

Caring for your child's development

When you see the world through a baby's eyes, you see that there's much more to growing up than just growing. As you develop, your whole world changes. Pampers has developed a whole line of nappies and other products that meet your child's changing needs at every stage of his or her development.

We hope the above will make it easier
for you to keep up with your child!

**Pampers village**
a place to grow



Your Child's Guide to Health



Kindly offered by Pampers.

Pampers nappy range guide :

Diapers adapted to the needs of the Baby and to each of the Baby's Stages of Development

0-5 months

Pampers New Baby

For newborns on milk diet, absorbs soft and runny poo too



- 1 NEWBORN 2-5 kg
- 2 MINI 3-6 kg

4 months and +

Pampers Active Fit

Stretchy sides for active babies



- 3 MIDI 4-9 kg
- 4 MAXI 7-18 kg
- 5 JUNIOR 11-25 kg

10 months and +

Pampers Easy Up Pants

Pull up nappy with all the dryness of Pampers



- 4 MAXI 8-15 kg
- 5 JUNIOR 12-18 kg
- 6 EXTRA LARGE 16+ kg

For all babies

12 hours dryness for a peaceful sleep

- 2 MINI 3-6 kg
- 3 MIDI 4-9 kg
- 4 MAXI 7-18 kg
- 4+ MAXI PLUS 9-20 kg
- 5 JUNIOR 11-25 kg
- 5+ JUNIOR PLUS 13-27 kg
- 6 EXTRA LARGE 16+ kg

Pampers Baby-Dry



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:

Primary Health Department
 Department of Paediatrics
 Health Promotion Department

Sponsored by:



This chart serves as a guideline only. Also consider the baby's build, mobility, and eating habits. If the baby is at the end of the range, the next size up may fit better. Remember, when moving up a size, you gain absorbency



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 depressed, withdrawn or mentally confused.

So what can you do to help yourself?

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, manage your time better, and use positive self talk to boost your self-confidence.

GATHER SUPPORT

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!

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 exercising regularly, eating healthily, getting enough sleep and avoiding tobacco and alcohol.

In this booklet a section entitled **Health Guidance** helps give your child a healthy start to life whereas sections such as **Child Health Checks** and **Health Care Visits and Illness Records** keep track of your child's health care through the years.



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





CHECK-UP VISITS

The Health Division recommends check-up visits at the following ages: *at birth, 6-8 weeks, 7-9 months, 18 months, 2 to 3 years, 4 to 5 years, 8 years, 10-12 years and 16-18 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.

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 the ages when your child should receive them. Immunisations should be given at the recommended ages.

- Children can be immunised whilst taking most medicines, including antibiotics, and during a cold unless there is also a high fever.
- If your child misses an immunisation, arrange for it to be given as soon as possible.
- You can immunise your child at the Health Centres or at your doctor.

ROUTINE IMMUNISATION IN PRE-SCHOOL CHILDREN

- Diphtheria, Tetanus, Whooping cough, Polio and Haemophilus Influenzae type B (HIB) are recommended at 2, 3 and 4 months.
- Measles, mumps, rubella (MMR) and 'Hepatitis B' (HBV) vaccine is to be given at 15 months.
- A Pre-school booster of Diphtheria, Tetanus and Polio is to be given after the third birthday.

ROUTINE IMMUNISATION DURING SCHOOL AGE

It is important that your child / teenager remains protected against infectious diseases some of which may be fatal. Further immunisations are given during the school years. These are given by the school health team or your doctor.

- MMR booster dose.
- BCG vaccine against tuberculosis (preceded by a test) continues to be given in Form II / Form III at 12 - 13 years.
- A booster immunisation against tetanus, diphtheria and polio is given at around 14 -16 years of age.

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

IMMUNISATION REACTIONS

Most children have no reactions at all from immunisations. However, some have minor reactions. Contact your doctor if:

1. crying goes on for more than 4 hours,
2. fever is more than 39.5°C (104°F)
3. if swelling at injection site is larger than 2/3 of the limb.



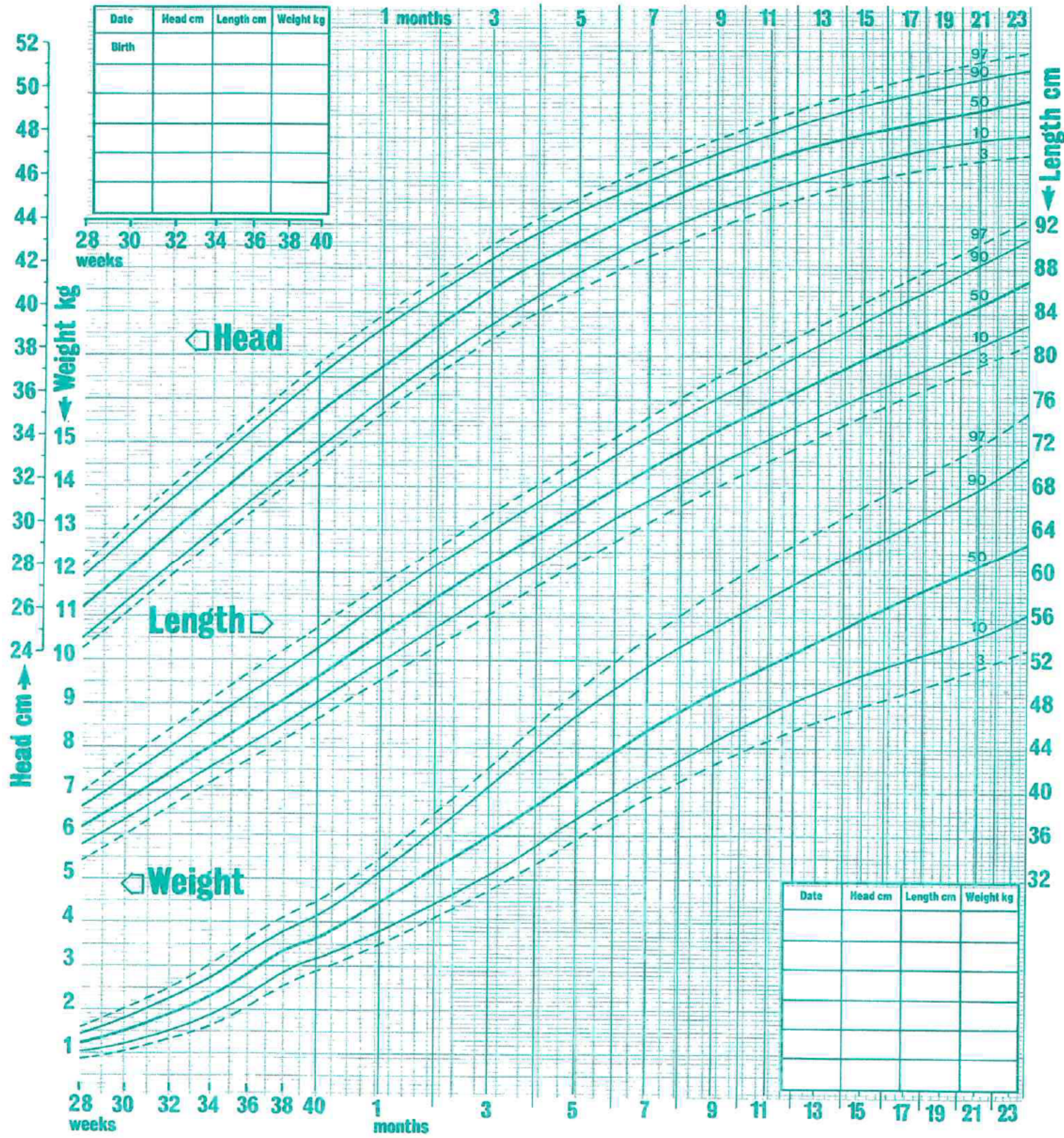
Immunisation Record - Use this chart to keep track of your child's immunisations. Significant reactions should be recorded and reported to your doctor immediately.

TYPE OF IMMUNISATION					DATE & INITIAL/SIGNATURE OF PROVIDER				
POLIO									
Recommended Ages:	From 6 weeks	3 months	4 months		18 months				15-19 years
Dates received:									
Signature:									
Batch No:									
DIPHTHERIA									
Recommended Ages:	From 6 weeks	3 months	4 months		18 months				15-19 years
Dates received:									
Signature:									
Batch No:									
TETANUS									
Recommended Ages:	From 6 weeks	3 months	4 months		18 months				15-19 years
Dates received:									
Signature:									
Batch No:									
PERTUSSIS									
Recommended Ages:	From 6 weeks	3 months	4 months		18 months				
Dates received:									
Signature:									
Batch No:									
HAEMOPHILUS TYPE B (HIB)									
Recommended Ages:	From 6 weeks	3 months	4 months		18 months				
Dates received:									
Signature:									
Batch No:									
MEASLES/MUMPS/RUBELLA/(MMR)									
Recommended Ages:					15 months	from 3 years			
Dates received:									
Signature:									
Batch No:									
HEPATITIS B (HBV)									
Recommended Ages:							12 months	13 months	18 months
Dates received:							1st dose:	2nd dose:	3rd dose:
Signature:									
Batch No:									
HPV GIRLS									
Recommended Ages:								12-13 years	
Dates received:									
Signature:									
Batch No:									
OTHER									
Type:									
Dates received:									
Signature:									
Batch No:									



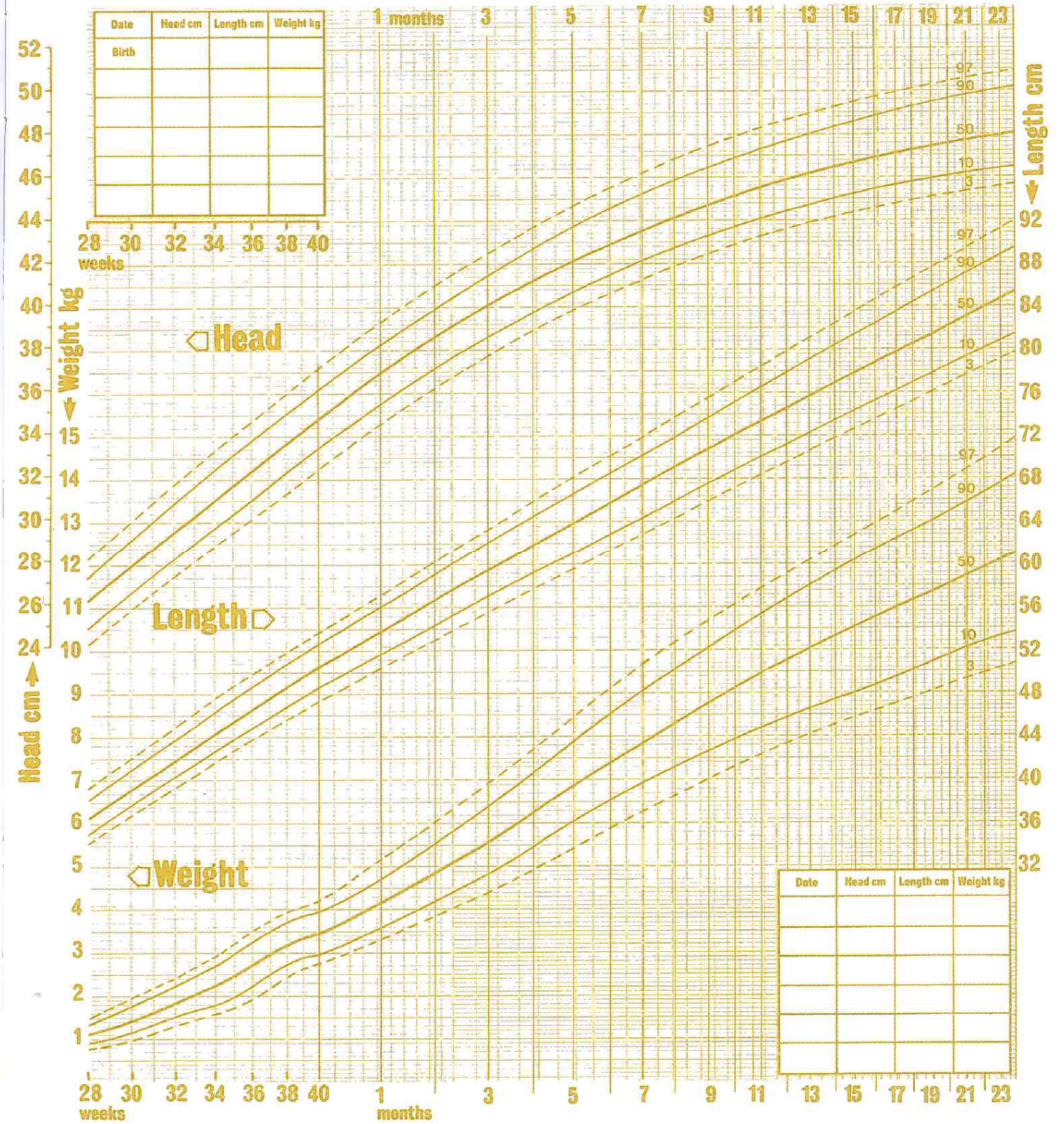
Growth Chart - BOYS

Preterm - 2 years



Growth Chart - GIRLS

Preterm - 2 years



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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Do you have any worries about your baby? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your baby startle to loud noises such as a loud clap? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your baby watch your face and follow with his/her eyes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your baby turn towards light? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| Does your baby smile at you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
| How are you feeding your baby? | <input type="checkbox"/> Breast | <input type="checkbox"/> Bottle | <input type="checkbox"/> Mixed |

Parent notes _____



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?
<i>(see Your baby's vision, page 38)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any hearing risk factors?
<i>(see Your baby's hearing, page 36)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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.

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

Are you concerned about your baby's health? 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 _____



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? Yes No

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

Are there any hearing risk factors? Yes No

(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.

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

- 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? Yes No
(see Your baby's vision, page 38)
- Are there any hearing risk factors? Yes No
(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? Yes No Not sure
- Are you concerned about your child's behaviour? Yes No Not sure
- Are you concerned about your child's development? Yes No Not sure
- Are your child's immunisations up to date? Yes No Not sure

HEARING AND LANGUAGE

- Are you worried about your child's hearing? Yes No Not sure
- Does your child often ask you to repeat things? Yes No Not sure
- Does your child have difficulty following instructions? Yes No Not sure
- Does your child speak clearly? Yes No Not sure
- Does your child use groups of words when speaking? Yes No Not sure

VISION

- Are you worried about your child's eyesight? Yes No Not sure
- Does your child have a squint? Yes No Not sure
- Does your child have difficulty seeing small objects? Yes No Not sure

MOVEMENT / ACTIVITY

- Does your child help to dress and undress? Yes No Not sure
- Can your child pick up small objects neatly? Yes No Not sure
- Does your child scribble and draw with crayons or pencils? Yes No Not sure
- Can your child walk down steps easily? Yes No Not sure
- Is your child toilet trained? Yes No 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? Yes No
(see Your baby's vision, page 38)
- Are there any hearing risk factors? Yes No
(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 _____



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? Yes No
(see Your baby's vision, page 38)

Are there any hearing risk factors? Yes No
(see Your baby's hearing, page 36)

Are there any health problems that may affect your child's learning ability? Yes No

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 dental health professionals, physiotherapists, speech 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:

- **screening for scoliosis at 10 - 11 years**
- **a vision screening test carried out at age 7-8 years and at age 10-12 years**
- **school age immunisations carried out at school**
- **availability of other health professionals (by appointment).**

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 need information about these support services, please contact the Health Promotion Department.

Some useful tips

Coughs and colds

Babies often get snuffles. You can use saline nose drops to clear your baby's nose.

Nappy rash

Babies have very sensitive skin and can suffer from nappy rash due to different factors at different times.

Self-help routine care for nappy rash:

- The treatment for nappy rash is to eliminate the source of irritation, and then to keep the nappy area as clean and dry as possible. Whenever possible, leave your baby's nappy off to allow air to reach the skin to help the natural healing process.
- Wash your hands before and after every change to reduce the risk of infection.
- Apply a protective cream at each nappy change.
- If there is no improvement, or if the rash becomes infected, seek medical advice.

Fever

It is very important that you know how to check your baby's or child's temperature. You can use a mercury or digital thermometer. Some thermometers come in the shape of a dummy and can be used in your child's mouth, while others are placed in the ear. Normal body temperature varies around a range of 36°C and 37.5°C (97°F and 99.5°F). When measured orally, average normal temperature is generally considered to be 37°C (98.6°F) and about 0.5°C (1°F) higher when measured rectally. When measured under the arms, temperature would normally be 0.5°C (1°F) below. A hot baby or child needs plenty of water to drink and may not want food. Keep your child lightly dressed, you can sponge your baby with lukewarm water and give him/her paracetamol syrup /suppositories.



Colic

Many babies have a crying time every day. This is often due to colic and is often worse in the evening when you are tired and want to relax. Crying is how your baby attracts attention. Unfortunately there is no magical cure for colic. Some warm water, colic drops or carob powder added to milk may help. Cuddling and comforting your baby does not spoil your small baby. If your baby keeps on crying, it may be due to an infection or some other problem. If in doubt check your child's temperature. In case of difficulty seek advice from your doctor.

Diarrhoea

Tummy upsets may not be serious but frequent vomiting or frequent diarrhoea may cause problems since small babies rapidly lose water from their body and become dehydrated. In most cases you can prevent this by giving water mixed with sachets of minerals and sugar instead of bottled milk. In case of breast feeding, do not stop. Inform your doctor if your baby is not getting better.

Spots and Rashes

Spots and rashes are common and not usually serious. However, you should consult your doctor if your baby has a rash and is unwell or has a fever.

Fits and convulsions

In case of a fit put your child in a safe place such as on the floor. Lie your child on one side with the head turned to one side. Do not put anything into your child's mouth. Get help. Fits may sometimes happen when your child has a high temperature.

Burns and Scalds

Run cold water over the burnt area at once.
Keep running water for a few minutes.



Do not take off your child's clothes - instead run water over the clothes over the burnt area.

If there is blistering and the burn looks serious, call your doctor or take your child to the Health Centre or hospital's emergency department.

Head lice

Head lice do not imply unclean living conditions. They are tiny insects that live on the head and scalp. It is a common problem in nursery and school-age children. Head lice are spread by direct contact with the hair of infected persons and possibly with their personal items, such as hats, combs and brushes. Itching is a common symptom, and nits (lice eggs) adhere to individual hairs like glue and then hatch into the next generation of lice. They can be spotted behind the ears and at the nape of the neck and look like white or dark tiny ovals that move quickly.

To treat head lice:

If your child gets head lice, use a medicated shampoo, rinse, or lotion developed specifically for head lice. These treatments are powerful insecticides and may be toxic if not used as recommended. Removal of nits can be done with a fine-toothed comb. To assure effective treatment, check for any evidence of new infection daily for 10 days after treatment. If in doubt, consult your doctor.

To prevent the spread of head lice:

- Temporarily keep your child away from other children until 24 hours after treatment.
- Do not apply these medicated shampoos, rinse or lotions to your child's hair unless to treat for head lice. They are not to be used for prevention. These are medicines and they could cause irritation to the scalp. Overuse encourages these head lice to become resistant to these medicines.



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

TOYS & ACTIVITIES 6-12 months

Activity centre
First bricks
Push along toy
Stacking toys

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



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
By 6 -7 months	They smile, laugh and babble when talked to	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 9 - 10 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
By 11-12 months	They vocalise to attract attention or express pleasure or annoyance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	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
	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



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.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	When babies turn towards light, their eyes should usually move together	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 6 months	Babies should be looking around and reaching for small objects	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Babies begin to point to things they want...	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By 12 months	They recognize familiar people on seeing them come into the room.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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. Later, three to four hourly feeds may be easily established. Expressed breast-milk can be stored in sterilised containers placed in refrigerators for 24 hours or in freezers for longer storage.

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

MMDNA	21387526 / 21385924 / 21385857
Delivery Suite, Mater Dei Hospital	25455170 / 6
Obstetric Ward 1, Mater Dei Hospital	25455140
Obstetric Ward 3, Mater Dei Hospital	25455100
Breast Feeding Clinic, Mater Dei Hospital	25454445

Well Baby Clinics (Health Centres):

B'Kara	21494960 (Monday)	Paola	2367 5326 (Monday and Wednesday)
Floriana	2568 0226 (Tuesday)	Mosta	21433256 (Wednesday)
Gzira	21344766 (Thursday)	Qormi	21484450 (Friday)

You can ask for two helpful booklets; Breastfeeding successfully / 'Il-Ħalib ta' l-Omm' and Guidelines for infant weaning and feeding, available from 'Ċentru tagħrif dwar Saħħtek', Merchant's Street, Valletta.

If breast feeding is not possible, iron-enriched formula milk is used during the first 12 months of life. When preparing feeds, do not add anything extra to your baby's milk. Strictly follow the instructions on the packet.

NOTHING BEATS MOTHER'S MILK



Bottle and feeding

- **Sterilise the bottles. Germs breed quickly in warm milk. Freshly prepared milk can be stored in a refrigerator for 24 hours.**
- **Discard any feeds not used within 24 hours of making.**
- **Do not reheat any left-over milk.**
- **Do not heat your baby's feeds in a microwave because it heats unevenly and could burn your baby's mouth. At age 12 months (one year) fresh cow's milk can be used to replace formula milk.**

Weaning and feeding

- Weaning should start at 6 months and never earlier. Mothers who have successfully breast fed their infants may continue to exclusively breast feed till 6 months. By the 6th month complementary foods are started. Suitable first foods include rice cereal or liquidised single fruits or vegetables.
- Start new foods one at a time to make it easier to notice which foods upsets your baby. Do not add salt to the baby's food. Use chicken and other iron-rich foods such as iron-enriched cereals and other grains.
- From 6-7 months slowly introduce a normal, mixed diet. You can try yoghurt, fish, mashed fruits, minced meat and grated cheese. Breast-feeding is continued throughout to complement the weaning.
- From 7 months onwards you can try 'finger foods' but remember babies can choke on crumbly foods. These can include brown bread or toast, peeled sliced apples, pears, carrots, small sandwiches and thin slices of cheese.
- Do not limit fat during the first 2 years of life. (Low fat products should not be used during the first two years of life).
- Eggs, cow's milk and foods containing egg or liver should not be introduced before 12 months.
- Vitamin supplements may be needed in infants born prematurely. Before starting any vitamins consult your doctor.



At 1 year and older:

- Breastfeeding may be continued right up to 2 years if mother and child so wish
- Provide a variety of foods, including plenty of fruits, vegetables, cereals like pasta, rice, bread and other wheat-based products dairy products like cheese, cow's milk (not skimmed), yoghurt and rikotta, fish, chicken, lean meat, egg, pulses and legumes
- Sugars and salt are to be kept to a minimum. Your child gets used to healthy eating from the very beginning
- Help your child maintain a healthy weight by providing proper foods and encouraging regular physical activity
- Include the child in family meals
- Bottle feeding should be stopped and replaced by a cup






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.



- 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.**
- 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.**

The following guidelines may decrease the risk of cot death /Sudden Infant Death Syndrome (SIDS)

- Lay your baby down to sleep either on his back or side with the lower arm forward.
- Once your baby is able to roll over on his own, there's no reason to stop your baby sleeping in the position he prefers.
- Don't let your baby get too hot - 22°C - 24°C is the ideal temperature for your baby's room.
- Never smoke anywhere near your baby.



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'.

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 600**. From time to time visit '**Centru Taghrif Dwar Sàhhtek**' 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.



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



The following organisations provide courses on parental skills:
CARITAS Tel: 25906600/21233933
SEDQA Tel: 23885110 as well as the **EDUCATION DIVISION** through your child's school.

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
 Alcohol Anonymous: 21 239 264
 CARITAS: 2590 6600, 21 233 933
 Sedqa: 2388 5110

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		



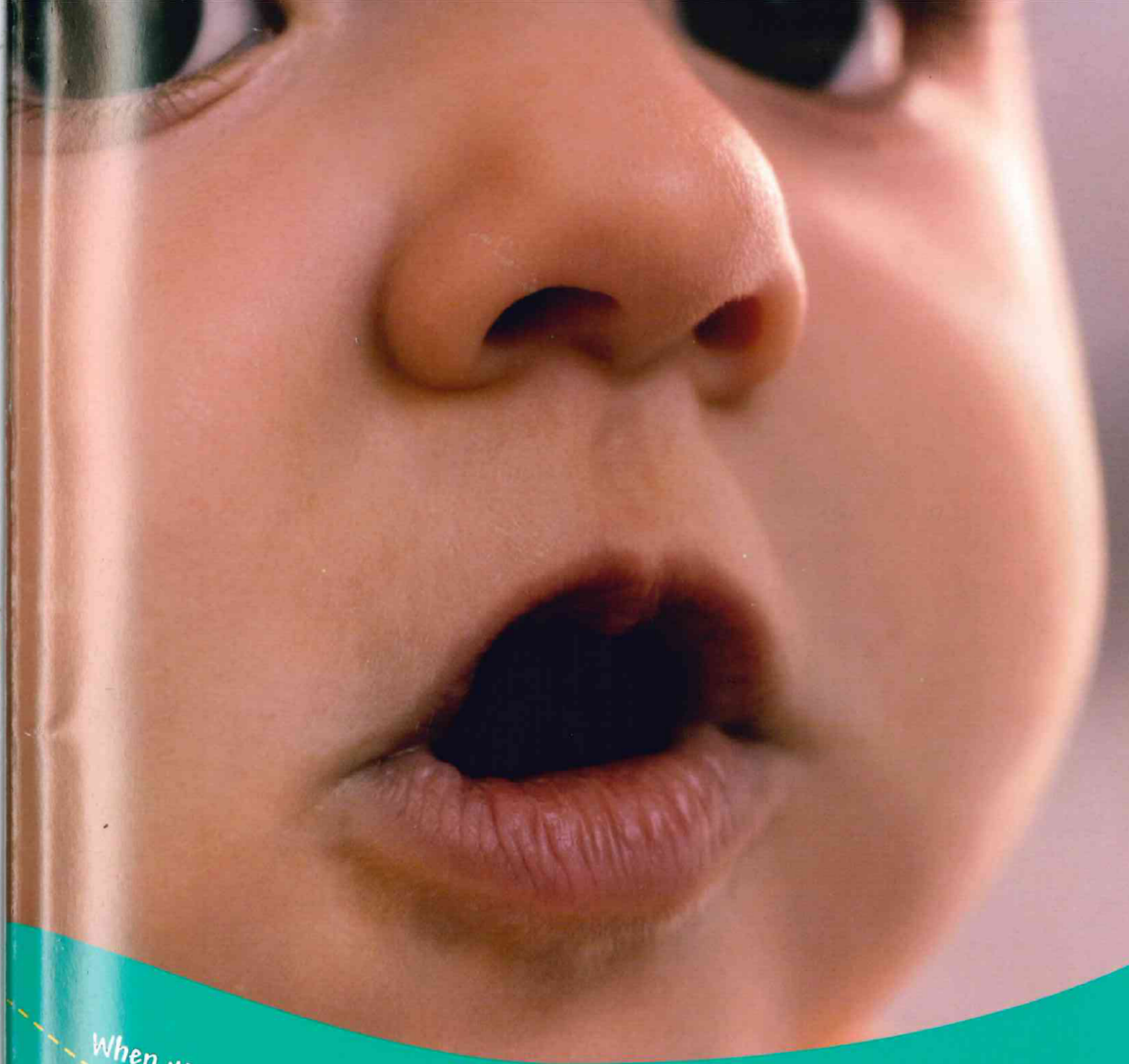
Notes

A series of horizontal lines for writing notes, framed by a decorative border of colorful hearts and dots. The hearts are in shades of blue, yellow, and orange, and the dots are in shades of blue and yellow.



Notes

A series of horizontal lines for writing notes, framed by a decorative border of small hearts and a large yellow footprint graphic in the background.



When you see the world through a baby's eyes you see how to make it better

So we'd like to help you to better understand the development of your child. Please fill in the attached card to receive information on Pampers.

Visit our website www.pampers.com, your link to the latest information about every stage of your children's development.

