

The logo for Panadol Children is located in the top left corner. It features a white, triangular pill shape with a small light flare on its right side. Inside the pill, the word "Panadol" is written in red and "Children" is written in a multi-colored font (blue, green, and red).

Panadol
Children

The First Five Years



Practical parenting information
for the first five years



Place
your baby
photo
here

congratulations!

You now have a beautiful addition to your family.

Whether it is your first baby or your second or third child,
it can be both exhilarating and challenging.

This booklet contains a comprehensive collection of
practical parenting information. It has been specially developed
to help answer those questions most commonly asked by parents
with children aged 0-5 years.

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Welcome



As you begin to get to know your new baby, remember that all babies are different. Yes, most will have the same basic needs in the early months of life, but the way in which they are provided will vary for all families. Some women will breastfeed, some will use formula, some parents will wrap their babies, some will not. Some will have family support, some will have limited or no support. If this is your second child, caring for your new baby may well be quite different than caring for your first.

There is so much to learn, so much information to digest, and at times this can feel overwhelming. This is normal. You will be tired and at times exhausted. You are learning how to feed your baby, to settle them to sleep, what their tired signs are, whether the cry is normal. Your baby is learning too! It takes time to develop this beautiful relationship, and to gain an understanding of how to fulfil their needs in a way that works well for both of you.

Wanting to 'do the right thing' for your baby is a normal feeling for parents. However there is no such thing as a 'perfect parent' or a 'perfect baby' so just be happy, or satisfied, with being 'good enough.' There is no magic formula for having a settled baby or a baby who sleeps through the night. Take time to get to know your baby and learn to read their signs for feeding, play, tiredness and when it's time for sleep. You, your baby and your family, will grow to understand each other together.

Don't forget about you !

It's important to look after yourself, too. You owe it to your baby, your partner, and to yourself, to establish patterns of self-nurturing. When a new baby comes into the family, life as you knew it will change. If you are aware of this, you can make practical changes to your daily routine that can make these changes less dramatic for the whole family.

Many new parents will argue, "I just don't have the time!" *Yes you do!* The trick is to be realistic. You may not have time, or be in the mood, to go out for 2 hours, but you certainly could make it a priority to go for a walk three times a week for 15-30 minutes, or have a cuppa with a friend or neighbour for 30 minutes. Whatever you choose, make it realistic, achievable and regular. Try to make your 'head space' time away from your baby and other children.



1. Baby basics

- Feeding
- Settling for sleep
- Looking after you





Feeding

Feeding is your baby's prime need – you can't settle a hungry baby. So the first thing you need to learn is how to feed your baby. Your baby's day revolves around their feed/sleep cycle.

Breastfeeding

The benefits of breastfeeding are many, for both you and your baby. Your breastmilk increases baby's resistance to infection and disease, satisfies both hunger and thirst, and meets all their nutritional needs for the first 6 months. As well as being fresh, cheap and convenient, it helps create a close and loving bond between you and the baby. It also helps your uterus return to its normal size. For as long as you breastfeed, you and your baby will benefit.

Although breastfeeding is a natural process, it does not always come naturally. For some, it may take up to 8 weeks to feel confident about breastfeeding. Persistence, professional support and encouragement from your family will help get you through this period.



The first feed

If possible, try to breastfeed your baby as soon as possible after birth, as most babies are alert and have a strong desire to suck. Making an attempt in the first half hour is good. Your body will have already produced colostrum (baby's first milk), which is ideal for your newborn baby.

How to breastfeed

1. Make yourself comfortable

If in bed, make sure your back is well supported. If sitting, ensure you have a comfortable chair that supports your back and neck. If sitting is uncomfortable after the birth, or you have incision pain following a caesarean section, try putting your feet on a low stool and slightly bending your knees. This will take the pressure off the sensitive areas.

2. Position the baby

There are many different positions that you can use for breastfeeding. Try several positions until you find the best one for you and your baby. Hold your baby close to you, chest to chest and chin to breast with your nipple opposite baby's mouth. Gently touch baby's lips with your nipple, which stimulates their 'rooting' reflex, encouraging them to turn towards the nipple and open their mouth.

3. Ensure correct attachment

Make sure that your nipple, and as much of your areola as possible (the darker area around your nipple), is in baby's mouth. This will stimulate their sucking reflex. Baby's chin should be touching the breast and their nose just free enough to breathe. As they feed, you should feel a pulling or tugging sensation. If it pinches or hurts, take your baby off the breast by inserting your finger between their gums and pulling downwards gently to break the suction. Then put baby back to the breast. Correct attachment is the key to successful breastfeeding.

4. Offer the second breast

Let your baby feed until they let go of the nipple, then burp them and offer them the second breast (even if they don't take much from the second side). Start the next feed with the second breast, as it hasn't been drained as completely.

How long should your baby feed?

The duration of feeds will vary, with a short feed lasting 5-10 minutes and a long feed lasting up to 45 minutes or more. The duration will shorten as babies grow and become more efficient at sucking.

★ Breastfeeding tips

- Keep track of the last breast used by putting a paper clip or safety pin on your bra cup or keep a record on your phone.
- Feel how heavy and full your breasts are before a feed. If baby has had a good feed, your breasts should feel lighter and softer afterwards.

How many feeds?

Your baby may need to feed very frequently in the first weeks of life. While it is common for babies to breastfeed 8 to 12 times in a 24-hour period, some babies may need fewer feeds and some more.

As baby grows they will go for longer between feeds, although remember that feeding frequency will increase again during growth spurts. Some babies may continue to wake for night feeds for at least 6 months.

How will I know if my baby is getting enough milk?

- Generally they seem content after a feed (unless they have reflux or colic).
- They have 6-8 wet nappies in 24 hours (the urine should be almost colourless).
- They have 1-4 soft or runny bowel motions in 24 hours (brownish yellow and possibly grainy appearance).
- They have a weight gain of 150-200 grams per week in the first 3 months. Weigh your baby once a week to monitor this, using the same scales. You could do this at your Child and Family Health Centre.

Babies have an average weight gain of 150-200 grams per week.



Looking after yourself

Eat a healthy balanced diet with three meals and two small snacks per day.

Ensure you have something to drink each time the baby feeds so you don't get thirsty. Try to take the opportunity to sleep or rest when your baby is asleep.

Consult your Child Health Nurse if you need further advice.

Breast and nipple care

There is no need for creams on your nipples for routine care. After feeds, just express a little breastmilk onto them and let them air dry. Change breast pads frequently, do not let them stay wet.

Check your breasts and nipples daily for signs of any problems such as cracked nipples, lumps, tenderness or redness.

Breast and nipple problems

Sore nipples

This is usually due to the baby not being correctly attached or positioned at the breast, or not sucking properly. To assist in healing any blisters or cracks on your nipples, try expressing a little breastmilk onto your nipples and allow them to air dry after each feed. If your nipples are too painful to put your baby to the breast then you will need to express your breast milk and give the milk to your baby from a bottle for a few feeds or for 24 hours until the cracks are healing.

Seek professional help to assist with correct positioning and attachment, to prevent the cracks recurring.

Breast lumps, redness or tenderness

This is usually due to blocked milk ducts, breasts not being emptied sufficiently or an infection entering from a badly cracked nipple.

Blocked ducts feel like small hard tender lumps in your breast, and there may be a patch of redness on the skin over the lump.

To relieve a blocked duct:

1. Gently massage the lump towards the nipple under a warm shower before feeds.
2. Start the feed on the breast that has the lump for a few feeds in a row.
3. While feeding, gently massage the lump.
4. Change feeding positions to help empty the affected breast (having baby lower than the breast can help relieve the blockage).
5. Express after the feed if the affected breast is still full or the lump remains.
6. If you can't clear the lumps within 12 hours, or continue to get lumps, seek professional help.
7. If you also have a fever or feel unwell, you need to see your doctor.

When you need help

Breastfeeding does not always go smoothly or to plan. When you have problems, seek professional support from your Child Health Nurse, a lactation specialist or a specialist organisation/website. Remember, if it doesn't feel right, it probably isn't. Keep asking for help until you get an answer that works for you.

The Australian Breastfeeding Association:
www.breastfeeding.asn.au

National Breastfeeding Helpline:
 1800 686 268 (24 hours)

Reference:

Australian Breastfeeding Association; Malvern East.

[Accessed December 2014] Available from www.breastfeeding.asn.au

Expressing breastmilk

Why express?

If you have to leave your baby in someone else's care and/or miss one or more breastfeeds, you'll need to know how to express, store, and thaw breastmilk.

Expressing may also be necessary for other reasons, such as to relieve engorged breasts or to build up your milk supply. Sometimes in the first few days, if your breasts are very full and it's difficult for the baby to attach, you may need to express a little before the feed to soften the area around the nipple.

Expressing by hand

1. Wash your hands before you start.
2. Place a towel under your breast, and hold a sterilised plastic container with a wide opening in one hand to catch the milk.
3. Grasp the outer edge of your nipple with your thumb and forefinger, and gently squeeze your breast inwards.
4. Repeat in a rhythmical pumping action. Move your fingers around the nipple to make sure all ducts are emptied.
5. Continue until the flow stops or slows. Depending on when you need to express, you may choose to empty one breast, or go back and forth between breasts until you have collected sufficient milk.
6. Follow the correct procedures for storing and thawing breastmilk (see p.19).



Using a pump

Pumps range in price from inexpensive plastic hand pumps to larger electrical models, which you can hire. A popular choice is a small battery-operated pump from the chemist, which you can use with one hand. Remember to sterilise all equipment before each use.

How much expressed milk to give baby at each feed?

Multiply 150 millilitres (mL) by your baby's weight in kilograms and divide the total by the number of feeds baby has in 24 hours. This will give you the number of mL per feed.

Note this is a guide only - your baby might want more or less.

Baby weighs 3.6 kilos and has 6 feeds:



$$150 \times 3.6 = 540 \div 6 = 90 \text{ mL per feed}$$

Tips for expressing:

- ★ To help the flow, try a warm shower or place warm wet towels on your breasts, then gently massage down towards the nipple.
- ★ Lean forward, as gravity will help the flow.
- ★ Think of your baby, or focus on their photo, to encourage let-down (release of milk).
- ★ Breasts are fuller in the early morning, so this is a good time to express (after the feed).
- ★ Only express before a feed if your breasts are very full and your baby is having trouble attaching.

Storing breastmilk

Store breastmilk in a sterilised bottle or container with a lid, or clean plastic milk freezer bag, and label with the amount and date. Don't fill a container more than 3/4 full before freezing (see also 'Cleaning and sterilising', p. 25).

How long can breastmilk be stored?

- Freshly expressed breastmilk keeps for up to 72 hours (3 days) in the back of the fridge – after that, discard any unused milk.
- Frozen milk keeps for 2 weeks in the freezer compartment of the fridge, 3 months in the freezer of a two-door fridge and 6–12 months in a deep freeze.
- Use the oldest milk first.

Warming chilled breastmilk

To warm chilled expressed milk taken from the fridge, simply place the bottle in a bowl of warm water. If using a microwave to heat milk, shake the bottle after heating as microwaving heats milk unevenly (and may also change the composition of the milk). To avoid burning baby's mouth, test the temperature of the milk to ensure it is only lukewarm by allowing some drops of the milk to drip onto the inside of your wrist. Discard any remaining milk after completion of feeding.

Freezing breastmilk

Think ahead and express a little surplus milk after each feed for storing. Chill the breastmilk after expressing. Once chilled, it can be added to your store of chilled milk in the fridge (do not add to frozen milk as it will defrost the top layer). Then, at the end of 24 hours, you can freeze all the chilled milk you have collected. Don't leave it any longer than two days (48 hours) before freezing if you're not going to use it fresh.



Thawing frozen breastmilk

To thaw slowly, place the bag or bottle in the fridge. Keep in fridge up to 24 hours. To thaw quickly, hold the bag or bottle under warm running water. Use within 4 hours.

Note: Do not refreeze milk once it has been thawed.



A one month old baby may have up to 8 feeds a day while a 6 month old may take around 5 feeds a day.

Formula feeding

Whether you choose to formula feed, or need to use an occasional bottle, here are some handy hints to make it enjoyable for you and your baby.

When feeding your baby

- Warm bottle in a jug of hot water or use an electric bottle warmer. If using a microwave to heat milk, shake the bottle after heating, as microwaving heats milk unevenly (and may also change the composition of the milk). To avoid burning baby's mouth, test the temperature of the milk to ensure it is only lukewarm by allowing some drops of the milk to drip onto the inside of your wrist.
- Discard any remaining milk after completion of feeding.
- Don't keep prepared formula for more than 24 hours, even if it has been refrigerated.
- Your baby may not drink the same amount of formula every feed. Discard any leftover formula at the end of the feed – do not reheat it for the next feed.

Which formula?

- While breastmilk is best for babies, as it contains all the nutrients that they need for the first 6 months, infant formulas are manufactured to meet baby's recommended nutritional needs. Choose one brand and use it consistently.
- Most formulas are cow's milk based. Although most babies do well on this, some babies cannot tolerate the proteins in cow's milk and need another type of infant formula. If this is the case, consult your paediatrician for advice.
- There are two age categories of formula: 0–6 months and 6–12 months. After 12 months you can change from formula to full fat cow's milk from the supermarket.

How much formula to give baby at each feed?

How much formula your baby needs depends on their age, their weight and the number of feeds they are having each day. The information on the formula can is a guide only. Multiply 150 millilitres (mL) by your baby's weight in kilograms and divide the total by the number of feeds baby has in 24 hours. This will give you the number of mL per feed. (See graph on next page)

How many feeds?

The number of feeds depends on your baby's age. As your baby gets older they will have fewer feeds each day, but the amount in each feed will increase. A one month old baby may have up to 8 feeds a day while a 6 month old may take around 5 feeds a day. If you find your baby sometimes gets extra hungry and wants more at a feed, try making up an extra bottle each day so you have some ready if needed.

How long should the feed take?

Between 15–30 minutes with a young baby. If your baby takes less than 15 minutes you need a slower flow teat, as sucking is important for comfort as well as for feeding.

How to make up formula

- Sterilise bottles and teats before each feed until baby is one year old (see page 20).
- Wash hands before preparation.
- Boil fresh water and let it cool down for at least 30 minutes so it's lukewarm, then measure water into a bottle.
- Add formula powder to the bottle, using scoop provided in the tin.
- Don't pack down the formula, but scoop it up loosely and level it off with a sterilised plastic knife.
- Place the teat and cap on, and shake until formula is dissolved.
- If your formula doesn't mix well (i.e. it's lumpy), the water may be too hot or too cold.
- Ideally, prepare only one bottle of formula at a time. You can store sterilised bottles of boiled water in the refrigerator, then warm a bottle as needed and add formula.
- If several bottles of formula are prepared in advance (e.g. for a babysitter), store the premade formula in the back of the refrigerator, not the door.

If baby weighs 3.6 kilos and has 6 feeds:



$150 \times 3.6 = 540 \div 6 = 90$ mL per feed.

Note this is a guide only – your baby might want more or less.



Try burping your baby half way through the feed. You may also like to change their nappy at this stage. Burp again at the end of the feed.

Babies have a weight gain of 150-200 grams in the first 3 months.

Weigh your baby once a week to monitor this, using the same scales, such as at your Child and Family Health Centre.

How will I know if my baby is getting enough formula?

- Generally they seem contented after a feed (unless they have reflux or colic).
- They have 6-8 wet nappies in 24 hours (the urine should be almost colourless).
- They may have a bowel movement every day or not for a few days. This should always be a soft, paste like consistency, darker yellow to brown.

Consult your Child Health Nurse if you need further advice.

★ Bottle feeding tips:

- Hold your baby close to you. Never leave them alone or prop up the bottle, as they can choke (as well as miss out on cuddles).
- When it's nearing feed time, warm the bottle so your baby doesn't have to wait.
- Shake the bottle after warming to ensure even distribution of heat.
- Test the temperature of the milk on the inside of your forearm before giving it to your baby. It should be lukewarm, or at room temperature.
- When feeding, tilt the bottle so milk fills the teat and neck of the bottle. Watch for air bubbles, which show that your baby is getting the milk. If the teat flattens, unscrew the top of the bottle a little to allow air to flow in.
- Try burping your baby half way through the feed. You may also like to change their nappy at this stage. Burp again at the end of the feed.
- Don't force your baby to finish all the milk in the bottle – sometimes they will leave a little. Throw away any milk left over after a feed.

Cleaning and sterilising

If you are giving formula or breastmilk to your baby in a bottle, it is recommended that you sterilise the bottle and teat until your baby is 12 months of age.

What you need



1. 6-8 plastic bottles:

Buy the 240 mL size with clear markings for the amounts.

2. 6-8 teats:

Try a few different types until you discover which style best suits your baby. Choose teats that are the appropriate flow for your baby's age.

3. Plastic knife (which can be sterilised):

To level off powder if you're formula feeding.

4. Bottle brush:

For cleaning.

5. Jug or bowl (or electric bottle warmer):

For warming bottle.

6. Sterilising equipment:

A saucepan (boil in the water for 5 minutes), a cold chemical solution, or a microwave or electric steam steriliser (follow the manufacturer's instructions).

Clean before sterilising

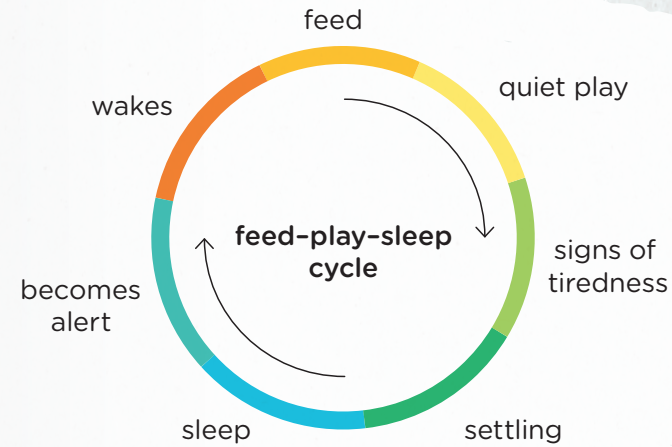
1. Rinse bottle and teat with water immediately after the feed for easy cleaning later.
2. Clean with bottle brush and warm soapy water. Make sure you squeeze soapy water through the holes in the teats.
3. Then rinse bottles and teats in clean water.

When going out

- If using formula, the safest method is to take a bottle filled with the correct measure of warm boiled water and take the correct amount of powder formula separately in a sterilised dispenser and add it at feeding time.
- If transporting pre-made formula or breastmilk, cool in fridge and take it with you in an insulated cold carry pack.

Settling for sleep

During the first few weeks, your baby's day is a continuous cycle of feeding, quiet time, settling and sleep. Remember, unsettled behaviour is normal in newborns.



Developing a settling technique

All babies cry, and this is normal. Newborn babies cry on average for a few hours each day. Crying is a way for babies to communicate their needs. At the beginning, it's quite normal to have at least one or two unsettled periods a day (where there's a lot of crying), and at least one unsettled day per week. Responding to your baby's cries promptly in the early weeks helps them to feel safe and secure.

It is important at this stage to develop a settling technique your baby becomes familiar with, which reassures and calms them. Use the same technique wherever you are, whenever your baby needs to go to sleep. This relaxes them and prepares them for bed, just like music, a cup of tea, or a good book may work for adults.

The purpose of developing settling techniques is not to put your baby to sleep, but to prepare your baby for sleep – so they can learn to go to sleep by themselves as they get older.



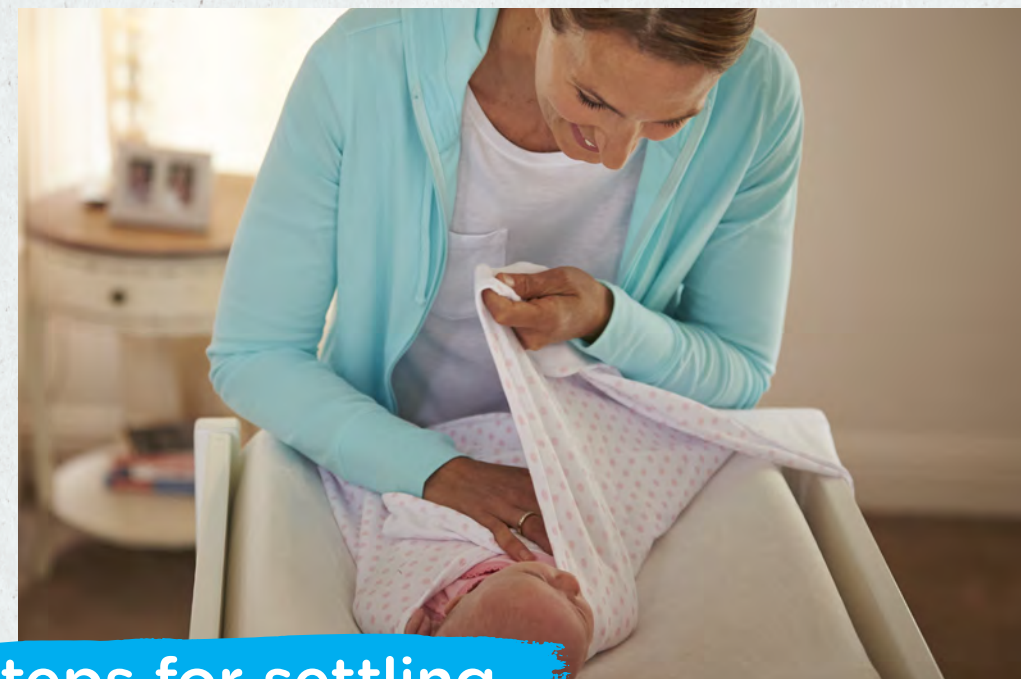
Signs of tiredness

Your baby will be ready for sleep once you have fed them, changed their nappy, and had some quiet playtime – total time awake, 1½ hours. Play, in the first few weeks, will be a bath or a cuddle and a quiet chat — about 15 minutes. By 8 weeks, playtime may have stretched to 30 minutes, including some tummy time on the floor, sitting in a baby rocker chair, and ‘chatting’ together while you have a snack or a drink, or are reading them a story.

Watch for the early tired signs that indicate your baby has had enough stimulation and is ready for sleep. They may turn away from you or start to whimper. Learn to recognise your baby’s signs. If you don’t notice these, or misinterpret the signs, and instead try to cheer them up with more play, then they will become overtired and more difficult to settle. If you find you’re constantly trying to settle a distressed baby, then you may be missing the early tired signs. Try starting the settling routine earlier.

Possible tired signs:

- Turns away from you (disengages)
- Yawns
- Frowns or pulls a distressed face
- Starts to whimper or whinge
- Becomes tense and agitated
- Clenches fists
- Kicks and thrashes arms and legs
- Rubs their eyes (when older)



Steps for settling

Step 1: When your baby signals that they are tired, cuddle them against you and talk softly and soothingly, or quietly hum or sing.

Step 2: Take them to the room where they sleep, away from the household activities.

Step 3: Create the environment that signals to baby that it’s bedtime. e.g. draw the blinds or curtains, put on some soft music.

Step 4: Wrap them, or dress them in a baby swaddle, and cuddle them against you until they’re calm.

Step 5: Place baby on their back in their bassinet or cot, on a firm mattress, as recommended by SIDS and Kids (see ‘Bedtime safety’, p. 59).

Step 6: Gently pat or rock your baby briefly to settle them and then leave while they are still awake but calm.

Step 7: If your baby whimpers, wait a minute or so to see if they can settle on their own.

Step 8: If they continue to cry, or become distressed, return and try to comfort and settle them in the cot.

Step 9: If this does not work, pick them up and calm them in your arms by holding them close and gently swaying, but do not leave the room. Once they are calm, put them back into the cot. Place your hand gently on their chest for 30 seconds to reassure them then, if they are still calm, leave the room.



Tips for resettling:
Play soft music or sing quietly.



Strategies for resettling

If you are having trouble settling your baby, don't be disillusioned. It takes time for you and baby to learn. Try to stay calm. Sometimes your own anxiety at not being able to settle the baby transfers to them. If this happens, it's best to put the baby safely in their cot, leave the room and calm yourself before going back to try again. Or, if your partner or a friend is there with you, ask them to help you settle the baby. There are many other strategies you can try – see what works best for you and your baby.

★ Tips for resettling

- Rewrap if that helps.
- Try giving a dummy.
- Pat gently and rhythmically, and then slow down as your baby calms.
- Check that your baby is not too hot or cold by feeling their chest or back.
- Play soft music or sing quietly.
- Once your baby is calm, leave them to settle on their own.

Other strategies

- Stand up and hold your baby resting face down over your arm at waist level, with their head at your elbow and your hand under their hips. Pat your baby's bottom rhythmically and gently with your other hand as you sway back and forth.
- Using white noise, such as a clothes dryer or vacuum cleaner, can help soothe baby. You can also download an app for this.
- Rewrap your baby, put them in the pram, and roll the pram back and forth over a bump, or the join between a carpet and hard floor, the edge of a mat or over a coat hanger. The rhythmical movement helps soothe the baby.
- If you have a baby rocker chair, you could put baby in this, making sure they are strapped in safely.
- If it's daytime you could take baby for a walk outside in the pram – or use a baby pouch. The warmth of your body, and being in an upright position, may help calm the baby.

If your baby keeps crying, check:

- Feeding: Did they have all their usual feed? Are my breasts soft? If it was only a short feed, maybe they need a top up. If top ups are needed often, try to encourage your baby to have a good feed at feed time so they can sleep well afterwards.
- Dirty nappy: Maybe your baby has become unsettled by a tummy ache, which has led to a dirty nappy.
- Wind: Does your baby need another burp?

Common problems

Unsettled every afternoon?

This can be normal behaviour for some babies. It helps to set up a regular afternoon routine. For example, every afternoon give your baby a warm, deep relaxation bath or take them in the pram for a walk before the unsettled period starts.

What if my baby wakes after 30 or 40 minutes?

After about 40 minutes, your baby's sleep cycle changes. This is often the time they stir and are easily woken or disturbed. If they stir, just listen and see if they resettle. If they are whimpering a little, but don't seem distressed, wait and listen a bit longer. If they're awake, distressed and crying, go in to reassure and calm baby, then resettle, using your usual technique.

Settling Support

There are various levels of support in the community. Your first port of call for parenting issues (feeding, sleeping, settling) is often your Child Health Nurse.

If you need further assistance, the nurse or your family doctor can refer you to a day stay or residential family care facility, where you can get more intensive support. Or you can call one of the many telephone support lines available (see 'Where to go for help,' p. 182).



Looking after you

Becoming parents is a huge adjustment and can be both a time of joy and great stress for new mothers and fathers. It's important to look after your own needs as well as your baby's.

Being a parent

An enormous amount of time is spent preparing for labour and delivery, yet this usually happens within the space of about 24 hours.

Parenting is for the rest of your life – you will never stop being a parent. It is probably the most important job you will ever do and yet you get the least amount of training. It's not like a job where you can take a holiday. You are totally responsible for someone – perhaps for the first time in your life – 24 hours a day, 7 days a week, 365 days a year.

There is no right answer to parenting – everyone has an opinion on how to parent.

Being a parent for the first time, you can expect to be confused or anxious about doing the right thing, as well as exhausted and sleep deprived.

While most parents easily bond with their babies, for some it can take time – weeks, or even months. Be patient – try to relax and get to know your new baby. They have to get to know you, too. There will be that magic moment when everything clicks.

Expecting to be a perfect parent is unrealistic – you are going to put too much pressure on yourself. Try to set realistic goals for yourself. Plan to be a 'good enough' parent. The most important thing is to try to relax with your baby and enjoy them, as they grow so quickly. It's important that you develop a close and loving relationship with them, as well as making sure all their needs are met.



Becoming a family



The first three years of life are a period of incredible growth in all areas of a baby's development.

Their early experiences are important in shaping who they are, so positive family relationships are critical. You need to create a consistent nurturing environment that provides safe, reassuring caregiving to enable them to develop to their full potential.

Adjusting to being a family puts extra strain on the relationship between parents. You're both learning to cope with your new roles, and having less time with each other as a couple, as well as the stress of dealing with baby's demands. When tension builds and you disagree on what to do, attack the problem, not each other.

The first fifteen minutes together in the evening when your partner comes home from work are usually the most stressful. You've had a long day with the baby and want some time out and your partner's had a long day at work and wants some time out as well. You can't both get your wish. If baby is crying and distressed, then focus on settling the baby first, then try to take some time out for yourselves later.

In the early weeks, try not to get totally swamped by baby and their needs at the expense of the relationship with your partner. Spending time together as a couple is important to maintain a balance. It can be as little as 5-10 minutes each evening, listening and talking about each other's day. Avoid becoming isolated by planning some enjoyable time together, either as a couple or with family or friends.

For new mums

After childbirth it will take some time for your body and emotions to recover. So don't expect miracles in the early weeks – it will take months for you to return to your pre-pregnancy health. Remember, you are trying to learn your new role as a mother as well as dealing with broken sleep.

It's important to nurture yourself as well as the baby. Take advantage of the time when baby's asleep to have a rest or do something for yourself. Sleep when the baby sleeps and accept all offers of practical help. The housework and washing will wait. Consider a nappy wash service for the first few weeks if you're using cloth nappies.

Ideally, it's good to get out of the house for a short break with your baby every day. Many mothers feel they don't have the time, but try to make the time. The trick is to be realistic. You don't have to go out for two hours, just half an hour is fine – either for a short walk or to catch up briefly with a friend or neighbour. Going for a walk each day with your baby is also great exercise. Whatever you choose, make it achievable and regular. Remember it may be months before you resume your pre-pregnancy exercise program.

Healthy diet

It is important to have a well balanced diet especially if you are breastfeeding. Try to have regular meals from a variety of nutritious foods, including fruit, vegetables, grains, cereals, legumes, dairy, lean meat, fish or other proteins. Drink plenty of water and avoid too much coffee, sugary or junk foods, because they just give you a quick lift without being nutritious – and if you're breastfeeding, they can also make your baby agitated.

Try to plan ahead for the evening meal. Keep the meals easy to prepare as well as nutritious, so that if you are busy feeding or settling the baby when your partner comes home, one of you can care for the baby while the other cooks dinner.



Ideally, it's good to get out of the house for a short break with your baby every day.



Sharing the load will give you both more time to relax in the evening when you are tired.

Also try ordering your shopping online, buying lots of frozen food for your freezer and filling the pantry with tinned food, packets of pasta and pasta sauce.

It's important to strengthen the pelvic floor muscles by doing exercises every day.

To help you identify these muscles, they are the ones that you tighten to stop urinating (weeing). The following exercises can be performed lying down, sitting or standing:

1. Try to relax your abdominal muscles. Don't bear down or hold your breath.

Postnatal exercises

Pregnancy and childbirth will weaken your lower back, core abdominal muscles and pelvic floor muscles. Most of the changes that happen during pregnancy and labour will return to normal by about 6 weeks after giving birth. However your joints and ligaments may be looser for up to 6 months due to changing hormonal levels and your posture during pregnancy, and if you had a caesarean birth or difficult birth.

Gentle exercise such as walking can usually be started as soon as you feel up to it. But avoid any high impact exercises or sports that require rapid direction changes until you have had your postnatal check-up and received the okay from a health professional.

The weakening of muscles can cause problems such as incontinence, where you leak urine when you cough, sneeze, laugh or do exercise. Or you may have a sudden need to empty your bowels.

2. Gradually squeeze your pelvic floor muscles and increase the tension until you have contracted the muscles as hard as you can. Release gently and slowly.

3. Squeeze slowly and hold for 5-10 seconds. Release slowly. Repeat 10 times.

4. Perform quick, short and hard squeezes. Repeat 10 times.

5. Squeeze, then clear your throat or cough lightly. Repeat 3 times.

6. Aim for 5-6 sets each day.

National Continence Helpline 1800 33 00 66
www.bladderbowel.gov.au

References:

Muscle weakness - Australian Physiotherapy Association: www.physiotherapy.asn.au
and Better Health Vic: http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Postnatal_exercise?open&utm_source=relationships&utm_medium=site&utm_term=postnatal_exercise&utm_content=panels&utm_campaign=rotations - retrieved December 2014

Incontinence - www.betterhealth.vic.gov.au - retrieved December 2014
Women and Newborn Health Service - www.wnhs.health.wa.gov.au - retrieved December 2014

Postnatal check

Most healthy women don't have any major health issues following the birth of their baby. However it is recommended that you have a health check 6-8 weeks after giving birth to make sure that your body has physically recovered from the pregnancy, labour and delivery. It is also a good time for you to ask any questions you might have following the birth.

The doctor or midwife will probably ask you questions like:

- Are you still bleeding?
- Do you have any vaginal discharge?
- Do you have any problems with incontinence? i.e. do you leak any urine or faeces that you are unaware of or can't control? Don't be embarrassed to speak up, as this is common after pregnancy and childbirth, and can be successfully treated.
- Do you have any problems with feeding, managing the baby, or any concerns about yourself or the baby?

What to expect at the checkup

- Your blood pressure and weight are usually checked.
- If you had stitches or tears, the doctor or midwife will check to see that the perineal area is healing.
- If you had a caesarean your incision will be checked. It is normal for it to feel a little numb over the site for a few months as the nerve endings recover.
- You may also have an internal examination. This is a great opportunity to have a Pap smear test if you haven't had one for a while.
- The midwife or doctor will also ask you about your emotional wellbeing and may even ask you to complete a questionnaire. Try to be honest with your responses as there are many people they can refer you to for help. They understand the demands of parenting.

If any physical or emotional issues arise before the postnatal checkup, don't delay seeking advice.

Make contact promptly with your doctor, midwife or Child Health Nurse.



Being a successful dad is much more than providing financially for the family. The most valuable gift you can give your baby is your time and love.

For new dads

Being present at the delivery of your baby is a wonderful event and the beginning of a new phase in your life. But it's not without its challenges – for your partner, you and your relationship.

It may seem that your partner is the 'expert' on your baby – you may feel isolated or pushed into the background. That's natural, because they are generally with the baby for a longer time and take on the primary nurturing role.

1. Baby basics | Looking after you

Your baby may at times be a complete mystery to you. A new baby means life will become more complicated and at times you will feel out of control. It's important to understand this is natural and will become easier to deal with over time.

A baby's actions are raw, spontaneous and often doesn't make sense to parents – because they can't tell you what's wrong. There will be times when you have a critical day at work and your baby will be screaming most of the night, and there'll be no sleep on the horizon. It may seem like there is nothing you can do to control the situation. It's important you try put aside your frustrations and find a new way of coping, without blocking out your own needs and emotions.

Don't despair! There are still plenty of things you can do to make a valuable contribution and be involved every step of the way.

Bonding for dads

It can seem easy for mums to bond – after all, they gave birth to the baby and are now intimately involved in feeding and nurturing them. They are also surrounded by other female support (they are 'in the club'). However, it's just as important for dads, and even more important for the baby, that you bond together – and as soon as possible. No matter what, the most valuable gift any parent can give their baby is your time and love.

One of the ways many dads like to bond is by playing with the baby – it's a great way to engage with them. But, when playing games, babies can become overwhelmed quickly and start crying. Their crying usually means baby has had enough playtime, is tired and needs to be settled to bed. Being able to recognise the signs of tiredness is important (See 'Signs of tiredness', p. 28).



Bonding is about being there. It is a commitment to your baby to be involved and stay involved through the hard times and the good.

Tips for bonding:

- ★ Consider taking extra time off work if possible (more than the usual 2 weeks).
- ★ Bathing and dressing are wonderful activities to do with baby.
- ★ Play games with physical interaction.
- ★ Have fun and try and make baby laugh.
- ★ Talk, sing and make all those silly sounds.
- ★ Think like a baby – adjust to their moods and abilities.
- ★ Talk to other dads and observe what they do.
- ★ Just be there and get involved.

Babies don't passively look around the room because they have nothing better to do – they are actively absorbing everything. Every colour, shape, movement, facial gesture, every input in every sense.

You're not just a helper

Your involvement is critical to your baby's development. From before birth, your baby is tuned to your voice – they need to continue the connection. Once born, they need that special stimulation and interaction from you. Not just for fun and comfort, but for essential brain and body development (see 'Becoming a family', p. 34). Touching, holding, smiling, talking, singing or just being close, send powerful signals that your baby is constantly absorbing.

Babies don't passively look around the room because they have nothing better to do – they are actively absorbing everything. Every colour, shape, movement, facial gesture, every input in every sense. You are now a vital part of the team and there are many ways you can participate, by organising 'special' times with your baby or partner. For example:

- Be actively involved in your baby's day-to-day care. While you may not be able to breastfeed, dads can be part of their baby's routine from the start.
- Make bathtime your special time with baby. When you come home from work might be an ideal time to bath baby so you can have some fun and bonding time with them before bed. Alternatively, you could be in charge of the bedtime routine, singing a lullaby or telling a story.
- Arrange a time with your partner when you can take care of the baby yourself – for example, one morning on the weekend when you can take your baby for a walk, go to the coffee shop and read a book with baby. This is an ideal time for your partner to have a sleep-in or a well-earned break.
- If you'd like to treat your partner to dinner (but they are not ready to go out and leave the baby with anyone else), consider ordering take-away from your favourite restaurant. Set the table with candles to create an intimate atmosphere, and enjoy a special dinner at home.

Work pressures

If you're the one who is going to work, the pressure to provide for your family, and be a dad, can create enormous demands on you. You may have taken time off work to be with your new family, but while you're at home no-one has been doing your job – so when you go back to work, you could have two weeks worth of extra work to do. This causes more stress. You want to be at home with your family to care for them and bond with your new baby, but the pressure is on you especially if you are the only income earner, to work hard and succeed to build a future for your family.

Achieving a balance between work and home life is one of the greatest challenges of being a new dad.



Tips for working dads:

- ★ If you work close to home, ask your partner to bring the baby into work so you can all have lunch together, or a cup of coffee or walk with the baby in the pram.
- ★ If you sometimes need to work late, try to plan set days in the week with your boss, so you can tell your partner in advance that you'll be late home.
- ★ Talk to your boss about the possibility of doing some work from home.
- ★ If you have some leave available, think about taking one day off each week instead of a whole week, if that's an option. Make this a family day when you can go for a walk, a picnic or just sit in the park and enjoy each other's company.



Keep one hand on the baby especially during nappy changes. Never leave them alone on the change table or any surface.

Handling your baby safely

Dads are famous for bringing a little rough and tumble into a child's life - it's a valuable part of their upbringing. You are the best super-incredible interactive toy they have (and no batteries needed!).

But here are a few things to remember:

- Always be very gentle and make sure you support the baby's head at all times.
- Don't throw baby in the air (even just a tiny bit) or swing them around. Even minor, sudden movements can hurt them, because their head is large and heavy and their neck muscles are weak, as well as their brain being vulnerable.
- Never leave baby alone on the change table or any surface. Keep one hand on them especially during nappy changes.

2. Watch me grow



- Babies 0-3 months
- Babies 3-6 months
- Babies 6-9 months
- Babies 9-12 months





The first 3 months - at a glance

Babies 0-3 months

The first few weeks are usually chaotic, but a pattern will start to emerge at around 6-8 weeks. During this time, take advantage of your baby's short waking times to get to know one another. Lots of cuddles and quiet chats are important for bonding with your baby.

Age	Feeding	Play & communication	Sleeping
0-4 weeks	Baby will feed 6-10 times in 24 hours. Feeds may last from 20 minutes to one hour. They could be from 2-4 hours apart. By 4 weeks, baby will be having 6-8 feeds in 24 hours.	Bath and nappy changing. Brief times awake in your arms. Talk and sing to your baby gently. By 4 weeks, play will be 10-20 minutes after feeds 2-3 times a day. Tummy time while you are changing baby's nappy on the change table or on your lap.	Baby needs at least 15-17 hours sleep in 24 hours. Each sleep will usually last about 1½-2 hours. By 4 weeks, baby will be sleeping about 15 hours in 24 hours and is suddenly more unsettled and seems to be crying more.
4-8 weeks	By 8 weeks baby may have 5-8 feeds in 24 hours. Feeds are usually more frequent during the day. e.g. every 3-4 hours compared to every 5-6 hours during the night.	30 minutes after feeds usually 2-3 times a day. This can be tummy time or using a baby activity mat on the floor. Baby will now be communicating by turning towards you at the sound of your voice, makes eye contact with you and smiling. You will have learnt the differences between their cries of pain, hunger or tiredness.	It is harder to settle them to sleep over the next few weeks. This is the normal pattern at this age. Babies will usually sleep for periods of 1½-2 hours during the day (after each feed) and for periods of 3-5 hours during the night. Sleeps should total about 15 hours.
8-12 weeks	5-6 feeds in 24 hours. Baby is more efficient at feeding so feeding takes less time.	30-60 minutes, 2-3 times a day. Baby should be having lots of tummy time by now and be happy on the floor playing with toys in front of them - or on their back with an activity gym above so they can reach out for toys.	Babies will usually sleep for periods of 1½-2 hours during the day (after each feed) and for periods of 3-5 hours during the night. Sleeps should total about 15 hours.



Leave nappy off for a few minutes at change time, and do 'bicycle' motions with your baby's legs, gently moving their legs backwards and forwards as if they were pushing the pedals of a bike.

Your baby's day 0-4 weeks

The first few weeks are a blur. You may not know what day it is, let alone what time it is, or even if you've had a shower yet. If you're still in your night clothes then you probably haven't had a shower, let alone breakfast!

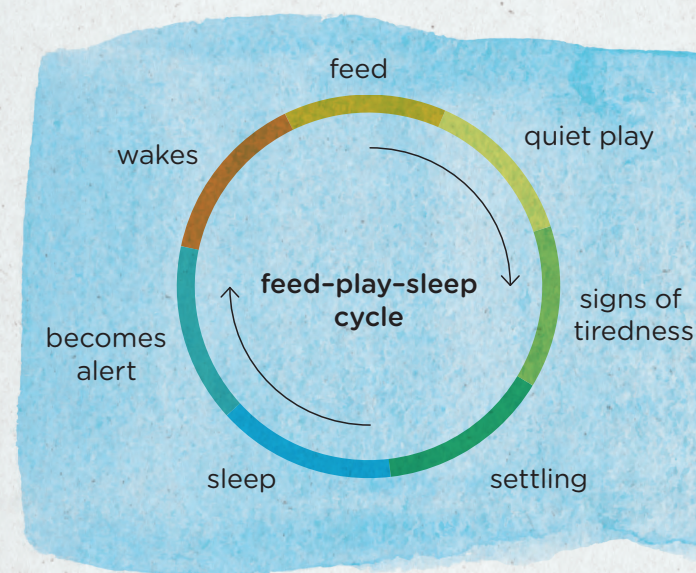
You will feel unsure of yourself. This is to be expected, just like when you're learning any new job. Your usual daily routine has changed – now you can't rely on anything happening at the same time each day. Your baby has no pattern yet and neither do you.

By about 3 weeks of age you will notice your baby becomes more alert and more aware of their surroundings. They will seem to be demanding more, crying more and be more unsettled. This is normal. Remember that crying is baby's main form of communication – they are telling you what they want. By this time you should be practised at your settling technique, because this is when you'll really need it (see 'Setting for sleep,' p. 26).

The daily cycle

In the beginning, your baby's day is a continuous cycle of feeding, brief awake time, settling and sleep. One thing you can be sure of is that baby will want to be fed frequently – in fact some days you may think that's all you've done! In the first few weeks, your baby should have 6-10 feeds in 24 hours. If they are sleepy and don't have at least 6 feeds in 24 hours, then you need to wake them up to feed. By 4 weeks, they will be having 6-8 feeds in 24 hours.

At first you may feel that all they do is eat and sleep! In fact, during the first few weeks your baby needs at least 15-17 hours sleep in 24 hours. Each sleep will usually last about 1.5-2 hours. By 4 weeks they will probably be sleeping about 15 hours in 24 hours – and you'll probably find that your baby is suddenly is more unsettled and seems to be crying more. This is normal.



They will learn the patterns of the day and what is happening in your household by the way you respond to them when they wake up in the day, and so this should be different to the way you respond to them when they wake up during the night.

Day and night feeds

When baby stirs during the day, and sends you a signal that they are waking (e.g. a soft cry), it's time to get ready to feed them. As they wake up, you need to respond by telling them you have heard them. The fact that when they are hungry someone feeds them, and when they are distressed someone comforts them, is the basis of baby gaining a sense of security, and later confidence to separate from their parents. This sense of security or attachment to their parent plays an important part in their early brain development (see 'Becoming a family,' p. 34).

During the day respond to your baby with a cheerful, chatty voice. This tells your baby that when Mum or Dad talks to them like this, they can expect to get up, be fed and play.

During the daytime feed, keep chatting to them and tell them what you are going to do during the day. In other words, the message is that it's daytime – awake, alert time.

However, when baby wakes during the night, your response should be different, to signal to them it's not playtime. Use a night light or dimmed lighting, and respond to them with a calm, gentle voice. Feed them, but do not play with them. After the feed, change their nappy, wrap them up and put them back in their bassinet or cot. Put your hand gently on their chest for extra soothing for a few seconds before leaving them to settle to sleep.

Play

During the first few weeks, playtime centres around feeding, bathing and nappy change activities. Take advantage of these times to interact with your baby. Look at your baby's face when they are looking at you – this helps you bond with each other.

Play music, sing or talk to your baby or even start reading to them. As most of baby's brain development occurs in the first three years, the way you speak to, handle and respond to your baby will significantly influence their brain functions, such as speech, attachment and emotions. So as well as chatting to your baby, it's important to touch them, play with them and read to them right from the start.

Have some fun with them – for example, during nappy changes you could move your head from side to side so that baby can follow your face with their eyes. Leave nappy off for a few minutes at change time, and do 'bicycle' motions with your baby's legs, gently moving their legs backwards and forwards as if they were pushing the pedals of a bike. This also helps expel wind from their bowel.

Tummy time

You should give your baby brief periods lying on their tummy while awake to get used to 'tummy time' which is important for their physical development. Take the opportunity to put them on their tummy for a short time when you're changing their nappy, when they're on your lap, or after their bath while you're massaging their back. Do not leave them alone to play on their tummy at this stage.

After the first few weeks your baby will spend more time awake, and you will have more options for play.

★ Safety tips

- Make sure you support baby's head at all times (their neck muscles are very weak).
- Don't swing them around or throw them in the air (their brain is very vulnerable).
- Never leave baby alone on the change table, bed or any surface.
- Always keep one hand on the baby especially during nappy changes.
- Never put baby in a bouncer on top of a table or bench.
- When you take baby out for a walk using a pram or pouch, make sure they are securely strapped or clipped in.

**If you allow
pets in the
house near
your baby,
ensure they
are constantly
supervised.**



Your pet may be jealous of the new baby, so give your pet special attention and try to keep to their familiar routine.



Your baby's day 4-8 weeks



By now you should be starting to understand the different cries baby makes – for example, the cry when they're hungry is different to the cry when they're tired.

From 4-8 weeks the number of hours of sleep your baby has in 24 hours does not change that much. They will usually sleep for about 1.5-2 hours during the day after each feed, and for periods of 3-5 hours during the night. They may have 5-8 feeds in 24 hours. You will notice that baby is becoming more alert, they are crying more to demonstrate their needs and becoming more difficult to settle.

This is a challenging time – probably the most demanding time for you. Remember to watch for your baby's tired signs and use the settling technique you have been practising (see 'Settling for sleep,' p. 26).

By the time you reach the 8 week mark, you will notice that your baby has started to develop a pattern. It's not really a routine at this stage, but their feed and sleep times become more predictable. At some time during the day, often after their first feed in the morning, your baby will have a longer sleep – perhaps up to 4 hours. During this time, take the opportunity to do what's needed in the house, prepare dinner, relax and pamper yourself – or just have a nice long sleep.

Play

Put mobiles with bright contrasting colours above the change table to amuse baby (but not where they sleep). Toys could include a wrist band rattle or socks with built in rattles that make a noise when baby moves. As they can't yet hold toys themselves, you can entertain them with rattles or soft toys that make a noise when you squeeze them.

Put mobiles with bright contrasting colours above the change table to amuse baby (but not where they sleep).



Sit your baby in a rocker chair or bouncer on the kitchen floor so you can talk to them while you're preparing your meals. Tell them what you're planning to do that day, or what you're having for dinner. Baby will be very responsive to the sound of your voice and will make noises back to you. Smile and talk back to them and tell them stories. It's not too early to start reading them a storybook.

Tummy time

Time on their tummy during this stage is important to strengthen the muscles in baby's neck and upper chest. Give them periods of tummy time on the floor (say 5-10 minutes), perhaps using an activity mat. They will now be able to lift their head to look at toys and their surroundings.



Your baby's day 8-12 weeks

Between 8-12 weeks, a definite pattern will have emerged. Your baby is now much more predictable. This is because you have probably learnt to recognise their signs of hunger, tiredness and overstimulation and know when to settle them to sleep. They may also be starting to learn to soothe and settle themselves. They are more responsive to people and the environment around them.

When they're on their tummy, they will put their arms on the floor and push to support their head as they lift it and turn from right to left to follow the toys or your face - rather than just following with their eyes.

While on their tummy they will also enjoy looking at their own reflection in a mirror toy propped in front of them (make sure it's unbreakable).

Your baby is now more efficient at feeding (with about 5-6 feeds in 24 hours), they are sleeping for shorter periods during the day (perhaps 1½ hours at a time) and for longer at night (maybe 3-5 hours). They will have 2-3 playtimes during the day, lasting about ½ hour each time, either before or after feeds.

Play

Play on the floor will now be more active. Put toys out in front of them, get down on the floor and play with them, roll coloured musical balls across their line of vision.

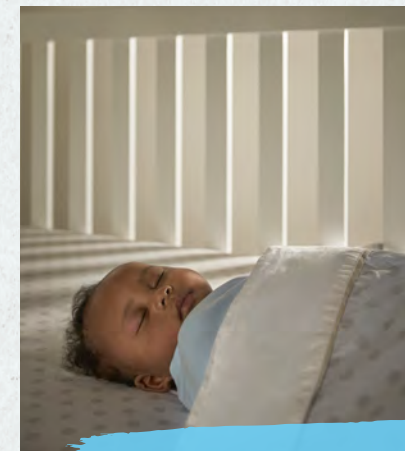
Also make sure they have some time lying on their back on the floor, perhaps with an activity gym above so they can start to reach out towards the toys. Or sit them in a rocker chair or bouncer with an activity gym.

At this age, it's even more important to use different tones in your speech. Baby will learn to copy you and will often use the different tones in their voice to indicate excitement or tiredness. Now is a good age to enjoy activities such as singing, nursery rhymes and games like 'Peek-a-Boo.'

Bedtime safety

Some parents sleep their new baby in a bassinet, while others choose to go straight to a cot. Either way, place your baby on their back on a firm, well fitting mattress. Make it up so that baby's feet are close to the bottom end and the covers tucked in firmly so they can't pull loose coverings over their head. Make sure the covers don't come up any higher than their chest height - this avoids the risk of your baby wriggling down and slipping underneath the bedclothes.

Most new parents prefer to sleep their baby close by in their bedroom at the beginning. In fact, it is now recommended that babies share the same room as their mother for at least the first six months. However it is not recommended that you have them share your own bed, as there is a risk of them slipping under your bedclothes and suffocating, or you rolling onto them in your sleep. Instead, give them their own safe sleeping place, such as a bassinet right next to your bed.



How to sleep your baby safely

- Sleep your baby on their back from birth, not on the tummy or side.
- Use a firm, well-fitting mattress.
- Don't cover your baby's head or face when they're sleeping.
- Don't use pillows, quilts, doonas,

bumpers, canopies, nets or fluffy toys.

- Don't overheat them with heavy blankets.
- Make sure your home is smoke free.
- Sleep baby in their own safe sleeping place in the same room as you for at least the first 6 months if possible.

For more information

'SIDS and kids safe sleeping' www.sidsandkids.org/safe-sleeping.

Baby chat



Newborns talk to you by crying. This is their first form of communication. By about 6 weeks they will be smiling socially – in response to people smiling and talking to them and you will have started to learn to interpret the difference between their cries of pain, hunger or tiredness. By 2–4 months they will be making cooing noises, especially when they are looking at you. They may quieten and turn to the sound of a familiar voice.

Why you need to talk to baby

- Babies learn about the world by seeing and hearing activities around them with their parents as role models.
- A baby who is talked to a lot will not simply copy the words they hear, but also invent language and learn to like using it.

★ Talking tips

- Use an exciting voice for play and a soothing voice for settling.
- During feed time, talk calmly and softly about what you will do today, or sing your favourite song.
- At bath and nappy change time, talk and play, count baby's fingers and toes, sing songs and play talking games like 'Round and round the garden'.
- Read to your baby and show them picture books, varying the tone of your voice.
- When you're out shopping, describe what you are buying. In the park, talk about the trees and birds.
- When you're having fun, baby will make happy sounds, then stop and listen to what you have to say. When you respond, baby will make more sounds. This is the beginning of taking turns, which is the precursor to conversation.

If you speak two languages in the home

Your baby has a wonderful opportunity to listen to and learn a language.

Speak and sing to them in both languages from birth, but try to be consistent and don't mix languages in the same sentence or situation (see Living in a bilingual family, p. 89).

Skin care

Your baby's skin is very sensitive. It is not necessary to use shampoos, powders, oils, baby solutions or baby soaps. Some products may contain perfumes and other ingredients that can irritate your baby's skin. Simple is best. All you need is water, a lotion containing sorbolene and glycerine or an organic, chemical free product for dry skin, low irritant baby wipes for cleaning baby's bottom, and a thick cream containing zinc and castor oil or an organic, chemical free product for protecting baby's bottom.

★ Tips for skin care

- Use a lotion containing sorbolene and glycerine for bathing instead of soap.
- Wet your baby's skin with warm water, take a small amount of lotion in your hands and gently massage over baby's body. Rinse off in the bath and pat dry.
- If baby's skin is especially dry, you may want to apply some sorbolene and glycerine lotion to the dry areas after bathing as well.
- You might like to take this opportunity to give baby a soothing massage.

Cutting baby's nails

Baby's nails are very soft, and grow very quickly. It's important that parents don't tear or bite them off as this can lead to infection. Use a pair of round-ended baby scissors or a baby emery board. It's best to do this with two people present so one can hold the baby while the other trims the nails.

Use a pair of round-ended baby scissors or a baby emery board.



Don't use adult nail clippers as they are shaped for adult nails and you could accidentally cut baby's skin.



Nappy rash

Preventing and managing nappy rash

- Change your baby's nappy after each feed at the very least.
- Clean baby's bottom with chemical-free, alcohol-free baby wipes, or dry wipes and warm water every time you change the nappy. Pat dry with a soft towel.
- Give baby some nappy-free time several times a day. You could let them kick for a few minutes without a nappy at nappy change time – but don't leave them unattended on the change table.
- To protect baby's bottom, you could apply a thick layer of zinc and castor oil cream, or a natural product such as paw paw ointment, a few times a day, especially before long sleeps – or at every nappy change if their bottom is slightly red. If this doesn't improve then see your pharmacist or Child Health Nurse.
- If using 'modern' cloth nappies, follow the manufacturer's instructions regarding cleaning.
- If using disposable nappies, it is recommended to use good quality nappies, which usually do not irritate the skin.

Cradle cap

Cradle cap is a form of dermatitis, caused by inflammation of the oil glands in the skin. This results in a build-up of natural oils and dry scaly skin, which can cause redness and form a yellow/brown crust on baby's head, eyebrows or behind the ears. It most commonly affects babies under 3 months, however, it is not infectious.

Note: Scaly patches on baby's face or other parts of the body are not cradle cap and should be checked by a health professional (see 'Eczema', p. 159).

What to do

- To remove the crusts, you could massage sorbolene and glycerine lotion or olive oil into the affected area twice a day for a few days.
- Then gently wash the affected area with warm water to remove any loose scales (do not pick them off).
- Consult your Child Health Nurse or pharmacist if it doesn't clear after a few weeks, if the skin under the scales is red and weeping, if it seems to be spreading to other areas of the body, or if it continues after the age of 3 months, use a soft towel to dry baby's head (this helps loosen the scales too).

How to prevent it
Every day, wash and massage your baby's scalp and gently brush their head, even if they don't have much hair.



Reflux

About reflux

This is common in babies, due to an immature or weak muscle between the baby's stomach and oesophagus. This allows the milk to escape from the stomach and flow back up, sometimes bringing stomach acids with it. There are several forms of reflux, ranging from mild (often called 'possetting') to severe (often called gastro-oesophageal reflux disease, or GORD).

Possetting (vomiting small amounts of milk)

Possetting refers to bringing up milk after a feed. It's annoying because it's messy, and worrying because you wonder whether the baby's getting enough nourishment. Possetting causes no pain or discomfort, and is no cause for concern if your baby is happy, feeds well and gains weight. It usually settles at around 6 months when your baby is sitting. If your baby is happy, alert and putting on weight, there is no need for medical intervention.

Reflux (gastro-oesophageal reflux disease, or GORD)

This more severe form of reflux can be similar to adult heartburn - discomfort or a burning sensation due to stomach acids leaking back into the baby's sensitive oesophagus, along with the milk, causing inflammation. The condition can be difficult to diagnose, especially in cases where the milk does not come out of the baby's mouth (as it does in possetting). Sometimes milk or stomach acid is only regurgitated as far as the oesophagus or throat (called 'silent reflux'). This still causes the baby discomfort and there is usually disruption to feeding and possibly sleeping patterns. Babies may cry during or shortly after a feed, pull off the breast, arch their back, become rigid, writhe, kick or throw out their arms. They are not happy babies.

When burping, hold your baby gently - don't pat vigorously or bounce them up and down.

Managing possetting and mild reflux

- Change your baby's nappy before a feed rather than after.
- Lay a pillow or folded towel under their head and shoulders on the change table.
- Wipe their bottom by turning them on their side, rather than pulling their legs up to the tummy (which puts pressure on the baby's stomach and forces milk and acid into the oesophagus).
- Give your baby tummy time on the floor before feeding, rather than after.
- While feeding, hold your baby in a more upright position.
- When burping, hold your baby gently – don't pat vigorously or bounce them up and down.
- After feeding, sit them semi-upright in a baby chair or rocker, or carry them in a pouch for 15 minutes, to help settle the milk.
- Some parents find that elevating the head end of the cot helps.

When to seek help

- If there is blood or bile (yellowish fluid) in baby's vomit.
- If there is blood in baby's bowel motions.
- If they have severe vomiting or projectile vomiting.
- If they are losing weight or have poor weight gain.
- If they refuse to feed.
- If they find it difficult to swallow or choke easily.
- If they have a recurrent cough.
- If they are persistently unsettled and crying.

Possible medical treatment

- Tests to show if reflux is occurring.
- Medication – either to help empty the stomach more quickly or to reduce acid production by the stomach.
- A powder to mix with your breastmilk or formula, to thicken it and help keep down the milk.
- If it's severe, or there is no improvement, and/or your baby remains distressed or is not gaining weight, ask your doctor to refer you to a paediatric gastroenterologist.

Support organisations

For more information you can visit websites such as the Reflux Infants Support Association (RISA), formerly the Vomiting Infants Support Association (VISA): www.reflux.org.au

Tips

- ★ **During floor play, lay your baby on an absorbent quilt, which can be machine washed.**
- ★ **Put towels on the floor around you when feeding.**
- ★ **Choose bibs with elastic around the neck, or Velcro fasteners, which are easy to take on and off. Make sure the bib is wide enough to cover the shoulders, and extends around the back of the neck, to catch those unexpected possets.**

Colic

About 1 in 3 babies develop colic. Colic refers to periods of unexplained, distressed crying related to painful muscular spasms in the colon (bowel). The cause is unknown. Babies pull up their legs, arch their back and go red in the face. The crying usually lasts for more than a few hours a day, and for more than 3 days in a week. Colic typically starts in babies when they are 2–3 weeks old and lasts until about 4 months.

It's difficult to know who finds colic harder, the parent or the baby. Although a colicky baby is obviously in distress and uncomfortable, colic is not usually a serious medical problem. Seek advice and support from your Child Health Nurse or family doctor to check that the cause of your child's prolonged crying isn't a more serious medical problem.

★ Tips for managing a colicky baby

- Wrap your baby and try carrying them in different positions. Constant movement often soothes colicky babies.
- Stand up, and hold your baby resting face-down over your arm at waist level, with their head at your elbow and your hand under their hips. Pat your baby's bottom gently and rhythmically with your other hand as you sway gently back and forth.
- Gently massage your baby's abdomen in a clockwise direction.
- Discuss your baby's feeding patterns with your Child Health Nurse. They may be drinking too quickly or feeding too often.
- Try to feed baby before they get too hungry or distressed.
- Sometimes changes to your diet, if you are breastfeeding, or a change in the baby's formula, can be helpful. Discuss this with your Child Health Nurse.
- Consult your pharmacist or a natural health practitioner regarding over the counter remedies that may be helpful. You may also like to discuss this with your family doctor if you're concerned.

References:

Parenting and child health. Adelaide: Women's and Children's Health Network; 2015. Available from www.cyh.com
Better Health Channel. Melbourne: Department of Health and Human Services, State Government of Victoria, Australia; 2015. Available from www.betterhealth.vic.gov.au

Colic may be confused with reflux. However a colicky baby gains weight, doesn't vomit and is not unsettled during or straight after every feed like a baby with reflux. With a colicky baby, the spasms often start 20–30 minutes after the feed and may continue until baby expels wind or has a huge explosive bowel motion that seems to ease their discomfort.

If you need help

Your Child Health Nurse is usually your first port of call for parenting issues (feeding, settling and sleeping), but make sure you also establish contact with a family doctor to visit when your baby is unwell. Either of these can refer you to other parenting services, such as a day stay or residential family care facility. Your doctor can also refer you to a specialist if necessary. You can also refer to the list of support services in your child's health record book.

When to seek help

- If your baby doesn't sleep well during the day and is always difficult to settle.
- If your baby is feeding all the time, or for long periods, and never seems satisfied.
- If you feel continually stressed or anxious

Keep a list of emergency numbers in your phone. After hours, call a parenting or 24 hour telephone support line.



(see 'Where to go for help,' at the end of this book).

Babies 3–6 months

By 3-4 months, your life has probably become more manageable, with your baby settled into a more predictable routine and maybe sleeping through the night.

Your baby's day



Now that your baby is more settled, you will most probably have a pattern in your day. Obviously all babies have different needs, so the table below is just a guideline. Don't be concerned if your baby has a different routine, as long as they are healthy, happy and growing.

A typical day 3–6 months

MORNING	5am	Breast/bottle feed.
	6am	Back to sleep (mother and baby).
	8am	Baby wakes, breast/bottle feed.
	10am	Play.
	10.30am	Settle baby in pram if you're going out, or put them back to bed.
	11am	Baby sleeps.
AFTERNOON	12.30pm	Breast/bottle feed.
	1.30pm	Play.
	2pm	Settle and sleep.
	3.30pm	This may be a short playtime – baby may want another milk feed.
	5pm	Breast/bottle feed.
	5.30pm	Play.
NIGHT	6pm	Bath (earlier if unsettled).
	7pm	Settle and sleep.
	10pm	Breast/bottle feed. Some babies may also have a 2am feed.

Feeding and sleeping

Feeding

This will now take less time, as you and your baby are more in tune with one another. Your baby should have 5 feeds in 24 hours. During the day, they'll be every 3–4 hours, and at night every 6–8 hours. Some days your baby might demand more feeds during the day or overnight, which is normal. By 6 months many babies will be 'sleeping through' the night – having their last feed at 10pm and the first at 5am or 6am.

Sleeping

By 3 months your baby should be sleeping for 1–2 hours following feed and play time during the day, and 5–7 hours at night.

By 4 months, babies have usually outgrown their bassinet and need to move to a cot.

By 6 months, your baby still needs 1–2 hours sleep after feed and playtime, as their play is more active. At night, they'll usually sleep 8–10 hours (13–15 hours sleep in 24 hours).

★ Tips for sleeping

- Settle your baby as soon as you see signs of tiredness.
- It is best to stick to the same settling routine whether at home or out and about.
- When at home, sleep your baby in the same place, both day and night.
- If your baby becomes distressed, return to calm and resettle them.

Put your baby in the cot while they are calm and still awake, then leave so they can learn to go to sleep by themselves.



Moving from bassinet to cot

Some babies sleep in a cot from birth. If you used a bassinet, your baby will probably outgrow this by the time they are 3–4 months old. This may mean that your baby will be moved from a bassinet in your room to a cot in another room – although it's recommended to keep baby in your own room for at least 6 months (see 'Bedtime safety', p. 59). The move to a cot should not upset them as long as you continue to use the same settling technique as before.

If you are borrowing a cot or purchasing a second hand one, it is advisable to buy a new mattress which is clean and firm.

Make sure your cot (whether it's new or second hand) meets Australian safety standards:

Visit **Product Safety Australia (ACCC)** and follow the link to 'Baby & nursery.' www.productsafety.gov.au

Play and toys

By 3–4 months, playtime could be 30 minutes several times a day, including at least 10–15 minutes of tummy time. They'll be responding to your voice, interacting more, and using a wider range of sounds.

By 4–5 months, your baby will probably be able to push up on their arms while on their tummy, hold that position for a short time and roll from their tummy to their back.

Baby's interest in coloured toys and objects is increasing as they start to reach, grasp and explore objects in their mouth. Toys they can hold and safely put in their mouth help them to learn hand to mouth co-ordination in preparation for feeding themselves. Give them toys that are lightweight and small enough to be grasped, such as a small rattle with a handle or a rubber ring. Babies love toys that have different textures to feel and put in their mouth, as well as anything that makes a noise when shaken.

By 6 months, playtime may be one hour several times a day. Your baby may now be able to roll from their back to their tummy. They will be more interested in exploring their world and move around the floor in preparation for crawling.

Ideas for play at home

- While cradling your baby in your arms, give them toys to hold.
- During time in the rocker or bouncer, use an activity gym with toys or rattles that dangle within reach.
- Place the rocker where your baby can watch you and talk to them while doing your housework.
- Play music or sing nursery rhymes to your baby – they love listening to your voice.
- Introduce them to simple picture books if you haven't already.
- Place the pram in the garden or by a window where they can watch the trees.

Toys they can hold and safely put in their mouth help them to learn hand to mouth co-ordination in preparation for feeding themselves.

During tummy time on the floor, place toys on the rug close to your baby, so they can reach for them.

★ Safety tips

- Babies of this age put everything in their mouth, so make sure toys don't have sharp edges or small pieces that could come off easily and be swallowed.
- Buy toys that are not small enough to fit entirely in their mouth (as they might choke).
- Choose toys that you can wash.
- If you allow pets near babies or small children, ensure they are constantly supervised.
- Use a bouncer or rocker chair with caution, because as baby grows they may push off with their feet and use their body weight to tip it over.
- Always make sure that baby is supervised during playtimes.



When to introduce solids

As your baby approaches 6 months, they will probably show signs of being ready to take solids. You may have noticed this already. Maybe they always seem hungry and begin to wake again during the night for a feed (when they used to sleep through). Or maybe they are not putting on weight. They will become interested in watching you eat. At this stage they can sit with support and may reach out for food.

There are differing professional opinions on whether to introduce solids at around 4 months or 6 months. The current Australian recommendation is to wait until around 6 months, as breastmilk or formula is sufficient for their nutritional needs until then.

If your baby hasn't yet started solids, it's time to think about it now.

It is important to introduce solids by around 6 months because they need the extra nutrition (especially iron) as well as practice in chewing. This helps develop their jaw muscles in preparation for speech. They are now also able to sit supported, hold their head up and reach for foods, and have the hand to mouth coordination to grasp finger food and put it in their mouths.

(see 'Introducing solid foods', p. 82).



Babies 6-9 months

By 6-9 months your baby is very active and very social, with a wide range of skills and an engaging personality.

Your baby's day

This is an exciting period for you and your baby, with many changes. Your baby has really grown into their own little person - they are just starting on solid food so they can enjoy mealtimes with the family (see 'Introducing solid foods', p. 82) and they are becoming so much more mobile - time to babyproof the house! (See 'Babyproofing your house', p. 86).



A typical day 6-7 months

MORNING	6am	Breast/bottle feed.
	6.30am	Sleep.
	8am	Breast/bottle feed followed by solids, such as baby cereal and mashed fruit.
	9.30am	Play.
	10am	Sleep.
AFTERNOON	12pm	Breast/bottle feed followed by solids, such as mashed fruit and yoghurt.
	1pm	Play.
	1.30pm	Sleep.
	3.30pm	Breast/bottle feed.
	4pm	Play.
	4.30pm	May have a short sleep (e.g. half an hour).
NIGHT	6pm	Breast/bottle feed followed by solids, such as mashed cooked vegetables. Bath and a story (earlier if unsettled).
	7pm	Bedtime (10 hours sleep).

A typical day 8-9 months

MORNING	6am	Breast/bottle feed.
	6.30am	Short sleep.
	8am	Breakfast may be mixed baby cereal with fruit or yoghurt and finger food such as toast.
	8.30am	Breast/bottle feed.
	9am	Playtime.
	9.30am	Settle and sleep.
	11am	Water in a cup and finger food such as pieces of soft fruit, followed by a play.
AFTERNOON	12pm	Lunch may be pasta or rice with vegetables and cottage cheese, then finger food such as pieces of soft raw fruit or cheese sticks.
	12.30pm	Breast/bottle feed.
	1pm	Play.
	1.30pm	Settle and sleep.
	3.30pm	Water in a cup, a snack of soft fruit or some yoghurt and a play.
NIGHT	5pm	Dinner may be chopped chicken, fish, or meat patties with mashed vegetables plus custard and fruit.
	6pm	Bath.
	7pm	Breast/bottle feed.
	7.30pm	Bedtime (10-11 hours sleep).



Feeding and sleeping

Feeding

By 6 months, most babies will be having 4-5 milk feeds a day and should be starting on solid foods. Solids will provide your baby with the extra nutrition they need as well as practice in chewing. There are many different options as to what to give your baby when they are starting on solids. Often this is influenced by your cultural background. The important factor is that first foods are nutritious and high in iron. The following pages will cover this in more detail.

Sleeping

By 6-7 months your baby's routine is starting to change. They will be more active during the day. While many babies will now sleep through the night, some will still wake.

- At around 6-7 months, most babies sleep about 10 hours at night – but they still need 3 day sleeps of between 1½-2 hours (13-15 hours sleep in 24 hours).
- By the time they are 8-9 months, this may reduce to 2 sleeps in the day, and 10-11 hours at night.
- Make sure you have your bedtime settling routine firmly established. This may be bathtime, followed by a quiet playtime, then a cuddle and song or storybook, then settle to sleep.
- If your baby starts waking during the night for feeds, try giving them more solids at each meal during the day.

This is also a good time to introduce your baby to drinking from a cup in addition to their milk feeds.

This will help them to practice their hand to mouth co-ordination. Use a two handled plastic cup with a spout, containing a small amount of cooled boiled water.

Introducing solid foods

At around the age of 6 months, baby needs solid foods in addition to their milk feeds. If you're breastfeeding, it is recommended to continue breastfeeding for as long as possible while introducing solids, as breastmilk provides a protective factor against baby having allergic responses to new foods.

How to start

- Start by offering solids once a day after the breast or bottle feed.
- You could start with a teaspoon of iron-fortified rice cereal mixed with a little breastmilk, formula or cool boiled water to a thick paste-like consistency. If it's too thin, baby will try to suck it rather than chew.
- Other popular first foods include pureed apple, ripe mashed banana, cooked mashed sweet potato or pumpkin, tofu or avocado.
- Feed your baby with a soft, round edged plastic teaspoon.
- Use a plastic feeding bib to catch the spills.
- There is no need to wait a few days before introducing a new food – go at baby's pace.

How often

Week 1: Once a day, after the mid-morning feed.

Week 2: Twice a day, morning and afternoon, after a milk feed.

Week 3: Gradually build up to a ¼-½ a cup of food at each meal as baby demands.

By 8-9 months: When baby shows a preference for solid food over milk, offer the solids *before* the milk feed. By this time they are usually having 3 solid meals a day.

By around 9 months: Baby will be having 1/2-1 cup of solid food plus finger food at each meal, as well as finger food at morning and afternoon snack time. The amount they will eat at a meal will vary from day to day, depending on how hungry they are.

By 12 months: Baby will be having 3 meals a day of family food.

2. Watch me grow | Babies 6-9 months



What food to give baby

- Start with iron rich foods, such as iron fortified baby rice cereal, tofu, fruit and vegetables.
- Small amounts of cow's milk can be used to mix and moisten baby's foods from 6 months onwards (but not given to baby to drink until the age of 12 months).
- As soon as baby takes to solids, offer a wide variety of blended or fork mashed foods, including fruit, yoghurt and custard and cooked vegetables, meat, chicken, fish, egg and legumes.
- Once baby tolerates a range of soft, smooth foods, offer roughly mashed or finely cut up foods instead. This helps baby learn about the different textures of food.
- It is recommended that you introduce the range of family foods they are likely to encounter at mealtimes before the age of 18 months, as they are more likely to tolerate them at this age.

Cooking for your baby

When starting your baby on solids, cook as much as you can yourself, rather than only relying on commercial baby foods. Keep these for picnics, travel and emergencies. This way your baby will have a variety of textures and tastes.

★ Tips on cooking

- Never add salt, sugar or honey – your baby doesn't need the extra taste and it's not good for their health.
- If heating food in the microwave, make sure you mix it thoroughly before giving to your baby, as microwaves heat unevenly.
- You may wish to cook a large quantity and then freeze in small plastic containers with lids (a meal size quantity in each) or in ice cube trays. Some foods, such as potato, freeze better when mixed with other vegetables.
- If you want to use food you have frozen, plan ahead so you can take the food out of the freezer the night before and place it in the refrigerator to thaw.

Cooking fruit:

Peel, remove the core and seeds, chop, then steam or microwave until soft. Fork mash, or blend if your baby is just starting on solids.

Cooking vegetables:

Wash, peel if necessary, chop and steam or microwave until tender. Mash with a fork or potato masher.



Play games such as 'Peek-a-Boo' where you hide your face and surprise your baby.

Play and toys

From the age of 6 months, your baby will have much more energy and a desire to explore the world around them. They are eager to get moving and will develop many new physical skills during this period. While they may start to play briefly on their own, you should always stay close by to make sure they are safe, and comfort and reassure them.

Stages in development 6–9 months

At around 6 months, baby will be:

- Rolling from their back to their tummy (as well as rolling from their tummy to their back).
- Grabbing their feet and putting them in their mouth.
- Pushing up on their hands to a lion pose and reaching out for toys.
- Rocking on all fours, then progressing to crawling.
- Transferring objects from one hand to another using the whole hand.
- Sitting with support.

By around 9 months they will be:

- Crawling on all fours.
- Pulling to stand on their feet.
- Walking around holding on to the furniture.
- Sitting up unsupported and reach out to pick up a toy.
- Picking up small objects with their thumb and index finger (pincer grip).

Ideas for play at home

- Give your baby some unbreakable items from the kitchen cupboard to play with, such as wooden spoons, saucepans, plastic containers, mashers, etc.
- Put a plastic, unbreakable mirror on the floor (but make sure it's secure).
- Play games such as 'Peek-a-Boo' where you hide your face and surprise your baby.
- Sing nursery rhymes with actions.
- Give them plastic or thick cardboard picture books.
- Rotate your baby's toys – put some away then bring them out again in a few weeks' time.

★ Playtime safety tips

- Make sure toys don't have sharp edges.
- Make sure toys don't have small pieces that could come off and be chewed and swallowed.
- Buy toys that are not small enough to fit entirely in their mouth (as they might choke).
- Choose toys that you can wash.
- If you allow pets near babies or small children, ensure they are constantly supervised.
- Feed your pet outside, away from the baby, to avoid the risk of baby eating the pet food or being bitten.
- Always make sure that baby is supervised while playing.
- Baby walkers (which you sit your baby in) are not recommended for safety reasons.

Choose toys with different textures, shapes and colours, such as hard plastic musical balls that roll along the floor, large soft balls that they can squeeze and coloured wooden blocks.



Buy soft plastic corner protectors to put on any sharp corners on furniture.

Babyproofing your house

With baby's increasing mobility, safety becomes even more important. It's time for you to create a safe environment in which your baby can satisfy their curiosity and need to move. As your baby is now mobile on the floor, get down on the floor yourself and see what your baby sees – you'll often find loose objects that they could put into their mouth. You may also consider doing a First Aid course designed for parents of young children.

- Remove all breakables and sharp objects from your baby's reach.
- Buy soft plastic corner protectors to put on any sharp corners on furniture.
- Secure bookcases, TV and DVD players and curtain rods firmly to the wall.
- Blind cords should be firmly secured to a hook on the wall so they can't wrap around baby's neck.
- Beware of tablecloths as baby may pull them to try to stand up.
- Put detergents, chemicals and medicines in a high cupboard or use a childproof lock.
- Buy childproof fasteners for cupboards and safety gates for stairs.
- Make sure you have a locking device on your window to prevent it from opening wide enough for baby to get through.
- Use electric socket protectors and install safety power points.
- If you have a pet, make sure their water and food bowls are safe from your baby.
- If you have an outdoor pool, make sure it's fenced and fitted with childproof gates.
- Always supervise baby when they are out in the garden as they love to put things in their mouth, and make sure you have no poisonous plants.



Make sure you have a locking device on your window to prevent it from opening wide enough for baby to get through.

Useful contacts

Emergency line: 000

(or if outside normal mobile phone range, you can call 112).

Poisons Information Centre (24 hours): 13 11 26

ACCC (Australian Competition and Consumer Commission) for baby product safety recalls: www.recalls.gov.au

Encouraging baby talk



If you leave the room while they're playing, keep talking to them from the other room, so they know where you are, and they can crawl to you.

Make sure you leave some spaces in the 'conversation' to encourage them to respond to you, so they start to understand the concept of taking turns when talking to someone.

From 6 months your baby will be babbling, chuckling and making other happy noises, like squealing and varying the pitch in their voice. As well as giggling and laughing when having fun, they will use the tone of their voice to tell you when they are unhappy or when they have had enough of the game. If they are not babbling by at least 9 months, or if they suddenly stop babbling, seek professional advice as this could be an early sign of deafness.

Singing, nursery rhymes and storytelling are an important way to encourage your baby's language development. Also talk to them about all the things that are happening in a normal conversational way, while making eye contact with your baby. Try to avoid having the radio or television on constantly, as that will limit the opportunity for you and baby to listen and talk to each other and interact together.

★ Talking tips

- When you are talking to baby, call them by their name.
- Use simple words when talking to them about everyday activities.
- As you prepare meals, or do the housework, tell baby what you're doing.
- If you leave the room while they're playing, keep talking to them from the other room, so they know where you are, and they can crawl to you.
- When baby makes a noise, try repeating that noise back to them, then pause and look at baby expectantly, waiting for them to respond.

Living in a bilingual family

In many families, a child's parents come from different countries and therefore are fluent in different languages. For example, the mother may be Chinese and is fluent in Cantonese, while the father is Australian and fluent in English. A child from parents of different heritage is very fortunate to have the opportunity to learn two languages.

In order for your child to learn both languages effectively, it helps if you each speak to the child in the language you are fluent in while you're at home – as your child benefits from hearing a language which is well spoken. For example, if you are Chinese and fluent in Cantonese, you would speak to your child in Cantonese at home, while your Australian partner speaks to the child in English. Try to avoid mixing two languages in one sentence or one conversation.

Alternatively, if both parents are of Italian background, but speak English more fluently, while the grandparents are fluent in Italian, you could speak English at home and Italian at the grandparents' house.

When you are out, you may choose to use the main language being spoken in that social situation – for example, English at a predominantly English speaking playgroup. Children usually adapt to this, and it doesn't take them long to discriminate between the two languages.



Babies 9-12 months

Between 9-12 months your baby is very energetic and mobile, showing the first signs of independence — and may even be walking by the time they reach 12 months.

Your baby's day

Your baby is now developing rapidly in their journey to independence. Babies now recognise and respond to routine, consistency and familiar cues. They will now be accustomed to a wide variety of foods and be more in tune with family mealtimes. They will be more demanding of your attention.



A typical day 10-12 months

MORNING	7.00am	Wake and have breakfast, such as cereal, fruit, yoghurt and toast fingers and a cup with water.
	8.00am	Breast/bottle feed .
	8.30am	Play.
	9am	Sleep.
	10.30am	Morning tea such as fruit or yoghurt and a cup with water.
	11am	Shopping or play group.
AFTERNOON	12.30pm	Lunch - a combination of spoon food and finger food, followed by a breast/bottle feed.
	1pm	Play.
	2pm	Sleep.
	3.30pm	Afternoon tea such as fruit and rice crackers and a cup of water.
	4pm	Walk to the park.
NIGHT	5pm	Dinner such as meat, chicken, or pasta and vegetables, followed by a breast/bottle feed.
	6pm	Bath and into pyjamas, followed by a quiet time such as storytelling.
	7.30pm	Bedtime (about 11 hours sleep).



Give them a spoon and let them practise spooning food into their mouth while you continue to feed them yourself.

Feeding

Your baby will now be eating much the same food as the rest of family. They should be having 3 meals a day as well as a small snack for morning and afternoon tea and 3-4 milk feeds after meals. Offer them water from a cup at both mealtimes and snack times. Give them finger food at each meal, and let them have a spoon to practise feeding themselves. Let them make a mess – it's all part of the process of learning to feed themselves.

Often they will refuse to let you feed them. If so, give them a spoon and let them practice spooning food into their mouth while you continue to feed them yourself. To keep them amused at mealtimes, have several different courses, and present them one after the other. For example, chicken and vegetables, followed by some yoghurt, then finger food such as pieces of fruit or cooked vegetable.

★ Food tips

- Never leave baby alone with finger food – they could choke on it.
- No cow's milk until 12 months, unless used to mix with food.
- Avoid honey until after 12 months due to the risk of botulism bacteria.
- No nuts or crunchy peanut butter until 5 years.
- No hard lollies – they can choke.
- No sweet fizzy drinks or flavoured milk.

Don't put baby to bed with a bottle of milk or juice, as it can lead to serious tooth decay.

Menu ideas 9-12 months

Breakfast options

- Baby muesli or wheat cereal biscuits
- Porridge and yoghurt.

Plus finger food – e.g. pieces of fruit and toast.

Morning & afternoon tea (finger food)

- Pieces of soft raw fruit (peeled).
- Dry biscuit with avocado or cheese spread.
- Cheese sticks.

Plus a drink in a cup – tap water.

Lunch options

- Baked beans.
- Scrambled egg or vegetable omelette.
- Macaroni cheese or spaghetti.
- Thick, chunky vegetable soup with toast.
- Stewed fruit with yoghurt or custard.

Plus finger food – e.g. pieces of soft raw fruit, peeled.

Dinner options

- Beef casserole and vegetables.
- Fish fingers.
- Pasta and sauce.
- Tofu, rice and vegetables.
- Lentils and vegetables.
- Fish patties, rice balls.

Plus finger food – e.g. steamed vegetable pieces.

Plus dessert – e.g. rice pudding, fruit jelly.



Sleeping

Most babies will now be sleeping for about 11 hours at night, with two sleeps during the day (1-2 hours each). Remember to approach sleep time in a quiet, soothing way, and playtime in an exciting way. Giving these verbal and physical messages helps your baby learn what is expected.

By now you will have a well-established evening routine of dinner, bath, story and bed. Your baby may now be more active in sleep. If they wake and cry out, wait to see if they resetttle. If they can't resetttle themselves, or become distressed, go to them and try to resetttle them gently in their cot rather than taking them out and feeding them. Stay and comfort them until they're calm and then leave the room.

If your baby has been unwell, or teething, this may disturb their sleep patterns and they may have difficulty settling to sleep or resettling in the night if they wake. At this time they need lots of reassurance, cuddles and comfort. Once they're well again, re-establish your bedtime routine.

Play and toys

Playtimes are now very busy. Your baby will be crawling, pulling to stand up and walking around supporting themselves with the furniture. It may be a few more months before they actually walk independently, so don't rush them. Put them in soft soled shoes or let them have bare feet when it's safe to do so.

Your baby is also learning about the fact that objects move from one place to another. An example is when they are sitting in their high chair, look at something on their tray, pick it up and drop it onto the floor. They then look down at it, look at you, and then back to the object on the floor. You might find this annoying, but it's important to respond. Look at them, look at the object, pick it up, describe it and put it back on the high chair tray. Baby may do this several times. They are learning that if something disappears from their sight, it hasn't necessarily gone forever.

Play ideas

- An activity board with interesting sounds and buttons to push.
- Find picture books with different textures to show them and let them feel.
- Buy a set of wooden building blocks so they can practice stacking one on top of the other.
- Give them a plastic container filled with plastic pegs and show baby how to take them in and out.
- Put a toy under a container in front of baby and let them find it again.
- Sit on the floor with baby and roll a ball backwards and forwards between you.
- Stock a low kitchen cupboard or drawer with safe utensils so they can help themselves.
- Buy them a stable walking trolley with wheels, that they can push along and walk behind supported, using their legs and gaining some independence.
- Go along to a playgroup, as your baby is now very social and likes being out and about - as well as giving you the chance to socialise.

Give them a plastic container filled with plastic pegs and show baby how to take them in and out.

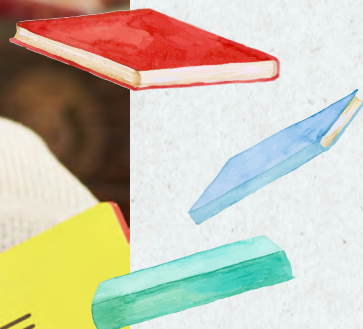


Your baby's fine motor skills are now well developed. They can pick up and manipulate small objects.

They will start to imitate simple actions like waving 'Bye bye,' shaking their head, clapping, playing Peek-a-Boo, stretching for toys, banging them and dropping them.



Read to your baby every day. Point to the pictures and describe them.



Encouraging talk

Talking games

- Play games that have songs with action.
- Read to your baby every day. Point to the pictures and describe them.
- Show them photo albums of your family and friends and point out the people.

Help your baby learn to identify parts of the body by talking about them when you bathe them and dress or undress them. For example, when you take off their socks, you could say, "Here's your foot!" and count their toes. Or you could play a game and lift up their singlet and say with surprise, "There's your tummy!"

Your baby is now using many different sounds and pitches of voice. They will be saying 'ma-ma' and 'da-da', responding to their name, and turning and looking with interest at where new sounds are coming from.

At this age, baby wants to engage you in their play, to share what they are doing with you. This is a great opportunity for language development. For example they may look at a brightly coloured toy, such as a red ball they have in front of them, pause in their play and then look at you. They want a reaction. Look at your baby and describe the object. You could say, "That is a ball, that is a red ball, Mummy will give you the ball," with emphasis on the word 'ball' in each sentence. This form of reinforcement helps your baby learn new words.

Weaning

Weaning is the progression from breastfeeding to giving formula or milk in a bottle or cup. When to wean depends on your lifestyle and your baby's needs. You can breastfeed for as long as you and your baby are happy to do so. Sometimes your baby will make the decision for you as they get older by losing interest in the breast. Or you may find it necessary to wean to accommodate a change of circumstances.

Going back to work doesn't mean you have to wean. You can still breastfeed morning and evening and give formula or expressed breast milk during the day (express some at work, keep it refrigerated and use it the next day, or freeze it). Develop a plan that suits your needs in consultation with your Child Health Nurse.

How to wean

Where possible, allow enough time to wean gradually over a period of a few weeks. This is more comfortable, and avoids complications such as blocked ducts (see 'Breast lumps, redness or tenderness', p.14).

If you are weaning a baby under 12 months, then they will need to be given an infant formula. Babies over 12 months can go straight to cow's milk, provided they are having three meals a day and a well-balanced diet. Some babies will start weaning using a bottle - older babies may be capable enough to go straight to a training cup if desired.

Hungry babies become agitated and are often more difficult to feed. Try feeding a little earlier than usual.

Steps for weaning

Step 1: Start by eliminating one feed only, perhaps in the middle of the day, and substitute this with cow's milk (if baby is over 12 months) or formula in a cup or bottle (if under 12 months).

Step 2: After eliminating a feed, it may take 2-7 days for your breasts to become softer and more comfortable.

Step 3: When your breasts have adjusted, eliminate a second breastfeed (but not a consecutive feed).

Step 4: Continue replacing one breastfeed every 2-7 days with a cup or bottle, until you have finished weaning. The last daily breastfeed could be the early morning feed (when you have the most milk) or the evening feed (if this helps you settle your baby at night).

★ Weaning tips

- If breasts are very full and uncomfortable, expressing a little milk will provide some relief.
- If your breasts are painful and bothering you, apply cold packs to breasts for 5-10 mins.
- Wear a firm bra for extra support.
- Extra cuddles (but not when your baby is hungry) help you and your baby break the ties of breastfeeding.
- Your baby has come to expect to be breastfed when held in your arms, so for the first few times you give the bottle try a new position (e.g. a baby rocker) that enables you to maintain eye contact.
- If your baby refuses the bottle from you, ask someone your baby is familiar with to give the feed.
- If your baby is used to feeding to sleep, or a quick feed to resettle in the middle of the night, develop a bedtime routine and settling technique such as patting, singing or talking softly that comforts them in other ways. Gradually decrease the time at the breast, placing the emphasis on the settling.

Returning to work

When or if you return to work depends on your work options, career requirements, financial situation, lifestyle and needs. As well as having to cope with the practical issues of balancing work and home, you may find separation from your baby is traumatic for both of you.

You may have mixed feelings

- An intense emotional attachment which takes you by surprise.
- Reluctance to leave your baby in someone else's care.
- Guilt at leaving your baby.
- Concern that your baby will not be cared for properly.
- Concern that your baby will miss you.

Acknowledge your feelings and discuss them with your partner, and maybe your Child Health Nurse and the child carer.

Breastfeeding and work

When you decide to return to work, you have three options:

1. Breastfeed morning and night, and express and store milk at work (or breastfeed at work if you have childcare close by).
2. Breastfeed morning and night, with formula feeds during the day. Start this a few weeks in advance, to allow your breasts to adjust.
3. Wean completely. If this is the plan, start one month before going back to work.

★ Tips for expressing at work

- Negotiate with your workplace for access to a private area (not a toilet) where you can express milk or breastfeed if your carer can bring the baby.
- If expressing, take with you a sterilised pump and container for the milk, as well as an insulated bag and freezer brick for travel. You'll also need access to a fridge for storage.
- Another option is to breastfeed at the childcare centre if it's close by.



Childcare options

- 1. Long day care.** Centre based, private or government run, long hours (usually 8am-6pm). Open in school holidays. Children from 6-8 weeks to school age.
- 2. Family day care.** A carer looks after 4-5 children in her own home. Co-ordinated by the local council. Must be licensed.
- 3. Home based day care.** Like family day care, but run privately, so costs are higher. Must be licensed by the Department of Community Services.
- 4. Nannies.** Whether via an agency or a private advertisement, you will need to check their references and insurance. It's also good to spend some time observing the nanny with your child before leaving your child with them.
- 5. Work based.** Some large companies provide childcare services for employees. Check qualifications of staff and if they are licensed to operate as a child care centre.

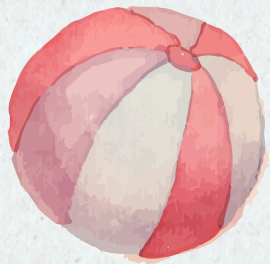
Childcare centre checklist

- Is the centre accredited?
- Are the staff properly qualified?
- Is the staff/child ratio at least 1:4 in under-2 year olds?
- Are the children supervised safely?
- Are the children happy and busy?
- Are the staff relaxed and managing effectively?
- Are the meals and snacks nutritious?
- Do staff wash their hands after nappy changing and before they feed children?
- Are children well cared for e.g. sunscreen/hats, runny noses?
- Is there a daily activities plan?
- Do staff answer your questions?
- Are the other parents happy?
- Are sleeping arrangements adequate? e.g. not noisy or crowded.
- Are the gates and fences childsafe?
- Does the centre have a security access system in place to ensure no stranger can wander in off the street?
- Is there a system in place to ensure that only authorised people can pick up your child?

★ Childcare tips

- Childcare centres usually have long waiting lists. Book at least 6-12 months ahead.
- Visit the centre several times, making use of the checklist, before you decide to enrol your child.
- Take your child for a few short visits before they start, to get them used to the environment.
- Start daycare a few weeks before you go back to work, for just a few days a week. This also allows you and your baby time to get used to the new routine.
- Arrange with your partner who is going to drop off and pick up.
- Check you can ring the centre at any time and put their number in your phone.
- Make sure they have an emergency phone contact for you and your partner.
- Pack your child's bag and prepare their clothes the night before.
- Label all your child's clothing, shoes and bags.
- As close contact with other children leads to frequent colds and infections, plan who will look after your child when they're sick, as they won't be allowed to attend the centre with an infection, fever, vomiting or diarrhoea.
- Prepare a snack for your child to eat on the way home from childcare.
- If they have a good, nutritious lunch at daycare, they may be satisfied with a light meal at night when it's late and they're tired.
- Cook on the weekend and freeze meals for your baby and family to eat during the week when you get home in the evening.

3. Growing up



- Toddlers 1-2 years
- Pre-schoolers 3-5 years



Your toddler's day

The world of the toddler is busy as they start to walk (usually around their first birthday) and strive to learn and test out their independence. They need and thrive on a predictable routine in their day to make them feel secure. They will gradually move from 2 sleeps a day to one, and sleep 10-12 hours overnight. Even when they're tired they might fuss and resist going to bed, as they see the world as a place that offers non-stop entertainment. Just be firm – let them know that bedtime is coming soon and ensure you have a quiet time before bed.



MORNING

- 6.00am** Wake up. Have breakfast first. Brush teeth, a quick wash and dress. Play about the house.
- 9.30am** Morning tea.
- 10am** In the car, buckle up, off to the shops, the park, or playgroup (a great opportunity to learn about playing together and sharing).

AFTERNOON

- 12pm** Lunch.
- 12.30pm** By now they're exhausted, so a quick nappy change and off to bed.
- 3pm** Wake up and have afternoon tea.
- 3.30pm** Playtime around the house, or a trip to the shops or park.

NIGHT

- 5.30pm** Dinner (no later or they'll be too tired to eat).
- 6.00pm** Bath and dress for bed.
- 6.30pm** May join the whole family at the dinner table for a snack or dessert.
- 7pm** Brush teeth.
(or earlier) Quiet time in bed – dim lighting, gentle story or soft music.
- 7.30pm** Bedtime (10-12 hours sleep).



Toddlers 1-2 years

Toddlers are explorers, learning about a new world. They are inquisitive and beginning to explore the use of language as well as the world around them.

Toddler food

You are now hopefully sharing family mealtimes together and toddlers will want to feed themselves with a spoon and/or fork. They are still very messy, so don't expect perfect table manners for another few years. They learn about their food by touching, playing, squashing and eating it.

They are not growing as fast as they did over the first 12 months, and they are very busy, so they might not have a great appetite. Don't force them to eat or finish their meal – they will eat when they're hungry. They express their independence by making decisions about what they will and won't eat. They have likes and dislikes just as you do, so give them the chance to try out different foods.

What should I offer my toddler?

By 12 months, your toddler should be eating a wide range of family foods. What you offer them will depend largely on your cultural background, but it should always be a well balanced diet with a variety of foods.



Keep mealtimes interesting, with small amounts of different food. Offer two or three small courses at each meal.



★ Tips for feeding your toddler

- Always sit your child down to eat, either at the family meal table or at their own toddler sized table (so they don't run around with food in their mouth which they might choke on).
- Encourage table manners, but don't force them. Set the example yourself.
- Feed them dinner before they get overtired.
- Keep meal and snack times at a regular time.
- Let them practice spoon-feeding themselves.
- Keep mealtimes interesting, with small amounts of different food. Offer two or three small courses at each meal.

What should I do if my child will not eat?

- It is normal for toddlers to be hungrier on some days than on others.
- Perhaps they are overtired. Try moving the mealtime to an earlier time of day.
- Offer the food, but take the plate away after a reasonable time (about 20-30 minutes) or when the rest of the family have finished their meal, even if the food's not eaten. Don't insist on all the food being eaten.
- If they refuse the main meal, don't offer extra snacks or milk.
- Don't let mealtimes become a battle.

Often they won't let you feed them because they are asserting their independence. Offer them spoon food and finger food at each meal.

Sample menu

Breakfast

Cereal, rice or porridge, finger food (e.g. fruit and toast) followed by a cup of milk.

Morning and afternoon snack

Chopped fruit, yoghurt or cheese stick, plus a cup of water.

Lunch

Sandwiches or pocket bread with avocado, cheese spread, smooth peanut butter, chopped fish or chicken. Plus finger food – chopped fruit, salad or cooked vegetables and a cup of milk.

Dinner

Fish or meat patties and vegetables, tofu, rice or pasta with sauce, or casserole of chunky pieces of cooked meat and vegetables. Follow with fruit and yoghurt or custard, and a cup of milk.



Always have some finger food at each meal, as toddlers love to play with and feel their food.

★ Tips on mealtimes

- Present different coloured food (e.g. green beans, carrots and potato) and different shapes (sticks of carrot, cubes of potato, flowers of broccoli, wedges of tomato).
- Avoid foods with added sugar and salt and do not add sugar or salt to food when cooking.
- Create mealtimes as a social family occasion. Eat together wherever possible, as children will follow your eating habits and be more inclined to eat if they have company.
- If your toddler won't eat, don't force the issue – they'll eat when they're hungry.

If you have concerns, discuss them with your Child Health Nurse.

★ Safety tips

- To make eating safer, sit with your child when they eat. Never leave your toddler alone with food.
- Do not offer your child small, hard, round foods like nuts or lollies, and avoid other hard, tough foods like raw apple, carrot and celery. Cut up or grate these foods.
- Cow's milk and water should be your child's main drinks.
- Don't offer sweet, fizzy drinks, tea or coffee.
- Never put your child to bed with a bottle of milk or juice as this can lead to serious tooth decay.

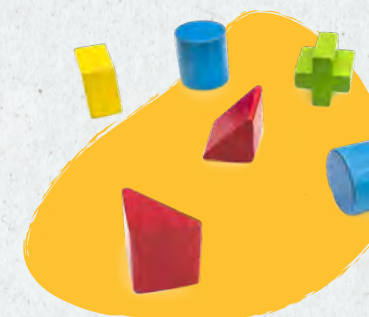
Play and toys

As toddlers are little explorers, and their attention span is limited, their play needs to focus around new activities and a variety of activities. Anything past 30 minutes and you will probably find they are bored or frustrated at not being able to do what they want to do. They may even have a tantrum, as they are unable to understand the emotion of frustration. This is to be expected so don't try to keep them focusing on one thing or insist they finish a game or activity.

Try to set up various activities so they can move from one to another at their own pace. When you see the opportunity, explore with them or help them learn something more about the game. When playing with building blocks, they may put one on top of the other. You could show them how to make a bridge, but don't insist they do it, as this will challenge them and may make your child feel insecure – they may not try the game again. Watch for your child's reaction, if you can see they understand, and they try to build the bridge, then progress to the next step. If they are looking at you and back at the bridge, but not touching it, then just show them again and then move onto another game or toy.

Ideas for Toys

- Sturdy push along toy, which they can walk behind to gain confidence.
- Pop-up toys that have buttons and levers they can push.
- Different size stacking blocks that fit into one another.
- Jigsaw puzzles (3-4 pieces) and shape-sorters.
- Thick crayons and paper to scribble on.
- Water and sand play (with adult supervision).



★ Play tips

- Sharing is hard to learn – be patient. It helps if each child has a toy to swap.
- Rotate their toys – put some away for a few weeks or for a rainy day.
- Give them their own kitchen cupboard, with plastic bowls, saucepans and wooden spoons.

Thick crayons and paper to scribble on.



Learning to talk

At around one year old, your toddler will begin to understand that certain sounds have certain meanings, and begin to use their first single words (as against sounds such as 'ma-ma' or 'da-da'). Their new words may not be clear, or exactly as you say them, so repeat the word to them correctly. Don't correct them or say, "No that's wrong." Just repeat the word, or words, again to model the way they should be said. Doing this in a positive way will help them learn.

All toddlers go through a stage of pointing to objects they want. Don't question them, but say the word clearly to describe what they are pointing to.

Repeat a word in 3 different sentences:

"Mummy will give you the *juice*."
 "The *juice* is in the fridge."
 "Mummy will put the *juice* in a cup."

Talk about the different colours and objects they are playing with:

Repeat each word by emphasising in three sentences:

"Mummy will give you the *block*."
 "The *block* is on the floor."
 "The *block* is red."

By around 2 years they start to use 2-word sentences. Gradually increase their vocabulary by adding another word when they've learnt the first, and repeat the words in different sentences. e.g. 'orange juice', 'red block.'



Don't ask them questions like "What do you want to wear?" as learning to make decisions is difficult for a toddler and this confuses them. Instead, give them a choice of two items, this one or that one. e.g. "Do you want to wear the yellow tee shirt or the red one?"

How do I know if my child has a speech or hearing problem?

- **If by 12 months** they don't say 'ma-ma', 'da-da' and make lots of different sounds, chuckle and screech, or does not show signs of recognising the fact you are talking to them.
- **If by 18 months** they don't point to 5-10 objects or persons when these are named by the parents, or don't have at least 6 clearly understood words in their vocabulary to indicate their needs or describe things, or if they constantly drool.
- **If by 2 years** they don't have at least 25 words that are clearly understood and are unable to point to parts of the body when named (e.g. nose), are unable to put 2 or more words together (e.g. "Mummy up") or can't follow simple instructions (e.g. "Where's daddy?").
- **If by 3 years** their language is still hard for people outside the family to understand, they don't yet use 3 word sentences, or they don't understand action words or follow 2 step directions (e.g. "Get your socks and bring them to mummy.")
- **If at any time** they seem to be going backwards in their speech or language development.

What can I do?

- Ask your Child Health Nurse to check your child. She may refer you to a speech pathologist and/or suggest a hearing test.
- Your child may have had a hearing test soon after birth. Even though they passed that test, this does not mean they cannot develop a hearing problem later in life.

When you sing songs or nursery rhymes with your toddler, use plenty of actions to illustrate what you are singing. This will help your child link the word to its meaning.

References:

Parenting and Child Health. Milestones: children 0-4 years. Adelaide: Women's and Children's Health Network; 2015 [Accessed 2015 March 3]. Available from www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=114&np=122&id=1906

Setting boundaries

Why is setting boundaries so important?

It gives structure to a child's life and teaches them about control, rules and limits in their world. This gives the child a feeling of security and reliability, and helps them feel good about themselves, building self-esteem.

Building self confidence

- Praise efforts and good behaviour.
- Give them the chance to do things for themselves.
- Teach them how to resolve conflict by your own example.
- Don't compare children – every child is different.

★ Tips on setting boundaries

- Parents should agree on the rules and what they will and won't accept.
- Be consistent and patient – don't expect miracles.
- Be firm about the things that matter.
- Tell them what behaviour is not acceptable, and what behaviour you expect. Deal with bad behaviour straight away.
- When disciplining your child, tell them it was what they did that you didn't like. In other words, condemn the behaviour, not the child. e.g. "That behaviour is bad," NOT "You're a bad boy." Then give them a cuddle and tell them you love them.
- Use constructive criticism – discuss with your child other ways they could have handled the situation.
- Don't hit your child – it can make things worse by teaching them that violence is the way to take control and get what they want.
- Be a good role model. Children learn what they see, not what they're told.

Try to stop a scene or tantrum you see coming by distracting your toddler, or taking them away from the situation.

"No-me do!"

Temper Tantrums

What is a temper tantrum?

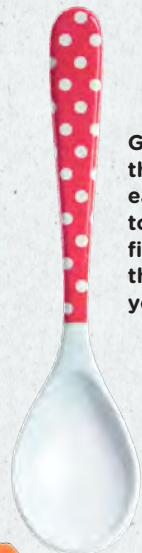
Your toddler may scream, kick, throw themselves on the floor, bang their head, or even hold their breath.

Why do they have a temper tantrum?

A tantrum usually results from the child's frustration at not getting what they want, or not being understood because they can't express themselves well enough yet. It's easier to accept if you understand that it's purely a display of frustration. They're trying to learn how to do it themselves; they're not deliberately being naughty. Tantrums are a normal part of being a toddler. Toddlers are developing their independence and trying to gain control over what they do. "No-me do!" is a common statement.



Give them food they can pick up easily with a spoon, together with some finger food, rather than feeding them yourself.



Avoiding tantrums

- If you can see their frustration building, try to distract them with another activity.
- Take the time to teach them how to do something (but do not do it for them). e.g. If you decide to take their spoon away because they're making a mess, and they throw a tantrum, try a different tactic and give them food they can pick up easily with a spoon, together with some finger food, rather than feeding them yourself.

Managing tantrums

- Make sure your child is safe.
- Stay calm – don't hit or shout at them.
- Ignore their behaviour – walk away. (But stay close enough to ensure their safety.)
- If the tantrum is over in a few minutes, give them a cuddle and go on with what you were doing. Don't talk about it.
- If the tantrum doesn't stop, then say you want them to stop by the time you've counted to three. Count slowly, out aloud. If the tantrum continues, try to pick them up gently, and take them to their room. Tell them quietly that when they've finished the tantrum – they can come out. There may be times you need to close the door.
- If your child is too distressed to control themselves, or you feel they are not safe, then sit on the floor and hold them gently against you so their back is against your chest. This helps them to contain their emotions. Hold them gently until they can start to calm themselves.

The good news is that this stage will end as your child learns about their boundaries and becomes confident in their abilities.

Toilet training

"Mummy, wee!"

When to start

Around 18 months to two years, toddlers start to become aware of body sensations, and usually say things like "Mummy, wee!" or stop what they're doing and stand and hold their nappy. When they do this, you know your child is ready to start toilet training. It's easier to start in summer – there are fewer clothes to take off and less to get wet and dirty.

Before starting

- Let your child learn about the toilet by taking them to the bathroom with you. Talk to them about what you're doing and let them flush the toilet.
- Make sure your toilet at home is 'toddler friendly.' Toilets seem very high when you are little and sometimes they get frightened of falling into the big toilet.
- Buy the necessary equipment and involve your child in the selection. Leave the items in the bathroom so your child gets used to them. There are several options: a potty chair, a child's removable toilet seat with a step stool, or an all-in-one toilet trainer seat with steps.

How to do it

- During the day, put them in a pair of undies or trainer pants.
- Be consistent once you start. Take them to the toilet or try the potty regularly throughout the day. e.g. after meals or before they sleep.
- When you start, try to organise a few days at home so it won't matter so much if there's an accident.
- When you're going out, find out in advance where the toilets are, and take them to the toilet when they'd normally go at home. Always take a spare pair of pants and a change of clothing.
- Praise the success and try to ignore the failures – just clean up with a minimum of fuss.
- For day sleeps, and at night, continue to put on their nappy until it remains dry for a few weeks.



★ Tips

• If they won't co-operate, don't make it into a power struggle – it's a learning experience. You may need to stop and start again in a few months.

- Be patient – some children take longer than others. It could take until the age of 3 years to gain control, and maybe up to 5 years before they can sleep without a nappy.
- Don't start before they're ready. If you start too early it will take much longer and be more frustrating.



Establish a good bedtime routine – such as bath, brushing teeth, cuddles into bed, dim lights and story time

Common bedtime problems


Common issues include

- Refuses to go to bed** : Establish a good bedtime routine – such as bath, brushing teeth, cuddles into bed, dim lights and story time.
- Constantly calls out** : e.g. “I want a drink,” “I’m hungry.”
Firmly refuse or ignore them.
- Afraid of the dark** : Leave a night light on.
- Wakes during the night** : Wait and see if they resetttle. If not, give comfort (briefly) and leave.
Don’t linger.

Moving from a cot to a bed

When you choose to do this depends on your situation, but generally occurs between the age of 2–3 years. Sometimes this can also mean moving into their own room for the first time. Either way, it can be a big adjustment for some – although others will just take it in their stride.

Some tips for the transition

-  Try to involve your child in buying and setting up the ‘big bed.’
- If you’re toilet training, wait until your child has made some progress with that before moving to the bed.
- Encourage your child to test out the bed, for example try a daytime sleep in it, or do story time there before bed time.
- If needed, put a mattress on the floor by your bed, so your child can come and sleep beside you in the same room for comfort if necessary.
- If you are concerned your child may fall out of the bed, push the bed against a wall or into a corner of the room. You can purchase a kids’ bed rail from bedding stores and some stores that sell baby/toddler equipment.
- Your child can also use a low profile pillow from the age of 2 years.
- If you are using a second hand bed, consider purchasing a new mattress. Also check that it is safe and stable.



If your child becomes fretful by the change, and you have space, leave both cot and bed together and gently encourage them to choose.



Introducing a new baby

Your toddler is used to being the centre of attention. When a new baby arrives, their world may fall apart. They often revert to baby behaviour, with constant demands and tantrums – such as wanting to have a nappy again, or a bottle or dummy, just like the new baby. This may not happen for several weeks – or until the toddler realises the baby is not going back!

Before the baby arrives

- You may like to take the toddler with you when you go for your pregnancy checkups.
- At 5-6 months, when your growing tummy is obvious, talk to your toddler about the baby inside.
- Buy them a baby doll, bassinet or pram, to practise changing, feeding, bathing and putting baby to bed.
- Decide in advance who is going to look after the toddler when you go into hospital. It's best if they can stay in their own home.



- Your partner should develop some special activities to do alone with your toddler, so they get used to being without you.
- Don't attempt any changes in your toddler's routine close to delivery time, e.g. toilet training or day care. Try to continue existing activities, like playgroup. This gives your toddler added security.



In hospital

- During visits, don't hold the new baby yourself – keep them in the bassinet, or let someone else hold them. Give the toddler lots of cuddles and attention, sitting them on your bed or lap.
- Have several small presents for your toddler 'from the new baby' – one at each visit.

Buy them a baby doll, bassinet or pram, to practise changing, feeding, bathing and putting baby to bed.

When you get home

- Don't send your toddler away to stay somewhere else, or change the routine.
- Have a special basket with some favourite toys or books, which comes out only when you feed the baby. Set your toddler up before starting the feed, and keep them close by so they don't feel left out or jealous.
- Every day you need to have some special time with just you and your toddler (even if it is only for 15 minutes) doing special things. Try to make it at the same time every day.
- When they constantly ask for attention, try to resist saying "Later," or "I don't have time." Tell them you'll do it at their 'special time.'
- Your partner should also keep up their special activities with the toddler, even if it's only a walk to buy the newspaper.
- If they revert to baby behaviour to get attention, try not to be angry – this is normal and will improve in time, as long as they feel loved and secure.

Toddler safety

Your toddler is very inquisitive, and wants to touch and see how things work. They have little or no fears about the world around them and often get into dangerous situations and are unaware of the consequences of their actions. Wherever your toddler is playing, they must always be closely supervised. There are many things that you can do to try to protect them and keep them safe.

★ Safety tips

- Childproof the house if you haven't already.
- When travelling in the car, always place them in an approved child restraint, and buckle them in with the harness.
- Never leave your toddler (or baby) in the car unattended, even for a minute. Cars can be very hot places and toddlers can overheat rapidly.
- Always supervise your child when a vehicle is moved in the driveway. Hold them close by to keep them safe.
- Try to prevent your child from playing in the driveway. Consider fencing off the driveway and installing a gate.
- Install a reversing camera in the car.
- Be sun-smart when you are outdoors, especially on hot days. Your toddler should wear a hat, and apply sunscreen cream SPF 30 or above to them. Try to minimise play outside in summer between 11am–5pm.
- Pools are another source of great fun for a toddler, but make sure they are constantly supervised when in the pool and playing nearby. In many areas, it is law that pools be fenced with an approved child safety gate.
- When visiting children's parks and playgrounds, check the equipment is clean and safe, with no broken or damaged equipment. A good park will be well maintained and have soft fall matting around the play areas, and should also be fenced.

Wherever your toddler is playing, they must always be closely supervised.



Pre-schoolers 3-5 years

Your pre-schooler is curious, active and loves challenging you with their independence, trying to do everything themselves. By 3 years they are speaking clearly enough to be understood by people other than your family. They may start constantly asking “*Why?*” By 5 years or earlier, they will have sufficient language to talk about everyday activities.

Their ability to join in with other children and begin friendships becomes easier as their confidence matures – they start to understand sharing and turn taking in group settings.

Your pre-schooler's day

Your child is changing and growing up, and is generally more independent and co-operative – well, most of the time. They are very energetic and learning many new skills, and can express themselves with their ever increasing command of the language.

They love stories and will often ask questions about things in the book. They often like you reading the same stories over and over again. They are lots of fun to be with, so enjoy some time together each day, as it won't be long before they head off to 'big school.'

They can now dress and undress themselves and want to choose what they wear, which often is not what you want them to wear. Their body awareness and eye-to-hand co-ordination has also improved, and they constantly need new experiences, people and objects to feed this phase of their development.

Daily routine

Pre-schoolers still need to be offered three nutritious meals a day, and where possible share mealtimes with the rest of the family. They like to help, so when you have the opportunity, get them involved in the kitchen and shopping for foods.

They can now manage without a day sleep, but it is still a good idea to ensure they have a rest time after lunch. At night, after dinner and bath time, allow the house to slow down, turn off the television, and insist on quiet play and activities for about half an hour before bedtime. They will still need lots of sleep (10-11 hours).

Play and Toys

Play

In the pre-school years, your child matures in many ways – their ability to think and imagine dominates their play and learning. They will spend longer concentrating on an activity and have a vivid imagination in their play.

They love to pretend they are a character, and dress up and act the character. They will also create imaginary characters to play with, or treat their doll or teddy bear as a real person. It is important not to dismiss or limit their imaginative play. Encourage this – be positive and interested in what they are doing. Let them know that you are proud of them and their effort to try new things and be independent.

Music is a great release for toddlers – they love dancing and performing in front of their parents. They will also learn to balance on one foot, walk on tiptoe, walk upstairs and down. They can ride a tricycle and learn about pushing pedals and steering. They can throw, kick and catch a ball with practice.

They love construction. They can build a tower of 8-10 blocks and make bridges and complex structures, like ramps and bridges. By the time they reach 4 years of age, they know most colours, and like drawing, painting and use their preferred hand with pencils.

Music is a great release for toddlers – they love dancing and performing in front of their parents.

Types of play to enhance their development

- Drama, arts and crafts.
- Music – instruments, children's music tracks and singing.
- Counting games such as telling the time and hopscotch.
- Building and construction – such as construction blocks, foam blocks, fitting things together.
- Outdoors – water, sand, mud and gardening.
- Physical – bicycles, scooters, ball games and climbing.
- Books and reading also help improve their speech and use of language.

Toy ideas:

- Puppets and dress ups (have a dress up box).
- Trucks, cars and trains.
- Puzzles, books, board games, memory and matching games.
- Building and construction sets.
- Bead threading.
- Play dough or modelling clay.
- Chalk and painting using an easel.

Activities around the home

- Kids' gardening set to help in your garden or even create a vegetable patch.
- Use large cardboard boxes to make cubby houses and tunnels (they may choose to decorate them).
- Make a picture collage using egg cartons, coloured plastic lids, feathers, leaves, old magazines and kid-safe scissors for cutting out.
- Involve them in housework when they're at home so they learn new skills – give them a small dustpan and broom, or a step stool so they can stand at the sink and wash up, using plastic cups and dishes.
- Let them help you prepare food and cook – but make sure it is safe and always supervise them in the kitchen.
- If you have pets, teach them about washing, feeding and caring for them.
- Visit your local park so they can climb, swing, balance and scramble in safety.
- Restrict screen time with television, tablets and smart phones – their most important interaction is with you.

The list is endless and so is their energy and imagination. Remember to play safely and have fun with your child.



Kids' gardening set to help in your garden or even create a vegetable patch.



Speech and language

By now your child will be speaking in sentences and will be easily understood by people other than family members. Their speech and language skills are rapidly developing:

- They can count up to 20.
- They have the imagination to tell stories.
- They have a sense of humour and enjoy jokes.
- They can answer questions and follow simple instructions.
- They will also ask lots of questions. (Why?).
- They have an understanding of opposites, such as hot or cold, big or little.
- They can tell you basic colours.
- They are singing songs and often have a favourite song they have memorised and sing for everyone.

Encouraging speech and language

There are many ways to encourage your child's skills through play and everyday activities. Join your local library – usually they have a children's story time session, and your child can also choose books to borrow. This allows them to practice choosing without you spending a fortune on new books, puzzles or DVDs. They will be interested in books about the alphabet, counting and picture books with simple text. Sometimes they will want to read the story to you. It may not be exactly the story in the book but they pretend they are reading it and often will point to and say the name correctly of animals or numbers.

Outings to the shops, the zoo or museum or bushwalks are also great activities for learning, as you can describe what you are seeing. Don't just keep telling them what you are seeing – encourage your child to describe the animals, the scene or the activity.

When to seek help

- If your child is not able to conduct a simple conversation, using many different words.
- If their speech is not easily understood by people other than your close family.
- If they can't understand or follow through on an instruction such as "Go to your room and get your shoes and socks, and bring them to mummy", then they may have a language comprehension or hearing problem.

Where to go for help

Ask your Child Health Nurse to check your child. They may refer you to a speech pathologist and/or suggest a hearing test. If your child has had frequent ear infections then it's advisable to have their hearing checked.

Preparing for school

The time for your child to start school is fast approaching. Start preparing for this occasion a few months before the commencement of school. There are things you can do in advance to help ease the stress and tears on that first big day.

★ Tips to prepare for school

- Visit the school several times with your child.
- Encourage them to be able to tell someone their name, address and phone number.
- Teach them to put things away after finishing an activity.
- Teach them to tie and untie their shoelaces or buckle and unbuckle their shoes.
- Let them practise putting on and taking off their outer clothing – raincoat, jumper, shoes and socks.
- Invite their friends over for a pretend school day, where they can have lunch outside from their lunch box, play ball games, and sit and draw.
- Buy their schoolbag well in advance, so that they can practise packing and unpacking their lunch box, raincoat, etc.
- Let them decorate their own lunchbox and backpack so they know which one is theirs.
- Teach them to open a popper, unscrew a drink bottle and use a water bubbler.
- Show them how to cover their face with a tissue when they cough, sneeze or blow their nose.
- Make sure they can flush the toilet and wash their hands by themselves. (Check for soap and paper in the school toilets.)
- Remember to check that your child's immunisation is up to date and consider a health check with your Child Health Nurse or family doctor.

If your child hasn't been to pre-school, arrange for them to spend a day with friends who have children of a similar age, so they get accustomed to being separated from you.



Teach them to tie and untie their shoelaces or buckle and unbuckle their shoes.

Starting school

The start of school life is a big step for most children and does take some adjustment for them and the parents. It will seem like it was just yesterday they were so dependent on you for everything, and now they are more confident and independent. In this stage of their life, your child will develop and learn many new skills, including social skills, in an education system alongside other children. Try to avoid too many after school activities during the first year as they will be exhausted just adjusting to the school routine.

★ Tips for school

- Mark with a pen or label all items of clothing, lunch boxes, etc.
- Try to make schoolbags and lunch boxes distinctive in some way, as they will need to be able to recognise them.
- Be cheerful when you leave them each morning and don't linger too long.
- Be on time when taking them to school and picking them up - they get upset if you are late.
- Take a little time at the end of each day to listen to your child, talk about their day, and admire what they bring home.
- Get involved in school activities if you can.
- Children are often tired after school, especially in the first few months, so dinner should be early. Try to prepare a meal the night before if you are working.
- Bedtime should be 7-7.30 pm.

Take a little time at the end of each day to listen to your child, talk about their day, and admire what they bring home.

School lunches

Handy hints for packing lunches

- Have separate food containers for morning tea and lunch, or put morning tea in a resealable plastic bag for easy access – otherwise they may eat their sandwiches at morning tea.
- Lunches aren't refrigerated at school, so for summer, buy a lunch box with a freezer brick, or freeze their bottle of drink to keep the rest of the lunch cool and fresh.
- It is preferable and cheaper to just give water to drink. Otherwise, use diluted juice.
- Put a variety of foods in their lunch box to choose from.
- Lots of small serves are better than large quantities.
- Steer clear of junk food. Packing chips and lollies is not good for their health, and not fair on the other children.
- Check if your school has a policy on being a 'nut free school' (i.e. no peanut butter, nuts or products containing nuts).

Ideas for lunches and snacks

- Container of peeled, chopped fresh fruit salad, such as melons, peaches, kiwi fruit, grapes. (Put in a plastic spoon that you can afford to lose!)
- Dried fruit in small quantities only, as it's high in sugar.
- Fruit/cereal snack packs (check the labels at supermarkets to find out which are most nutritious).
- Cheese sticks or slices.
- Wedges of hard boiled eggs.
- Fresh or cooked vegetable sticks or wedges, such as carrots, celery, green or red capsicum, cherry tomatoes, snow peas.
- Celery sticks with cottage cheese.
- Mini wheat breakfast cereal.
- Yoghurt, plain or with fruit.
- Cold pasta or potato salad.
- Sushi.

Lunches aren't refrigerated at school, so for summer, buy a lunch box with a freezer brick, or freeze their bottle of drink to keep the rest of the lunch cool and fresh.



Sandwiches:

- **Bread options:** pita or pocket bread, rice cakes, wholemeal bread or rolls, crackers, fruit buns or mini pizzas.
- **Filling options:** cheese spread or slices, vegemite, avocado, cooked egg mashed with cottage cheese, ham, cold chicken, tuna or salmon with salad vegetables, cottage or ricotta cheese mixed with pineapple or sultanas.
- Don't use wet fillings as this makes sandwiches soggy by lunchtime and your child won't eat them – they will just put them in the garbage bin.

4. Your child's health

- Common health concerns
- Skin conditions
- Dental care
- Immunisation
- Family health care

The information given in this section is for guidance only. Always consult a healthcare practitioner if you are concerned or in any doubt about your child's health or wellbeing. For all guidance related to medicines or ointments always read the label and use only as directed.





Fever

What is a fever?

A fever is an increase in your child's body temperature. It is part of the body's normal response to infections, and it plays an important role in fighting such infections. Your child's temperature will return to normal when the infection has gone.

A child's normal body temperature is 36.5°C–37.5°C when measured under their arm (37°C when measured by mouth). A temperature of over 38°C indicates a fever.

Fever in babies can be a sign of serious illness or infection. If your child is 3 months or under and has a fever of 38°C or above, or if your child seems very sick, they need to be seen by a doctor as soon as possible.

Types of thermometers

There are several different types of thermometers available. Your doctor or pharmacist will be able to offer you advice. Always follow the instructions that come with the thermometer.

Digital thermometers:

These are easy to use and beep when they're ready. Some also bend to mould into the shape of a child's underarm. Taking your child's temperature under the arm is recommended as the easiest and safest method for young children, but may be up to 1°C lower than temperatures measured by mouth (a method suitable only for older children).

Infrared thermometers:

These are quicker (almost instantaneous) and easier to use and read, but more expensive and can be inaccurate. There are two types:

- Those inserted in their ear – these can be useful for older children but are not suitable for newborns as their ears are so small.
- Those held up against their temple (non-contact). An advantage of these is that you can use them while your child is asleep, although they may be inaccurate.

What else can you do when your child has a fever?

- Depending on your child's age and symptoms, you can give them a temperature-lowering medicine such as paracetamol (See 'Using medicine', p. 178).
- Offer your child regular drinks (where a baby is breastfed, the most appropriate fluid is breast milk).
- Look for signs of dehydration – sunken fontanel (soft spot on a baby's head), dry mouth, sunken eyes, no tears, and fewer wet nappies than normal. If your baby has signs of dehydration, take them to hospital immediately.
- Do not under or over dress your child. If they are shivering or sweating a lot add more or less clothing accordingly.
- Sponging your child with luke-warm or cold water is not recommended.
- Check your child regularly for rashes and to see if they are getting better. If a rash appears or if you are concerned that your child is not improving, contact your doctor for advice.
- If your child attends daycare, it's best to keep them at home while they have a fever and notify the daycare centre of the illness.

When to contact your doctor

You should see a doctor if your child has a fever and any of the following:

- the child is younger than 3 months.
- the fever persists for more than 24 hours.
- the fever doesn't respond to paracetamol.
- the child refuses to drink or wees less often (indicating possible dehydration).
- they have an earache.
- they keep vomiting or have frequent bouts of diarrhoea.
- they are very pale or weak.
- they are unusually sleepy or drowsy.
- they complain of a stiff neck, persistent headache or light hurting their eyes.
- they are screaming, very irritable and unable to be consoled.
- you are concerned for any other reason.

When it is an emergency

You should take your child to hospital or call 000 for an ambulance if:

- they have severe vomiting and can't keep down any fluids.
- they have difficulty swallowing.
- they have fast breathing or difficulty breathing.
- they have a bulging fontanelle (the soft spot on the head in babies).
- they are having fits or convulsions (jerky, uncontrollable movements).
- they are unconscious (you can't wake them up).
- they have a fever and their neck seems very stiff or rigid.
- they have a fever together with a rash.

Febrile convulsions

A febrile convulsion is a fit or seizure that occurs in some children when they have a high fever.

Most children with fever suffer only minor discomfort. However 1 in 30 will have a febrile convulsion at one time or another. This usually happens between the ages of 6 months and 6 years. Most children with febrile convulsions only ever have one fit. Febrile convulsions are not harmful; they do not cause brain damage or epilepsy.

What happens during a febrile convulsion?

During a febrile convulsion your child usually loses consciousness, their muscles may stiffen or jerk and they may also have difficulty breathing and go red or blue in the face. When the movements stop, your child will regain consciousness but remain sleepy or irritated afterwards.

What can you do during a convulsion?

- The most important thing is to stay calm.
- Place your child on a soft surface, lying on their side.
- Do not put anything in their mouth – your child will not choke or swallow their tongue.
- Try to watch exactly what happens, so that you can describe it later.
- If possible, time how long the convulsion lasts.

Key points to remember

- Approximately 3% of children between the ages of 6 months and 6 years have a febrile convulsion at one time or another.
- Nothing can be done to prevent the convulsion from occurring. Remain calm and try not to panic.
- Never put a child in a bath (to lower their temperature) during a convulsion.
- Febrile convulsions will not cause brain damage. Even very long convulsions lasting an hour or more almost never cause harm.
- If your child has a convulsion, and you haven't taken them to hospital, make an appointment to see your doctor.

Reference
Sydney Children's Hospital Network:
www.schn.health.nsw.gov.au – retrieved
December 2014

Call an ambulance on 000 if:

- you feel worried.
- it's your child's first convulsion.
- the convulsion lasts more than 5 minutes.
- your child's breathing doesn't return to normal after the convulsion.
- your child does not wake up when the convulsion stops.
- your child looks very sick when the convulsion stops.
- your child was very unwell before the convulsion started.
- you are concerned for any other reason.

Febrile convulsions are quite upsetting for parents to witness. Remember, most seizures will stop within seconds or a couple of minutes without any medical treatment.



Coughs and colds

Children often have up to six colds per year. Colds, and most coughs, are caused by viruses (not bacteria), so antibiotics won't help. If the cough is bad, and persists, your child may have a chest infection caused by bacteria – if so, your doctor will prescribe antibiotics.

Children cough to get rid of the mucus from their chest, or when it runs from their nose down the back of their throat. For this reason, you don't want to stop the cough completely, but you can help ease your child's distress by soothing it. Offer them extra fluids. Encourage nose blowing if your child is old enough. It is advisable not to use any cough medicines, unless you seek the advice of your family doctor or pharmacist, especially in babies and young children.

Croup

This is a viral infection that causes swelling of the back of the throat, narrowing the airway and making breathing difficult. It may begin like a normal cold, with a runny nose and cough. Croup can last from several days to up to a week, with the cough lasting longer.

Signs of croup

- Often begins like a normal cold with a runny nose and cough.
- Harsh, barking cough, particularly at night.
- Noisy or squeaky breathing when they breathe in.
- Hoarse voice.
- May have a slight fever.

Management at home

- Comfort them and keep them calm with quiet activities.
- Offer frequent drinks.
- Give paracetamol for a fever after consultation with a doctor.

If your child continues to have trouble breathing or becomes more distressed and unwell, see your family doctor or hospital straight away.

How to prevent the spread of infection

- Many infectious diseases are spread in the air by coughing and sneezing. Teach your children to cover their mouth when coughing and sneezing and to use a tissue when they blow their nose.
- Don't put other children in the sick child's bed.



Have plenty of rest and fluids.

Signs of a cold

- Stuffy, runny nose.
- Sneezing.
- Fever.
- Headache.
- Noisy cough.

Vomiting and diarrhoea

Vomiting and diarrhoea cause your child to lose a lot of fluid. This can be very dangerous, especially in hot weather or if they have a fever. These illnesses may or may not be caused by an infection.

About diarrhoea

This is when their bowel movements become much more watery and more frequent than usual. There may be mucus or blood in the bowel movements, which may be very smelly.

About vomiting in babies

Almost all babies bring up a bit of milk (and some a lot of milk) without distress (see 'Possetting', p.64). This is normal. But if your baby is suddenly vomiting a lot more, or it occurs frequently over an hour or two, it could be serious. The vomiting may accompany other signs of illness, like fever or diarrhoea.

Babies under 6 months

- Don't try to manage it yourself – contact your doctor straight away.
- Continue to breastfeed (small, frequent feeds are recommended).
- If bottle feeding, stop giving formula. Instead, offer oral rehydration fluids (see next page) or 50 mL of boiled water, cooled to room temperature, every hour until you can see your doctor.

Babies over 6 months

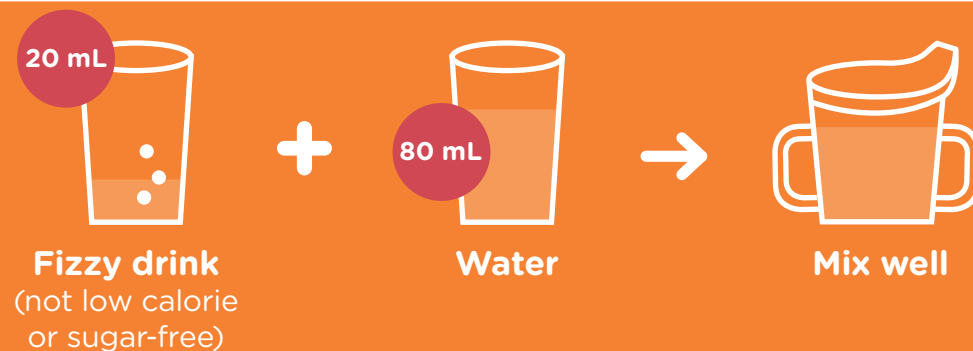
- Continue to breastfeed. You may also offer 50–100 mL of clear fluids in between breastfeeds.
- If bottle feeding, stop giving formula for 12–24 hours. Give clear fluids instead (see next page). When vomiting and diarrhoea settles, or after 24 hours, recommence usual formula.
- If your baby is on solids, stop for 24 hours, then slowly re-introduce them, starting with rice, pasta, potato, toast or bread, or baby rice cereal. The aim is to return to a normal diet within 2–3 days of the illness settling.
- Don't give medicine unless your doctor says so.



Clear fluids for children and babies over 6 months

- Oral rehydration solution (electrolyte solution) which you can get at your pharmacy – either as a ready-made liquid form, or as sachets of powder that you mix with water. This helps replace important minerals lost, like sugar and salts. Always carefully follow the directions on the packet or bottle.

If oral rehydration fluid is not available, fluids such as clear (without pulp), diluted, unsweetened fruit juice or cordial may be used with caution:



How to prevent the spread of infection

- Keep the sick child away from other children.
- Wash your child's hands after they go to the toilet and before they eat any meals.
- Wash your hands after attending to the sick child, after changing nappies and before preparing food and bottles.
- Wash the sick child's clothes and nappies separately from the rest of the family's clothing to prevent cross-infection.

When to see your doctor

- If your baby is less than 6 months old and has vomiting and diarrhoea.
- If your baby is less than 3 months old and has a fever of 38°C or above.
- If your child can't stop vomiting and can't keep the right amount of fluid down.
- If there is any bile stained (greenish) vomit, or signs of blood in the vomit.
- If there is blood or mucus in their bowel movements.
- If your child has ongoing tummy pain or high fevers.
- If your child becomes sleepier than normal, or is hard to wake up, or is limp.
- If your child is having less than half their normal fluid intake.
- If your child has sunken eyes.
- If your child's mouth or tongue feels dry.
- If your child goes 4-6 hours or more without a wet nappy.
- If your child is very irritable and unable to be consoled.
- If your child has other health problems or does not seem to be getting any better.

Constipation

How should I treat it?

Making changes to your child's diet should always be the first step — before giving medicines or suppositories. Discuss this with your Child Health Nurse.

Quite a lot of babies look like they are concentrating hard or get very restless when passing a bowel motion. This is normal, providing the bowel motions are soft and there is no blood. Constipation is when bowel motions are very firm and look like little pebbles. Your older child may mention that it hurts to go to the toilet, complain of tummy pains or cramps, or (for toilet trained children) soil their underwear.

What to do

- If breastfed, breastfeed regularly. (Note: breastfed babies rarely become constipated.)
- If bottlefed, give boiled water cooled to room temperature between feeds – 30 mL for the young baby, more for the older baby.
- Check the strength of the formula. Are you making it up correctly? Always put the water in the bottle first, and then add powder. Don't pack down the formula in the scoop.
- Put some oil on your hand and gently massage your baby's tummy in a clockwise direction.
- At change time, leave nappy off for a few minutes, and do 'bicycle' motions with the baby's legs, gently moving their legs backwards and forwards as if they were pushing the pedals of a bike.

Normal bowel motions for babies

	Breastfed baby	Bottle-fed baby	When baby is on solids
Consistency	Soft and runny	Soft paste (like toothpaste)	More solid (but still soft and easy to pass)
Appearance	Mustard yellow to orange	Greyish green to yellow, depending on type of formula	May contain undigested food
Frequency	Every feed to once a day	Every one to two days	May be less frequent

If baby is on solid foods

- Increase the amount of fruit (such as stewed apples, pears and prune pulp) and vegetables (such as spinach and carrot). Cook this yourself if possible, as they will have more roughage than commercial baby foods.
- Decrease the amount of baby cereal for a few days. If your baby is over 6 months, make sure you use mixed grain cereal.

Older children

- Give pieces of cooked vegetables or soft fruit.
- Give extra water and/or diluted fruit juice (half water).
- Encourage your child to go to the toilet regularly.

When to seek help

- If you have tried the above suggestion for 2–3 days and there has been no soft bowel action, see your Child Health Nurse.
- If there is blood in your baby's motion, see your family doctor.

For older babies, give pieces of cooked vegetables or soft fruit.



Earache

Earache and ear infections are common in babies and small children, with the majority of children having at least one episode by the time they turn 3 years old. They often follow a cold. It can be difficult to tell whether your child is simply suffering from an earache accompanying a cold, or a more serious ear infection, as the signs are similar.

Treatment

If not treated, ear infections can cause ruptured ear drums and hearing problems, so it's important to see your doctor if the pain lasts for more than a few hours or increases in intensity. Antibiotics are not always needed for ear infections, although sometimes children need several courses of antibiotics to clear the infection.

Glue ear

Persistent ear infections may result in 'glue ear', which is a build-up of fluid in the ear. Your child may need an operation to insert grommets (small tubes) to help drain the ear and prevent further infections.

★ Tips on your child's ears

- Never poke anything (such as cotton buds) into your child's ear – their ears don't need cleaning and you may damage them.
- If there is a build-up of wax in their ear, discuss this with your pharmacist or family doctor.
- For pain and fever, give paracetamol as directed on the pack and consult your doctor.

Signs and symptoms

- Unwell, irritable or cries a lot.
- Pulls at or rubs their ear.
- Complains of an earache.
- Complains of a headache.
- A fever.
- Difficulty sleeping.
- Loss of appetite.
- Trouble hearing or needing the TV up loud.



Note: Some headaches could be the sign of something more serious. If your child has a severe or recurrent headache, or complains of a headache along with a fever, feeling unwell, being drowsy or vomiting – contact your doctor or local hospital immediately.

Headache

Children do get headaches. They usually say, "My head hurts." In a young child they may be associated with an illness or a viral infection. In an older child it could be related to over-excitement, tension, stress or a vision problem.

At home

For a mild headache, you may lay your child down in a quiet dark room with a cool towel on their forehead. If the headache persists, give paracetamol for temporary relief, and watch them closely.

Conjunctivitis

Signs and symptoms

- Sore, itchy, red, watery eyes.
- Swollen eyelids.
- Thick yellow discharge that may cause eyelids to stick together.
- Inability to tolerate looking into bright light.

Conjunctivitis is inflammation (swelling and redness) of the whites of the eyes and eyelids. It may be an infection caused by a bacteria or virus, which is highly contagious, or due to an allergy.

See your doctor for treatment, which may include antibacterial eye drops or ointment. Conjunctivitis can last from 2 days to 3 weeks. It is contagious until the discharge from their eyes has stopped, so keep them at home during this time.

Symptoms usually develop within **1-3 days** after infection

Head lice (nits)

Lice are tiny brown insects that move around the hair and scalp. Nits are the eggs, which are tiny, white and stick to the hair. These will hatch within a week and become lice (which are active for several weeks).

At home

- Buy nit comb and solution for washing their hair from your pharmacist and follow the instructions carefully.
- Check other household members and treat if lice or nits are found.
- Once treated, your child can return to school or daycare the next day. Notify the school or daycare to be on the watch for other outbreaks.
- Tie long hair back when your child is attending daycare or school and check their hair regularly.

Signs and symptoms

- Itchy scalp.
- Evidence of lice and nits on close inspection of the hair.



Buy nit comb and solution for washing their hair from your pharmacist and follow the instructions carefully.

Worms

Signs and symptoms

- An itchy bottom, especially at night.
- Your child may be irritable or restless.
- Poor appetite.
- Worms are sometimes visible in bowel motions if the infestation is heavy.
- Worms are sometimes visible while your child is asleep, as they may emerge to hatch their eggs. Examine your child's bottom with a torch.

Hookworm and roundworm are rare in Australia, but threadworm (also known as pinworm) is common and often found in children. Threadworms live and breed in the digestive system, but don't cause any serious medical problems. They are passed on by infected children transferring eggs from their bottom or from soiled nightclothes to their fingers, then from fingers to mouth.

Treatment

If you suspect worms, an easy one-dose oral treatment is available from your pharmacist. Treat the whole family to avoid re-infection, following the instructions on the packet carefully.

At home

- Wash bedding and sleepwear in hot water to kill any worm eggs.
- Remind your child to wash their hands carefully after going to the toilet and before eating.

Grazes and bruises

Falls, knocks, cuts and grazes are a natural part of childhood. Most cuts, bruises and grazes, although upsetting for the child, are usually harmless and easily treated.

How to help relieve minor bumps and bruises

- Minor grazes can be cleansed with antiseptic as directed and then covered up with an adhesive dressing.
- Most bruises can simply be treated with a cold pack and elevation of the affected limb to reduce the swelling.
- If the child is in pain, paracetamol may be given as directed for the child's age.
- Keep a First Aid kit in a handy location. Make sure it's well stocked and regularly updated (see 'First Aid', p. 173).

When to contact a doctor

If your child has had a fall, call a doctor or go to your nearest hospital:

- If your child has nausea or vomiting.
- If your child appears drowsy or is sleeping more than usual and you can't wake them.
- If your child appears to have trouble moving a joint or limb.
- If the wound is large, deep or gapes open or if bleeding does not stop quickly.
- If the wound is slow to heal or becomes infected (red, tender or producing pus).





Skin conditions

Eczema

Eczema - what is it?

Eczema is a skin irritation that appears as patches of dry, red, scaly skin, which may become moist. It most often appears on baby's face, behind the ears, around their neck, behind their knees and on the inside of elbows.

The causes are unknown, but it can run in families and may be linked with other allergic diseases.

What may aggravate eczema?

- Rough, scratchy, tight clothes.
- Woollens and synthetics (carpets, car seats, furniture).
- Frequent use of strong soap for bathing or washing clothes.
- Perfumed creams and lotions.
- Dust mites.
- Overheating.
- Dry air.
- Sand, pollen or grasses.

What to do about it

- Dress your baby in light, soft, loose, smooth cotton clothes — don't overdress.
- Use lukewarm water in the bath.
- Avoid soaps and bath lotions – use sorbolene and glycerine lotion instead of soap at bathtime and at nappy changes.
- Moisturise your baby's skin with sorbolene and glycerine lotion.
- If your baby scratches their face, use jumpsuits which have a fold over cuff which acts as a mitten.
- Wash your baby's clothes in pure soap liquid laundry detergent for sensitive skin and rinse well – don't use fabric softeners, wool mix or laundry powders.
- When putting your baby on the floor to play, place your baby on a cotton sheet, not the carpet.
- Regularly vacuum the house.
- If the eczema does not get better, ask your doctor for a referral to a paediatric dermatologist.

Teething

When can teething begin?

Babies can get their first tooth anywhere between 3–15 months, but commonly between 4–9 months – although discomfort may start earlier. Dribbling at 3–4 months is usually as a result of your baby learning to put things in their mouth, which is part of normal development.

What can you do to help?

- Rub your baby's sore gums gently with your finger.
- Give your baby a teething ring – either a soft rubber one, or the plastic type that are cooled in the refrigerator.
- If you think your baby is in pain, consider giving paracetamol as directed for the child's age.
- Avoid hard sharp-edged toys that could damage teeth and gums.

What not to do

- Don't dip dummies or teething rings in honey or sweet foods, as it may lead to dental decay (and honey shouldn't be given to babies under 12 months for health reasons).
- Don't suck your baby's dummy and give it back to them, as you will transfer bacteria from your mouth to theirs.



Give your baby a teething ring – either a soft rubber one, or the plastic type that are cooled in the refrigerator.

Dental care

Signs of teething

- Rosy, flushed cheeks.
- Increased dribbling.
- Tugging at ears.
- Chewing on everything.
- Tender swollen gums.
- Irritability.
- Disturbed sleep.
- Poor appetite.
- Loose, frequent stools.
- Sore red bottom or rash.

Note: Generally, teething does not cause a fever. If your baby has a high temperature, see your doctor.

Caring for baby's teeth

A condition called 'nursing caries' can result from allowing a baby to suck on a bottle of milk or sweetened juice for long periods during the day, or last thing at night.

If a bedtime bottle is needed, use cooled boiled water instead (or cooled boiled water after the bedtime bottle of formula).

The importance of first teeth

What many parents don't realise is that emerging baby teeth need to be looked after as carefully as we look after our own teeth. They will need to last your child until they are 5-12 years of age. As well as their obvious importance for chewing and speaking, they help proper jaw development, and reserve the spaces for the permanent teeth to come through later. Dental decay can result in babies losing teeth as early as 12 months.

★ Tips for cleaning teeth

- Start cleaning when teeth appear. Gently wipe with a clean damp cloth at bath time.
- Progress to a small soft bristle toothbrush with water. (There are special brushes available for babies.)
- Hold the baby sitting against you facing the bathroom mirror so they can see their teeth being cleaned.
- Let your baby play with their toothbrush while they watch you brush your teeth. (It takes years for them to learn how to brush.)
- Start using a pea-sized amount of low-fluoride children's toothpaste only when they have learnt to spit things out from their mouth.
- Limit the amount of sugary foods in their diet.

Progress to a small soft bristle toothbrush with water. (There are special brushes available for babies).



Caring for your toddler's teeth

Sometime in the next 12 months you should take your child either to the dentist or to your Child Health Nurse for a dental check. Before this time, it's good to take them along with you to the dentist when you have your check-ups, so they get used to the environment.

★ Tips for cleaning teeth

- When brushing, use a special children's toothbrush, small with extra-soft bristles.
- Always use gentle pressure, as brushing too hard can damage the gums.
- Use a junior-strength toothpaste until they're about 6 years old. This has a mild flavour, is low foaming and lower in fluoride if they swallow it by accident.
- Teach them how to rinse and spit, so they don't swallow the toothpaste.
- Night time brushing is the most important, so don't be tempted to let your children have a snack in bed. A bottle, a glass of milk, or even an apple, can undo all your good work.
- Try not to give too many sugary snacks between meals.
- Water or milk should be your child's main drinks, but if you do serve fruit juice or cordial it is best to give it well diluted. It is also good to give it with some food rather than by itself, because the saliva produced from chewing will help to get rid of the sugar and neutralise the acids causing decay.

Always use gentle pressure, as brushing too hard can damage the gums.



Help your children brush their teeth twice a day after meals. They need your help until they're about 6 years old, and have the manual skills to do a proper job themselves.

Visiting the dentist

First visit to the dentist

Children should have their first dental check-up at 1-2 years of age.

How long do baby teeth last?

- The front baby teeth will last until the age of 5-7 years.
- The back molars have to last until about 12 years of age. Dentists advise having a protective coating, or fissure sealant, applied to the molars at around 7 years.

What the dentist will look for

- The number of baby teeth and their spacing and placement.
- How effectively teeth are being cleaned.
- Any changes in colour, or spotting of teeth, signifying early decay. About 20% of children have a type of decay called 'nursing caries', often related to dietary and feeding habits, particularly use of a night time bottle.

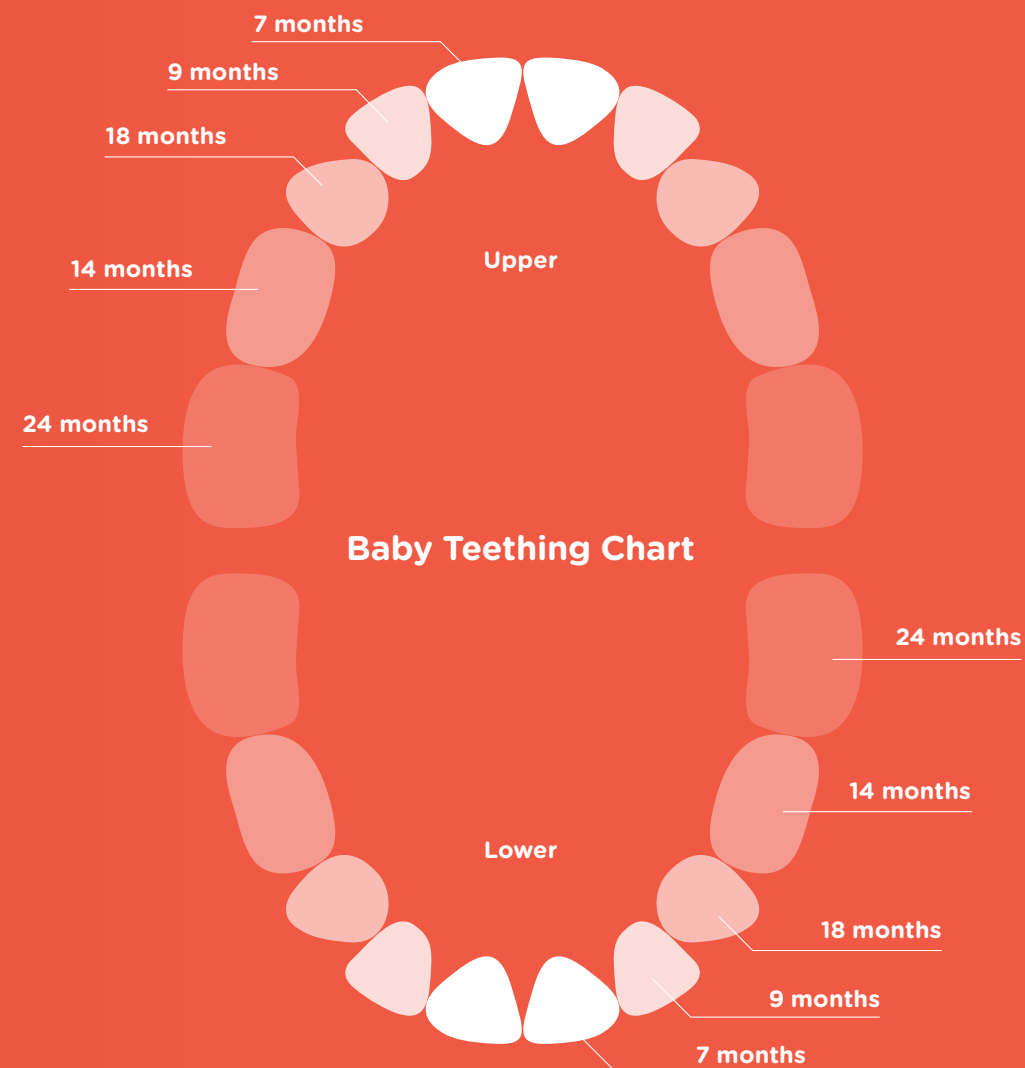
Choosing a dentist

Routine checkups can be carried out by your usual family dentist. It helps if they get on well with kids, and know how to make them feel at home in the surgery. Look for a dentist that has a good kids corner in the waiting room! There are also paediatric dentists, who are specially trained in looking after children's teeth, and in handling children in a positive way. You may prefer to attend the paediatric dental section of your local children's hospital.

Your attitude can help

Be relaxed with your children when talking about the dentist. Be careful not to use any negative words, and be sure not to pass on any feelings of fear or anxiety that you may have.

Your positive attitude can help a lot. After all, going to the dentist these days shouldn't be a frightening experience.





Immunisation

Why immunise?

Immunisation is the only effective way to protect your child against many harmful diseases. It means your child will be far less likely to catch the disease if exposed to it. Immunisation is also important to help eradicate the disease. If enough people are immunised, then infection will no longer be spread in the community, and the disease dies out. Your healthcare professional can discuss the benefits and risks of immunisation with you.

Common side effects of immunisation

- Low grade fever.
- Being whingey, unsettled and generally unhappy.
- Soreness, swelling and redness in the area where the injection was given.
- Drowsiness or tiredness.
- Muscle aches.
- Loss of appetite.

What to do

- Give extra fluids to drink.
- Do not overdress your baby if they are hot.

The routine use of paracetamol before or at the time of immunisation is not recommended. However if you are concerned about possible immunisation side effects like pain and fever, speak with your family doctor or pharmacist regarding the use of paracetamol.

Recommended immunisation program

In Australia, the National Immunisation Program provides free immunisations for babies and children. The first is scheduled just after birth and then at regular intervals – 2 months (although can be given as early as 6 weeks), 4 months, 6 months, 12 months, 18 months and 4 years. There are also programs in place for the school age child and teenager. Check with your Child Health Nurse or doctor if you are in doubt about when your baby's next immunisation is due.

The National Immunisation Program is updated regularly. For the latest information, go to: www.immunise.health.gov.au (click on National Immunisation Program Schedule) for the latest information or check with your child health nurse or doctor if you are in doubt about when your baby's next immunisation is due.



Family first aid

Children under 5 years account for most accidental poisonings, with children aged 1-3 years at most risk. So making your home safe is critical to preventing accidents.

Poisons

As your baby becomes more mobile, they will begin to explore their world, usually by putting things in their mouths. As they have little concept of danger, this puts them at risk of accidental poisoning. Young children also like to imitate adults, so may copy potentially dangerous behaviours such as taking medication.

Poisonings can happen at any time, especially when a child is unsupervised or when the family routine is changed. Extra care is needed when you are on holidays, moving house, having visitors or during other family disruptions – such as when you are having renovations done and workmen bring equipment and chemicals onto the site.

It's important to be aware of these dangers and take steps to keep your family safe. If in doubt, play it safe – treat any liquid or substance as a potential poison:

Poisons come in many forms

- Medicines.
- Cleaning, laundry, gardening and car products.
- Alcohol and cigarettes.
- Insecticides.
- Perfumes.
- Paint.
- Plants.
- Insect bites – and many others.



Family health care

Store cleaning products and other chemicals, including alcohol and cigarettes, out of sight in a locked cabinet, preferably out of their reach.

Helpful hints to prevent poisoning

- Use child restraint locks on cupboards, especially in the kitchen, bathroom, laundry and garage.
- Only fill the dishwasher with detergent immediately before use. Keep the dishwasher door locked at other times.
- Try to use cleaning products and other chemicals when children are not around if possible, such as while they are asleep.
- Always keep chemicals, like bleach or washing liquid, in the original containers. Never use food containers to store chemicals.
- Never leave chemicals unattended or in reach of children.
- Put medicines and chemicals away after use. Always keep the lid on containers.
- Store medicines in a locked cabinet. Medicines that need to be refrigerated should be kept in a childproof container.
- Never call medicines 'lollies.'
- Have a safe place up high for visitor's handbags and luggage.

If your child has swallowed a poison

Call the Poisons Information Centre immediately or seek urgent medical advice. Do not try to make them vomit. Poisons Information Centre: 13 11 26 (24 hours, Australia-wide). Keep this number in your phone.

What to do in an emergency

Understanding what to do in an emergency, while waiting for medical help, could save your child's life. As a parent, it's recommended that you complete a first aid course with an accredited organisation such as St. John's Ambulance or the Red Cross. You should also keep a well-equipped first aid kit at home.

In cases of emergency, it's important to stay calm and act logically.

There are four basic steps:

Step 1: Assess the situation

Try to find out exactly what has happened. Is there an ongoing risk to your child? Are there any other injured people? Should you call an ambulance?

Step 2: Don't risk endangering yourself

You can't help your child if you become injured yourself. If it's unsafe for you to remove your child from a source of danger, call an ambulance and wait for help.

Step 3: Serious injuries need to be treated quickly

Any injuries that threaten your child's life, such as blood loss or the inability to breathe, must be dealt with immediately. Call an ambulance. Your first aid training will give you the best chance of dealing with these injuries while you wait for medical help.

Step 4: Get help

Shout for help and direct people to do whatever is necessary – call an ambulance, help with first aid, move your child or clear the area.



First aid kits

In Australia, you can buy first aid kits from St John's Ambulance or the Australian Red Cross. A basic first aid kit should contain:

Dressings

- Crepe bandages in various sizes.
- Gauze squares for cleaning wounds.
- Non-stick squares for dressing wounds.
- Adhesive tape.
- Cotton wool swabs.
- Sticking plaster.
- Clean, non-fluffy cloth or clear plastic film to cover burns until seen by a doctor.

Creams, lotions, medications

- Antiseptic lotions.
- Calamine lotion.
- Saline eye wash.
- Spray for treating stings.
- Paracetamol tablets and liquid with childproof lids.

First aid equipment

- Safety pins.
- Scissors.
- Tweezers.
- Disposable gloves.

It's a good idea to keep the following numbers in your phone.

(For more helplines see 'Where to go for help', back page.)

- **Police, ambulance, fire brigade:**
000 (or 112 if you are out of mobile range).
- **Poisons information line:**
13 11 26
(24 hours a day, Australia-wide).
- **Health Direct Australia:**
1800 022 222
(free call, Australia-wide).
- **Pregnancy, birth and baby helpline:**
1800 882 436.
- **Your family doctor.**
- **Neighbours.**
- **Relatives.**



Emergency numbers

Using medicine

How to use medicines

- Ask your doctor or pharmacist about any possible side effects – e.g. drowsiness or irritability.
- Check whether there are any precautions you should take.
- If your child is already taking a medication (even a non-prescription one), check if it's okay to take both.
- Make sure you understand how much and how often to give the medicine, and follow the directions on the packet carefully.
- When you buy over-the-counter medicines at the pharmacy (e.g. cough medicine), always say it's for a child, and tell the pharmacist the child's age and weight.
- If your child has any unwanted reaction when taking the medicine (e.g. diarrhoea or rash), stop giving it to them and tell your doctor.
- Buy medicines with childproof caps if possible. To ensure the locking mechanism is fully engaged, turn cap firmly in a clockwise direction until no further movement is possible. Take care not to over-tighten it. The cap is secured correctly when it can be turned anti-clockwise and a clicking sound is heard.
- If your child's condition is getting worse, despite the medicine, see your doctor immediately.

Write down the name of the medicine, how much you gave your child and when, so there is no confusion.

Tips for using medicine

- Don't give aspirin to children – it may cause serious complications. Use paracetamol (such as Children's Panadol) for temporary relief from pain and fever in children 1 month and over.
- Write down in your child's Health Record Book the names of all medications your child uses, especially if you see more than one doctor.
- Always take your child's Health Record Book with you when you see a healthcare professional.
- Make a note in your child's Health Record Book if they react badly to a medicine.
- Never give your child medicine that has been prescribed for someone else or prescribed for your child for a previous illness.
- Always follow the storage instructions on the pack.
- Always check the 'use by' date of medicines kept at home. Throw out those that are out of date or return them to the pharmacy for safe disposal.
- Keep all medicines locked away – out of sight and out of reach!

Children's Panadol[®] dosing guide

Children's Panadol is suitable for:

- Infants from one month of age

Children's Panadol contains paracetamol

Dosage

- The recommended dose for Children's Panadol in children under 12 years is 15 milligrams of paracetamol for every 1 kilogram of bodyweight.
- Gentle enough to dose every 4-6 hours if necessary.
- Do not give more than 4 doses in 1 day or within any 24 hour period.
- Children's Panadol is not recommended for infants under 1 month.
- Follow the dose instructions on the bottle. Keep to the recommended dose.

For more information visit www.childrenspanadol.com.au

Children's Panadol is suitable from 1 month of age.

ALWAYS READ THE LABEL AND FOLLOW THE DIRECTIONS FOR USE. INCORRECT USE COULD BE HARMFUL. Use only as directed. For the temporary relief of pain and fever. Consult your healthcare professional if symptoms persist.

Panadol is a registered trademark of the Haleon Group of Companies. Trade marks are owned by or licensed to the Haleon group of companies © 2023 Haleon group of companies or its licensor.

Baby Colourfree Liquid 1 month-1 Year

Age	Ave. weight	Dose
1 - 3 Months	4 - 6 kg	0.6 - 0.9 mL
3 - 6 Months	6 - 8 kg	0.9 - 1.2 mL
6 - 12 Months	8 - 10 kg	1.2 - 1.5 mL
1 - 2 Years	10 - 12 kg	1.5 - 1.8 mL

Elixir and Colourfree Suspension 5-12 Years

Age	Ave. weight	Dose
5 - 6 Years	18 - 20 kg	6 mL
6 - 7 Years	20 - 22 kg	6 - 7 mL
7 - 8 Years	22 - 25 kg	7 - 8 mL
8 - 9 Years	25 - 28 kg	8 - 9 mL
9 - 10 Years	28 - 32 kg	9 - 10 mL
10 - 11 Years	32 - 36 kg	10 - 11 mL
11 - 12 Years	36 - 41 kg	11 - 13 mL

Chewables 3+ Years

Age	Ave. weight	Dose (tablets)
3 - 6 Years	14 - 20 kg	2 (maximum 8 in 24 h)
6 - 9 Years	20 - 28 kg	3 (maximum 12 in 24 h)
9 - 11 Years	28 - 36 kg	4 (maximum 16 in 24 h)
11 - 12 Years	36 - 41 kg	5 (maximum 20 in 24 h)

*Children's Panadol[®] suppositories can be used for children suffering from nausea and vomiting.

Colourfree Suspension 1-5 Years

Age	Ave. weight	Dose
1 - 2 Years	10 - 12 kg	6 - 8 mL
2 - 3 Years	12 - 14 kg	8 - 9 mL
3 - 4 Years	14 - 16 kg	9 - 10 mL
4 - 5 Years	16 - 18 kg	10 - 11 mL
5 - 6 Years	18 - 20 kg	11 - 13 mL

Chewables 7+ Years

Age	Ave. weight	Dose (tablets)
7 - 10 Years	22 - 32 kg	3 (maximum 12 in 24 h)
10 - 12 Years	32 - 41 kg	4 (maximum 16 in 24 h)

Suppositories*

6 months - 5 years		
Age	Ave. weight	Dose
6 months - 4 Years	8 - 16 kg	1 (maximum 4 in 24 h)
4 - 5 Years	16 - 18 kg	2 (maximum 8 in 24 h)
5 Years - 12 Years		
5 - 9 Years	18 - 28 kg	1 (maximum 4 in 24 h)
9 - 12 Years	28 - 41 kg	2 (maximum 8 in 24 h)

Where
to go
for help

Parenting help lines and websites

- Australian Breastfeeding Association Helpline:
1800 686 268 (24 hours).
Email counselling is also available via the website.
www.breastfeeding.asn.au
- Health Direct advice line answered by Registered Nurses:
1800 022 222 (free call Australia-wide, 24 hours).
www.healthdirect.gov.au
- Karitane parenting advice line:
1300 227 464 (may have to leave a message)
- Pregnancy, birth and baby helpline: 1800 882 436
www.pregnancybirthbaby.org.au
- Raising Children (Parenting information Australian Government supported website): www.raisingchildren.net.au
- Reflux Infants Support Association (RISA): www.reflux.org.au
- SIDS and Kids: 1300 308 307 www.sidsandkids.org/safe-sleeping/
- Tresillian parenting help line: (02) 9787 0855 (7am–11pm, 7 days)
Outside Sydney Metropolitan Area: 1800 637 357

Emergency phone numbers

Police, ambulance, fire brigade: 000

(or try 112 if out of normal mobile range)

Poisons information line: 13 11 26 (Australia-wide, 24 hours)

This publication has been adapted from the original English language version written for Children's Panadol by Child Health Nurses Lindy Danvers RN, RM, M'Craft, and Susan Prescott RN, M'Craft, Grad.Dip Child Health, in conjunction with parenting journalist Kay Stammers BA Hons, TPTC.