations are offered free to all children in New Zealand. There are seven immunisation visits for babies and children – at 6 weeks, 3 months, 5 months, 15 months, 4 years, 11 years and 12 years (girls only).

Immunisation is not compulsory, but it is a great way to protect your family. Whether or not you immunise your child, an immunisation certificate will be needed when you enrol your child at an early childhood centre, kōhanga reo or primary school (➔ [the Immunisation Certificate on page 22](#)).

If there is a disease outbreak, children who are not immunised may need to be excluded from early childhood centres, daycare or school for up to 2 weeks to prevent the spread of disease.

The immunisations protect against:

- diphtheria
- *Haemophilus influenzae* type b (Hib)
- hepatitis B
- human papillomavirus (HPV)
- measles
- mumps
- pertussis (whooping cough)
- pneumococcal disease
- polio
- rotavirus (gastroenteritis)
- rubella (German measles)
- tetanus.



The National Immunisation Schedule



their best protection

Age	Disease to protect against	Vaccine
6 Weeks	Rotavirus (start first dose before 15 weeks)	RotaTeq® (oral)
	Diphtheria + tetanus + whooping cough (pertussis) + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	INFANRIX® hexa
	Pneumococcal disease	PREVENAR 13®
3 Months	Rotavirus	RotaTeq® (oral)
	Diphtheria + tetanus + whooping cough + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	INFANRIX® hexa
	Pneumococcal disease	PREVENAR 13®
5 Months	Rotavirus	RotaTeq® (oral)
	Diphtheria + tetanus + whooping cough + polio + hepatitis B + <i>Haemophilus influenzae</i> type b (Hib)	INFANRIX® hexa
	Pneumococcal disease	PREVENAR 13®
15 Months	<i>Haemophilus influenzae</i> type b (Hib)	Act-HIB®
	Measles + mumps + rubella	M-M-R® II
	Pneumococcal disease	PREVENAR 13®
4 Years	Diphtheria + tetanus + whooping cough + polio	INFANRIX® IPV
	Measles + mumps + rubella	M-M-R® II
11 Years	Tetanus + diphtheria + whooping cough	BOOSTRIX®
12 Years	Human papillomavirus (HPV) (<i>girls only</i>)	GARDASIL® (3 doses over 6 months)
45 Years	Tetanus + diphtheria	ADT® Booster
65 Years	Tetanus + diphtheria	ADT® Booster
	Influenza	Given annually. Supplier varies

All the immunisations are given by injection except rotavirus, which is given by mouth (orally). There are one, two or three injections given at each visit. Hepatitis B vaccine and hepatitis B immunoglobulin antibodies are given at birth to babies of mothers who carry the hepatitis B virus. This is to ensure that their babies do not become infected with hepatitis B.

Some children with chronic health conditions may be offered additional vaccines against other diseases.

If your baby is at higher risk of tuberculosis (TB), they will be offered the BCG immunisation against TB.

The dates when your child's immunisations are due should be written on the appointments page (→ [page 10](#)) by you, your Well Child provider, nurse or doctor. The first immunisations are due at 6 weeks of age. Immunisation starts at this age because it enables your child to start developing protection when they are most vulnerable, and it has been shown to be safe and effective. For best protection, babies and children need to be immunised on time, every time.

Early protection from the diseases we immunise against is important because the younger the child, the more serious the disease. If your child misses a vaccine at the right age, you can still catch up – you don't need to restart. However, the immunisation against rotavirus (gastroenteritis) has to be complete by the time a child is 8 months old, so if you are late your child will not be fully protected. Please talk to your doctor or nurse about catching up with any other vaccines.

Breastfeeding your baby while they are being immunised helps reduce the pain and will comfort them through the process.

Children need to wait at the clinic or surgery with their parents/caregivers for 20 minutes after a vaccine is given. This is to make sure that treatment is at hand if a severe reaction occurs. Such reactions are very rare and can be treated quickly and safely.

Expected reactions

It is common for babies and young children to have mild reactions after immunisation. These reactions may last for up to 2 days. They can take the form of:

- irritability (tiredness and crying)
- mild fever
- a small lump where the injection was given.



Refer to Fevers – what to do, page 227.

Some babies may have mild vomiting and diarrhoea for up to a week after receiving the rotavirus vaccine. There appears to be a very small risk of bowel blockage (intussusception) from the rotavirus vaccine in the first 7–10 days after the first dose, but this is rare and can be treated.

Sometimes a child may have a severe allergic reaction called anaphylaxis. Anaphylaxis is very rare (between 1 and 3 instances in every million vaccinations) and can cause dizziness, noisy breathing and a skin rash. Drugs can be given by your doctor or nurse to treat this reaction quickly and safely.

Your doctor will give you information about possible side effects from vaccines at the time of your child's vaccination.

What should you do if your child has a reaction?

- Don't rub the injection site – this may make the reaction worse.
- Loosen your child's clothing if they are hot.

Give paracetamol or ibuprofen only if your nurse or doctor says to do so.

Giving babies and children paracetamol before and repeatedly after any immunisation just in case they feel unwell is not recommended. There is some evidence that paracetamol may reduce the immune response to some childhood vaccinations.

If you are concerned about your child after a vaccine, contact your doctor or nurse or call Healthline (0800 611 116 at any time).

➔ See also the Danger Signs for Baby and Child Sickness on the back cover.

In an emergency, ring 111.

Diseases on the National Immunisation Schedule at preschool level

Disease	Description
Diphtheria	Diphtheria bacteria infect the throat. The toxin affects nerves and muscles involved in breathing and swallowing, and also affects the heart.
Hepatitis B	Hepatitis B is caused by a virus that attacks the liver and leads to fever, nausea, tiredness, dark urine and yellow skin (jaundice). Children with hepatitis B disease usually develop only a very mild illness, but they are more likely to become carriers of the disease. Carriers are at greater risk of liver disease and liver cancer later in life.
<i>Haemophilus influenzae</i> type b (Hib)	Hib is caused by bacteria. It most often leads to ear infections and pneumonia but can cause meningitis (an infection of the membrane around the brain), or infection and swelling in the throat that blocks the entrance to the windpipe.
Measles	The measles virus causes fever, a rash, runny nose, cough and eye infection. It can lead to fits, pneumonia and inflammation of the brain. This inflammation can cause brain damage or death.
Mumps	The mumps virus causes fever, headache and swelling of the glands around the face, and in boys can cause inflammation of the testicles. Mumps may cause meningitis but children usually recover fully. Very rarely, mumps can cause an inflammation of the brain that can lead to deafness or death.
Pertussis (whooping cough)	Whooping cough is caused by bacteria that damage the lungs and airways. This leads to coughing spells so strong that it is hard to breathe, and babies may vomit. Children often gasp for air and some make a 'whooping' sound. Whooping cough may lead to pneumonia.
Pneumococcal disease	<p>Pneumococcal disease is caused by bacteria that may cause illnesses ranging from relatively minor to very serious. These can be sinusitis and ear infections, or the more serious illnesses pneumonia, meningitis and septicaemia (blood infection).</p> <p>The bacteria are carried in the throat, often without causing disease, and are spread through the air during coughing and sneezing.</p> <p>Serious infection is more common in infants and young children under the age of 5, and children and adults of any age who have certain ongoing medical conditions.</p>

Polio	Polio is caused by a virus and can be either a mild or very serious illness. The mild illness causes fever, nausea and vomiting. The serious illness causes a fever and stiffening in the muscles. It can also affect the nerves and paralyse different parts of the body, including the breathing and swallowing muscles. Paralysis is usually permanent.
Rotavirus (gastroenteritis)	<p>Rotavirus is a common disease that almost all babies and children catch before they are 5 years old. Most infections occur in the first 2 years of life.</p> <p>Rotavirus is caused by a virus and is very contagious (easy to catch). It causes vomiting and diarrhoea, and can lead to serious dehydration (lack of fluids) and in some cases death. The illness lasts from 3 to 8 days.</p> <p>The virus is spread by contact with the stools (poos, tūtae) of an infected baby or child. This can happen if people don't wash their hands properly after going to the toilet or changing nappies.</p>
Rubella (German measles)	In children, rubella is usually a mild viral illness with a rash, but in teenagers and adults it causes swollen glands, joint pain and a rash. If a pregnant woman catches rubella, especially early in her pregnancy, it is very likely that the disease will affect her baby and cause one or more serious problems, including deafness, blindness, heart defects and brain damage.
Tetanus	Tetanus bacteria produce toxins that attack the nerves and make muscles tense and stiff. When the toxins attack the breathing muscles, people find it hard to breathe.

Your child's immunisations will be recorded on the National Immunisation Register (NIR). You can choose not to have your child's immunisation visible on the NIR but you will need to complete and sign an opt-off form. Ask your Lead Maternity Carer, doctor, practice nurse, Plunket nurse or Well Child provider if you want to know more about the NIR.

➔ For more information about these diseases see **Infectious Illnesses** on page 199.

Making a decision about immunisation

Before you decide whether or not to immunise your child, it is important that you have the information you need to make the best decision for your child.

To find out more about immunisation:

- Talk to your Lead Maternity Carer, doctor, practice nurse, Plunket nurse or Well Child provider or call Plunketline (0800 933 922).
- Order the free booklet *Childhood Immunisation* (code HE1323) or *Immunise Your Child on Time* (code HE1327) from www.healthed.govt.nz (on the home page type the code in the Search box) or collect from your health care provider.
- Ministry of Health: www.health.govt.nz/immunisation
- Immunisation Advisory Centre (IMAC): www.immune.org.nz or freephone 0800 IMMUNE, 0800 466 863.

Immunisation record (to be completed by nurse/doctor)

Age	Vaccine	Batch	Site	Date given	Sign/stamp	Note
Birth	BCG*					
	Hep B**					
	HBIG**					
6 weeks	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
3 months	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
5 months	Rotavirus					
	DTaP-IPV- Hep B/Hib					
	PCV13					
15 months	Hib					
	MMR					
	PCV13					
4 years	DTaP-IPV					
	MMR					

* Children at higher risk of TB should be offered BCG.

** Babies of hepatitis B carrier mothers need HBIG and hepatitis B vaccine at birth.

BCG	Bacillus Calmette-Guérin.
DTaP-IPV	Diphtheria-Tetanus-acellular Pertussis-inactivated Polio vaccine.
DTaP-IPV- Hep B/Hib	Diphtheria-Tetanus-acellular Pertussis-inactivated Polio-Hepatitis B/ <i>Haemophilus influenzae</i> type b vaccine.
HBIG	Hepatitis B immunoglobulin.
Hep B	Hepatitis B vaccine.
Hib	<i>Haemophilus influenzae</i> type b vaccine.
MMR	Measles-Mumps-Rubella vaccine.
PCV13	Pneumococcal vaccine.

Immunisation Certificate

This certificate is required by the Health (Immunisation) Regulations 1995. It is to be shown when a child starts at an early childhood centre, kōhanga reo or primary school.

Child's family name

Child's first name

Birth date

Vaccinator to complete information on early childhood immunisations, according to the National Immunisation Schedule. If not confident about receipt of all doses required to be fully immunised, either give necessary dose(s) **or** record as 'not fully immunised.'



Fully immunised to 15 months



Not fully immunised



If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="radio"/>	Pertussis <input type="radio"/>	Pneumococcal <input type="radio"/>
Diphtheria <input type="radio"/>	Hib <input type="radio"/>	Measles <input type="radio"/>
Tetanus <input type="radio"/>	Hepatitis B <input type="radio"/>	Mumps <input type="radio"/>
	Polio <input type="radio"/>	Rubella <input type="radio"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator



Fully immunised to 5 years



Not fully immunised



If not fully immunised, tick boxes for diseases where either all doses of vaccine given, **or** laboratory proven infection/immunity:

Rotavirus <input type="radio"/>	Pertussis <input type="radio"/>	Pneumococcal <input type="radio"/>
Diphtheria <input type="radio"/>	Hib <input type="radio"/>	Measles <input type="radio"/>
Tetanus <input type="radio"/>	Hepatitis B <input type="radio"/>	Mumps <input type="radio"/>
	Polio <input type="radio"/>	Rubella <input type="radio"/>

Vaccinator's declaration

I agree that this immunisation information is correct. I have explained what may happen if all immunisations are not given.

Signature

Date / /

Practice Stamp, or name and address of vaccinator

The Immunisation Certificate

Children need an immunisation certificate to show if they are fully immunised or not. The nurse/doctor will sign the certificate when giving the 15 month immunisations and again after the immunisations prior to school entry. If you choose against immunisation the certificate can be signed by the nurse/doctor at any time.

When your child starts at an early childhood centre, kōhanga reo or primary school you will be asked to show the certificate. The information, which you can check, will be recorded in a register.

The Medical Officer of Health can check the register. If there is a threat of disease in your area, children not immunised may be asked to stay at home until after the disease has gone, to help stop it spreading.

The purpose of the certificate is to safeguard the health of New Zealand children.

Tiwhikete Ārainga Mate

Me tino whiwhi tiwhikete ārainga mate ngā tamariki hei whakaatu mehemea kua tino whiwhi rātou ki te ārainga mate, kāore rānei. Mā te nēhi, mā te rata rānei e haina te tiwhikete i te wā e hoatu ana ia i ngā ārainga mate i te ekenga o te kōhungahunga ki te 15 marama te pakeke, i mua hoki i te haerenga ōna ki te kura. Mehemea kāore koe e whakaae ki te kaupapa ārainga mate, kāti ka taea e te nēhi, te rata rānei te haina te tiwhikete ahakoa he aha te wā.

Ka tīmata ana tō tamaiti i tētahi pokapū kōhungahunga, i tētahi kōhanga reo, i tētahi kura tuatahi rānei, me whakaatu e koe te tiwhikete ārainga mate, ā, ka tuhia tēnei whakaaturanga ki roto i te rēhita. Ka whai huarahi koe ki te titiro ki ngā whakaaturanga e pā ana ki tō tamaiti.

Ka taea e te Āpiha Hauora te tiroiro te rēhita. Mehemea ka puta tētahi whakatūpato, arā, he tino mate kua heipū i roto i tō rohe, tērā pea ka whakahautia ngā tamariki kāore anō kia mahia kia noho ki te kāinga kia ngaro rawa taua mate, arā, hei aukati i te āhua o te hora haere o taua mate.

Ko te tikanga o te tiwhikete nei, arā, hei tiaki i te hauora o ngā tamariki o Aotearoa.



your best protection

The Community Oral Health Service

Healthy teeth right from the start

Healthy teeth play an important role in a child's development. Baby teeth are very important for chewing and proper speech development. They also save the space for adult teeth and are important for the proper growth of the face and jaw. Baby teeth need to be looked after and valued.

Children's teeth are at risk of tooth decay as soon as they begin to break through the gum, usually around the age of 6 months. Tooth decay is largely preventable by brushing the teeth with fluoride toothpaste, eating a healthy diet that is low in sugar, and having regular dental check-ups from an early age. There is advice throughout this book on caring for your child's teeth, including teething, toothbrushing with fluoride toothpaste and a healthy diet that is tooth-friendly.

Free oral health care

Children in New Zealand are entitled to free basic oral health services from birth until their 18th birthday. Enrol your child at birth with your District Health Board's Community Oral Health Service. The service is free and supports parents/caregivers and family/whānau to actively participate in their child's oral health care and to care for their child's teeth at home.

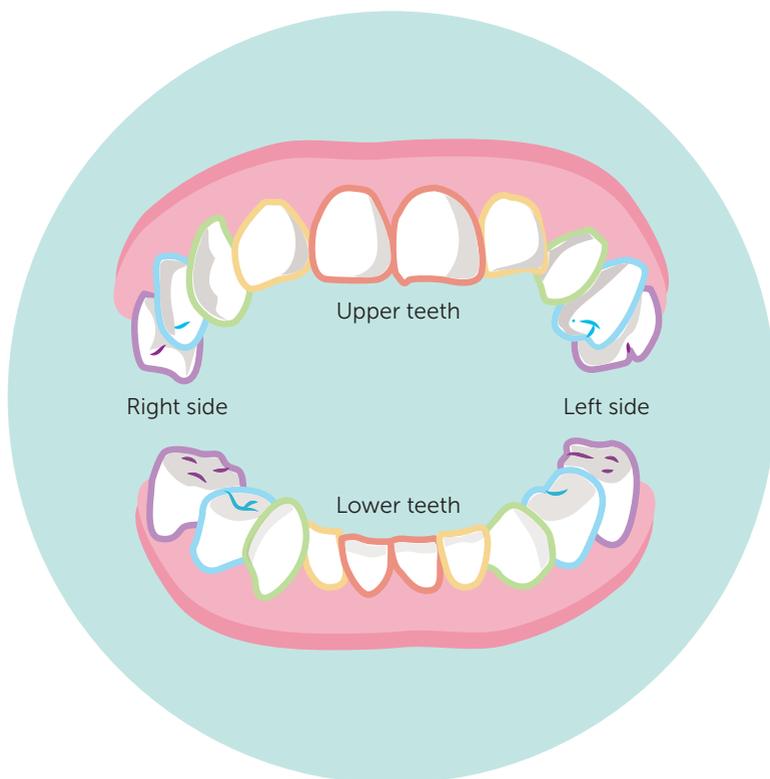
The oral health service focuses on preventing dental problems and recognising and treating any problems as early as possible. Regular dental visits are vital from an early age.



It's easy to enrol your child in the oral health service, just call 0800 TALK TEETH, 0800 825 583. Staff will guide you through how to enrol and will send out the right forms for you to fill in.

Baby teeth

The lower front teeth usually come first. These are followed by the upper front teeth. As each tooth comes, you can write your baby's age on that tooth in the picture.



Key (please note that these are approximate ages)

Upper teeth

- 8–12 months
- 9–13 months
- 16–22 months
- 13–19 months
- 25–33 months

Lower teeth

- 6–10 months
- 10–16 months
- 17–23 months
- 14–18 months
- 23–31 months

➔ For more information on teething and caring for teeth, see pages 135, 147, 155, 162, 170 and 209.

Recording your child's development

The following pages are for you and your Well Child providers to record and follow your child's development.

→ For information on how children develop at different ages, see the appropriate part of the [Learning and growing](#) section, beginning on page 112.

Growth charts for all children

Growth is an important measure of children's health and wellbeing. The following ten growth charts are suitable for use with New Zealand children up to 5 years of age. They are based on measurements collected by the World Health Organization in six different countries and their format is adapted from growth charts used in the United Kingdom.

Because children grow at varying rates at different ages, we can only understand whether a measurement is normal by comparing it with the normal range of measurements for other children of the same age and gender. Growth charts use these measurements to show the range within which most healthy children are expected to grow and the growth patterns of an individual child over time.

These growth charts use nine centiles, shown as lines drawn in curved patterns. Each line at a particular centile marks the weight or height below which that percentage of children of that age and gender fall. For example, 25 percent of children are lighter than the 25th centile for weight, or shorter than the 25th centile for height. The 50th centile represents the median (middle) of the population.

Healthy children grow along or next to **any** of the centile lines. What matters is that their growth curve stays steady, with no sudden jump or drop.

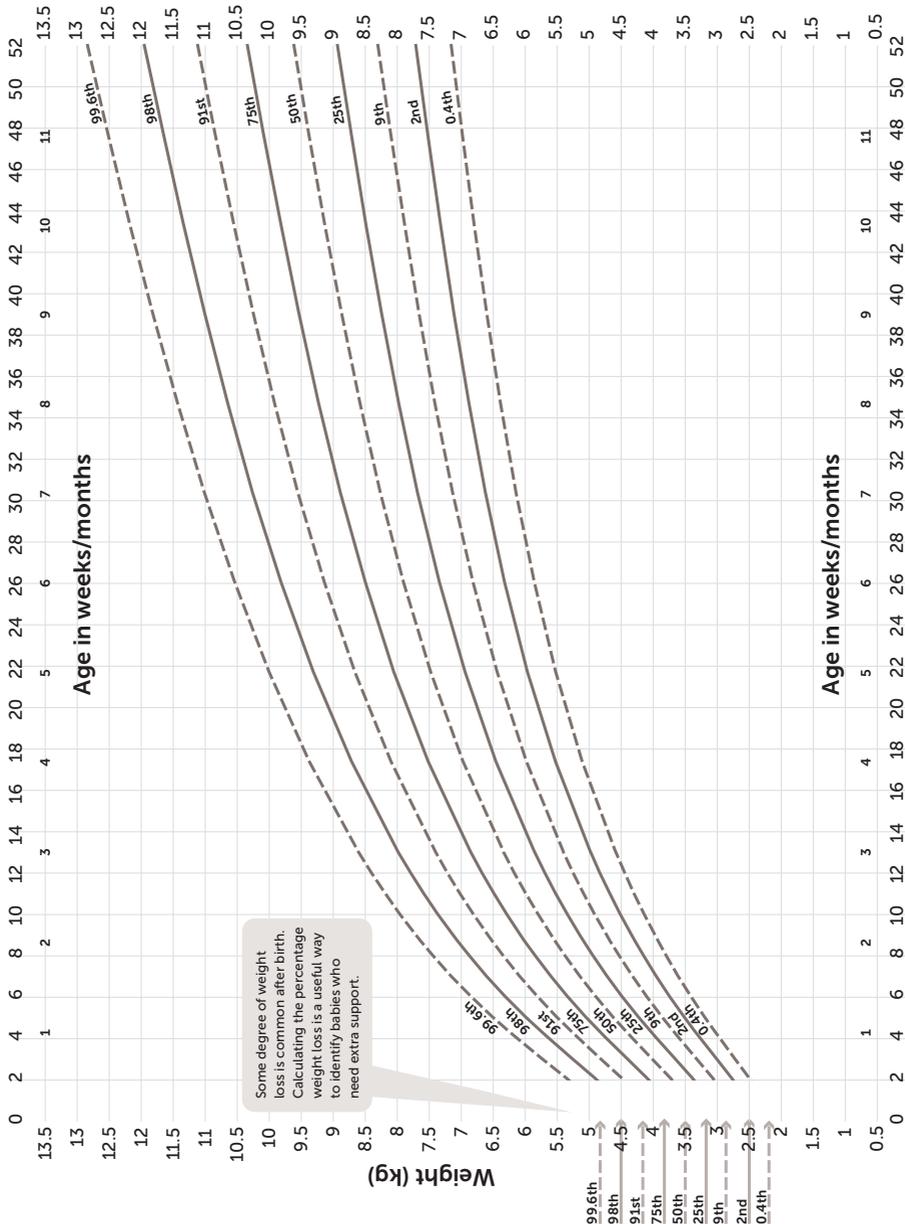
For more information see the Ministry of Health's *Fact Sheet 1: What Are Growth Charts and Why Do We Need Them?* (available at www.health.govt.nz – on the home page, type **Growth charts** in the **Search** box).

The following ten growth charts were originally based on UK-WHO growth charts and used the UK-WHO combined data set developed by the Royal College of Paediatrics and Child Health, United Kingdom.



BOY'S WEIGHT

Boy's weight (kg) 0-1 Year
Date
Weight (kg)

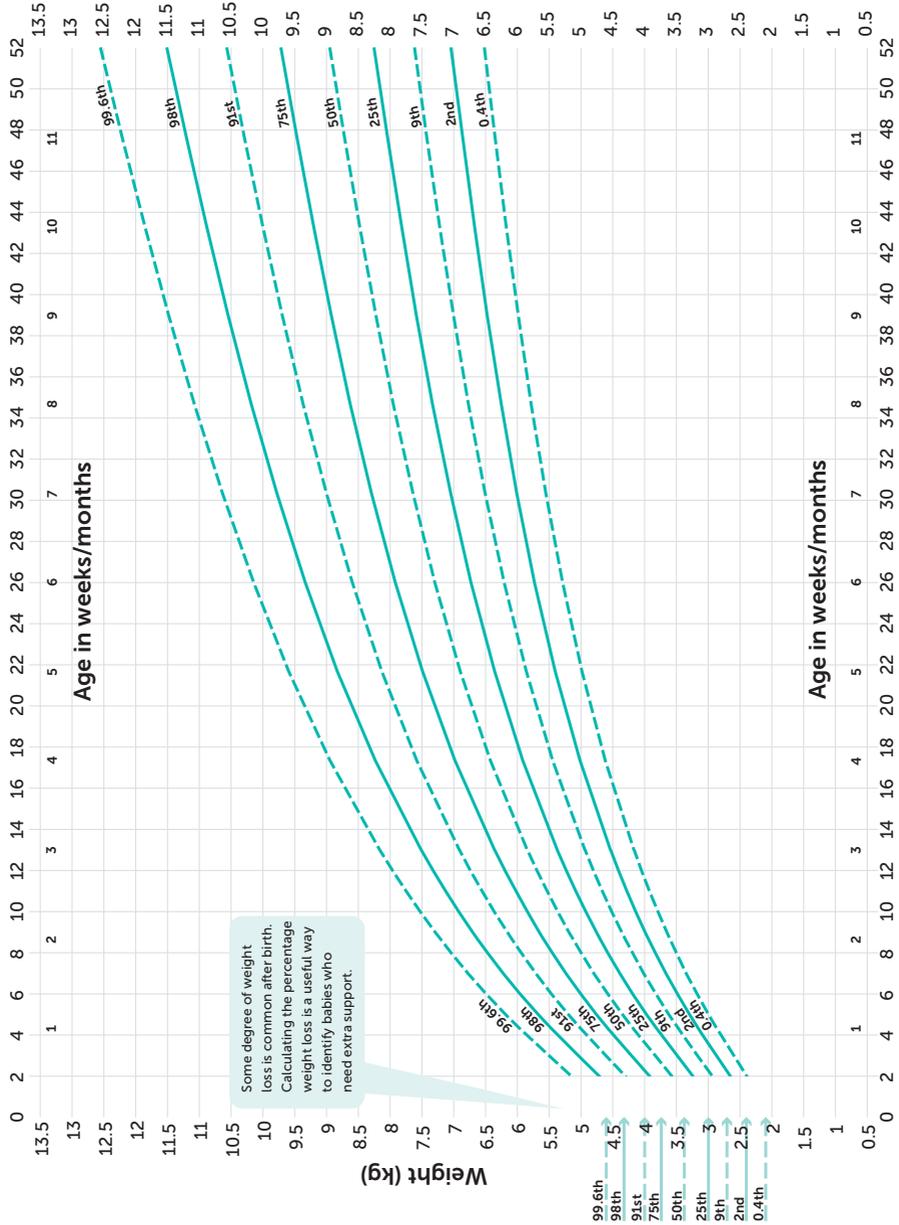




GIRL'S WEIGHT

Girl's weight (kg)
0-1 year

Date _____
Weight (kg) _____

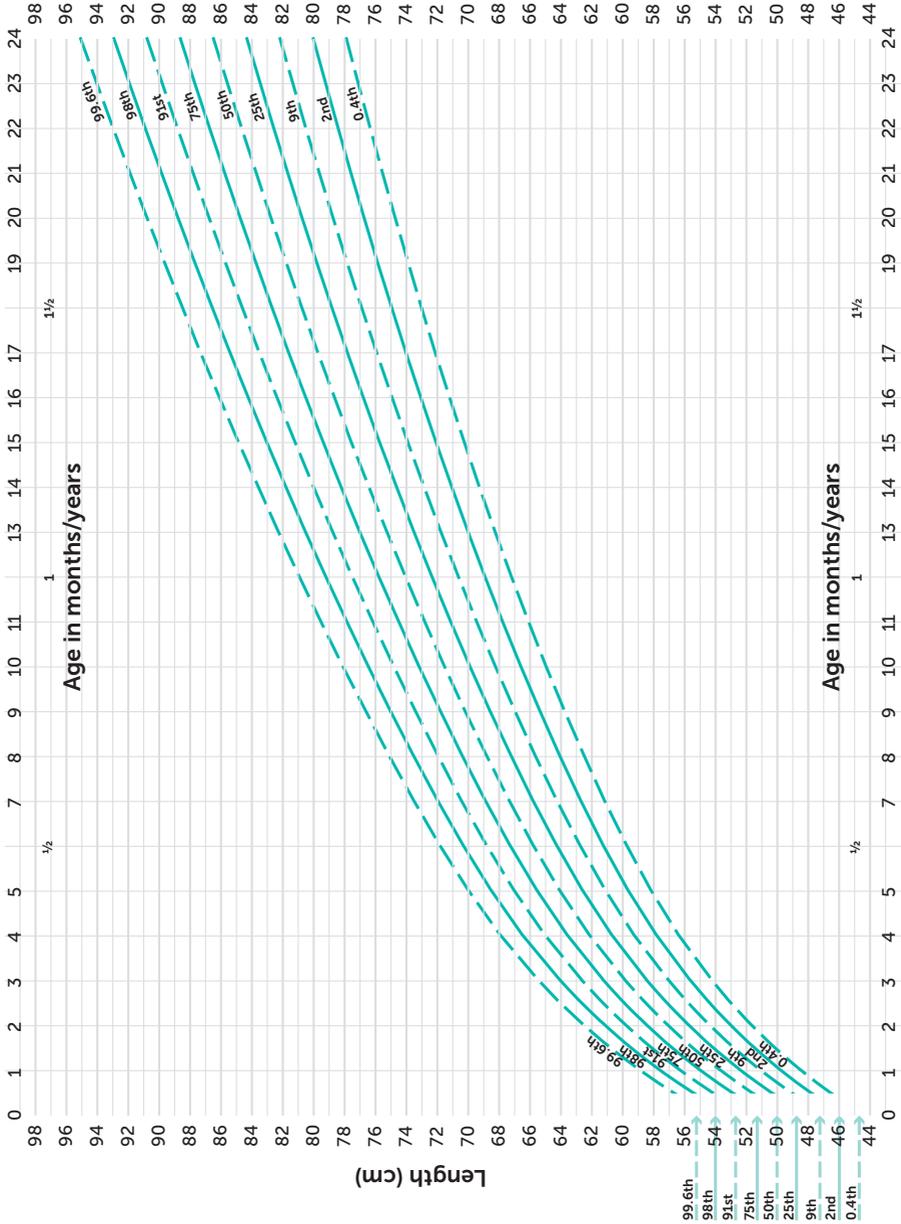




GIRL'S LENGTH

Girl's length (cm)
0–2 years

Date _____
Length (cm) _____

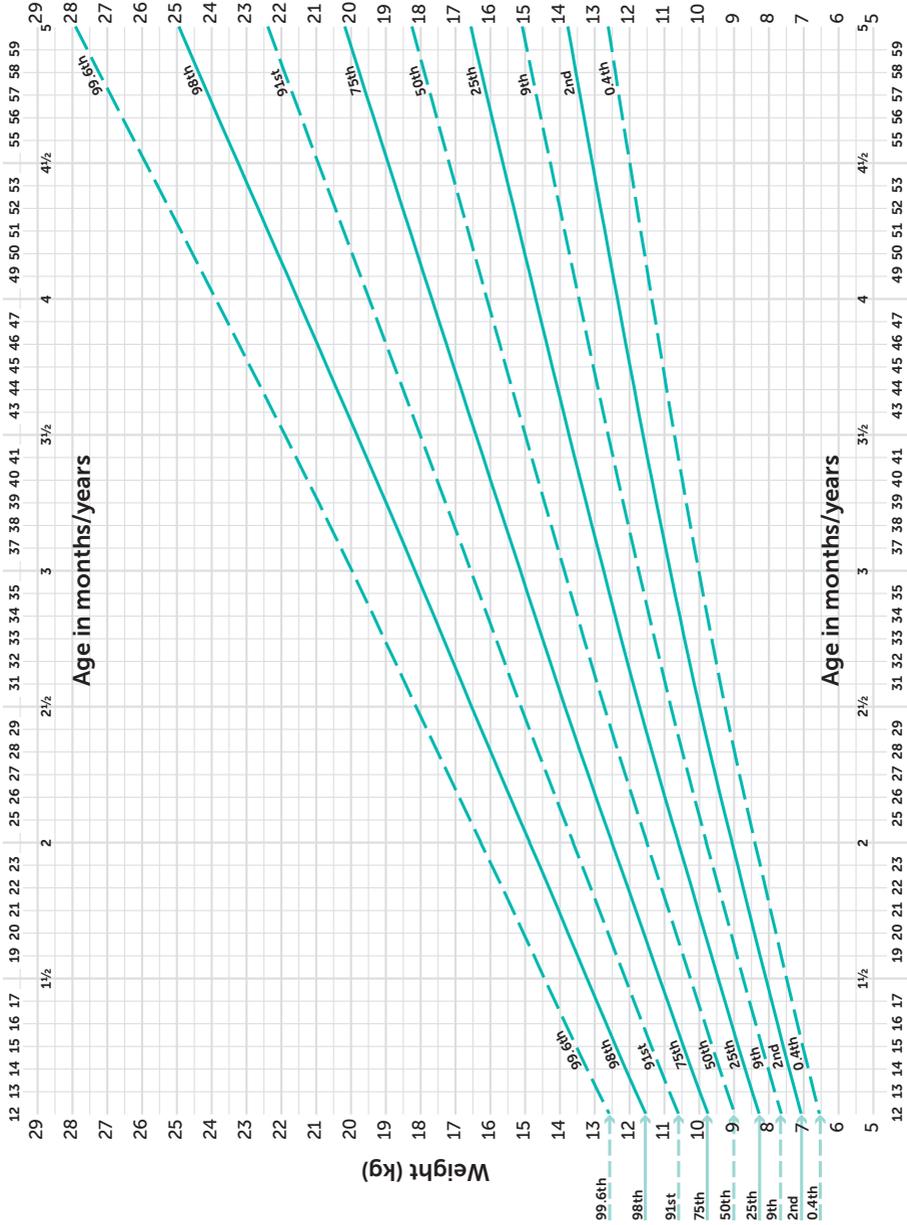




GIRL'S WEIGHT

Girl's weight (kg)
1–5 years

Date _____ Weight (kg) _____

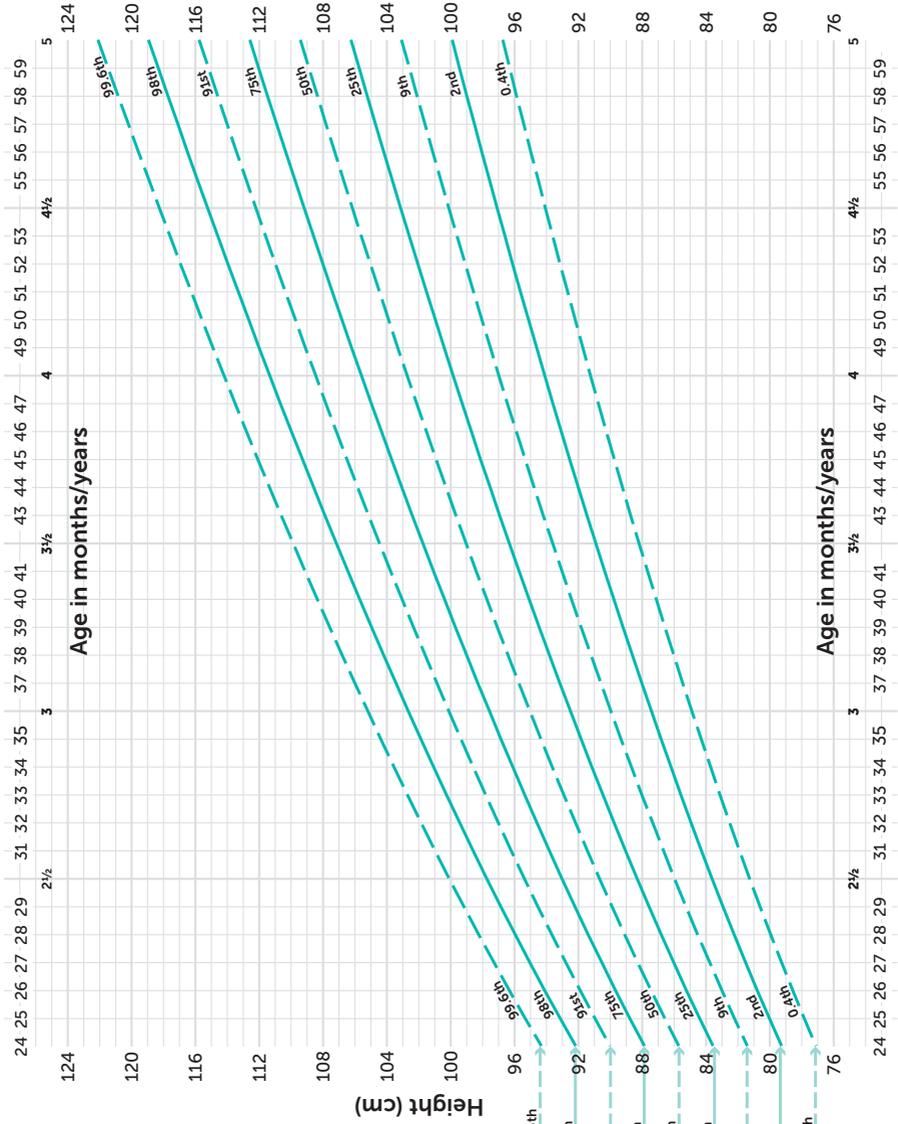




GIRL'S HEIGHT

Girl's height (cm)
2–5 years

Date _____ Height (cm) _____



Well Child Tamariki Ora assessments



Birth assessment



To be completed by your Lead Maternity Carer.

National Health Index No: Date of birth:

Place of birth: Gestation:

Maternal blood group: Group B Strep status: Pos / Neg / Unknown

Assessment:

Apgar score at: 1 min 5 min

Birth weight (g): Head circumference (cm): Length (cm):

Breastfed within 1 hour

Health protection (if done):

Vitamin K: Inj. 1st oral Declined

Yes No

Hepatitis B immunisation/immunoglobulin indicated:

(⇒ Immunisation page 21)

BCG indicated: (⇒ Immunisation page 21)

Baby's blood group (if known):

⇒ Page 49 for first week assessment, including newborn metabolic screening (heel prick test).

Signature: Date:

24-48 hours assessment

This full physical examination may be done by your lead maternity carer at the birth of your baby. If not it will be done within 48 hours of the birth.



To be completed by your Lead Maternity Carer.

Has passed meconium: Yes/No

Full physical examination:

Yes, OK

Needs comment/action

fontanelles	<input type="checkbox"/>	lungs	<input type="checkbox"/>	back	<input type="checkbox"/>
eyes: red reflex	<input type="checkbox"/>	abdomen	<input type="checkbox"/>	anus	<input type="checkbox"/>
nose/mouth	<input type="checkbox"/>	umbilicus	<input type="checkbox"/>	legs/arms	<input type="checkbox"/>
ears	<input type="checkbox"/>	femoral pulses	<input type="checkbox"/>	reflexes, movements, tone	<input type="checkbox"/>
heart	<input type="checkbox"/>	genitals	<input type="checkbox"/>	skin	<input type="checkbox"/>
hips: Ortolani/Barlow	<input type="checkbox"/>				

Comments/action:

Signature:

Date:

Name/designation (please print):

24-48 hours assessment (continued)

Indicators at birth for vision or eye problems

Put an X in the box if true

- close relative with eye tumour at birth or during infancy or close relative with congenital eye malformation
- rubella (German measles), contact with rubella, or other congenital infection such as CMV or toxoplasmosis during pregnancy
- prematurity – less than 32 weeks or birth weight less than 1250 g
- eye malformations (absent red reflex, bulging eye, abnormal pupil), failure to fix or follow, or abnormal eye movements
- newborn seizures, encephalopathy, or metabolic disease
- trauma to eye or conjunctivitis that worsens or doesn't resolve

For any with an X, refer to an eye specialist.

- none of the above

Indicators for hearing loss

Put an X in the box if true

- close relative with hearing loss from early childhood
- serious infection during pregnancy such as CMV, toxoplasmosis, rubella, or contact with rubella during pregnancy
- craniofacial anomalies of the head, neck or ears, or other physical finding known to be associated with hearing loss, such as a genetic syndrome
- jaundice with bilirubin exceeding level for exchange transfusion
- serious postnatal infection such as bacterial meningitis
- admission for neonatal care, and ototoxic medications above therapeutic levels and/or asphyxia
- admission for level 3 neonatal care for more than 5 days
- none of the above

Signature:

Date:

Name/designation (please print):

First week assessment

Things to talk about

- Your baby's feeding; establishing breastfeeding
- Safe sleeping for your baby
- Immunisation information
- Smokefree baby zone
- Vitamin D supplements for high-risk babies
(⇒ **Vitamin D and your baby, page 121**)
- Your baby's behaviour cues and needs (crying)
- Hearing and vision checklist
- Infant car seat and car safety
- Keeping your child healthy and safe (⇒ **see page 180**)
- Other children's reactions to baby
- Mother's nutrition – ask for the booklet *Eating for Healthy Breastfeeding Women*
(⇒ **the HealthEd website www.healthed.govt.nz and type the code HE1806 into the Search resources box**)
- Coping with stress and fatigue
- Feeling sad, anxious or upset
- Parent/caregiver support and education available
- Early learning in the home

Talk to your Lead Maternity Carer about enrolling with a Well Child provider and doctor (⇒ **the transfer of care forms on pages 51 to 55**).

Registering the birth of your baby

Have you registered the birth of your baby? If not, you need to do this through the Births, Deaths and Marriages section of the Department of Internal Affairs before your baby is two months old. The Department of Internal Affairs website (www.dia.govt.nz/birth-registration) has more information, including how to register online. Birth registration is free. Once registered, and on payment of the fee, a birth certificate is available.

First week assessment



To be completed by your Lead Maternity Carer.

Progress:

Assessment:

Birth weight (g) (BW): Current weight (g) (CW):

Weight loss in first week: % Percentage loss from birth = $(BW - CW)/BW \times 100$

Head circumference (cm): Length (cm):

	Pass	Retest/Refer
Vision assessment:	<input type="checkbox"/>	<input type="checkbox"/>
Newborn hearing screening/assessment:	<input type="checkbox"/>	<input type="checkbox"/>

Physical examination, including:

Yes, OK Needs comment/action

eyes	<input type="checkbox"/>	lungs	<input type="checkbox"/>	femoral pulses	<input type="checkbox"/>
skin	<input type="checkbox"/>	abdomen	<input type="checkbox"/>	genitals	<input type="checkbox"/>
heart	<input type="checkbox"/>	umbilicus	<input type="checkbox"/>		

Comments/action:

Health protection:

If done If declined

Vitamin K Vitamin D*

Newborn metabolic screening test result (after 48 hours)

	Yes	No
Baby's sleep environment checked for safety	<input type="checkbox"/>	<input type="checkbox"/>
Needs cot/wahakura/pēpi-pod®	<input type="checkbox"/>	<input type="checkbox"/>
Safe sleep information provided	<input type="checkbox"/>	<input type="checkbox"/>

Signature: Date:

Name/designation (please print):

* Refer to Practitioner Handbook, page 142.

Transfer of care

Referral form to Well Child provider



Please make sure that your Lead Maternity Carer sends this form to your **Well Child provider** before your baby is a month old.

(Please write firmly)

Mother

Family name:

Given names:

Birth date: NHI number:

Address:

Home phone: Alternative contact:

Ethnicity: General practitioner:

Baby

Family name:

Given names:

Birth date: NHI number:

Ethnicity: Gender: Male Female

Baby's summary Gestation: weeks Smoke-free home:

Breastfeeding (circle one): exclusive/full/partial/artificial Current weight:

Comments:

Apgar score at: 1 min 5 min

Vitamin K: inj. or 1st oral/Declined 2nd oral

Newborn metabolic screen test result:

Newborn hearing screening result:

Summary of assessed needs identified at time of handover:

Date referral sent:

Expected date of discharge from LMC:

Name of referring LMC practitioner:

Contact details:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Transfer of care

Referral form to general practitioner

Please make sure that your Lead Maternity Carer sends this form to your **general practitioner (doctor)** before your baby is a month old.

Mother

Family name:

Given names:

Birth date:

NHI number:

Address:

Home phone:

Alternative contact:

Ethnicity:

General practitioner:

Baby

Family name:

Given names:

Birth date:

NHI number:

Ethnicity:

Gender: Male

Female

Baby's summary

Gestation: weeks

Smoke-free home:

Breastfeeding (circle one): exclusive/full/partial/artificial

Current weight:

Comments:

Apgar score at: 1 min

5 min

Vitamin K:

inj.

or 1st oral/Declined

2nd oral

Newborn metabolic screen test result:

Newborn hearing screening result:

Summary of assessed needs identified at time of handover:

Date referral sent:

Expected date of discharge from LMC:

Name of referring LMC practitioner:

Contact details:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Transfer of care

Referral form – your copy

Parents/caregivers – this is your copy of the referral form.

Mother

Family name:

Given names:

Birth date:

NHI number:

Address:

Home phone:

Alternative contact:

Ethnicity:

General practitioner:

Baby

Family name:

Given names:

Birth date:

NHI number:

Ethnicity:

Gender: Male

Female

Baby's summary

Gestation: weeks

Smoke-free home:

Breastfeeding (circle one): exclusive/full/partial/artificial

Current weight:

Comments:

Apgar score at: 1 min

5 min

Vitamin K: inj.

or 1st oral/Declined

2nd oral

Newborn metabolic screen test result:

Newborn hearing screening result:

Summary of assessed needs identified at time of handover:

Date referral sent:

Expected date of discharge from LMC:

Name of referring LMC practitioner:

Contact details:

LMC final assessment

Before the LMC final assessment



What is your baby doing at 2-6 weeks?

Most babies can see and hear well, but the few who can't need help as soon as possible. Check your baby's eyes and ears regularly by going through the questions below, and let your Lead Maternity Carer (LMC) know if you answered 'no' to any of the questions. Please be aware, however, that these hearing questions do not replace the hearing screening done around the time of your baby's birth.

Vision

Can your baby see well?

Do they ...

	Yes	No
close their eyes against a bright light?	<input type="checkbox"/>	<input type="checkbox"/>
stare at people's faces when they are up close?	<input type="checkbox"/>	<input type="checkbox"/>
turn towards light?	<input type="checkbox"/>	<input type="checkbox"/>
smile at you without being touched or spoken to?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing

Can your baby hear well?

When there is a sudden loud noise, do they ...

	Yes	No
jump or blink?	<input type="checkbox"/>	<input type="checkbox"/>
stir in their sleep?	<input type="checkbox"/>	<input type="checkbox"/>
stop sucking for a moment?	<input type="checkbox"/>	<input type="checkbox"/>
look up from sucking?	<input type="checkbox"/>	<input type="checkbox"/>
cry?	<input type="checkbox"/>	<input type="checkbox"/>

What else does your baby do?

Things to talk about

- Your baby won't have any teeth yet, but it is important to enrol them with the Community Oral Health Service. It's free (⇒ [page 25](#))
- Your baby's feeding
- Your baby's sleeping
- Safe sleeping for your baby
- Your baby's behaviour cues and needs (crying)
- Recognising illness
- Stool colour (poos, tūtae) – are your baby's stools normal yellow/brown in colour or pale like putty?
- Immunisations
- Hearing and vision checklists
- Car seat and car safety
- Smokefree baby zone
- See [Keeping your baby healthy and safe \(⇒ page 180\)](#)
- Other children's reactions to baby
- Introduction to other parents/caregivers
- Coping with stress and fatigue, sad feelings
- Breastfeeding
- Contraception
- Parent/caregiver support and education services
- Early learning in the home



Your notes and/or photo:

LMC final assessment



To be completed by your Lead Maternity Carer.

Progress:

Assessment:

Weight (g): Exceeded birth weight: Yes / No

Head circumference (cm): Length (cm):

Pass Retest/Refer

Vision assessment:

Newborn hearing screening/assessment:

Physical examination, including:

Yes, OK Needs comment/action

eyes lungs femoral pulses

skin abdomen genitals

heart umbilicus hips: classic signs

Prolonged jaundice present: Yes/No If yes, has referral been made: Yes/No

Health protection:

If done

Vitamin K (3rd oral)

Comments/action:

Signature:

Date:

Name/designation (please print):



For Lead Maternity Carer to complete.

Comments/progress notes - Lead Maternity Carer

Date/age/weight	

4-6 weeks assessment

4-6
WEEKS

Before the 4-6 weeks assessment

What is your baby doing at 4-6 weeks?

Most babies can see and hear well, but the few who can't need help as soon as possible. Check your baby's eyes and ears regularly by going through the questions below, and let your Well Child provider or doctor know if you answered 'no' to any of the questions. Please be aware, however, that these hearing questions do not replace the hearing screening done around the time of your baby's birth.

Vision

Can your baby see well?

Do they ...

	Yes	No
close their eyes against a bright light?	<input type="checkbox"/>	<input type="checkbox"/>
stare at people's faces when they are up close?	<input type="checkbox"/>	<input type="checkbox"/>
turn towards light?	<input type="checkbox"/>	<input type="checkbox"/>
smile at you without being touched or spoken to?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing

Can your baby hear well?

When there is a sudden loud noise, do they ...

	Yes	No
jump or blink?	<input type="checkbox"/>	<input type="checkbox"/>
stir in their sleep?	<input type="checkbox"/>	<input type="checkbox"/>
stop sucking for a moment?	<input type="checkbox"/>	<input type="checkbox"/>
look up from sucking?	<input type="checkbox"/>	<input type="checkbox"/>
cry?	<input type="checkbox"/>	<input type="checkbox"/>

What else does your baby do?

Things to talk about

- Your baby's feeding; breastfeeding
- Your baby's sleeping
- Safe sleeping for your baby
- Your baby's behaviour cues and needs (crying)
- Recognising illness
- Stool colour (poos, tūtae) – are your baby's stools normal yellow/brown in colour or pale like putty?
- Protecting your baby through timely immunisation
- Have you enrolled your baby with the Community Oral Health Service? (⇒ page 25)
- Hearing and vision checklists
- See **Keeping your child healthy and safe** (⇒ page 180)
- Car seat and car safety
- Smokefree baby zone
- Other children's reactions to baby
- Introduction to other parents/caregivers
- Your feelings about being a parent
- Coping with stress and fatigue, feeling sad or anxious
- Contraception
- Parent/caregiver support and education services
- Early learning in the home
- Finally, have you registered the birth of your baby? Go to the Department of Internal Affairs website (www.dia.govt.nz/birth-registration) for information about how to do this, before your baby is two months old.



Your notes and/or photo:

4-6 weeks assessment



To be completed by your Well Child provider or Doctor.

Progress:

Assessment:

Weight (g):

Head circumference (cm):

Length (cm):

Pass Retest/Refer

Vision assessment:

Newborn hearing screening/assessment:

Physical examination, including:

Yes, OK



Needs comment/action



skin

heart

genitals

fontanelle

lungs

back

umbilicus

abdomen

reflexes, movement, tone

nose/mouth

ears

hips: Ortolani/Barlow

femoral pulses

anus

classic signs

Prolonged jaundice present: Yes/No

Eyes: Red reflex

If yes, date of prolonged jaundice screen:

Comments/action:

Health protection:

If done

Vitamin K (3rd oral)

Immunisation booked with GP

On National Immunisation Register (NHI) Yes/Opt-off

Immunisation programme commenced: Yes/No

→ record on page 21

Signature:

Date:

Name/designation (please print):

8-10 weeks assessment

8-10
WEEKS

Before the 8-10 weeks assessment



What is your baby doing at 8-10 weeks?

Vision

Can your baby see well?

Yes No

Do they ...

close their eyes against a bright light?

stare at people's faces when they are up close?

turn towards light?

smile at you without being touched or spoken to?

Hearing

Can your baby hear well?

Yes No

When there is a sudden loud noise, do they ...

jump or blink?

stir in their sleep?

stop sucking for a moment?

look up from sucking?

cry?

What else does your baby do?

Talk to your Well Child provider or your doctor if you think your baby is not seeing or hearing well.

Things to talk about

- Your baby's feeding
- Your baby's sleeping patterns
- Safe sleeping for your baby
- Your baby's behaviour cues and needs (crying)
- Social development and play
- Family relationships – the bond between parents/caregivers is important for a baby's brain development and emotional well-being
- Hearing and vision checklists
- Have you enrolled your baby with the Community Oral Health Service?
(⇒ [page 25](#))
- Protecting your baby through timely immunisation
- Recognising illness
- See [Keeping your child healthy and safe](#) (⇒ [page 180](#))
- Infant car seat and car safety
- Smokefree baby zone
- Protection from falls
- Protection from choking on small objects
- Hot water/burn protection
- Sunburn protection
- Your feelings about being a parent
- Returning to work outside the home (⇒ [page 137](#)); combining breastfeeding and paid work
- Parent/caregiver support groups and education services
- Early learning in the home

8-10 weeks assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK

Needs comment/action

Weight (g):

Head circumference (cm):

Vision:

Hearing:

Development:

Hips: Ortolani (abduction only)

Classic signs

Examination (only if indicated):

Yes, OK

Needs comment/action

Comments/action:

Oral Health referral form sent

Signature:

Date:

Immunisation (→ page 21)

Signature:

Date:

Name/designation (please print):

3-4 months assessment

3-4
MONTHS

Before the 3-4 months assessment



What is your baby doing at 3-4 months?

Vision

Can your baby see well?

	Yes	No
Do they ...		
close their eyes against a bright light?	<input type="checkbox"/>	<input type="checkbox"/>
stare at people's faces when they are up close?	<input type="checkbox"/>	<input type="checkbox"/>
turn towards light?	<input type="checkbox"/>	<input type="checkbox"/>
smile at you without being touched or spoken to?	<input type="checkbox"/>	<input type="checkbox"/>
look at their own fingers?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing

Can your baby hear well?

	Yes	No
Do they ...		
blink or cry when there is a sudden noise?	<input type="checkbox"/>	<input type="checkbox"/>
stop crying or sucking when you talk?	<input type="checkbox"/>	<input type="checkbox"/>
wake or stir to loud sounds?	<input type="checkbox"/>	<input type="checkbox"/>
coo or smile when you talk?	<input type="checkbox"/>	<input type="checkbox"/>
turn their eyes towards voices?	<input type="checkbox"/>	<input type="checkbox"/>
seem to like a musical toy?	<input type="checkbox"/>	<input type="checkbox"/>
stop moving when there is a new sound?	<input type="checkbox"/>	<input type="checkbox"/>
seem to know your voice?	<input type="checkbox"/>	<input type="checkbox"/>

Talk to your Well Child provider or your doctor if you think your baby is not seeing or hearing well.

When your baby's teeth start coming, you might like to record their arrival on ➔ page 27 (teeth diagram).

Things to talk about

- Your baby's feeding
- Safe sleeping for your baby
- Your baby's behaviour cues and needs (crying)
- Social development and play
- Family relationships – the bond between parents/caregivers is important for a baby's brain development and emotional well-being
- Hearing and vision checklists
- Teething (➔ **the diagram on page 27**). Have you enrolled your baby with the Community Oral Health Service? (➔ **page 25**)
- Protecting your baby through timely immunisation
- Recognising illness
- Smokefree baby zone
- Infant car seat and car safety
- Protection from poisons
- Protection from falls
- See **Keeping your child healthy and safe** (➔ **page 180**)
- Your feelings about being a parent
- Parent/caregiver support and education services
- Early learning in the home
- Returning to work outside the home (➔ **page 137**)
- Choices in early childhood education and other learning options and early enrolment

Your baby's development

Do you have any concerns about your baby's learning, development and behaviour? In particular, think about:

- how your baby makes sounds
- how your baby uses his or her hands and fingers to do things
- how your baby moves his or her arms or legs
- how your baby gets along with others.



Your notes and/or photo:

The PEDS questionnaire

What is PEDS?

PEDS stands for Parents' Evaluation of Developmental Status.

PEDS is a 10-item questionnaire that asks you (the parent or guardian) about your child at specific times before the age of 5 years. Your Well Child nurse will explain how and when to complete the PEDS questions.

Why PEDS?

As a parent/caregiver, you know your child better than anyone else does. You may notice things about your child that concern you – and even things that no one else has noticed. The PEDS questionnaire asks you about any concerns you have about your child and can help pick up any problems early on. Early identification of any developmental problems and support to deal with them can make a big difference.

Sharing any concerns you or your family/whānau have about your child can help your Well Child nurse to work in partnership with you to understand your child better.

3-4 months assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK Needs comment/action

Weight (g): Head circumference (cm):

Vision: Hearing: Development:

Hips: classic signs

PEDS assessment:

Yes No

PEDS form completed:

Referral required:

Referral made to:

Examination (only if indicated):

Comments/action:

Immunisation (→ page 21)

Signature: Date:

Name/designation (please print):

5-7 months assessment

5-7
MONTHS

Before the 5-7 months assessment



What is your baby doing at 5-7 months?

Vision

Can your baby see well?

Yes

No

Do they ...

follow a slow-moving, bright-coloured object with their eyes?

reach out for toys and other things?

hold them firmly and look closely at them?

Hearing

Can your baby hear well?

Yes

No

Do they ...

turn towards a sound or someone speaking?

cry when there is a sudden noise?

like music?

make lots of different babbling sounds?

sometimes copy sounds you make?

Talk to your Well Child provider or your doctor if you think your baby is not seeing or hearing well.

Things to talk about

- Introducing solids alongside breastfeeding (at around 6 months) – ask for the leaflet *Starting Solids* (HE6014) and the booklet *Eating for Healthy Babies and Toddlers* (HE1521) (⇒ [the HealthEd website www.healthed.govt.nz](http://www.healthed.govt.nz) and type the code for the resource into the Search resources box)
- Your baby's sleeping
- Safe sleeping for your baby
- Your baby's behaviour cues and needs (crying)
- Social development and play
- Family relationships – the bond between parents/caregivers is important for a baby's brain development and emotional well-being
- Hearing and vision assessments
- Teething and toothbrushing
- Have you enrolled your baby with the Community Oral Health Service? (⇒ [page 25](#))
- Protecting your baby through timely immunisation
- Recognising illness
- See *Keeping your child healthy and safe* (⇒ [page 180](#))
- Infant car seat and car safety
- Smokefree baby zone
- Protection from falls
- Protection from choking on small objects
- Hot water/burn protection
- Sunburn protection
- Returning to work outside the home (⇒ [page 137](#)); managing breastfeeding and paid work
- Your feelings about being a parent
- Parent/caregiver support groups and education services
- Early learning in the home
- Choices in early childhood education and other learning options and early enrolment

5-7 months assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK

Needs comment/action

Weight (g): Head circumference (cm): Length (cm):

Vision: Hearing: Development:

Hips: classic signs:

PEDS assessment:

Yes

No

PEDS form completed:

Referral required:

Referral made to:

Oral health assessment:

Yes

No

Referral required:

Referral made to:

Examination (only if indicated):

Comments/action:

Immunisation (→ page 21)

Signature: Date:

Name/designation (please print):

9-12 months assessment

9-12
MONTHS

Before the 9-12 months assessment



What is your child doing at 9-12 months?

Vision

Can your child see well?

Yes No

Do they ...

pick up small things like bits of fluff from the floor?	<input type="checkbox"/>	<input type="checkbox"/>
follow the movement of a dangling ball in all directions?	<input type="checkbox"/>	<input type="checkbox"/>
look for dropped toys?	<input type="checkbox"/>	<input type="checkbox"/>
watch what people are doing near them?	<input type="checkbox"/>	<input type="checkbox"/>
tilt their head sideways to look at things?	<input type="checkbox"/>	<input type="checkbox"/>
have a lazy eye, 'cross' eye or squint (when both eyes don't look straight at you most of the time)?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing

Can your child hear well?

Yes No

Do they ...

respond to their own name?	<input type="checkbox"/>	<input type="checkbox"/>
look around to find new sounds – even quiet ones?	<input type="checkbox"/>	<input type="checkbox"/>
understand 'no' and 'bye-bye'?	<input type="checkbox"/>	<input type="checkbox"/>
listen when people talk?	<input type="checkbox"/>	<input type="checkbox"/>
like copying sounds?	<input type="checkbox"/>	<input type="checkbox"/>
use babbling that sounds like real speech?	<input type="checkbox"/>	<input type="checkbox"/>
try to talk back when you talk?	<input type="checkbox"/>	<input type="checkbox"/>

Talk to your Well Child provider or your doctor if you think your child is not seeing or hearing well.



See pages 201 and 202 for what to do about ear problems like glue ear and earache.

Things to talk about

- Your child's play needs
- Reading to your child
- Your child's nutrition
- Teething and tooth brushing – your child probably has some teeth by now. Have you enrolled them with the Community Oral Health Service?
(⇒ page 25)
- Your child's behaviour
- Recognising illness
- Protecting your child through timely immunisation
- See **Keeping your child healthy and safe** (⇒ page 180)
- Child car seat and car safety
- Protection when walking
- Protection from roads/wandering
- Smokefree child zone
- Protection from water
- Protection from falls
- Protection from poisons
- Early learning in the home
- Choices in early childhood education and other learning options and early enrolment

9-12 months assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK

Needs comment/action

Weight (g): Head circumference (cm): Length (cm):

Vision: Hearing: Development:

Hips: classic signs:

PEDS assessment:

Yes No

PEDS form completed:

Referral required:

Referral made to:

Oral health assessment:

Yes No

Lift the lip:

Referral required:

Referral made to:

Examination (only if indicated):

Comments/action:

Immunisation (→ page 21)

Signature: Date:

Name/designation (please print):

15-18 months assessment

15-18
MONTHS

Before the 15-18 months assessment



What is your child doing at 15-18 months?

Vision

Can your child see well?

Yes No

Do they ...

pick up small objects with their finger and thumb?	<input type="checkbox"/>	<input type="checkbox"/>
point to interesting things (like birds)?	<input type="checkbox"/>	<input type="checkbox"/>
watch everything that is going on around them?	<input type="checkbox"/>	<input type="checkbox"/>
search with their hands rather than their eyes?	<input type="checkbox"/>	<input type="checkbox"/>
bring objects up close to their eye?	<input type="checkbox"/>	<input type="checkbox"/>
have a lazy eye, 'cross' eye or squint (when both eyes don't look straight at you)?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing

Can your child hear well?

Yes No

Do they ...

point to people and things they know when asked to?	<input type="checkbox"/>	<input type="checkbox"/>
copy or repeat simple words or sounds?	<input type="checkbox"/>	<input type="checkbox"/>
understand things like 'come here'?	<input type="checkbox"/>	<input type="checkbox"/>
use their voice to get attention?	<input type="checkbox"/>	<input type="checkbox"/>
say 2 or 3 words?	<input type="checkbox"/>	<input type="checkbox"/>
listen when people talk?	<input type="checkbox"/>	<input type="checkbox"/>

Talk to your Well Child provider or your doctor if you think your child is not seeing or hearing well.



See pages 201 and 202 for what to do about ear problems like glue ear and earache.

Things to talk about

- Feeding your child – ask for the booklets *Eating for Healthy Babies and Toddlers* (HE1521) and *Eating for Healthy Children Aged 2 to 12* (HE1302) (⇒ the HealthEd website www.healthed.govt.nz and type the code for the booklet into the Search resources box)
- Immunisation
- Recognising illness
- Teething, dental health and tooth brushing
- Behaviour and needs
- Getting ready for toileting
- Social and play needs
- Early learning in the home
- Choices in early childhood education and other learning options and early enrolment
- See *Keeping your child healthy and safe* (⇒ page 180)
- Protection from roads/wandering
- Smokefree child zone
- Hot water protection
- Promoting a safer neighbourhood (playgrounds, drains, etc)

Your toddler will probably have about 12 baby teeth by now and can learn to help you brush them, but after you have brushed their teeth first. Don't wait for teeth problems; take your child for regular check-ups. Any problems can be recognised and treated early and the dental professionals will give you advice about how best to care for your child's teeth. Call 0800 TALK TEETH, 0800 825 583 to enrol in the Community Oral Health Service. It's free (⇒ page 25).

Or visit the dental health section of the Ministry of Health website (⇒ from the home page www.health.govt.nz go to **Your health, Healthy living, Teeth and gums**).

15-18 months assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK

Needs comment/action

Weight (g):

Vision:

Hearing:

Development:

Hips: classic signs

gait

PEDS assessment:

Yes

No

PEDS form completed:

Referral required:

Referral made to:

Oral health assessment:

Yes

No

Lift the lip:

Referral required:

Referral made to:

Examination (only if indicated):

Comments/action:

Immunisation (→ page 21)

Yes

No

Immunisation up to date:

Signature:

Date:

Name/designation (please print):

2-3 years assessment

2-3
YEARS

Before the 2-3 years assessment



What is your child doing at 2-3 years?

Vision

Can your child see well?

Yes No

Do they ...

recognise small details in picture books?

hold objects really close to look at them?

have a lazy eye, 'cross' eye or squint (when both eyes don't look straight at you)?

Hearing and speaking

Can your child hear and speak well?

Yes No

Do they, by 2½ years ...

do 2 things when asked, like 'get the ball and bring it here'?

repeat what you say?

continually learn new words?

say simple sentences with 2 or more words in them?

use many words that non-family members can understand?

Do they, by 3 years ...

speak clearly so that everyone can understand?

ask lots of 'what' or 'why' questions?

2-3 years assessment



To be completed by your Well Child provider.

Progress:

Assessment:

Yes, OK

Needs comment/action

Weight (g):

Height (cm):

Vision:

Hearing:

Development:

Hips:

gait

PEDS assessment:

Yes

No

PEDS form completed:

Referral required:

Referral made to:

Oral health assessment:

Yes

No

Lift the lip:

Referral required:

Referral made to:

Examination (only if indicated):

Comments/action:

Signature:

Date:

Name/designation (please print):

B4 School Check

Before the B4 School Check



Fill in this page before the B4 School Check. You could also consider sharing the information from this assessment when enrolling your child in school.

Vision

Can your child see well?

Do they ...

	Yes	No
point to interesting things (like birds)?	<input type="checkbox"/>	<input type="checkbox"/>
run into things – high or low?	<input type="checkbox"/>	<input type="checkbox"/>
bring objects close to their eyes to look at them?	<input type="checkbox"/>	<input type="checkbox"/>
tilt their head in an unusual way to look at things?	<input type="checkbox"/>	<input type="checkbox"/>
have a lazy eye, 'cross' eye or squint (when both eyes don't look straight at you)?	<input type="checkbox"/>	<input type="checkbox"/>

Hearing and speaking

Can your child hear and speak well?

Do they ...

	Yes	No
tell a long, clear story about things they have done?	<input type="checkbox"/>	<input type="checkbox"/>
speak well, with only a few sounds wrong, like 'r' or 's'?	<input type="checkbox"/>	<input type="checkbox"/>
know what things are for (like hat, apple or plate)?	<input type="checkbox"/>	<input type="checkbox"/>
like books and being read to?	<input type="checkbox"/>	<input type="checkbox"/>
understand most of what you say?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Has your child had their 4-year-old immunisations?	<input type="checkbox"/>	<input type="checkbox"/>

Talk to your Well Child provider or your doctor if you think your child is not seeing or hearing well.

Your child is entitled to free dental care. Have you enrolled them with a dental therapist? (⇒ page 25)



See pages 201 and 202 for what to do about ear problems like glue ear and earache.

Things to talk about

- Your child's diet and nutrition
- Behaviour and needs
- Social and play needs
- Positive family relationships
- How you encourage your child's positive behaviour
- Reading to your child
- Participation in early childhood education
- Preparation for school
- Have you enrolled your child with the Community Oral Health Service? (See **Your child's dental health**, ⇒ page 25 and 209)
- 4-year-old immunisation
- Recognising illness
- See **Keeping your child healthy and safe** (⇒ page 180)
- Toilet training (⇒ page 171)
- Keeping your child smokefree (⇒ page 184)
- Road and driveway safety
- Promotion of community safety



Your notes and/or photo:

Child health questionnaire

The following questions are included to give the B4 School Check nurse a good understanding of your child’s general health.



They are also a reminder for you to make a note to discuss any of these issues with the nurse, and if necessary ask for advice or support.

	Yes	No
Has your child spent time in hospital?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, note the details:		
	Yes	No
Does your child have any of the following?	<input type="checkbox"/>	<input type="checkbox"/>
Condition	Yes	Regular medication
Asthma	<input type="checkbox"/>	<input type="text"/>
Food intolerance	<input type="checkbox"/>	<input type="text"/>
Eczema or other skin condition	<input type="checkbox"/>	<input type="text"/>
Heart condition	<input type="checkbox"/>	<input type="text"/>
Epilepsy or fits	<input type="checkbox"/>	<input type="text"/>
Chronic chesty cough	<input type="checkbox"/>	<input type="text"/>
Allergies	<input type="checkbox"/>	<input type="text"/>
What is your child allergic to?	<input type="text"/>	
What was your child’s allergic reaction?	<input type="text"/>	
	Yes	No
Immunisation up to date?	<input type="checkbox"/>	<input type="checkbox"/>

Medication

	Yes	No
Is your child on any other medication?	<input type="checkbox"/>	<input type="checkbox"/>

Please list:

Dental health

	Yes	No
Do you have any concerns about your child's teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been to a dental therapist in the past 1–2 years?	<input type="checkbox"/>	<input type="checkbox"/>

Eye health

	Yes	No
Does your child wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>

Ear health

	Yes	No
Has your child had grommets or tubes inserted, or is this planned?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does your child have any other health conditions or disabilities?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please comment:

Services

	Yes	No
Are you or your family getting help or support from any services?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, which services:

The B4 School Check may be held at a Plunket clinic, marae or doctor's clinic, a preschool, a kōhanga reo, or other community centre (or at school). It is important you are with your child for the assessment – you know your child best and can tell the nurse or doctor about your child's development and day-to-day behaviour.

A registered nurse does the B4 School Check, and vision and hearing technicians do the vision and hearing assessment (➔ [the Vision and hearing screening record, page 13](#)).

Your B4 School provider will have a pamphlet about the B4 School check for you to read before you consent to the check. They will also be able to answer any questions you might have.

B4 School Check



To be completed by your B4 School Check provider.

B4 School Check completed by:

B4 School Check date:

Health questionnaire Yes No

Health questionnaire completed:

Growth assessment Yes No

Health questionnaire completed:

Weight (kg to 0.1 kg):

Height (m to 0.1 cm):

BMI:

Referral required:

Referral made to:

Oral health

Lift the lip score:

Referral required:

Referral made to:

PEDS assessment

PEDS form completed: Pathway:

Referral required:

Referral made to:

Strength and difficulties questionnaire assessment Yes No

SDQ parent/caregiver form completed:

SDQ teacher form completed:

Referral required:

Referral made to:

B4 School Check referral

Referred by:

Referral made to:

Date referral sent:



Reason for referral/B4 School Check results:

B4 School Check referral follow-up

Appointment date:

Appointment location:



Referral outcome (parent/caregiver to complete):

Learning and growing



Your first 6 weeks together

Good to know

Getting to know each other

- Spending time with your baby helps them to feel secure and helps their brain develop. Responding in a consistent way to your baby helps them to make sense of their world.
- Spend time talking and singing to your baby.
- Cuddle them and play with them.
- Some parents/caregivers may take a while to bond with their baby, especially if the birth was hard. This is normal and usually comes right over the first few weeks, as you get to know each other.

Keeping your baby healthy

- Breastfeeding is best for your baby.
- If you are giving a dummy or pacifier to your baby, do not dip it in sugar, honey, or sweetened drinks.
- Immunisation helps protect your baby from serious infectious diseases. **First immunisation is due at 6 weeks (⇒ Immunisation, page 14).**
- A smokefree home and car helps to protect your baby from asthma and some serious infections.

Keeping your baby safe

- Sleeping your baby on their back and in their own cot, bassinet, wahakura (woven flax bassinet) or pēpi-pod® in the same room as the parents helps protect against SUDI (Sudden Unexpected Death in Infancy).
- Babies don't need pillows and they are safest sleeping on their backs – this keeps their airway clear for breathing.
- Use a properly installed baby car seat in all cars for all trips. Car seats can be hired.
- Always take your baby with you when you leave the car.
- Test that bathwater is not too hot for your baby.
- Never shake, hit or smack your baby – if you feel you might lose control, put them in a safe place and walk away for a short time. **See Coping with a crying baby (⇒ page 126).**

Looking after yourself

- Ask for and accept offers of help.
- Talk to family/whānau, friends, neighbours.
- Find parent/caregiver support groups that suit you.
- If you often feel sad, anxious and unable to cope, talk to someone you trust.

➔ **Check Keeping your child healthy and safe on page 180.**

Ō kōrua wiki tuatahi e ono

He pai ki te mōhio

Te mōhio haere ki a kōrua anō

- Mā te noho tahi me tō pēpi ka āwhina kia noho pai ia me te whakawhanake i tōna hinengaro.
- Me whai wā koe ki te kōrerorero me te waiata ki tō pēpi.
- Awhitia tō pēpi, tākaro tahi ki a ia.
- Ka roa ake pea te wā mō ētahi mātua ki te hono ki tā rātau pēpi, otirā mēnā i tino uaua te whakawhānau. He tikanga tonu tēnei, ā, ka pai haere i roto i ngā wiki tuatahi, e mōhio haere ai kōrua ki a kōrua.

Te tiaki kia ora tō pēpi

- Ko te whāngai ū te mea pai rawa mō tō pēpi.
- Mēnā kai te hoatu e koe he tami, he whakarata rānei mā tō pēpi, kaua rawa e tautau ki te huka, mīere, ētahi atu waireka rānei.
- Ka āwhina te ārainga mate kia noho haumaruru tō pēpi mai i ngā mate hōrapa taumaha (**kei te wiki tuaono te ārainga mate tuatahi, ➔ tirohia Te Ārainga Mate, whārangi 14**).
- Ka āwhina te whare me te waka auahi kore ki te tiaki i tō pēpi mai i te mate huangō, me ētahi atu mate taumaha.

Kia haumarū tō pēpi

- Te whakatau i tō pēpi kia takoto ia ki tōna tuara moe ai ki roto anō i tōna ake moenga, wahakura, pēpi-pod® rānei i te rūma moe o ngā mātua hei pare atu i te mate kōhungahunga pā whakarere noa (SUDI).
- Hei aha he urunga mō te pēpi, ā, he pai ake tana takoto i runga i tōna tuara – ka noho wātea tōna arahau mō te hehē.
- Whakamahia he tūru waka kōhungahunga mō ngā haerenga katoa. Me mātua whakarite kei te mau tika te tūru waka kōhungahunga o tō pēpi i roto i tō waka mō ia haerenga. Ka taea ngā tūru waka te rīhi.
- Me heri koe i tō pēpi i ngā wā katoa ka wehe ana koe i tō waka.
- Whakamātauria te wai horoi kia kore ai e tino wera rawa mō tō pēpi.
- Kaua rawa e rurerure, e patu, e papaki rānei i tō pēpi – mēnā ki tō whakaaro ka keka koe, me waiho te pēpi ki tētahi wāhi haumarū ka hīkoi atu mō tētahi wā poto. **Tirohia Te tū pakari me tētahi pēpi tangitangi (⇒ whārangi 126).**

Te tiaki i a koe anō

- Me tono āwhina, me te whakaae ki ngā whakaaro āwhina.
- Kōrero ki tō whānau, ō hoa, kiritata hoko.
- Kimihia ngā rōpū mātua tautoko e hāngai ana ki a koe.
- Mēnā he rite tonu tō noho pōuri, mānatunatu me tō kore noho tau, me kōrero koe ki tētahi tangata e pono ana koe.

⇒ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Getting to know your new baby

Spend time with your baby to develop your bond

Cuddling your baby, singing to them and giving them attention helps their brain to develop and makes them feel secure. It also helps you to get to know your baby, feel comfortable and relaxed with them, and enjoy them.

To grow and develop as a person, a baby needs smiles, laughter, touch, and interaction just as much as food or sleep. Your body language, tone of voice, and loving touch are all important ways of communicating with your baby.



The SKIP community network (www.skip.org.nz) helps parents/caregivers build strong, positive relationships with their children. You may find the page on **Six things children need particularly useful. From the home page, type **Six things children need** into the Search box.**

Mothers need to look after themselves too

Becoming a mother is like nothing else you'll ever do. It's a big change in your life. This is a time when you discover feelings you didn't know you had. It's very exciting but it can also be scary. To look after your baby well you need to look after yourself too. Your baby needs you to be happy and healthy!

That means getting the sleep you need. Rest when your baby is asleep. Make sure you are eating well. Drink whenever you are thirsty, especially if you are breastfeeding.

Do try not to do too much too soon. Housework is not as important as you and your baby. Ask for help from family/whānau, friends and neighbours.

Share your feelings with your partner, family/whānau, a good friend, your Lead Maternity Carer, Well Child provider or doctor.

Breastfeeding is best for your baby

Breast milk is all your baby needs to eat and drink for about the first 6 months.

Breastfed babies get sick less often. Breast milk is more than a food. It also helps to improve immunity to illness – it can provide some protection against a range of infections, especially ear, stomach and respiratory infections in childhood and against diabetes and obesity in adulthood.

How long should I breastfeed?

It is best to feed your baby only breast milk until they are ready for and need extra food (around 6 months of age). If you can, continue to breastfeed until 12 months of age or beyond. Breastfeeding and the close physical contact with your baby is important over the first months to create a strong bond in the baby's first important relationship. This helps the pathways in your baby's brain to develop properly.

Getting started

Most women can breastfeed. Many women need help when they begin breastfeeding, especially with their first baby. Mothers and babies learn to breastfeed together.

It can take up to 6 weeks to fully establish breastfeeding. Your Lead Maternity Carer will help you get started and so will the midwives and lactation consultants where you give birth. Ask for help when you need it. Other breastfeeding women can be very helpful and a support group can help as you move beyond the newborn stage.

Be patient as you and your baby learn to breastfeed. Feed your baby as soon as possible after birth. Ask your midwife to be with you for the first feed, to help with the best position and latch for your baby in order to get your milk supply going and to prevent sore nipples. Skin to skin contact with you after birth is good for your baby's physical health and helps you bond with each other.

Very rarely, a baby may have a tongue tie, where the piece of skin that connects the tongue to the bottom of the baby's mouth is too short. It can be harder for these babies to suck properly and get enough milk. If your baby has ongoing trouble latching on, talk to your Lead Maternity Carer, Well Child provider or a lactation consultant.

Breastfeeding takes a lot of time at first and most new babies want to feed often. Make sure you get plenty of rest – sleep when your baby does and get help from your family, whānau and friends with household chores and childcare if you have other children.

Ask your Lead Maternity Carer, nurse or doctor to help your baby feed effectively. If you feel you have a problem with breastfeeding, are worried about your milk supply, or find feeding painful, ask for help.

They can provide you with DVDs before and after the birth and may refer you to a lactation consultant. Hospitals run breastfeeding workshops for new mothers. Breastfeeding groups such as La Leche League (www.lalecheleague.org.nz) also provide help.



If you feel tired and unwell, and part of your breast feels sore, hot or lumpy, see your Lead Maternity Carer, nurse or doctor. You may have inflammation caused by a blocked milk duct (this is called mastitis). If this happens, it doesn't mean you need to give up breastfeeding.

Keep feeding your baby from the affected breast first, massaging the sore area gently at the same time. Emptying the breast will help reduce the blockage and keep your milk flowing. It is important that you rest. Keeping the sore area warm with a wheat pack or wrapped hot water bottle will help you feel more comfortable. Your midwife or doctor may prescribe some medicine to reduce the inflammation, but this is not usually necessary.

Your milk supply

Build up your milk supply by letting your baby feed as often and for as long as they want. From time to time your baby will need to feed more than you expect. This does not mean you are running out of milk – it's your baby's way of encouraging you to make more milk for them as they grow. After a few days of extra feeds your milk supply will grow to meet your baby's needs. Breastfed babies who are well do not need other fluids.

How do I know my baby is getting enough milk?

Babies who are getting enough milk gain weight, are well and mostly happy, and have 6–8 washable nappies or 5–6 disposable nappies a day, with urine that is a pale yellow colour.

Your baby is satisfied and feeling full when they:

- release the nipple and can be moved away from the breast without being physically taken off
- look relaxed and contented
- look very sleepy and extend their legs
- have stopped showing signs of restlessness or hunger.



The Ministry of Health website (www.health.govt.nz) has a big section on breastfeeding under *Your health* (www.health.govt.nz/your-health).

Eating for breastfeeding

Eating three healthy meals a day, plus healthy snacks and plenty of fluids will help ensure you have plenty of milk for your baby. If you are a vegetarian, a well balanced diet should make sure you and your baby get all the nutrients you both need. Vegan women may need extra supplements – consult your Lead Maternity Carer, Well Child provider or doctor.

Eating spicy or ‘gas-producing’ foods (such as beans or cabbage) is usually fine – there are no foods that bother all babies. You may only need to avoid a certain food if your baby is unsettled, cries a lot or has gas every time you eat it. Please talk to your health professional if you have any concerns.



Ask for the free booklets *Breastfeeding Your Baby* (HE2098, available in a number of languages) and *Eating for Healthy Breastfeeding Women* (HE1806). They are both available on the HealthEd website www.healthed.govt.nz – type the code HE2098 or HE1806 into the **Search resources box.**

Useful websites

The Ministry of Health’s website (www.health.govt.nz) has a large and helpful section on breastfeeding (on the home page, type **Breastfeeding** in the **Search** box). This section covers how to breastfeed, advice on common problems with breastfeeding, breastfeeding at work and how to express and store breast milk. The Plunket website (www.plunket.org.nz) is also very helpful – from the home page, go to **You & your child**, then **Newborn to 6 weeks**, then **Food & nutrition**).

If you are not breastfeeding

Use an infant formula designed specially for young babies, not cow's milk. Cow's milk is not suitable for babies under 12 months because it does not have enough iron or vitamin C and can irritate the bowel. Babies need iron to grow and develop; without enough iron they may become anaemic, which makes them unsettled and can slow their development.

Everything used to make up the formula must be very clean. Feeding equipment (including any items used with breast milk) must be washed and sterilised until your baby is at least 3 months old and thoroughly washed and rinsed once your baby is over 3 months.

Always wash your hands before preparing formula feeds.

Follow the instructions on the formula can or packet carefully. Use the scoop provided and do not add more water or powder than directed. It's fine to use fluoridated (tap) water. In rural areas, water may contain nitrates, which are dangerous for your baby. Your local council can tell you if your bore water is nitrate-free and give you advice. (Boiling does not remove nitrates.)

Use the formula as soon as possible after it is prepared. If you need to make up a feed in advance, you can store it for up to 4 hours in the fridge.

You don't always need to warm your baby's formula. Some babies don't mind it cool or at room temperature, especially if the weather is hot. The safest way to warm formula is by placing the bottle in a container of hot water. Microwaves are not recommended for warming bottles because they can overheat the formula or heat it unevenly and burn your baby's mouth. If you need to use a microwave, heat it in a microwave-safe jug before pouring it into the bottle and test the temperature on your wrist before feeding your baby.

If you are travelling with your baby and want to feed your baby warm formula, heat the water before you leave and keep it warm in a thermos, but don't add the powder until you are about to feed your baby.

Shake any warmed formula well and always check the temperature by testing some on your wrist. It should feel about the same heat as your skin. If it feels hot, leave it to cool down before feeding your baby.



For more information, see the booklet *Feeding Your Baby Infant Formula* (HE1306, available on the HealthEd website www.healthed.govt.nz using the Search resources box).

Ask your Lead Maternity Carer or Well Child provider about sterilising bottles and teats.

 **Safe drinking water for your baby's feeds (→ page 211) or phone PlunketLine 0800 933 922.**

Useful websites

The Ministry of Health's website (www.health.govt.nz) has a section on formula feeding (on the home page, type **Formula feeding** into the **Search** box). The section also gives links to a pamphlet you can download and other useful websites. One of these, Kidshealth (www.kidshealth.org.nz), has useful information (on the home page, type **Formula feeding** into the **Search** box). You will also see a link to a video clip on feeding choices.

Vitamin D and your baby

Vitamin D helps our bodies use calcium to build and maintain strong bones. Our bodies can make it from the sun. However, babies can't safely get the vitamin D they need from the sun. Their skin is very sensitive and should not be exposed to direct sunlight. → **See Sensible sun exposure on page 193.**

Low levels of vitamin D in babies and children can cause rickets. Rickets can result in weak bones, delayed walking, bowed legs, and swollen wrists or ankles. If untreated, rickets can lead to failure to grow, deformed or broken bones, pneumonia and seizures.

Breast milk is the ideal food for your baby but it may not give them all the vitamin D they need. Supplements can be given to babies who have a high risk of vitamin D deficiency.

When is there a high risk?

If your baby is breastfed **and**:

- has naturally dark skin
- you have been told that you are low in vitamin D
- one or more of your other children has had rickets or seizures resulting from low levels of calcium in their blood

then your baby needs vitamin D.

Babies who are born early and have a low body weight may be vitamin D deficient.

Babies who are breastfed over winter months in New Zealand may also be vitamin D deficient by late winter or spring.

Supplements for babies at risk of deficiency

If your baby is at high risk of vitamin D deficiency, talk to your Lead Maternity Carer, Well Child provider, doctor or a dietitian. Your doctor can prescribe a vitamin D supplement that comes in drops.



For more information, including a factsheet in a number of languages, go to the Ministry of Health website (www.health.govt.nz) and type **vitamin D and **your baby** into the Search box.**

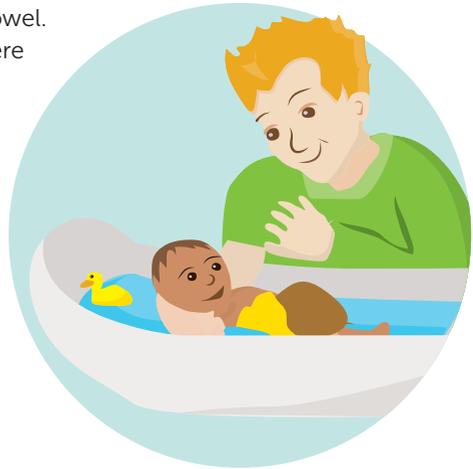
Bathing your baby

How often you bathe your baby is up to you. Once or twice a week will keep a newborn baby clean. Between baths, wash your baby's face regularly and clean their bottom at every nappy change.

Most babies love being in the water, and bath time can be a fun and relaxing experience you can both enjoy.

If you do not have a bath, you can wash them in a large basin or while they lie on a towel. It may be helpful if someone else is there to give you a hand. Holding a wet and wriggling baby can feel scary when you are not used to it!

Put cold water in your baby's bath first, then add the hot water. Test the heat of the water before you put your baby in; it should be about 37°C. One way to check is to put the inside of your wrist in the water.



Slip your arm under your baby's back and hold their arm that is away from you with your hand. Then with your free hand or a soft cloth wash their body, ensuring that their face is held out of the water.

Never leave your baby alone in the bath, even for a second. You can't rely on bath seats or mats to keep your baby or toddler safe. If you need to go away, take your baby with you, or make sure another adult is with them. Never leave babies in the care of other children in the bath – they might not react as quickly as an adult if your baby slips under the water.

Bath time is also a chance for other members of the family/whānau to spend time with the baby. Fathers/partners often enjoy this as a special time to spend with their children.

A smokefree home and car help protect your baby from disease

Cigarette smoke is very harmful for your baby, both during pregnancy and after birth. Babies who live with smokers get sick more often.

The arrival of a baby is a good reason to stop smoking. If you want help to stop, ask your Lead Maternity Carer, Well Child provider or doctor about smokefree programmes near you.

 **For advice and support to help you quit smoking, phone the free Quitline, 0800 778 778. Quitline can also provide an exchange card for nicotine patches, lozenges and gum to help you quit.**

Many people who do give up find it is a lot easier than they thought. These tips may help:

- quit smoking together with others for support
- make a smokefree plan and stick to it
- use the money you save on things for you or your baby (if you usually smoke 12–14 cigarettes a day, quitting will save you around \$4,000 in a year)
- have a smokefree home and car.

 **You can find more information on the Smokefree website (www.smokefree.org.nz) and its **Second-hand smoke** web page (<http://smokefree.org.nz/second-hand-smoke>).**

Protect your baby against Sudden Unexpected Death in Infancy (SUDI)

Sudden Unexpected Death in Infancy (SUDI) is a risk to babies until they are about 12 months old.

Although for some babies the cause of death is never found, many of these deaths are caused by suffocation and are preventable. There are things we can do to protect our babies.

Make every sleep a safe sleep

Review your baby's sleep environment with your midwife during your first week at home. This will help you to be sure that your baby has their own safe sleep space – usually a cot or bassinet in the first few months (→ **First week assessment on page 47**).



Always follow these safe sleep routines for your baby and your baby's cot.

Make sure your baby is safe

Sleep your baby on their back to keep their airways clear for breathing. Put your baby to sleep in their own cot, not with an adult or another child who might accidentally smother them.

Always make sure your baby has a parent/caregiver who is alert to their needs and free from alcohol or drugs. Just as you would nominate a sober driver, every baby and child needs a sober caregiver.

Make sure your baby sleeps in their own bed

The safest place for all babies to sleep at night is in their own bed, bassinet, pēpi-pod® or wahakura, close to parents/caregivers and in the same room.

If you choose to sleep in bed with your baby, it is much safer to put them in their own baby bed – for example, a pēpi-pod® or wahakura – beside you. This will help reduce the risk of your baby suffocating while they are asleep.

? For information about using a pēpi-pod® or wahakura visit www.whakawhetu.co.nz and www.changeforourchildren.co.nz/tender_shoot/pepi_pod_programme/home.

If you are out somewhere, make sure your baby has a safe place to sleep. Take your wahakura, pēpi-pod®, cot or bassinet with you.

It is never safe to put your baby to sleep in an adult bed, on a couch or on a chair.

Car seats or capsules protect your baby when travelling in the car. They are not suitable for your baby to sleep in when you are at home or at your destination.



If you don't have a baby bed, ask your Lead Maternity Carer or child health nurse for assistance to get one. If you are on a low income, you may be able to receive help from Work and Income.



For more information visit www.workandincome.govt.nz or call 0800 559 009.

Make sure your baby's bed is safe

Your baby's bed needs a firm flat mattress that fits snugly so your baby can't get into any gaps between the frame and the mattress. There should be nothing in the bed that could cover their face or lift their head – no large stuffed toys, pillows, loose bedding or bumper pads. Babies don't need pillows and are safest sleeping flat on their backs.

Make sure your baby is healthy and strong

Being smokefree during pregnancy and after is best for your baby. If a mother smokes during pregnancy, poisonous chemicals affect the growing baby. This weakens them after they are born so that they are unable to react as strongly to situations such as accidentally having their face covered. After your baby is born it is important to keep your home and car smokefree and make sure that others don't smoke around the baby. This will help your baby grow strong and healthy.

Feed your baby only breast milk for the first 6 months and when you have introduced solids keep breastfeeding for the first year and beyond. Make sure your baby is immunised on time.

➔ **For more on safe sleep, see [Protecting your baby from SUDI on page 181](#).**



If you find your baby not breathing, call for help, and begin rescue breathing (CPR) immediately. See page 216.

Head shape

A baby's head changes shape due to pressure on their soft skull when their head rests on the same spot for long periods. This can happen in all sleep positions because babies have heavy heads and sleep a lot.

To avoid a flat spot developing when your baby is sleeping, turn their head so that they sometimes face left and sometimes face right. Or if you notice they like to face a window, turn them around in their bed to encourage them to move their head to the other side. Giving your baby time upright and on their tummy when they are awake will also help prevent a flat spot from developing.

If you have concerns about your baby's head shape, talk to your Well Child provider or doctor.



The Change for our Children website (www.changeforourchildren.co.nz) has a brochure *Protecting Your Baby's Head Shape* (go to the **Safe Start Programme** tab on the home page, then **Issues Forum**).

Coping with a crying baby

Babies can be unsettled for the first few months as they learn to communicate their needs to you. Babies don't cry because they are being naughty.

Crying often means hunger, a dirty or wet nappy, or they may just need a cuddle, a song, a walk or a ride to soothe them. Carrying your baby in a safe sling will also help settle them. Watch for their responses to your care and learn what works for your baby.

Crying can mean your baby is unwell

If your baby's cry is unusual – such as piercing and high pitched – take them to a doctor straight away (⇒ **Danger signs on the back cover**).

When a baby cries and cannot be comforted easily, the problem could be what is called 'colic'. Colic usually happens in the afternoon or evening or after a feed, and it can be very upsetting. No one really knows what causes colic and it usually disappears after the first 3 months. If you think your baby is crying a lot, talk to your Well Child provider or doctor.

When your baby keeps on crying

One of the hardest times can be when your baby keeps on crying and you can't work out why. If you find yourself getting frustrated or distressed, it is OK to put the baby down gently in a safe place, walk away and take a break. Do not pick up the baby until you have calmed down. Your baby is more likely to calm down when you are feeling calm and in control.

Look after yourself. Make a cup of tea or coffee, phone a friend or someone in your family/whānau.



? You could also phone **PlunketLine 0800 933 922** or **Healthline 0800 611 116** for advice or support.

Never, ever shake a baby. Never leave a baby alone with anyone who may lose control. A single moment of losing control may damage a baby forever. Babies can die if they are shaken.

If you ever think your baby has been hurt, call 111. Don't let fear or pride stand in your way. It could save your baby's life.

The Power to Protect website (www.powertoprotect.net.nz) has information for parents/caregivers about how to cope with the stress of a child's crying and the consequences of shaking a baby.

Getting help and advice

Phone PlunketLine 0800 933 922 or Healthline 0800 611 116 for advice and support. Young parents may like to phone Youthline on 0800 376 633.

You can also find helpful information on the Power To Protect website (www.powertoprotect.net.nz).

Barnardos (website www.barnardos.org.nz, phone 0800 472 7368) also offer family support and counselling.

When will your baby sleep?

Newborn babies have varied sleep patterns and in the beginning do not know the difference between day and night time. In the first 3 to 6 months many babies wake to feed at least once or twice in the night, but this can vary greatly. From 6 months of age many babies settle into a pattern of having morning and afternoon naps, but often reduce their morning nap as they get more active. Their sleep cycles are shorter than those of adults, with a mixture of light and deep sleep.

A tired baby will rub their eyes, grizzle, yawn, have poor eye contact or stare into space. They may clench their fists, have tense movements and startle more easily than usual.

If night feeds are quiet with no playing, it helps your baby learn the difference between day and night time and develop sleeping habits to match the rest of the family.

Sleep your baby on their back so they can't roll over onto their face.

Check that your baby is warm but not too hot. The back of their neck or their tummy (under the clothes) should feel warm, not hot or cold. Your baby will be comfortable when their hands and feet are a bit cooler than the rest of their body. Don't over-wrap your baby or leave them in a closed room with a heater going. Babies can't throw their blankets off if they get too hot, and overheating can lead to serious illness.

Talk to your Lead Maternity Carer or Well Child provider if you are not sure about what to do.

Many parents/caregivers find that sleeping a baby in the baby's own bed in the parents' bedroom makes care easier. It also helps protect against SUDI and overheating.

Car seat

You will need a car seat from the day your baby is born. Car seats can be hired from Plunket, your local Well Child provider and some retail outlets – ask your Lead Maternity Carer for information.

Your time together from 6 weeks to 6 months

Good to know

Getting to know each other

- Spend time talking and singing to your baby.
- Breastfeeding and cuddling your baby helps them feel loved and secure.
- When your baby is awake, watch them have some play time on their tummy.
- Routines for bedtime and bath time help them feel secure.

Keeping your baby healthy

- Breastfeeding helps protect your baby's health.
- Immunisation helps protect your baby from serious infectious diseases (due at 6 weeks, 3 months and 5 months).
- A smokefree home and car helps protect against Sudden Unexpected Death in Infancy (SUDI), ear and chest infections and meningitis.

Keeping your baby safe

- Sleeping your baby flat on their back – no pillow – and in their own bed helps protect against SUDI.
- Use properly installed baby car seats in all cars for all trips.
- Test that tap-water temperature is around 50°C.
- Test that bathwater and drinks are not too hot for your baby.
- Keep small toys and objects away from your baby to prevent choking.
- Never shake, hit or smack your baby – if you feel you might lose control, put them in a safe place and walk away for a short time (➔ [See Coping with a crying baby page 126](#)).

➔ [Check Keeping your child healthy and safe on page 180.](#)

Looking after yourself

- Ask for and accept offers of help.
- Talk to family/whānau, friends, neighbours.
- Find parent/caregiver support groups that suit you.
- If you often feel sad, anxious and unable to cope, talk to someone you trust.

Tō kōrua noho tahi mai i te 6 wiki ki te 6 marama

He pai ki te mōhio

Te mōhio haere ki a kōrua anō

- Me whai wā ki te kōrero me te waiata ki tō pēpi.
- Mā te whāngai ū me te awhiawhi ka rongo tō pēpi i te aroha, i te tītina.
- I te wā e oho ana tō pēpi, me mātaki i a ia e tākaro ana i runga i tōna puku.
- Mā ngā whakaritenga mō te wā moe me te horoi ka āwhina kia tītina ia.

Te tiaki kia ora tō pēpi

- Ka āwhina te whāngai ū ki te tiaki i te hauora o tō pēpi.
- Ka āwhina te ārainga mate ki te tiaki i tō pēpi mai i ngā mate hōrapa taumaha (hei te 6 wiki me te 3 marama me te 5 marama).
- Ka āwhina te kāinga me te waka auahi kore ki te tiaki i tō pēpi mai i te mate kōhungahunga (SUDI), ngā whakapokenga taringa me te uma, me te kiriuhi ua kakā.

Kia haumarū tō pēpi

- Kia papatahi te takoto o tō pēpi ki tōna tuara – kaua he urunga – ka mutu ki roto anō i tōna ake moenga hei ārai atu i te mate kōhungahunga.
- Whakamahia he tūru waka kōhungahunga mō ngā haerenga katoa i rō waka.
- Whakamātauria kei te takiwā o te 50°C te pāmahana o te wai o te kōrere.
- Whakamātauria kāore i te tino wera rawa te wai horoi me ngā inu mā tō pēpi.
- Whakawāteahia ngā taputapu tākaro me ngā mea iti mai i tō pēpi kia kore ai e raoa.
- Kaua rawa e rurerure, e patu, e papaki rānei i tō pēpi – mēnā ki tō whakaaro ka keka koe, me waiho te pēpi ki tētahi wāhi haumarū ka hikoi atu mō tētahi wā poto. **Tirohia Te tū pakari me tētahi pēpi tangitangi (⇒ whārangi 126).**

⇒ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Te tiaki i a koe anō

- Me tono āwhina, me te whakaae ki ngā whakaaro āwhina.
- Kōrero ki tō whānau, ō hoa, kiritata hoki.
- Kimihia ngā rōpū mātua tautoko e hāngai ana ki a koe.
- Mēnā he rite tonu tō noho pōuri, mānatunatu me tō kore noho tau, me kōrero koe ki tētahi tangata e pono ana koe.

Getting to know each other

Cuddling, rocking, talking and singing are some of the ways you can communicate with your baby. Move with your baby to music, to introduce them to rhythm.

When your baby makes sounds, repeat the sounds back so they learn to talk with you. Babies are learning language from birth – talk and sing to them in your own language. Play simple games like peek-a-boo. Point out and name things that can be seen and heard. Talk about what you are doing and make eye contact with your baby while you are talking. Read books to your baby and describe the pictures.

Spending time with your baby grows your relationship with them. Making them part of the patterns of family/whānau life helps you get to know them and they begin to learn what to expect from others. You will learn to recognise the signs that they are tired, or hungry, or need a nappy change and develop routines for bedtimes and bath times. By responding to each other in these kinds of ways, you develop a growing relationship that helps your baby to feel loved and secure.



Feeding your baby

Breastfeeding is still best for your baby. If you are not breastfeeding, keep using an infant formula until they are 12 months old.

Remember to give your baby plenty to drink in hot weather and when they are ill. Breastfed babies do not need water or juice – only breast milk.

? If your baby has diarrhoea, follow the advice on page 226. If you are worried, phone Healthline 0800 611 116.

Your baby will probably not need solids until about 6 months old.

It's important not to introduce solid food too early because:

- your baby's body won't be ready for it – their kidneys and digestion are not developed enough to cope with solid foods
- they may be more likely to get eczema, asthma, food allergies or respiratory infections.

Starting your baby on solid food will not necessarily help them to sleep better at night.

Your baby may start putting their hands or toys in their mouth, or have a growth spurt and want to feed more at around 3 months. This is normal – it doesn't mean they are ready for solids.

? **If your baby seems hungry after breastfeeding before they are 6 months old, talk to your Well Child provider or doctor, or ring Plunketline on 0800 933 922.**

➔ **Turn to page 145 for more about first foods.**

Protecting your baby from SUDI

Help protect your baby against Sudden Unexpected Death in Infancy (SUDI).

SUDI is not common, but is a risk to babies during their first year of life.

Although for some babies the cause of death is never found, most SUDI happens when a baby is sleeping in an unsafe way. The commonest cause is suffocation by their bedding or accidental smothering by an adult or child who is sleeping with the baby.

Most of these deaths can be prevented. SUDI is extremely rare when babies are put to sleep in safe sleep conditions. There are many easy things we can do to protect our babies.

The safest place for all babies to sleep at night is in their own cot, bassinet, pēpi-pod® or wahakura, close to parents/caregivers and in the same room.

You can help protect your baby from dying suddenly in their sleep by:

1. making sure your baby is in their own bed for every sleep (and in the same room as parents/caregivers at night)
2. making sure your baby is on their back for every sleep
3. keeping your baby smokefree from the start
4. breastfeeding your baby
5. immunising your baby on time.

➔ **For more information, see [Protecting your baby from SUDI](#) on page 181.**

Keeping your baby's bed safe

Babies may begin to roll over from their back to their front when they get to 5 or 6 months old. You don't need to try and stop this from happening, as long as their cot is free of things that might suffocate them such as pillows, large soft toys or cot bumpers.

Make sure that cots are assembled correctly. The tops on the corner posts of wooden cots may need to be sawn off so your child can't hang themselves by their clothing. Consumer Affairs New Zealand state that spaces between the bars of the cot must be between 50 mm and 95 mm. Find one with the spaces closer to 50 mm if you can.

The cords for blinds and curtains are a danger. Put the cot away from the window so your child can't reach them.



For more on preventing choking and strangling, ➔ see page 184.

Head shape

A baby's head changes shape due to pressure on their soft skull when their head rests on the same spot for long periods. This can happen in all sleep positions because babies have heavy heads and sleep a lot.

➔ For advice on avoiding a flat spot developing on your baby's head, see page 126.

Crying

All babies cry. Some cry more than others, especially when they are between 6 weeks and 3 months old. It is very normal for babies at this age to seem unsettled at some time during the day or evening. This can be very stressful, and you may worry that there is something wrong.

If crying makes you angry or upset, ask for help.



Phone a friend for a chat if there is no help at hand, or your Well Child provider, or doctor, PlunketLine 0800 933 922 or Healthline 0800 611 116.

Keep trying to get help until you make contact with someone, somewhere. If you feel you might lose control and have no phone, put your baby in a safe place and walk away for a short time (➔ **Coping with a crying baby on page 126**).

Postnatal depression

About 1 in 8 mothers (and some partners too) will experience significant emotional distress such as depression or anxiety after the birth of their baby. This is more likely if they or a close family member have experienced these or similar difficulties in the past, or during pregnancy. Other factors can be stress, isolation, a difficult birth, or the birth of a baby with serious health problems.

You may feel weepy, anxious, tired or unable to sleep, or that you are just not coping with your baby. Sometimes these feelings can emerge suddenly and unexpectedly. At other times, your moods may swing for no obvious reason.

Because postnatal depression can affect how women feel about, and care for, their baby and other children, your Well Child provider will ask questions about your feelings when they visit, so they can help you get the support you need.

If you or your family/whānau notice any of these feelings, especially if they persist for more than a few days, talk straight away to your Well Child provider or doctor. You may want to take someone with you to the appointment. Your doctor will be able to talk to you about treatment and possible medication. They will also know what help is available in the community, such as postnatal depression groups, community mental health services, home help and counselling.

Other sources of information and support are:

- **The Depression Helpline (0800 111 757)**
- **Lifeline (0800 543 354)**
- **Samaritans (0800 726 666)**
- **Youthline (0800 376 633)**
- **Plunket (www.plunket.org.nz)**
- **Mental Health Foundation of New Zealand (www.mentalhealth.org.nz)**
- **Postnatal Distress Support Network Trust (www.postnataldistress.org.nz).**

If you do have postnatal depression, remember that it is treatable and that you can get support. Depression is an illness and most often people make a full recovery. It does not mean that you have 'failed' as a person or a parent.



Partners, fathers and other support people need to know what to do if they are worried about your mental health. They should understand that it's OK to ask for advice about the best way to support you.

Talk to other people as well. You may be surprised by how many of your friends and family have had similar feelings when they have had a new baby. Support and practical assistance (meals, childminding, housework) from family/whānau and friends will help with day-to-day needs and remind you that you are not dealing with this alone. Home help may be another option.

 **You can visit a local Plunket Family Centre (to find one, see *Plunket near you* on www.plunket.org.nz) for support and information or call PlunketLine 0800 933 922 to talk to a nurse.**

Your Well Child provider can also suggest services to help you cope with postnatal depression. There may be a local postnatal depression group you could join.

If you have had depression or another mental illness before, you might like to consider strategies that can help you in the first few months after having a baby. Asking other people to be ready to help you, or letting people know what to look for, can mean that you are able to get help earlier.

Alcohol and other drugs can make your depression worse. The Alcohol Drug Helpline offers free confidential information and support for your own or someone else's drink or drug problem, including where to find local services for counselling and help.

 **Their contact details are:**

- **Phone 0800 787 797**
- **Email info@alcoholdrughelp.org.nz**
- **Website www.alcoholdrughelp.org.nz**

Teething

Teeth start growing before a baby is born. Your baby's first tooth doesn't usually show until about 5 or 6 months after birth, and the last one at about 2½ years. The bottom front teeth usually come through the gum first.

Most babies don't show any distress when their first teeth come through, but for some, the gums swell and become sore as teeth break through. Teething may also be associated with restlessness and crying, a slight fever, cheek redness, not eating or sleeping well, drooling and a desire to bite something hard.

What you can do

If your baby is upset, gently rub their gums with a clean finger or the back of a cold spoon. You can also apply ice cubes wrapped in a wash cloth to the reddened cheek. Your pharmacy has special teething lotions and gels to gently massage into the gums.

Give something to chew on, such as a clean teething ring. It is best to avoid teething rings that have liquid inside, as the liquid may not be safe if the ring breaks.

? **If your baby has, a lot of pain, has bleeding or pus in their gums or swelling in the mouth or face, get help from a doctor or nurse or call Healthline (0800 611 116).**

Teething does not make babies sick and does not cause high fever, vomiting, diarrhoea or ear infections. If your baby is unwell, check with your Well Child provider or doctor (ring Healthline if you can't get to a doctor easily).

Looking after your baby's first teeth

Teeth are at risk of dental decay from the time they start to appear. From about 6 months of age children are at risk of tooth decay.

To keep teeth healthy you should start to brush your baby's teeth as soon as they come through the gum. Use a small soft brush and a smear of regular-strength fluoride toothpaste twice a day. One brushing should be last thing at night before bedtime. Low-fluoride children's toothpastes are not recommended in New Zealand by the Ministry of Health. Use 1000 ppm (regular strength) toothpaste – only a smear for younger children. This is based on many years of research on the effectiveness of different strength toothpastes. (➔ See page 209.)



Around 6 months is a good time to prepare your baby for drinking from a cup. Start with water in a sipper cup and you will find it much easier to wean from the breast or bottle later. It's important not to put your baby to bed with a bottle. Going to sleep with a bottle of milk or juice will start to cause tooth decay. If they want to suck on something to settle themselves, it's better to use a pacifier/dummy.

? **You can find useful information on your baby's teeth on the Plunket website (www.plunket.org.nz – on the home page, type **Caring for first teeth** in the Search box) and the Kids Health website (www.kidshealth.org.nz) – on the home page, type **Teeth: the first year** in the Search box.**

Returning to work outside the home

Breastfeeding

Many mothers go back to work and keep breastfeeding their babies. You can continue to breastfeed by:

- expressing breast milk so that someone else can feed your baby
- having your baby looked after near your work, so you can go and feed them
- having your baby with you at work
- having someone bring your baby to you at work for feeds.

Talk to your family and friends to see how they can help. Your Lead Maternity Carer, Well Child provider or doctor can give you advice.

By law, employers must give you unpaid breaks to breastfeed your baby or express milk at work, and must provide you with facilities to do this. If you are having problems getting this time, then someone at your work should be able to help you, or you can get advice from the websites below.

Useful websites

The Ministry of Health website (www.health.govt.nz) has a useful section – on the home page, type **Breastfeeding in public** into the **Search** box. The section covers breastfeeding at work and how to express and store breast milk. The Plunket website (www.plunket.org.nz) is also very helpful – from the home page, go to **You & your child**, then **6 weeks to 6 months**, then **Food & nutrition**).

The Breastfeeding Friendly Workplaces website (www.bfw.org.nz) has useful information about your right to breastfeed at work and advice on how to manage.

See the Ministry of Business, Innovation and Employment's Labour and Employment Relations website for information on parental leave and returning to work (www.dol.govt.nz, go to Employment relations, Holidays and leave, Parental leave).

Childcare

Explore early childhood education services, kōhanga reo and other learning options near you. Research online, look in your newspaper, or ask other whānau members, parents and neighbours about their experiences. You can also search the Yellow Pages, contact 0800 ECE ECE, 0800 323 323 or contact your local Ministry of Education office. Check out the Ministry of Education's website (www.minedu.govt.nz) for the booklet *Choices in Early Childhood Education* (www.minedu.govt.nz/~media/MinEdu/Files/Parents/ECE/Choices.pdf).

Ask for help and support from your partner, family/whānau and friends. Discuss your support needs with your Lead Maternity Carer, Well Child provider, nurse or doctor.

Babysitting – your sitter must be at least 14 years old

Anyone who looks after young children should learn first aid and rescue breathing. Talk to your Well Child provider or doctor about where you can learn this.

➔ **See also First aid and CPR, page 216.**

It is also important that you know that your sitter is safe with a crying baby. Make sure that they know what to do if your baby is unsettled.

Leave contact and emergency numbers by the phone.

Family violence and child abuse

Everyone in a family/whānau should feel safe and nurtured. Any behaviour by a family member that makes someone else feel controlled and fearful is never OK.

Family violence has a serious impact on children’s healthy development and behaviour, which can last their whole life.

The website of the Campaign for Action on Family Violence (www.areyouok.org.nz) has plenty of information, advice and resources. The website also gives links to various organisations that can help.

If you or your children feel unsafe in any way, you can talk to your Lead Maternity Carer, Well Child provider or doctor. They are trained to help. Someone in your family or whānau may be able to support you.

 **You can also contact Child, Youth and Family (0508 FAMILY, 0508 326 459) and talk to a social worker.**

If you fear for your immediate safety, call 111 for help.

➔ **For more information, see Keeping your child healthy and safe (page 180).**

Stress, tiredness and frustration

Stress, tiredness and frustration can make it hard for parents and caregivers to deal calmly with a crying child, tantrums or challenging behaviour without losing their own control. The SKIP website (www.skip.org.nz) has a good range of suggestions for coping effectively with difficult situations. From the home page, go to **Information for parents**, then **Things to try**.

➔ **See also Coping with a crying baby on page 126.**

Your time together from 6 months to 12 months

Good to know

Helping your child learn and grow

- Enjoy time hugging, playing with, and reading to your child.
- Talk, sing and play music to your child.
- Give your child lots of tummy time awake on the floor to help them explore their world and develop their muscles.

Keeping your child healthy

- Breastfeeding is still the best for your child.
- If bottle feeding, hold your child while feeding and do not put them to bed with a bottle.
- Children are usually ready for and need extra food at around 6 months of age. Ask for the booklet *Eating for Healthy Babies and Toddlers* (HE1521), available on the HealthEd website (www.healthed.govt.nz).
- To protect against tooth decay, do not put sweet drinks in your child's bottle.
- If using a dummy, do not dip it in sugar, honey or sweetened drinks, and do not let other children share it.
- Start brushing your child's teeth twice a day with a smear of fluoride toothpaste as soon as the first tooth erupts, and particularly at night before bedtime.
- Enrol your child with the Community Oral Health Service for advice about looking after their teeth and preventing tooth decay, and for future regular dental care – it's free (➔ [page 25](#)).

Keeping your child safe

- Infant car seats should remain rear facing until your child is 2 years old.
- Keep nappy buckets and other water containers empty if you are not using them. To prevent drowning, cover them when they are full and keep them out of reach.
- Always watch your child in or near water.
- Know what your child can do physically and supervise them from an appropriate distance.
- Avoid small, hard foods (or small toys) because of choking risks (⇒ page 146).
- Keep household cleaners, dishwasher powder and chemicals out of reach to avoid poisoning and burns.
- Child-resistant lids help protect babies and children from poisoning.
- Have a smokefree home and car (see the Smokefree website, www.smokefree.org.nz).
- Never shake, hit or smack your child – if you feel you might lose control, put them in a safe place and walk away for a short time.

⇒ Check **Keeping your child healthy and safe** on page 180.

Tō kōrua noho tahi mai i te 6 marama ki te 12 marama

He pai ki te mōhio

Te āwhina i tō tamaiti ki te ako me te tipu

- Me pārekareka ki te tākaro, te awhiawhi, me te pānui ki tō tamaiti.
- Kōrero, waiata me te whakatangi pūoro ki tō tamaiti.
- Me whai wā tō pēpi i a ia e oho ana ki runga i tōna puku ki te papa hei āwhina i a ia ki te hōpara i tōna ao me te whakawhanake i ōna uaua.

Te tiaki kia ora tō pēpi

- Ko te waiū te mea pai rawa mā tō tamaiti.
- Mēnā kei te whāngai mā te pātara, puritia tō tamaiti i te wā whāngai, ā, kua e tuku ki te moe me tētahi pātara.
- Ko te tikanga kua pai ngā tamariki ki te whiwhi kai atu anō i te 6 marama. Me tonu i te pukaiti *Eating for Healthy Babies and Toddlers* (HE1521, e wātea ana i te paetukutuku a HealthEd www.healthed.govt.nz mā te pouaka **Rapu rauemi**).
- Hei ārai i te pirau niho, kua rawa e whakakī i te pātara a tō tamaiti ki te waireka.
- Mēnā kei te whakamahia tami, kua rawa e tautau ki te huka, miere, waireka rānei, ka mutu kua e tuari ki ētahi atu tamariki.
- Me tīmata te parāhe niho ina puta tonu mai te niho tuatahi o tō tamaiti kia rua ngā wā i te rā mā tētahi pani niho pūkōwhai, otirā i te pō i mua i te hokinga ki te moe.
- Whakaurua tō tamaiti ki te Ratonga Hapori Hauora Noho mō ngā tohutohu mō te tiaki i ōna niho me te ārai i te pirau niho, me ngā hauora niho o muri mai – kāore he utu (⇒ **tirohia te whārangi 25**).

Kia haumarū tō pēpi

- Me anga whakamuri ngā tūru waka kōhungahunga kia 2 tau rā anō te pakeke o tō tamaiti.
- Kua rawa e waiho he wai ki roto i ngā pākete kope me ētahi atu ipu wai mēnā kāore ēnei i te whakamahia. Taupokina mēnā kei te kī me te waiho ki tētahi wāhi e kore e taea e te tamariki kia kore ai e toremi.
- Me mātakitaki koe i tō tamaiti i ngā wā katoa i a ia i roto, tūtata rānei ki te wai.
- Me mōhio koe ki te kaha ā-tinana o tō tamaiti, ā, ka whakahaere i a ia mai i tāhaki.
- Kua ngā kai iti, mārō (taputapu tākaro iti rānei) kei rāoa. ⇒ **Tirohia te whārangi 146** mō ētahi atu mōhiohio e pā ana ki te rāoa i te kai.
- Waiho ngā matū horoi whare, paura horoi rīhi me ētahi atu matū ki tētahi wāhi e kore ai e taea hei ārai atu i te paihana me te wera.
- Ka tiaki ngā taupoki raka i ngā pēpi me ngā tamariki kia kore ai rātau e paihanatia.
- Me auahi kore te kāinga me te waka (tirohia te paetukutuku Smokefree www.smokefree.org.nz).
- Kua rawa e rurerure, e patu, e papaki rānei i tō pēpi – mēnā ki tō whakaaro ka keka koe, me waiho te pēpi ki tētahi wāhi haumarū ka hīkoi atu mō tētahi wā poto.

⇒ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Having fun with your child from 6 to 12 months

Most of the best 'toys' for your baby at this age are in your home – for example, pots and pans or cardboard boxes. But your baby will learn best of all from the time you and other family/whānau spend with them.

Talk to your baby while you are dressing, bathing and feeding them, and make eye contact while you talk. When your baby makes sounds, repeat the sounds back so they learn to talk with you. They learn by hearing you – they will understand what you say before they start to talk. If you speak te reo or another language that is not English, your child will easily pick up both languages.

When you ask them to say the names of things they know, don't expect them to say the word clearly!

Play simple games like peek-a-boo. Point out and name things that can be seen and heard. Sing and tell stories. Read books to your baby and describe the pictures.

Your child will enjoy nursery rhymes, waiata, hand games, etc.

 **For ideas for action games, ask your local library or early childhood centre and kōhanga reo.**

Let them hear your own favourite stories, music, and rhymes.

Bedtime and other routines help make your baby feel secure. They might become attached to a toy or blanket they like to take to bed, to keep them company and to help them settle. From 9 months to 12 months, children learn by touching everything. This is normal, but you will need to keep dangerous and breakable things out of reach.

Praise them when they try to do things right, and ignore the behaviour you don't like.



Sleeping

By 6 months some children may sleep through the night without a feed but many continue to wake at night until 12 months and older.

You can't make a child sleep if they don't want to. But you can encourage them to develop good sleep habits by having a regular bedtime with good routines, such as a bath and a story after dinner. Dads love to play busy games with their children, but these are best avoided just before bedtime. If you are worried about your baby's sleeping, it may help to talk to your nurse or doctor or call PlunketLine.

Try to keep to the safe sleep practices that you have been using with your baby. Continue to place them in their own baby bed (cot, bassinet), don't use a pillow and place them flat on their backs – this keeps their airway clear for breathing.

Car seats and strollers should only be used for travelling and not as a sleeping device when you are at home or at your destination.

Safe sleep and SUDI

Sudden Unexpected Death in Infancy (SUDI) is a risk to babies until they are about 12 months old, but most SUDI is preventable. There are things we can do to protect our babies.

Although for some babies the cause of death is never found, most SUDI happens when a baby is sleeping in an unsafe way.

Babies may begin to roll over from their back to their front when they get to 5 or 6 months old. You don't need to try and stop this from happening, as long as their cot is free of things that might suffocate them such as pillows, large soft toys or cot bumpers.

Make every sleep a safe sleep

The safest place for all babies to sleep at night is in their own cot or bassinet, close to parents/caregivers and in the same room.

Always follow these safe-sleep routines for your baby and your baby's bed:

- Make sure your baby is in their own bed for every sleep (and in the same room as parents/caregivers at night).
- Make sure your baby is on their back for every sleep.
- Keep your baby smokefree from the start.
- Breastfeed your baby.
- Immunise your baby on time.

If you are out somewhere, or if you are sleeping with your baby, make sure they have their own safe place to sleep. If you go out, remember to take your portacot with you.

It is never safe to put your baby to sleep in an adult bed, on a couch or on a chair.

Car seats or capsules protect your baby when travelling in the car. Don't use them as a baby bed at home or at your destination.

If you don't have a baby bed, ask your Lead Maternity Carer or child health nurse. If you are on a low income, you may be able to receive a Special Needs Grant from Work and Income to buy a bed.



For more information visit www.workandincome.govt.nz or call 0800 559 009.

Make sure your baby's bed is safe

Your baby's bed needs a firm flat mattress that fits snugly so your baby can't get into any gaps between the frame and the mattress. There should be nothing in the bed that could cover their face or lift their head – no toys, pillows, loose bedding or bumper pads. Babies don't need pillows and are safest sleeping flat on their backs.

There are choking and strangling risks in the bedroom too. Make sure that cots are assembled correctly. The tops on the corner posts of wooden cots may need to be sawn off so your child can't hang themselves by their clothing. Consumer Affairs New Zealand state that spaces between the bars of the cot must be between 50 mm and 95 mm. Try to make the spaces closer to 50 mm if you can.

The cords for blinds and curtains are a danger. Put the cot away from the window so your child can't reach them.

➔ **For more on preventing choking and strangling, see page 184.**

Make sure your baby is healthy and strong

It is important to keep your home and car smokefree and make sure that others don't smoke around the baby. This will help your baby grow strong and healthy.

Keep breastfeeding your baby for the first year, and beyond if you like. Make sure your baby is immunised on time.

➔ **For more on safe sleep, see [Protecting your baby from SUDI](#) on page 181.**



If you find your baby not breathing, call for help, and begin rescue breathing (CPR) immediately (➔ page 216).

Feeding your baby

Keep feeding your child breast milk until they are at least 12 months old. If this is not possible, the only suitable alternative for children under 12 months is infant formula. Some mothers continue breastfeeding past this time. It's up to you and your child to decide when is the time to stop. Start giving some solids when your child is ready and needs extra food – this will be at around 6 months of age.

Your child may be ready to start solids if they:

- seem hungry after breast or formula feeds
- can hold their head up well
- are interested in watching you eat – they reach out, open their mouth when you're eating, and put their hands and toys in their mouth
- make chewing movements
- easily open their mouth when the spoon touches their lip or as food approaches, and don't stick their tongue forward to push the food out.

? Ask for the flyer *Starting Solids* (HE6014) and the booklet *Eating for Healthy Babies and Toddlers* (HE1521), both available on the HealthEd website www.healthed.govt.nz using the **Search resources box**.

Give the milk feed first and offer solids as a 'top up' – e.g., try 1 teaspoon first and slowly add more until your child is having about 3–4 teaspoons at a meal. First foods need to be plain, smooth and soft, such as:

- iron-fortified baby rice or infant cereal
- cooked and puréed (smooth with no lumps) lean lamb, beef, chicken, or puréed lentils and beans
- puréed apple, pear, apricot, peach or ripe mashed banana
- puréed kūmara, kamokamo, pumpkin, potato, carrot, marrow or avocado.



From about 7 to 8 months, you can introduce more texture by giving mashed rather than puréed vegetables and fruits. Some children are ready to try finger food in pieces that they can easily pick up and put in their mouths. Try pieces of very soft vegetables and fruit (e.g., ripe banana, well-cooked pumpkin), toast fingers and thin slices of cheese.

Babies do not need added sugar or salt.

Vegetarian babies can get iron from dark green leafy vegetables, egg yolk and wholemeal cereals. If you are bringing up your baby as a vegetarian or vegan, it is important that you get dietary advice, as babies need a different nutritional balance from an adult.

By 8 or 9 months, you can give solids before their milk feeds.

Why solids shouldn't be started too late

To grow and learn well, your baby needs the vitamins and minerals (especially iron) in solid foods from around 6 months of age. The nutrients in solid food help your baby's brain and body to develop. If you would like to know more about healthy eating for your child, or if you are worried about how your child is growing, talk to your Well Child provider or doctor.

A child is not always hungry. Getting upset about them refusing food makes it worse. It could just be time to offer smaller helpings or a new food.

Choking

Babies and young children can choke easily, so feed them only when they are seated and always stay with them while they eat.

Be aware of some high-risk foods, such as small hard foods (e.g., nuts, raw carrot or apple); small round foods (e.g., grapes, raisins or watermelon seeds); skins or leaves (e.g., stone fruits, lettuce); compressible foods (e.g., hot dogs, pieces of cooked meat); thick pastes (e.g., chocolate spreads, peanut butter); and fibrous or stringy foods (e.g., celery).

To avoid choking:

- alter the food texture if necessary – you can grate, cook, finely chop or mash the food
- remove high-risk parts of the food, such as the skin and the strong fibres in celery
- do not give small, hard foods such as chopped raw carrot, whole nuts and large seeds until children are at least 5 years old.

? For more information on food-related choking, see the Ministry of Health website (www.health.govt.nz - from the home page, go to **Your health, Healthy living, Babies and toddlers, Food-related choking**).

Looking after baby teeth

Your child may have some teeth by now.

Look after 'baby' teeth. Sweetened drinks, foods and fruit juices can cause tooth decay (holes) and cause your child to develop a taste for sweetened foods. Avoid putting your child to bed with a bottle, as the milk, formula or juice can harm their teeth as they sleep.

Baby teeth are important in helping your child to eat and speak properly. Baby teeth also hold the space for adult teeth. They guide the adult teeth into their correct position and are important for the proper growth of the face and jaw.

As soon as teeth appear, you should start the habit of gentle brushing with a small, soft toothbrush and a smear of regular-strength fluoride toothpaste twice a day. One of these brushings should be last thing at night before bed. Low-fluoride children's toothpastes are available, but they are not recommended in New Zealand by the Ministry of Health.

Gently lift your child's top lip once a month to check inside their mouth. It's a quick and easy way to see whether decay is present in its early, treatable stages.

? **Healthy Smiles (www.healthysmiles.org.nz) has information and advice from the New Zealand Dental Association, including a video on how to lift the lip - from the home page, go to **Your oral health, Educational videos, Lift the lip**.**

Look for chalky, white spots or patches at the gumline, particularly on the upper front teeth. Also look for discoloured areas or if any parts of the teeth are missing. Check that gums look healthy, not swollen or bleeding.

? **Discuss any concerns with your Well Child provider at the next visit, or with your doctor, or contact your Community Oral Health Service - 0800 TALK TEETH, 0800 825 583.**

Make sure you enrol your child with the Community Oral Health Service. The service is free. It encourages children to be enrolled at birth so that parents/caregivers and family/whānau can actively participate in their child's oral health care and learn to care for their child's teeth at home. It focuses on preventing ill-health and intervening early if an examination finds tooth decay.

Once your child is enrolled with the Community Oral Health Service, it is important to keep appointments, including regular dental check-ups, even if you find no visible decay when you lift your child's lip every month. Regular dental check-ups increase the chances that dental therapists will detect any signs of oral disease such as tooth decay early, which allows for timely treatment or preventive measures.

Useful websites

The Ministry of Health website has a page on oral health (www.health.govt.nz – on the home page, type **Teeth and gums** into the **Search** box) with links to a range of resources, including *Caring for Teeth* (HE1524) and *Let's Talk Teeth* (HE2248), as well as links to other websites.

The Healthy Smiles website (www.healthysmiles.org.nz) has excellent advice from the New Zealand Dental Association.

Family/whānau relationships

Keep in contact with friends and family/whānau. Good family relationships are important for everyone. Strong family bonds are important for a baby's brain development and emotional well-being.

Accepting help and support from family/whānau helps everyone be involved, and will make things easier for you too (⇒ **Looking after yourself on page 172**).

Take some time to be with your partner and with your other children.

It is good for partners to be involved in some child and health care too (⇒ **Partners are needed too on page 178**). Other children will want to be involved as well.



Your child between 1 and 2 years

Good to know

Helping your child learn and grow

- Give your child lots of hugs and praise.
- Listen and talk to them – notice them when they are good.
- Don't expect too much of them.
- Read, sing, tell stories and play together, rather than use TV or a DVD.

Keeping your child healthy

- Toddlers need three small meals a day and small healthy snacks in between – they have small stomachs and lots of energy.
- Brush your child's teeth twice a day with a smear of fluoride toothpaste.
- If your child uses a dummy, try to stop using it by the time they are 2 years old.
- Never put anything sweet, like honey, on a dummy.
- If your baby has been bottle feeding, avoid using a bottle after they are 12 months old.
- Sipper cups are a more positive way to introduce using mouth and tongue muscles.
- Choose foods and drinks low in sugar to reduce the risk of tooth decay.
- Water or full-fat cow's milk are the best drinks for your child.
- If you give your child sugary foods, it's best at mealtimes instead of as snacks, and less than once a week.
- Lift your child's upper lip every month to check for signs of tooth decay.
- Make sure your child is enrolled with the Community Oral Health Service.
- Immunisation (due at 15 months) helps protect your child from serious infectious diseases.

Keeping your child safe

- Use a child car seat in all cars, for all trips.
- Offer safe places to crawl, walk, run, jump and climb.
- Have fenced areas for outside play so that children can't get on the driveway, the road or in water.
- Always watch your toddler in or near water.
- Know what your child can do physically, and supervise from an appropriate distance.
- Vertical bars on fences make it hard for children to climb over to dangers.
- Only offer toddlers and young children food when they are seated, and stay with them while they eat.

- Toddlers and young children can choke easily. Don't give them hard foods, such as nuts or small hard sweets.
- Ask your pharmacist for child-resistant caps on all medicines and store them out of reach.
- Talk to your childcare centre about how they will keep your child safe.
- Keep lighters, matches and candles out of reach.
- Have a smokefree home and car.
- Never shake, hit or smack your toddler – if you feel you might lose control, put them in a safe place and walk away for a short time.

➔ **Check Keeping your child healthy and safe on page 180.**

Looking after yourself

- See and talk to friends, family, whānau.
- Join playgroups, parent groups.

Ko tō tamaiti i waenganui i te 1 me te 2 tau

He pai ki te mōhio

Te āwhina i tō tamaiti kia ako me te tipu

- Kia nui te awhiawhi me te whakanui i tō tamaiti.
- Whakarongo me te kōrero ki a ia – me aro ki a ia ina pai ia.
- Kaua e tino nui rawa ō tūmanako mōna.
- Pānui, waiata, kōrero pūrakau me te tākaro tahi ki a ia, kaua te pouaka whakaata me te kōpae ataata anake.

Te tiaki kia ora tō tamaiti

- Kia toru ngā kai iti mā ngā kōhungahunga ia rā me ngā paramanawa tōtika i waenga – he iti ō rātau puku, he nui te toritori.
- Parāhehia ngā niho o tō tamaiti kia rua ngā wā i te rā mā te pani pūkōwhai.
- Mēnā he whakamahi tami tō tamaiti, me whakamutu i mua i te ekenga ki te 2 tau.
- Kaua rawa he whakareka pēnei i te miere ki te tami.
- Mēnā kei te whāngai koe i tō pēpi mā te pātara, me whakamutu te whakamahi pātara i muri o te 12 marama.
- Me whāngai ki ngā kai me ngā inu he iti te huka hei whakaiti i te tūponotanga ki te pirau niho.

- Ko te wai, te miraka whai mōmona a te kau rānei ngā inu pai rawa mā tō tamaiti.
- Ki te whāngaihia e koe tō tamaiti ki ngā kai whai huka, ko ngā wā kai te wā pai kaua hei paramanawa ka mutu me iti noa ngā wā (iti ake i te kotahi i te wiki).
- Hikina te ngutu o runga o tō tamaiti ia marama ki te tiro tiro mō ngā tohu tuatahi o te pirau niho.
- Me whakarite kua whakaurua tō tamaiti ki te Ratonga Hapori Hauora Niho.
- Ka āwhina te ārainga mate (hei te 15 marama) ki te tiaki i tō tamaiti mai i ngā mate hōrapa taumaha.

Kia haumarū tō tamaiti

- Whakamahia he tūru waka tamariki ki roto i ngā waka katoa, mō ngā haerenga katoa.
- Me tuku wā ngōki, hīkoi, omaoma, pekepeke me te pikipiki haumarū.
- Me tākaro i waho i roto i ngā wāhi taiepa kia kore ai e eke ki runga i te ara kuhunga, huarahi, te wai rānei.
- Me mātakitaki koe i tō tamaiti i ngā wā katoa i a ia i roto, tūtata rānei ki te wai.
- Me mōhio koe ki te kaha ā-tinana o tō tamaiti, ā, ka whakahaere i a ia mai i tāhaki.
- He uaua mō ngā tamariki te piki i ngā pae torotika i runga taiepa ki ngā wāhi mōrearea.
- Me hoatu anake i te kai ki ngā kōhungahunga me ngā tamariki paku i te wā e noho ana rātau, ā, me noho tonu i tō rātau taha i a rātau e kai ana.
- Ka rāoa noa iho ngā kōhungahunga me ngā tamariki paku. Kaua rawa e whāngai ki ngā kai mārō pēnei i ngā nati, ngā rare iti mārō rānei.
- Me pātai koe ki tō taka rongoā mō ngā taupoki raka mō ngā rongoā katoa ka waiho ki tētahi wāhi e kore e taea e te tamariki.
- Me kōrero koe ki tō pokapū tiaki tamariki ka pēhea tā rātau tiaki i tō tamaiti kia haumarū ia.
- Me waiho ngā whakakā, hika ahi me ngā kārara kia kore ai e taea e te tamariki.
- Me auahi kore te kāinga me te waka.
- Kaua rawa e rurerure, e patu, e papaki rānei i tō kōhungahunga – mēnā ki tō whakaaro ka keka koe, me waiho ia ki tētahi wāhi haumarū ka hīkoi atu mō tētahi wā poto.

➔ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Te tiaki i a koe anō

- Kōrero ki tō whānau, ō hoa, kiritata hoko.
- Whakauru atu ki ngā rōpū tākaro, rōpū mātua.

Having fun with a toddler

Children learn by trying to do things themselves when they play. They like to be busy. You can help by:

- letting them make a mess and have fun using water, sand, clay, pot cupboards
- giving them interesting things to play with – play dough, textured fabrics, leaves
- giving them ideas for new things to try and do – pasting, drawing, building
- being pleased when they learn any new skill
- talking, reading and singing together
- letting your toddler be with other children
- encouraging make-believe play, providing dress-up gear.



? For more ideas, ask at your local library, early childhood centre and kōhanga reo.

? There is also a link between learning and movement. The Sport New Zealand website (www.sportnz.org.nz) has an excellent set of video clips on activities for children from newborns to 5 years of age. On the home page, type **Active movement videos in the Search box.**

Speech and language development

Talk to your child – about what they are doing and what is happening around you during the day. Use short, simple sentences and praise their attempts to talk to you. If they say a simple word, build on it – for example, if your child says “Ball”, you could say, “That’s a red ball, roll the ball”. Look at books together, tell the story and describe the pictures.

Toddler discovering ‘me’ – good ways to get what you both want

As a baby grows into a toddler, they begin to find out who ‘me’ is.

Notice them when they are good. Praise makes them want to do the things that please you.

They like to make simple choices, like which shirt or shoes to wear.

‘No’ becomes a favourite word. Ask questions that cannot be answered with ‘no’.

Children learn a lot by watching you. If you are kind and loving with a child, even when you have to be firm, it will help them learn self-control from you.

When you listen to children, they know you care about how they feel. Don't expect too much of them. Toddlers are still learning to understand how you want them to behave.

If there is a new baby, spend some special time alone with your toddler. Make them feel proud of being old enough to help with care of the new baby.

Feeding fun

Toddlers can have small amounts of the same food that you and your family/whānau eat, along with about 2 cups of milk each day. You will still need to take care with food texture to prevent choking. Do not give small, hard foods such as whole nuts and large seeds until children are at least 5 years old.

Don't worry if your toddler seems to be a 'fussy' eater. Most children will eat when they're hungry, although they may eat very little at times. As long as they are growing well and have lots of energy, just keep offering healthy choices. Don't worry if they refuse some things – they'll make up for it by eating other foods. For example, they may reject some vegetables but gobble up plenty of fruit instead. Offer smaller helpings if they reject food and offer the rejected food later on.

Avoid giving fatty or fried foods, or foods high in sugar or salt. Children who eat 'treat' foods too often tend to want less healthy food.

Tips for fussy eating

Toddlers like to be independent and will let you know what they do and don't like. Some will drink and eat everything they're offered, while others pick and choose.

They may suddenly refuse a food that was a favourite. Even the best eaters are fussy at times. Here are some tips that may help.

Offer small amounts of the foods they refuse, as well as new foods and the foods they like.

Try to serve meals before your child is tired, or have your evening meal earlier. Offer a variety of foods during the day, as a tired child may not eat well at night.



Try not to battle over mealtimes. Give them a range of healthy foods and let them choose what they want and how much. Don't bribe, force or nag over leftover food – it's better to praise them for trying.

Present your child's food in different ways – for example, offer meat as hamburgers or meatballs. Involve your child in preparing food, as this may increase their interest.

Offer your child simple choices – e.g., 'Do you want an apple or banana?' This will help them feel they have some control.

Avoid snacks just before meals. A 1–2 hour gap will help them feel hungrier by meal time. If your child asks for food but doesn't seem hungry, try to keep them busy.

It's best to offer drinks in a cup rather than a bottle. Check how much they are drinking, as too much milk can reduce their appetite. Toddlers can usually have up to 500 ml (2 cups) of milk per day.

Eat together sitting down as a family and remove other distractions (like the TV). Eat the foods you want your children to eat. They love to copy what you do.

Food for energy and growth

Children eat small amounts, and so they need three small meals a day and small healthy snacks between meals, such as:

- crackers and little sandwiches
- pieces of soft or grated raw or cooked cold vegetables and/or fruit
- cereals – choose cereals that are low in fat and sugar
- yoghurt, milk, or small, thin slices of cheese
- soft, slightly mashed, cooked dried peas, beans or lentils
- chopped hard-boiled egg, finely chopped pieces of soft lean meat or chicken.



Remember to cut food to a size your child can easily hold and eat, and offer food that matches your child's ability to chew and grind. Most young children can't grind hard food until they get their final molars, which is usually between 2½ and 3 years of age.

➔ See pages 220 and 221 for what to do if your child is choking.

Children need to be offered plenty to drink – more when they are busy and when it's hot. If your child is thirsty, water is the best drink.

Fruit drinks, juice, flavoured milk and fizzy drinks are high in sugar and are harmful for children's teeth. It's best to choose either water or plain milk and keep other drinks for treats. If you are giving children juice, add plenty of water – 1 part juice to 10 parts water.

Show your child you are physically active, and they will learn from you – walking to the park, playing with a ball, etc.

Teeth – time to teach brushing twice a day

Help your child with the habit of brushing their teeth twice a day – after breakfast and before bed. If you start cleaning your child's teeth as soon as they come through, toothbrushing becomes a routine and your child will allow you to help them. Children need help to clean their teeth until they are around 8 or 9 years old.

Use a small toothbrush with soft bristles and a smear of regular-strength fluoride toothpaste to help harden and protect the teeth. You may find it easier to stand behind your child and gently tilt their head back as you brush. Brush all around the inside surfaces, where teeth meet the gums, and also the top chewing surfaces. On the front of the teeth, brush in tiny circles all around the outside surfaces, close to the gums.

Don't rinse the mouth with water, but teach children to spit out the left-over toothpaste. By not rinsing toothpaste from the mouth after brushing, fluoride remains in contact with the teeth for longer and can more effectively prevent tooth decay.

Toothpaste should not be eaten and children should be supervised when they use toothpaste.

As your child gets older, it's a good idea to let them try using their toothbrush after you have cleaned their teeth for them. Most toddlers and young children enjoy doing this.

Make sure you look after your own teeth well – your child will learn most about how to clean their teeth by copying you. Also, your child can catch bacteria from you that cause tooth decay – for example, if you share spoons or your toothbrush.



If you haven't been contacted by the Community Oral Health Service yet, check to make sure you are enrolled, or to get an appointment – phone 0800 TALK TEETH, 0800 825 583.

It is important to keep appointments, including regular dental check-ups, even if you find no visible decay when you lift your child's lip every month. Regular dental check-ups increase the chances of finding and treating any tooth decay early.

If your child accidentally bumps their teeth, it is important that you take them to a dental therapist in the Community Oral Health Service or a dentist, even if the teeth still look all right. The dental therapist or dentist can check that no damage has been done to the nerves or to the developing teeth.

Useful websites

The Ministry of Health website has a page on oral health (www.health.govt.nz – on the home page, type **Teeth and gums** in the **Search** box) with links to a range of resources, including *Caring for Teeth* (HE1524) and *Let's Talk Teeth* (HE2248), as well as links to other websites.

The Healthy Smiles website (www.healthysmiles.org.nz) has information and advice from the New Zealand Dental Association, including a video on how to lift the lip – from the home page, go to **Your oral health**, **Educational videos**, **Lift the lip**.

The Kids Health website (www.kidshealth.org.nz) has excellent advice on caring for toddlers' teeth – on the home page, type **Teeth: preschool years** in the **Search** box.

Toddlers get hurt

Your toddler is learning about their body and trying to do a lot of new things. However, they can't see danger and so rely on adults to keep them safe. They are more likely to be injured between 1 and 2 years of age than at any other time in their life. It is really important to make sure that someone is keeping an eye on your toddler at all times. This is especially important when there are lots of people around, or if you are in an unfamiliar place.

 For ideas and information on safe activity, see the **Parents/Whānau** page of the Sport New Zealand website (www.sportnz.org.nz).

➔ See also **Keeping your child healthy and safe** on page 180.

Toilet training

A child will be ready to start learning to use the toilet any time between about 20 months and about 3 years. Every child learns at a different pace.

The right time will be when they:

- know when they are wet or dirty
- are beginning to try to do things without your help.

Teach your child to wash their hands each time after using the toilet.



 The **SKIP** website has a good section on toileting (www.skip.org.nz – on the home page, type **Toileting** in the **Search** box). There is also a pamphlet, *Out of Nappies and onto the Toilet* (www.skip.org.nz/documents/pamphlets/out-of-nappies-onto-the-toilet.pdf).

Your child between 2 and 3 years

Good to know

Helping your child learn and grow

- Spend time with your child, listen and talk to them. This grows the bond between you, helps them feel loved and secure, and helps their language development.
- Use words for feelings, both yours and theirs (e.g., happy, sad, angry).
- Notice when they are good and praise them.
- Read to them every day – limit time spent with the TV, DVDs, or electronic games to less than 2 hours a day.
- Play with your child inside and outside. Find safe places to crawl, walk, run, jump and climb.

Keeping your child healthy

- Young children need lots of small meals and healthy snacks. Keep chippies, sweet biscuits, etc for treats.
- Choose nutritious and tooth-friendly snacks.
- Choose food and drinks low in sugar.
- Water and milk are best to drink.
- Brush your child's teeth twice a day with a smear of regular-strength fluoride toothpaste. Your child needs your help to brush their teeth until they are 8 or 9 years old.
- Lift the lip once a month to check for signs of tooth decay – ask your Well Child provider to show you how to do this.
- Make sure your child is enrolled for and attends regular visits at the Community Oral Health Service (0800 825 583).

Keeping your child safe

- Children can move quickly and need to be kept an eye on at all times, especially when there are lots of people around or they are in unfamiliar places.
- Fenced areas for outside play help to stop children getting on the driveway or road.
- Always hold your child's hand to cross the road.
- Know what your child can do physically, and supervise from an appropriate distance.
- Helmets and shoes protect heads and feet on trikes.

- Use a child car seat in all cars, for all trips.
- Children will copy you so make sure you keep lighters, matches and candles where children can't reach them.
- Have a smokefree home and car and don't keep lighters and matches in the car.
- Never shake, hit or smack your child. If you feel you might lose control, put them in a safe place and walk away for a short time (→ page 161).

→ Check **Keeping your child healthy and safe** on page 180.

Ko tō tamaiti i waenganui i te 2 me te 3 tau

He pai ki te mōhio

Te āwhina i tō tamaiti ki te tipu me te ako

- Me whai wā koe ki te whakarongo me te kōrero ki a ia. Ka tipu te hono ki waenga i a kōrua, ka rongoa ia i te aroha me te manaaki, ā, ka āwhina ki te whakapakari i tōna reo.
- Whakamahia ngā kupu kare ā-roto, āu me āna (hei tauira, harikoa, pōuri, riri).
- Me aro atu ina pai ia me te whakanui i a ia.
- Me pānui ki a ia ia rā – kia iti ake i te rua haora i te rā te wā ka whakapaua ki te pouaka whakaata, kōpae ataata, me ngā tākaro ataata.
- Me tākaro koe me tō tamaiti ki rō whare me waho. Kimihia ngā wāhi haumarua ki te ngōki, hīkoi, omaoma, pekepeke me te pikipiki.

Te tiaki kia ora tō tamaiti

- Kia nui tonu ngā kai iti me ngā paramanawa hauora mā ngā tamariki paku. Waiho ngā kotakota riwai, pihikete reka, aha atu aha atu mō ngā wā hari.
- Me whiriwhiri ko ngā paramanawa whai painga, pai hoki mō ngā niho.
- Me whiriwhiri ko ngā kai me ngā inu iti te huka.
- Ko te wai me te miraka ngā inu pai rawa.
- Parāhehia ngā niho o tō tamaiti kia rua ngā wā i te rā mā te pani pūkōwhai. Me āwhina koe i tō tamaiti ki te parāhe i ōna niho kia eke rā anō tōna pakeke ki te 8, ki te 9 tau rānei.
- Hikina te ngutu o runga kia kitea ngā tohu tuatahi o te pirau niho – pātai atu ki tō kaiwhakarato Tamariki Ora me pēhea te mahi i tēnei.
- Me whakauru e koe tō tamaiti ki te Ratonga Hapori Hauora Niho (0800 825 583), ā, kia rite tonu ana toronga.

Kia haumarū tō tamaiti

- Ka taea e ngā tamariki te nekeneke wawe haere, ā, kia mātakitakina rātau i ngā wā katoa, otirā i te wā e maha ana te tangata, i ngā wāhi tauhou rānei.
- Ka āwhina ngā wāhi taiepa ki te ārai i te tamariki kia kore ai e puta ki te ara kuhuna, te huarahi rānei.
- Puritia te ringa o tō tamaiti ki te whakawhiti i te huarahi i ngā wā katoa.
- Me mōhio koe ki te kaha ā-tinana o tō tamaiti, me mātakitaki mai i tāhaki.
- He ārai wharanga ngā pōtae mārō me ngā hū i runga pahikara toru wira.
- Whakamahia he tūru waka tamariki ki roto i ngā waka katoa, mō ngā haerenga katoa.
- Ka whai ō tamariki i a koe, nā reira me waiho ngā whakakā, ngā hika ahi me ngā kānara kia kore ai e taea e te tamariki.
- Me auahi kore tō kāinga me tō waka. Kua ngā whakakā me ngā hika ahi e waiho i rō motokā.
- Kua rawa e rurerure, e patu, e papaki rānei i tō tamaiti – mēnā ki tō whakaaro ka keka koe, me waiho te tamaiti ki tētahi wāhi haumarū ka hiko atu mō tētahi wā poto. (⇒ **Tirohia te whārangi 161**).

⇒ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Having fun and learning

Your child will enjoy going to a playgroup or other early childhood group.

Dreaming, pretending and talking to themselves are important parts of your child's play.

Your local library, early childhood centre and kōhanga reo will have more ideas and information about play. They may also have special toddler reading sessions. These are fun for your child – and for you.

There is also a link between learning and movement. Encourage your child to extend themselves in a safe way, by balancing, jumping, etc. Be a positive role model by being active – walking the dog, swimming, running, going for family walks.



The Sport New Zealand website (www.sportnz.org.nz) has an excellent set of video clips on activities for children from newborns to 5 years of age. On the home page, type **Active movement videos in the **Search box**.**

Speech and language development

Have simple conversations with your child. Follow their lead and talk about activities they are doing. Get their attention before you speak and reduce background noise and distractions.

When you talk to your child, use the same level of words and sentences that they do, or a little higher. Use positive language rather than negative – for example, “Put the book on the shelf” rather than “Don’t put your shoe on the chair” – and be specific – “Put your cup on the table” rather than “Put it there”.

Create the need to talk. Wait for your child to tell you what they want or need, or offer them two options when you ask them a question – “Would you like to drink milk or water?” Give them time to think about it and reply. Reward their attempts to talk. Read books together and ask your child about the pictures – for example, “Is the boy happy or sad?”

Behaving well

Helping children learn to behave the way you want them to is one of the toughest jobs of parenting. Copying you is one of the most important ways they learn. If you behave the way you want them to behave, they will learn from you.

Ignore unwanted behaviour or distract the child with something else. Unwanted behaviour may be a way of getting your attention. Listen to your child when they talk to you and spend time with them.

Get agreement and support from partners, family, whānau and other caregivers on TV time, eating, playing, bedtime and general expectations.

Children won’t stop loving you if you’re firm with them. They’ll feel a lot safer when they know what the limits are, even though they will test them sometimes. Being fair and consistent makes things easier for them – and for you.

? For positive parenting ideas and courses, see the SKIP website (www.skip.org.nz) or Family and Community Services (www.familyservices.govt.nz).



Tantrums are normal – some ideas you might like to try

Try to avoid tantrums:

- give them time to say what they want or feel
- recognise the situations where your child is likely to have a tantrum, e.g., when they are tired, hungry or frustrated – have food and drink on hand or offer a distraction if you see the warning signs
- tell them what you would like them to do and be pleased if they do it.

If a child has a tantrum:

- ignore the tantrum and walk away a short distance until things have calmed down
- gently take them to a safe place for 'time out'. ('Time out' means 2–3 minutes in a safe place away from contact with other people until things calm down.)

If a child's behaviour is making you feel really angry and upset

Never shake, hit or smack your child. Put them in a safe place, like a bedroom (bathrooms or laundries can be unsafe places) and walk away from them until things cool down.

Call someone you trust if you feel you might lose control. Remember that words can hurt too.

Other sources of help

District health boards may run parenting courses and may provide counselling or therapy for you and/or your child if that is required. Your doctor or Well Child nurse will need to make a referral for you.

Phone PlunketLine 0800 933 922 or Healthline 0800 611 116. Young parents can phone Youthline on 0800 376 633.

You can also find helpful information on the Power To Protect website (www.powertoprotect.net.nz). Their helpline 0800 300 026 is available 24 hours a day, every day of the year.

Barnardos (website www.barnardos.org.nz, phone 0800 472 7368) also offer family support and counselling.

Caring for teeth

As your child gets older, it's a good idea to let them try using their toothbrush after you have cleaned their teeth for them. Most toddlers and young children enjoy doing this, and your child may want to brush their own teeth by now. However, children cannot brush properly by themselves until they can control a pencil and begin to write. You should keep helping your child brush their teeth until they are 8 or 9 years old.

Teeth should be brushed twice a day with a smear of regular-strength fluoride toothpaste after breakfast and before bed.

You will need to put the toothpaste on the brush (a smear for children under 6) because small children will nearly always put too much on. Using too much toothpaste can mean your child's fluoride intake is too high, and may affect adult teeth as they are forming in the gum, causing white speckles. Encourage your child to spit out the toothpaste after brushing and not to rinse with water. Make sure they do not eat toothpaste.

Make sure your child is enrolled with the Community Oral Health Service or a dentist and that you, other family members or whānau accompany them to appointments. Regular dental visits are vital for advice on keeping your child's teeth healthy and to recognise and treat problems early.

If your child accidentally bumps their teeth it is important that you take them to a dental therapist in the Community Oral Health Service or a dentist, even when the teeth still look all right. The dental therapist or dentist can check that no damage has been done to the nerves or to the developing teeth.

Bedtime

Children need their sleep – and so do you. You can decide to be firm about having a regular bedtime. Establishing a daily bedtime routine with cuddles and a story or a special toy will help make bedtime easier. Try to avoid busy play just before bedtime – make sure this is a quiet time. Talk to your child about how staying in bed after the light is out is a good thing to do. Praise them in the morning if they do it.

If your child gets out of bed, don't react. Just put them back to bed. The idea is for them to get bored with the behaviour rather than you getting angry.

If you are having trouble with bedtimes, ask your Well Child provider or doctor for advice or call PlunketLine to talk to a Well Child nurse.



The Raising Children in New Zealand website has an excellent page on young children and sleeping (www.raisingchildren.org.nz, **Topics, Sleeping, Toddlers and two-year-olds).**

Toilet training

When a child has been dry for a while in the daytime, they will usually start having some dry nights as well. This is a sign that you can start to talk about moving from a nappy or pull-ups to wearing pyjama pants at night. They will still have a few accidents, so be prepared to support and encourage them as they learn to be dry. It takes a lot longer for children to learn control at night than in the daytime, but some will learn quickly. Don't push it at this age – wait until they are ready.

Sometimes children who are dry at night start wetting again. This can be due to stress (such as the arrival of a new baby or moving house), but will settle down quickly with positive encouragement and support. If it persists or you have concerns about it, ask your Well Child provider or doctor for advice or call PlunketLine.

Don't punish your child for 'accidents' – they are still learning. Reward them for getting it right.



The SKIP website has a good section on toileting (www.skip.org.nz/toileting). The SKIP pamphlet *The tricky bits* also has a section on toilet training (<http://skip.org.nz/documents/pamphlets/skip-tricky-bits-tips-for-under-fives.pdf>).



Your child between 3 and 5 years

Good to know

Helping your child learn and grow

- Your child will enjoy time to play and friends to play with.
- Let them know they are special – tell them they are great.
- Notice when they are good and praise them.
- Listen to them tell you how they feel – spend time talking together.
- Have meal and snack times together.
- Spend individual time with each child.
- Read to them every day. Limit time spent with the TV, DVDs and electronic games to less than 2 hours a day.

Keeping your child healthy

- Children need many different foods from the four food groups every day:
 - vegetables and fruit
 - breads and cereals
 - lean meats, chicken, seafood, eggs, dried beans, peas and lentils
 - milk and milk products like cheese and yoghurt.
- Some children need more food than others.
- Offer healthy and tooth-friendly snacks and drinks and foods low in sugar to reduce the risk of tooth decay.
- Fruit drinks and juice, cordials and other sweetened drinks (including soft drinks and sports drinks) are not recommended.
- Brush your child's teeth twice a day with just a smear of fluoride toothpaste.
- Lift your child's lip once a month to check for signs of tooth decay.
- Continue to take your child for their regular dental check-up appointment or for any treatment that is required.

Keeping your child safe

- Anticipate danger and help your child avoid dangerous situations. Make sure an adult supervises your child at all times, especially when they are in unfamiliar places.
- Always hold your child's hand to cross the road.
- Know what your child can do physically, and supervise from an appropriate distance.

- Bikes and trikes should not be ridden on the road.
- Helmets and shoes protect heads and feet on bikes and trikes.
- Immunisation (due at 4 years old) helps protect your child from serious infectious diseases.
- Never shake, hit or smack your child – if you feel you might lose control, ask for help.

→ Check **Keeping your child healthy and safe** on page 180.

Ko tō tamaiti i waenganui i te 3 me te 5 tau

He pai ki te mōhio

Te āwhina i tō tamaiti ki te ako me te tipu

- Ka ngahau ki tō tamaiti te wā tākaro me ngā hoa tākaro.
- Me mōhio ia he hirahira ia – kōrerohia atu tōna nui.
- Me aro atu ina pai ia me te whakanui i a ia.
- Whakarongo ki a ia, kōrerohia ōu whakaaro ake mōna – me whai wā kōrua ki te kōrerorero.
- Me kai tahi kōrua.
- Me whai wā motuhake mō ia tamaiti.
- Me pānu ki a ia ia rā – kia whāiti te wā ki te pouaka whakaata/kōpae ataata/tākaro ataata – ka nui te kotahi haora i te rā.

Te tiaki kia ora tō tamaiti

- Me kai ngā tamariki i ngā momo kai rerekē ia rā mai i ngā rōpū kai e whā:
 - ngā huawhenua me ngā huarākau
 - ngā parāoa me ngā huapata
 - ngā mīti iti te mōmona, heihei, kaimoana, hēki, pīni maroke, pī me ngā patapoki
 - miraka me ngā hua miraka pēnei i te tīhi me te iokete.
- Me nui ake te kai mā ētahi tamariki i ētahi atu.
- Me whāngai ki ngā paramanawa, kai me ngā inu hauora, pai hoki mō ngā niho, iti hoki te huka hei whakaiti i te tūponotanga o te pirau niho.
- Kāore e tūtohutia te whāngai i ngā inu huarākau, wairanu, waireka hoki (tae atu ki ngā waireka pupū me ngā inu hākinakina).

- Parāhehia ngā niho o tō tamaiti kia rua ngā wā i te rā mā te pani pūkōwhai.
- Hikina te ngutu o runga kia kitea ngā tohu tuatahi o te pirau niho, te pirau taumaha rānei.
- Me heri haere tonu tō tamaiti kia tiroirohia ōna niho, kia whakatikahia rānei mēnā e hiahiatia.

Kia haumarū tō tamaiti

- Tūmanakohia ngā mōreatanga ka āwhina i tō tamaiti ki te ārai i ngā āhuetanga mōrearea: Me mātua whakarite kei te whakahaerehia tō tamaiti e tētahi pakeke i ngā wā katoa, otirā i ngā wāhi tauhou ki a ia.
- Puritia te ringa o tō tamaiti i ngā wā katoa ki te whakawhiti i te huarahi.
- Me mōhio koe ki te kaha ā-tinana o tō tamaiti, ā, ka whakahaere i a ia mai i tāhaki.
- Kaua rawa ngā pahikara me ngā taraihikara e ekehia i runga i te huarahi.
- He ārai wharanga ngā pōtae mārō me ngā hū i runga pahikara, taraihikara hoki.
- Ka āwhina ngā ārainga mate (hei te 4 tau, i mua i te tīmatanga i te kura) ki te tiaki i tō tamaiti mai i ngā mate hōrapa taumaha.
- Kaua rawa e rurerure, e patu, e papaki rānei i tō pēpi – mēnā ki tō whakaaro ka keka koe, me tono āwhina.

➔ **Tirohia Kia haumarū, kia ora tō tamaiti i te whārangi 180.**

Having fun with a preschooler

Playing, talking and listening

Try to spend time with your child every day without any interruptions. Make playtimes interactive and fun for the child – consider their interests. Giving your child this kind of attention will make them feel special.

Encourage active play and story time. Your local library will have some good ideas about suitable books. Talking and reading together helps language development.

Television, computers, tablets and similar digital devices can be a good resource for children’s learning, but they learn better when an adult shares it with them. Make sure the programmes are suitable for children, and keep total screen time to less than 2 hours a day, and not last thing at night.

Family time over dinner is important for talking together, so it is better if the TV is off. Not having such a distraction during mealtimes also helps family members to be mindful of what they eat and stay a healthy weight.

? The Sport New Zealand website (www.sportnz.org.nz) has an excellent set of video clips on activities for children from newborns to 5 years of age. On the home page, type **Active movement videos** in the **Search** box.

Behaviour and needs - helping children develop self-discipline

Children do best when they feel loved and valued, are well supervised, and know how they should behave.

Give positive attention. Appreciation, praise and hugs for good behaviour are far more effective than criticising and punishing. If you want to encourage a behaviour, notice it. Let your child know how proud you are of them.

Ignore little things. Choose your battles. Intervene in challenging behaviour only when your child is behaving really badly or is in danger. Giving attention to a child's bad behaviour usually makes it worse. Children love attention and will sometimes behave in any way that gets it.

Ensure your child understands what is expected of them. Explain to your child exactly what you expect of them and help them to understand the behaviour you want. Be clear and consistent. If your expectations are the same over time, your child is more likely to learn to meet them.

? You can find more information and clips on the Raising Children in NZ website (www.raisingchildren.net.au).



Communicate clearly. When talking to your child, make sure you have their attention. Keep the message short and simple so that they will understand. If you think they can't hear you, ask your Well Child provider or doctor for their hearing to be checked.

Allow for difference. Every child has their own personality and individual needs. Some are harder to guide than others. Remember that no one is well behaved all the time!

Help children learn from their mistakes. Children – and adults too – make mistakes. Mistakes are opportunities we can all learn from.

Help children learn about feelings. All feelings are OK – it's how we respond to what happens around us. It's what we do about our feelings that we need to be able to control.

Children need to know it's OK to have bad feelings. They also need to learn how to show their feelings without hurting themselves or anyone or anything else. It's not helpful or healthy to let angry feelings build up. Help children find safe ways to express their feelings. Talk to them about their feelings and their worries. It is never too early to learn that a problem shared is a problem halved.

When you feel angry with your child

Stress, tiredness and frustration can make it hard for parents and caregivers to deal calmly with a crying child, tantrums or challenging behaviour without losing their own control. Almost all parents/caregivers have times when they feel so angry they shout, or want to smack or hit their child. If you feel really angry or upset, give yourself a couple of minutes of 'time out' – walk away from them until things cool down. Remember, parents are models for their children. They will want to copy your behaviour to be just like you.



The SKIP website (www.skip.org.nz) has a good range of suggestions for coping effectively with difficult situations. From the home page, go to **Information for parents, Things to try.**

➔ **See also Coping with a crying baby on page 126.**

Useful websites

For positive parenting ideas, see:

- SKIP (www.skip.org.nz) – go to **Information for parents, Child development and behaviour**
- the **Whakatipu resources** on the SKIP website (www.skip.org.nz), for developing strong whānau connections
- Family and Community Services (www.familyservices.govt.nz) – go to **Family & whānau, Raising children**
- Families Commission (www.familiescommission.org.nz/parenting) – see the pages **About parenting, Parenting topics** and **Parenting toolkit**.

Never leave a child at home alone

The law says children must be 14 years old before they can be left alone.

The Families Commission website (www.familiescommission.org.nz/parenting) has a useful section on this – go to **Parenting topics, Keeping your family safe, Leaving children alone**.

When it's OK for children to say 'no'

Children need to learn that they can say 'no' to an adult or older child in order to keep themselves safe.

They also need to know:

- never to get in a car or go anywhere with someone they don't know
- the difference between 'good' touching and 'bad' touching – bad or 'yucky' touching is anything that makes them feel uncomfortable
- that it's always safe for them to tell you things and keep telling you even if another adult tells them not to. They need to know that someone will listen.

Family violence and child abuse

Everyone in a family/whānau should feel safe and nurtured. Any behaviour by a family member that makes someone else feel controlled and fearful is never OK.

Family violence has a serious impact on children's healthy development and behaviour, which can last a lifetime.

The website of the Campaign for Action on Family Violence (www.areyouok.org.nz) has a wealth of information, advice and resources. The website also gives links to various organisations that can help.



If you or your children feel unsafe in any way, you can talk to your Well Child provider or doctor. They are trained to help. Someone in your family or whānau may be able to support you.

? You can also contact Child, Youth and Family (0508 FAMILY, 0508 326 459) and talk to a social worker.

If you fear for your immediate safety, call 111 for help.

➔ For more information, see **Keeping your child healthy and safe (page 196)**.

Preschoolers' teeth

Your child will probably want to brush their own teeth by now. You should continue to help your child brush their teeth until they are 8 or 9 years old. Brush twice a day with a smear of regular-strength fluoride toothpaste and encourage your child to spit out the toothpaste after brushing and not rinse with water. Make sure that your child is not using too much fluoride toothpaste, or eating it.

Enrol your child with the Community Oral Health Service or a dentist and ensure that you or other family members or whānau accompany your child to appointments. Regular dental visits are vital, not only to prevent potential dental problems but also to reduce the stress and pain of dental decay.

If your child accidentally bumps their teeth, it is important that you take them to a dental therapist in the Community Oral Health Service or a dentist, even when the teeth still look all right. The dental therapist or dentist can check that no damage has been done to the nerves or to the developing teeth.

? Contact your Community Oral Health Service for free advice and treatment - call 0800 TALK TEETH, 0800 825 583.

Toilet training

About 1 in 10 of all 5 year olds still can't help wetting the bed at night. Some may have the occasional wetting during the day too. Boys often take longer to be dry at night than girls. Getting upset and angry won't help. Just show them you are really pleased when they are dry all night.

Sometimes a simple star chart can help them be dry at night, but don't make it too hard for them to get a reward to start with. Use rewards like special time or an outing rather than sweets or other treats.

Sometimes children who are dry at night start wetting again. This can be due to stress (such as the arrival of a new baby or moving house), but it should settle down quickly with positive encouragement and support. If it persists or you have concerns about it, ask your Well Child provider or doctor for advice or call PlunketLine to talk to a Well Child nurse.

 The SKIP website (www.skip.org.nz) has a useful page on toilet training. On the home page, type **Toileting in the Search box.**



Looking after yourself



When you're a new mother you need time to develop a relationship with your baby. As they grow you're more likely to enjoy being a parent if your needs are met too.

Eating well

What you eat will have a big effect on how you feel during the day and how well you sleep. When you are eating well, you are looking after yourself and your baby too. Try not to miss meals and drink plenty of water. This is important for milk production if you are breastfeeding. Coffee may give you a short boost, but it doesn't replace a meal. Frequent healthy snacking during the day may work better for you.

The HealthEd website (www.healthed.govt.nz, search **Resources**) has useful booklets on healthy eating for women and families:

- *Eating for Healthy Breastfeeding Women* (HE1806)
- *Everyday Eating for Health* (HE1333)
- *Food for Health* (available online only, in several languages)
- *Healthy Family Food* (HE1523)
- *Eating for Healthy Adults* (HE1518)
- *Eating for Healthy Vegetarians* (HE1519).

➔ **For information about keeping yourself healthy while breastfeeding, see pages 116–119.**

Sleep

Getting the sleep you need is not easy with a new baby or a very young child, but they need you to be healthy and rested. Sleep is one of the most important parts of looking after yourself and your baby. It's important for milk production too.

Asking for help with chores and childminding while you sleep is not being lazy.

Signs of sleep deprivation include being grumpy, and being more emotional, stressed, and hungry (or less hungry) than usual. People can become clumsy and find it hard to focus, remember things or communicate. Sometimes sleep deprivation can look a lot like postnatal depression (➔ **Postnatal depression on page 134**). If your feelings persist, talk to your Well Child provider or doctor.

Things you can do to get more sleep

Sleep when your baby is sleeping. If you can't do this, use some of the time to do something relaxing or one thing you actually want to do – like have a long bath or shower or catch up with your online friends.

Ask for help. If you have a partner, they may be able to bring your baby to you for a night feed and put the baby back in their own bed afterwards. If you are breastfeeding, you may be able express milk and get someone else to do a night feed occasionally. This can reduce your breastmilk supply, so it's best not to do this for long. For help on expressing breastmilk, talk to your Lead Maternity Carer or Well Child provider, or check out the websites suggested in the section **Returning to work outside the home (➔ page 137)**.

The light from TV screens, computers and tablets wakes up your brain and makes it harder to go to sleep. It's best to avoid them for an hour or so before you go to bed.

Tea, coffee, cola, energy drinks and chocolate all contain caffeine, which may keep you awake. If you're really sensitive to caffeine, it's best not to have these later than early afternoon. Some pain medication contains caffeine – check the label. If you are breastfeeding and taking in a lot of caffeine, your baby will get it through your milk, and it might make them hard to settle.

Cigarettes, alcohol and other drugs can also affect how well you sleep.

Smoking may reduce the amount of breastmilk you can produce, and your baby will get nicotine and other harmful substances through your milk. It's best for both you and your baby if you can stop or reduce your smoking while you are breastfeeding.



Quitline (www.quit.org.nz) provides help, advice and resources for stopping smoking.

Other tips that work well for some mothers are:

- Keep well hydrated – drink plenty of water during the day.
- Gentle exercise, such as an evening walk, may lift your mood and help you sleep better.
- Make a list of important tasks. Knowing that you can always check what you need to do will help you relax and feel on top of things.
- Try having an earlier bedtime. Many babies sleep best during the first few hours of the night, so getting your rest at the same time can help you get a few extra hours of sleep as well.
- Maybe older children could stay with relatives or friends some nights. As well as giving you a break, this would give them the chance to spend some special time together.

Ask for help – and accept it

It's OK to accept help from others, and to ask for help yourself. Often it's the help with the small, everyday things (childcare, meals, errands, or housework) that make a big difference.

Worry, anxiety, depression

You can expect a range of feelings when you're a new parent, including anxiety about how you are coping, and worry that you are not 'good enough'. You might also feel sad or angry if your baby's birth has not gone according to plan or if you don't feel well supported. These feelings are normal.

Many mothers experience the 'baby blues' for a few days after birth. The 'blues' make you feel teary, anxious and down but usually go away by about the tenth day after the baby arrives.

About 1 in 8 mothers (and some partners too) will experience depression or anxiety after the birth of their baby. This is more likely if they or a close family member have experienced these or similar difficulties in the past, or during pregnancy. Other factors can be stress, isolation, a difficult birth, or the birth of a baby with serious health problems.

You may feel weepy, anxious, tired or unable to sleep, or that you are just not coping with your baby. Sometimes these feelings can emerge suddenly and unexpectedly. At other times, your moods may swing for no obvious reason. If these feelings don't go away in a few days or if you are worried about how you feel, talk straight away to your Lead Maternity Carer, Well Child provider or doctor. They will be able to help you. You may want to have a partner or friend with you as well.

Depression is a treatable illness, and you can get support. It does not mean that you have 'failed' as a person or a parent.

➔ **For more information and tips for coping, see page 134.**

Relationships

It can be easy for new mothers to feel they have to do everything on their own, especially if they are single parents or don't have friends or family/whānau nearby. There will be other parents/caregivers of young children you can share things with – if you went to an antenatal group or have joined a Plunket or playgroup, you will know some already – and neighbours are often happy to help in some way. The **Plunket near you** page on the Plunket website (www.plunket.org.nz) will help you find a group in your area. Your local library, community centre and community noticeboards are also good sources of information. Birthright (www.birthright.org.nz) offers valuable help, advice and support to single-parent families.

Having a baby is a big lifestyle change. Your house won't be the same, and that's normal. Here are some ideas to try:

- Decide what tasks are really important and ask family/whānau, friends and neighbours for help. It's OK to leave a pile of washing on the couch for a few days!
- Take some time for yourself – do something of your own. Give yourself some little treats. Time out with friends, a bath, or something as simple as reading a magazine, going for a walk or watching some TV can make it easier to cope.
- Spend some time just with your partner, as well as shared family time. It is good for partners, family/whānau and friends to be involved in some child and health care too. If you have other children, they will want to be involved with your baby as well.
- See if you can manage some individual time with each child.
- Talk, together with your family/whānau, about bedtimes, food and other household matters.
- Talk to your Well Child provider or doctor about your family/whānau's health needs.



Partners are needed too



All partners who share in raising a child need to be able to bond with them in their own right, especially in the early stages.

If they are working outside the home, parental leave is very important. It allows them to give much-needed support to the mother and get closely involved in caring for their children.

 For more information on parental leave, see the Ministry of Business, Innovation and Employment's Labour and Employment Relations website (www.dol.govt.nz, go to Employment relations, Holidays and leave, Parental leave).

With a new baby in the home partners have a vital role in keeping normal family life going – dealing with day-to-day arrangements, attending to the care of other children, supporting the mother, and arranging other help as needed. This frees the mother from normal household cares so that she can concentrate on establishing breastfeeding and getting to know the baby and the baby's needs.

Partners sometimes feel they don't know how to do this. They may not be sure what is most helpful and how to provide it. They can also feel excluded or criticised when professionals ignore them and dismiss their ideas and needs.

Work and financial pressures can be another source of stress. Partners may feel responsible for resolving money problems, even when these are outside their direct control. They may not know how to offer support to the mother during the 'baby blues' or when she feels she is not coping with her baby. They may feel that it is hard to get it right.

Partners too often struggle with lack of sleep and the lifestyle changes a new baby brings, and may also experience depression. A new baby changes a couple's relationship in ways that partners may feel as a loss. They may need help, but are less likely to ask for it, and may be uncomfortable sharing 'family business' with others.

Useful websites

Organisations such as the Father and Child Trust (www.fatherandchild.org.nz) provide advice and support specifically to partners. The Great Fathers website (www.greatfathers.org.nz) is another valuable source of information and advice.

You can order copies or download a free set of resources for new dads from the SKIP website (www.skip.org.nz) – on the home page type **New dads' resources** in the **Search** box.

Keeping your child healthy and safe



Protecting your baby from SUDI – make every sleep a safe sleep

Sudden Unexpected Death in Infancy (SUDI) is a risk to babies until they are about 12 months old, but most SUDI is preventable. There are things we can do to protect our babies.

Although for some babies the cause of death is never found, most SUDI happens when a baby is sleeping in an unsafe way.

The safest place for all babies to sleep at night is in their own cot, bassinet, pēpi-pod® or wahakura, close to parents/caregivers and in the same room.

Babies may begin to roll over from their back to their front when they get to 5 or 6 months old. You don't need to try and stop this from happening, as long as their cot is free of things that might suffocate them such as pillows, large soft toys or cot bumpers.

You can help protect your baby from dying suddenly in their sleep by:

1. making sure your baby is in their own bed for every sleep (and in the same room as parents/caregivers at night)
2. making sure your baby is on their back for every sleep
3. keeping your baby smokefree from the start
4. breastfeeding your baby
5. immunising your baby on time.

Make every sleep a safe sleep

Always follow these safe sleep routines for your baby and your baby's bed.

Make sure your baby is safe

Sleep your baby on their back to keep their airways clear for breathing. Put your baby to sleep in their own bed, not with an adult or another child who might accidentally smother them.

Always make sure your baby has a parent/caregiver who is alert to their needs and free from alcohol or drugs. Just as you would nominate a sober driver, every baby and child needs a sober caregiver.



Make sure your baby sleeps in their own bed

For the first 6 months, the safest place to sleep at night for **all** babies is in their own cot or bassinet, close to parents/caregivers and in the same room.

If you choose to sleep in bed with your baby, put them beside you in their own baby bed – for example, a pēpi-pod® or wahakura. This will help reduce the risk of your baby suffocating while they are asleep.

? Information about using a pēpi-pod® or wahakura is available online at www.whakawhetu.co.nz and www.changeforourchildren.co.nz/tender_shoot/pepi_pod_programme/home.

If you are out somewhere, make sure your baby has a safe place to sleep. Take your wahakura, pēpi-pod®, portacot or bassinet with you, and use it on a flat surface. Tilting the sleep device may cause your baby to roll and suffocate.

It is never safe to put your baby to sleep in an adult bed, on a couch or on a chair.

Car seats or capsules protect your baby when travelling in the car. Although your baby may fall asleep in the car seat, it's best not to use it as a cot or bassinet.

If you don't have a baby bed, ask your Lead Maternity Carer or child health nurse. If you are on a low income, you may be able to receive a Special Needs Grant from Work and Income to buy a bed.

? For more information visit www.workandincome.govt.nz or call 0800 559 009.

Make sure your baby's bed is safe

Your baby's bed needs a firm flat mattress that fits snugly so your baby can't get into any gaps between the frame and the mattress.

Babies may begin to roll over from their back to their front when they get to 5 or 6 months old. You don't need to try and stop this from happening, as long as their cot is free of things that might suffocate them such as pillows, large soft toys or cot bumpers. There should be nothing in the bed that could cover their face or lift their head.

Make sure that cots are assembled correctly. The tops on the corner posts of wooden cots may need to be sawn off so your child can't hang themselves by their clothing. Consumer Affairs New Zealand state that spaces between the bars of the cot must be between 50 mm and 95 mm. Try to make the spaces closer to 50 mm if you can.

If you have a cot with adjustable levels, make sure you lower it before your infant can pull themselves up (about 9 to 10 months).

The cords for blinds and curtains are a danger. Put the cot away from the window so your child can't reach them. For more on preventing choking and strangling, [➔ page 184](#).

Make sure your baby is healthy and strong

Being smokefree during pregnancy and after is best for your baby. If a mother smokes during pregnancy, poisonous chemicals affect the growing baby. This weakens them after they are born so that they are unable to react as strongly to situations such as accidentally having their face covered. After your baby is born, it is important to keep your home and car smokefree and make sure that others don't smoke around the baby. This will help your baby grow strong and healthy.

Feed your baby only breast milk for the first 6 months and keep breastfeeding for the first year. Make sure your baby is immunised on time.

 **If you find your baby not breathing, call for help, and begin rescue breathing (CPR) immediately ➔ pages 216 and 217.**

Help your child to be healthy and strong – be smokefree, breastfeed and immunise

Being smokefree through your pregnancy and having a smokefree home and car will help keep your child healthy and strong. Make sure friends and family/whānau don't smoke around your child, either.

Breast milk is the only food your baby needs for the first 6 months. Some new mothers need help as they and their baby learn to breast feed in the early days and weeks. Keep breastfeeding after your baby starts solids, during the first year and beyond.

Immunisation protects your baby and toddler from several serious diseases. Make sure your child is immunised on time. → [See Immunisation on page 14.](#)

Choking, strangling, suffocating

As your baby becomes more mobile around the floor and starts to eat solid food, there are some things you need to think about to keep them safe.

Is there anything small on floors and furniture?

Small pieces of hard food, like some raw fruits and vegetables, nuts or small, hard sweets, can cause choking.

Your child will be safest if they sit while eating and an adult stays with them.

Do household objects and toys have any small, sharp or loose pieces?
Check them often.

There are choking and strangling risks in the bedroom too. Make sure that cots are assembled correctly. The tops on the corner posts of wooden cots may need to be sawn off so your child can't hang themselves by their clothing.

The cords for blinds and curtains are a danger. Put the cot away from the window so your child can't reach them.

Check that bars on cots, playpens, stairs, verandahs, and stair guards are secure and vertical. Consumer Affairs New Zealand states that gaps between the bars of the cot must be between 50 mm and 95 mm. Try to get one with the gaps closer to 50 mm if you can. This will prevent your child getting through or getting any part of themselves caught in the bars.

Cot mattresses should be clean and dry and fit snugly in the cot, with no gaps around the edges.

Think about the risks of choking when choosing clothing for your child. Clothing should be close-fitting, with no long ribbons or open weaves, and no loose ties near the neck.

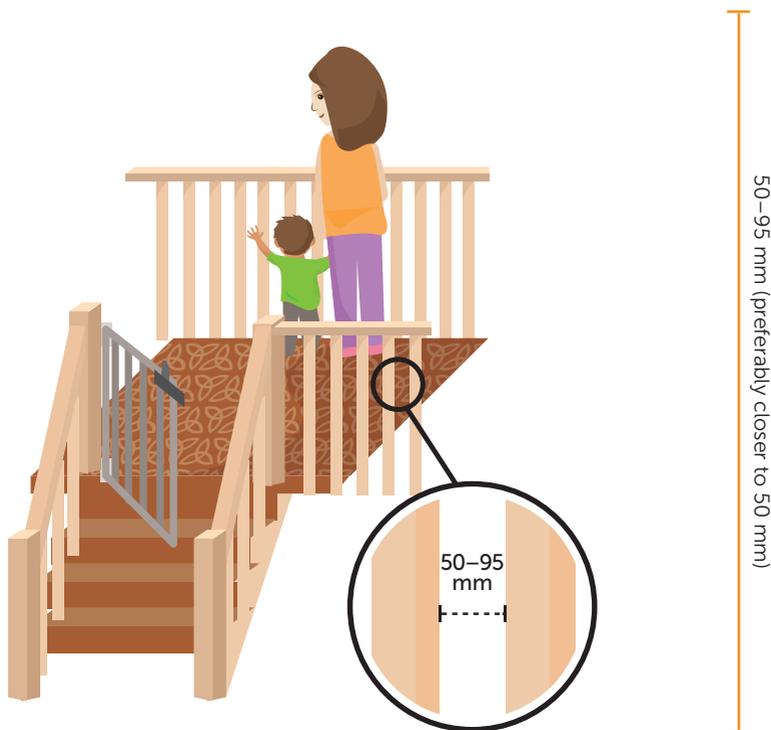
Take your child's bib off for sleeping.

Tie plastic bags in knots and keep them out of reach.

Useful websites

The **Keeping kids safe** page of the Consumer Affairs website (www.consumeraffairs.govt.nz) has links to information on the safety of a huge range of baby products. From the home page, go to **For consumers, Goods, Product safety, Keeping kids safe**.

On the same page is a link to download the booklet *Keeping Kids Safe – Children's and Nursery Products* (published by the Ministry of Business, Innovation and Employment, www.mbie.govt.nz).



Poisons

Lead

Check for lead paint on older furniture and toys. It can poison babies and young children. Talk to your Well Child provider, your doctor, or a health protection officer (HPO) at your local Public Health Unit before removing paint. The HPO will test it for lead and advise you about removing it if necessary.

You can find information on lead-based paint and lead poisoning on the Ministry of Health website (www.health.govt.nz) – on the home page, type **Lead poisoning** into the **Search** box. The page gives information on sources of lead and the symptoms of lead poisoning. It has links to downloadable leaflets and a directory of public health units in New Zealand.



Other poisons

Look for child-resistant closures on household cleaners, poisons and medicines. Ask your pharmacist for child-resistant closures on all medicines and do them up tightly – remember that they are child-resistant, not child-proof!

Keep all household products and medicines in their original labelled containers – **never** put poisonous products in drink or food containers.

Lock **all** household products and medicines out of sight and reach. Always read the label before using the product, even if you have used it before. While you are using anything poisonous, always keep it well out of your toddler's reach.

Make sure your child knows not to eat any plants, berries, mushrooms, etc that they find. Check for poisonous plants in your garden and house and get rid of them.

You can download the leaflet *Plants in New Zealand Dangerous to Children* from the Landcare Research website (www.landcareresearch.co.nz). On the home page, type **Poisonous plants** into the **Search** box. The poisonous plants page also has other links to information on poisonous plants.

Keep the phone number for the National Poisons Centre close to the phone – 0800 POISON, 0800 764 766.

Burns, fires, scalds

Check the temperature of your child's food and drink. Take care with microwave heating, as food can heat unevenly and get too hot very quickly. If you are heating formula in the microwave, heat it in a microwave-safe jug before pouring it into the bottle and test the temperature on your wrist before feeding your baby.

Make sure that electric jugs and kettles have a wide base and short or curly cords.

Keep all hot things out of reach.

Don't hold your child while you have a hot drink.

Have a stove guard fitted and use the back cooking elements. Turn pot handles away from the front.

Have guards fitted to walls around fires and heaters.

Children will copy you so keep lighters, matches and candles out of reach.

Have a smokefree home and car, and don't keep lighters and matches in the car.

Make sure heaters can't tip over. Don't have clothing near or on heaters.

Never leave bar heaters, or heaters without thermostats, on in the room where your child sleeps.

Put safety plugs in electric sockets when the sockets are not being used.

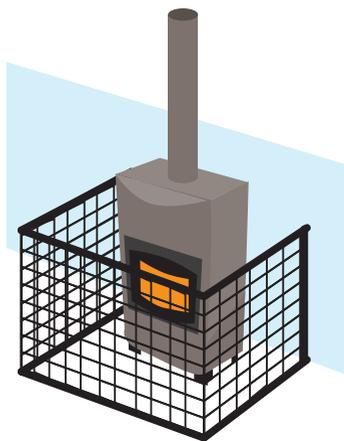
Use nightwear that is labelled as low fire risk. Cotton material burns very easily.

Keep your hot tap water at around 50°C – see if it's OK to hold your hand under the running tap for 5 seconds.

When you are bathing a baby, put cold water in the bath first, then add the hot water. Test the heat of the water before you put your baby in it – use the inside of your wrist.

Have a fire extinguisher and/or fire blanket correctly located in your kitchen and make sure you know how to use them. The Fire Service website (www.fire.org.nz) has detailed advice on fire safety in the home – from the home page, go to **Home fire safety, Fire safety advice**. The page also has a link to a home fire safety checklist. The website also has advice on making an escape plan – from the home page, go to **Home fire safety, Escape plans**.

Smoke alarms in your home will help to wake you if there is a fire. They are recommended in all bedrooms. Make sure you check their batteries twice a year. Your local fire service can advise you on the best types to get.



Cuts

Sharp corners on low tables may need rounding off, or covering until your child is bigger.

Have safety film, wooden bars, or safety glass on glass doors and on windows near floor level, especially upstairs windows. Bright stickers at a child's eye level on large areas of glass can help.

Keep knives and scissors out of reach.

Falls

Be proactive about your child's safety. Know what they can do physically. Check the environment for hazards and supervise from an appropriate distance. At family gatherings and other occasions when small children are present and alcohol is being drunk, make sure that at least one adult who isn't drinking keeps an eye on the children.

Make sure your baby can't fall off things.

Put bars on cots, playpens, stairs, and verandahs. Stairguards need to be upright and well secured. If they have bars, the gaps between the bars should be smaller than 95 mm. Consumer Affairs New Zealand states that gaps between the bars of cots must be between 50 mm and 95 mm. Try to make the gaps closer to 50 mm if you can.

Keep stair and door guards in place.

Place furniture away from windows.

Make sure heavy furniture (such as bookcases) and other large objects are secured so that they cannot fall. This is good for earthquake safety and prevents children pulling a heavy object on top of themselves.

Have safety catches on windows.

Make sure your child plays well away from glass doors and windows.

Outdoor play equipment should have a soft surface, such as bark chips, underneath it.

Play equipment needs to be lower than adult height.

Crawling backwards is a safe way for your baby to get downstairs, if someone is with them.

Baby walkers are not safe. It is better not to use them.

Road and car safety

Children are especially vulnerable to injury in car crashes. The seats and safety belts installed in most vehicles are designed to protect an average-sized adult. Because children are smaller and have different body shapes, they need more protection to keep them safe in a car. It is important to use a car seat for every ride. Car seats can be hired. Ask your Well Child provider or nurse about local hire services.

Under New Zealand law, all children travelling in cars must be in a child restraint until their seventh birthday. However, height is very important in the use of a child restraint – to be as safe as possible, children should use a child restraint until they are 148 cm tall. If your child is 148 cm or taller, they must still wait until they are 7 years old before they can use an adult seatbelt.

If your child is 7 years old but is not yet 148 cm tall, it is safer to keep them in the restraint until they are that height. The car seat must be an approved child restraint appropriate for your child's age and size, and it needs to be fitted correctly.

It is the driver's responsibility to make sure any child travelling in their car is correctly secured in a child restraint. Always follow the manufacturer's instructions when installing a car seat.

The back seat is the safest place for any child. Rear-facing restraints should **never** be used in the front seat where there is an airbag.

When you are buying or hiring a child restraint, always try it in your vehicle to make sure it fits well. Check too that the seat you are looking to buy or hire is right for your child. Child restraint technicians at Plunket, your rental scheme or your retailer will be able to help you make the right choice.

Stages of child restraint

There are three stages of child car restraint.

Stage 1: Infant restraint (rear-facing)

Babies are better protected in a rear-facing restraint. This can be a baby capsule or a convertible car seat used rear facing.

Keep your baby facing the back of the car until they are 2 years old. Babies have outgrown the restraint when their head reaches within 2 cm of the top or they are over the recommended height and weight for the restraint. If the restraint is convertible, it can then be adjusted to a front-facing restraint. Always follow the manufacturer's instructions.



Stage 2: Front-facing child restraint

Your child should stay in a correctly fitted child restraint until they have outgrown it. This will be when their eye level has reached the top of the restraint and they are over the maximum recommended weight. Check the manufacturer's instructions.



Stage 3: Booster seat

A booster seat is designed to improve the fit of the safety belt and raise the child to window level. To be used safely:

- the diagonal belt must go over the shoulder and not sit across the child's neck
- the lap belt must sit low, touching the top of their thighs.

You may be able to hire an approved child restraint from Plunket, some Well Child providers, some baby shops, community groups and some rental-car companies.



Other safety tips to think about

Always check that the driveway is clear before getting into your car and driving out. Check and check again, especially if you are reversing – you may not be able to see a small child who is close to your car. It's safest to ask another adult to watch the children as you are driving out.

Make sure you know where your children are when visitors are using your driveway.

Fence outdoor play areas and make sure unsupervised children can't get into the garage or work areas, or onto your driveway or the road.

It is never too early to start teaching children about road safety. Children learn by watching you. Show them how to be safe on and near the road, and to watch for cars coming in or out of driveways.

Holding hands with an adult to cross the road is a 'must' rule. A child under the age of 8 is not mature enough to cross the road alone.

Getting children in and out of a car on the footpath side is safest, so consider fitting the child restraint on the left side of the car.

If you are picking your child up from school, it is best to park and then walk to meet them at the school gate. Children sometimes rush across the road to Mum or Dad without looking for traffic. If your child is under 10, they should have an adult with them when travelling on a school bus.

Children under 10 should also have an adult with them if they are riding a bicycle on the road. Make sure they wear a cycle helmet. Using a helmet from the beginning will help them choose to continue using one as they get older.



Medicine use

Always check with your doctor or pharmacist before you give any medicine to your child. It will only work if it is the right medicine for your child's illness and is used correctly. Make sure you give the right dose. Pharmacies have special droppers for giving liquid medicines to children. It is also important to ask the pharmacist for child resistant caps for medicines for your family.

Medicine that is not used correctly will not work and may even cause harm. Medicine that is right for one child may be wrong for another. It is not safe to give medicine on advice from friends or family/whānau.

Always make sure your child finishes the whole course when they are prescribed an antibiotic.

Talk to your doctor or pharmacist on the telephone if you can't visit.

Water safety

Babies and toddlers must be within sight and reach of an adult at all times around water. Small children can drown in very small amounts of water, including buckets and baths.

Check that:

- Anything that holds water is safely away. Keep lids on the nappy buckets and make sure they are out of reach.
- The toilet door is always closed. Think about putting an automatic door closer on bathroom doors.
- Swimming pools and spa pools are fenced and safely gated. Most toddler drownings happen in the family's own pool or in a pool owned by friends. The law requires home swimming pools to be fenced and safely gated. Spa pools must have a lockable lid.
- A responsible adult is watching children around water at all times.

If you need to go away from your child's bath or paddling pool, take your child with you. Drain paddling pools when they are not in use.

At public pools, actively supervise your child. This means staying in arm's reach of preschoolers.

Do not rely on bath seats and other flotation aids to keep your baby or toddler safe, as they can tip over and trap the child under water.

Teach children to stay away from the edge of pools and rivers and to wait for you or another adult before getting in the water.

Always make sure everyone is wearing a correctly fitting lifejacket when out on a boat or other water craft.

Sensible sun exposure

Sun protection is particularly important for babies and toddlers. Babies should not be exposed to direct sunlight, particularly between 10 am and 4 pm from September to April.

September to April (including the daylight saving months)

Keep toddlers out of the sun as much as possible between 10 am and 4 pm.

Toddlers are likely to make enough vitamin D (→ [page 194](#)) from sunlight if they are outdoors for short periods **before** 10 am and **after** 4 pm.

May to August (the cooler months)

In winter, it is generally safe and advisable for toddlers to spend some time in the sun.

Shade, protective clothing, broad-brimmed hats, and sunglasses are the first line of protection against sun exposure in infants and young children. When they need more sun protection, use a 30+ broad-spectrum sunscreen. Wipe it on thickly – don't rub it in hard. Avoid the eyes and hands – remember that babies rub their eyes, so sunscreen on their hands could hurt their eyes.

For infants and children with sensitive skin, use zinc- or titanium-based (non-absorbable) sunscreens. If you use other sunscreens, do a patch test to check for sensitivity – put a little on your child's skin, leave for a few hours and check if the skin shows any kind of reaction.

However, it is best to keep babies out of direct sunlight.

Vitamin D

Children need vitamin D for strong bones. Breast milk is the best food for young babies but it is not a good source of vitamin D. Our bodies make vitamin D when our skin is exposed to sunlight, but babies can't safely get the vitamin D they need from the sun because their skin burns so easily.

Babies who are at high risk of vitamin D deficiency can be prescribed vitamin D. If you think your baby is at high risk, talk to your Lead Maternity Carer, Well Child provider, nurse or doctor.

The Ministry of Health website (www.health.govt.nz) has useful information on vitamin D, the risk factors for deficiency, and giving supplements. On the home page, enter **Vitamin D** in the **Search** box.

Safety warning

Baby oil (or any other oil, such as coconut oil) is **not** a sunscreen and will **not** protect your child from sunburn!



Allergies

Allergies are common in childhood and may begin with the development of food allergies in children under 12 months old. Milk (dairy), eggs and peanuts are the most common food allergies in this age group, but fish, shellfish, tree-nuts, sesame, kiwifruit, wheat and soy can also be a problem. Many children grow out of their food allergies in late childhood, although allergies to peanuts, tree-nuts, fish and shellfish tend to remain.

Eczema, which affects up to a third of children under 12 months of age, is related to the development of food allergies but may also be triggered by non-food allergens (things that trigger allergies) such as house dust mites. Most children with eczema do not have food allergies, but most children who have food allergies have eczema. ➔ **For more on eczema, see page 207.**

The children of parents with allergies are more likely to develop allergies themselves, but no one knows why some babies develop allergies while others don't. Avoiding the foods most likely to cause allergies while you are pregnant and breastfeeding won't prevent your baby from developing allergies, but the best thing you can do is breastfeed for at least the first 6 months and not be exposed to cigarette smoke.

It helps to continue to breastfeed while you are introducing solid foods, especially the foods that most commonly cause allergies. However, if you delay introducing these foods, it may increase the risk that your child will develop allergies to them.

Some children may show signs of an allergy within minutes of eating the problem food. Symptoms of allergy may include:

- swelling of lips, face, eyes
- hives or welts on the skin
- itchy, red eyes; sneezing and/or a runny nose
- abdominal pain, vomiting and diarrhoea.

Some children have severe reactions to food, called anaphylaxis, which can affect their breathing and/or circulation. The child may cough and wheeze, or their tongue and airway may swell, or they may become very pale and collapse. **This is a medical emergency** – call 111 immediately for an ambulance.

If you suspect your child has food or other allergies, talk to your Well Child provider or see your doctor for further advice.



More information about allergies can be found on www.kidshealth.org.nz and www.allergy.org.nz.

Infant mental health and brain development

Children need to be in a safe and nurturing environment to become happy and healthy adults. For their mental health they need love and warmth, talking and listening, guidance and understanding, limits and boundaries, consistency in behaviour from the adults around them, knowledge that actions have consequences, and a safe and secure world.

Children's brain development is an important factor in their infant years. A baby's brain is fully grown at birth, but the brain cells are poorly connected to each other. Over the next 3 years the brain grows more complex and capable. Consistent nurturing and positive rich experiences during this time are likely to result in flexible, responsible, empathetic and intelligent adults. Adults who have experienced neglect, chaotic environments, violence and abuse often find it difficult to form caring relationships and manage their emotions and impulses.



For more information about infant mental health and brain development, go to the SKIP website (www.skip.org.nz) and the Raising Children website (www.raisingchildren.org.nz).

Family violence and child abuse

Everyone in a family/whānau should feel safe and nurtured. Any behaviour by a family member that makes someone else feel controlled and fearful is never OK.

Violence within relationships has a big impact on the health, development and behaviour of children and on all the family/whānau. If you or your children are experiencing violence or abuse, Well Child providers can help you get the support you need and link you with support agencies in your community.

If you or your children feel unsafe in any way, you can talk to your Well Child provider or doctor, or ring Child, Youth and Family (0508 FAMILY, 0508 326 459) to talk to a social worker. They are trained to help. Someone in your family or whānau may be able to support you.

By law, people living in the same household as a child or vulnerable person must report serious abuse.



For more information about this law and your responsibilities, visit www.beehive.govt.nz/release/crimes-act-strengthened-better-protect-children.

Never leave a baby alone with anyone who may lose control. A single moment of losing control may damage a baby forever. It is especially dangerous to shake a baby, as it can lead to brain damage or death.

The Power to Protect website (www.powertoprotect.net.nz) has information for parents/ caregivers about how to cope with the stress of a child's crying and the consequences of shaking a baby.

If you ever think your baby has been hurt, call 111. Don't let fear or pride stand in your way. It could save your baby's life.

 **If you fear for your immediate safety, call 111 for help.**

Other sources of help

Women's Refuge (www.womensrefuge.org.nz) has a free 24-hour Crisisline at **0800 REFUGE, 0800 733 843** for confidential advice and help in a crisis. The website also has valuable information, including a questionnaire to help you decide if you are being abused.

The Family Violence Information Line (0800 456 450) gives information about where you can go for help if you are experiencing or witnessing violence, or want to change your own behaviour. The phone line is available between 9 am and 11 pm every day of the year. If you are calling outside these hours in an emergency, your call will be redirected so you will be able to get help.

Are You OK, the website of the Campaign for Action on Family Violence (www.areyouok.org.nz) has information, advice and links to various organisations that can help.

 **You can also find helpful information on the Power To Protect website (www.powertoprotect.net.nz).**



Shaken baby

Never, ever shake a baby, as you could easily hurt them. Shaking a baby can cause brain injury or death.

If your baby won't stop crying, it is OK to put them down gently in a safe place, close the door and take a break. Do not pick up the baby again until you have calmed down and are ready to comfort them.

The Power to Protect website (www.powertoprotect.net.nz) has information for parents/ caregivers about how to cope with the stress of a child's crying and the consequences of shaking a baby.

There is also a national programme to teach new parents about the dangers of shaking a baby, with help and advice on what they can do when the baby cries. For more information, see Power To Protect (www.powertoprotect.net.nz).

For suggestions on coping with stress, tiredness and frustration, ➔ **Coping with a crying baby (page 126)** and **Looking after yourself (page 172)**.

Infectious illnesses

If you suspect any of these illnesses in your family/whānau, tell your doctor.

Early signs	Time from first contact to first sign of illness	Infectious to others	What to do
<p>Immunisation prevents these illnesses.</p> <p>➔ Immunisation on page 14.</p>			
<p>Hepatitis B</p> <ul style="list-style-type: none"> – Vomiting, tiredness, jaundice 	6 weeks to 6 months	<p>Months</p> <p>A few are infectious for years</p>	See your doctor for testing.
<p>Measles</p> <ul style="list-style-type: none"> – Running nose and eyes – Fever – Blotchy red rash 	<p>7–18 days</p> <p>About 10 days</p>	<p>From 5 days before rash appears to 5 days after rash appears</p>	<p>Other children who have not had measles and are not fully immunised should be kept home for 2 weeks.</p>
<p>Mumps</p> <ul style="list-style-type: none"> – Pain in jaw then swelling in front of ear – Fever 	<p>About 16–18 days</p> <p>About 18 days</p>	<p>For 1 week before signs to 9 days after first signs</p>	<p>Other children can go to school.</p>
<p>Pertussis (whooping cough)</p> <ul style="list-style-type: none"> – Cold in nose, persistent cough – Later ‘whoop’ following coughing bouts, and vomiting 	<p>About 7 days</p> <p>About 10 days</p>	<p>For 3 weeks from first signs if not treated with antibiotics. If the child has antibiotics, until 5 days of the treatment completed</p>	<p>If other children in the house are not fully immunised, keep at home for 2 weeks. Keep babies and toddlers right away from patient.</p> <p>(OR keep home until 5 days of course of antibiotics completed)</p>

 **For more information about these illnesses, see the chart *Infectious Diseases* (HE1215) available from www.healthed.govt.nz or collect from your health care provider.**

Early signs	Time from first contact to first sign of illness	Infectious to others	What to do
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Immunisation prevents these illnesses.

➔ **Immunisation on page 14.**

Rotavirus – Vomiting – Diarrhoea (runny, watery poo, tūtae) – Fever – Abdominal (tummy) pain	24–72 hours	From first day of illness until about 8 days later	Make sure your child has plenty to drink. Wash and dry your hands well after changing nappies and going to the toilet, and before touching food. Keep child away from others – they shouldn't go to childcare while they are infected.
Rubella – A spotty pink rash and swollen neck glands – Fever	About 16–18 days	From 7 days before rash until 7 days after rash started	Pregnant women should avoid contact with rubella, but if contact occurs, see your doctor.

Some babies with chronic health conditions may be offered free influenza vaccine.

If you wish to immunise your healthy child against influenza or chickenpox, talk to your doctor. There is a charge for immunising healthy children against these diseases.

Influenza – High fever, muscle aches, cough, runny nose	1–3 days	Up to 7 days	Give fluids, cool child down, see your doctor if concerned.
Chicken pox – Fever and spots – A blister later develops on top of each spot	About 14 days About 15 days	From up to 5 days before first lot of blisters until blisters have crusted (usually about 5 days after last blisters appear)	Other children can go to school.

Ear problems

Ear problems can stop children from hearing and learning.

Your child should have the regular ear and hearing assessments offered by your Well Child provider or doctor with the health assessments in this book. These assessments can pick up a problem like glue ear, which doesn't always cause earache and so may not be noticed without the assessment.

Earache

Earache is usually caused by an infection and often accompanies a cold or sore throat.

Earache is painful and should be treated quickly. Your child may have an ear infection if they keep crying or are grizzly, they keep touching their ear over and over again, or they get a runny ear. They may also have a cold.

If you can't settle your child, phone your Well Child provider, nurse or doctor or the Healthline (0800 611 116) right away. Lifting your child's head up above the level of their chest will help relieve the pain.

If your child is on medicine for an ear infection, make sure they keep taking the medicine until it is all gone, even if they no longer show signs of a sore ear.

Glue ear

Glue ear happens when the middle ear is filled with mucus or fluid. It usually gets better without causing problems, but may recur with every cold. If you think your child has hearing or behaviour problems, talk to your Well Child provider or doctor about a hearing (audiology) test. After your child has been treated by a doctor or specialist, their hearing will usually be OK again.



Possible signs of glue ear

Baby	Toddler or preschooler
They don't seem to be interested in sounds.	They don't hear you.
They are crying, cross or not sleeping.	They are late learning to talk.
They have a cold or fever.	They are cross, and upset with everyone.
	They have had earache several times before.
	They snore, and breathe through their mouth.
	They have a greenish, runny nose.

You can help prevent glue ear by:

- breastfeeding your baby
- making sure your baby is in an upright position while bottle feeding
- having a smokefree home that is warm and dry (and a smokefree car).

If you think your child might have glue ear, see your Well Child provider, nurse or doctor straight away.



The HealthEd website (www.healthed.govt.nz) has leaflets on glue ear and earache. To find them, go to the home page and type earache or glue ear into the Search resources box.

If you're concerned about your child's speech or language

Children develop language skills at different rates, but if your child has speech difficulties, the sooner these are found and treated, the better your child's learning and achievements will be.

? For more information, see the language development page on the KidsHealth website: www.kidshealth.org.nz/language-encouraging-development.

In the table below, the symbol ▶ describes a communication skill that most children achieve by the age shown in the first column. If your child has not achieved one of these skills by the age shown, ask your Well Child provider or doctor for a review. Problems with speech and language development can also be a sign of hearing difficulties – for example, your child may have glue ear and may need their hearing checked.

Age	Understanding	Speaking/communication
6 weeks old	Listens to speech and noises around them. Startles at loud noises. ▶	Makes eye contact and smiles in response to others. ▶
3 months old	Turns to the sound of a familiar voice. Likes listening to stories.	Makes cooing, gooing noises. Uses different cries for different situations. Laughs. ▶
6 months old	Responds to changes in tone of voice. Enjoys rhythm and music. Turns towards new sounds and noisy toys. ▶	Makes "p", "b" and "m" sounds. Speech-like babble.

Age	Understanding	Speaking/communication
12 months old	<p>Listens when spoken to.</p> <p>Turns and looks at your face when called by name.</p> <p>Understands common words like “Daddy”, “Mummy” and “car”.</p> <p>Follows simple, single-step instructions.</p>	<p>Uses speech-like noises to get attention.</p> <p>Has a few understandable words – e.g., “Mama”, “Byebye”, although they may not be completely clear yet. ▶</p>
18 months old	<p>Understands simple questions and follows simple instructions.</p> <p>Shows pretend play, particularly using one object as another – e.g., using a shoe like a phone. ▶</p> <p>Turns to look at distant objects other people are looking at. ▶</p>	<p>Babbling conversations.</p> <p>Points at an object to share interest with another person. ▶</p> <p>Has 3 definite words. ▶</p> <p>May have up to 20 words.</p>
2 years old	<p>Likes listening to stories.</p> <p>Will point to body parts on request.</p> <p>Can turn pages in board books.</p> <p>Points to pictures they recognise. ▶</p>	<p>Words are becoming clearer.</p> <p>Uses 2-word sentences – e.g., “Where ball?” “No doggy” “More juice”. ▶</p> <p>Uses 50–200 words regularly.</p>
3 years old	<p>Understands 2-stage commands: e.g., “Get your T-shirt and put it in the washing basket.”</p> <p>Understands contrasting concepts like hot/cold, stop/go.</p>	<p>Rapid increase in vocabulary.</p> <p>1–3 word sentences.</p> <p>Can name 6 body parts. ▶</p> <p>Family can understand them. ▶</p>
4 years old	<p>Understands simple ‘Who’, ‘What’, and ‘Where’ questions.</p>	<p>Can name at least 1 colour. ▶</p> <p>Uses 4 or more words per sentence.</p> <p>Talks about past activities.</p> <p>Most people can understand them.</p>
5 years old	<p>Enjoys stories and can ask simple questions about them.</p> <p>Hears and understands everything said to them.</p>	<p>Speaks clearly and fluently and is easy to understand. ▶</p> <p>Can name at least 4 colours. ▶</p> <p>Uses long, detailed sentences and tells stories.</p>

➔ For the sources of the information in this table, see the inside back cover.

Skin infections and skin care

Serious skin infections are one of the main causes of hospital care for babies and young children in New Zealand. The infections can develop when there is a break on the skin that allows germs (bacteria) to enter.

Skin infections can spread from person to person through direct contact with someone with an infection, clothing, used towels, and used bedding. Infections can also enter the body through the eyes, nose, insect bites and cut skin. Scratching untreated eczema is a common cause of skin infections.

Skin reactions from insect bites should be treated to avoid scratching and possible infection.

Keeping skin healthy is important, as it plays an important role in protecting the body and its internal organs from infections. Because a child's skin is delicate and their immune system is not fully developed, skin infections in babies and young children are common. If these are not treated quickly, the infections can spread and could cause other health problems. Serious skin infections can be prevented by looking after the affected area and getting treatment early.

It is important to clean and cover all sores when they first appear until they are completely healed.

Early signs of skin infection

Early signs of skin infection include:

- an unusual rash, lump, pimple or redness on the skin
- a painful, itchy, open sore that is red and has pus
- a red area that is painful and warm to touch.

Sores can develop anywhere on the body, but the most common parts to be affected are the hands, legs, and trunk (back, chest and abdomen region), of the body and the nappy area.

Take your child to a doctor or nurse if the sore or wound:

- is near the eye
- is on a joint
- has pus
- is warm to touch
- is painful
- is getting bigger
- has red streaks coming from it
- is not getting better after 2 days.

The infection can spread very fast – **do not wait** for your child to look or feel unwell or have a high fever. Children can get very sick very quickly overnight. They may need antibiotics to stop the infection from spreading.

Common skin infections

The most common types of skin infection are impetigo, boils, cellulitis and scabies.

Impetigo is also called 'school sores'. The infection usually starts at the site of a minor injury such as a graze, an insect bite, or scratched eczema. Clear blisters or golden yellow crusts may appear, getting bigger and spreading each day. The sores are very itchy. Impetigo is very infectious and is easily passed to other children and adults if they touch or scratch the sores.

Boils are deep infections of the hair follicles and appear as a pimple or one or more tender red spots, lumps or pustules. Large boils form abscesses, where pus is trapped under the skin. Sometimes there may also be cellulitis in the surrounding area (see below).

Cellulitis is an infection that affects a deeper level of the skin. The affected area can be warm, red, tender, swollen, and have streaks coming from it. Children can become generally unwell with fever, chills and shakes. Severe cellulitis may lead to septicaemia (blood poisoning).

Scabies is caused by a tiny insect (mite) that digs under the skin and lays eggs there. Small blisters grow on the skin and get very itchy and can become infected. The scabies rash may start anywhere, but it is usually found between the fingers, on the wrists, around the waist and on the bottom or private parts. Scabies is contagious – if one member of the family has scabies, check everyone else in the family as well.

Keeping skin healthy

Eating healthy food and drinking plenty of water helps to nourish and maintain a healthy skin.

Also keep the skin of children clean and healthy by:

- washing hands often with soap and water
- regular bathing and keeping skin clean and moisturised all the time
- checking and cleaning your baby's nappy area often
- cutting fingernails and avoiding scratching
- treating eczema and stopping children from scratching it
- cleaning and covering any open skin sores
- checking children's skin each day
- making sure they wear clean clothes every day
- washing clothes, towels and sheets regularly
- making sure they don't scratch skin or sores
- treating pets for fleas.



? The Ministry of Health website (www.health.govt.nz) has resources about skin and skin infections – on the home page, go to **Your health, Conditions and treatments, Skin conditions in children.**

Eczema

Eczema is a common childhood condition that makes the skin itchy, dry, red and sometimes cracked and weeping.

Babies may develop eczema after 6 weeks of age, often on the face and trunk (back, chest and abdomen region) to start with. Toddlers and preschoolers often get patches of eczema around their wrists, elbows, ankles and knees. In severe eczema most of the body surface can be affected.

Eczema can be very different in different people. It can flare up from time to time, with the skin appearing normal in between flare ups, or it can be fairly

constant (chronic). In chronic eczema the skin has patches of dry, itchy and thickened skin, which can be darker or lighter than the skin elsewhere on the body. Skin with eczema gets infected more easily, which can make it painful, weeping and crusted.

Eczema affects about 25 percent of New Zealand children and can affect their quality of life. Fortunately most will grow out of it – only about 2–3 percent of adults have eczema.

Eczema is not catching (contagious) but can run in families. Children with eczema are more likely to develop hay fever, asthma and food allergies.

Children who are prone to eczema have skin that is less able to protect the body. This makes them more sensitive to things such as soap, detergents and common chemicals such as chlorine in swimming pools. They may also react to factors like the weather, temperature, dust mites, and other triggers.

Because eczema can be triggered by different things for different children, talk to your nurse or doctor to work out a care plan for managing your child's eczema. Such a plan might include:

- avoiding soap
- using moisturiser creams (emollients) to moisturise the skin
- using antiseptics (for example, bleach in the bath – for details, ask your Well Child provider, nurse or doctor) is often helpful to treat small areas of infection
- using steroid creams to treat active eczema and calm inflammation
- working out what triggers cause the flare-ups, and how to avoid or manage them.

Eczema care needs to be reviewed from time to time to check how well it is working. If the treatment plan is not working, see your doctor or nurse.

Useful websites

The Kidshealth website (www.kidshealth.org.nz/eczema) has useful information on eczema and how to manage it, including a video clip showing how to apply creams and ointments.

DermNetNZ (www.dermnetnz.org – click on the **Contents** tab, then the **Eczema, dermatitis and allergies**) has information on eczema in babies and young children.

Itchy Kids (www.itchykids.org.nz) is a New Zealand support group run by parents for parents/whānau of children with eczema.

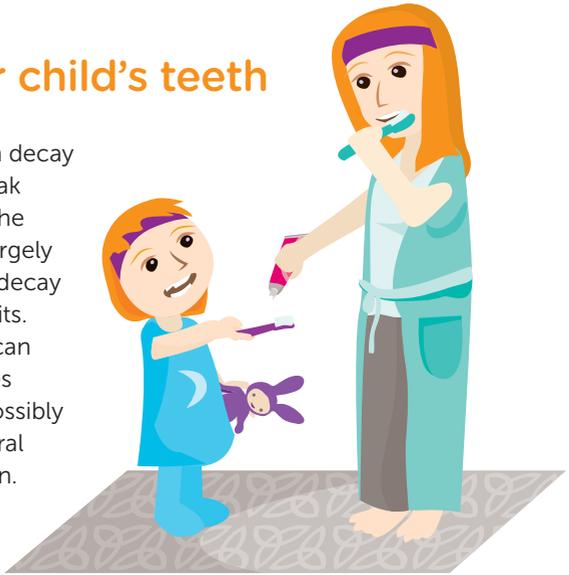
The Allergy New Zealand website (www.allergy.org.nz – click on the **A-Z Allergies** tab and then on the image for eczema) has a very detailed page on eczema.

Looking after your child's teeth

Children's teeth are at risk of tooth decay as soon as their teeth begin to break through the gum, usually around the age of 6 months. Tooth decay is largely preventable and preventing tooth decay in young children has major benefits. Cavities in young children's teeth can cause pain, infection and abscesses that may require antibiotics and possibly even dental treatment under general anaesthetic with hospital admission.

Tooth decay can be prevented by:

- eating a healthy diet that is low in sugar
- avoiding fizzy drinks and full-strength fruit juice or cordial – fluoridated water and milk are the best drinks for teeth
- not dipping pacifiers or dummies in sugar, honey, or any sweetened drinks
- brushing teeth twice a day with fluoride toothpaste as soon as the first baby teeth start to come through the gum
- having regular dental check-ups from an early age.



Brushing teeth with fluoride toothpaste is very important

You should start brushing the baby teeth as soon as they emerge through the gums. Baby teeth are very important for eating and proper speech. They also save the space for adult teeth and are important for the proper growth of the face and jaw. Use a smear of regular-strength fluoride toothpaste on a small soft-bristled brush and brush twice daily. It is very important to brush children's teeth before bedtime.

Most fluoride toothpastes in New Zealand contain 1000 parts per million (ppm) of fluoride, although some low-fluoride toothpastes are marketed for children. Based on much research into the effectiveness of different fluoride strength toothpastes to prevent tooth decay, the Ministry of Health recommends that both adults and children use toothpaste that contains at least 1000 ppm fluoride.

Supervise children when they use toothpaste and make sure they don't eat it. Use a smear of toothpaste for children under 6, then a pea-sized amount from 6 years of age onwards. Don't rinse their mouth with water, but teach them to spit out left-over toothpaste. In this way fluoride remains in contact with the teeth for longer and can more effectively prevent tooth decay.

Make sure you look after your own teeth well. Your child will learn most about how to clean their teeth by copying you. Also, your child may catch bacteria from you that can cause tooth decay – for example, by sharing spoons or your toothbrush.

Understanding fluoride labelling

Toothpaste packaging often shows the fluoride content as a percentage, not as parts per million. This table will help you work out how much fluoride a toothpaste contains.

Percentage (%) fluoride	is equivalent to	Parts per million (ppm) fluoride
0.304% sodium monofluorophosphate	➔	400 ppm
0.117% sodium fluoride	➔	500 ppm
0.4% sodium monofluorophosphate	➔	526 ppm
0.221% sodium fluoride	➔	1000 ppm
0.76% sodium monofluorophosphate	➔	1000 ppm
0.312% sodium fluoride	➔	1450 ppm

Recommended strength at least 1000 ppm fluoride.

Toothache

Contact a dental therapist, dentist or doctor straight away if:

- your child is in a lot of pain, and/or
- swelling or redness appears on their gum or face, or
- the teeth do not have a normal white appearance.

Teething and toothache

When the teeth break through the surface, the gums will often swell and become tender. When teething, your baby may be restless, cry, drool, have a low-grade temperature, a red cheek, disrupted eating and sleeping patterns, and a desire to bite something hard.

You can ease the symptoms of teething by applying ice cubes wrapped in a wash cloth to the cheek, gently massaging the gums, using a teething ring, or applying a teething gel. It is best to avoid teething rings that have liquid inside, as the liquid may not be safe if the ring breaks.

Teething does not cause serious health problems such as high fever, vomiting, diarrhoea or ear infection. If a child is in a lot of pain, or if there is excessive bleeding, pain, pus in their gums, or swelling in the mouth or face, or the teeth do not have a normal white appearance, contact a dental therapist at the Community Oral Health Service (0800 TALK TEETH, 0800 825 583), a dentist, or a doctor straight away.

Further information

For more information about your child's dental health, talk to your doctor, practice nurse, Plunket nurse, or Well Child provider, your dentist or dental therapist.

Order the free booklet *It's Easy to Protect Your Family's Smile* (HE2248) from www.healthed.govt.nz, or see www.beehealthy.org.nz.

Other useful websites

The Ministry of Health website (www.health.govt.nz) has a guide to the oral health services available and pamphlets and other resources on oral health (from the home page, go to **Our work**, then **Oral health**).

Healthy Smiles, the New Zealand Dental Association's website (www.healthysmiles.org.nz), has a wealth of information on oral health for all ages, including educational videos.

Safe drinking water

In the first 3 months, all water for your baby to drink should be boiled and cooled on the day it's used.

If you are using an automatic kettle to boil water, wait until the kettle switches off.

In cities and towns you can use water from the tap after your baby is 3 months old. It's fine to use fluoridated water.

If you're not sure about the quality of the water, boil it. Water from tanks and bore holes should be boiled and cooled for babies and toddlers until they are about 18 months old.

In rural areas, water may contain nitrates, which are dangerous for your baby. Your local council can tell you if your bore water is nitrate-free and give you advice. (Boiling does not remove nitrates.)

You can support a safe community for your child

Talk to your local council about safe playgrounds, slow traffic in residential areas, and having fences around:

- edges above banks
- drains (or piped drains)
- streams
- industrial sites.

All domestic swimming pools are required by law to be fenced.

Emergencies – urgent action needed



Basic life support



**Continue CPR until responsiveness
or normal breathing return**

This diagram is based on the Basic Life Support Flow Chart developed by the New Zealand Resuscitation Council and Australian Resuscitation Council. For more information see www.nzrc.org.nz.

First aid and CPR (rescue breathing and chest compressions)

All caregivers should know how to perform CPR. Courses are run locally by St John, Red Cross and other training organisations.

Children and infants who are not responding and not breathing normally will need CPR.

This may happen because the child has:

- had an electric shock (turn off the power first before touching the child)
- breathed in water or smoke. They may have gone blue in the face.

What to do first

Shake the child (not too hard) and shout to them to try to wake them up.

Call for help.

Open the airway with a gentle head tilt and chin lift. Do not tilt the head back too far. Lift the chin gently with your fingers.

➔ **If they are not breathing, follow the basic life support sequence on page 215.**

For babies under 1 year of age use DRS ABC only. For children over 1 year of age use the full DRS ABCD.

Learn before you need it



D Dangers – check for any dangers.



R Check responsiveness.



S Send for help. Dial 111 and confirm an ambulance is on its way.

CPR for babies under 1 year

Use only in an emergency

A irway

Put the baby on their back on a firm, flat surface – such as a table.

Open the airway with a gentle head tilt and chin lift. Do not tilt the head back too far. Lift the chin gently with your fingers.

B reathing

Look, listen and feel for breathing (look for chest movement, listen for sounds of airflow around the mouth, and feel for air against your cheek).

If they are breathing, place the baby on their side.

If you are alone and come across a baby under 1 year of age who is not responding and not breathing normally, start CPR immediately (Airway, Breathing, Chest compressions) and then seek help. As a guide, do one minute of CPR before going for help.

C hest compressions

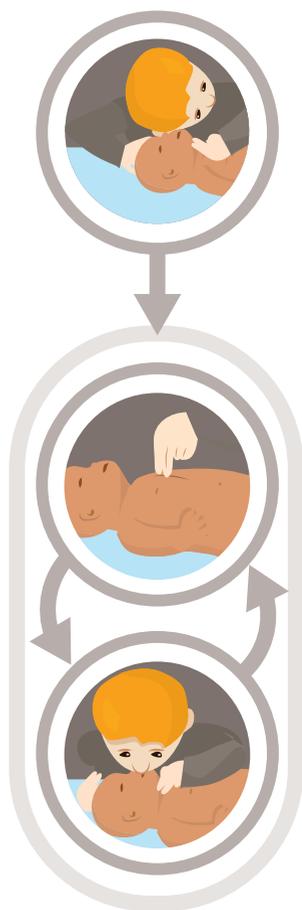
Place two fingers just below an imaginary line joining the nipples. Press down one-third of the depth of the chest at a rate of just less than 2 compressions per second.

After every 30 compressions, open the airway, using the head tilt and chin lift.

Form a tight seal with your mouth over the baby's nose or around their nose and mouth and give them 2 breaths, just enough to see their chest rise and fall.

Repeat the cycle of 30 chest compressions and 2 breaths.

Keep going until the baby responds or begins to breathe normally or professional help arrives and takes over.



CPR for children over 1 year

A irway

Place the child on their back on a firm, flat surface – such as the floor.

Open the airway using the head tilt and chin lift: tilt the head back and lift the chin forward with your fingers.

B reathing

Look, listen and feel for breathing – look for chest movement, listen for sounds of airflow around the mouth and feel for air against your cheek.

If they are breathing, place the child in the recovery position.

If you are alone and come across a child over 1 year of age who is not responding and not breathing normally, start CPR immediately (Airway, Breathing, Chest compressions) and then seek help. As a guide, do one minute of CPR before going for help.

C hest compressions

Place your hands over each other in the centre of the child's chest. Push down one-third of the depth of the chest at a rate of just less than 2 compressions per second.

After every 30 chest compressions, open the airway using the head tilt and chin lift.

Pinch the nose, form a tight seal around the child's mouth with your mouth and give two breaths through the child's mouth, just enough to see their chest rise and fall. Repeat the cycle of 30 chest compressions and 2 breaths.

D e fibrillator

Attach a defibrillator (AED) as soon as it arrives. Place the pads according to the diagram on the AED. If paediatric pads are not available, use standard pads and make sure the pads don't touch each other when on the child's chest. Turn on AED and follow prompts.

Return to chest compressions and keep going until the child responds or starts breathing normally, or professional help arrives and takes over.



Injury

Dial 111 and ask for an ambulance if your baby or young child has been injured and:

- is, or has been, unconscious (can't be woken up)
- is being sick or seems sleepy
- has trouble breathing
- has serious burns
- you can't stop the bleeding
- there is severe pain
- there is bleeding from an ear.

Unconsciousness

If the child is breathing, gently move them onto their front or side so their tongue can't fall back and stop them breathing.

Stay with them. Watch that they are breathing and not turning blue.

If they are unresponsive and not breathing normally, do CPR.

➔ **Page 217 for babies under 1 year.**

➔ **Page 218 for children over 1 year.**

Choking (the child may not be able to make any noise)

Babies up to 1 year

If the baby is unconscious, do CPR.

If the baby is conscious, follow these steps:

1. Call for help.
2. Hold the baby down lengthwise on your arm or knee.
3. Firmly support the head by holding the jaw.
4. Give 5 back slaps between the shoulder blades with the heel of your hand – not too hard – to create an artificial cough.
5. If the obstruction still hasn't come out, turn the baby over face up with head lower than the trunk (or body).
6. Give 5 chest compressions in the same place as for CPR, but at a slower rate (1 every 3 seconds).
7. Only remove the object if you can see it. Do not try to fish for it as you may push the object down further.
8. Continue back slaps and chest thrusts until the object comes out. If the baby becomes unconscious, ➔ **follow the Basic life support steps on page 215 and perform CPR page 217.**



Children over 1 year

If the child is unconscious, do CPR.

If they are coughing or having difficulty breathing, encourage the child to cough. Do not do anything further at this stage.

If the airway is completely obstructed and the child is conscious but not breathing:

1. Call for help.
2. Stand to the side of and slightly behind the child. Give up to 5 slaps between the shoulder blades with the heel of your hand, firmly enough to try to clear the obstruction.
3. If the obstruction has not come out of their mouth, wrap your arms around the child's chest and grasp one of your fists with the other hand.
4. Give up to 5 quick inward thrusts.
5. If the obstruction still has not come out, repeat the sequence of 5 back slaps followed by 5 inward thrusts until the obstruction comes out of their mouth. The aim is to clear the obstruction with each new back slap or chest thrust, rather than necessarily giving all 5.

If the child becomes unconscious, ➔ **follow the Basic life support steps on page 215 and perform CPR page 218.**

If you can't remove the object in these ways, do mouth-to-nose (or mouth-to-mouth) breathing on the child until help arrives.



Burns

If your child's clothing is on fire, **STOP, DROP and ROLL.**

Stop the child running or walking, as this will fan the flames.

Drop the child to the ground to prevent flames and gases rising towards the head and airway.

Roll – smother the flames by rolling the child in a woollen or cotton blanket or other non-synthetic material.

Put out any fires.

Send for help.

Ensure a clear airway.

Check that the child is breathing.

Cool the burn area with water continuously over the area for at least 20 minutes.

Do not use iced water. If the burn area is large, you may need to shorten the cooling period, as cooling a large body area can cause hypothermia in children.

After cooling, the burnt area should preferably be covered with plastic cling film along the limb or body.

If appropriate to do so, elevate the burnt limb to reduce swelling.

Do not burst any blisters that appear.

Do not apply any medications or ointment to the burn.

Get medical help.



Poisoning

Stay calm. Take the product container to the phone if you can.

? **If the child is awake, call the Poisons Centre on 0800 POISON, 0800 764 766.**

If the child is sleepy or unconscious, lie them on their side and call 111 for an ambulance.

Do not make them vomit without advice from the Poisons Centre or a doctor. Some products (e.g., cleaners) can burn the throat. Vomiting increases the risk of burns and lung damage.

Give a small drink of water if the product taken is corrosive or irritating (e.g., household cleaners).

No other fluids should be given unless advised by the Poisons Centre or a doctor.

Drowning

Call for help.

If the child is not breathing, start CPR immediately they are out of the water.

➔ **Page 217 for babies under 1 year.**

➔ **Page 218 for children over 1 year.**

Meningitis - a serious infection

If you think your child may have meningitis, contact your doctor, hospital or after-hours medical centre straight away.

What to look for

Not all these symptoms may show at once. Your child may:

- have a fever
- have high-pitched crying or be unsettled
- refuse drinks or feeds
- vomit
- be sleepy or floppy or harder to wake
- have a stiff neck
- dislike bright lights
- have a rash of red or blue spots, or bruising.

Pneumonia – when coughs and colds get serious

Your child with a cough or cold may be in danger and **must see a doctor quickly if:**

- they are breathing much more quickly than usual, wheezing or making a grunting noise when breathing
- part of the lower chest sucks inward (instead of expanding as normal) as they breathe in
- they are short of breath and cannot drink anything or talk normally.

You can help prevent pneumonia by:

- immunising against the serious diseases on the National Immunisation Schedule
- having a smokefree home and car
- breastfeeding for at least 6 months.

A child with a cough or cold should have plenty of drinks and can be offered food. If their breathing is normal, coughs and colds will get better. Keep them warm – not hot – and in smokefree air.

Asthma

Your child with a cough or cold may be in danger and **must see a doctor quickly if:**

- they are breathing much more quickly than usual, wheezing or making a grunting noise when breathing
- they are putting extra effort into breathing
- the spaces between their ribs are sucked in with each breath
- the spaces above the collar bone are sucked in with each breath.

Asthma often runs in the family/whānau. A child is more likely to have asthma if several people in the family/whānau have it, or have related conditions such as hay fever or eczema.

About one third of all children under 1 in New Zealand will have episodes of wheezing and coughing, especially if they have a cold or are around smokers. Most won't experience this after about 3, but one quarter of New Zealand children will later prove to have asthma.

Some signs of asthma in children are:

- coughing, particularly at night and after exercise
- breathlessness, often with wheeze
- a tight feeling in the chest.

The main triggers for asthma in babies and toddlers are colds and cigarette smoke.

What you can do to prevent asthma attacks

Ask your doctor for an Asthma Action plan. Use the prevention medication prescribed by your doctor.

Keep your house and car smokefree. Keep your home warm and dry. Dust regularly with a damp cloth.

Look for things in your home that can cause allergies. Carpets, bedding and sheepskins can hold dust mites, which are known to be triggers for asthma. Wash bedding and soft toys every week.

Pets can also be a trigger, as can some plants in the garden. Pollen is a trigger for some people.



For more information see the resources section of the Asthma Foundation website (www.asthmafoundation.org.nz, go to **Education, For health professionals, Useful resources) for booklets, including *What Is Asthma, Triggers in Asthma and Children and Asthma*.**

Broken bones

Don't move the child unless you have to or are sure you won't cause pain. Watch them closely. If they cannot be moved, you may need to call an ambulance.

If your child doesn't need an ambulance, take them to your nearest hospital Emergency Department.

Bad cuts

If there is a lot of bleeding, press hard against the cut with a pad or clean cloth. If there is something stuck in the cut, do not try to remove the object, just press around the cut. Just use your hand if you don't have a clean cloth. Raising an injured arm or leg (as long as it is not broken) will help stop the bleeding. Get medical help.

Diarrhoea and vomiting (upset tummies)

Diarrhoea can kill babies and children by draining too much liquid from their bodies (dehydration). It is most important to give a child with diarrhoea plenty of drinks. A child has diarrhoea if they have watery, dirty nappies more often than usual.

Signs your child needs medical help quickly

You should get medical help quickly if your child:

- will not drink or eat normally
- has several runny, dirty nappies in 1 or 2 hours
- vomits often
- has a fever
- is very thirsty
- has blood in their nappy
- is unusually irritable
- has sunken eyes and a dry mouth
- has diarrhoea that lasts longer than 24 hours.

IMPORTANT – as soon as diarrhoea starts

As soon as diarrhoea starts, give:

- plenty to drink, to replace the liquid being lost
- light food, if they can keep it down, to keep them nourished.

If breastfeeding, keep feeding more often than usual.

If your child is having formula, give this as usual and other liquids as well, such as:

- water that has been boiled and cooled quickly
- oral rehydration fluid from the pharmacy (Pedialyte or Gastrolyte). No other medicines should be used for diarrhoea, except on medical advice.

Commercial oral rehydration fluids are made to exactly the right formulation and are guaranteed to be sterile.

Give drinks, from a bottle, cup or spoon, every time a child with diarrhoea has a dirty nappy. If the child vomits, wait for 10 minutes and then give small sips often.

Give extra liquids until the diarrhoea has stopped – usually 3–5 days.

Do not give sugary drinks, such as fruit juice or fizzy drinks (including flat lemonade). These are dangerous for children who have diarrhoea and can make the diarrhoea worse.

Children over 6 months with diarrhoea can still be given food. Food can help to stop the diarrhoea and keep the child's strength up.

If your child seems fairly well, but has diarrhoea for longer than 2 weeks, see your doctor.

Preventing diarrhoea

Help prevent diarrhoea by:

- breastfeeding – breast milk is germ-free and safe
- getting your baby immunised with the rotavirus vaccine at the correct times
- cooking food until it is piping hot, storing it covered and cold, keeping everything clean
- everyone **washing hands** after using the toilet and before touching food or the child – including before and after changing nappies.

If your child is having formula, use it as soon as possible after preparation.

It is important that everything used to make up the formula is very clean. Feeding equipment (including any items used with breast milk) must be washed and sterilised until your child is at least 3 months old and thoroughly washed and rinsed once they are over 3 months. Ask your Well Child provider, nurse, doctor or pharmacy for advice about sterilising bottles and teats.

Fevers and fits

Fevers – what to do

Treat fevers by cooling the child and giving them plenty to drink.

To cool a feverish child (even if they are shivering):

- take off clothes and blankets, cool the room and wipe their head and body with a wet, lukewarm cloth (a cold cloth can make them hotter by making the body try to warm up)
- give them plenty of water to drink.

If the child stays very hot and restless, or if their temperature is still rising, keep wiping them with a lukewarm cloth. You can place your hand on the child's forehead or the back of their neck to feel if they are burning hot, but the best way to know if your child has a fever is to use a thermometer.

A significant fever is when the thermometer shows 38.5°C or above. Digital thermometers give a more accurate reading.

Fits (or convulsions)

Children sometimes have fits when they have a fever. Fits look very scary but usually last only a few minutes.

Short single fits with a fever don't cause brain damage. One in 20 children have fits with fever – the most likely age is from 6 months to 4 years.

A child having a fit may:

- go stiff and jerk or shake uncontrollably
- become unconscious – not knowing what is going on around them
- have their eyes roll up and breathe noisily and heavily
- vomit, or have froth at their mouth
- clench their teeth tightly
- soil or wet themselves.

Fits – what to do

If the child has a fit, put them on their side and stay with them until it is over.

- You can't stop a fit once it starts, but you can stop injury.
- Stay with the child. Lie them on their side with face turned so they can dribble out of their mouth.
- Take off any tight clothing around the neck. Help clear air passages by keeping the chin away from the chest if you can.
- **Don't** try to jam anything between the gums or teeth.
- Keep the jerking head, arms or legs away from hard things. Make sure the child can't fall.

If you are beside a telephone, or someone is with you, call a doctor. Otherwise, wait till the fit is over before calling the doctor.

If the fit doesn't stop after 5 minutes, be sure the child is lying safely, then call the doctor or ambulance – even if you have to leave your child for a few minutes.

When the fit is over

- The child will be sleepy and will probably go into a deep sleep. Don't try to wake them.
- Clear any vomit from their mouth.
- If they are hot, continue to cool them down. Don't bundle them up.
- Call the doctor.