

Congratulations

Dear Parents,
Congratulations on the birth of your new baby. Your Child's Guide to Health is presented to you by the Health Division and is supported by Pampers. This booklet has information on what preventative care your child needs and on good health habits. It will also help keep track of your child's health and care through the years. This guide can help give your child a healthy start on life.

The Contributors:

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Department of Paediatrics (Mater Dei Hospital)
Health Promotion and Disease Prevention Directorate
Nursing and Midwifery Services

Sponsored by:



Your Child's Guide To Health

Personal Details

Child's Name: _____

Date of Birth: _____

Sex: _____

Parent / Guardian Names (s): _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Child's Doctor and Phone Number(s): _____





Photograph of Your Baby



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How To Use The Child Health Guide

Each section of the Child Health Guide which is coded ( or ) covers an important health care topic.

- Read each section carefully and ask your child's doctor or other health care provider to answer any questions you may have.
- Use the records throughout the Child Health Guide to keep track of the immunisations, tests, examinations and other types of visits your child gets. Use these records to remind you when your child needs to be seen next.
- Take the *Child Health Guide* every time you take your child:

- **To a doctor or other care worker - such as a nurse**
- **For vaccination**
- **To the dentist**



Preparing for a New Baby

The birth of a new child within a family brings about changes and new roles for all the members, but even more so for the mother. The added pressure, coupled with the ups and downs of life, may result in emotional difficulties such as stress, uncertainty or a sense of not coping. These problems may make you feel exhausted, depressed, withdrawn, or perhaps mentally tired or confused.

Stop and Think - Clearly and Positively!

It can help to take the time to work out your goals, values and priorities. Be realistic about your own limitations and expectations, find time for yourself, and use positivity to boost your self-confidence.

Become Healthier!

People who become fit are usually surprised at how good it makes them feel mentally as well as physically, and in particular how it helps them cope with stress. You can become healthier by getting enough sleep (even if sporadic at first), eating healthily, drinking lots of water, exercising regularly, and avoiding tobacco, alcohol, or other harmful substances.

Gather Support

Do not be shy to ask for help. You need others and others need you. You would be amazed how willing people close to you would be to help with the new baby around! Find time to go out with your partner, or with a good friend.

Find Help

Parentcraft midwives are always willing to help and to offer advice. Parentcraft Services offers a telephone helpline – **2545 5124**, where you can phone in when you feel unable to cope, when you feel confused, or when you have any query or need some information. You can also make use of the generic email **parentcraft@gov.mt**.



 **Birth Record**

Name of hospital: _____

Type of delivery:

- normal
- breech
- forceps
- caesarean
- vacuum extraction

Gestation: _____ weeks

Birth weight: _____ kg

Abnormalities noted at birth: _____

Neonatal:

Problems: _____

Feeding at discharge:

- breast
- bottle
- both

Newborn screening blood tests:

- Taken
- Recall

Discharge Liaison
Midwives will assess mothers within 24 hours of their baby's birth and then offer up to 3 home visits and support as necessary.



Check-up Visits

The recommended check-up visits should take place: at birth, 6 - 8 weeks, 7-9 months, 18 months, 2 to 3 years, 4 to 5 years, 8 years, and at 10 -12 years. These visits monitor how your child is growing and developing, and are designed to look for certain problems which can be treated. At these routine check-ups, your child's growth is recorded. In addition, hearing, vision and development will be checked. The birth visit is carried out by a paediatrician and takes place soon after the baby is born. The next 3 visits are held at the Well Baby Clinics, whereas the rest of the visits take place at the child's school. Useful telephone numbers are found on page 61.

Growth Record: Your child's height and weight are checked while your child's head size is measured during the first 2 years of life. These measurements will show if your child is growing properly and are recorded on growth charts.

Hearing: Normal hearing is important for your child's speech and language development. There are special tests which can monitor your child's hearing, but you can check this yourself by answering questions for parents in each age review. (see *Child Health Check - Your baby's hearing, page 36-37*)

Vision: Different tests are used to check for eye problems, including squint and poor vision. The doctor or nurse will examine your child's eyes. You can help by answering the questions for parents in each age review. (see *Child Health Check - Your baby's vision, page 38-39*)

Congenital heart disease: Tests are done to check for any heart problem.

Testes: A simple test is performed to check whether your son's testes have descended well into the scrotum.

Development: Routine check ups monitor how your child's language, movement and social skills are developing. The aim is to identify problems early on so that they can be treated as soon as possible. You can help by answering questions for parents in each age review. (see *Child Health Check - Guidelines on your child's development, page 34-35*)

Congenital dislocation of the hip: A simple test is performed at birth to check whether your child's hips are fully developed.

NOTE: Screening tests can never be 100% accurate. Sometimes a screening test may raise a false alarm or a problem may occur after your child has had a screening test.





Immunisation is Protection

Immunisations protect your child from many serious infections. Below is a list of immunisations and recommended ages when your child should receive them. They are available free of charge from the Health Centre Immunisation Clinic.

- *Children can be immunised whilst taking most medicines, including antibiotics, and also while suffering from a cold unless there is high fever.*
- *If your child misses an immunisation, arrange for it to be given as soon as possible*
- *You can vaccinate your child at your local Health Centre or at your doctor.*

ROUTINE IMMUNISATION IN PRE-SCHOOL CHILDREN

- The combined 5 in 1 vaccine (Diphtheria, Tetanus, Whooping cough, Polio and Haemophilus Influenzae type B [Hib]) is given in 4 doses and is recommended from 6 weeks of age and at 3, 4 and 18 months.
- Hepatitis B vaccine is recommended at 12, 13 and 18 months
- Measles, Mumps and Rubella (MMR) vaccine is recommended at 13 months and at 3 - 4 years.

ROUTINE IMMUNISATION DURING SCHOOL AGE

It is important that your child/teenager remains protected against infectious disease some of which may be fatal. More immunisations are given during the school years:

- HPV vaccine for girls at 12 years of age
- A booster dose of tetanus, polio and low-dose diphtheria is given at 14 – 16 years of age.

N.B: The vaccination schedule may change from time to time.

OTHER VACCINES

A number of other vaccines that are not on the National Schedule are available and your doctor or paediatrician can advise you on these. They include vaccines against different types of meningitis and against a serious form of diarrhoea.

IMMUNISATION REACTIONS

Most children do not suffer any reaction following a vaccination. However, some minor reactions may occur. You should contact your doctor if:

1. There is persistent crying for more than 4 hours
2. There is a fever of 39°C or more persisting for more than 24 hours following the vaccine
3. The site of the vaccination swells up excessively and becomes hot and red.



Your **Child's Guide** to Health

Immunisation Record - the nurse or your doctor should record all vaccines on this chart.

IMMUNISATION		DATE AND SIGNATURE OF PROVIDER		
DIPHTHERIA-TETANUS-ACELLULAR PERTUSSIS-POLIO-HIB (5 IN 1)				
Recommended Ages: Dates received: Signature: Batch No:	From 6 weeks	3 months	4 months	
MEASLES-MUMPS-RUBELLA (MMR)				
Recommended Ages: Dates received: Signature: Batch No:				
HEPATITIS B				
Recommended Ages: Dates received: Signature: Batch No:				12 m
HUMAN PAPILLOMA VIRUS (HPV) – GIRLS ONLY				
Recommended Ages: Dates received: Signature: Batch No:				
DIPHTHERIA-TETANUS-POLIO (ADULT DOSE)				
Recommended Ages: Dates received: Signature: Batch No:				
OTHER				
Types: Dates received: Signature: Batch No:				



Your **Child's Guide** to Health

		18 months		
	13 months		3-4 years	
12 months	13 months	18 months		
				12 years
				14-16 years



 **Tests & Examinations**
Growth Record

Gestational age: _____ (weeks).

Allow _____ weeks for prematurity.

Date	Age	Weight (kg)	Height (cm)	Head circumference (cm)



Your **Child's Guide** to Health

Growth Record

Gestational age: _____ (weeks).

Allow _____ weeks for prematurity.

Date	Age	Weight (kg)	Height (cm)	Head circumference (cm)



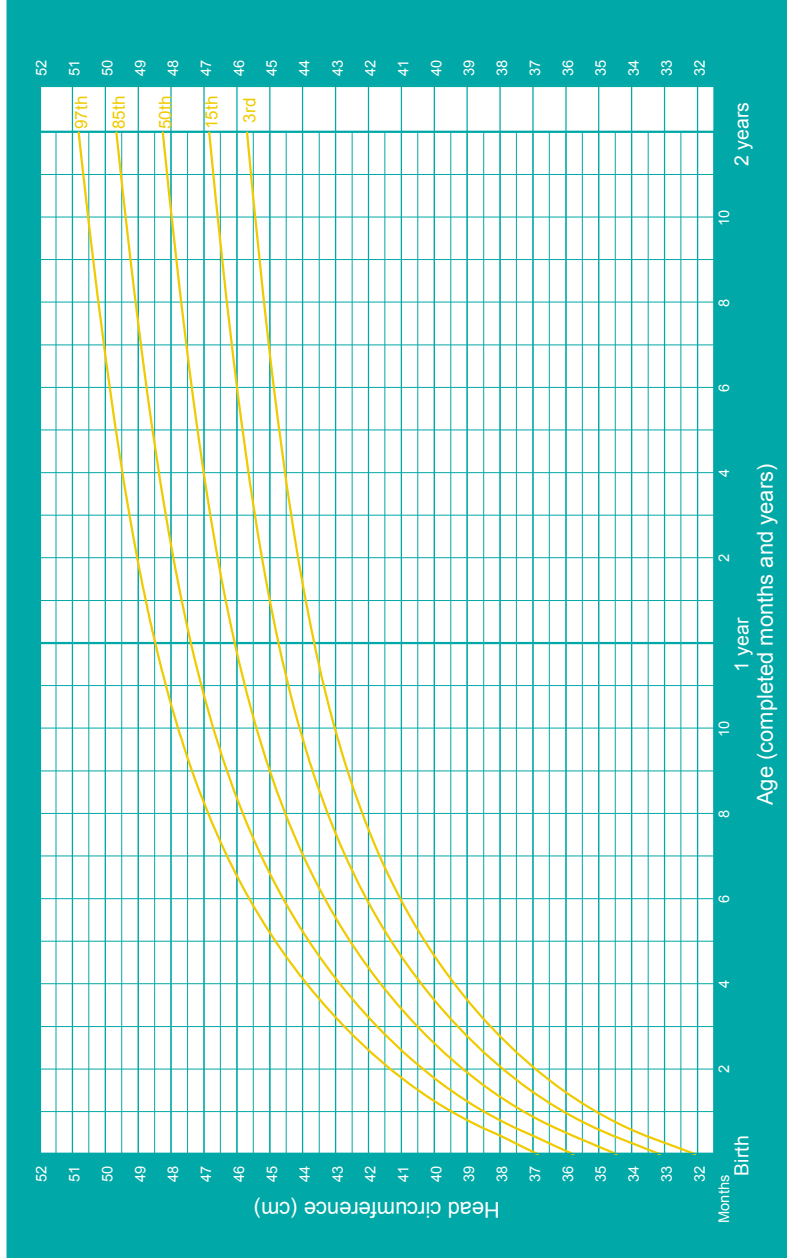


Head circumference-for-age BOYS



World Health Organization

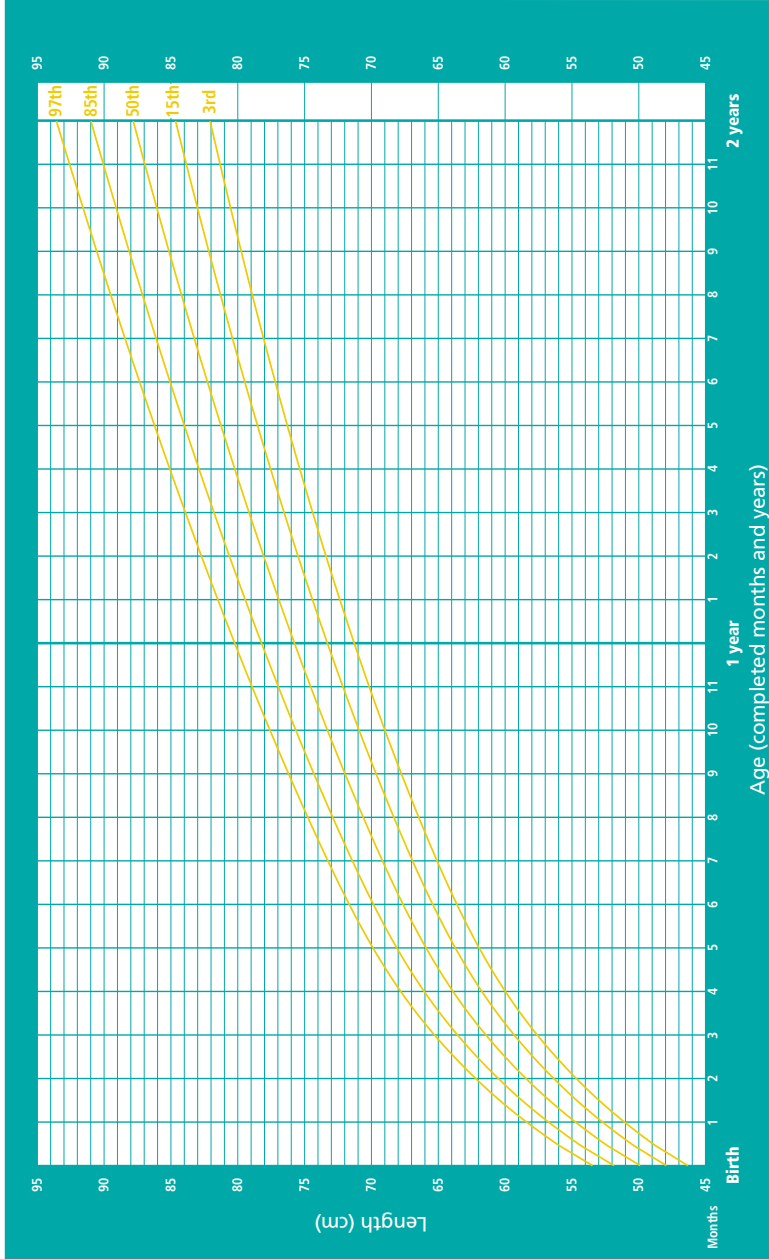
Birth to 2 years (percentiles)



WHO Child Growth Standards

Length-for-age BOYS

Birth to 2 years (percentiles)



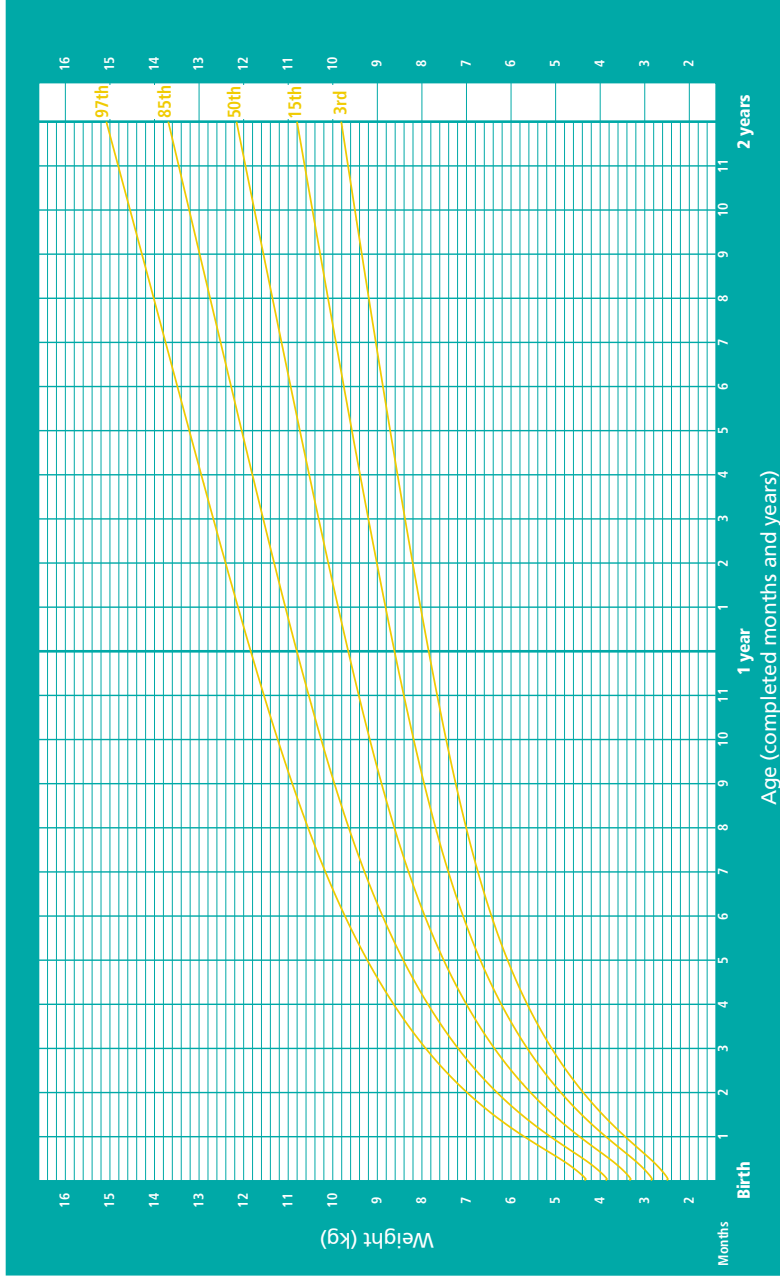
WHO Child Growth Standards





Weight-for-age BOYS

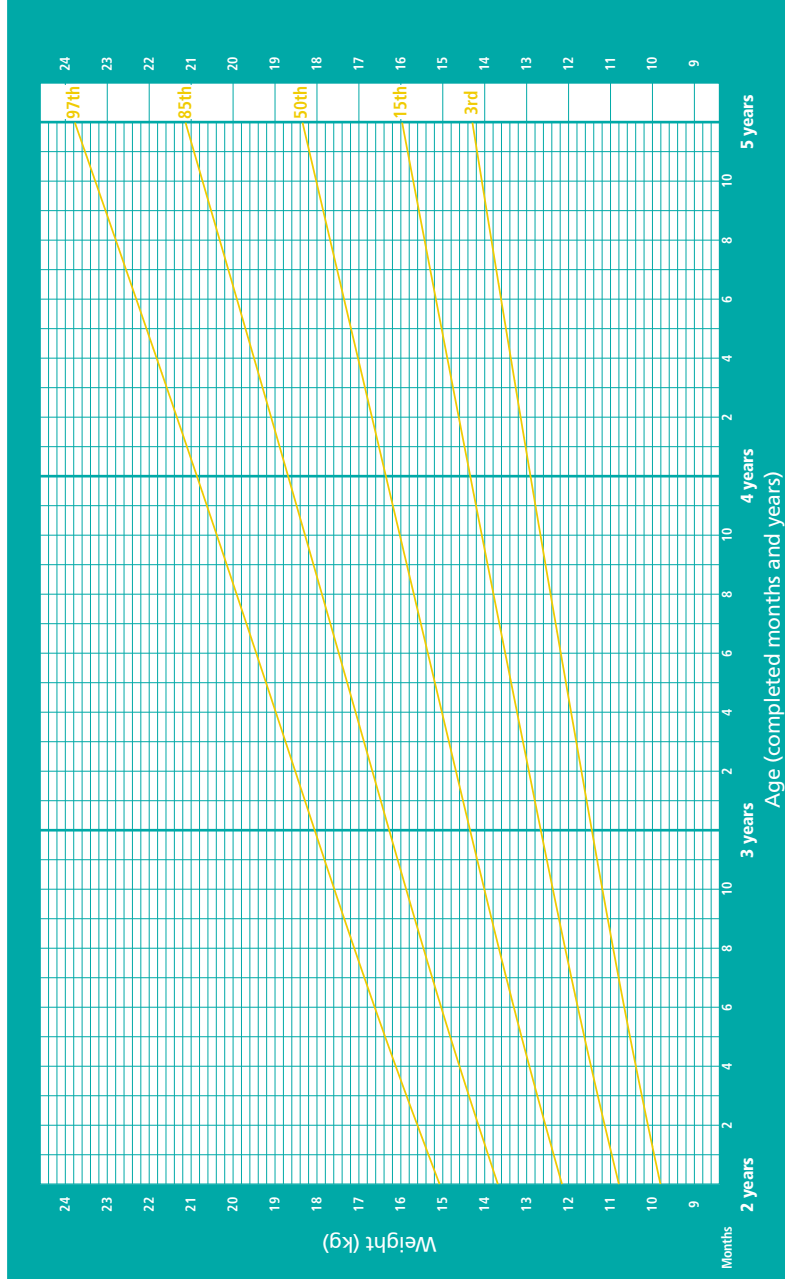
Birth to 2 years (percentiles)



WHO Child Growth Standards

Weight-for-age BOYS

2 to 5 years (percentiles)



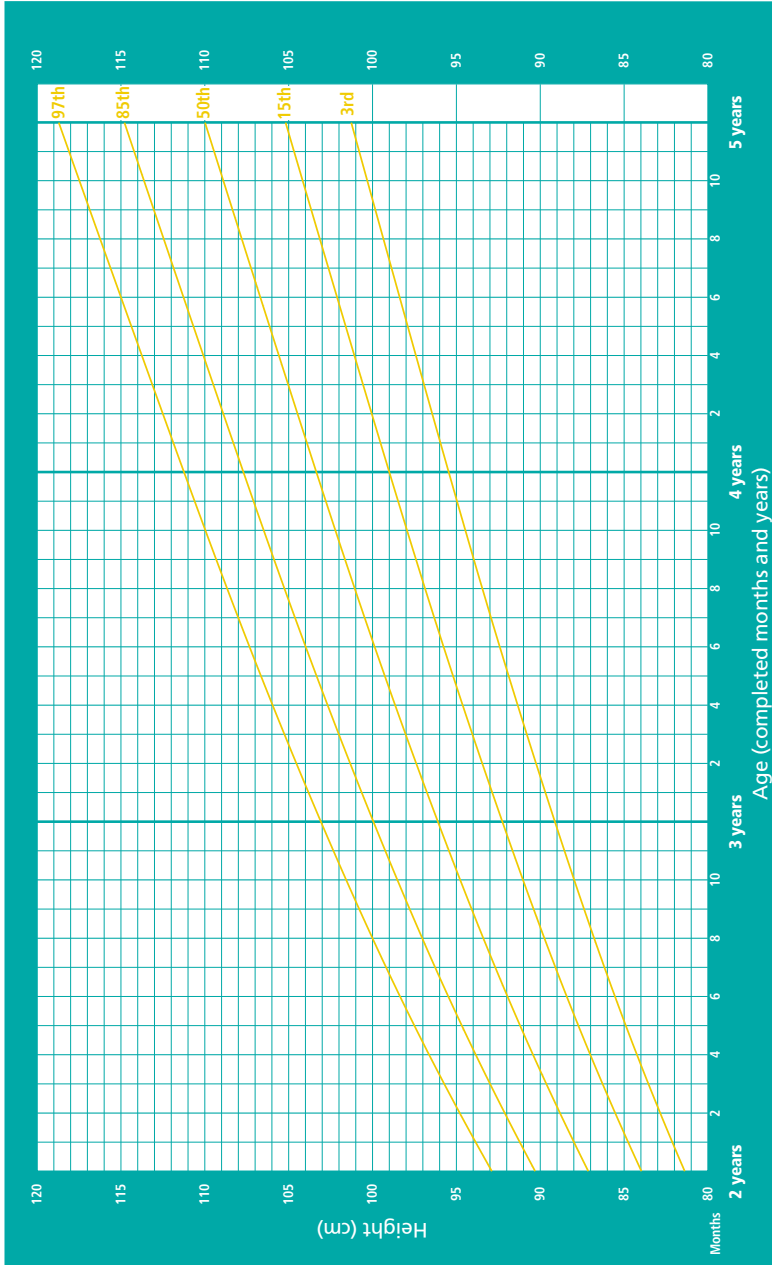
WHO Child Growth Standards





Height-for-age BOYS

2 to 5 years (percentiles)

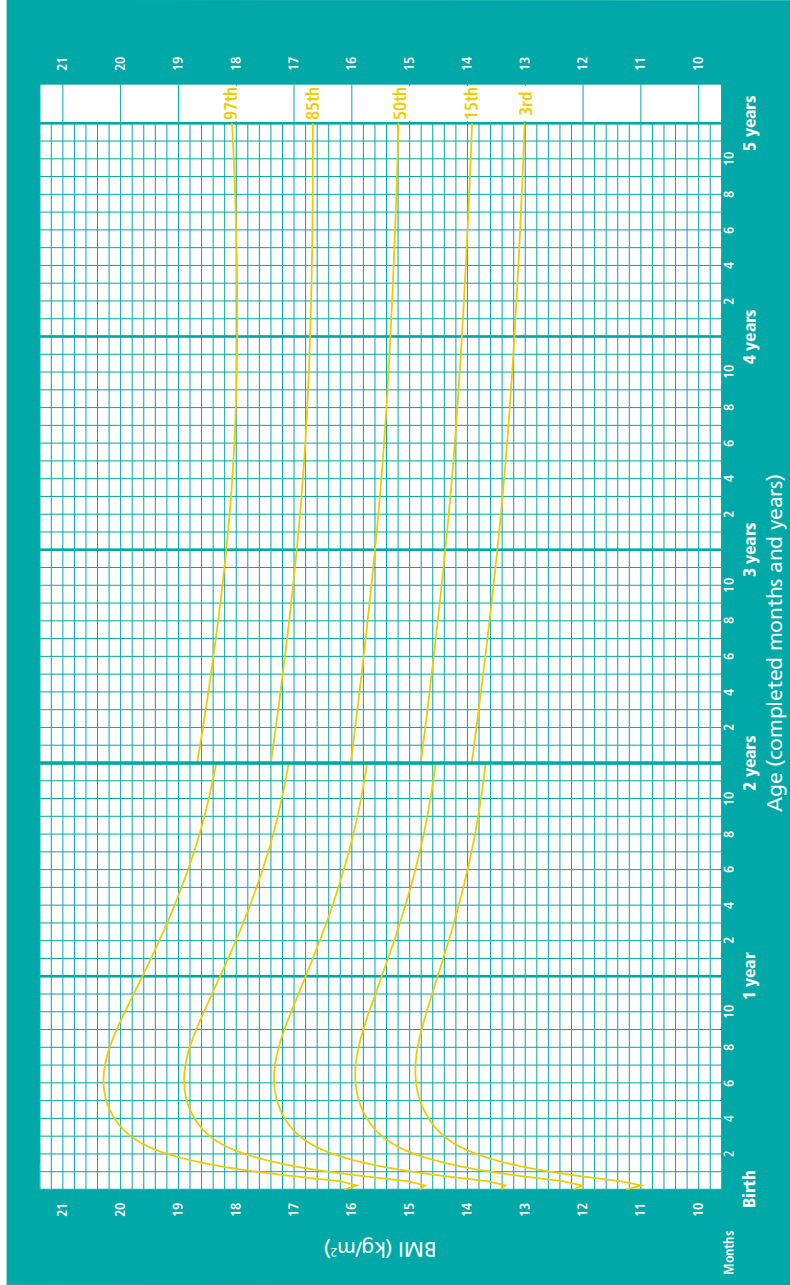


WHO Child Growth Standards



BMI-for-age BOYS

Birth to 5 years (percentiles)



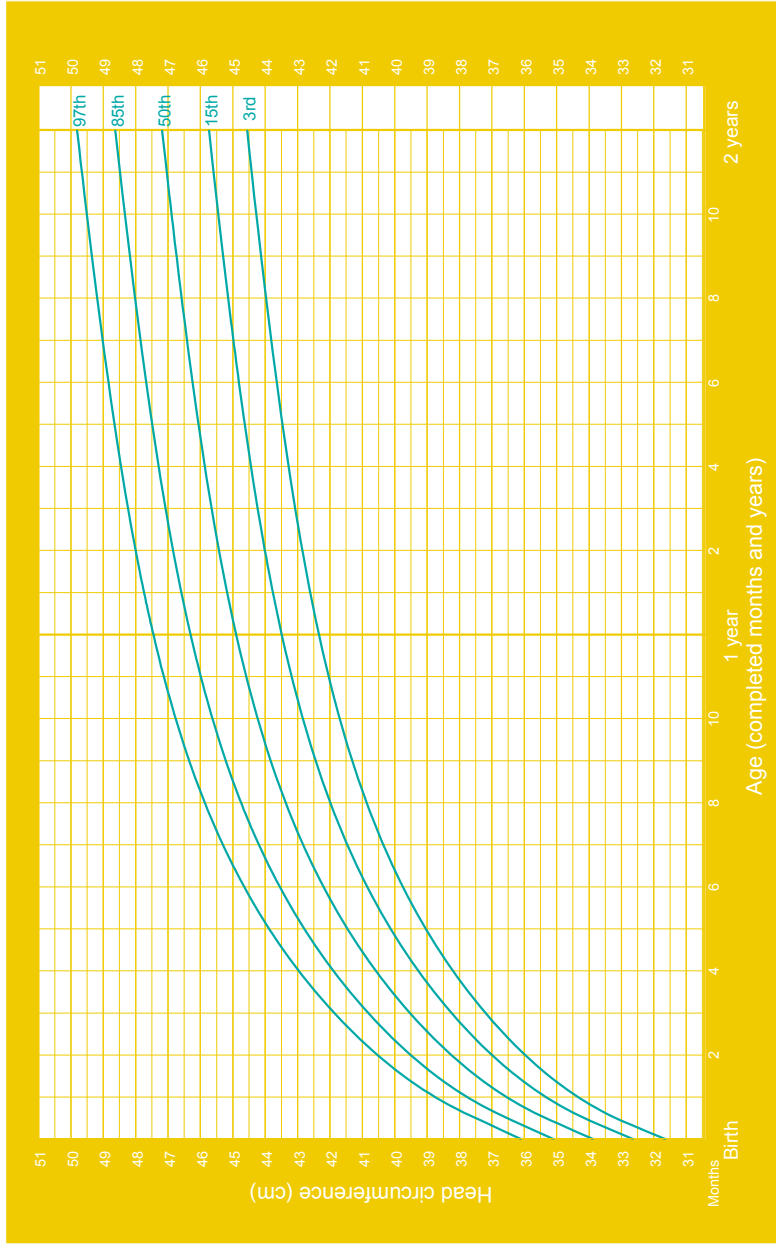
WHO Child Growth Standards





Head circumference-for-age GIRLS

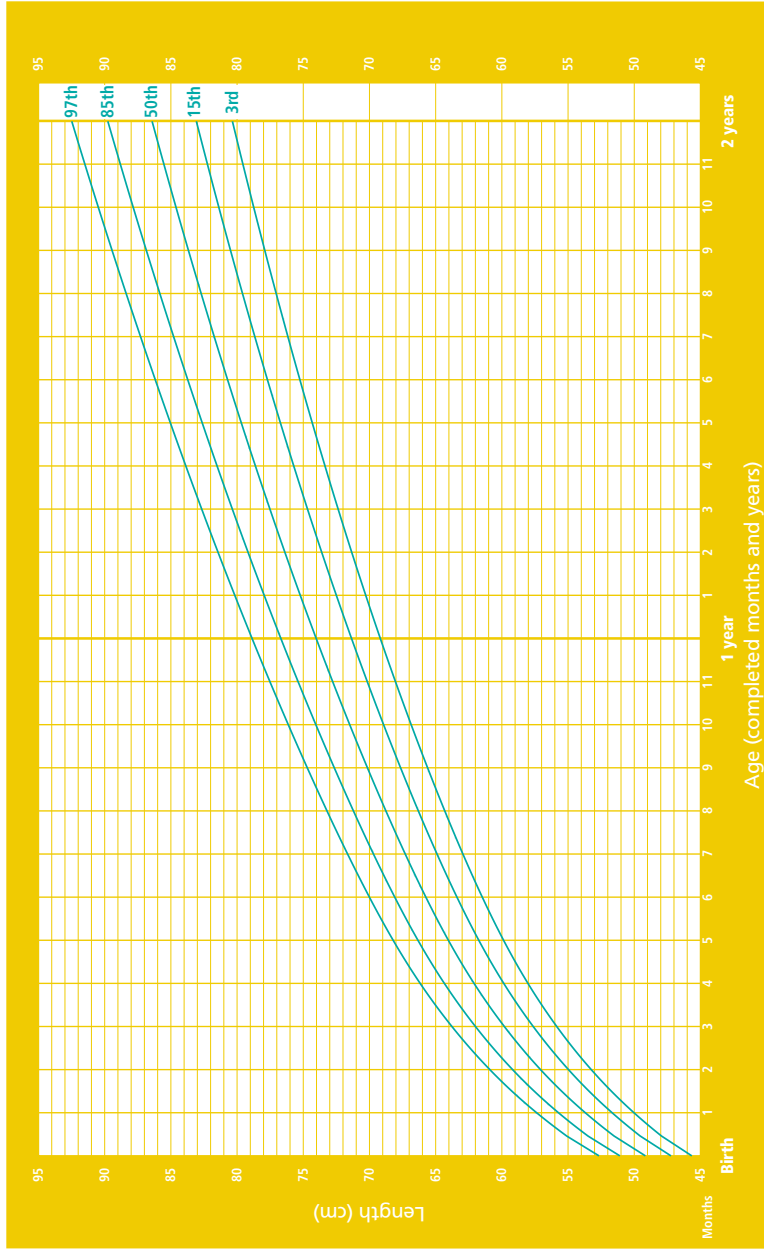
Birth to 2 years (percentiles)



WHO Child Growth Standards

Length-for-age GIRLS

Birth to 2 years (percentiles)



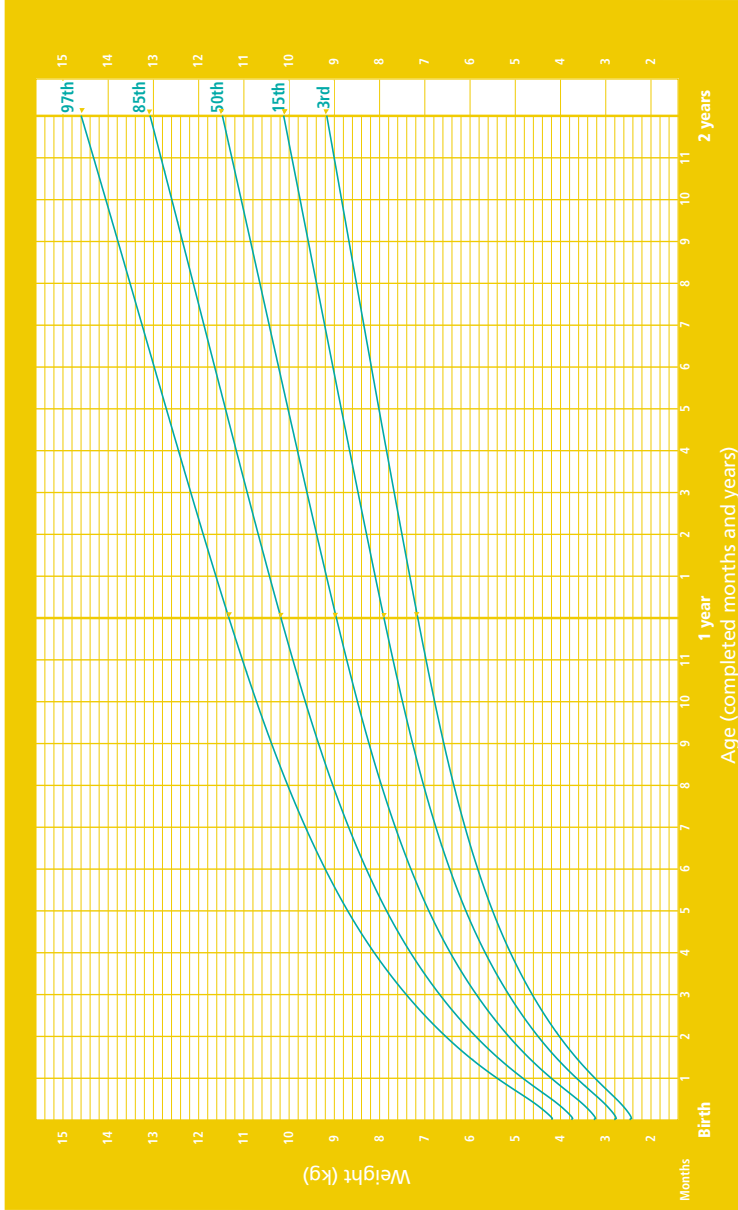
WHO Child Growth Standards





Weight-for-age GIRLS

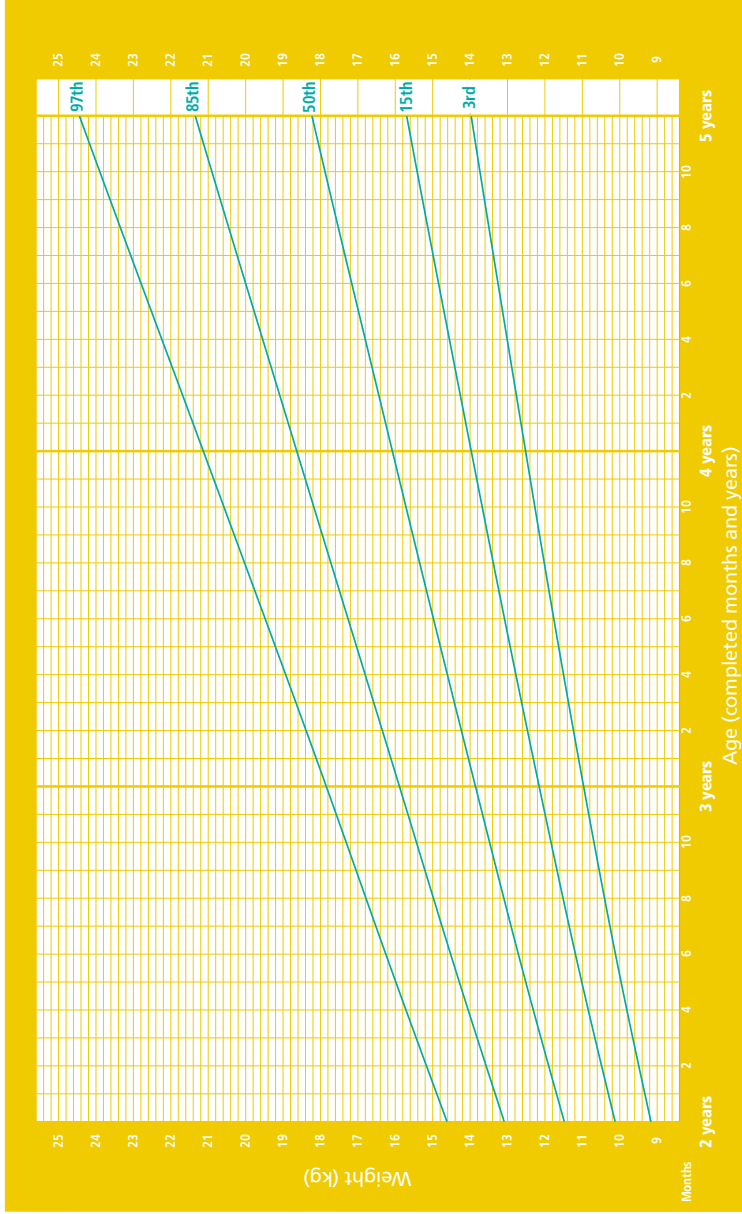
Birth to 2 years (percentiles)



WHO Child Growth Standards

Weight-for-age GIRLS

2 to 5 years (percentiles)



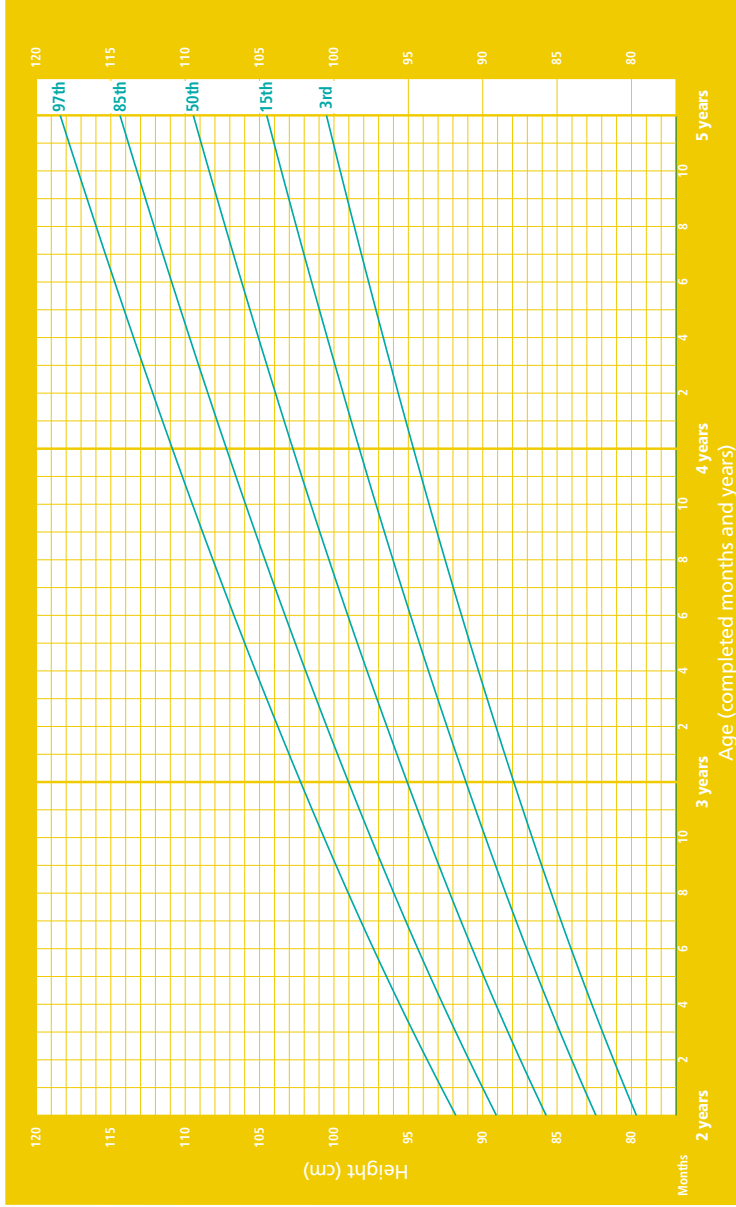
WHO Child Growth Standards





Height-for-age GIRLS

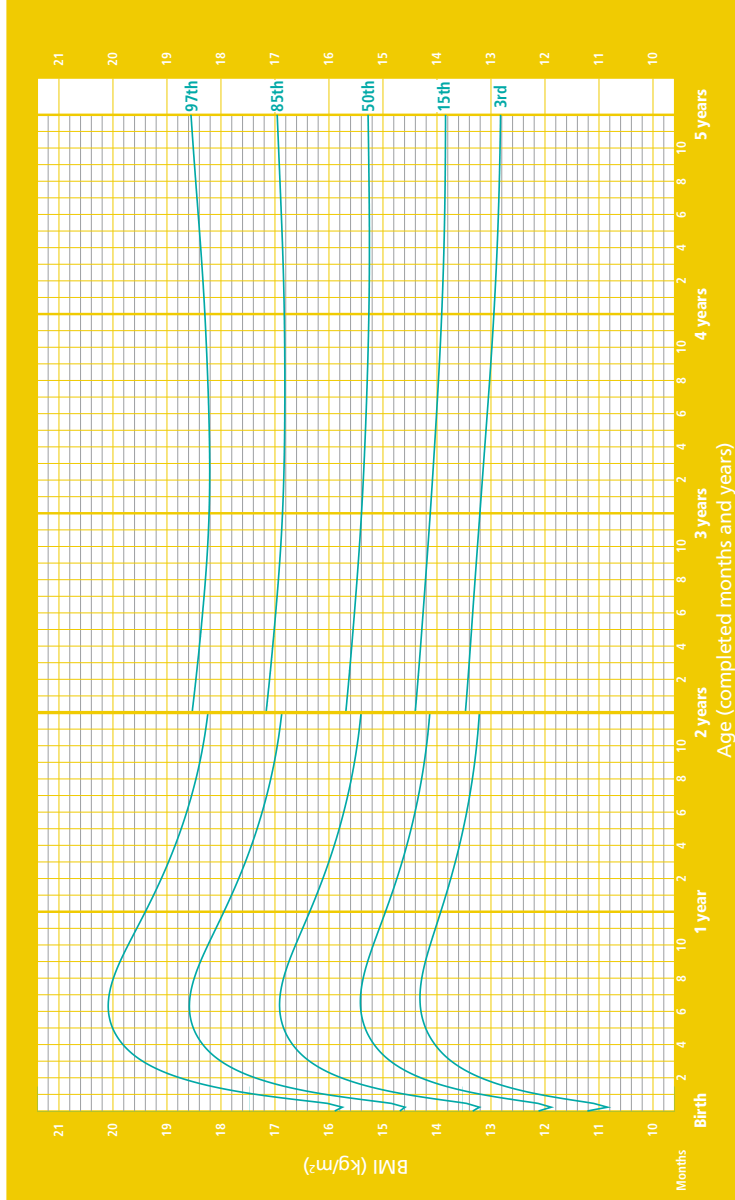
2 to 5 years (percentiles)



WHO Child Growth Standards

BMI-for-age GIRLS

Birth to 5 years (percentiles)



WHO Child Growth Standards



Before your baby's 6-8 weeks Health Check

By answering the following guiding questions you may be able to discuss any concerns at your child's first visit.

Tick 'Yes' or 'No' or 'Not sure'

- Do you feel well yourself? Yes No Not sure
- Do you have any worries about your baby? Yes No Not sure
- Does your baby startle to loud noises such as a loud clap? Yes No Not sure
- Does your baby watch your face and follow with his/her eyes? Yes No Not sure
- Does your baby turn towards light? Yes No Not sure
- Does your baby smile at you? Yes No Not sure
- How are you feeding your baby? Breast Bottle Mixed

Parent notes

HEALTH TIP
Keep hot drinks away from children. Check the temperature of the water before you bathe your baby. Use a coiled-flex kettle. Hot water can scald your baby badly.



Your **Child's Guide** to Health

Child Health Check at 6-8 weeks

(assessment by nurse, family doctor or paediatrician)

Date ____/____/____.

Health assessment	Normal	Review	Refer
Growth			
Eyes (including fixation, following and appearance)			
Cardiovascular			
Hip test for dislocation			
Testes fully descended R / L			
Other			

HEALTH RISK FACTORS

Are there any vision risk factors?

(see *Your baby's vision*, page 38)

Yes

No

Are there any hearing risk factors?

(see *Your baby's hearing*, page 36)

Comments _____



Before your child's 7-9 month check up

By answering the following guiding questions you may be able to discuss any concerns which you may have at your child's visit.

Are you concerned about your baby's health?

Tick 'Yes' or 'No' or 'Not sure'

Yes No Not sure

Movement/Activities

Is your baby sitting alone?

Yes No Not sure

Does your baby roll over?

Yes No Not sure

Does your baby reach for an object?

Yes No Not sure

Is your baby's head steady when sitting?

Yes No Not sure

HEARING

Does your baby turn to sounds or voices?

Yes No Not sure

Does your baby hear you and listen to your voice?

Yes No Not sure

Does your baby babble (Ba-ba, da-da)?

Yes No Not sure

VISION

Have you noticed a squint?

Yes No Not sure

Does your baby look at you and follow you with his/her eyes?

Yes No Not sure

Does your baby look at his/her hands or objects?

Yes No Not sure

Parent notes _____



Your **Child's Guide** to Health

Child Health Check at 7-9 months

(assessment by nurse, family doctor or paediatrician)

Date ____/____/____.

Health assessment	Normal	Review	Refer
Growth			
Eyes (including fixation, following and appearance)			
Cardiovascular			
Hips (posture & symmetry)			
Testes fully descended R / L (in boys)			
Other			

HEALTH RISK FACTORS

Are there any vision risk factors?

(see *Your baby's vision*, page 38)

Yes

No

Are there any hearing risk factors?

(see *Your baby's hearing*, page 36)

Comments _____



Child Health Check 18-24 months

By answering the following guiding questions you may be able to discuss any concerns which you may have at your child's visit.

Do you have any worries about your child's health?

Yes No Not sure

Do you have any worries about your child's behaviour?

Yes No Not sure

Do you have any worries about your child's development?

Yes No Not sure

Hearing and language

Do you think that your child's hearing is normal?

Yes No Not sure

Is your child saying single words other than 'mama' or 'dada'?

Yes No Not sure

Can your child understand simple instructions, like "Put the ball on the table", "Give the ball to me"?

Yes No Not sure

Vision

Are you concerned about your child's eyesight?

Yes No Not sure

Have you noticed squint?

Yes No Not sure

Does your child have difficulty seeing small objects?

Yes No Not sure

Movement/Activities

Can your child walk and bend without falling over?

Yes No Not sure

Can your child pick up small objects easily?

Yes No Not sure

Does your child use a spoon to eat?

Yes No Not sure

Parent notes



Child Health Check at 18-24 months

(assessment by nurse, family doctor or paediatrician)

Date ____/____/____.

Health assessment	Normal	Review	Refer
Growth			
Eyes (including fixation, following and appearance)			
Cardiovascular			
Gait			
Testes fully descended R / L (in boys)			
Other			

Health risk factors

Are there any vision risk factors?

(see *Your baby's vision*, page 38)

Yes

No

Are there any hearing risk factors?

(see *Your baby's hearing*, page 36)

Comments _____



Child Health Check at 2 to 3 years

By answering the following guiding questions you may be able to discuss any concerns which you may have at your child's visit.

Tick 'Yes' or 'No' or 'Not sure'

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Are you concerned about your child's health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Are you concerned about your child's behaviour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Are you concerned about your child's development? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Are your child's immunisations up to date? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

Hearing and Language

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Are you worried about your child's hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child often ask you to repeat things? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child have difficulty following instructions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child speak clearly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child use groups of words when speaking? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

Vision

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| Are you worried about your child's eyesight? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child have a squint? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child have difficulty seeing small objects? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

Movement / activity

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------------|
| Does your child help to dress and undress? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Can your child pick up small objects neatly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your child scribble and draw with crayons or pencils? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Can your child walk down steps easily? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Is your child toilet trained? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |

Parent notes



Child Health Check at 2 to 3 years

(assessment by nurse, family doctor or paediatrician)

Date ____/____/____.

Health assessment	Normal	Review	Refer
Growth			
Eyes (including fixation, following and appearance)			
Cardiovascular			
Gait			
Testes fully descended R / L (in boys)			
Other			

Health risk factors

Are there any vision risk factors?

(see *Your baby's vision*, page 38)

Yes

No

Are there any hearing risk factors?

(see *Your baby's hearing*, page 36)

Comments _____



Before your child's 4 to 5 years health check

By answering the following guiding questions you may be able to discuss any concerns which you may have at your child's visit.

Tick 'Yes' or 'No' or 'Not sure'

- Are you concerned about your child's health? Yes No Not sure
Are you concerned about your child's behaviour? Yes No Not sure

Hearing and Language

- Do you have any concerns about your child's hearing? Yes No Not sure
In the past year, has your child had more than four ear infections? Yes No Not sure
Does your child have difficulty following instructions? Yes No Not sure
Does your child speak in sentences? Yes No Not sure
Does your child speak clearly? Yes No Not sure
Does your child take an active part in conversation? Yes No Not sure

Vision

- Have you any concerns about your child's vision? Yes No Not sure
Does your child have a squint? Yes No Not sure

Development

- Do you have any concerns about your child's speech/ language development? Yes No Not sure
Can your child be understood by family and other adults? Yes No Not sure
Can your child jump, hop, run and climb stairs one foot to a step? Yes No Not sure
Can your child catch a large ball? Yes No Not sure
Can your child hold a pencil with good control? Yes No Not sure
Is your child dry at night? Yes No Not sure

Parent notes



Your **Child's Guide** to Health

Child Health Check at 4 to 5 years

(assessment by nurse, family doctor or paediatrician)

Date ____ / ____ / ____.

Health assessment	Normal	Review	Refer
Growth			
Weight..... cm			
Height..... cm			
Cardiovascular			
Gait			
Visual acuity R/L			
Audiometry R/L			
Other			

HEALTH RISK FACTORS

Are there any vision risk factors?

(see *Your baby's vision*, page 38)

Yes

No

Are there any hearing risk factors?

(see *Your baby's hearing*, page 36)

Are there any health problems that may affect your child's learning ability?

Comments _____



School Health Services

The school health service is made up of health professionals who monitor the health of your child within the school and who are available for advice, information and education on health. These include school nurses and doctors who visit the school regularly, as well as physiotherapists, speech and language pathologists, occupational therapists and psychologists who are available by appointment.

Before your child begins school, it is recommended that he/she is checked by the school health team or your family doctor. The school will ask for a medical certificate and a record of immunisation of your child before entry. A health assessment is carried out which includes:

- **Testing child's development**
- **Growth assessment**
- **Testing vision, hearing and language**
- **Immunisation information.**

OTHER HEALTH SERVICES INCLUDE:

- **Vision screening tests carried out at 4-5 years, 7-8 years and 10-11 years**
- **Screening for scoliosis at 10-11 years (girls) and at 12-13 years (boys and girls)**
- **Vaccination at 14 years (booster dose)**
- **Referral to other health professionals as necessary**

If you think that your child has a problem which may be affecting his/her learning ability, talk to the school nurse. The nurse can guide you as to what services are offered by the school and other health professionals related to the school.

HEALTH TIP

Children cannot judge the speed of cars very well. It is dangerous for them to cross main roads alone until the age of 12.



Early Support for Children with Special Needs

If you are in doubt about your child's development, ask your doctor for advice. If necessary your doctor may refer your child to someone else for assessment, advice and specialised help. It is important that you recognise your child's needs as early as possible so that any necessary help is given to your child at an early stage to obtain maximum benefit.

The following are the specialised people who can help your child:

- Paediatrician -** doctor specialised in child health care.
- Physiotherapist-** specialised in helping children with movement problems.
- Speech Pathologist/
Therapist-** specialised in helping individuals with speech, feeding difficulties and communication problems.
- Occupational Therapist-** specialised in helping individuals improve their daily living and hand skills.
- Psychologist-** specialised in assessing your child's level of understanding and can give advice about behavioural problems.

HEALTH TIP

Make sure that your child's school bag is not excessively heavy for your child's own weight. Make sure that the weight in the school bag is evenly distributed.

There are other workers and voluntary organisations who can offer further help, support and services for children with special needs. If you wish to know more about these services, you can speak to the school nurse or doctor who will guide you accordingly.



HEALTH GUIDANCE

Fever in Children

Infections are the most common cause of fever; vaccines and overheating in young infants may also raise the body temperature.

How to take the temperature

The simplest way to measure the temperature is by using a rapid-reading digital thermometer. Place the tip of the thermometer in the armpit in contact with the skin, hold the child's arm firmly against the chest, press the button and wait until you hear the 'beep'. Take the actual reading and do not add or subtract any numbers. A temperature above 37.5°C or 99.5°F indicates fever.

Thermometers that read the forehead temperature are not recommended. Mercury-in-glass thermometers should not be used.

How to help your child with fever

- Encourage your child to drink plenty of fluids (breastfeeding, milk, water, juices, etc) to prevent dehydration. Sick children usually eat very little.
- Paracetamol and ibuprofen are not always necessary if your child is not distressed by the fever or underlying illness. If your child seems distressed consider giving paracetamol or ibuprofen. These should not be given together. Read the information leaflet to find the correct dose and frequency for your child's age.
- There is no need to undress your child, give a bath, shower or sponge with tepid water. Avoid bundling in too many clothes or bedclothes. Keep the room temperature comfortable.
- Check on your child from time to time during the night.
- Keep the child away from childcare, nursery or school as long as the fever persists or the child is unwell.



When to call the doctor

Many illnesses that are associated with a fever are not serious. If your child looks well and alert, is drinking plenty of fluids and continuing to play, there is no need for undue concern. However you should consult your child's doctor in the following circumstances:

1. Fever in an infant less than three months even if the child does not look ill.
2. Fever in an infant less than one year of age if the child looks unwell (e.g. fussy, clingy, refusing to drink).
3. Fever of 39°C (102°F) or above.
4. Fever persists for five days or more.
5. If any of these warning signs are present:
 - Laboured or rapid breathing.
 - Frequent vomiting or diarrhea.
 - Purple spots that look like bruises (which do not turn pale when you press on them).
 - Sore throat or earache.
 - Severe headache, stiff neck or dislike to light.
 - Inconsolable crying.
 - Unresponsive or difficulty waking up.
 - Seizure (loss of consciousness and jerking movements of the limbs).

You should also seek medical attention if you are more worried or you feel that the child is more ill, even though the child had already been examined by a doctor.



Febrile fits

Babies and young children may get a fit when they have a fever. During the seizure, the child's body usually becomes stiff, they lose consciousness and their arms and legs twitch. This is a frightening experience to the parents, but in most cases febrile fits are not serious.

If your child is having a febrile seizure lay him on the side with the face turned to one side. Stay with your child, making sure that he does not injure himself. Note the time when the fit started. Don't put anything, including medication, in your child's mouth. Do not try to stop the movements. When the seizure stops take the child to the doctor to determine the cause of the fever. If the seizure lasts more than five minutes, call an ambulance (112).



What to keep at home

Thermometer: there are various types to choose from. Your pharmacist can offer professional help in the choice of your 'easy to read' thermometer and how to use it. As a rule, do not use oral thermometers rectally. These can be dangerous.

Paracetamol: this is available as drops, suppositories or syrup.

Oral rehydration sachets: these are mixed with water and are ideal for fluid replacement when your child is vomiting or has diarrhoea.

First aid box: you can make up your own first aid box to keep at home. You can also put one in the car. You should include:

- Box of adhesive dressings (various sizes)
- Box of sterile gauze dressings (various sizes) - for cuts
- Small packet of paper tissues - to use as a temporary dressing
- 2 or 3 cotton bandages
- 2 or 3 crepe bandages - for sprains
- Triangular bandage, or a clean old linen - to use as a sling or as a dressing for burns or scalds
- Small roll of cotton wool - for padding
(do not use directly on wounds)
- Blunt - ended scissors (nursing scissors)
- Adhesive tape or safety pins for fastening dressings and slings
- Antiseptic cream - only for use on minor cuts.

Keep all medicines out of children's reach. Keep them locked in a cupboard. Do not be tempted to keep the odd bottle out just for convenience. Check expiry dates before use.



Guidelines on your child's development

Children grow and develop at different rates. The following list is a guide of what to expect during the first three years. Do not worry if your child does not follow this chart exactly since each child is an individual as this chart is to be used simply as a quick guide. If your child fails to follow this pattern, consult your doctor.

The information on "Your baby's vision" and "Your baby's hearing" help you to check how well your baby can see or hear.

First days

A new-born baby sleeps most of the time and wakes only for feeds.

Between 0-3 months

- Lifts head
- First smile
- Follows with eyes
- Cooing

Toys & Activities 0-6 months

- Mobiles Rattles Baby mirror
- Pram toys
- Baby gym
- Musical toys
- Toys for sucking and touching
- Games with adults - singing, talking, touching

Between 3-6 months

- Lifts head and chest when on stomach
- Rolling over
- Reaches for and grasps objects
- Laughs aloud

Between 6 - 12 months

- Sitting alone
- Pulls to stand
- Walking around furniture



Babbles
Responds to name
Turns to sound
Transfers objects from one hand to another
Waves bye-bye

Toys & Activities 6-12 months

Activity centre
First bricks
Push along toy
Stacking toys

Between 12-18 months

First words
Picks up small objects with thumb and first finger
Gives and takes toys on request
First attempt at building
Climbs
Feeds with spoon

Toys & Activities 12-18 months

Sit and ride toys
Large bricks
Push and pull toys
Shape sorting box
Stacking toys
Non toxic crayon

Between 18 months - 2 years

Growing vocabulary of words, two word sentences
Walks backwards and sideways
Runs
Pretend play (makes a cup of tea using a toy cup)
Indicates interest in something by pointing with index finger
Shows eyes, nose, etc.
Scribbles
Potty training can start



Toys & Activities 18 months - 2 years

Simple puzzles
Outdoor toys - cart, ball
Constructive toys - bricks
Books
Old boxes, pots, pans and wooden spoons

Between 2-3 years

Speaks in short two to three word sentences
Helps in dressing
Puts on shoes
Climbs stairs (two feet to step)

Toys & Activities 2-3 years

Jigsaws, singing rhymes
Home play toys e.g. tea-set, cooker
Dolls, cars, farm animals
Books, crayons and paints

Between 3-5 years

Knows age
Dresses and undresses alone
Hops on one foot
Walks upstairs one foot per step
Names colours
Counts to 3 (or more)

Toys & Activities 3-5 years

Dressing up
Playing at shop
Counting toys
Drawing crayons
Water play Books



Pampers. Tips



The Importance of Touch



To stimulate your baby's sense of touch, provide him with lots of interesting objects to explore. Don't worry too much about everything going in his mouth. As long as the object is clean, is large enough not to be swallowed and not sharp, let him discover how it feels in both his mouth and his hands. Notice how quickly he learns to handle things according to their different sizes and textures. You will see that he is more likely to scratch at grainy surfaces, but to touch smooth or furry things with a stroking movement. Offer him objects of different textures and sizes so that he has to gauge his hand movements accordingly – using two hands for large objects, a pincer grip for small ones. Place objects at different distances from him so he has to judge his reaching movement. Give him two objects at once to make him use both hands, and watch how he brings the objects in contact with one another. Give him lots of opportunities to discover what happens when he bangs different things together or on the table. While the noise and the throwing may be irritating to you, remember that your budding little scientist isn't simply trying to cause a racket; he is actually exploring his ever-expanding world.



Your Baby's Hearing - A Parents Guide (pages 39-40)

Here is a check list of some of the general signs you can look for in your baby's first year. If you are concerned about your baby's hearing or language development at any stage, please do not hesitate to contact your doctor. Further hearing tests are needed if there is a suspicion that your child cannot hear.

AGE		YOUR BABY	
Soon after birth	Babies should be startled by sudden loud noises and will cry to express feelings of hunger and discomfort	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 1 - 2 months	Babies may listen to your voice and coo with pleasure.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 3 - 4 months	Babies will begin to quieten and smile to the sound of your voice, even when they cannot see you	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	They smile, laugh and babble when talked to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 6 -7 months	Babies will begin to turn their head to your voice and respond with expression and feelings.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	They vocalise to attract attention or express pleasure or annoyance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 9 - 10 months	Babies will understand "no". They will make all sorts of sounds resembling a conversation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	They will search for quiet sounds made out of sight and may wave 'bye-bye'	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 11-12 months	Babies may start to use special sounds for a familiar person or object.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	They use a lot of speech like chatter and may repeat simple words.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	They will understand simple commands.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Additional attention is given to the hearing of children with the following conditions:

- A close relative with hearing loss from birth
- Following meningitis
- If your baby needed Neonatal Paediatric Intensive Care (NPICU) because of prematurity or severe lung disease
- If your baby is born with a defect in neck and mouth e.g. cleft palate
- If your baby has Down's syndrome
- If your baby has signs of a congenital infection e.g. rubella / cytomegalovirus

Hearing Warning Signs

Poor response to noise or voice

Slow language and speech development

Abnormal sounding speech

SPECIAL WARNING

Listening to very loud music, especially earphones, can permanently damage your child's hearing.



 **Tips**

«« The Developing Sense of Hearing »»

There are several little games you can play to stimulate your infant's developing sense of hearing. When you buy a new rattle, for instance, jingle it behind her or to one side of her head to make her turn towards the new sound source. Watch your baby's reactions when you call her from different locations in the room, and try varying the intensity of your voice as you approach her cot. Also, remember that your baby formed memories of certain sounds she heard frequently in the womb. Try using a piece of music you listened to often when you were pregnant to calm her when she is fretting. And fill your baby's environment with lots of interesting sounds by singing and reading to her, and by playing her different kinds of music.



Your Baby's Vision - A Parents Guide (pages 42-43)

Here is a check list of the general signs you can look for in your baby's first year. When checking this you need to make sure you do not make any sound. If you are worried about your baby's eyes at any stage, seek advice from your doctor.

AGE

YOUR BABY

By 2 months

Babies should look at you, follow your face and smile back at you.....

Yes No

When babies turn towards light, their eyes should usually move together

Yes No

By 6 months

Babies should be looking around and reaching for small objects

Yes No

(If one eye turns inwards or outwards without the other, your baby may have a squint and this should be checked by a doctor)

Yes No

By 10 months

Babies should have learned to poke and take small objects and may watch and follow a toy falling off the table.....

Yes No

By 12 months

Babies begin to point to things they want...

Yes No

They recognize familiar people on seeing them come into the room.

Yes No



Additional attention is given to the vision of children with the following conditions

- If a close relative had a turned eye or a lazy eye
- If a close relative is blind in one eye
- If your baby weighed less than 1500 grams at birth
- If your baby was born before 32 weeks gestation (7 months pregnancy)
- If your baby has a brain abnormality e.g. cerebral palsy

Your child's vision should be checked before starting school at 4-5 years of age.

Vision Warning Signs

Eyes turning inward or outward

Squinting

Headaches

Not doing as well at school work as before

Blurred or double vision



Pampers Tips

The Developing Sense of Vision

If you want to enhance your baby's sense of vision from early on, decorate his environment with bold geometric patterns and sharply contrasting colors (Black, white and red). This may not be very attractive to us as adults, but it is stimulating for the newborn. Remember that young infants are also particularly attracted to movement.

So next time you show your infant a new toy, move it slowly back and forth across his visual field. Notice how your baby first makes jerky movements but becomes increasingly expert as smoothly tracking these objects.

Also, try changing the pictures on his mobile from time to time. He will notice straight away as they will not match the visual image he has already formed in his memory.

All of these little challenges will help the development of your baby's sense of vision.



Healthy Eating right from the Start

What your child eats is very important for his or her health. The following are some guidelines:

Guidelines for Healthy Eating

Birth-1 year:

Breast milk is ideal for infants from birth to at least 6 months of age. It provides perfect nutrition and protects against infection. During the first weeks of life, feeding on-demand is best but it is important that the baby takes at least 6-8 feeds in 24 hours. Very often babies feed more than this, which is fine, but they should not take less. Later on, three to four-hourly feeds may be established. Expressed breast-milk is the best option if you need to replace a direct breastfeed for any reason. This can be stored in sterilised containers placed in a refrigerator for 3 days or in a freezer for longer storage.

For further information and help with Breast Feeding you may contact:-

Breast Feeding Clinic, Mater Dei Hospital	25454445
Discharge Liaison Midwives	25456562/3/5
MMDNA	21387526 / 21385924 / 21385857
Obstetric Ward 1, Mater Dei Hospital	25455140
Obstetric Ward 3, Mater Dei Hospital	25455100
Parentcraft Helpline	25455124

*You can ask for two helpful booklets; available from
'Ċentru tagħrif dwar Saħħtek', Merchant's Street, Valletta.*

NOTHING BEATS MOTHER'S MILK



Bottle and feeding

Infant formula milk is the only alternative to breast milk for the first 12 months of life. Nothing should be added to any bottle feed at any age. All feeding equipment must be sterilised in the first 6 months of life. Powdered infant formula must be made up freshly for each feed using boiled water that is very hot, with a ratio of 1 scoop of powder to 30mls boiled water. The feed should then be cooled down by standing the bottle in cold water. Any left-over milk must be discarded.

At age 12 months (one year) fresh cow's milk can be used to replace formula milk.

Weaning your Baby

Solid food may be introduced when the baby is between four and six months. By this time baby holds his or her head upright, shows interest in food, and weighs more than six kilograms. Weaning should never be started before four months.

Start with boiled or steamed vegetables made into a soft and smooth purée (e.g. sweet potato or avocado or mixed vegetables such as potato, carrot and courgettes). Use mashed-up family food when you can. You may add a little milk or soft cheese to vegetables. Add fruit as a separate meal after the baby gets used to eating vegetables. You may choose an apple, pear (boiled, mashed), banana or mango (raw, mashed), and other fruits.

Your baby is the best guide to show you how much food he needs. Follow your baby's cues. Stop when the baby shows that he had enough (he may turn his head to one side).

From six months of age gradually add a wide variety of different foods from the following groups so that the baby gets a well-balanced diet.

1. Meat (e.g. chicken, veal, beef, rabbit meat), fish (e.g. salmon), pulses (lentils, beans, peas) and eggs.
2. Pasta, rice, oats, barley, couscous, bread, potatoes and fibre-containing and unsweetened breakfast cereals.
3. Vegetables of different colours and a wide variety of fruits, including oranges.
4. Full-fat dairy products such as yogurt, rikotta and cheese.



Your **Child's Guide** to Health

At first the purée should be smooth and runny. Later on the purée should be thicker and lumpier so that the baby learns to chew better. When the baby is about 8 months of age start mashing the food with a fork or cut it in small pieces. Infants are capable of chewing food on their gums even though they may have no teeth yet. At around the same time start finger foods such as small cubes of bread, cheese, macaroni, baked potatoes and small dices of banana, apple and other fruits. All finger foods should be soft in consistency to minimize the chances of choking.

Do not add salt to food. Do not give honey before one year. Offer sweet foods only occasionally.

To avoid choking, children under four years of age should not be given nuts, seeds, whole grapes, popcorn, raw carrots, sticky sweets or chewing gum. Meat should be tender, moist and cut in very small pieces. Supervise mealtime. Children should eat and drink while sitting down and not while they are lying down, playing, walking or running.

Milk and fresh water are the best drinks for babies and young children. Do not give sweetened drinks except an occasional freshly squeezed orange juice diluted with water. Do not give fruit drinks as they contain sugars and other additives. Do not add cereals, sugar or biscuits to milk if the baby is bottle-fed.

Breast-milk or infant formula should be the only milk drink up to one year, but you may add some pasteurized milk to your baby's food. Dairy products such as cheese and full-fat yogurt should be included in the baby's weaning foods.

Allow baby to play with their food. Encourage older baby and toddler to feed himself with finger foods and to use a spoon. In this way the child will learn to feed himself, accept different foods and enjoy eating.

The baby should join in at family meals. This allows the baby to observe, learn and socialize. Ensure that mealtimes are pleasant and free from tension.

As they grow children adopt the same dietary habits of their family. Parents should therefore make sure that their own diet is healthy and based on vegetables, fruits, fish, whole grains and fresh oil, and less saturated fats, salt and sugar.



Pampers[®] Tips

The Developing Sense of Taste and Smell

At birth, your new baby's sense of smell is already incredibly well developed and helps him identify and locate things in the world before even trying to focus on them visually.

As soon as she was born, your baby started learning to recognize the special smell of each of her parents. Cuddling your newborn against your bare skin is really beneficial in the first few weeks when odors can be so comforting. It is important to remember that your tiny infant is bombarded with new experiences at every waking moment. If she recognizes a smell that she has linked to feelings of security and calm, she will be better equipped to deal with the stresses of new situations.

The advanced sense of smell also plays a role in preparing your baby for the time when she will start weaning.

Food odors are generally the most palatable and often the most interesting of smells. At around six months you will probably be advised by your Health Professional to start weaning. At this stage offering solid food is not about filling her up. She still gets all the nourishment she needs from milk. But tasting new food is a real experience for your little one, as this is when her personal sense of taste really comes alive. Once weaning gets underway, your baby begins to link odors she smells to what she tastes, creating ever-new links between the various area in her brain responsible for different sensorial experiences. So make sure that during the months leading up to her first birthday you offer as wide a range of tastes as possible. Try not to be tempted to omit foods that you yourself dislike. Your baby needs to be given the chance to develop her own preferences. And remember, every time she samples something new, she will enrich her developing sense of taste.



Dental / Oral Health

Your child needs regular dental care starting at an early age. Good oral health requires good daily care.

BABIES UP TO ONE YEAR

- When teeth appear, keep your child's teeth and gums clean by wiping with a moist cloth.
- Do not use sugared dummies, fruit juice or honey from a beaker or bottle as a night comforter - this will lead to tooth decay.
- Do not leave a baby bottle in your child's mouth after he / she has fallen asleep. It could be dangerous.
- Try to avoid prolonged use of dummies and thumb sucking.
- Ask for sugar-free medicines if your child is ill.

FOR OLDER CHILDREN

- Begin gentle brushing of your child's teeth using a peasize amount of tooth paste with fluoride.
- Get into a simple tooth care routine and always supervise your child's brushing.
- Encourage your child to brush teeth first thing in the morning and last thing at night.
- Change your toothbrush regularly, at least every 3 months.
- Avoid the frequent intake of sugary drinks, snacks and especially in between meals.
- Always read the food labels and beware of sucrose, glucose, fructose or glucose syrup. They are all names for sugar and can cause tooth decay.
- Never permit your child to smoke or chew tobacco - set a good example and quit smoking yourself.
- Visit your dentist at least once every year.
- If a permanent tooth is knocked out completely, place the tooth



Safety Guidelines

Accidents do happen. However, here is a simple checklist of safety guidelines. Tick those which you follow, and try and introduce those which you do not. Making changes to your behaviour and homes will protect your family from harm.

Safety Guidelines Checklist

Infants and young Children

- Never hold a baby in your arms in the front seat and never put a seat belt round both yourself and the baby in your arms.
- In your car, use a rear facing baby seat, which can be put on either the front or back seat. If the car is fitted with passenger-side air bags then the baby seat should be placed on the back seat.
- As your child grows, use a child seat or an approved booster seat with harness / seat belt suitable for the child's weight which is fitted on the back of the car.
- Keep medicines, cleaning solutions, and other dangerous substances locked up and out of your child's reach.
- Use safety gates across stairways and guards on windows above the first floor.
- Keep hot water heater temperatures below 120°F (below 49°C).
- Always fill bath-tub with lukewarm water to prevent scalds. Check water temperature with your hands before bathing your child.
- Keep hot drinks or food well out of the reach of grabbing hands.
- Never leave your child alone in the kitchen or bathroom.
- Use the back rings of your cooker and turn saucepans handles away from the front.
- Keep unused electrical outlets covered with plastic guards.



Your **Child's Guide** to Health

- Baby walkers can be dangerous. Your child should be supervised at all times whilst using a walker.
- Keep objects (such as coins, balloons, small toy parts) and foods (such as peanuts, hot dogs and hard sweets) away from your child.
- Use fences that go all the way around pools and keep gates to pools locked.
- Use a smooth, well fitting mattress.
- Cot bars should not be more than 6.25 centimetres (2.5 inches) apart.
- Use a safety harness when your child is on a highchair or in the buggy.
- Keep sharp utensils (e.g. knife, scissors) out of your child's reach. Always teach your child that these objects are to be handled only by adults.
- Keep electric kettles and other electrical appliances out of your child's reach.

For all ages

- Use smoke detectors in your home especially in the kitchen.
- Teach your child traffic safety. Children under 9 years of age need supervision when crossing streets.
- Educate your child/teenager not to drive after drinking alcohol.
- Learn basic life-saving skills.
- Use car safety belts at all times. Use with a booster seat if your child weighs less than 32 kgs (70 lbs). The lap belt should be fitted lower on the hips. The shoulder belt should cross the chest, not the face, neck or stomach.
- Educate your child to wear a safety helmet while riding a bicycle or a motorcycle.



Your **Child's Guide** to Health

- Educate your child to use protective equipment such as mouth guards, pads, sports goggles and helmets when playing contact sports, roller-skating or skateboarding.**
- Do not store dangerous liquids in everyday containers e.g. paraffin in a juice bottle as it may be drunk by accident.**
- Keep stairs clear of any objects.**
- Educate your child to deal with anger and conflict without using violence. Set a good example for your child.**

How to Reduce the Risk of Cot Death

Cot death, also known as Sudden Infant Death Syndrome (SIDS), is the sudden and unexpected death of an infant. Cot death is a very rare event. Although it is not known exactly what causes cot death, there are several steps that can be taken to reduce the risk.

1. Always place your baby on his or her back to sleep. It is not safe for babies to sleep on their sides or front. Allow your baby to spend time on the tummy when awake. This helps to prevent flat spots on the head. When babies are old enough to roll over, don't prevent them from doing so.
2. The safest place for your baby to sleep is in a cot in the parents' bedroom. Bed-sharing should be avoided. Never sleep with a baby on a sofa or armchair.
3. A cot should have a firm mattress covered with a cotton sheet; do not place soft bedding under the baby.
4. Place the baby's feet touching the foot of the cot to prevent the baby wriggling down under the covers. The cot should not be cluttered with soft-toys, comforters, pillows and other objects.
5. Avoid overheating. If your baby is sweating or his tummy feels hot to the touch, take off some of the bedding. It is normal for the hands and feet to feel cool. Dress the baby in comfortable bed clothes. Do not use a cap and keep your baby's face



and head uncovered. Use one or more layers of lightweight blankets. Do not use duvets, quilts or thick blankets. Keep the room temperature comfortable and well ventilated.

6. Do not smoke and do not let anyone smoke in the house.

Physical Activity

Regular physical activity is vital to maintain your body and mind in good working condition. Leading an active lifestyle enhances further health benefits that should be started and promoted as early as possible in life.

Through increased physical activity/education, your child attains the following health benefits:

- development of fundamental motor skills needed for participation in leisure physical activities
- promotion of physical fitness
- increased energy expenditure
- promotion of positive attitudes towards an active lifestyle.

Research also shows that physical education may enhance academic performance and mental well-being.

Unfortunately nowadays there is an increased risk of children becoming obese or overweight due to little energy expenditure and/or consumption of high-calorie snacks. It is important for parents to be well informed and able to offer sound advice about proper nutrition and good exercise/activity habits. Another good idea is to monitor and limit the time your child spends in front of television or computers. Encourage him/her to engage in more energy expending activities throughout the day.

Remember, however, that 'action' speaks louder than 'words'. Become more active yourself to increase your own health benefits. From an early age, invite your child to practise with you in your



exercise programme. Create leisure bouts of activities that are fun and enjoyable. In this manner, your message will be transmitted discretely and effectively.

Enjoying the Sun Safely

Babies and young children love to play on the beach and outdoors, but exposure to sunlight is a significant cause of skin cancer. Although skin cancer affects adults, the effects of exposure to the sun starts at a very young age, and much of the damage happens in childhood.

Sunlight is made up of three different kinds of ultraviolet radiation, two of which - Ultraviolet A (UVA) and Ultraviolet B (UVB) reach the earth's surface and can cause damage and contribute to an increased risk of skin cancer.

Sun Protection Plan

- **Never leave or take babies out in the sun.**
- **Keep your child out of the sun between 11am and 3pm, and in the shade as much as possible at other times.** If you have to go out, make sure your child is wearing light cotton clothes.
- **Cover up.** Dress your baby/toddler in loose clothing which will allow air to circulate around the skin. Make sure his/her arms and feet are covered. Put on a hat with a wide brim that shields his/her face and neck and sunglasses.
- **Shield skin.** Use a sunscreen with protection above 30 on all exposed skin. Apply sunscreen freely and re-apply every two hours when your child is playing outside.
- **Prevent overheating.** Keep a close watch on your child to ensure he/she does not become too hot. Offer water to prevent dehydration.

The best protection for your child is to stay indoors, and babies under one year should never be exposed to direct sunlight.



Smoke Free is Best

A smoke-free environment will benefit the health of all your family. If you or your family members are exposed to tobacco smoke, the risk of illness increases dramatically.

Unfortunately parental smoking is very damaging to your little ones.

Babies exposed to tobacco smoke at home are at increased risk of sudden infant death (also known as cot death).

Young children exposed to parental smoke are more likely to suffer from chest problems especially in the first year of life.

It is **NEVER** too late to quit smoking

Here are the health benefits of quitting tobacco smoking. You will:

- be less at risk from major illnesses
- feel healthier
- have a positive influence on your family's health status
- have more money to spend on healthier choices e.g. healthy food, a health club or a family vacation

If you smoke and you are thinking of quitting.....here are some things that are good to know:

- If you do not manage the first time to quit smoking - do not give up; instead learn from your mistakes and 'TRY AGAIN'.
- The more attempts you have made, the greater the chances that 'you will be successful'.



Your **Child's Guide** to Health

Why should I risk my child's health if there is something I can do?

Here are some questions that as parents, you may discuss with your children about tobacco smoking:

Child (4-8) yrs

What do you think about smoking?

Do you think it looks cool?

Teen (11-14) yrs

Do any of your friends smoke?

Do you feel tempted?

Teen (14-18) yrs

Do you smoke?

Do you feel hooked or do you think you can stop?

Evidence shows that children whose parents (one or both) smoke are also more likely to take up smoking later in life. If you require further assistance on nutrition, quitting smoking, prevention of sexually transmitted diseases call the **Health Promotion Department on 2326 6000**. From time to time visit '**Ċentru Tagħrif Dwar Sàħħtek**' Merchants Street, Valletta and pick your copy of newly published leaflets that cover interesting health topics.

**Keep yourself well informed
about your own health and your family's!**



As your Child Grows

You as parents are a child's first and most important teachers. Your example by word and action will show your child how to trust and depend on people and circumstances. This will be the basis for your child's future views on people and how to relate to them.

Your child needs encouragement, guidance and discipline. Praising for jobs well done will help your child develop confidence and secure his/her personality. Discipline involves protection, prevention and safe limits. These measures will keep your child safe, help him/her feel secure and learn how to live with other people. Your child benefits from having consistent standards and models to follow, although as parents this may be difficult from time to time.

As children grow up, their feelings swing between being dependent on their parents and wanting to do things themselves. These feelings continue throughout the teenage years and need to be recognised and accepted as part of growing up.

As your child grows up, he or she will have to deal with many important health issues.

Some of these issues are:

- **Alcohol**
- **Birth Control**
- **Bullying**
- **Drugs**
- **Sexuality**
- **Sexually Transmitted Diseases**
including **AIDS**
- **Smoking**

Try to be well-informed about these issues. Many local organisations provide literature and you may talk to your child's doctor or other health professional, even while your child is still young.

Begin to teach your child to make responsible choices at an early age as consequences can have a lifelong effect. Take time to 'be there' to listen, to advise, and support your child. The rewards will be worth the effort.

The following organisations provide courses on parental skills:
CARITAS Tel: 2590 6600
SEDQA Tel: 2388 5000
as well as the **EDUCATION DIVISION** through your child's school.



Avoiding Child Abuse

Child abuse is a hidden but serious problem. It can happen to any family. The trauma, both physical and emotional, can last for a lifetime. Your child cannot protect him/herself. We as carers must protect our little ones.

Sometimes as parents you may be under a lot of stress with financial problems, or feeling that things are out of control, possibly as a result of an unhappy marriage. These difficulties can cause parents to hit their children. If you are hitting your children and feel that you are out of control seek help. Advice and support are available for parents with children of all ages. If there are alcohol problems in the family you may want to seek help.

Ways To Prevent Child Abuse

- Tell your child not to let anyone touch his or her private parts
- Tell your child to say 'no' and run away from sexual touches/ advances
- If your child reports to you any physical or sexual abuse take it seriously - report any suspicious incidents to the Child Protective Services Unit
- If you feel angry and out of control, leave the room, take a walk, take deep breaths , or count to 100. Stay away from alcohol or drugs - these make anger harder to control
- If you are afraid of losing self-control, get help now! Call someone and ask for help - talk to a friend or relative, or your trusting health carer
- Devote time for yourself - share your child's care with your partner, get baby-sitting from friends or use day care facilities
- Less stress helps you cope better with your child's care



Bullying

Bullying is not easy to define. Sometimes it involves hitting or kicking, but threats, teasing, and taunting are more common and can be more damaging. The word 'bullying' is used to describe many different types of behaviour ranging from teasing or deliberately leaving an individual out of a social gathering or ignoring them, to serious assaults and abuse. Sometimes it is an individual who is doing the bullying and sometimes it is a group. The important issue is not the action but the effect on the victim. No one should ever underestimate the fear that a bullied child feels.

Tips For Helping Children deal with Bullies

- Teach your children early on to steer clear of any youth with bullying behaviour.
- Teach your children to be assertive rather than aggressive or violent when confronted by a bully. Instruct them to walk away and get help from an adult in more dangerous situations. Practice various responses with your children through role-playing.
- Teach your children to never defend themselves from bullies with a gun or other weapon.
- Keep communication lines open with your children. Encourage your child to share information about school and school-related activities.
- Pay attention to the following symptoms that may indicate your child is being bullied: withdrawal, abrupt lack of interest in school, a drop in grades, or signs of physical abuse.
- If your child is a victim of bullying at school, inform school officials immediately. Keep your own written records of the names, dates, times, and circumstances of bullying incidents. Submit a copy of this report to the school principal.
- Respond to your child's concerns and fears with patience, love and support.



FOR MORE INFORMATION

Useful Numbers:

Crisis Intervention Unit: 179 (Support line)
Domestic Violence Unit: 21 234 734 , 21 234 735
Alcoholics Anonymous: 21 239 264
Child Safety Services: 21 226 361
CARITAS: 2590 6600, 2590 6300
Sedqa: 2388 5000
Primary Child Health: 25680239, 25680228, 25680245

Well Baby Clinics:

Floriana (Tuesday) 25680226
Paola (Wednesdays) 23675326
Mosta (Thursdays) 23675326
Qormi (Fridays) 22761836
Rabat (Mondays) 22563533

TIP

Children need your love and security to grow. Your child has the right to be free from assault.

Emergency telephone numbers

	Name	Phone number
Child's doctor		
Hospital		
Health Centre		
Police		112
Ambulance		112
Fire		112



USEFUL ADDRESSES AND PHONE NUMBERS

Name	Address	Phone
Family Doctor		
Specialist doctor		
Dentist		
Child Care Centre		
Kindergarten		
Primary School		
Secondary School		
Local Council		
Other		



