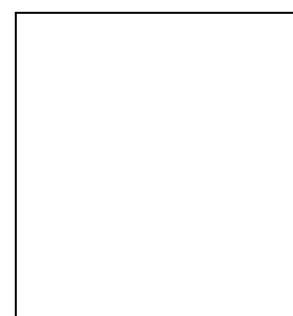


PERSONAL CHILD HEALTH RECORD

- This is your child's personal child health record which we hope you will find useful in caring for your child.
- It is about your child's health, growth and development.
- It is an important book for you to keep. It belongs to you.

Please, bring it with you whenever you bring your child to:

- the child health clinic
- your family doctor
- your Hospital Emergency Department
- dentist
- if your child is admitted to hospital



This record was given to you by _____

On ____/____/____
Day Month Year

Place for photograph

***The contents of this book were developed in association
with UNICEF in the former Yugoslavia***

Personal child
health record

Surname

First Name

Health Number												
Sex: Male/Female	DOB _____ / _____ / _____											
ADDRESS	_____											

TOWN	_____											

CODE	_____											

Details about parents:-

Father's First Name _____

Mother's Surname _____

Mother's First name _____

Name of Guardian-
(If Applicable) _____

Major Health Problems

Please fill in any serious illnesses or operations that you have had up to now and the date when they occurred.

	ILLNESS OR OPERATION	DATE
1		
2		
3		
4		
5		
6		
7		

Please fill in any serious allergies (to medication, food and drinks) that you have.

1	
2	
3	

Family History.

Family History is important and may influence your health.

Mother's Date of Birth _____

Father's Date of Birth _____

Other Children in Family..

Number	Names	Sex	Date of Birth
1			
2			
3			
4			
5			
6			

Please add anything else that you think may be important about your home and family.

Please say if anyone in your family has a history of:

	Circle 'Yes' or 'no' or 'don't know'	Who has.	Description of problem
deafness	Yes/No/Don't know	_____	_____
epilepsy	Yes/No/Don't know	_____	_____
early eye problems	Yes/No/Don't know	_____	_____
heart disease	Yes/No/Don't know	_____	_____
thyroid trouble	Yes/No/Don't know	_____	_____
asthma	Yes/No/Don't know	_____	_____
skin trouble	Yes/No/Don't know	_____	_____

(other family health problems) _____

Who else lives in your home _____

Pets _____

Birth Details

Place of Birth..... Expected date of Delivery...../...../.....

Actual Date of Delivery...../...../..... Gestational age at Birth.....weeks

Problems around the time of birth 1).....
 2).....
 3).....
 4).....

Birth Weight.....kg Head Circumference.....cms

Length.....cms Date of Measurement...../...../.....

1) Hip Examination
 2) General Examination.....

Blood tests taken to check for the presence of rare but treatable disorders. Without detection, and treatment these disorders would have very serious and long term effects on your child.
 Date...../...../.....

Phenylketonuria	Yes/No	Normal/Abnormal
Thyroid Test	Yes/No	Normal/Abnormal
Haemoglobinopathies	Yes/No	Normal/Abnormal

Comments.....

To be fully protected it is best to have the following immunisations:

Age Due	Immunisation	
Birth To 6 months	BCG	
	Diphtheria/Tetanus/Pertussis	
	Polio(1)	
	Diphtheria/Tetanus/Pertussis	
	Polio(2)	
	Diphtheria/Tetanus/Pertussis	
Before School	MMR-Measles, Mumps, Rubella	
	Booster Diphtheria/Tetanus	

	Polio	
	Booster Diphtheria/Tetanus	
	Polio	
During School	Booster Diphtheria/Tetanus	
	Polio	
	Booster Measles	
	Rubella (only girls)	
	Booster Tetanus	

GROWTH CHARTS.

The following charts allow you to see how you are growing. It is important that height is measured accurately by a health care worker.

BABY AND CHILD HEALTH CHECKS

First examination at 6-8 weeks of age

This review is done by your doctor. Here are some things that the doctor will ask about:

Circle 'Yes' or 'no' or 'not sure'

- Do you (and your partner) feel well yourself? Yes/no/not sure
- Have either of you any worries about feeding your baby? Yes/no/not sure
- Have either of you any concerns about your baby's weight gain? Yes/no/not sure
- Does your baby watch your face and follow with his/her eyes? Yes/no/not sure
- Does your baby smile at you? Yes/no/not sure
- Can your baby hear you? Yes/no/not sure
- Is your baby startled by loud noises? Yes/no/not sure
- Are there any problems in looking after your baby? Yes/no/not sure
- Do you have any other worries about your baby? Yes/no/not sure

Comment

.....

.....

How are you feeding your baby? Breast/Bottle/Mixed Previously Breast Fed?
 Yes/No

Type of milk: Infant formula/cow's milk

Approximately how much and how often _____
 Age when breast feeding ceased (in weeks) _____

Reasons for stopping breast feeding _____

Examination at 6-8 weeks of age

NAME OF EXAMINER.....Grade.....

Length/Height.....cms.....centile Today's date...../...../.....

Weight.....kgs.....centile

Head circ.....cms.....centile

Any previous ongoing medical problems? No..... Yes

If yes, please specify.....

ITEM	COMMENT	ITEM	COMMENT
Physical.....		Speech.....	
Vision.....		Behaviour.....	
Hearing.....		Hips.....	
Locomotion.....		Testes.....	
Manipulation.....		Heart.....	

Your comments at 3 months

Circle 'Yes or 'no' or 'not sure'

Has your baby had the first immunisation yet? Yes/no

Does your baby laugh, gurgle and coo? Yes/no/not sure

Does your baby notice people and playthings? Yes/no/not sure

Does your baby watch his/her hands? Yes/no/not sure

Does your baby quieten or smile to the sound of your voice even when you can't be seen? Yes/no/not sure

Any worries about your baby? Yes/no/

Please comment here if 'Yes'

Your comments at 4 months
sure'

Circle 'Yes or 'no' or 'not

Has your baby had the second immunisation?

Yes/no/

Has your baby had any illness or accidents
since the 6-8 week check?

Yes/no/not sure

Have you been given advice about fluoride
for your baby's teeth

Yes/no/not sure

Any worries about your baby?

Yes/no/

Please write here if YES:

You may like to stick a photograph of baby here:

Examination at 6-9 months of age

NAME OF EXAMINER.....

Grade.....

Length/Height.....cms.....centile

Today's date...../...../.....

Weight.....kgs.....centile

Head circ.....cms.....centile

Any previous ongoing medical problems?

No..... Yes

If yes, please specify.....

ITEM

COMMENT

ITEM

COMMENT

Physical.....

Speech.....

Vision.....Behaviour.....
 Hearing.....Hips.....
 Locomotion.....Testes.....
 Manipulation..... Heart.....

Second examination at 6-9 months of age

This review is done by your doctor. Here are some things that the doctor will ask about. However, if you are worried about you child's health, growth or development you can contact your health visitor or doctor at any time.

Circle 'Yes' or 'no' or 'not sure

Are you feeling well yourself?	Yes/no/not sure
Any worries about your child's health?	Yes/no/not sure
Any worries about how your baby is feeding?	Yes/no/not sure
Any worries about you baby's development?	Yes/no/not sure
Are you happy your baby is gaining weight?	Yes/no/not sure
Is your baby sitting alone?	Yes/no/not sure
Does your baby babble (ba -ba, da- da etc)	Yes/no/not sure
Any worries about your baby's eyesight?	Yes/no/not sure
Have you noticed a squint or 'turn' in the eye (Eyes not moving together)?	Yes/no/not sure
Do you think your baby can hear you?	Yes/no/not sure

How are you feeding your baby? Breast/Bottle/Mixed Previously Breast Fed: Yes/No
 Type of milk: Infant formula/cow's milk

Approximately how much and how often _____
 Age when breast feeding ceased (in weeks) _____
 Reasons for stopping breast feeding _____

Hearing test

Today's date...../...../.....

NAME OF EXAMINER..... Grade.....

STIMULI	TEST STIMULI					
	LEFT			RIGHT		
	1	2	3	1	2	3
High frequency rattle						
"ss" (as in bus)						
Hum (closed lips)						
No sound trial (at least 2 should be carried out)						
Key: V= Head turns			x = no turns			

Pass = 2/3 correct turns to each stimuli. If a child fails 1-3 sound stimuli, retest in 4 weeks.
 If a child fails 4-6 sound stimuli, refer at once.
 Always refer if there is parental concern.
 Present stimuli randomly.

Results of Test

Right ear =

Left ear =

Signed:

Third examination at 18-24 months of age

This review is done by your doctor. Here are some things the doctor will ask about. If you are worried about your child's health, growth or development you can contact your doctor at any time.

Circle 'Yes' or 'no' or 'not sure'

- | | |
|---|-----------------|
| Are you feeling well yourself? | Yes/no/not sure |
| Have you any worries about your child's behaviour? | Yes/no/not sure |
| Are you happy your child is growing normally? | Yes/no/not sure |
| Are you happy that your child hears normally? | Yes/no/not sure |
| Does your child understand when you talk to him/her? | Yes/no/not sure |
| Do you have any worries about the way your child talks? | Yes/no/not sure |
| Are you happy that your child's eyesight is normal? | Yes/no/not sure |
| Do you think your child has a squint (a turn in the eye or lazy eye)? | Yes/no/not sure |
| Does your child walk normally? | Yes/no/not sure |
| Are you brushing your child's teeth every day? | Yes/no/not sure |

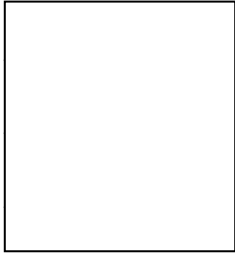
Please write anything you want here:

You may like to stick a picture of your child here:

.....

.....

.....



Examination at 18-24 months of age

NAME OF EXAMINER..... Grade.....

Length/Height.....cms.....centile Today's date:...../...../.....

Weight.....kgs.....centile

Head circ.....cms.....centile

Any previous ongoing medical problems? No..... Yes.....

If yes, please specify

ITEM	COMMENT	ITEM	COMMENT
Physical.....		Speech.....	
Vision.....		Behaviour.....	
Hearing.....		Hips.....	
Locomotion.....		Testes.....	
Manipulation.....		Heart.....	

Fourth examination at 3 – 3.5 years of age

Do you have any worries about your child's

- hearing	Circle 'Yes' or 'no' or 'not sure'
- eyesight	Yes/no/not sure
- speech	Yes/no/not sure
- understanding of what you say	Yes/no/not sure
- health	Yes/no/not sure
- behaviour	Yes/no/not sure

Can your child

- run
- walk upstairs
- stay dry by day

Yes/no/not sure
 Yes/no/not sure
 Yes/no/not sure

Has your child had any illnesses or accidents in the past 18 months

Yes/no/not sure

If 'Yes' please say what they were.....

.....

Is there anything else you would like to discuss?.....

.....

Are all your child's immunisations up to date?

Yes / no

Fourth examination at 3 to 3.5 years of age

NAME OF EXAMINER.....Grade

Length/Height.....cms.....centile

Today's date/...../.....

Weight.....kgs.....centile

Head circ.....cms.....centile

Any previous ongoing medical problems?

No..... Yes

If yes, please specify

.....

ITEM

COMMENT

ITEM

COMMENT

Physical.....Speech.....

Vision.....Behaviour.....

Hearing.....Hips.....

Locomotion.....Testes.....

Manipulation.....Heart.....

Eye test before school

Date:...../...../.....

Your child was tested by a specialist in eye tests and the vision was:

Right Eye.....Left Eye.....

A further appointment is:

not needed

will be made for.....months' time

Signed:.....

District/Senior/Orthoptist

NOTE BY ORTHOPTIST:

Tests used: Sheridan Gardner, Kay Pictures, Catford Drum

You can help with this test by reporting to the specialist any squint (that is in turning of one eye) or difficulties in seeing pictures or the television.

Fifth examination at 4.5 – 5.5 years of age

Do you have any worries about your child's

- | | | | |
|------------|-----------------|----------|-----------------|
| - eyesight | Yes/no/not sure | - speech | Yes/no/not sure |
| - hearing | Yes/no/not sure | - growth | Yes/no/not sure |

Does your child wear

- glasses Yes/no
- hearing aid Yes/no

Has your child ever seen a specialist? Yes/No

If 'Yes' please say why

.....

Does your child have any long term health problems? Yes/No

If 'Yes' please say what:.....

.....

Please list any medicines including creams, ointments, mixtures, tablets, inhalers etc that your child is taking regularly at the moment.

1..... 2.....
3..... 4.....

Do any of these medicines need to be taken during school hours? Yes/No
If 'Yes' please say which ones

1.....2.....

Does your child have any problems which may affect schooling Yes/No/Not Sure
If 'Yes' or 'not sure' please say what the problem is

.....

Is your child unusually clumsy? Yes/No/Not Sure

.....

Is your child clean and dry during the day and night? Yes/No/Not Sure
Do you have any worries about your child's health? Yes/No/Not Sure
If 'Yes' or 'not sure' please say what the problem is

.....

Do you have any worries about your child's behaviour? Yes/No/Not Sure
If 'Yes or 'not sure' please say what the problem is

.....

.....

Examination at 4.5 to 5.5 years of age

NAME OF EXAMINER.....Grade

Length/Height.....Cms..... centile Today's date...../...../.....

Weight.....kgs..... centile

Head circ.....cms..... centile

Any previous ongoing medical problems?

No..... Yes

If yes. please specify

ITEM	COMMENT	ITEM	COMMENT
------	---------	------	---------

Physical.....		Speech.....	
---------------	--	-------------	--

Vision.....		Behaviour.....	
-------------	--	----------------	--

Hearing.....Hips.....

Locomotion.....Testes.....

Manipulation.....Heart.....

Are your child's immunisations up to date including pre school booster?

Age Due	Immunisation	Date Given
Birth To 6 months	BCG	
	Diphtheria/Tetanus/Pertussis	
	Polio(1)	
	Diphtheria/Tetanus/Pertussis	
	Polio(2)	
	Diphtheria/Tetanus/Pertussis	
Before School	Polio(3)	
	MMR-Measles, Mumps, Rubella	
	Booster Diphtheria/Tetanus/Pertussis	
	Polio	
	Booster Diphtheria/Tetanus/Pertussis	
	Polio	

ADVICE

The following pages give advice which we hope you will find helpful in bringing up your child

Advice on health

Advice on pregnancy and childcare

Advice on safe Motherhood

Advice on feeding your baby

Advice on childcare

Advice on child development and play

Advice on puberty

Advice on some illnesses that may occur in your child

Advice on child protection

Advice on Accident protection

Advice on how to protect yourself

Advice on firearms

Advice on Resuscitation

ADVICE ON HEALTH

Immunisation

Some infectious diseases are dangerous - immunisation stops us catching them.

Because of immunisation, it is now rare for your child to get diphtheria, tetanus or polio. Measles and whooping cough are also becoming less common as more and more children are being immunised.

But if your child is not immunised against these diseases, they will become common again.

Your child can be immunised even during a cold and whilst taking most medicines, including antibiotics.

It is important that your child remains protected against infectious diseases. 'Boosting' or reminding the body cells to produce protective chemicals does this.

Immunisation is harmless.

Before immunisation was invented, these dangerous diseases killed many thousands of children.

The germs causing these diseases are still around. They are unable to affect our children if they have been immunised.

Familiarise yourself with the immunisation schedule in this book. Find out where your local immunisation clinic is, and what day it operates.

Further immunisation will be given during the school years. These are usually given by your family doctor or they may be given at school.

Smoking

The best protection for your own health and the health of those around you is not to smoke.

If you cannot stop smoking at least take these steps to reduce the risk to your health:

Smoke fewer cigarettes.

Smoke a brand of cigarette with the least possible tar.

(Aim for low nicotine, too).

Leave a longer stub - the tar and nicotine become more concentrated as the cigarette is smoked.

Take fewer and smaller puffs from each cigarette.

Take the cigarette out of your mouth between puffs.

Do not inhale.

REMEMBER; SMOKING CAUSES VERY SERIOUS ILLNESSES

Hygiene

Washing hands with soap and water can prevent many illnesses,

- 1 every time after going to the toilet
- 2 before handling food

- If water is not from a safe and piped supply, boil it before drinking.
- Raw food may be risky. It should be washed or cooked.
- Cooked food should be eaten immediately not left to stand.
- Warmed up food should be thoroughly reheated.
- Keep raw food away from cooked food.
- Keep food covered away from flies and other pests which can leave germs on the food.

Head lice

If you discover lice in your child's hair please contact the school so that other parents can be alerted to check their children. The discovery of one louse means there must be others, therefore treatment is essential.

Treatment: (only when lice are discovered)

- 1 Treat the hair according to instructions with the recommended lotion. The whole family must be treated. (Lice usually have spread to everyone in the family by the time one has been noticed!)
- 2 The lotion can be bought at any chemist, or obtained on prescription from your family doctor.

Prevention: Regular combing and brushing will damage the louse and prevent it laying eggs.

Scabies

This produces an itchy red rash. Often other members of the family will also have this infection. There is an effective bathing solution which can cure this infection.

Looking after your child's teeth

Looking after your child's mouth starts very early by:

- not giving sugary drinks and sweets between meals (these cause tooth decay)
- giving fluoride supplements if local water does not contain it
- not using sugared dummies (these can start tooth decay)
- gently cleaning your child's teeth when they first appear
- showing your child how to use toothpaste properly
- teaching your child to brush after breakfast and last thing at night.

It is important to look after milk teeth

Sweets, toffees and sugary drinks are the main cause of tooth decay

It is important for your dentist to know about your child's general health so please take this book with you when you visit the dentist.

Make friends with your dentist. He or she will love the chance to meet your child and to get to know you both really well.

Do not leave it until there is a hole in a tooth or worse!

Your child will thank you, when grown up, for a full set of nice white teeth.

AIDS

AIDS is an incurable disease. It is caused by a germ which can be passed on by sexual intercourse, through infected blood and by infected mothers to their unborn children.

- AIDS is caused by a germ known as the human immunodeficiency virus (HIV). HIV damages the body's defence system. People who have AIDS die because their body can no longer fight off other serious illnesses.
- People infected with HIV usually go for many years without any signs of disease. They may look and feel perfectly normal and healthy for all of that time. But anybody infected with HIV can infect others.

AIDS is a late stage of HIV infection. It takes an average of 7 to 10 years to develop - from the time when a person is first infected with HIV. AIDS is not curable, although some medicines have been developed to keep people with AIDS healthier for longer.

Anyone who suspects that he or she may be infected with HIV should contact a health worker or an AIDS testing centre. It is very important that counselling is undertaken before and after testing for HIV infection. It is vital for those who have the germ to learn how to avoid passing it to others and to receive advice about how to take care of their own health.

HIV can only be passed from one person to another in a limited number of ways:

- By sexual intercourse, during which the semen or vaginal fluid of an infected person passes into the body of another person. HIV can be passed in this way from man to man, man to woman and woman to man. Worldwide, nine out of ten infections in adults have been passed on through sexual intercourse.
- By the use of unsterilised needles or syringes for injecting drugs.
- By blood transfusions, if the blood used has not been tested for HIV.
- By an infected woman to her unborn child.
- It is not possible to get HIV from being near to or touching those who are infected with the germ. Hugging shaking hands, coughing and sneezing will not spread the disease. HIV cannot be transmitted by toilet seats, telephones, plates, glasses, spoons, towels, bed linen, swimming pools or public baths.

A person infected with HIV is not a public health danger.

People who are sure that both they and their partner are uninfected and have no other sex partner are not at risk from AIDS. People who know or suspect that this might not be the case should practise safer sex. This means either sex without intercourse (penetration), or intercourse only when protected by a condom.

Faithfulness and loyalty between two uninfected partners protects both people from HIV.

- The more sex partners you have, the greater the risk that one of them will be infected and can infect you. The more partners your partner has, the greater the risk that he or she will be infected and can infect you.
- People who have genital sores, ulcers or inflammation, or a discharge from the vagina or penis, are greater risk of becoming infected with HIV and of passing it to others. Prompt treatment for all genital infections is therefore very important.

Any injection with an unsterilised needle or syringe is dangerous.

- Those who inject themselves with drugs are therefore particularly at risk from AIDS. So are people who have sex with those who inject drugs.
- A needle or syringe can pick up small amounts of blood from the person being injected. If that person's blood contains HIV, and if the same needle or syringe is used for injecting another person without being sterilised first, then HIV can be injected.

Drug injecting is in itself dangerous. But because of the additional risk of HIV, those who do inject drugs should never use another person's needle or syringe or allow their own needle or syringe to be used by anyone else.

- Child immunisation programmes use needles which are sterilised between each use and are therefore safe. All infants should be taken for a full course of immunisations in the first year of life.
- Injections other than for immunisation are often unnecessary in children, as many useful medicines can be taken by mouth. Where injections are necessary, they should be given only by a trained person using a sterilised needle and syringe.
- Ear-piercing, dental treatment, tattooing, facial marking and acupuncture are not safe if the equipment used is not sterilised. It is also not safe to be shaved by a barber using an unsterilised razor.

Women infected with HIV should think carefully about having a baby - and seek advice. There is a one-in-three chance that their babies will also be born infected with HIV.

- Women with HIV infection have about a 30% chance of giving birth to a baby who will also be infected with HIV. Most babies infected with the germ will die before they are three years old.
- In some countries, HIV tests are available to couples who are concerned that one or both of them might be infected. The results can help them decide whether to have children. Even if only the man is infected, the woman may become infected through sexual intercourse while attempting to conceive, thereby putting herself and her baby at risk.

All parents should tell their children how HIV is spread.

- Apart from protecting yourself and your partner, you can also help to protect your children against HI by making sure they know the facts about how to avoid getting and spreading the infection.

- Children also need to know the facts about how HIV *does not* spread. they need to know that they run no risk of getting the germ from ordinary social contact with HIV-infected children or adults. Children should be encouraged to be sympathetic towards people who are infected with HIV.
- Everyone can help in the world wide effort to stop HIV from spreading to the next generation of children

***ADVICE ON PREGNANCY AND CHILDBIRTH* - important information**

- 1 Sex is a very normal and healthy part of all of our lives. It is a way of sharing affection and tenderness, excitement and enjoyment. Sexual intercourse leads to the birth of babies.
- 2 Ideally, every baby born should be a wanted baby brought up by its birth mother and father to give it the best chance in life.
- 3 All girls should be allowed time to become women before becoming mothers.
- 4 Babies born to girls younger than 18 years old have an increased risk of being small and premature; and less chance of surviving.
The birth itself is more likely to be difficult.
The risk to the mother's own health is greater than if she were older.
- 5 Pregnancy can occur without full sexual intercourse happening. If a man's penis is placed near the entrance to the vagina, the fluid he makes as he is becoming excited contains many sperm which can cause pregnancy by swimming from outside into the vagina. Be careful that this does not lead to an unwanted pregnancy.
- 6 Pregnancy can happen the first time sexual intercourse occurs. There are many myths and stories about sex and pregnancy. Do not be afraid to ask your doctor or nurse about them.
- 7 Children born too close together do not usually develop as well physically or mentally. A mother's body needs at least one year fully to recover from pregnancy and childbirth.
- 8 Smoking during pregnancy is bad for your baby's development.

Family planning

Family planning has been used for centuries in one way or another. The spacing of births is important for both the health of the mother and the unborn child, as well as for the other members of the family.

There are many methods for limiting the numbers of pregnancies to those that are wanted and welcome. All methods must be used properly to work reliably.

NATURAL FAMILY PLANNING

It may be possible to be taught by a doctor, by a specially trained nurse or by a specially trained teacher about your own body and your own fertility and when you are most likely to become pregnant. Very careful teaching is needed for this method to work.

OTHER EFFECTIVE METHODS

of family planning which your doctor or nurse is able to explain are:-

Male condom
Combined Pills (Progesterone plus oestrogen)
Mini-Pills (Progesterone only)
Injectable hormones
IUCD (coils)
Female condom
Diaphragm or cap

Abortion

Avoiding births by having unsafe, unlawful abortions can be very dangerous. Bleeding can be severe, sometimes needing the womb (uterus) to be removed to stop the bleeding. Some women die. Severe infections in the womb and tubes can occur, giving bad tummy aches", high temperatures and illness. Infections may block the tubes so that a woman can never become pregnant again. The neck of the womb (cervix) may be torn so that future pregnancies will miscarry or babies will be born very prematurely.

If you do become pregnant and consider that an abortion is the only option, you should ask for the help and advice of a doctor immediately.

ADVICE FOR YOUNG MOTHERS

(aged less than 18 years When a baby is born)

Looking after a baby when you are a young person is very difficult. It is better, if you can, to wait until you are older than 18 years before having a baby.

We hope the following advice will help you to care for your child.

Safe Motherhood - Important information

- 1 The risks of child birth are greatly reduced by attending for regular check ups during pregnancy. Health workers will:-
 - check your baby's growth and position in the womb
 - check your blood pressure
 - give you tablets to prevent a low blood count (anaemia)
 - give you a tetanus immunisation
 - prepare you for childbirth and for breast feeding
 - give you advice on family planning
- 2 A trained person should assist at every birth.
- 3 Warning signs during pregnancy which need attention from a health worker are:
 - a) paleness
 - b) failure to gain weight
 - c) swelling of legs, arms or face
- 4 Warning signs during pregnancy which need immediate attention are:-
 - a) bleeding from the vagina (this may be due to a separation of the afterbirth (placenta). This is the source of nutrition and oxygen to your unborn child)
 - b) severe headaches (this could be due to a high blood pressure)
 - c) high fever

- d) severe vomiting
- 5 need more food and more rest during pregnancy.
- 6 If a woman who is pregnant smokes or takes alcohol or drugs, her child may be seriously damaged in the womb.

Advice on Feeding your baby

Feeding time can give you gentle, quiet moments together, especially when you breast feed your baby.

Breast Feeding

Breast milk alone is the best possible food and drink for a baby. No other food or drink is needed for about the first six months of life.

It is the best food a child will ever have. All substitutes including cow's milk, infant formula, milk powders are inferior.

Breast milk contains substances, which help protect your baby from coughs, colds chest and stomach infections. Powdered milk does not contain these protective substances.

Breast milk contains everything your baby needs, fat, sugar, protein minerals and water. Breast milk is easily digested and rarely causes stomach upset or colic.

Breast fed babies do not suffer so often from allergy conditions like eczema and asthma. virtually every mother can be helped to breast feed her baby. A baby should start breast feeding as soon as possible after birth.

The thick yellowish milk (called colostrum) that the mother produces in the first few days after birth is good for babies. It is nutritious and helps to protect them against common infections.

Mothers usually learn about breast-feeding from other mothers. Most mothers benefit from help when they begin to breast feed, especially if the baby is a firstborn.

The position of the baby on the breast is important to success.

Mothers who are not confident that they produce enough breast milk often give their babies other food or drink in the first few months of life. However, this means that the baby sucks at the breast less often and so less breast milk is produced. To stop this happening mothers need to be reassured that they can feed their babies properly with breast milk alone. Water and tea are not necessary.

A variety of additional foods is necessary when a child is about six months old, but breast feeding should continue for longer if possible.

Although children need additional foods after about the first six months of life breast milk is still an important source of energy and protein and other nutrients and helps to protect against disease.

Some women are unable to breast-feed. If you have tried and not found it possible, do not worry. You have done your best for your baby.

It is difficult to know when to stop breast-feeding. However, beyond 12 or 18 months of age, behavioural problems may occur.

If you are tired, hungry or upset you may have less breast milk.

From day to day both breast and bottle fed babies differ a lot in how much milk they want.

Babies also differ in how often they want to be fed.

Your own baby will let you know how often and how much to feed.

Always hold your baby when feeding.

A baby who feeds more slowly than usual for him/her may be ill.

Bottle feeding

- a) If you make up feeds don't add anything extra to your baby's milk.
- b) It can be dangerous to add extra powder to make the milk 'stronger', so always follow the instructions on the packet exactly.
- c) Sterilising bottles is very important - germs breed quickly in warm milk. what ever way you sterilise - please follow the manufacturers' instructions carefully.
- d) Do not heat your baby's feeds in a microwave because it heats unevenly and could burn your baby's mouth.
- e) Do not give sugar water or tea to babies under 1 year of age - it does not help your baby grow.

Weaning food

Babies can usually begin to take solids at about 3-4 months. Supplementary feeding, that is food in addition to milk, is important for your baby's growth.

If you want to start giving your baby solids before this time, ask for advice.

If your baby seems hungry after a good milk feed try very small tastes of mashed, runny or liquidised.

- fruit
- baby rice
- cereal
- vegetables

Try one new food or drink at a time, in case it upsets your baby's bowels.

Don't add salt

Babies kidneys can't cope with too much salt and they get thirsty.

As your baby gets older, give more food that is less runny and let your baby play with finger foods.

You can try these 'finger foods':

- brown bread or toast
- small sandwiches
- peeled, sliced apples (small pieces)
- thin slices of cheese

Then you baby will need less milk, but give other drinks like:

- cooled boiled water
- very dilute fruit juice

It does not matter if baby cannot find 'his' mouth 'first time'. Plenty of practice makes perfect.

If you use packets or tins of baby food give lots of different flavours, not just one or two.

Give your baby as little sugary food as possible and never add sugar to food and drinks.

Sugary foods and sweets lead to bad teeth and make babies fat.

Throw away unfinished food at once because re-heating food encourages germs to multiply in the food.

From 6-7 months of age, slowly build up a normal, mixed 'taste' diet.

You can try:

- yoghurt
- flaked fish
- minced meat
- grated cheese
- mashed fruit

Always wash your own, and your baby's, hands before touching food.

For the first 6-7 months sterilize everything you use to feed your baby.

Ask your health visitor / doctor about the need for extra vitamins and fluoride.

What to do if your baby chokes?

Don't waste time trying to remove the object from his mouth unless it can be done easily. Turn your baby, head down, support his body with your forearm and slap firmly between the shoulder blades. If this does not work, try again. Never hesitate to call for a doctor.

Advice on child care

Suggestions to help with the difficult task of bringing up children

No parent gets it right all the time

General Suggestions:

- 1 In addition to food, clothing, warmth and shelter, love is the most important thing you can give your child.
- 2 Children need guidance to help them understand other people's feelings.
- 3 Encourage and praise your child when they ~ to do something well.
- 4 If children are told they are stupid, disgusting or worthless, they will soon begin to believe it. Criticise behaviour if needed but NOT your child as a person.
- 5 Childhood does not last forever - seek help with problems
- enjoy the good things.
- 6 You are the most important person in your child's life. Remind them that they are the most important person in your life.
- 7 Listen to your child and give him/her time.
- 8 Happy, fulfilled parents help children to be happy. Try not to let your problems affect the way you treat your children. You cannot help it if they are aware of your unhappiness. Openness in this may help them and you.

There is no correct way to bring up a child.

There is no such thing as a perfect parent.

As long as their basic needs are met - children can grow up happy and well adjusted.

What are the basic needs of all children?

- 1 Love essential and of overriding importance.
- 2 Physical care - warmth,
 - food,
 - enough sleep
- 3 Respect.
- 4 Praise - for the things they try to do not just for what they achieve.
- 5 Attention - listen to a child's words or actions.
- 6 Stimulation - through creative play and talking to your child.
- 7 Security - to know you are there when they need you
 - to protect them from accidents or injury.

** Physical punishment is bad for children. It makes them more likely to grow up being violent towards others or to themselves. It can also frighten children and thereby destroy a child's natural desire to please and to learn from his/her parents and teachers.*

Specific Problems

CRYING BABIES

- a) caused by - hunger, wet nappy, frustration, wanting affection, tired, bored, teething
- b) try rocking or walking up and down
- c) try singing
- d) try affection - cuddling is best. Relax, do not rush to put in cot
- e) if crying all the time - contact Doctor

If you have tried everything and baby still cries, and you feel desperate, and angry, as though you cannot take any more, then think about -

putting him/her down somewhere safe
putting him/her into another room and close the door
switching on TV or radio
making a drink
visiting someone with your baby
telephoning/speaking to someone else
-do not shake your baby: this can be very dangerous

IN GENERAL:-

- sleep when your baby sleeps
- find someone to support you
- find someone you can trust to give you a break

TANTRUMS IN TODDLERS

Children under 3 years see themselves as the centre of their world.

Try not to overreact or lose your temper.

Try not to give in too quickly - 'no' means 'no' or it may be worse next time.

- Try to
- a) keep your child occupied
 - b) develop regular routines
 - c) be consistent
 - d) talk to your child (he does not have to be able to talk back to understand)
 - e) avoid problem situations
 - f) seek out other parents / toddlers to talk to

POTTY TRAINING AND BEDWETTING

Children vary in the time they are ready to become clean and dry. Usually by five years of age a child will be dry by day and by night. Your health visitor can advise you if you are worried

SMOKING

Smoke from cigarettes, cigars and pipes is unhealthy for children. Ask your doctor or health visitor for advice about giving up smoking. It has been shown that children growing up in a smoker's house suffer more from chest and ear infections than those in clean air households. Try not to encourage your children to smoke. Keep your child away from rooms where people are or have been smoking.

PROBLEMS IN THE RELATIONSHIPS BETWEEN PARENTS

- a) Try not to draw children into the conflict.
- b) Never ask a child to take sides
- c) Explain what is happening.
- d) Explain it is not their fault.
- e) Think how any decisions you make about your relationship will affect your child.

When parents are under a lot of stress, their children can suffer too. Children may not understand adult problems or emotions. If their parents are often cross or bad tempered children can worry that somehow they are to blame.

Advice on child development

Baby and child health checks

- your doctor or health visitor will invite you to attend for some simple routine checks on your baby.
- these important checks are made at various stages in your baby's development.
- they will help to identify and explain any problems.

Baby health checks are an opportunity for parents to -

- talk about their child's emotional health and well being.
- discuss your feelings and observations about your child.

Babies begin to learn rapidly from the moment they are born. By age two, most of the growth of the human brain is already complete. For good mental growth, the child's greatest need is the love and

attention of adults.

- A baby's five senses - sight, smell, hearing, taste, touch - are all working from the moment of birth. From the moment of birth, a baby begins learning about the world.

- The greatest needs of all children are to be talked to, touched, cuddled, hugged, to see familiar faces and expressions and to hear familiar voices, and to see that others will respond to them. Children also need new and interesting things to look at, listen to, watch, hold, and play with. This is the beginning of learning. Human voices are the most important thing for the baby to hear. Human faces are the most important thing for the baby to see. Babies should not be left on their own for long periods of time.

- If a child has plenty of love and attention, and babyish play, as well as good nutrition and health care, then the child's mind will also grow well.

Should you have any worries about your child at any other time, please seek further advice from your doctor or health visitor.

Your child's development

Mothers and fathers are the best observers of a child's development. So all parents should know the warning signs which mean that a child is not making normal progress and that something may be wrong.

- Some children progress more slowly than others, and this in itself need not be a cause for alarm.
- The following is a parents' guide to what children should be able to do at three months, twelve months and two years of age. If a child cannot do these things at the right age, this does not necessarily mean that there is a serious problem. But it does mean that the matter should be discussed with your doctor.

At three months, does your child:

turn head towards bright colours and lights?
make fists with both hands?
smile?

move eyes to loud sounds?
wiggle and kick with legs and arms?
make cooing sounds?

At twelve months, does your child:

sit without support?
get up to standing position (with support)?
follow simple requests?
say two or three words?
crawl on hands and knees?
pick things up with thumb and one finger?
give affection?

At two years, does your child?

use two- or three-word sentences?

carry an object while walking?
feed himself or herself?

recognise people and objects they know?
repeat words that others say?
identify hair, ears and nose by pointing?

At four years, does your child?

balance on one foot?
play simple games with others?
ask questions?
answer simple questions?
show different emotions?
wash hands alone?
point out six basic colours?

At five years, does your child?

speak clearly?
dress without help?
copy a circle, square, triangle?
count five to ten objects?

Helping your child to learn

- In the earliest years, parents can help build the foundations for successful learning in school. From birth, a child who feels loved, secure and approved of, is more likely to have the desire and the confidence to learn rapidly.
- Pre-school play groups and nursery programmes can help prepare a child to learn well at school and adjust to making relationships with other children and adults.
- Too much pressure on a child to learn and to do well in school is not helpful. Teaching things like reading and writing and numbers at too early an age is like trying to build the top of a building first. Like a building, a child's capacity for learning grows in stages, each stage built upon the last. The child learns best if parents and school teachers provide the opportunity to learn whatever is appropriate at each stage. To do this requires skill and patience. It means watching very closely and knowing when a child is becoming too frustrated or too bored. And it means constantly providing new opportunities and just the right kind of new challenges and interests for the child to continue his or her own learning process.
- Learning to speak and understand language is one of the most important and complicated tasks facing young children. They learn best if parents are constantly helping, right from birth, by talking, singing songs and nursery rhymes, pointing at things or people and giving them names, asking questions, and reading or telling stories as soon as the child is able to understand. Children are able to understand language long before they can speak.

It is possible to have 'conversations' with a child from the very earliest age. It does not matter how simple or babyish the conversation is. What matters is 'bathing the child in words'. The child needs to respond to words and sounds and to see others respond to his or her own attempts at sounds and words. When a child begins to make sounds, words, and sentences, parents should show their delight and encourage the child to build on what has been learnt.

- Children learn to speak at different ages. In general, they begin to talk from about the age of one

and can use complete sentences by the age of four. Encouragement and practice during these first six years is very important to the child's later success in learning to speak, read and write, and to do well at school.

- There is no difference between the physical, mental and emotional needs of boys and girls. All children have the same need for play and the same capacity for all kinds of learning and all have the same need for expressions of love and approval.
- Children love to learn. Be relaxed and unhurried when your child is learning with your help.

All about play

Play is important to every child's development. By playing, a child exercises mind and body, and absorbs basic lessons about the world. Parents can help a child to play.

- Children play because it is fun. Play is also an important part of a child's development.
- By playing with simple objects and imitating the world of adults, children begin to learn about the world around them. Play also helps develop the skills of talking, thinking, and organising.

Children learn by trying things out, asking questions, setting themselves new challenges, and finding ways to succeed. Play builds knowledge and experience. Play helps a child to grow in curiosity, in confidence, and to have more control of his or her world.

- Parents can help a child to play and to learn by providing safe things to play with and suggesting new things for the child to try to do.
- Children need simple play materials so that there is always something to do or to explore at each new stage of the child's development. This need not cost a lot of money. Water, sand, cardboard boxes, wooden building blocks, safe household items, objects of different colours, a ball and many traditional playthings are just as good as shop bought toys. Whenever it is possible and safe, children should be allowed to make their own decisions. They learn best from their own successes and their own mistakes. Parents should try to guide but not control the child's play.

Parents can help a child to do what he or she wants to do; but if parents do too much then the child loses the chance to learn by trying to do things for himself or herself. Children learn most from trying to do something and failing then trying a different way and succeeding.

Play is never a waste of time

- When a very young child insists on trying to do something for himself or herself, we should be patient. As long as the child is protected from danger, struggling to do something new and difficult is a necessary step in the child's development, even if it means some frustration. Parents are the best judge of when to offer help and when to leave children to find their own solutions. "Try again" is a good way to learn.
- Children love to dress up and pretend to be someone else - mother, father, teacher, doctor, or some imaginary character. This kind of play is also important. It helps the child to understand and accept the ways in which other people behave. It also helps to develop the child's imagination. Parents can encourage these 'let's pretend' games by giving children old clothes, hats, bags, shoes or pieces of fabric to play with and dress up in.
- Children sometimes need to play alone. But sometimes they need to play with adults as well. Talking to children, repeating words and sounds, singing, music, nursery rhymes, repetitive babyish

games - all of these are vital to the child's happiness and normal growth and development.

Have fun yourself - play together - learn together.

ADVICE ON PUBERTY - growing up (also called adolescence)

Puberty is when you start to change from being a child into being an adult.

I You change in size and shape.

2 Your reproductive organs (the parts of your body that make it possible to make a baby) start to work and so you are physically able to become a parent.

3 Each person goes into puberty at different ages. For GIRLS - usually between 9 years and 16 years For BOYS - usually between 10 years and 17 years

Adolescence is the period of time between being a child and being a fully mature grown up. Being neither a child nor yet an adult can be confusing, worrying and full of surprises. Lots of people feel depressed without knowing why during adolescence. It is normal and the best thing is to try to talk through your worries with an adult you trust. If your parents will not listen, try talking to a close relative or sympathetic teacher at school.

THE CHANGES YOU WILL SEE AND FEEL - FOR GIRLS DURING PUBERTY (9-16 YEARS)

1 You will grow taller.

2 Your breasts will start to swell and gradually become larger. One breast may be bigger than the other at first. They always 'even out' so do not get worried.

3 Curly hair will grow between your legs and around your vagina.

4 You may have moistness around the vagina, and the lips of the vagina may become quite long.

5 You may become "moody" like many people of this age.

6 Hairs will grow under your armpits.

7 Menstruation (periods) will start. Blood will come out of the vagina. This is normal. Many girls have periods once per month, but many girls have periods closer together or further apart than this. Both are normal when periods first start. If you are worried, ask a doctor or nurse. You can bathe and shave, wash your hair and swim if you want during your periods.

8 You may sweat more than before puberty.

If worried or in doubt, ask your mother, your doctor or another adult that you trust.

THE CHANGES YOU WILL SEE AND FEEL - FOR BOYS - from 10-17 years of age

1 You Will grow taller.

2 Hairs will grow under your armpits and around your penis and scrotum.

3 Your testicles will grow bigger and start to produce sperms.

4 Hairs will grow on your face and perhaps your chest and back.

5 Your voice will become deeper, like a man's but "squeaky" at other times.

6 Your penis will grow and start to become hard with erections. These can happen when you become sexually excited and at other times. This is normal.

7 Semen, (sperms and lubricating fluid) may be pushed out of the penis during an erection (ejaculation) This is normal. If this happens during sleep it is called a 'wet dream'.

8 You may sweat more than before puberty.

9 You may become moody like many people of this age.

10 You will become stronger and heavier.

If worried or in doubt, ask your father, your doctor or another adult you trust.

EMOTIONAL AND PSYCHOLOGICAL CHANGES DURING ADOLESCENCE

It is normal for periods of depression and aggression to occur during adolescence. Many changes occur in the hormone levels in your body as well as in the emotions associated with your progress

from childhood into adulthood.

Society also expects you to behave in certain ways and to obey certain rules which can add to the pressure on you.

It is important that your energies are channelled into activities which make you into a more rounded person. These can include sports, crafts, theatre, nature camps, music, dancing, guide and scout activities.

Advice on some illnesses that may occur in your child.

Diarrhoea with or without vomiting (gastro-enteritis)

Tummy upsets are not often serious.

Sometimes babies bring back small parts of almost every feed. This is called 'possetting'.

Some babies posset as a habit. Possetting like this gets better on its own as babies grow up.

If your baby is happy and growing normally, possetting is nothing to worry about, except, that it makes a lot of extra work for you.

Simple advice from your health visitor or doctor may help.

But bringing back (vomiting) most of a feed very often and/or many dirty nappies (diarrhoea) can become a serious situation quickly because small babies can easily get short of liquid and salts from the body (dehydrated).

It is, therefore, essential to give a child with diarrhoea and vomiting plenty of liquids to drink.

Suitable drinks are:

- breast milk
- an Oral Rehydration salts Solution (ORS) - a mixture of sugar called glucose and special salts
- gruels (cooked cereals plus water)
- soups
- rice water
- fresh fruit juices
- weak tea

ORS should be mixed with the recommended amount of clean water according to directions on the packet.

Do not add ORS to milk, soup, fruit juice or soft drinks.

If ORS is not available then an alternative solution can be made up as follows:

Add no more than 4 level teaspoons of sugar and no more than 1/2 level teaspoon of salt to 1 litre of clean water.

Too much salt and too much sugar can be harmful.

Give 1. 1/4 – 1/2 large cup of ORS or the above home-made solution for a child under 2 years, every time a watery stool is passed

2. 1/2 - whole large cup of ORS for a child older than 2 years every time a watery stool is passed

Give slowly sips from cup or spoon NOT bottle. If vomiting, wait 30 minutes then repeat. *If a breastfed baby has diarrhoea continue breast feeding.*

Do not hesitate to seek medical help especially if there is a

- a) persistent high fever
- b) frequent vomiting
- c) blood in stool, OR
- d) your child is sleepy and will not drink
- e) severe diarrhoea persists for more than 24 hours

Do not give drugs unless prescribed following medical advice.

Seek help earlier rather than later as dehydration in a baby can be very dangerous.

Coughs and colds (acute respiratory infections)

Most coughs and colds will get better on their own, but there are certain warning symptoms which require that you should seek medical attention in case pneumonia is present. These are:-

- breathing more rapidly than usual
 - chest wall recession, ie. working hard to breathe
(the lower part of the child's chest is being sucked in with each breath)
 - if very pale or blue around lips
 - unable to drink
 - is difficult to wake up or to keep awake
- Complications of coughs and colds are more likely in infants.

Earaches (common)

These are usually caused by a swelling produced by an infection in the inner part of the ear.

Try giving Paracetamol. The dose will be printed on the package.

If your baby/child has a high temperature and is crying with the earache, contact a doctor. An antibiotic may be required.

Do not try to remove wax from your baby's ear with cotton buds. It is easy to damage the ear with these.

Fevers (high temperatures) (common)

If you think your child has a fever, watch out for other signs of illness and contact your doctor if you are worried.

If your child has a temperature (feels hot) keep him/her cool by taking off some clothes. Give paracetamol in the recommended doses for your child's age (from the package) until the temperature has settled.

Give your child cool drinks. Keep the room cool.

DO NOT put your child to bed with a hot water bottle!

Fits or convulsions (common)

A child who is having a fit needs to be in a safe place - best of all on the floor.
Lie the child on its side with its head turned to one side.
Get help.
Fits may sometimes happen when your child has a high temperature.
Seek medical attention as soon as possible.

Meningitis (rare but dangerous)

Meningitis is an inflammation of the lining of the brain which can be caused by several different germs. Some germs can also cause blood poisoning.
The following symptoms can indicate meningitis:-

BABIES CANNOT TELL YOU WHERE IT HURTS, SO LOOK FOR SOME OF THE FOLLOWING:

High temperature	Refusing feeds or vomiting	Fretfulness
High pitched/ moaning cry	Difficult to wake	Pale or blotchy skin

Blood poisoning

Red-purple spots or bruises sometimes appear with some forms of meningitis. These can be anywhere on the body. They are due to bleeding under the skin caused by blood-poisoning. Blood poisoning is a medical emergency and needs urgent treatment.

Immunisation reactions (occasional)

Most children have NO reactions at all from immunisations. However, some have minor reactions. These may include –

- 1 Fevers.
- 2 Local reactions - some swelling and redness up to the size of a small coin.
- 3 Being grumpy or grisly.
- 4 Rashes may occur and are not uncommon. These may develop a few days after the immunisation has been given.

All these are harmless ailments, but contact your doctor if you are worried.

Spots and rashes (common)

Babies often get spotty.
Most spots do not need treatment, (for example milk spots on babies' faces).
Some are heat rashes.
Make sure your baby is not too hot.
Some fabric conditioners and washing powders can also cause rashes.
Nappy rash can be usually cleared up by:

- leaving nappies off
- changing nappies often
- washing your baby's bottom at every nappy change
- rinsing clothes very well
- a simple barrier cream can be used if you wish

Sometimes it is due to an infection called "thrush". This needs a special cream.
If spots get sore, or do not go in a few days, ask your health visitor/doctor to look at them.
If your baby is spotty and appears ill in other ways, see your doctor.

Acne

As a result of hormonal changes during puberty, most teenagers will experience some degree of acne. Glands in the skin are stimulated to make an increased amount of oil, resulting in blockage of the outlet of the gland onto the skin surface. Germs can grow here, producing inflammation, that is redness, swelling and often the production of pus. The areas most commonly affected are the face, upper back, shoulders and the chest.

Most teenagers will grow out of their acne, but this can take several years. In the mean time, if the acne is severe, scarring can occur, which is usually permanent. Scarring is most likely to occur if you pick at the spots, therefore don't touch!

Acne myths

Acne is caused by dirt - False
Acne is caused by eating greasy foods - False
Acne is caused by eating chocolate - False
Acne is caused by wearing make-up - False

Acne truths

Acne runs in families - True
Acne in girls is often worse when a period is due - True
Acne is improved by exposure to sunlight and fresh air - True
Spots can be prevented - True

Treatment of acne

Basically there are two kinds of treatment for acne - those that are applied directly to the skin and those that are taken by mouth.

For mild acne or the occasional spot:

A medicated face wash or soap will help remove excess oil.
Individual spots can be treated directly with creams that both dry and peel the skin, helping to unblock the pores and allowing the oil to pass through freely.

For moderate to severe acne:

-Your doctor can advise you as to whether you will be helped by using a stronger cream, or may suggest a treatment to be taken by mouth, usually an antibiotic. This treatment is used for the more severe forms of acne, particularly when it is causing scarring. In these cases, the treatment has to be taken every day for several months, and you may not even notice any benefit in the first few weeks. In some the condition may be quite resistant and a few different types of medicines will have to be tried over several months. Don't be discouraged - just persevere with the treatment and follow the advice of your doctor.

Head lice

If you discover lice in your hair please contact the school so that other parents can be alerted to check their children. The discovery of one louse means there must be others, therefore treatment is essential.

Treatment:

- 1 Treat the hair according to instructions with the recommended lotion. The whole family must be treated. (Lice usually have spread to everyone in the family by the time one has been noticed!)
- 2 The lotion can be bought at any chemist, or obtained on prescription from your family doctor.

Prevention: Regular combing and brushing will damage the louse and prevent it laying eggs

Scabies

This produces an itchy red rash. Often other members of the family will also have this infection. There is an effective bathing solution which can cure this infection.

Drugs and solvents

These are powerful chemicals that can change how you think, feel and behave. Using them can be very dangerous.

Some people use them to try to help them forget about the problems they are having in their lives. They do not work and always make the problems worse. If you start to take drugs and solvents, it is very hard to stop.

It is not easy to tell what chemicals are in drugs or how powerful they are. So people can take drugs without knowing exactly what is in them - that is even more dangerous

Alcohol and tobacco are the two most common drugs. They are sold in shops and other places but can cause serious health problems to people. The more you smoke the more likely you are to suffer from heart disease, blood clots, cancer, strokes, bronchitis, bad circulation and ulcers.

Prolonged heavy drinking of alcohol increases the risk of liver disease, various cancers, and damage to the internal organs. It can lead to heart and circulation disorders even brain damage.

Some drugs come as tablets, other are injected. Once a person is dependent on drugs, a craving for the drug can develop. This can occur after only one dose.

If people share needles for injecting drugs, they are at risk of becoming infected with HIV, the germ which causes AIDS or with a serious and frequently fatal form of liver disease called hepatitis B.

Solvents, which are drugs which are sniffed or breathed in, are everyday products which can kill you in the same way as the tablets and injected drugs described above.

THE BEST WAY TO AVOID PROBLEMS WITH DRUGS AND SOLVENTS IS NEVER TO TAKE THEM.

Genito-urinary (G-U) infections/sexually transmitted diseases (STD)

are passed from an infected person to another person during sexual intercourse and other love-making.

There are a number of different GU infections, including syphilis, gonorrhoea, chlamydia, genital warts and hepatitis B. Some of these can cause serious and permanent damage to your health if left untreated. Some can make a woman permanently unable to have children. Some can spread from a pregnant woman to her unborn baby, causing serious damage to the baby. Some of these infections can hide in the body for months or years and suddenly flare up. If you ever think you have a GU infection, the sooner you go to the doctor or clinic for treatment, the quicker and easier it will be for your doctor to cure you. These clinics always maintain confidentiality.

How to protect yourself from infection.

Limit your sexual partners - the more partners you have, the greater your risk of getting an infection. A 'one man woman' married to a 'one-woman man' is the best way to avoid this problem.

Think carefully before you have a sexual relationship particularly if you do not really know your partner. If you have a sexual relationship with someone you do not really know well always use a condom.

Protection from child abuse

WHAT IS CHILD ABUSE?

Child abuse tragically occurs in every society in the world. In many ways it is the worst thing that can happen to any child since it involves a loss of trust with the most important person in the child's life and is often hidden from the rest of the community in which the child lives. The United Nations Declaration on the Rights of the Child recognises this problem and states that every effort should be made to prevent it. Abuse occurs when an adult deliberately hurts a child or a young person under 18, either physically or in some other way. Usually the adult is someone the child or young person knows well, such as a parent, relative or friend of the family.

THERE ARE FOUR MAIN KINDS OF ABUSE:

PHYSICAL ABUSE: when a child is hit, shaken, burned, punched, kicked, given drugs or injured in any way by an adult. Sometimes this may lead to death.

EMOTIONAL ABUSE: when a child is starved of love or affection. It includes sarcasm, degrading punishments, or threats which undermine a young person's confidence.

NEGLECT: occurs when basic needs, such as food, warmth, clothing and medical care, are not met. Being made to leave home may also be an example of neglect.

SEXUAL ABUSE: occurs if an adult pressurises or forces a young person to take part in any kind of sexual activity. This can include sexual kissing, touching the young person's genitals or breasts, intercourse or oral sex. If an adult asks a child to touch his or her genitals or to look at pornographic magazines or videos, these are also examples of sexual abuse.

As well as suffering from the abuse that is happening at the moment, young people may also have difficulties because of abuse that took place to them when they were younger. All forms of abuse are

wrong and have permanently damaging effects on *children and young* people.

WHY DOES CHILD ABUSE HAPPEN?

No one knows exactly why. Stress, unhappy circumstances, the feeling of having no power in adult relationships, and having themselves been abused as a child, may all play a part. It is hard to predict with certainty those factors which cause an adult to abuse a child. Some adults may even convince themselves that there is nothing wrong with their behaviour; that it is for the child's own good.

But whatever the reason, abuse is ALWAYS wrong and it is NEVER the young person's fault.

FACTS ABOUT CHILD ABUSE

The abuser is a total stranger in only 1 in 6 reported cases of child abuse.

It can happen in both rich and poor homes.

People who are abused when very young may not remember exactly what has happened to them, but they may well experience emotional and psychological problems during adolescent and adult life.

It is almost impossible for a young person to stop abuse or recover from it without involving an adult. Try and find the words to tell an adult that you trust about what is happening. If you cannot find the words, try writing it down and practice saying it or ask a trusted friend to help. If the adult you tell does not believe you, keep telling until someone does.

KEEPING CHILDREN SAFE WHEN AWAY FROM HOME.

- 1 It is not safe to allow children under the age of 7 years on to roads without an adult.
- 2 Teach the stop, look, listen code at the road side whenever you are with him/ her.
Teach him/her to take you across the road.
- 3 Teach him/her what to do if becoming separated from you in a shop, or busy place.

Advice on accident prevention

Unfortunately accidents are a common cause of severe injury in babies and young children. Here are some suggestions which hopefully will reduce the risk to you.

- 1 Always have a smoke detector in your house.
- 2 Use a car seat. Do not nurse baby/child on your lap in a car.
- 3 Keep domestic hot water temperature below 42°C.
- 4 Use stair gates when there are children up to 2 years of age in the house.
- 5 Use window locks. Your child can easily fall out.
- 6 Children under 7 years of age should not play in the road.
- 7 Children up to 3 years can drown in very shallow water (for example garden ponds or paddling pools) Contact between their faces and water can lead to the stopping of breathing, inability to move and loss of consciousness.
- 8 Do not leave children alone in the house.
- 9 Be particularly careful about saucepans and kettles containing hot liquids. They can easily be pulled on to children, resulting in severe burns.
- 10 Use a fire guard at all times.
- 11 Keep medicines out of reach of all children, ideally in child proof containers.
- 12 Keep household chemicals out of reach - preferably in a locked cupboard.
- 13 Keep matches out of reach.
- 14 Do not use pillows under 3 years of age.

- 15 Babies and young children can choke on small objects like peanuts, buttons and pins.
- 16 Keep plastic bags away from children.
- 17 Keep firearms away from children.

ADVICE ON HOW TO PROTECT YOURSELF

Protecting yourself from harm when you go out.

- 1 Never go off with an adult you do not know without first seeking permission from your Parents or from the adult in charge of you.
- 2 Never go out on your own without first telling the adult looking after you where you are going, who you are going with and when you will be coming home. Always return on time or your parents can become very worried.
- 3 Always carry enough money to make a phone call home in an emergency.
- 4 If you are being bullied at school.
 - a. enlist the help of your friends and ask them to help you to confront the bullies. All bullies are cowards.
 - b. if this is not possible, or it does not work, tell your teacher and/or your parents or the person you live with.
- 5 If you have to walk alone after dark, choose a busy, well lit route and never take short cuts through secluded areas.
- 6 Trust your instincts about people you meet. If you are in doubt do not go off with them, particularly if you will be alone with them.
- 7 If Someone attacks you in any way, it is okay to shout, kick, bite and do anything that will help you to escape.

ADVICE WITH RESPECT TO FIREARMS AND CHILDREN

Never give or show arms/weapons to children even if the arms/weapons are unloaded or unusable.

If arms/weapons must be kept at home, ensure they are secured and out of reach of children.

For example: in a (wall) safe, locked drawer, inside and on the top shelf of a locked cupboard/wardrobe, or any other unknown safe place (hole in floor or wall)

Before you put away the arms/weapons, always check twice that it is unloaded and is disengaged unusable/not in a position to be fired.

Always check the barrel of the gun and the bullet chamber are empty. Unchecked or unsafe weapons often result in serious accidents.

Always keep the weapon and the ammunition separate.

Try not to encourage your children to play with weapons or weapon-like toys.

INFORMATION ON RESUSCITATION

If your child OR SOMEONE YOU ARE WITH stops breathing.

A IRWAY

B REATHING

C IRCULATION

Knowing your ABC could make the difference between life and death in the first few minutes of an emergency.

Check for a response

Gently shake child/person and shout "Wake up". If no response

CALL FOR HELP AND START RESUSCITATION

AIRWAY

- Place on back on a table or other firm surface.
- Place one hand on the forehead and the other under the chin and gently tilt head back.
- Look in the mouth and remove any vomit or obstruction. If necessary place face down over lap and slap across the back to remove any known obstruction.

Check Breathing

BREATHING

- Watch the chest to see if it rises and falls.
- If the child is breathing continue to watch the breathing and check the pulse until medical help arrives.

- Blow gently into the lungs until the chest starts to rise.
- As the chest rises stop blowing and allow the chest to fall.
- Repeat this approximately 20 times per minute.

Check Pulse

CIRCULATION

If you DO feel a pulse continue to breathe for the child and check the pulse frequently.

If you DO NOT feel a pulse:

START CHEST COMPRESSIONS

- Locate a position one finger's breadth below the line joining the child's nipples in the centre of the breastbone.
- With two fingers (in an infant) or the heel of your hand (in a child or adult), press on the chest five times (at the point located in the diagram here) to a depth of 1 to 3cm at a rate of approximately 100 times per minute.
- After each fifth compression, blow into the lungs once.
- Continue, checking the pulse after 1 minute and then every three minutes until the child responds or qualified medical help takes over.

**WHEN BREATHING BEGINS TO RETURN, ENSURE THE AIRWAY IS KEPT OPEN.
DO NOT LEAVE ALONE**