



# My Child: 0 to 2 years

Expert advice for every step

For Traveller families

[mychild.ie](https://mychild.ie)



# My Child: 0 to 2 years

This book has been published by the HSE. It was developed with Pavee Point Traveller and Roma Centre, the Public Health Nursing Department in Mid West Social Inclusion and the Mid West Primary Care project groups, who generously shared their time, perspectives and experiences. This is the first edition (2025).

Your public health nurse will offer you a copy when see they you for the first time after your baby is born.

‘My Child: 0 to 2 years’ is filled with expert advice from health professionals in the HSE like:

- doctors
- nurses
- psychologists
- parenting experts
- dietitians.

Our team has worked to give you the best advice and information on caring for your baby and child. We hope that you can use this book, and our **mychild.ie** website, to help you with every step of your child’s first years.

For more information on pregnancy and child health, visit **mychild.ie**.

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First published: 2025 (version 1.0)



Your public health nurse (PHN): \_\_\_\_\_

Your Traveller Primary Health Care Project or local Traveller organisation:

\_\_\_\_\_

Your Traveller primary health care worker: \_\_\_\_\_

Your doctor (GP): \_\_\_\_\_

Your health centre: \_\_\_\_\_

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ISBN: 978-1-78602-287-5

The information in this book, including the resources and links, does not replace medical advice from healthcare professionals like your public health nurse or doctor (GP).

Everyone is different. Always consult a healthcare professional to give you the medical advice and care you need. We have done everything we can to make sure that this book reflects the most up-to-date medical advice at the time of publication. Developments in healthcare are happening all the time. We will make every effort to incorporate new information into the text for the next reprint of this book.

Unless otherwise stated, the photos we have used are stock images, or ones that have been posed by volunteers. We would like to acknowledge Derek Spiers, photographer with Pavee Point Roma & Traveller Centre, for his photos.



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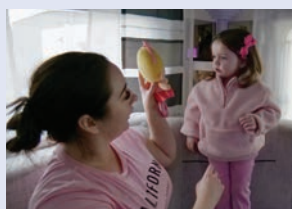
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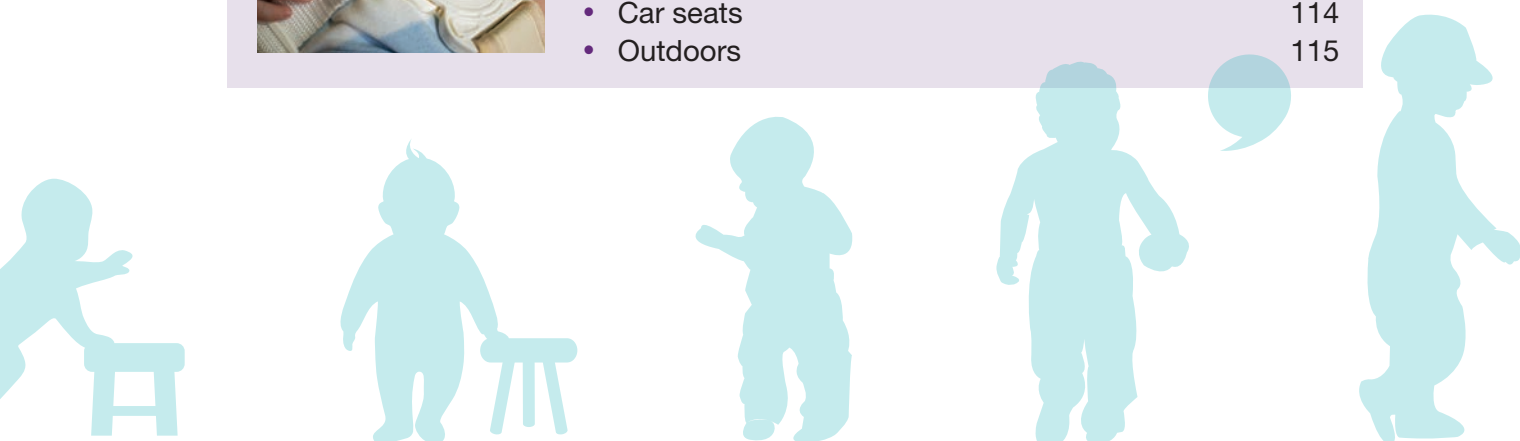
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# Welcome to My Child: 0 to 2 years

Congratulations on the birth of your baby. It is important to remember that every baby is different. Enjoy this special time with your family and look after yourself.

This book gives information from the HSE about caring for your child all through their first two years.

We hope this book will help you as your baby grows. For more information, you can always talk to your:

- doctor (GP)
- public health nurse
- Traveller primary health care worker.

All of the information in this book and more is available online at **mychild.ie**. We are so grateful to everyone who helped to create these books, especially Traveller parents.

# Health checks and needles for your child

**From birth until the age of 2, you and your baby will usually have 11 appointments with your doctor (GP) or public health nurse for health checks and support.**

These visits are a great chance for you to talk about how you are getting on and ask any questions you have about yourself or your child. At these appointments, your child will get needles (vaccines) to protect them from different infections. All needles and health checks are free from the HSE.

Read about health checks on page 8. Information about needles is on page 14.

You can contact your public health nurse or doctor (GP) if you have any questions or concerns. You can also contact your maternity hospital for up to 6 weeks after the birth.

## Your public health nurse (PHN)

When you come home from the hospital, the public health nurse (PHN) will visit you within 3 days. They will examine you and your baby. The public health nurse is there to support you and your family as your child grows. Your public health nurse can give you advice about your child's development and feeding.

If you move to a new area, contact your local public health centre. They will put you in touch with the local public health nurse.



## Your doctor (GP)

A GP (general practitioner) is a family doctor who cares for you during and after your pregnancy. They care for families, babies, and children. If you do not have a GP, your local public health nurse can tell you how to find one.



## Your GP practice nurse

Your GP practice nurse works with your GP to give care to you and your family. In many GP practices, the GP practice nurse gives children their needles (vaccines).



### Did you know?

Every child under the age of 8 can get a GP visit card. This means you can take your child to visit your GP for free.

## Your Traveller primary health care worker

Don't forget you can also speak to your Traveller primary health care worker about how you're feeling and coping as a new mother. They can connect you to local services and support groups.





### Your midwife

After your baby is born, midwives will help show you how to feed your baby. They can give you advice on breastfeeding or bottle feeding.

### Your lactation (breastfeeding) consultant

A lactation consultant is someone who is an expert on breastfeeding. They support and help mothers to breastfeed their baby. They help women with any breastfeeding problems they may have.

Your midwife will help you decide if you need to see the lactation consultant in the hospital. You can ask for the lactation consultant to see you if you want. They can also continue to help you after you leave hospital.

There are lactation consultants in the community also. Ask your public health nurse or Traveller primary health care worker about community lactation consultants.

### Your community medical doctor

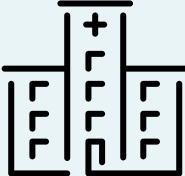

A community medical doctor is a doctor who works in your local health centre. Your public health nurse might make an appointment for your child to see them. For example, if there is a concern about part of their development.




#### **Reminders about your child's next health check**


You will get reminders in the post about your child's next check. Link in with your local health centre or Traveller primary health care worker if you:

- have changed your address
- don't get post
- have trouble getting a GP (doctor)
- changed your mobile phone number.

## Health checks

When	What happens at the health check?
<p data-bbox="240 367 408 472"><b>After birth, usually in hospital</b></p> 	<p data-bbox="501 367 1010 405"><b>Newborn check and screening</b></p> <p data-bbox="501 421 1342 488">A midwife will do an immediate check of your baby at birth. You will be near your child while this is being done.</p>  <p data-bbox="501 1077 699 1115"><b>Beutler test</b></p> <p data-bbox="501 1131 1313 1198">All Traveller babies are offered testing for galactosaemia soon after they are born. This is called the Beutler test.</p> <p data-bbox="501 1227 1345 1368">Galactosaemia is a condition where the baby can't digest milk. The hospital will do a blood test to check if they have the condition. The Beutler test is different to the heel prick (see next page).</p> <p data-bbox="501 1397 1326 1496">All Traveller babies are put on a soya-based milk when they are born until the test comes back clear. See page 66 for more information on galactosaemia and the Beutler test.</p> <p data-bbox="501 1541 994 1579"><b>Newborn clinical examination</b></p> <p data-bbox="501 1594 1297 1704">Within the first 72 hours after birth, a doctor or midwife will examine your baby. They will check your baby's eyes, heart and hips. If your baby is a boy, they will check his testicles.</p> <p data-bbox="501 1749 1190 1787"><b>Hearing test (newborn hearing screening)</b></p> <p data-bbox="501 1803 1121 1832">Your baby will also have their hearing checked.</p> <p data-bbox="501 1861 850 1899"><b>Before you go home:</b></p> <p data-bbox="501 1915 1310 2024">In most hospitals, all new mothers are usually given forms to sign. This includes questions about your mental health. If you need help filling these out, ask your midwife or nurse.</p>




When	What happens at the health check?
<p><b>During the first week</b></p> <p>Takes place in hospital or else your public health nurse will ring you to arrange it</p> 	<p><b>Heel prick (newborn bloodspot screening)</b></p> <p>In the first week after your baby is born, you will be offered newborn bloodspot screening.</p> <p>This is a blood test that is also called a 'heel prick'. This may be done by the:</p> <ul style="list-style-type: none"> <li>• midwife in the hospital</li> <li>• public health nurse at home.</li> </ul> <p>We do this test to see if your baby is at risk of a number of rare conditions.</p>  <p>This heel prick screening is different to the Beutler test (page 66).</p>
<p><b>Within 3 days of leaving hospital</b></p>  <p>Your public health nurse will phone you to arrange a time to visit you</p>	<p><b>Meet your public health nurse</b></p> <p>Your public health nurse will come to your home to meet and support you and your family. They will usually weigh and examine your baby. They will also check your stitches if you have any.</p> <p>The public health nurse will give advice on feeding, parenting and any questions you may have. They will talk to you about how to keep your baby safe when sleeping. They will also give you general tips about child safety.</p> <p>Check with your public health nurse about any baby clinics at the local HSE health centre. You may be able to call in and have your baby weighed at these clinics.</p>
<p><b>At 2 weeks</b></p>  <p>Phone your doctor (GP) to book the appointment</p>	<p><b>2-week baby check</b></p> <p>Make an appointment with your doctor (GP) for a 2-week baby check. During this check your GP or the GP practice nurse will examine your baby. This is a good time to ask any questions about the baby.</p>




When	What happens at the health check?
<p data-bbox="236 300 466 367"><b>At 6 weeks – for your health</b></p>  <p data-bbox="236 618 408 752">Phone your doctor (GP) to book the appointment</p>	<p data-bbox="497 300 858 336"><b>6-week check for you</b></p> <p data-bbox="497 353 1276 425">Make an appointment with your doctor (GP) for the 6-week check. This check is for both you and for your baby.</p> <p data-bbox="497 448 753 483"><b>Blood pressure</b></p> <p data-bbox="497 501 1292 573">The GP will check your blood pressure, especially if you had problems with this during your pregnancy.</p> <p data-bbox="497 595 849 631"><b>Stitches and wounds</b></p> <p data-bbox="497 649 1286 685">If you had stitches after the birth, your GP may check them.</p> <p data-bbox="497 707 1347 819">They'll check your wound or scar if you had a caesarean section (C-section). This is an operation to deliver your baby through a cut made in your abdomen (tummy) and womb.</p> <p data-bbox="497 855 1088 891"><b>Cervical screening test (smear test)</b></p> <p data-bbox="497 909 734 945">Talk to your GP if:</p> <ul data-bbox="497 994 1123 1070" style="list-style-type: none"> <li>• you have never had a smear test</li> <li>• it is more than 3 years since you had one.</li> </ul> <p data-bbox="497 1106 1353 1249">You are eligible for a free smear test, if you are aged 25 and over. This is normally done at least 3 months after the birth. If you have any questions you can talk to your Traveller primary health care worker.</p> <p data-bbox="497 1285 1024 1321"><b>Family planning (contraception)</b></p> <p data-bbox="497 1344 1318 1415">If you are not planning to become pregnant anytime soon, ask your GP about family planning.</p> <p data-bbox="497 1451 810 1487"><b>Your mental health</b></p> <p data-bbox="497 1509 1334 1581">Your GP will ask you about your mental health and how you are feeling.</p> <p data-bbox="497 1608 1356 1751">Every woman is asked these questions. It's important to let your GP know if you're feeling low or a bit down. It's nothing to be ashamed of. The sooner you get help the better. There are lots of supports to help you. See page 19.</p>





### **If you need a sign language interpreter**

Your public health nurse will organise a sign language interpreter if you need one.

Your maternity hospital will let your public health nurse know if you had one while you were in the hospital.

When	What happens at the health check?
<p><b>At 6 weeks – for your baby</b></p>  <p>Phone your doctor (GP) to book the appointment</p>	<p><b>6-week check for your baby</b></p> <p>Your doctor (GP) will ask how you and your baby are getting on. You know your baby best so make sure to let them know if there's anything you're worried about.</p> <p>They will examine your baby from head to toe. They will also check their:</p> <ul style="list-style-type: none"> <li>• hips (by moving the legs in a frog-like position)</li> <li>• heart</li> <li>• eyes.</li> </ul> <p>If your baby is a boy they will check his testicles. If your GP can't feel one of your baby boy's testicles, then they will need to be checked again at 6 months of age. Normally, a specialist children's doctor (paediatrician) does this. Your GP will arrange this check for you child.</p> <p>If you were told at birth that your baby needed a hip ultrasound, you should have an appointment by now. If you haven't, tell your GP.</p> 
<p><b>At 2 months</b></p>  <p>Phone your doctor (GP) to book the appointment</p>	<p>Make an appointment with your doctor (GP) or GP practice nurse for your baby's first needles (vaccines). This is also called immunisation. See page 14 for more information.</p>

When	What happens at the health check?
<p><b>At 3 months</b></p>  <p>Your public health nurse will contact you to arrange a time</p>	<p><b>Developmental check</b></p> <p>The public health nurse will organise a developmental check for your baby.</p> <p>You will be given a list of questions about your baby before each developmental check. This might be posted to you or given to you on the day when you arrive at the clinic. You can:</p> <ul style="list-style-type: none"> <li>• fill it out before the appointment, or</li> <li>• go through the questions with the public health nurse during the appointment.</li> </ul> <p>This appointment will take place in the health centre or in your home. The public health nurse will check your baby's growth and development. See page 80 for information on your child's development.</p> <p>They will talk to you about feeding your baby and give you advice about weaning (see page 34). Your public health nurse will also talk to you about child safety and give you a child safety wall chart and checklist.</p> 
<p><b>At 4 and at 6 months</b></p>  <p>Phone your doctor (GP) to book the appointment</p>	<p><b>Needles</b></p> <p>Make an appointment with your doctor (GP) or GP practice nurse for your baby's second and third set of needles (vaccines).</p>

When	What happens at the health check?
<p><b>At 9 to 11 months</b></p>  <p>Your public health nurse will contact you to arrange a time</p>	<p><b>Developmental check</b></p> <p>Your public health nurse or community medical doctor will talk to you about your child and any concerns that you have.</p> <p>They will also check your child’s general health. This includes their:</p> <ul style="list-style-type: none"> <li>• teeth</li> <li>• development</li> <li>• growth.</li> </ul>  <p>Your public health nurse or community medical doctor will talk to you about child safety as your baby may now be on the move.</p> <p>If you or your public health nurse or community medical doctor are concerned about any part of the check, then you and your child will be:</p> <ul style="list-style-type: none"> <li>• asked to come back for another appointment, or</li> <li>• referred to a specialist for assessment.</li> </ul>
<p><b>At 12 and at 13 months</b></p>  <p>Phone your doctor (GP) to book the appointment</p>	<p><b>Needles</b></p> <p>Make an appointment with your doctor (GP) or GP practice nurse for your baby’s fourth and fifth set of needles (vaccines). It takes 5 visits to make sure the baby is fully covered by the vaccines.</p>
<p><b>At 21 to 24 months</b></p>  <p>Your public health nurse will contact you to arrange a time</p>	<p><b>Developmental check</b></p> <p>Your public health nurse will talk to you about your child and any concerns that you have. They will also check your child’s general health. This includes their:</p> <ul style="list-style-type: none"> <li>• teeth</li> <li>• development</li> <li>• growth.</li> </ul> <p>Your public health nurse will talk to you about child safety.</p> <p>If there are any concerns you can:</p> <ul style="list-style-type: none"> <li>• get another check or</li> <li>• have your child referred to a community medical doctor.</li> </ul>

## Needles

### **If 1,000 people get measles:**

- 1 or 2 will die
- 50 will get an ear infection
- 40 will get pneumonia or bronchitis
- 5 will have convulsions (fits).

### **If 1,000 people are vaccinated:**

- 100 will have discomfort, redness and swelling where the injection was given or a fever
- 50 will get a rash 6 to 10 days later (this is not contagious)
- 1 will have a febrile convulsion (fit).

All of your child's needles (vaccines) are free of charge from your doctor (GP) through the HSE. They are quick, safe and effective.

Your baby's immune system is the system in their body that helps them fight off sickness. Your baby's vaccines (or needles) are like a personal trainer for their immune system.

Some parents worry that getting a few needles at the same time will overload their child's immune system. There is nothing to worry about, as your child's immune system can easily cope with this.

By getting several needles at the same time, your child is protected at a younger age. Your child needs a number of needles to get the best protection, so it is important to complete the course of needles.

By the time your baby is 13 months, they will have had 5 visits to your GP to get all of their needles to protect them against serious diseases. If there was any delay for any reason in your baby getting their needles, get in touch with your (GP).

Three of these visits take place in their first 6 months.

### **How needles work**

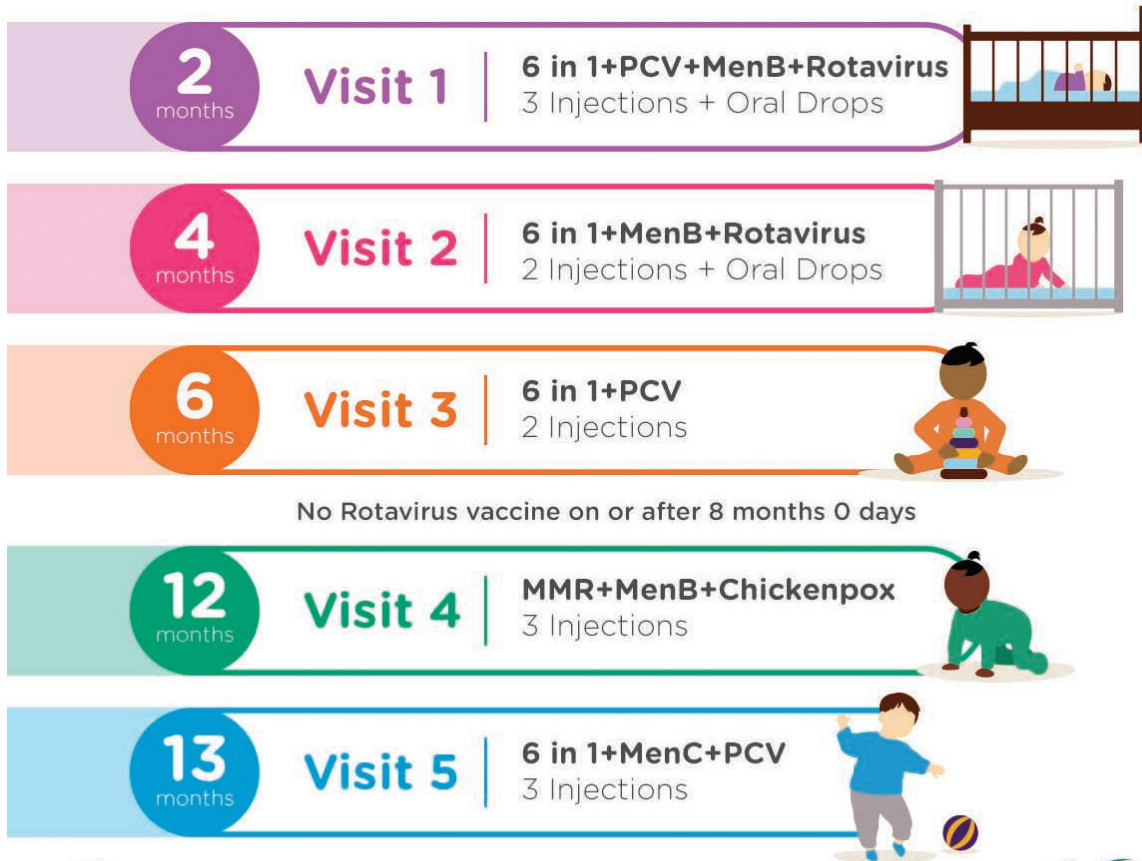
Vaccines "train" your baby's immune system by teaching it how to react to a particular germ like a virus or bacteria.

Vaccines wake your baby's immune system up and get it working hard to protect your baby. If your baby comes across the germ in future, your baby's immune system will react quickly to stop your baby getting sick.

## Done quickly

No-one likes their baby getting needles. But the nurse or doctor is able to give needles very quickly.

The needles protect your baby from getting sick or even dying from certain diseases.



**Remember five visits to your GP**

Remember to give your baby 3 doses of liquid infant paracetamol after the 2 and 4 month MenB vaccine.



## **Diseases your baby will be protected against**

Below is a list of the diseases your baby will be protected from.

It is easy to forget how serious these diseases are because we don't see them nearly as much as we used to. This is thanks to vaccines!

But the diseases have not changed, they can still cause bad side effects in children who are not vaccinated. Many of these diseases are common in other parts of the world, and are just a plane ride away.

### **Diphtheria**

Diphtheria is a serious illness that can cause difficulty breathing, heart problems and paralysis. 1 in 20 people who get diphtheria will sadly die from it. It is rare in Ireland now because we have been vaccinating for it since the 1940s.

### **Tetanus**

Tetanus is caused by bacteria getting into a wound. It causes a serious illness including lockjaw, making it hard to open your mouth, and painful muscle spasms that make it hard to breathe.

### **Polio**

Before the polio vaccine was brought in, in Ireland in the 1950s, polio was a very serious disease that mainly affected children under 3, causing long-term paralysis. If the breathing muscles are affected it can be life threatening.

### **Pertussis (whooping cough)**

Whooping cough is an infection of the lungs. It causes bouts of coughing that last for several minutes. These bouts are very dangerous for small babies and their oxygen levels can fall. This can cause babies to get pneumonia (bad lung infections), have seizures (fits) and even die.

### **Haemophilus influenzae**

This is an infection that can cause serious illnesses for babies and children like meningitis, sepsis (blood poisoning), pneumonia, epiglottitis (infection of the flap at your baby's windpipe that can make breathing difficult).

### **Hepatitis B**

This is a viral infection that causes the liver to become inflamed. It can cause serious liver disease and liver cancer.

### **Meningitis B and C**

Bacterial meningitis is a very serious disease that kills one in 20 people who get it, and causes long-term disabilities for another 1 in 10 people.

### **Pneumococcal disease (PCV)**

Pneumococcal disease is caused by bacteria that can lead to pneumonia and meningitis.

---

## Rotavirus

This causes severe diarrhoea in babies and causes deaths of babies and children in many countries around the world.

## Measles

Measles is a very contagious infection that causes a temperature, a rash, sore eyes and a runny nose and cough. It can be very serious, around 1 in 1,000 people who get measles will die. Another 1 in 1,000 will get brain damage. It can also cause pneumonia and seizures (fits).

## Mumps

Mumps is caused by a virus. It can have serious complications like meningitis, orchitis (causing swollen testicles) and deafness.

## Rubella (German measles)

German measles is very serious if pregnant women catch it. It can cause the baby in the womb to get heart disease, cataracts, deafness and delayed development.

## Chickenpox

This is a very contagious virus spread by close contact with an infected person.

It causes:

- an itchy, blistering rash
- other symptoms like a fever (temperature of 38°C or higher) and feeling generally unwell.

## Common side effects after needles

After your child has been given a needle, in the area around the injection, there may be some:

- redness
- soreness
- swelling.

They may have a high temperature (over 38 degrees Celsius).

Your baby may also be irritable or unsettled after getting the needle.

If your child is very unwell after getting a needle, contact your:

- doctor (GP)
- GP practice nurse or
- public health nurse.

Your public health nurse will give you information about needles and your child's 'immunisation passport' on their first visit to your home. Your doctor (GP) will also give you information at the 2-week and 6-week checks (see pages 9 and 10).

---

## **No link between autism and needles**

All parents worry about their children. We want our children to stay healthy and safe. Parents can sometimes worry that there is a link between their child's needles and autism.

Doctors don't know what causes autism. But we know for sure that needles (or vaccines) don't cause autism. Experts from around the world agree that there are no links between your child's needles and autism.

### **Where did this fear come from?**

In 1998, a small research project looked at 12 children with autism. It falsely linked autism to the MMR (measles, mumps and rubella) vaccine. The results of this research project were false.

This was a very dangerous research project. It caused parents to stop bringing their children for their needles. Many children died from measles because of this.

The main author of this research project is no longer allowed to work as a doctor in the UK. Since then, hundreds of bigger research projects have been done on more than half a million children. These have proved that your child's needles do not cause autism.

# Looking after yourself as a parent

**Becoming a parent is one of the hardest but best experiences. It is really important to mind yourself during this time.**

After you have the baby, you will need time for your body and hormones to settle. You will also need time and support while you are settling in to being a parent and getting to know your baby.

You can get support from your:

- doctor (GP)
- public health nurse
- lactation consultants (who help with breastfeeding).

You can also:

- link in with your local Traveller primary health care project
- talk to your Traveller primary health care project worker.

## Baby blues and postnatal depression

Most women feel changes in their mood during their pregnancy and in the first few weeks after giving birth. You may sometimes feel tired, tearful and lonely as well as sometimes feeling very happy. All of this is normal.

### Baby blues

Baby blues are very common and normal. It happens to about 4 out of 5 women. It usually begins on day 3 after your baby is born. You can feel sad, lonely and have very mixed emotions. Allow yourself to cry and try and get a bit of rest.

Baby blues usually last a few days up to 2 weeks. However, if it lasts longer than a week or 2 you might need extra support from your GP (doctor) or public health nurse.



## Postnatal depression

Postnatal depression is depression that some women have in the first year after having a baby. It is common and happens to more than 1 in every 10 women. It is not your fault.

The following are some signs and symptoms of postnatal depression. It might take a while to notice postnatal depression after having the baby. Symptoms may start as baby blues (see page 19) and then get worse. They may take some time to develop or they may come on very fast.

Postnatal depression can have a broad range of symptoms. These can vary in how severe they are.

You may be feeling sad, anxious and alone. You may be feeling guilty, irritable and angry. You may be experiencing panic attacks. You may not enjoy being with people, even your baby.

You may have overwhelming fears, for example about your baby dying. Some mothers have recurring thoughts about harming their baby. Very few mothers ever act on this.

Other symptoms of postnatal depression include:

- not feeling hungry
- poor concentration
- tiredness all the time
- problems sleeping
- being agitated
- crying easily.

Feelings and thoughts you might experience include:

- feeling inadequate (not good enough) like 'I am a bad mother'
- feeling panicked
- feeling rejected by your baby
- worrying a lot about your baby.

Get help from your doctor (GP), your public health nurse or Traveller primary health care worker if:

- these feelings or symptoms last for more than 2 weeks, or
- you have worrying thoughts about yourself or the baby.



### Getting help

Your GP, midwife and public health nurse are there to help you. It is normal for them to ask all women about their mood.

Don't be afraid to talk to them if you're feeling down. Try to be as honest as you can about how you feel. The only thing that will happen is that they will help you get the support you need.

Some women may feel too scared, guilty or embarrassed to look for help. However, it is very important to talk to someone as postnatal depression can last for months or years if it is not treated.

The vast majority of women with postnatal depression are treated at home with their baby.

## Self help

Along with getting help from your doctor (GP), midwife, public health nurse or Traveller primary health care worker there are also some other things you can do to help you feel better.

### Do

- ✓ **Eat well**  
Try not to skip meals.
- ✓ **Rest**  
Get rest whenever possible.
- ✓ **Talk**  
Talk to someone you trust about how you are feeling.
- ✓ **Allow others to help**  
Let others help around the home and with other children.
- ✓ **Take a bit of time for yourself**  
Try to spend time doing things that help you to relax, like listening to music or going for a walk.  
  
Try to spend time with your partner and loved ones.
- ✓ **Find out about baby groups**  
Ask your public health nurse if there are any mother and baby groups in your area. Although you may not feel like going, the support of other new mothers can really help.
- ✓ **Exercise**  
Be as active as you can.



### When to get help urgently

Talk to your doctor (GP) or attend a hospital emergency department (casualty) immediately if:

- you have thoughts about harming yourself or your baby, or
- you have symptoms like:
  - hearing voices that aren't there
  - feeling very disturbed.

## Recovering after a caesarean birth (C-section)

A C-section is a big surgery, so it will take time for you to recover. Try to rest whenever you can. Ask your partner and family to help so you can get as much rest as possible.

### Your wound (scar)

The wound can be a bit sore afterwards so it's important to talk to the hospital or doctor (GP) about medicines to help.

Your stiches will dissolve by themselves.

Follow instructions from your obstetrician and midwife on caring for your wound. You may be advised to gently clean it every day or two, and to change the dressing. Try to keep the wound dry.

Wear loose comfy clothes and big knickers. You may find it more comfortable to wear knickers where the waistband is much higher than the wound.

Watch out for signs of infection. These may include your wound or the skin around your wound becoming:

- red
- painful
- swollen.

Contact your doctor (GP), public health nurse or midwife if any of these signs develop.

### Painkillers

Take regular painkillers for as long as you need them. Take the medication prescribed by your doctor. Paracetamol can help with the pain once those medicines are finished.

### Bleeding

You may bleed from your vagina for several weeks after a caesarean birth. Use maternity pads or sanitary pads. Do not use tampons for this bleeding.

### Returning to normal activities

At first you'll be advised not to carry or lift anything heavier than your baby. Try and go for short gentle walks and stay active. This will reduce your risk of blood clots.

You may have to wait up to 6 weeks before:

- driving
- having sex
- exercising
- lifting or carrying anything heavier than your baby.

## Recovering after a vaginal birth

### Physical activity

Just as it took time to grow your pregnancy, it will take time for your body to recover. Try and be patient and kind to yourself. Taking regular physical exercise is good for your general health and will improve your sense of wellbeing.

### Pelvic floor exercises

Pelvic floor exercises are when you squeeze the muscles around your vagina and anus to strengthen them.

It is important to begin pelvic floor muscle exercises as soon as possible after the birth of your baby.

The pelvic muscles come under a lot of strain during pregnancy and childbirth. If these muscles are weak you may have problems with bladder or bowel control. Do these exercises regularly.

If you had a caesarean birth, a physiotherapist will give you information on suitable exercises.

### When to get medical help after the birth

It is normal to feel sore or tender after giving birth. There are some things you should look out for after giving birth, as you may need medical help.

Contact your doctor (GP), public health nurse or midwife immediately if you have:

- heavy vaginal bleeding or large clots coming from your vagina and feel dizzy or weak – these can be signs of serious bleeding
- smelly vaginal liquid – this can be a sign of infection
- pain in your tummy, especially if it is severe – this can be a sign of infection
- a fever, especially if your temperature is over 38°C
- any problems with a wound or stitches like redness, pus or if the wound seems to be opening
- headache, blurred vision or vomiting – these can be signs of very high blood pressure that needs urgent treatment
- any symptoms of postnatal depression or any thoughts of harming yourself or your baby
- pain when you wee, passing urine more often or smelly urine – these can be signs of a urinary tract infection
- any worries or you feel something is not right.



# Feeding your baby

Every baby will have their own feeding pattern. Some babies feed more at certain times of the day. This is normal.

## For breastfed and formula-fed babies

Breast milk or ordinary baby milk is the only food your baby needs or should have for the first 6 months. (Babies with galactosaemia will have soy milk instead). It is then part of their wider diet when you start to introduce solid foods at 6 months.

### Do

- ✓ **Milk should be main drink**  
Give your baby breast milk or formula baby milk as their main drink until they are at least 12 months old. Your baby generally does not need extra drinks.
- ✓ **Some cooled, boiled water**  
You can give your baby cooled boiled water if they do need extra drinks between bottle feeds. If your baby is fully breastfed, they usually don't need water. This because they get all they need from breast milk. Giving them water can interfere with them getting enough breast milk. Never put anything in water like juice.
- ✓ **Introduce a baby cup at 6 months**  
Offer a cup or free flow beaker (see photo on the right) for drinks of cooled boiled water from about 6 months.
- ✓ **Phase out the bottle**  
Try to replace all bottles with a cup or beaker by the time your baby is about 1 year old.



## Do not

### Drinks

✗ Do not give your baby:

- juice – this includes diluted pure unsweetened fruit juices
- cow's milk – it is not suitable for babies under 12 months
- tea – it reduces their iron intake
- fizzy drinks
- sugar water.

✗ **Never add to baby's bottle**

Never add anything to your baby's bottle because your baby could choke and your baby's stomach is not properly developed. This means you should never add anything like:

- sugars
- baby rice
- baby biscuits
- rusks.

✗ Do not add medicine to your baby's bottle, unless a doctor has told you to do so.

## Vitamin D3 supplements for babies 0 to 12 months

Vitamin D helps us to build and keep bones and teeth strong. Adults can make vitamin D from the sun. But because babies are so small, they can't get the amount of vitamin D they need.

This means it is really important that some babies get 5 micrograms of vitamin D.

You will need to give your baby a vitamin D3 supplement every day if they are:

- breastfed
- taking less than 300mls or 10 fluid oz (ounces) of infant formula milk a day.

You can get vitamin D3 supplements for babies in chemists. Liquid drops are usually best for this age group. Follow the instructions on the bottle.

You do not need to give your baby vitamin D3 if they are fed more than 300mls or 10 fluid oz (ounces) of baby milk a day. This is because vitamin D3 has been added to the formula milk.

## Vitamin D3 supplements for children aged 12 months and over

All children aged 1 to 4 years need to take a vitamin D3 supplement during winter.

Give your children of this age 5 micrograms of a vitamin D3-only supplement from:

- Halloween (October 31) to
- St Patrick's Day (March 17).



## Breastfeeding

Breastfeeding was very common for Traveller women years ago. It is the best way to bring the baby on and strengthen them. Even a few days or weeks of breastfeeding will strengthen the baby.

### Beutler test is very important for Traveller babies

It is important that the hospital knows your ethnicity. This is because galactosaemia is very common among Travellers. Galactosaemia means that the baby can't process breast milk or baby milk.

All Traveller babies are put on soya-based milk when they are born until a blood test is done. This is called the Beutler test. This shouldn't take more than 2 days but you won't be able to breastfeed until the results of this test come back.

Even if this isn't common in your family the baby still might have galactosaemia. It can be harmful if it's not caught early. Go to page 66 for more information on the Beutler test.

### When to start breastfeeding

If you are planning on breastfeeding, tell your midwife or the nurse before the Beutler test is done. They can help you to express your milk and store it until after the test results come back.

You can also talk with lactation consultants in the hospital who can offer you support and tips while you're waiting on the results.

If you plan to breastfeed, the midwife or nurse can also try to get the results back to you faster. If the test comes back clear, you can start to breastfeed.



Your midwife or nurse can show you how to express (pump) your milk

### Benefits of breastfeeding for your baby

Breastfeeding is important for your baby's healthy growth and development.

It helps protect your baby from:

- ear, chest, nose and tummy infections
- obesity (being very overweight)
- diabetes
- cot death.

### Benefits of breastfeeding for you

Breastfeeding is also good for the mother because it:

- helps you be a healthy weight after birth
- lowers the chances of breast cancer, ovarian cancer and diabetes.

## Breastfeeding support

Breastfeeding is a skill that mothers and babies learn together. Like any skill, it takes practice and patience. If you are finding it hard, you are not alone. Ask someone you are comfortable with for help.

There are lots of supports for women who would like to breastfeed.



If you want to know more, you can contact your public health nurse or lactation (breastfeeding) consultant while you're still in the hospital. They can tell you about free breastfeeding workshops you can join and support groups with other women in your area. They can answer any questions you may have.

You can also talk about breastfeeding with:

- women in your family or community
- your Traveller primary health care worker.

You can talk to them before or after you give birth. This will give you more information and you can get to hear other experiences of breastfeeding from women you know and trust.

### Online breastfeeding support

The HSE provides a free online service called Ask our Breastfeeding Expert – see [www.mychild.ie/breastfeeding](http://www.mychild.ie/breastfeeding). Lactation consultants are available to answer your questions. You can send a message to them on the website or live chat. You will find community support information on the website too.



### Breastfeeding myth-busters

#### 'Travellers don't breastfeed'

Traveller women do breastfeed but in very small numbers. In the past, Traveller women have always breastfed their babies as it's the best way to bring them on and strengthen them.

#### 'It's not that popular in this country'

More than half of women in Ireland breastfeed.

#### 'Your baby won't get enough'

Almost all women have enough breast milk to feed their babies. The size and shape of your breasts or nipples doesn't matter. Feeding your baby whenever they want and for as long as they want is the best way to build up your milk supply.

#### 'Baby milk is just as good as breast milk'

Baby milk doesn't protect your baby from infections and diseases the way your breast milk does.





### 'You can't drink if you're breastfeeding'

Yes, you can drink alcohol if you are breastfeeding, but it's best to drink only a small amount and not very often. It is recommended that you hold off on drinking alcohol until after your baby is 1 month old as you and the baby are getting used to breastfeeding.

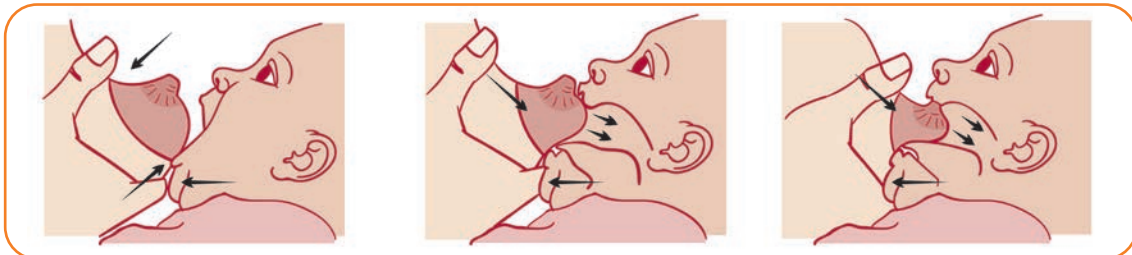
Just like other things you eat and drink, alcohol can get into your breast milk.

To avoid passing alcohol to your baby through your milk:

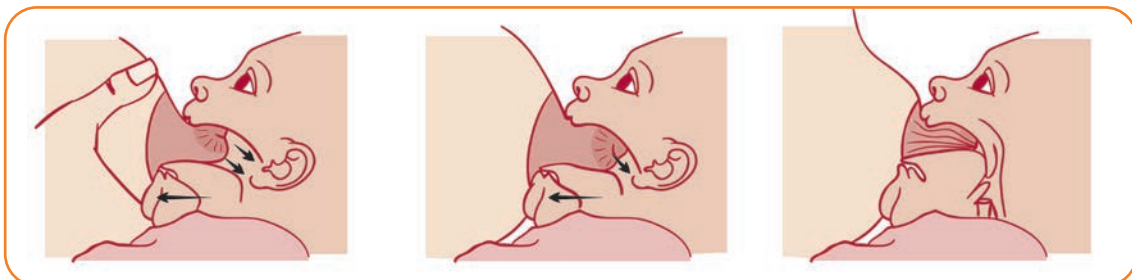
- Feed your baby before drinking alcohol.
- Express your breast milk beforehand if you plan to drink more than 2 standard drinks – 1 standard drink is:
  - o a half a pint of beer
  - o a single measure of spirits
  - o a small glass of wine.
- Wait 2 hours after each standard drink before breastfeeding your baby.
- Drink no more than 11 standard drinks in a week.
- Spread your drinks over the week.
- Have at least 2 alcohol-free days per week.

### Tips on breastfeeding: attaching your baby to your breast

Follow these steps to position and attach your baby well:



1. Hold your baby close with their nose level with your nipple.
2. Let your baby's head tip back so their top lip brushes against your nipple to help them open their mouth wide.
3. When your baby's mouth is wide open, bring them to your breast.



4. Aim your nipple to the roof of their mouth.
5. When they attach, your nipple and most of the areola (the area around your nipple) should be deep in your baby's mouth.
6. When your baby is attached properly, their chin will be pressed into your breast.

Your baby’s nose should be clear for easy breathing. Ideally, the nose should be at a tilt when your baby is attached correctly.

If your baby’s nose appears to be blocked, move their bottom closer to you. This will create a head tilt and free up their nose.








The deeper the attachment, the more comfortable you will feel and the better your baby will feed.

### Breastfeeding during the first 4 weeks

Newborn babies have tiny tummies. They can feed 10 to 12 times in 24 hours. Your milk is very easy for your baby to digest.

To find out if your baby is getting enough milk, use the guide below.

## Guidelines for mothers

Your baby's age	1 day	2 days	3 days	4 days	5 days	6 days	7 days	2 weeks	3 weeks
 <p><b>How often should you breastfeed?</b></p> <p>Per day, on average over 24 hours</p>	At least 10 to 12 feeds per day							At least 8 to 10 feeds per day	
<p><b>Your baby's tummy size?</b></p>	 Size of a cherry		 Size of a walnut		 Size of an apricot		 Size of an egg		
 <p><b>Nappies: How many? How wet?</b></p> <p>Per day, on average over 24 hours</p>	At least 1 to 2 wet		At least 3 wet		At least 5 wet		At least 6 heavy wet with pale yellow or clear urine		
 <p><b>Dirty nappies: Number and colour of stools</b></p> <p>Per day, on average over 24 hours</p>	At least 1 to 2 black or dark green stools			At least 3 yellow stools			At least 3 large, soft and seedy yellow stools		



### Did you know?

Most babies lose weight in the first few days after birth. This is normal. After this they begin to put on weight. By 2 weeks of age they are usually back at their birth weight.

### Soothers

When starting breastfeeding it's best not to give your baby a soother, dummy or dodie. Wait until they are about 1 month old.

Using a soother may cause problems with your baby attaching correctly onto your breast. It may also reduce the amount of breast milk your body makes.



## Formula or baby milk

### Types of baby milk

First infant formula is the type of formula recommended for babies. They have a number 1 on the box.

Use first formula milk until your baby is 12 months old. After that, you can move on to full-fat cow's milk.

Always talk to your public health nurse before changing your baby's formula milk to another type. They can help you to make sure it is suitable.

### Clean and sterilise

You need to clean and sterilise all feeding equipment before you use it.

Before using feeding equipment like bottles and teats, you need to:

1. clean
2. sterilise - this means making the equipment completely free of germs.

#### 1. Clean

Follow these steps to clean the equipment:

1. Wash your hands well with soap and warm water. Dry your hands with a clean towel.
2. Wash all the feeding equipment in hot soapy water, such as the bottles, teats, lids and tongs.
3. Use a clean bottle brush and teat brush to scrub the inside and outside of the bottles and teats. This is to make sure you remove any leftover milk from the hard-to-reach places.
4. Rinse the bottles and teats well in clean running water.

## 2. Sterilise

### Types of sterilisers

You can use boiling water, a chemical steriliser or a steam kit to sterilise equipment. A steam steriliser is the best. You can get plug-in or microwaveable sterilisers too.

Do not use UV sterilisers. There is not enough research to show that these machines are safe and effective.

### If using boiling water to sterilise

Fill a large saucepan with tap water and make sure all equipment is completely covered by the liquid.

Make sure there are no trapped air bubbles. Cover the saucepan and bring it to the boil. Boil for at least 3 minutes. Make sure the feeding equipment is fully covered with boiling water at all times.

Keep the saucepan covered until you need to use the equipment.

### Water supply

Boiled tap water is the safest type of water to use when making bottles.

### Bottled water

If you need to use bottled water, choose still water. Never use fizzy or sparkling water. If possible, avoid using bottled water that says “natural mineral water”. This type of water can have high levels of sodium (salt) and other minerals. These are not good for your baby.

Always boil bottled water. Use a kettle or saucepan to get a rolling boil for 1 minute. Cool in the normal way. Do not boil the same water again.

### Tips for bottle feeding

When you make a bottle, you should:

- give it to your baby within 2 hours, or
- put in the fridge and give it to your baby within 24 hours (see section below).








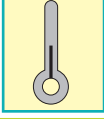












A bottle that has been standing for more than 2 hours can make your baby sick. It could cause vomiting or diarrhoea.

Never re-heat a bottle.



## Preparing bottles of formula

Baby milk can be harmful if it isn't made the right way. Follow the tips below:

How to prepare your baby's bottle		Do	
	1. Boil 1 litre (1L) of freshly drawn cold tap water.		Always sterilise bottles.
	2. Leave to cool for 30 minutes.		Wash hands before making up formula.
	3. Clean work surfaces and wash hands.		Add the formula when boiled water has cooled for 30 minutes.
	4. Read the instructions on the formula's label carefully to find out how much water and powder you need.		Cool the feed quickly.
	5. Pour the water into sterile bottle.		Feed when cooled or store cooled feed.
	6. Add the formula using the scoop provided.	<b>Do not</b>	
	7. Screw the teat on tightly, put on the bottle's lid and shake well.		Do not use a dishwasher to sterilise bottles and equipment. But you can use a dishwasher to wash the bottles and equipment.
	8. Cool the bottle quickly.		Do not heat a feed in a microwave.
	9. Check the temperature of the feed.		Do not use water from a hot tap or from a water softener system.
	10. Throw away any feed not used within two hours.		Do not use water that has been boiled more than once.
			Do not leave made up bottles at room temperature for more than 2 hours.

## Making up feeds to use later

You can make up feeds in advance. You will need to place the bottle in the fridge and use it within 24 hours.

To make up a bottle safely:

- make up bottles following steps 1 to 8 on page 32
- place cooled bottles in the back of the fridge
- make sure the temperature of the fridge is 5 degrees Celsius or less
- throw away any feed not used within 24 hours.

### How to warm up bottles stored in the fridge

To warm up refrigerated bottle feeds:

- Remove the bottle from the fridge just before you need it.
- To warm it, place it in a bowl of warm water, making sure the level of the water is below the neck of the bottle. You can also use a bottle-warmer.
- Do not warm it for more than 15 minutes.
- Check the temperature of the milk by dripping a little onto the inside of your wrist. It should feel lukewarm, not hot.
- Throw away any feed that your baby has not taken within 2 hours.

Never use a microwave to heat a bottle. They can cause hot spots that scald your baby's mouth.

### Automatic formula makers and bottle warmer machines

We do not recommend the use of automatic machines to prepare bottles of formula. There is not enough research to support their safety.

Do not use bottle warmer machines. These machines are supposed to heat water to the right temperature so that you can add formula to it. But there is a risk that these machines do not heat water to the right temperature to make a bottle safely.

## Bonding during bottle feeds

Feeding is a great chance for you and your baby to get to know each other. Make the most of this bonding time by:

- staying in close contact. Consider opening your shirt and doing skin to skin contact – this is when your baby's skin is touching your skin
- looking into your baby's eyes – they will often look back at you – this helps them feel safe and loved
- taking it slowly and enjoying the cuddles.



## How to give a bottle

Always use your arm and hand to bottle feed. Hold the bottle so the teat and bottle neck are always full of milk. This helps to limit wind for your baby.

Never prop the bottle up, for example on a cushion or blanket, as your baby could choke. Don't leave your baby on their own when bottle feeding.

## Baby wind

Wind is air that your baby has swallowed while feeding, crying or yawning. Babies need help to relieve trapped wind.

Common signs of trapped wind include:

- wriggling or crying during a feed, or
- looking uncomfortable and in pain if laid down after feeds.

## How to wind your baby

- To wind your baby, hold them upright and gently pat or rub their back.
- You can hold them up against your shoulder.
- Skin-to-skin contact may relax your baby and then they may wind more easily.
- Walk with your baby in your arms or in a baby sling. The upright position gently helps to relax them.
- Put a gentle little bump or bounce in your walk.



Do not prop the bottle up. Always hold your baby and their bottle.



Hold your baby upright and pat their back when you wind your baby



## Moving your baby to solids

Weaning your baby to solids means starting to feed your baby solid food, instead of just milk. Introducing solid foods to your baby will gradually reduce the amount of milk feeds they need.

Babies develop at different stages and it's important to introduce solids when they are ready. This can happen at about 26 weeks (6 months).

Do not start solid food before 17 weeks (4 months). Starting your baby before 17 weeks can be harmful because their bodies have not yet developed properly.



You should start introducing your baby to solid food at around 6 months

### **Signs your baby is ready for solid food**

Signs that your baby is ready for solid food include they:

- can sit up with support and control their head movements
- they can look at food, pick it up and put it in their mouth by themselves
- they can swallow food instead of spitting it back out.

Your baby should show more than 1 of these signs before you think about introducing solid foods. Especially if they are 17 weeks.

### **Stages of weaning**

Weaning takes place gradually. It starts with the first spoon feeds at about 6 months. By 12 months, your baby should be enjoying family meals.

### **False signs**

Some signs can be mistaken for a baby being ready for solid foods.

For example:

- chewing fists
- waking in the night when they have previously slept through
- wanting extra milk feeds now and then.

These are normal baby behaviours. They are not necessarily a sign of hunger or an interest in solid food.

Starting solid foods will not make your baby any more likely to sleep through the night. Sometimes a little extra milk will help until they are ready for solid food.

## Don't get stuck on 1 texture

It is important not to let your baby stick to just 1 type of food texture (like puree) for too long. Do not put off moving on to other textures just because your baby seems to prefer one.

If babies stay on pureed foods for too long, they may have a harder time getting used to different textures later on.



### Did you know?

Homemade food is better for your baby. Talk to your public health nurse and Traveller primary health care worker about suitable foods for your baby.

## Liquids used to prepare solid food

### You can use:

- ✓ breast milk or baby milk
- ✓ water or stock from cooked vegetables
- ✓ cooled boiled water
- ✓ small amount of full fat cow's milk.

### Do not use:

- ✗ added salt or sugar in your baby's food
- ✗ honey – you should not give honey to babies under 12 months even if it has been cooked. Sometimes honey can have bacteria that make your child sick.

## Ways to give your baby iron

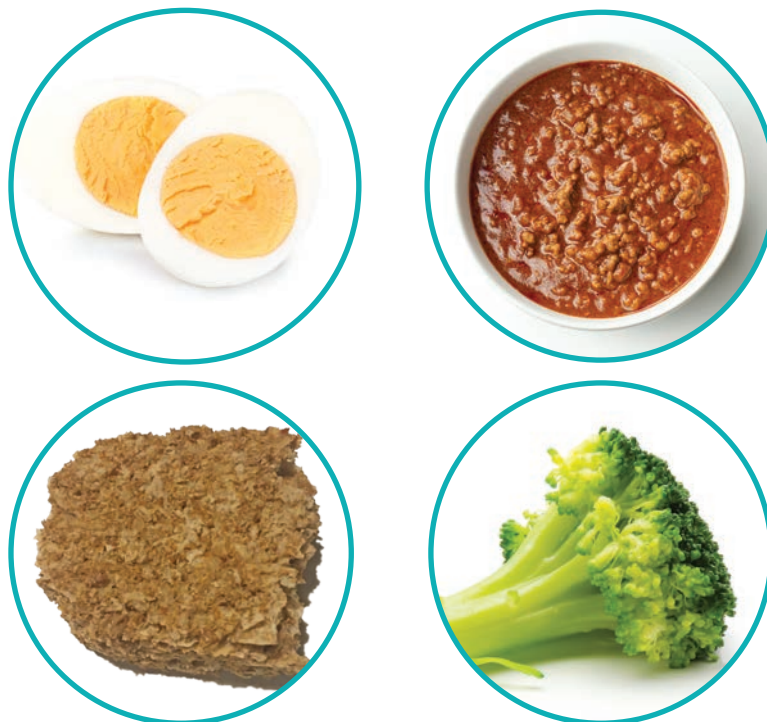
Iron is important in your child's diet. It helps them to grow.

Babies are born with stores of iron that last for about 6 months. From 6 months old on, your growing child needs to get iron from the foods that they eat.

Make sure you introduce a wide variety of foods rich in iron as soon as you start weaning.

Foods high in iron include:

- well-cooked eggs
- red meat
- breakfast cereals that have iron added
- green leafy vegetables like spinach and broccoli.



## Introducing family foods

### Stage 1: About 6 months

- Pureed foods, starts with quite thin ('runny') consistency, gradually getting thicker as your baby gets used to taking foods from a spoon.

### Stage 2: 6 to 9 months

- Move to mashed foods from a spoon, gradually becoming lumpier in texture.
- Soft finger foods introduced.
- Start to take drinks from a beaker or cup.

### Stage 3: 9 to 12 months

- Move to minced and chopped family foods.
- More textured finger foods.
- Stop using a bottle for drinks by 12 months. Use a beaker or a cup instead for all drinks (except breast milk).

## Stage 1 (about 6 months)

### Foods to choose:

Meat, poultry such as chicken and fish (remove all bones) made into a puree. A puree is a slightly thick liquid. See the pictures below.

Cereal, like baby rice.

Some vegetables made into puree, like:

- carrot
- turnip
- cauliflower
- Brussels sprouts
- butternut squash
- parsnip
- broccoli
- spinach
- peas
- courgette.



Fruit made into a puree, like:

- banana
- apple
- pear
- peaches
- apricots
- plums
- melon.



### Food textures

Start with thin purees which will increase in thickness as baby gets used to solid food.

### Aim for:

1. Start with 1 teaspoon of food made into a soft smooth puree.
2. Build up to 6 teaspoons at one time.
3. Next, introduce solid food at another mealtime.
4. Progress to 2 to 3 meals each day, with 5 to 10 teaspoons at each meal.

### Suitable drinks:

- Breast milk (on demand).
- Formula milk.
- Cooled boiled water.



### Using a high chair

Make sure your baby is securely strapped into a safe high chair when feeding. Don't leave a baby on their own when feeding.

## Stage 2 (6 to 9 months)

### Foods to choose

Use the same foods as in stage 1, but now include:

- red meat
- poultry such as chicken and fish
- well-cooked eggs
- porridge and wholegrain breakfast cereals low in sugar and salt
- bread, rice and pasta
- cheese (pasteurised)
- yogurt
- pasteurised cow's milk - it can be used in small amounts to moisten foods.



### Food textures

- Thicker purees:
  - Use less liquid in the puree.
  - Mash food with a little liquid.



- Soft finger food (see page 38).
- Mix of textures. Add a little mashed or grated food into your baby's usual purees.

### Aim for

3 meals a day, each 2 to 4 tablespoons of food.

- 2 to 3 snacks in between main meals.
- Finger foods.
- Foods should be offered before milk feed.
- Some drinks taken from a cup or beaker.

### Suitable drinks

- Breast milk (on demand).
- Formula milk: (3 to 4 feeds a day, approximately 600mls or 21ozs in total a day).
- Cooled boiled water.

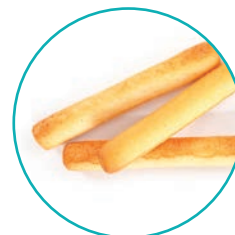
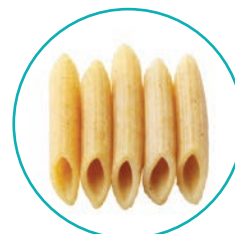
This is a guide. All babies are unique. Let them take the lead.

## Finger foods

Finger foods are an important step in learning to chew. You should offer your baby suitable finger foods and encourage them to eat them from when they are 7 months old.

Here are some finger food ideas that can be easily handled and enjoyed by your baby:

- cooked vegetables like:
  - carrot
  - parsnip
  - sweet potato
  - broccoli
- peeled fruit like:
  - pear
  - banana
  - peaches
  - melon
  - avocado
- fingers of buttered toast
- bread sticks
- plain rice or corn cakes
- cheese cut into strips
- cooked pasta
- sliced or shredded meats
- homemade pancakes
- potato bread or soda bread
- dry cereals.



## Finger foods to avoid

Try not to rely on corn snack and vegetable puff-type finger foods for babies. These melt in your baby's mouth. This means your baby does not learn how to chew. You should offer more of the foods mentioned above instead.

## Do not give your baby

You should **not** give your baby:

- |                                      |                             |
|--------------------------------------|-----------------------------|
| ✗ honey (before they are 1 year old) | ✗ salt                      |
| ✗ unpasteurised cheese               | ✗ gravies                   |
| ✗ undercooked eggs                   | ✗ packets or jars of sauces |
| ✗ sugar                              | ✗ packets of soup           |
| ✗ tea or coffee                      | ✗ meal makers               |
|                                      | ✗ stock-cubes.              |

## Stage 3 (9 to 12 months)

### Foods to choose

Most homemade family foods are now suitable. But do not add in:

- ✗ salt
- ✗ gravies
- ✗ sauces
- ✗ packets
- ✗ jars of sauce
- ✗ sugar.

### Food textures

- Lumpy foods.
- Chopped foods.
- Harder finger foods.
- Wide variety in foods and textures.

### Aim for

- 3 meals of about 4 to 6 tablespoons.
- 2 to 3 snacks - see 'finger foods' on page 40.
- Be able to manage more than 2 textures in 1 meal.
- All drinks (other than breastfeeds) taken from a cup or beaker.

### Suitable drinks

- Breastmilk (on demand).
- Formula milk (approximately 400mls or 14ozs a day).
- Cooled boiled water.

## Foods your child could choke on

These foods can all choke children under 5. Do not give your child popcorn, whole nuts, marshmallows, chewing gum or small hard sweets and chocolates.

Always cut up food to a size that your child can chew and eat safely. To make food safer, change the texture – grate, cook, finely chop or mash it.

Grapes, cherry tomatoes and similar-shaped food should be cut into quarters (or smaller) lengthways.

Remove or peel skins from sausages, hot dogs and frankfurters.

Always cook carrot sticks and other raw vegetables before giving them to your child.



## Common concerns about weaning

### Gagging

Gagging is a normal reflex babies have as they learn how to eat solid foods.

Gagging is not choking, but it can be scary for parents when it happens. Your baby will make noises if they are gagging. Choking is silent.

Once your baby begins to get used to feeding they will gag less often.

The phase when your baby is gagging regularly will last longer if you keep giving them smooth and lump-free foods.



Never put your finger in your baby's mouth if they are gagging.

This can cause them to choke.

### Food allergies

Some babies have food allergies. Foods that can commonly cause allergies include nuts, milk, eggs and fish. Do not avoid foods in an attempt to prevent allergy.

You should introduce these foods one at a time. This is because if your baby does have a reaction to a food, you will know what food caused the reaction. If you are worried, contact your GP (doctor) or public health nurse. Your GP (doctor) might arrange an allergy test for your baby.

### Give smooth peanut butter

If your baby is 6 months old, do not delay the introduction of peanut into their diet. Use smooth peanut butter or spread that is sugar-free and salt-free.

Talk to your GP or public health nurse first if your baby has bad eczema.

Give your child foods containing peanut 3 times a week up to the age of 5.

### Do not give peanuts

Do not give whole nuts like peanuts to your child until they over the age of 5. They could cause them to choke.



## Fussy or picky eating

Some children are fussy eaters. This is a normal part of development. Don't be upset if they refuse to eat well the odd day. If fussy eating continues, ask for advice from your:

- public health nurse
- GP (doctor)
- Traveller primary health care worker.

### Tips to help if your child is a fussy eater

- Involve children in preparing and cooking the food – tell them what you are doing.
- Offer different types of foods on smaller plates.
- Let them eat their food first before you give them their drink as this can make them full.
- Give them enough time to eat.
- Be firm but do not force them to eat.
- Limit distractions – turn off the television, phone, and tablet.
- Finish the meal after about a half an hour and take away uneaten food without saying anything.
- Ignore the fussy behaviour, lots of attention may make them keep it up.
- Remain calm. This helps your baby to stay calm.

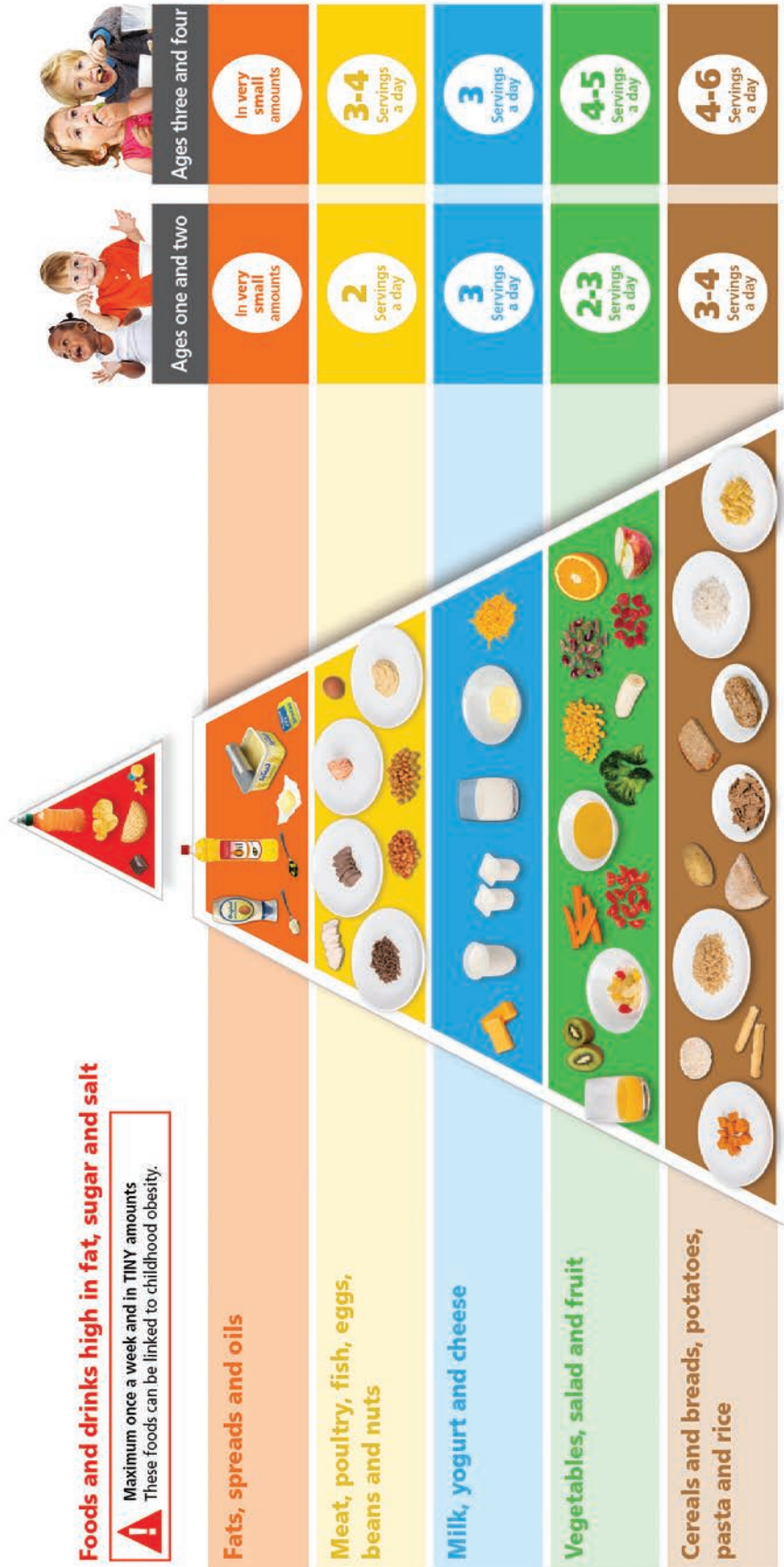
### Did you know?

It can take up to 10 to 15 tries before your child will accept a new food.



## Children's food pyramid

Children aged 1 to 4 years old have small tummies but they have high nutritional needs. They can only eat small amounts. Offer them 3 meals and 2 to 3 snacks every day. All their food needs to be healthy.



Source: Department of Health, December 2020.

It's important for your child to have a healthy and balanced diet. This helps their growth and development.

# Sleeping

The first few weeks of a new baby's life can be a difficult time. It can be exhausting and it will take time to get into a routine. Try to sleep when your baby sleeps.

## Preventing cot death



Make sure everyone who looks after your baby puts them to sleep on their back.

### Sleeping position

To reduce the risk of cot death (sudden infant death syndrome):

- Always put your baby down to sleep (day and night) on their back.
- Don't smoke or allow anyone to smoke in your home or car.
- Put your baby's feet at the foot of the cot, crib or Moses basket (see picture on the left).
- Keep their head and face uncovered.



### Breastfeeding reduces the risk

Breastfeed your baby, if possible. Breastfeeding reduces the risk of your child getting an infection.

Breast milk builds up a baby's immune system and helps to keep infections away. Doctors have long known that babies who are breastfed get fewer infections than those who are given formula.



Do not place your baby to sleep on their tummy

**No hats and no bibs for sleep**

Do not let your baby go to sleep wearing a hat. They could overheat.

Hats are used straight after birth to keep a baby's temperature stable. They are not needed for sleep after then. Only use one if your doctor or midwife says your baby should wear one when asleep.

Never let your baby fall asleep with a bib on. It could slide over their mouth and nose and suffocate them.



If your baby seems unwell, get medical advice early and quickly.

In an emergency, phone 999 or 112 for:

- ambulance
- fire
- Garda.

**Where your baby should sleep****Do**

- ✓ Put your baby to sleep in their own cot in the same room as you for at least the first 6 months.
- ✓ Place the cot away from open windows to avoid draughts.

**Do not**

- ✗ It is not safe to share a bed in the first 3 months, particularly if your baby was born prematurely or had a low birth weight.
- ✗ Never fall asleep in bed with your baby if you or your partner smokes.
- ✗ Never share a bed with your baby when you have recently taken alcohol or drugs (including medication that may make you drowsy).
- ✗ Do not place the cot near a radiator or heater as it may be too hot.

## Make it a safe place to sleep

### Do

- ✓ Keep the cot free of soft objects and anything loose or fluffy.
- ✓ Keep the cot free from heavy items, beads and pictures.

### Do not

- ✗ Do not use cot bumpers.
- ✗ Do not hang ribbons or toys with strings from your baby's cot.
- ✗ Do not use baby sleep cocoons.
- ✗ Do not use pillows.



Do not use a baby sleep cocoon or pillows. Your baby could get suffocated.

## Moving their head

If your baby always lies with their head in the same position, they might get a 'flat head'.

You can avoid this when putting your baby down to sleep by turning their head so that sometimes they face left and sometimes they face right.



## Finding their position

At around 6 months your baby will move about during sleep and will find their own sleep position.

Continue to put them down to sleep on their back to reduce the risk of cot death.

Check on them while they are asleep.

## Bedtime routine

A bedtime routine is important. You can start this between 3 to 6 months.

Leave about half an hour between the last feed and your baby settling to sleep.

You can build a routine by:

- making a clear difference between day and night (see 'During the night' below)
- trying to have a relaxing time in the hour before bed
- putting your baby to sleep in the same place when at home, preferably in the baby's own bed
- feeding your baby after a bath or after you change them into sleeping clothes
- reading or telling a short bedtime story to help them relax before sleep
- trying to avoid feeding or rocking to sleep after 6 months if this is becoming a problem for you.



### During the night

- Use a dim light when you feed your baby at night.
- Speak to your baby in a quiet, calm voice when you are feeding them at night.
- Don't feed the baby in bed.
- Don't put the bottle into the baby's bed if you are bottle-feeding.
- Put your baby back into the cot drowsy but awake.

### If your child wakes up at night

#### 0 to 6 months old

- Do not leave your baby crying for longer than a few minutes.
- Settle and soothe them by talking softly and holding them.
- Speak in a quiet calm voice – talking loudly may encourage them to stay awake.
- Feed them if they are hungry.
- Use a dim light when you feed your baby at night as a bright one may overstimulate them.
- Avoid bright screens or phone screens in the bed area.
- If possible, put your baby back into the cot drowsy but awake so that they wake up where they fall asleep.
- Make sure you put them on their back to sleep.

## If your child (6 months and older) wakes up crying every night

### 6 months and older

Crying is a form of communication and your child is telling you something. They may simply be tired.

Make sure they are not hungry and check their nappy. Waking up for a short amount of time at night is normal.

Wait a minute before checking on your toddler if they wake or cry, as they may fall back to sleep.

If they do not go back to sleep:

- settle and soothe them – comfort them and talk softly
- put your child back to sleep in their own cot or bed
- when you have resettled your child, don't stay in the room
- if they wake and cry again, repeat the steps above.



Try not to play with them or let them get into your bed. In this way, you are helping them learn that night time is for sleeping. Reward your child with praise for their efforts the next day.

For example, “you are such a good boy for staying in your bed”.

### Feeding during the night

Once your baby is fully weaned on to solid foods (see pages 34 to 43) there is no need for night feeds. They will get all the food and breast milk or formula milk they need during the day. Some parents may choose to continue to breastfeed during the night even when their baby is fully on solid foods.

### Helping your child to fall back asleep themselves

There are ways to help your child learn to fall back asleep by themselves. Try to:

- place your child to sleep in their own cot
- avoid physical “props” in or near the cot – these include musical or light-up toys and toys hung from the ceiling
- avoid sleep associations (something they will need to help them go to sleep) – for example rubbing their back or rocking.

### **Be consistent**

Try to have the same routine every night for you and your child. Be consistent too in how you respond when your child wakes during the night. This is important.

### **Beds for older children**

Change to a bed instead of a cot to prevent injuries if your child:

- learns to climb out of the cot, or
- grows too big for the cot.

### **Daytime naps**

Naps are essential during the day to prevent your child from becoming overtired. Generally, a child does not need to nap for more than 2 hours.

# Crying

The first few weeks of a baby's life can be a difficult time. It can be exhausting and it will take time to get into a routine so try to sleep when your baby sleeps.



## Why your baby might be crying

Some reasons for crying include:

- hunger or thirst
- being overfull
- a wet or dirty nappy
- pain from wind, colic or reflux
- being too hot or too cold
- being too tired or stimulated
- being sick
- teething.



## Dealing with crying

It can be very difficult to deal with a crying baby. Try to be patient with yourself as you get to know your baby.

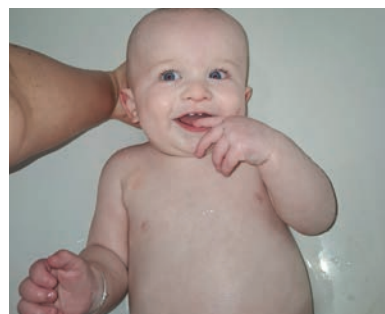
### How to soothe your baby

You can soothe your baby by:

- holding them close and moving gently
- offering your breast if you breastfeed - some babies want to suck more during a growth spurt. This normally settles after 24 hours
- using paced bottle-feeding if your bottle-fed baby is hungry - they may drink too quickly if stressed. Paced bottle-feeding allows your baby to feed more slowly and take breaks
- nappy changing
- singing to your baby gently
- listening to music together
- gently talking to your baby
- massaging your baby
- going for a short walk or drive in the car with your baby



Try massaging your baby



You can give them a bath

- leaving their nappy off and letting them kick their legs
- giving them a bath
- skin-to-skin contact - have their skin touching your skin on your chest
- giving them a soother (dodie or dummy), if you use one
- listening to 'white noise' on your phone or background noise like a vacuum cleaner or washing machine.



### If you are finding it difficult

If you are finding it hard to stay calm or to cope with your baby's crying, then:

- put your baby down in their cot and go into another room for a moment to calm down
- ask your partner to help you while you take a break
- talk to your family, friends, your doctor (GP) or your public health nurse for advice and help
- talk to your Traveller primary health care worker.



Never shake your baby, as this can damage your baby's brain and put them in serious danger.

## Colic

Colic is very common and affects 1 in 5 babies. Colic usually starts when babies are about 2 weeks old. It usually ends by the time they are 4 months old. It is more common in the evening time.

Colic can be upsetting for parents. It's hard to see your baby crying so intensely, and it can seem like your baby is in pain.

A baby has colic if they cry:

- for more than 3 hours a day
- for more than 3 days a week
- for more than 3 weeks.

Babies with colic often have the following symptoms:

- crying for a long time
- hard to settle
- pulling their legs up
- arching their backs
- squeezing their fists
- going red in the face
- restlessness
- seeming to settle and then having another spell of crying.

Babies with colic are fine between periods of crying. Your baby should be feeding well and gaining weight even if they have colic.

### How to help your baby with colic

There is no treatment for colic. Different things will help different babies.

#### Things that might help

- Hold your baby.
- Sit your baby upright during feeds.
- Wind or burp your baby after feeds.
- Gently rock your baby.
- Give your baby a warm bath.
- Gently massaging your baby's tummy before they are likely to cry may help. Do this in a circular motion. Do not massage after a feed.

There are some other things you may like to try:

- a walk in the buggy or pram
- a drive in the car
- music
- 'white noise' like the sound of a vacuum cleaner or 'white noise' music or apps on your phone.

## Medicine

If simple things don't work, talk to the chemist or public health nurse about over-the-counter medicines you can use.

Some parents use gripe water or simeticone drops. But there is no evidence to show that they work. Always talk to your pharmacist before giving these to your baby.



### When you should see your doctor (GP)

Bring your baby to the doctor (GP) if:

- you are not sure if your baby has colic or why they are crying
- they are vomiting green stuff (bile)
- they have projectile vomiting - the vomit shoots out
- they have blood in their poo
- they are not feeding well
- their symptoms started after you introduced formula
- they are losing weight
- they are not gaining weight
- they have a high temperature (higher than 38°C).

You can also go to the GP if you are concerned or you are finding it hard to cope.

### Do not place a tube into your baby's bottom

Some products claim to help colic by placing a tube in your baby's bottom to release gas. There is no evidence that this can help.

Do not put a tube in your baby's bottom. It is likely to be uncomfortable for them and could cause serious damage to their body, even if it's not obvious at the time.

# Caring for your child

Getting confident about everyday care and tasks is an important step in your new role as a parent. With time and practice, this gets easier and quicker to do.

## Bathing your baby

Bath time is a chance for you and your baby to have fun, play and interact. A bath 2 or 3 times a week is enough to keep your baby clean.

### Preparing for the bath

Have everything you need ready before you start.

Other tips:

- plan the bath for a quiet time of the day
- choose a time when your baby is not too hungry or tired.



Use a hand to keep your baby's head out of the water

### Water temperature

#### Follow these steps to get the correct temperature

1. Put the cold water in the bath or basin first.
2. Then put the warm water in.
3. Mix the water well to make sure there are no 'hot spots'.
4. Always check the temperature of the bathwater with your elbow.
5. If using a bath thermometer, make sure the temperature is around 36°C.



Use your elbow to check how hot the water is

## How to bathe your baby

- Hold your baby on your knee and clean their face.
- Hold their head over the basin, bath, baby bath or sink and wash their hair.
- Make sure you dry their head.
- Have one of your arms behind their shoulders and neck, holding their outside arm with your hand.
- Place your other hand under their bottom.
- Lower your baby slowly into the water.
- When their bottom is resting on the floor of the bath remove that hand to wash them.
- Use your other hand to keep your baby's head out of the water.
- When finished, put the hand you used to wash them back under their bottom.
- Hold their legs with that arm as they will be slippery.
- Then lift them out onto the towel.
- Pat them dry.
- Don't forget their skin folds and creases.



### Bath safety

- ✗ Never leave your baby alone in the bath - even an inch of water can drown a baby.
- ✗ Do not use bath seats.
- ✗ Do not rely on a toddler or older children to mind your baby in the bath.
- ✗ Do not leave babies, toddlers or young children in the bath without adult supervision.

## Nappies

Most babies have:

- at least 6 wet nappies each day



- at least 1 dirty nappy each day (some breastfed babies may have more or less than this).



Your baby might not have a dirty nappy for 1 to 2 days. If the poo is soft when they have a dirty nappy, your baby is not constipated.

Contact your public health nurse or doctor (GP) if you have any concerns.

### Bonding time

Chat with your baby or toddler while changing their nappy.



### Nappy changing

What you need when changing your child's nappy:

- plain water (with no soap or detergent) and cotton wool is best for the first 4 weeks - always check water temperature with your elbow
- wipes (if using wipes, make sure they are fragrance-free and alcohol-free).



## How to change a nappy

- Always wipe from front to back.
- Let the area dry.
- There is no need to use powders or cream.
- Slide a new and open nappy under your baby by gently lifting their legs at the ankles.
- The new nappy should be snug but not tight.
- Wash your hands after changing the nappy.

## Safe nappy changing

### Falls

Never leave your baby alone on a raised surface, even for a few seconds. Babies can roll off tables, beds and bunks in trailers.

### Suffocation

Do not store nappy sacks or any other plastic material within your baby's reach.

### Keep creams out of reach

Keep creams and similar items out of your baby's sight and reach. They could cause your child to be sick if eaten.



Keep your child away from nappy sacks and other plastic bags - they can suffocate

## Constipation

Constipation is when babies have difficulty passing stools (firm poos). This may make your baby uncomfortable and disrupt their sleep.

### Straining

Your baby may strain (grunt and become red in the face) when passing stools. This does not mean they are constipated if their poos are normal.

Bottle-fed babies (with ordinary baby milk) tend to have bulkier poos and will need to poo more often than breastfed babies.

Breastfed babies are less likely to get constipated. Newborn breastfed babies may poo after every feed. Older breastfed babies may go up to a week without pooing. This is not constipation if the poo is soft.

### Causes of constipation

Your child could become constipated if they are:

- not drinking enough liquids
- not eating enough foods that contain fibre (see below)
- not active enough for their age
- sick or have a medical condition
- holding their poos in because it has hurt before.

### How to prevent constipation

Always follow instructions on the formula milk packaging.

Solids like baby rice or baby biscuits should never be added to a baby's bottle.

#### Fluids

Give them plenty to drink, like breast milk or water. Until your baby is 1 year, make sure to boil and cool the water first before giving it to them.

#### Foods that contain fibre

Give your child high fibre food (babies and children over 6 months) like:

- whole grain breakfast cereals, bread, pasta and rice
- fruit and vegetables
- beans.

## Caring for teeth

Start taking care of your baby's mouth from birth. Clean their gums twice a day with a clean soft wash cloth or gauze.



### Fluids

Only give your child milk and water. No fruit juice or fizzy drinks.



### Bottles

Start using a cup or free flow beaker from 6 months old.



Do not allow your child to sleep or nap with a bottle or feeding cup in their mouth as this can cause choking.

## Protecting your child's teeth

### Soothers (dodie)

Avoid giving a soother (dodie or dummy) after 12 months. If you give your child a soother, make sure it is clean. Do not dip it in sugar, syrup, honey or anything sweet.

### Tooth decay

Food and drinks that contain sugar can cause tooth decay. This can cause pain, infection and the early loss of baby teeth from the time they appear in your baby's mouth.

Talk to your public health nurse or ring your local health centre if you are worried.

### Injuries to baby teeth

If your child damages their teeth take them to the dentist or contact your local health centre.



## Caring for your child with special needs

If your child has special or additional needs or a long-term illness, help and support are available.

Your child may need services like:

- physiotherapy
- speech and language therapy.

Your doctor (GP) and public health nurse will help organise any appointments that your child needs.

### Who can answer your questions

If your child is diagnosed with a disability, you will probably have a lot of questions about:

- what it means
- how it will affect your child's development
- what you can do to best support them.

Your doctor (GP) and public health nurse will be able to answer your questions, or they will refer you to a specialist. It can also be helpful to talk to other parents who have children with similar needs to your child's.

If you would like to connect with other parents or organisations, talk to your:

- Traveller primary health care worker
- doctor (GP)
- public health nurse.

They can offer advice and emotional support.

### Financial help

There is financial help available for carers of children with special needs. You may also be able to get help to:

- make any needed changes to your home, so it is safer for your child
- cover the cost of treatment of certain conditions.

Ask your public health nurse, Traveller primary healthcare worker or doctor (GP) for advice.

Your child may also need equipment like:

- something to help them walk
- a special seat.

If you have a medical card, this equipment will be provided to you.

# When your child is sick

Most children get sick at some stage. At first, you may be nervous when your new baby is sick, but you will quickly become confident as you get to know their routine and learn how to help when they are sick.

## When to get urgent medical help



### When to call 112 or 999

Call 112 or 999 or go to the nearest hospital emergency department (casualty) if your child:

#### Breathing

- stops breathing
- has rapid breathing or panting
- suddenly making loud noises when breathing in or out
- is finding it hard to get their breath and is sucking their stomach in under their ribs.

#### Temperature

- has a high temperature and severe headache or neck stiffness
- has a persistent fever, or feels unusually cold or floppy.

#### Other signs

- difficult to wake up or they are unable to stay awake
- has had a febrile seizure (fit) (cannot stop shaking) lasting longer than 5 minutes
- has more than 1 seizure in 5 minutes
- has a severe allergic reaction (anaphylaxis)
- has pale, blotchy, blue or grey skin
- is going blue around the lips
- is becoming agitated, confused or does not seem to know you
- becomes extremely distressed (does not stop crying) or the cry does not sound like their normal cry
- has pain in the arms or legs
- has a spotty, purple or red rash anywhere on their body that does not fade when you use the 'glass test' (see page 78 and 79).

### Do not wait to get help

Do not put off getting medical help if you think your child needs it. Even if your child has been seen before, get help if they get worse or are not improving as expected.



## Know your Eircode

An ambulance can find your home more quickly if they have the Eircode. See [eircode.ie](http://eircode.ie)

Make sure to tell the ambulance if there are any issues gaining access to your site.



## When to call your GP urgently

You should call your GP urgently if your child has any of the signs below.

### Temperature

Your child:

- is under 3 months old and has a temperature of 38 degrees Celsius or higher, or you think they have a fever
- has a high temperature that does not come down with paracetamol or ibuprofen (do not give paracetamol to a baby under 2 months and do not give ibuprofen to a baby under 3 months or under 5kg, unless prescribed by a doctor)
- has a low temperature (below 36 degrees Celsius)
- feels hot or cold to touch, or is shivering

### Dehydration

Your child:

- is under 3 months old and does not want to feed
- is not drinking fluids
- has unusually dry nappies or is having less than 4 wet nappies over a 24 hour period – this is a sign of dehydration.

### Vomiting

Your child:

- is vomiting most of their feeds
- is 6 months or older and is vomiting any fluids they drink, or they have a lot of diarrhoea
- is vomiting constantly and has severe abdominal (tummy) pain that won't go away
- has green vomit.

### Other signs

- the soft spot on your baby's head is very sunken or tense and raised.

Your child:

- has had a febrile seizure (fit) (cannot stop shaking) for the first time, even if they seem to recover
- is quiet and listless, even when their temperature is not high
- becomes drowsy (very sleepy) or irritable and you can not settle them with toys, food, TV or picking them up - especially if this happens after their temperature has come down

- has sunken eyes, has a dry mouth or no tears when they're crying
- complains of muscle pain
- has severe tummy pain.

### If you cannot get a GP appointment

If you cannot get an appointment with your GP today, ask if another GP can see you.

Phone the GP out-of-hours service in your area if your GP surgery is closed and your child needs to be seen urgently.

### Poison

If you think that your child has been exposed to or taken poison, stay calm but act quickly. Poison can include washing detergent, diffuser liquid and vape (e-cigarette) liquid.

- Call the Public Poisons Information Helpline on 01 809 2166 – the helpline is open from 8am to 10pm every day.
- Outside of these hours, contact your doctor (GP) or go to your nearest hospital emergency department (casualty).
- In an emergency call 999 or 112.



Vapes, diffusers and washing detergent can poison children

## Giving medicine to young children

### Do

- ✓ Always talk to a chemist, doctor (GP) or public health nurse before giving prescription medicine.
- ✓ Always use the spoon or dosage syringe that comes with the medicine.
- ✓ Give liquid medicines slowly to avoid choking.
- ✓ Keep medicines in their original containers.
- ✓ Keep all medicines out of children's reach and sight, and make sure lids are tightly closed.



Always store medicines out of children's reach

### Do not

- ✗ Do not share medicine with one another.
- ✗ Do not use household spoons to give medicine.

## Galactosaemia and the Beutler test for babies in Traveller community

If you or your partner is a member of the Traveller community, your baby will be offered testing for a condition called classical galactosaemia soon after birth. Galactosaemia is common among Travellers.

Galactosaemia means that a baby's body is not able to digest (break down) a type of sugar called galactose found in:

- breast milk
- ordinary milk
- ordinary baby milk.

Galactosaemia is not an allergy to lactose or milk.

As babies with galactosaemia are unable to break down galactose, they will need to be given a special soya milk feed instead.

If a baby has galactosaemia and has normal milk feeds, high levels of galactose build up in their body. These very high levels of galactose are toxic to babies. It can cause:

- liver damage
- severe infection
- bleeding problems.

Galactosaemia can be life-threatening.

### How the test is done

The test, called the Beutler test, takes place in the delivery ward before your baby's first feed. A tiny drop of blood is taken from your baby's foot and sent to the lab for testing. The result will be back in 2 to 3 days, but it could be quicker.

While you wait for the test results, your baby will be given a soya-based milk. The hospital will provide the soya milk. While you will need to hold off on breastfeeding until the test results come back, your nurse or midwife will help you to hand express your breast milk. Your breast milk can be stored until you know the results of the Beutler test.

### If your baby has the condition

If your baby has the condition, there is no need to worry. You will be referred to a specialist doctor. You will also be asked to continue using soya milk for your baby. Your doctor (GP), public health nurse or community dietitian will advise you on the best way to feed your baby.

### If your baby does not have the condition

If your baby does not have the condition, you can stop using the soya milk and feed your baby however you wish. You can discuss this with your doctor (GP) or public health nurse.

## Phenylketonuria (PKU)

Sometimes galactosaemia can be confused with another condition, which is called phenylketonuria (PKU). It is also diagnosed with the heel prick test.

PKU is a rare but potentially serious inherited condition. It can lead to brain damage.

With early diagnosis and treatment, most children go on to live healthy lives. Treatment includes a special diet and regular blood tests.

## Severe combined immunodeficiency syndrome (SCID)

Severe combined immunodeficiency (SCID) syndrome is a serious inherited condition that affects the immune system. Your immune system protects you from infection.

Babies born with SCID have a weak immune system and they will get very serious life-threatening infections. However, babies with SCID may seem well at birth and for the first few weeks of life. This is because of the protection they get from their mother during the last few months of pregnancy.

SCID is much more common in the Traveller community.

### Signs of SCID

The first signs of SCID usually occur in the first three to six months.

A baby with SCID will get more infections than other babies.

Simple coughs and colds will seem more severe and last longer than would be expected.

Thrush (a candida yeast infection) in the mouth or nappy area may be severe and not clear easily with the usual treatment.

Your baby may:

- have chronic diarrhoea
- not be a good feeder, or
- not gain weight well.

### If you're worried

If you have concerns about your baby's infections, weight and development, it is important to talk to your doctor (GP) or public health nurse.

### What you can do to help your baby

Tell your doctor (GP) or public health nurse if your baby has:

- had repeated infections
- problems feeding
- problems putting on weight
- any other worrying signs.

Ask them if your baby could have SCID. The sooner it is diagnosed, the better the treatment outcomes are for your baby.

## SCID runs in families

Please immediately tell your doctor (GP) or public health nurse if you know that in your family a baby has died very young, or needed to go to the UK for specialist treatment.

Your family includes:

- brothers
- sisters
- aunts
- uncles
- cousins
- nieces
- nephews.

Your GP or public health nurse can then ask you for more details about this. If needed your baby will be tested soon after birth, or as soon as you become aware that it might be needed. This will help to protect them from getting sick.

## How SCID is treated

The sooner doctors find out that your baby has SCID, the sooner they can start protecting and treating your baby. For babies found to have the condition soon after birth, there is an excellent chance of successful treatment.

At least 9 out of 10 babies are cured and go on to live a healthy life. If a baby gets very sick with a severe infection before they are diagnosed with SCID, then the treatment process is more difficult.

## How your baby is tested

The test is done on a sample of blood taken from your baby. The blood is sent to the lab and the baby's immune system is checked. If the baby's immune system looks normal, no further action is needed. If your baby's immune system looks weak, then further tests will be needed.

## If your baby has SCID

You will be referred to the specialist paediatric (child) immunology service at Children's Health Ireland at Crumlin Hospital in Dublin. They will organise care for your baby and ongoing treatment.

## Common illnesses

### Fever (high temperature)

A fever is a high temperature of 38°C or above.

### Bringing down a temperature

To try to bring down your child's temperature:

- give them drinks
- give your baby extra cooled boiled water
- remove extra clothing

Do not use a cool cloth or sponge to get their temperature down.



A high temperature is 38°C or above

## Medicines

You can give your baby medicines like liquid paracetamol or ibuprofen to lower your baby's temperature. You can buy these in the local chemist.

### When to get help

Contact your doctor (GP) immediately if your child is:

- under 3 months old and has a high temperature (38°C or over)
- between 3 to 6 months old and has a temperature of 39°C
- showing other signs of being unwell like
  - o drowsiness
  - o refusal to feed
  - o constant vomiting.



## Febrile seizures

A febrile seizure is a fit. It is sometimes called a febrile convulsion. It can happen if your child has a very high temperature.

### What happens during a febrile seizure

During a febrile seizure, your child may:

- become stiff and their arms and legs may begin to jerk
- lose consciousness
- may wet or soil themselves
- foam at the mouth
- vomit
- turn blue
- roll back their eyes.

### How to help your child

1. Lie your child on one side with their head tilted back.
2. Do not put anything in your child's mouth.
3. Do not try to restrain them or shake them.
4. When the seizure stops, try to lower your child's temperature to help them feel comfortable.

Most seizures will stop after a few minutes but you should bring your child to a hospital emergency department that treats children as soon as possible.

### When to get help

Contact an ambulance by ringing 999 or 112 if:

- a seizure lasts for more than 5 minutes
- another seizure begins soon after the first one ends.



## RSV

RSV is a common virus. It causes coughs and colds. It can cause bronchiolitis and pneumonia in very young children. Bronchiolitis is a chest infection. This is when the tiny breathing tubes in a baby's lungs get swollen and full of mucus. This makes it hard to breathe.

RSV can be serious for babies and young children, especially if they have a lung or heart condition.

### RSV symptoms

Symptoms of an RSV infection start like a cold.

Symptoms include:

- cough
- wheezing
- runny nose
- difficulty feeding or decreased appetite
- fever (temperature of 38 degrees Celsius or higher)
- sore throat.

These symptoms usually appear in stages and not all at once.

You can usually treat RSV symptoms at home without needing to see a GP.

But trust your instincts. Bring your child to your GP if you are worried about them or their symptoms are getting worse.

### If they develop bronchiolitis

After 4 to 5 days, babies and young children can develop bronchiolitis. Their symptoms may get worse and include:

- increased breathing (more breaths per minute)
- wheezing
- difficulty feeding or decreased appetite
- less wet nappies.

Most children with bronchiolitis can be cared for at home and get better over 10 to 14 days. But keep a close eye on your child. Symptoms can get worse quickly, especially in the first 4 to 5 days of being unwell. Your child may need hospital treatment.

## Croup

Croup is a type of cough. Your child may:

- have a barking cough
- be hoarse
- make a harsh sound when breathing.

### How to help your child

- Reassure them.
- Keep them upright.
- Give them fluids to drink.
- Don't give them any cough medicine.
- Don't put your child in a steamy room.



A barking cough is a sign of croup

Children with croup usually get better after 2 days.

### When to get help

Always bring your child to the doctor (GP) if you think they have croup. Sometimes children need to be admitted to hospital for treatment of their croup.



## Coughs and colds

There is no quick way of getting rid of a cough.

Try to make sure your baby takes plenty of fluids, like their usual milk feeds. Offer food as usual.

## Ear infections

An ear infection is an illness in the outer, middle or inner ear.

Signs that your child has an ear infection may include:

- a temperature
- irritability and restlessness
- touching or pulling at the ear
- no interest in feeding
- fluid coming from the ear.



Touching their ear can be a sign of ear infection

## How to help your child

- ✓ Do give children's paracetamol or ibuprofen to reduce the pain.
- ✓ Do not put heated olive oil into your child's ear.
- ✗ Do not use a cotton bud or anything else to poke inside their ear.



### When to get help

Take your child to the doctor (GP) if:

- you are worried
- there is a discharge from the ear
- they seem very unwell or drowsy
- they are not taking fluids.

## Vomiting

Your baby may have small vomits after a feed. This is normal and common in young babies. Your baby will grow out of this.

If your child is alert, behaving normally and feeding well, keep feeding them as normal. Offer them regular drinks of their usual milk or cooled boiled water.



### When to get help

Contact your doctor (GP) if:

- your child is repeatedly vomiting
- your child has been vomiting for more than 2 days
- the vomiting is forceful or projectile
- the vomit is green or contains blood
- your child is under 3 months old and has a temperature of 38°C or higher
- your child is 3 to 6 months old and has a temperature of 39°C or higher
- your child has any signs of being dehydrated (dried out) like:
  - drowsiness
  - not wetting many nappies
  - crying without tears.

# Chickenpox

Chickenpox is caused by a virus.

Your child can catch it by coming into contact with someone who has chickenpox or shingles.

## Early signs

Your child may have a fever and some mild flu-like symptoms at first.

- Flu-like symptoms can include:
- feeling unwell
- a runny nose
- aches and pains.

## Rash

Soon after the flu-like symptoms, an itchy rash appears. Some children may only have a few spots, but others are covered from head to toe.

Most healthy children recover from chickenpox with no lasting ill-effects. But some are unlucky and have a more severe illness than usual.

## Unusual symptoms

Contact your GP straight away if your child develops any unusual symptoms.

For example, if:

- the skin surrounding the blisters becomes red and painful
- they start to get pain in the chest or have difficulty breathing
- your child is very unwell and you are concerned.

Your child may need prescription medicine and possibly hospital treatment.

## How chickenpox is spread

Chickenpox is highly contagious. This means it is very easy to catch chickenpox if you never had it before. It can spread before a rash appears and until the blisters have all crusted over.

Chickenpox is spread by being in the same room as someone who has it. It can also be caught by touching clothes or bedding that has fluid from the blisters on it.

## How to help your child

The virus usually clears up by itself without any treatment.

You can give your child liquid paracetamol to help ease any and help to control their temperature.

**X** Do not give your child ibuprofen if they have chickenpox.

Research has found that serious skin reactions are more common in children with chickenpox who have been given ibuprofen.

## Hand, foot and mouth disease

Hand, foot and mouth disease is caused by a group of viruses. It usually affects young children.

### Symptoms

It causes blisters on hands, feet and in the mouth.

Children may also have a sore throat and high temperature.

These symptoms last for 7 to 10 days.

The vast majority of children who get hand, foot and mouth disease make a full recovery.

### How it spreads

The virus is spread by coughs and sneezes. It is also found in the poo of infected children.

### How long before symptoms appear

Symptoms start 3 to 5 days after exposure to the virus.

### How long children remain infectious

Children who are ill are infectious. They may also carry the virus in their poo for many weeks after they have recovered. This means they can continue to pass on infection.

### How to prevent the spread of disease

The virus is found in poo. Make sure you wash your hands very carefully, especially:

- before preparing food
- after changing your child's nappy, or
- helping your child use the potty or toilet.

### How to help your child

There is no specific treatment for hand, foot and mouth disease – it is usually a mild illness that goes away of its own accord.

If a child feels unwell, liquid paracetamol may help. Always read the label.

Make sure your child drinks plenty of fluids to prevent dehydration.



#### When to get help

Contact your GP if you are concerned or if your child has any of the symptoms listed on pages 63 to 65.

## Sticky eyes

It is very common for newborns and small babies to have 'sticky eyes'.

### How to help your child

Sometimes you may need to wipe or clean your child's eye. Always wash your hands before and after doing this.

Wipe from the inside corner to the outside corner. Use a new cotton ball for each time you wipe.



A baby with sticky eyes

### When to get help

Contact your doctor (GP) if:

- your baby's sticky eye is getting worse
- the white of your baby's eye is red
- your baby seems distressed and is doing things like rubbing their eyes a lot or seems to be in pain
- your baby does not like to open their eyes
- you are worried your baby might have conjunctivitis (the white of their eye is red)
- if they have been in contact with someone who has conjunctivitis.

If your child has sticky eyes but doesn't have these symptoms, mention it to your GP or public health nurse the next time you see them.



## Thrush (candida)

Oral thrush usually causes a white coating on your baby's tongue. It can also cause white patches in other parts of the mouth.

It can also be on your baby's bottom. It looks like a red rash with white spots.

To help prevent thrush, it is very important to sterilise all bottles and soothers. See page 30 for information on sterilising.

### Who to contact for help

To find out how to treat thrush contact your:

- public health nurse
- doctor (GP)
- chemist.



## Tummy upsets or gastroenteritis

If your child has a tummy upset with vomiting, diarrhoea or both, it is very important to make sure they get enough fluid to drink.



### When to get help

Contact your doctor (GP) if your child:

- is not drinking fluids or has any signs of dehydration
- has blood in their poo
- has had diarrhoea 6 or more times in the past 24 hours
- vomited 3 or more times.

## Cradle cap

Cradle cap looks like dry, flaky or yellowish-crusted skin on your baby's scalp. Cradle cap will usually go away on its own.

### Tips to help reduce the build-up of scales on the scalp

- Wash the scalp regularly, brushing with a soft brush to loosen scales.
- Soften the scales with baby oil first, followed by gentle brushing, and then wash off with baby shampoo.
- Soak the crusts overnight with white petroleum jelly, or vegetable or olive oil, and shampoo in the morning.



Cradle cap can make skin flaky



### When to get help

Contact your doctor (GP) if your baby's cradle cap:

- itches
- swells
- bleeds
- spreads to the face or body.

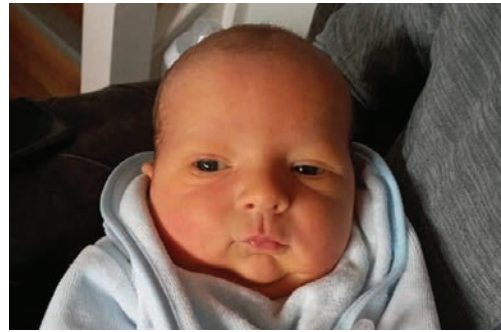
## Jaundice (yellow)

Jaundice is when your baby's skin and eyes have a yellowish shade. Many babies get slightly jaundiced in the first few days after birth.

Contact your midwife, doctor (GP) or public health nurse if you think your baby is jaundiced. They will tell you if your baby needs tests or treatment.

If the jaundice is mild, they will ask you to:

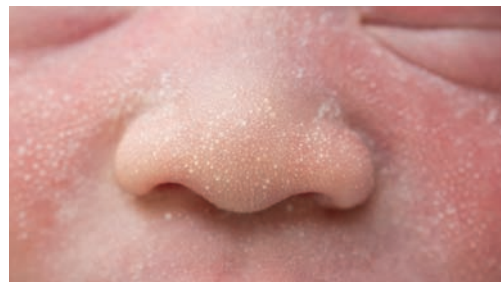
- feed your baby frequently
- wake your baby for feeds.



A baby with jaundice

## Milk spots

Milk spots (also called milia) are tiny white spots on your baby's face and neck. They are harmless and will go away after a few weeks without any treatment.



Tiny white spots are called milk spots

## Meningitis and septicaemia

Meningitis is when the thin protective layers around your brain and spinal cord get swollen. It can cause serious brain problems and can lead to death if it is not treated quickly.

Meningitis is usually caused by a bacterial or viral infection. The germs that cause bacterial meningitis can also cause septicaemia (blood poisoning) and a rash. Bacterial meningitis and septicaemia are life threatening infections.

Vaccines can offer some protection against meningitis. Your child will be offered some of these vaccines. See pages 14 to 18.

### Symptoms of meningitis or septicaemia

Think about meningitis and septicaemia if you or your child has any of these symptoms:

- a high temperature of 38 degrees Celsius or above
- a rash or spots - this may be harder to see on brown or black skin
- feeling and being sick
- headache
- a stiff neck
- aches or pains - for example, stomach, joint or muscle pain
- breathing fast
- that they are bothered by bright light
- cold hands and feet or pale, mottled skin - this may be harder to see on brown or black skin
- fits (seizures).

Other symptoms include:

- confusion
- drowsiness
- hard to wake them up
- irritability and a lack of energy.

Babies may also:

- refuse feeds
- not take their usual feed
- be agitated
- not want to be picked up
- have a bulging soft spot on their head (fontanelle)
- have an unusual high-pitched cry
- have a stiff body
- be floppy or unresponsive.



### Getting medical help

Call 112 or 999 for an ambulance immediately if you think that you or your child are seriously ill.

Or go to your nearest hospital emergency department (ED) or ED (casualty) for children.

Trust your instincts.

### How to check a rash

Check all of your child's body. Look for tiny red or brown pinprick marks that do not fade when a glass is pressed to the skin.

These marks can later change into larger red or purple blotches and into blood blisters.

Check on the palms of the hands or the soles of the feet.

### Do the glass tumbler test

1. Press the bottom or side of a clear drinking glass firmly against the rash.
2. Check if the rash fades under the pressure of the glass.
3. If the rash does not fade, your child may have septicaemia caused by the meningitis germ.
4. Get medical help at once.



This rash is not fading when a glass is pressed on it. This could be septicaemia

#### **Do not wait for a rash**

A rash is not the only symptom to be concerned about. It may be the last symptom to appear and can spread very fast.

Do not wait for a rash to appear before getting medical help.



## **Measles symptoms**

Measles is a viral infection that can be serious for babies and young children. It starts with cold-like symptoms around 10 days after you get infected.

The first symptoms of measles are:

- cold-like symptoms such as aches and pains, a runny nose, sneezing and a cough
- sore, red eyes that may be sensitive to light
- a temperature of 38 degrees Celsius or above (fever)
- small grey-white spots in your mouth
- loss of appetite
- tiredness, irritability and a general lack of energy.

You get a measles rash a few days later. Phone your GP urgently if you think you or your child has measles. Go to [mychild.ie](http://mychild.ie) for more information on measles.

Measles can be prevented by vaccination. Your child will get the first dose of the measles, mumps and rubella vaccine (MMR) at 12 months and the second when they are in junior infants.

# Your child's growth and development

You will enjoy seeing how your baby grows and develops during their first weeks, months and years. Every child is unique, and grows and develops in their own time. There are milestones to measure along the way.



Each child is different. What is important is how your child is developing overall.

It is normal for babies to lose some weight in the first 2 weeks after birth. Most babies are back at their birth weight by 2 weeks of age.

You can support your child's growth and development with many simple activities. If you are worried about your child's development or hearing, talk with your doctor (GP) or public health nurse.

Your public health nurse will talk to you about your child's development at your appointments. They will look at your baby's movements to see how they're developing.

Your appointments with the public health nurse are a good chance to get information on how your child is doing. They might spot something that your child needs help with. They might suggest your child needs to visit another healthcare professional, for example, a physiotherapist. They will talk to you about this and make an appointment for you. It is important to go to the appointment.

Here is a guide to your child's development, including their social and emotional development. Use it to see when your child may gain certain skills and learn new things.

### 1 to 2 months

Your baby may:

- hold their head up for short periods of time
- turn their head and eyes towards light.

### 3 to 4 months

Your baby may:

- kick
- keep their head up
- lift up their head when you put them on their tummy with their arms on the floor
- put weight on their feet when you hold them standing up
- watch their own hands.

### 5 to 6 months

Your baby may:

- sit with support
- roll from their front to their back
- grab small objects
- put things in their mouth
- hold up their arms so you can lift them.



### 7 to 8 months

Your baby may:

- sit up without being held
- shuffle and wiggle about on the floor while sitting on their bottom
- put their feet into their mouth
- look to where a toy has fallen if it is close by.



### 9 to 10 months

Your baby may:

- pull themselves up into a standing position
- try walking anytime from 8 to 20 months
- stretch forward and grasp a toy with both hands while sitting down without falling over.



### 11 to 12 months

Your baby may:

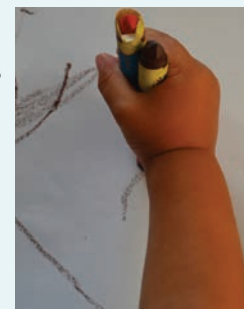
- walk around the furniture while holding on to it
- start walking without holding on to the furniture but with one hand holding yours
- help with being dressed by holding out their arm or leg.



### 13 to 18 months (1 to 1 and a half years)

Your toddler may:

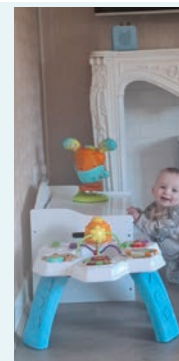
- walk about with their arms slightly out to balance themselves at first
- crawl upstairs and come down backwards
- hold a crayon in their fist to scribble
- throw toys and objects to the floor and watch where they fall
- put things in and out of boxes or plastic jars.



### 19 to 24 months (1 and half to 2 years)

Your toddler may:

- push or pull toys along the floor
- enjoy climbing up on furniture, like chairs or the table
- walk upstairs with help and creep downstairs backwards or sit on their bottom and bump down step by step
- hold small objects like crayons more firmly in one hand when drawing and scribbling
- follow you around the home and enjoy helping with everyday chores.



## Tummy time

Babies need to be physically active several times each day. This means playing on the floor with you and toys appropriate to their age.

Tummy time should start from birth. Try to do tummy time 3 to 4 times a day for short periods of time.

Tummy time helps to strengthen their head, neck and back muscles.

Place your baby on a firm and flat surface for tummy time. You must stay close to your baby while they are in this position.

If your baby falls asleep when on their tummy, always place them onto their back to reduce the risk of cot death.



Placing your baby on their tummy a few times a day will make their head, neck and back muscles stronger

### Here are some ways to do tummy time

#### Tummy-down carry

Carry your baby 'tummy down'. To do this, slide one hand under the tummy and between the legs. Hold your baby close to your body.

#### Tummy minute

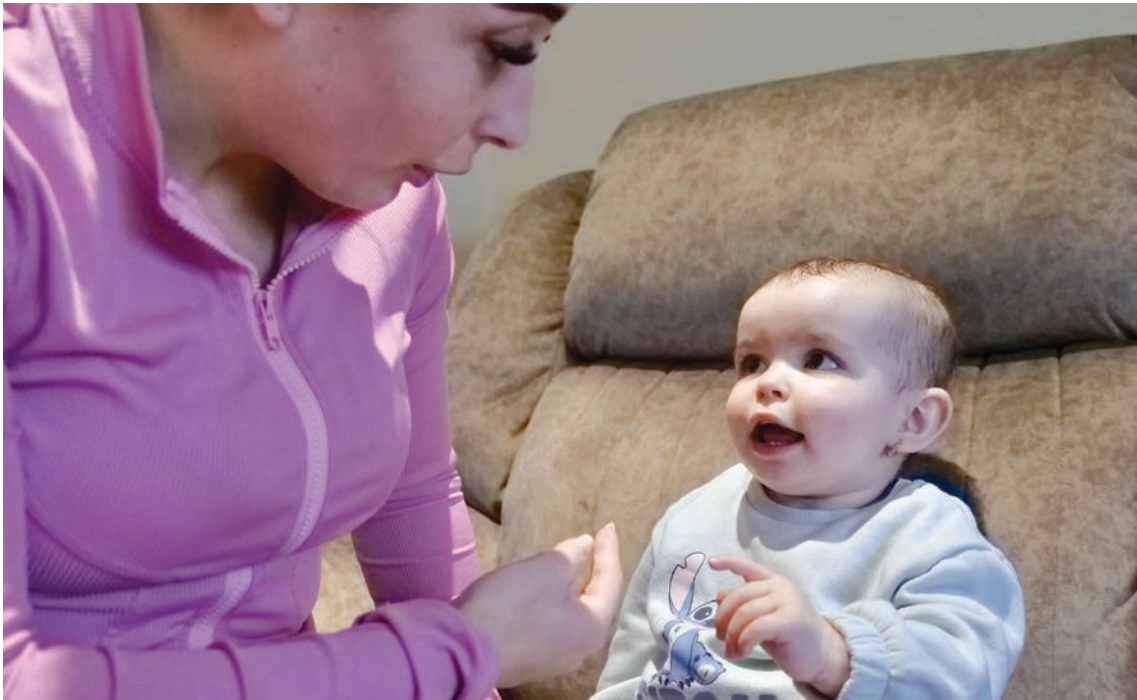
Place your baby on their tummy for one or two minutes every time you change them.

**Information reproduced from  
[pathways.org](http://pathways.org)**



The tummy-down carry

## How your child communicates with you



### Most interested in you

Your baby is most interested in looking at your face and hearing your voice. You are your baby's best toy! You are the most important person in your baby's life.

### 0 to 3 months

Your newborn baby has a wide range of ways to communicate with you.

### 4 to 6 months

Your baby can now make even more noises.

#### Babbling

You may notice your baby beginning to babble, for example "ba ba ba" or "da da da".

#### Reacting to voices

You may notice your baby gets excited when they hear voices, especially yours!

You might notice your baby starting to laugh.

#### Touch

Your baby can reach out and grasp objects that are close by. They enjoy reaching out and touching your face.

## 6 to 12 months

Your baby's communication skills are growing.

You might notice your baby puts lots of sounds together.

You might also notice your baby:

- pointing
- looking at you when you talk or when they hear their name being called
- copying some sounds you make, like coughing or making 'raspberries'
- enjoying games like 'peek a boo'
- starting to understand some words like "bye bye", "no" or "all gone"
- understanding the names of familiar objects or people, like "mommy", "daddy", "teddy" or "cup".



Babies love when others play 'peek a boo' with them

## Ways to support your baby's communication

### How to respond to your baby

#### Talking

Talk to them about what they are doing, for example: "You're looking at the light".

#### Getting face to face

Your baby will love looking at your eyes and smiling.

#### Listening

Listen to your baby.



Babies love to look at your eyes

#### Copy their sounds or actions and wait

For example, if your baby says "bababa", repeat back "bababa". Wait to see if they respond.

#### Comforting your baby when they cry

Providing lots of love and comfort helps your baby feel safe and secure with you.

### Other fun activities to try

- Songs and nursery rhymes.
- Picture books.
- Play on the floor.
- Peek-a-boo.
- Blocks.



### From 12 to 24 months

During this period, one of the most exciting milestones arrives – their first words.

They are beginning to:

- understand some simple words
- understand some simple action words
- name some body parts
- recognise and point to familiar objects.



Your toddler will begin to use more and more words. You will notice your toddler:

- using single words
- combining babble and real words
- pointing at things
- saying the same words over and over.

As they approach 2 years of age, your toddler may start joining two words together.



Talk to your baby about what you are doing together

## How to support your toddler's communication

Show interest in what they are doing.

Describe your daily activities together, for example:

- “that’s the car”
- “we’re changing your nappy”.

Add words to your toddler’s sentences. For example, if they say “kick ball” you could say “yes, mammy is kicking the ball”.

Use actions with your words. For example:

- wave when you say “bye bye”
- shake your head when you say “no”.

Speak slowly and clearly.

Stay calm when they’re being challenging.

Use words to describe your toddler’s feelings. For example:

- happy
- excited
- sad
- upset.

### Limit soothers (dodie)

Try to limit your toddler’s use of soothers, especially when they are awake. This can lead to difficulty with their teeth and speech.



## Fun activities to try with your toddler

Ideas include:

- action songs and nursery rhymes
- books.



Look at books together



## Your baby's teeth

### Teething and gums

Your baby may show signs of teething from about 13 weeks.

### Signs your baby is teething

Your baby may:

- have red and flushed cheeks
- dribble – wipe this away from the skin folds on their neck because this can cause soreness
- chew on their fists or on their toys more than usual
- have sore and tender gums and cry more
- have a nappy rash.

Contact your public health nurse or doctor (GP) if your child:

- has a high temperature
- has diarrhoea
- generally seems unwell.

These are not caused by teething.

## Helping your teething baby

Here are some other ways you can help:

- try giving your baby something to chew on like a cool teething ring - keep in the fridge but not the freezer
- massage your child's sore gums with a sugar-free teething gel
- use mild sugar-free pain relief if your child wakes at night and is irritable
- give cold water to drink – this helps to keep babies hydrated and may also soothe their gums. Remember to boil and cool water before giving it to a baby under 12 months.



A teething ring

### Do not use teething jewellery

Never use amber teething jewellery like necklaces, bracelets and anklets. These products are unsafe.

They are a potential choking and strangulation risk to babies and children under 3 years.

People who make them say that wearing amber jewellery releases a pain-relieving substance absorbed through the skin. There is no convincing scientific evidence to support these claims.



# Your baby's social and emotional world



## Milestones for your baby's social and emotional development

Baby's age	Your baby may
<b>1 to 2 months</b>	Your baby may: <ul style="list-style-type: none"><li>• respond to your voice</li><li>• cry, smile and coo</li><li>• look at faces</li><li>• become quiet when picked up (most of the time).</li></ul>
<b>3 to 4 months</b>	Your baby may: <ul style="list-style-type: none"><li>• give warm smiles and laughs</li><li>• cry when upset</li><li>• show excitement by waving arms and legs.</li></ul>
<b>5 to 6 months</b>	Your baby may be friendly with strangers, but may make strange (be upset) when you or another trusted adult is out of sight. They may know and respond to familiar faces.
<b>6 to 9 months</b>	Your baby may begin to show fear of things that did not bother them before this, like going for a bath. Your baby may get very attached to you and upset if you go away.
<b>9 to 12 months</b>	Your baby may: <ul style="list-style-type: none"><li>• seek your attention and cry to get it</li><li>• become shy</li><li>• feel secure in their close relationship with you</li><li>• show feelings of happiness by laughing</li><li>• show feelings of anger by screaming</li><li>• show feelings of hurt by crying.</li></ul>

## Milestones for your toddler's social and emotional development



Toddler's age:	Your toddler may:
<b>12 to 15 months</b>	Your toddler may: <ul style="list-style-type: none"> <li>• be easily frightened and cry</li> <li>• look for your attention and approval</li> <li>• have developed a safe and secure relationship with you</li> <li>• react to changes in their daily routine</li> <li>• be able to soothe and comfort themselves.</li> </ul>
<b>15 to 18 months</b>	Your toddler may: <ul style="list-style-type: none"> <li>• enjoy getting your attention and praise</li> <li>• get upset when they do not get something they want</li> <li>• be unwilling to share.</li> </ul>
<b>18 to 24 months</b>	Your toddler may: <ul style="list-style-type: none"> <li>• like to have their own way</li> <li>• have tantrums</li> <li>• learn to deal with short separations from you</li> <li>• not want to go to bed at bedtime</li> <li>• not like it if you are cross with them and they may cry</li> <li>• develop a sense of themselves like recognising their own face in a mirror.</li> </ul>

### Tips to help your baby to feel safe and secure

Respond to your baby when they are unsettled or crying – this isn't 'spoiling' them. It helps them to become calm.

- Cuddle, touch, sing and talk to your baby.
- Smile at your baby.
- Take time to make eye contact with your baby.



## Guiding your child's behaviour

As a parent, you want to teach your child about types of behaviour that are acceptable for their age.

The following tips can help:

### **Notice and praise good behaviour**

Praise good behaviour as soon as you see it.

### **Have clear rules and boundaries**

They need to be short, easy to understand. You must have the same rules for everyone in the home.

### **Set a good example**

If you act calmly and respectfully it can encourage your child to do the same.

### **Keep to a routine**

Children feel secure if things happen at roughly the same time each day. Explain any changes to a routine.

### **Things that can affect your child's behaviour include:**

- hunger
- tiredness
- frustration - when they do not have the language or skills to express themselves
- trying to get your attention
- expressing independence
- feeling stressed or overwhelmed
- being too young to understand an instruction
- parental stress - a change in family circumstances such as new sibling
- a new experience such as starting childcare.

## If your toddler or young child misbehaves

It is normal for young children to have periods of challenging behaviour. Like whining, fighting, shouting and throwing things.

They are not misbehaving on purpose. Your child's brain is still developing. Young children do not yet have the skills to fully manage their emotions. They need your support and help to do this.

Stay as calm as you can and try not to get upset or angry.

They are learning from your reaction to their misbehaviour. Here are some options.

### Consider doing nothing

You could ignore the misbehaviour if it is small. For example, if they are messing, being bold or carrying on.

### Take action

If the misbehaviour is more serious, you may need to take action.

### Remove the child

You could remove your toddler from where they are misbehaving.

### Change the game

If children are fighting over a toy or activity, you can remove that toy or activity for a short period of time. When you return the toy or to the activity explain the rules again. If the fighting happens again, take away the toy or activity for a longer period.

### Follow through

You will need to act quickly, have a plan in place and be consistent. If you don't follow through with what you said your child quickly learns this. They will be less likely to stop the misbehaviour.

### Have a plan

Plan ahead. It is always best to deal with issues, like tiredness or hunger that might cause your child to be upset or misbehave.

For example, if shopping time is clashing with nap-time, wait until after nap-time to go shopping. If you go shopping with a child who is tired, they are more likely to have a tantrum.

## Tantrums

Tantrums are very common and tend to begin around the age of 15 months. A tantrum is sometimes your growing child's only way of expressing their feelings.

When you stay calm, you are modelling the behaviour you would like your child to copy.

Think about why the tantrum is happening.

By having a tantrum your toddler is expressing what they are feeling.

You can sometimes help prevent tantrums by avoiding your child becoming too hungry or tired.

### Saying "no"

When you say "no", say it firmly and calmly and offer your child another option.

### Be consistent

Don't change your mind just because your child is having a tantrum.

### Wait it out

Sometimes there is nothing you can do other than wait for the tantrum to stop.



Give your child a hug if they want one

## Keep your child close

If possible, hug and reassure your child. Some children will not want to be hugged or touched during a tantrum. Stay with your child to make sure they do not come to physical harm.

## Don't try to reason with your child until they calm down

Your child is too upset to listen to you. They can't take in what you're saying.

## Biting, hitting, kicking and other unacceptable behaviours

Most young children occasionally bite, hit and kick others.

## Teach them it's not okay

As your child grows older, they should learn that these behaviours will hurt others.

### Ways to prevent unacceptable behaviours

- Keep an eye on your child.
- Distract your child with an interesting book or toy.
- Suggest ways to share and take turns.

## How to deal with unacceptable behaviours

Be aware of your own feelings. Count to 10 or take a few deep breaths. Try and react calmly and gently.

Firmly but calmly state that the behaviour is wrong.

“No biting. Biting hurts. Look Jake is crying now.”

Keep it short and simple. It is important to not give too much attention to the behaviour.

Focus your attention on the child who has been hurt by showing concern and sympathy.

You may have to respond consistently like this a number of times. Eventually your child will learn different ways of expressing themselves.



## Building positive relationships

The way you love and nurture your child physically and emotionally is so important.

This nurturing care will help your child to love and accept themselves.

Fulfilling your baby's need for food, love and shelter increases their sense of safety. It also provides them with opportunities to safely explore through their senses – touch, sound, taste, sight and smell.

All of this contributes to their healthy social and emotional development.

## Screen time

Screen time is any time spent looking at a screen. Screens can be smartphones, gaming devices, tablets, computers and TVs.

Positive and healthy screen time is possible with guidance and consistency.

Healthy screen time habits promote:

- positive physical health
- positive social and emotional development
- brain development
- connection and good relationships.

Limiting your child to the right amount of screen time for their age is the first step to developing healthy screen time habits.

## 0 to 18 months

If your baby is age 18 months or younger, do not let them spend time in front of a screen. But including them on video calls to friends and family is fine.

## 18 months to 2 years

If your child is between age 18 months and 2 years, limit screen time as much as possible. Your child will learn how to talk, play and interact by spending time with you and other children.

You may find it easier to let your child have screen time if you are busy, for example, cooking a meal. But there are other things you can do to help them pass the time.

You can:

- give your child a toy to play with or an activity to do near you
- involve them in what you're doing, for example, when you are cooking a meal.

## Effects of screen time on your child

If your young child spends a lot of time in front of screens, they may miss out on activities that are important to their development. For example:

- physical activity
- playing
- connecting with other people.

This can lead to poorer:

- language skills
- cognitive skills, for example, issues with their attention
- sleep
- relationships
- ability to manage their emotions
- fitness levels.

Even having a TV on in the background can have a negative impact on your child's development.

### Tips for healthy screen time

Be mindful about how you use screens around your child. Children like to copy others. The best way to teach your child healthy screen time habits, is to have healthy habits yourself.

Be aware of how often you look at screens when you're with your child.

Other things you can try to encourage healthy screen time:

- Set aside times or places at home that are screen-free zones, such as mealtimes or after dinner.
- Turn off or put away TVs and screens when they are not in use.
- Set aside special times in the week for family activities that are screen-free.
- Try not to use screens to calm or distract your child.

### Try a toy or an activity

Screen time can be tempting when you are busy and unable to play with your child. Instead, set them up safely in the same room you are in and give them an appropriate toy.



Try a toy instead of screen time when you are busy

# Playing and learning

Play is how your child's thinking, feeling, doing and learning can develop within a safe and secure relationship with you.

## Their favourite playmate

As a parent, you are your child's first and favourite playmate.



## Playing with toys

Your child will love exploring toys and household items. Only use a few toys at a time.

A variety of toys is important to provide different opportunities to learn.

It is normal for children to prefer certain toys over others.



## Open-ended toys

Open-ended toys are toys that can be played with in lots of different ways. Some of these include:

- blocks
- balls
- cardboard boxes
- clothes for dressing-up
- arts and crafts
- everyday household items like pots, pans and cardboard boxes.





### Toy safety

Make sure your child's toys:

- are appropriate for their age and developmental stage
- are in good condition – throw out broken toys because they can be dangerous
- have the CE mark on either the toy or the packaging – this shows that they meet the required safety standards
- do not have strings as they are a strangulation risk
- are stored away when not in use so that they don't cause trips or falls
- are stored in a place that your children do not need to climb to reach them – this will help to avoid risk of falls
- cannot fit through the centre of a toilet roll – anything that does is too small and a choking risk.



### Suitable toys for your child's age

Here are some ideas for toys and everyday household items that encourage your child's development as they grow.

#### 0 to 6 months

- Hold the toys you want your baby to see close to their face – this will help them learn to focus their eyes.
- Play in front of a mirror with your baby.
- Toys should be safe, clean and chewable – remember your baby will try to put everything into their mouth.
- Try shaking a rattle or waving a brightly coloured toy during tummy time.

#### 6 to 12 months

- Toys with different textures that crinkle or feel rough or smooth.
- Rattles and other toys that make a range of noises and tunes.
- Soft colourful balls and toys to push, roll and catch.
- A soft blanket or activity mat with mirrors for your child to touch.
- Toys that make sounds and move about.
- Colourful books with thick pages and pictures of everyday things like faces, cars, tractors or animals.
- Gentle relaxing music, audio stories or nursery rhymes.
- Music that encourages natural movement.
- Blocks that stack on top of one another or small shapes that fit into a larger box.



A colourful picture book

## 12 to 24 months

- Soft footballs.
- Dolls and safe action figures.
- Empty toilet rolls or kitchen paper rolls.
- Simple insert puzzles and plastic building blocks.
- Chunky non-toxic crayons or chalk and blank pages for your child to draw and scribble on.
- Playdough to let your child mould and create things.
- Music that encourages movement.
- Books made of thick cardboard with short stories of one sentence on each page.
- Toys for pretend play like a plastic tea set or an old hat and shoes for playing dress up.
- Big wheeled toys that move about on the floor and can be pushed or pulled along.
- Household things like a saucepan to place smaller shapes into and a wooden spoon to bang on it.
- A low-sided box that has some everyday things or treasures like:
  - toy phone
  - a soft sponge
  - a soft hairbrush (make sure the objects in the box are safe before you give them to your child).
- Plastic jugs and a basin for pouring, filling and emptying sand and water.



Pretend play with a pan and spoon

You or another adult must watch your child at all times while they play. You are often the best ‘toy’ that your child needs to:

- play
- learn
- have fun.

Setting aside time every day for parent-child play is very important.



Young children might like to play with items like a mirror (left) or building blocks (right)

# Keeping your child safe

Children have no idea about safety or danger. So while your child is busy exploring they rely on you to make sure that their home is a safe place.

## In an emergency

Phone 999 or 112 to contact:

- the ambulance service
- fire service
- Garda Síochána.

If there is a barrier on the site, let them know.



## Making your house or trailer safe for children (childproofing)

Childproofing your home is one of the best things you can do to help keep your child safe at home. You might not always notice dangers at child level.

### Here are some tips

Go down on your hands and knees to your child's height and work your way around your home – both inside and outside. Go from room to room to see what areas look both dangerous and inviting to a small child.

Once you spot the dangers, take action to remove or correct them immediately.

When childproofing inside, don't forget to include every room of your home including hall, stairs, landing, sitting room and all other areas.

When childproofing outside, don't forget to include the following areas:

- garden
- driveway
- shed
- trailer steps.

## Child safety equipment

The following are some examples of child safety equipment to help keep your child safe at home. However, equipment does not replace supervision. Supervision of your child is always important as children do not understand danger.

### Alarms

Make sure to have working:

- smoke alarms
- carbon monoxide alarms.



Check the smoke alarm

### Safety gates

You may need to adjust the safety gate to fit your trailer.

### Window restrictors

Use ones that do not need tools like keys or spanners for opening. This helps you to open the window fully in an emergency.

Give careful attention to windows near bunks if that is where your child plays.



A window restrictor

### Sparkguards and fireguards

Use these at open fires and beside stoves and heaters.

### Safety brackets and straps

Use brackets or straps to secure to the wall or floor:

- TVs and stands
- chests of drawers
- bookcases
- other free-standing furniture.



Make corners safer

### Corner guards

Place these on the corners of tables and other furniture with sharp edges.

### Cupboard and drawer locks and child safety locks

Use these on presses, cupboards and drawers.



Use locks on presses

### Fire blanket and fire extinguisher

Have a fire blanket and working fire extinguisher in your kitchen. Only attempt to put out a fire yourself if it is safe to do so.



### In the event of a fire:

- **get out**
- **get the fire brigade out**
- **stay out.**



When buying child safety equipment, make sure it meets current safety standards. Put together and use the equipment according to the manufacturer's instructions.

Check the equipment regularly to make sure it is in good condition and good working order.

## Preventing common childhood injuries

### Falls

Never leave your child alone on a baby changer or raised surface like a:

- table
- bunk
- couch
- bed.

Don't leave a baby bouncer or any other sitting device that your baby is in on raised surfaces, as your child could topple over.



Children easily fall from tables and other raised surfaces

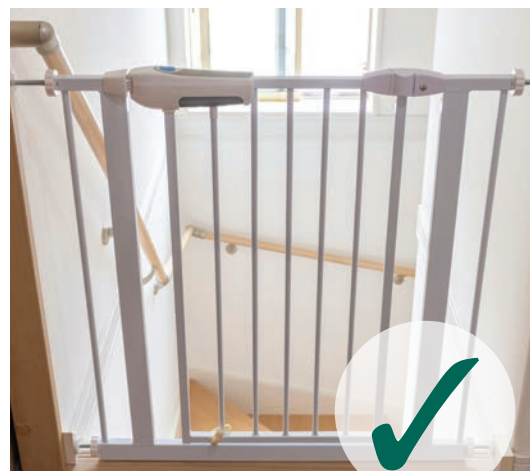
### Stairs and steps

Make sure steps at the trailer are suitable to the trailer. Make sure to have proper hand rails in place also.

Put stair gates at top and bottom of stairs. Follow the manufacturer's instructions for installing and using them.

Put safety gates at steps but make sure the instructions say it is suitable for steps.

When your child is at the right stage of development, show them how to slowly and safely climb and go down the stairs and steps. Never leave them alone on the stairs or steps.



Stair gates help stop falls

## Furniture

A child can have a serious or fatal injury if they try to pull or climb up:

- televisions and TV stands
- chests of drawers
- bookcases
- other free-standing equipment and furniture.

Always secure these items to the wall using correct brackets or straps.



## Seats

Make sure that your child is safely and securely strapped into a seat. Use seats and equipment with a 5-way safety harness.



A 5-way safety harness

## TV stands and cabinets

Do not put TVs on cabinets or chests of drawers as children often climb into drawers to reach the television or to play.

Always secure televisions, stands and cabinets to the wall or floor with brackets or straps. This helps to prevent them falling over onto your child if they pull at them or try to reach up to them.

## Windows

Keep your child away from windows.

Use window restrictors on windows that don't require tools like spanners or keys for opening. This means you can leave through the window quickly in an emergency.

Do not place furniture near windows or doors. This is to prevent children from climbing up and reaching the window.



An open window could cause a fall



Window restrictors prevent a child from opening windows where they can fall

### Blinds and curtains

Window blinds and curtain cords are a strangulation risk.

Do not fit blinds or curtains with cords attached.

Replace existing cords with curtain or blind wands. Prevent eye injury by keeping wands out of reach of your baby.

Cord tie-down or tension devices (see picture below right) pull the cord tight and secure it to the wall or floor. They help prevent strangulation risk from continuous loop cords on vertical blinds.



Loose blind cords are a strangulation risk



Use cord-tie down or tension devices



### Did you know?

Hair straighteners can reach the same temperatures as an oven. They could burn your child.

It is important to switch them off and unplug them straight away after use. Put them out of your child's reach.



## Choking



Some of the items that could be a choking risk for your child

Children under 3 are at the highest risk of choking because of the small size of their respiratory tract (airways).

Keep small and unsuitable items out of reach. Don't allow your children to play with string, cords, ropes or jewellery. They could choke on these objects.

Do not attach strings, ribbons, cords or chains to soothers as these could strangle your baby or cause them to choke.



Be aware that older children may try to share unsuitable objects or food with younger children.



### Nappy bags

Keep nappy bags stored away out of your child's reach at all times. They can suffocate them. Store them away from cots or changing tables.

## Bottles

If bottle-feeding, always hold your baby in your arms and hold the bottle in your hand.

Never leave your baby to drink a bottle on their own.

Never prop or lean the bottle against a:

- pillow
- self-feeding pillow
- rolled up blanket
- any another support.

Doing this could cause your baby to choke.

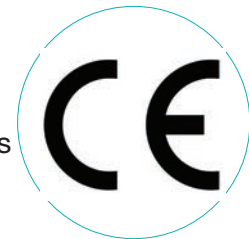


Propping up a bottle can be a choking risk

## Toys

Use the right toy for your child's age and developmental stage to reduce the risk of choking on toys or a piece of it.

Always look for the CE mark on toys or their packaging. This shows that they meet the required safety standards. Make sure toys are clean and in good condition. Throw away broken toys.



## Balloons

Balloons are not toys. They are a decoration. Only adults should inflate them and children should be supervised around them.

Children could choke on the balloon when inflating. They could also choke on a piece of the balloon when not yet inflated or when it bursts. Adults or children should not inhale helium.



## Batteries

Keep all remote controls and other battery-operated items out of your child's reach.

Keep all batteries, both used or unused, out of reach of children. Keep them in a high locked cupboard. Throw away used batteries safely and correctly.

Make sure that the battery compartments on toys and other items are secured properly and can't be opened by little hands.

### Beware of button batteries

If your child swallows a button battery, they are both at risk of choking and of causing serious burns to their insides.

Get immediate medical help if your child swallows one, even if they do not appear to be in distress.



## Clothing and jewellery

Your child is at risk from anything placed on or caught around their neck.

Never place any of the following on your baby or toddler:

- head bands or hair bands
- jewellery (including amber teething jewellery)
- strings
- cords
- belts
- ribbons
- clips
- ties
- clothes and hats with strings or cords
- dodie chains.



## Suffocation

### Bibs

Always remove your child's bib after feeding and also before placing your child down to sleep. A bib could suffocate your baby.

## Sitting devices

Sleeping in a sitting position can cause your child's head to fall forward. This can make it difficult for them to breathe which could lead to death.

Never use a sitting device for your child's routine sleep.

Sitting devices include:

- bouncers
- car seats
- highchairs
- buggies
- slings
- carriers
- swings.

If your baby falls asleep in a sitting position, they should be placed on their back to sleep as soon as possible.

## Drowning



Never leave your child alone near, with or in water – not even for a second. Even a tiny amount of water is dangerous.

Empty and store away mop buckets, basins and other water containers after use. They can quickly fill up with water from a rain shower.

Puddles are also a drowning risk.



### Pools

Be very vigilant if your child is near a swimming pool or beach. Make sure there is a locked gate or door separating your child from the pool.

You need to make sure your child is properly supervised by a responsible adult at all times. Lifeguards do not replace the need for parental supervision.



Always empty paddling pools straight away

### Poisons

Store cleaning and laundry products in high cupboards. Keep them out of your child's sight and reach. Use cupboard safety locks.

### Carbon monoxide

Use carbon monoxide alarms (EN 50291 standard) in every room that has an appliance that burns fuel. Test them regularly and replace as required.



### Medicine and supplements

Keep all medicines, iron and vitamin tablets or supplements in their original containers. Lock them in an overhead medicine cabinet or high cupboard out of reach and sight of children.

## Alcohol and cigarettes

Lock alcohol and cigarettes away out of your child's sight and reach.

## E-cigarettes

Do not leave electronic cigarettes (used for vaping) or their refills in reach or sight of children.



## Handbag items

Handbags can contain items like:

- tablets
- chewing gum
- hand gel
- make-up
- perfume.

Place all handbags out of your baby's reach. Be mindful of visitors' handbags also.



## Poisons Information Helpline

If you think that your child has taken poison, stay calm but act quickly.

**Contact the Public Poisons Information Helpline by ringing (01) 809 2166.**

Save this number to your phone.

Your call will be answered by a specialist who will tell you if medical attention is needed. The helpline is open every day from 8am to 10pm. See [poisons.ie](https://www.poisons.ie)

Outside of these hours, contact your doctor (GP) or hospital. In an emergency, call:

- 999, or
- 112.

## Scrap

If scrap is collected on your site, do not let your child play with it. Also be careful of children getting trapped in scrap items such as fridges.

## Fire

### Smoke alarms

Be sure to test your smoke alarms regularly (once a week) and replace the batteries as soon as needed.

### Make your house or trailer smoke free

Always keep matches and lighters out of your child's reach. Do not smoke in your home.



### Candles

Never leave a candle burning when you leave a room. Keep candles out of your child's reach and place them away from curtains.

### Sparkguards and fireguards

Use these at open fires and beside stoves and heaters.



Test your smoke alarm often



Never overload indoor or outdoor sockets. This could cause a fire.

## Burns and scalds

### Tablecloths

Avoid using tablecloths as your child may pull at them. They could be scalded by a hot cup of tea or coffee.

## Sun

Keep children out of direct sunlight and apply sunscreen. Use a wide brim sunhat that protects the face, neck and ears.

### 0 to 6 months

It's better in the first 6 months to protect babies from sunlight rather than use sunscreen. This is because their skin doesn't absorb sunscreen as well as older children.



A wide-brimmed hat

Do use sunscreen if it's not possible to avoid sunlight. Apply small amounts of sunscreen to your baby's exposed skin.

## 6 to 24 months

Apply generous amounts of sunscreen and reapply at least every 2 hours.

### Keep hydrated

Make sure your child drinks enough fluids and does not overheat.

## Reducing the risk of cot death

Cot death does not happen only in a cot – it can happen anywhere a baby is sleeping day or night.

Always put your baby on their back to sleep. This is the same during the day and during the night.

For more information on cot death, please read page 45 of the book.

### A smoke-free zone

Create a smoke-free zone for your baby. Do not smoke during pregnancy. Don't let anyone smoke in your home, car or around your baby.

### Only use a cot in good condition

The mattress should be clean, firm and flat with no tears and fit the cot correctly.



## Car seats

You must have a car seat for your child. Make sure your child is always strapped in securely for every journey – no matter how short.

Make sure the one you have is appropriate to your child's weight and height and conforms to the current safety EU standard. Look for the 'E' mark.

### Where to put the car seat

Never place a rearward facing car seat in the front passenger seat of the car where there is an active frontal airbag.

It is safer for children to travel in the back of the car securely strapped into their car seat.

### Lead by example

Lead by example and always wear your seat belt.



## Never leave your child in a parked car

Never leave your child alone in a parked car, not even for a short time.

Always remove your car keys from your car and keep your car locked.



## Long journeys

If going on a long car journey with your baby, plan for breaks where you can safely park your car. Then take your baby out of the car seat. Place them on their back so they can stretch and move about, either on your lap or in the back seat, while you supervise closely.

Return your baby safely to their car seat before you start driving again.

## Outdoors

Never allow your child access to the road or pathways beyond your home without adult supervision.

## Trampolines

Make sure:

- trampolines have safety padding and safety nets
- children under 6 are not allowed on a trampoline
- only 1 person is on a trampoline at a time
- adult supervision is available at all times.



## Safety around vehicles

Due to their small size, children are at risk from reversing and driving vehicles. This is because drivers may not see them or expect them to be there.

When vehicles are coming into or leaving or reversing in your driveway, make sure:

- your children are safely inside your home, or
- an adult is holding them securely in their arms or by the hand.

Before getting into your car, always check that your child is safely inside being supervised. When out and about, watch out for children playing when you are driving and reversing.



Always hold your child securely when vehicles are coming and going



Please share the child safety information in this book with everyone who looks after your baby. This includes:

- family
- friends
- child-minder
- crèche



