

## BABIES

Caring for your sick baby is among the biggest responsibilities any new parent faces. Here, you'll find information on some of the most common health problems your baby is likely to encounter including: reflux, colds and coughs, constipation, ear infections, eczema, diarrhea, fever, teething, and more.

**If you have serious concerns about your babies health, call your GP, Plunket nurse or local emergency department.**

### Reflux

As long as your baby is healthy and growing normally, spilling should not be a cause for concern. Up to 70% of healthy babies spill regularly with a peak at around 4 months of age. This is because their digestive system (gut) is not yet fully developed. Most children outgrow spilling between 6 and 12 months. It generally improves as baby becomes more upright, the diet becomes more solid, and the gut function matures.

A more-severe form of reflux, known as gastro-oesophageal reflux disease (GORD), is rare. Symptoms of GORD include poor weight gain, feeding difficulties, severe restlessness, and sometimes frequent spilling. If you are concerned your baby may have GORD, see your doctor for diagnosis and treatment.

### Contact your family doctor if your baby:

- brings up a large amount of milk after most feeds
- spits up forcefully (projectile vomiting)
- spits up green or yellow fluid
- is fussy and unhappy between feeds
- arches her back or seems to be in pain after most feeds
- is not gaining much or any weight
- has breathing problems
- starts vomiting at age 6 months or older

### Nappy rash

Nappy rash is a red, irritating skin rash in the area covered by the baby's nappy.

Most nappy rash can be improved with simple measures such as:

- changing nappies more often
- rinsing cloth nappies thoroughly
- washing baby's buttocks in warm water with mild soap or soap substitute then rinsing well and drying
- applying a protective cream/ointment
- using nappy liners
- leaving the baby's nappy off for a time when practical.

See a doctor if: the rash does not improve after a few days, if it extends beyond the nappy area, or there are signs of infection such as swelling, [blistering](#) or pus.

## Teething

Your baby will start getting their first teeth at around 6 months.

The lower (bottom) front teeth usually come through the gum first. These are followed by the upper (top) front teeth.

The bottom front teeth come through at 6–10 months, and the top front teeth at 8–12 months. Then, the top teeth on either side at 9–13 months, and the bottom teeth on either side at 10–16 months. The first top molar teeth come in at 13–19 months. The first bottom molars come in at 14–18 months. Then the top canines at 16–22 months and the bottom canines at 17–23 months. The last bottom molars come through at 23–31 months, and the last top molars at 25–33 months.

Many babies' teeth come through without any problems, but for some the gums swell and become sore as teeth break through. Your teething baby may cry, have a slight fever, have red cheeks, drool, not eat or sleep well and want to bite something hard.

If your baby is upset, gently rub their gums with a clean finger or the back of a cold spoon. You can also wrap ice cubes in a wash cloth and place the cloth on your baby's cheek. Give your baby something to chew on, such as a clean teething ring. You can also buy teething gels from your chemist.

Teething doesn't make babies sick, but if your baby has a lot of pain, bleeding or pus in their gums or swelling in the mouth or face, get help from a doctor or nurse or call Healthline (0800 611 116).

## Colds and Coughs

Little noses get a lot of colds. Babies can catch eight or more during their first year alone. Though these sniffles and sneezes in babies are rarely serious, they're tough on parents, too — and one of the biggest reasons for visits to the GP.

The common cold is caused by a virus and usually lasts for 5–7 days. As colds are caused by a virus, antibiotics make no difference to how quickly your child gets better.

If your baby has a blocked nose or is snuffly, saline nose drops may help. They make the mucus moist and able to be sneezed out. After 1 year you can use Vicks on a tissue or hanky between their singlet and other clothing. Teaching your toddler to blow their nose can help prevent ear infections. If your baby has a cold, they may wake more often and may want many small feeds. If your older child doesn't want to drink much, try offering small drinks frequently. Many children do not want to eat much when they have a cold. Do not worry if they are not hungry; drinking is more important. To help stop the infection passing onto others, teach older children to cover their mouth and nose when coughing and sneezing with a tissue and to wash their hands after blowing their nose or if they have sneezed into their hands.

***See your doctor if you are concerned about your child, if they are breathing quickly, wheezing, having difficulty breathing (lower chest and stomach sucking in when breathing), have a chesty cough, are not feeding/drinking well or are not getting better.***

Coughing helps to clear the airways in the chest and throat. A cough can have many causes, for example a viral or bacterial infection, asthma, something irritating the airways or choking on an object.

Cough mixtures are not recommended for children under 2 years as they may stop the cough which is helping to clear their airways, or they may have side effects, or make your child drowsy. Talk to a doctor or a pharmacist before giving young children cough mixtures. It is important to see a doctor if you are worried about your child's cough. If the cough is wheezy, makes them vomit, has a whooping sound, is chesty (rattling sounding cough), they have noisy breathing or difficulty breathing, are breathing quickly, they are still coughing after choking on something or the cough is not getting better.

## **Croup**

Croup is caused by a viral infection. It usually starts with the symptoms of a cold, then some children develop a barking cough and noisy breathing. It is more common in children 3 months to 3 years. Croup can be frightening for both you and your child. A child with croup may breathe quickly, have a barking cough, make a raspy sound when breathing in, have a fever and be irritable. It often starts quickly, usually at night, then improves in the morning and becomes worse again at night. In most children croup lasts 3 to 7 days.

They may be comforted and calmed by using a quiet, reassuring voice and cuddling them close while holding them upright to help their breathing. Offering drinks may help soothe the cough. Your child needs to be seen by a doctor quickly if they are distressed, have difficulty breathing, are breathing quickly, noisy or grunting when breathing or you are worried. If your child turns blue you should ring 111 for an ambulance.

## **Constipation**

It is common for babies to go red in the face, push and seem to strain when they are doing poos even when they are not constipated.

If the motions are soft your child is not constipated. Constipation is rare in breastfed babies. It is normal for breastfed babies over 4 weeks of age not to do poos every day. Some babies go only once every 7–10 days. Formula-fed babies usually do poos every day or every second day. The most common cause of constipation is not enough fluid. Ask your Plunket nurse, other well child health provider or doctor about constipation in babies less than 3 months old. If your baby has not passed their first poo by 24 hours after birth, you should see your doctor. If you are using formula, check you are making it correctly. It is important to put the water in before the powder and not to add extra scoops of powder or add extra water. Here are some suggestions that may help for constipated babies over 3 months of age. Offer your baby up to 50 ml cool, boiled water twice a day as well as their usual feeds. Offer your baby 5 ml pure apple or orange juice in 50 ml of cooled, boiled water once or twice a day (as well as their normal feeds) until the motions are soft.

For a baby over 8 months old, kiwifruit can also be helpful for constipation. Give older children plenty of water to drink, fresh fruit and vegetables and whole-grain foods eg brown whole-grain bread.

## **Fever**

Often children have a high temperature (fever) when they are sick. Most fevers occur to help the body fight an infection. If your child is sick, you may want to use a thermometer to find out if they have a high temperature.

A normal temperature is 36°C to 37°C. If you do not have a thermometer, you can check your child's temperature by slipping two fingers under their clothes down the back of their neck, in between the shoulder blades, to see if they feel hotter than normal.

If your child is very hot, you can help keep them more comfortable by:

- taking off layers of clothes
- covering them with only a sheet when asleep
- keeping the room cool (but not too cold)
- giving them extra drinks
- giving toddlers and preschoolers ice blocks if they are not interested in drinking.

It is safest to have your child checked out by a doctor if their temperature or fever remains high, if they are unwell with other symptoms or if you are concerned. Some children can have a febrile convulsion (fit) when they get a high fever. A baby under 2 months with a fever should be taken to the doctor urgently.

## **Tummy Bug**

Gastroenteritis or a tummy bug is a bowel infection, usually caused by a virus. It causes runny, watery poo and sometimes vomiting. Children with gastroenteritis need to drink plenty of fluids. Babies can lose a lot of fluid if they are vomiting and can become sick very quickly. Contact your doctor if your baby has severe vomiting, vomits for more than 6 hours, the vomit is

green in colour, your baby will not drink, appears ill (drowsy, floppy, not alert), passes less urine, has a fever, or it is difficult to calm them. Keep giving them plenty of fluids (drinks). If you are breastfeeding, keep doing so. If your baby is bottle fed, keep giving them their formula and extra fluids. Offer them food and fluids from their normal diet. Homemade sugar and salt solutions are not recommended. Don't offer fizzy drinks, fruit juice, apple juice or sports drinks.

### **How long could it last?**

The vomiting may settle quickly but the diarrhoea often lasts for up to 10 days. This doesn't matter as long as your child is drinking well and seems to be improving.

### **When should I seek help?**

You should see your doctor or after-hours medical centre urgently if:

- your child has vomiting and/or diarrhoea and is less than 6 months old – babies can become dehydrated and unwell quickly
- your child is drowsy and difficult to rouse
- your child has a lot of diarrhoea (8 to 10 watery motions in 1 day)
- there is blood or mucus in your child's poo
- vomiting is increasing, or your child cannot keep fluids down
- your child starts vomiting green fluid (bile)
- your child develops severe stomach pains
- your child shows signs of dehydration
- you are concerned for any other reason
- your child's diarrhoea continues for more than 10 days

Dial 111 within New Zealand for urgent medical help (use the appropriate emergency number in other countries) if you are very concerned about your child.

## **Hand-Foot-Mouth Disease**

Hand, foot and mouth disease is a common viral illness in children. Symptoms include a fever, blisters, loss of appetite, a sore throat and mouth and a general feeling of weakness or tiredness. If your child has hand, foot and mouth disease, keep them at home if they are unwell or have blisters. Make sure your child doesn't go to childcare or school until all the blisters have dried.

### **What puts my child at risk of getting it?**

Anyone can get hand, foot and mouth disease, but it is most common in children under 10, and particularly in pre-school children. Hand, foot and mouth disease appears most often in warm weather – usually in the summer or early autumn.

### **How long could it last?**

The disease is usually mild and lasts about 3–7 days.

### **How does it spread?**

Hand, foot and mouth disease spreads easily between people – it is very catching. It spreads from person to person by coughing or sneezing, or by contact with mucus, saliva, blisters or the poo of an infected person. Children can also easily catch the disease by touching objects like toys and then putting their hand or toy in to their mouth. Children with hand, foot and mouth disease are most likely to spread the disease in the first week – until all the blisters have dried.

### **What are the signs and symptoms?**

**Mild fever is usually the first sign of hand, foot and mouth disease. This starts about 3–5 days after your child has been exposed to the disease.**

After the fever starts, your child may develop other symptoms, including:

- painful red blisters in their mouth
- red or fluid-filled blisters that are not itchy or painful – usually on the arms and legs (particularly on the palms of hands, or soles of feet- but they can appear elsewhere on your child's body)
- loss of appetite
- a sore throat and mouth
- a general feeling of weakness or tiredness

### **Eczema**

Eczema is an inflammation (rash) on the skin. It is often red, dry and sometimes itchy and usually the cause is unknown.

Try to find out what makes it worse (eg wool, soap). If wool makes it worse, try putting cotton singlets under woollen ones and cotton tops under woollen jerseys.

If perfumed soaps make it worse, use bath oil instead. You can discuss bath oils with your doctor, Plunket nurse, other well child health provider, or chemist. Keep your child warm, but not hot. Overheating can often make the eczema worse. If your child scratches the eczema, try to keep their fingernails short. You can use an emery board to remove sharp edges. Gloves may help at night or at sleep times. If the eczema is on your child's arms or legs, dress them in long pants or tops with long sleeves.

Discuss creams and ways to improve the eczema with your doctor or Plunket nurse. An emollient moisturising cream used on the skin helps to keep it moist. Hydrocortisone cream (1per cent) is also safe to use.

### **Chickenpox**

Chicken pox usually starts with a mild fever that is followed 1–2 days later by red spots that become like small blisters. Over the next few days these itchy blisters become crusty. The blisters usually start on the chest and then the arms, legs, and head (sometimes in the mouth). The incubation period (from the time of contact with another child with chicken pox to the first symptoms) is 2–3 weeks. The child is infectious from 1–2 days before the first symptoms to after the last blister crusts over. If you are concerned about your child see your doctor. Use creams or lotions from the chemist to reduce the itchiness (scratching the blisters can cause scars).

Give soothing baths if they have a fever. Feed soft foods to children with blisters in their mouth. It is important not to give children aspirin because of the risk of a serious condition called Reyes Syndrome.

Immunisation to prevent chicken pox is included in New Zealand's immunisation schedule and given at 15 months.

### **Diarrhoea**

Diarrhoea is an increase in runniness and number of bowel motions (poos). Diarrhoea can be caused by a viral infection, bacterial infection, or a reaction to something eaten.

Young children can lose a lot of fluid and become sick quickly when they have diarrhoea. If your child has vomiting and diarrhoea together you need to contact your doctor. If watery diarrhoea has not settled in 24 hours or your child shows other signs of sickness eg drowsiness, passing less urine, has stomach cramps or blood in their poos, see a doctor.

### **Babies with diarrhoea**

It is important to keep breast or bottle feeding your child and to offer extra fluids. Offer them food and fluids from their normal diet. Homemade sugar and salt solutions are not recommended. There is no need to stop feeding your child; in fact, continuing to feed helps to heal the bowel more quickly. If your baby is not drinking much, they will need to be seen by a doctor.

### **Older children with diarrhoea**

Older children need plenty to drink. Do not offer fizzy drinks, fruit juice, apple juice or sports drinks as they are high in sugar and can make the diarrhoea worse. You may offer your child food, but they may not be hungry or as hungry as usual.

If your older child is reluctant to drink you can make a game of drinking by:

- offering fluids in a special cup, or drinking through a straw
- offering ice blocks or jelly
- using a timer and making every 10 minutes 'sipping time'.

To prevent passing the infection to others, wash your hands after changing nappies or helping your child on the toilet. Washing your hands before preparing or serving food will help stop the rest of the family getting sick. Also ensure older children wash their hands each time after going to the toilet.

### **Ear infections**

Ear infections can occur at any age. Signs your child may have an ear infection include if they keep crying, are grizzly, keep rubbing or pulling their ears, get a runny ear or have a fever. If they are not hearing well, they may have glue ear (fluid in the ear which interferes with hearing). They will need to see the doctor if they have any of these symptoms. Antibiotics are not always needed for ear infections. They are more likely to be needed if your child has a very high temperature or is very unwell and vomiting. If the doctor prescribes antibiotics your child needs to finish all the medicine to make sure the infection is completely clear. To help prevent ear infections keep your baby in smoke-free areas, breastfeed and feed your baby in an upright position. Teaching older children how to blow their nose can also help prevent ear infections.

### **Tips on how to give medicines to babies & children**

Giving medicines to babies and children can be tricky, especially when they are feeling unwell and are a bit grumpy. Giving your child the correct dose at the correct time is important.

Forcing a struggling child to take any medicine can lead to fear, vomiting, choking or injury. It is unpleasant for both child and carer.

When giving your child liquid medicines use a proper medicine measure to give the correct dose — don't use a normal kitchen spoon as it's not an exact measure. Some liquid medicines come with their own cup, spoon or syringe or you can buy a dose measure from your pharmacy.

**Plastic syringes:** These help to measure the exact dose of liquid medicine. Gently squirt the medicine into your child's lower cheek; not at the back of the throat — it can cause choking.

**Dose cup:** These have numbers on the side to help you pour the right amount. These are suitable for children old enough to drink from a cup without spilling. Measure the dose by placing the cup at eye level on a flat surface.

**Dosing spoon:** These are suitable for children who can drink out of a cup. They're like test tubes with spoons at the end.

**Droppers:** These are best for infants and young children who can't drink from a cup.

It's important that children take their medicines as prescribed. Let your doctor know if there have been problems giving your child their medicine.