

Contents

| | |
|---|----|
| How to Breast Feed – The method of Breast feeding | 01 |
| When you are breastfeeding your child correctly | 02 |
| Latching and Feeding Cues | 03 |
| How to breastfeed and retracted nipple | 04 |
| Can a working mother continue breastfeeding? | 05 |
| How can a mother re-initiate breast feeding? | 06 |
| Care of Newborn Skin | 07 |
| Nappy Care | 09 |
| Diet for your child | 10 |
| Nutritional Elements | 12 |
| Red flag signs in developmental mile stones | 13 |
| Wrong beliefs and superstitions in child rearing | 15 |
| Diet and healthy lifestyle for a lactating mother | 16 |
| Home care for common childhood illnesses | 17 |
| Fever | 18 |
| Diarrhoea | 19 |
| Other Childhood illnesses | 20 |
| First aid - Fits | 23 |
| Cardiopulmonary Resuscitation in an infant | 24 |
| Choking | 25 |
| When you need medications / Medical Help ? | 26 |
| Safe Home | 27 |
| Sleep | 30 |
| How to Brush your Teeth? | 31 |
| Toilet Training | 32 |
| Play Time | 33 |
| Television, Smartphone, Tabs and Internet | 34 |
| Life Education | 37 |
| What is Good touch? What is bad touch? | 39 |
| Learning Disability | 40 |
| Constipation | 42 |
| Bed Wetting | 43 |
| Overweight and Obesity | 44 |
| Medicines - for your attention please | 45 |
| IAP Immunization Timetable | 46 |
| IAP Recommended Vaccines | 48 |

How to Breast Feed – The method of Breast feeding

For the First 6 months exclusive (Only breast feeds)



- ❖ For all infants: for the first 6 months of life only breast feeds should be given, and breast milk will ensure 100 % nutrition and nutrients.
- ❖ All Newborns must be given breast feeds immediately after birth (within 15 to 20 mins after delivery).
- ❖ For Newborns born after caesarean delivery, breast feeding could be commenced as soon as the mother is transferred from the operation theater and is awake. The nursing personnel/ care taker could help.
- ❖ After the birth of the baby a yellowish colored liquid is secreted from the breast. This is called colostrum (first milk). This colostrum is secreted from the breast from the 1st to the 3rd day after delivery. This colostrum is a very important nutritive and protective factor. Though low in quantity its anti-infective property is extremely high.

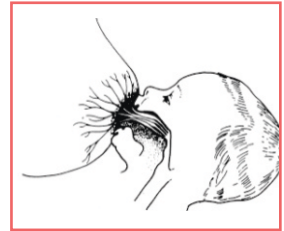


- ❖ During the first six months of life there is no need to give any other milk including Animal/ Powdered Milk. **Do not administer sugar water / honey / gripe water at any time.**
- ❖ Even during summer (extreme heat) there is **no need** to give even plain water additionally. Bottle feeds, pacifiers, honey nipples are to be avoided. These cause infection.
- ❖ Breast milk secretion increases only when the Infant suckles at the breast and when the infant feeds at the breast frequently.
- ❖ Pediatricians might recommend: Vitamin D drops, Iron drops & Calcium syrup, during this six month period. Breast feeding is known to augment intelligence and bonding.
- ❖ Diarrhoea, vomiting, malnutrition, anemia, pneumonia, caries teeth, measles, allergies, obesity are the dangerous complications associated with bottle feeds.

When you are breastfeeding your child correctly



- ❖ Whichever position is comfortable for both the mother and the baby is the best position for breastfeeding. Mother can breastfeed in sitting on floor or chair, lying down one sided, using different baby holds - cradle hold, cross cradle, football hold, Indian method - sitting cross legged on ground and feeding.
- ❖ Baby's head and neck should be on a straight line or neck may be arched back a little.



- ❖ Support baby's upper back and neck carefully. Both mother and baby's eyes are looking at each other.
- ❖ Baby's chin is touching the breast. Nose is close to breast. Mouth is wide open and lower lip is everted.
- ❖ Areola is seen more on upper side than lower side. No pain or irritation in the nipple while feeding.
- ❖ Baby is suckling rhythmically and deeply. You can hear him swallow regularly.

LATCHING



- ❖ Using “C” hold for the breast, touch your baby's lower lip with your nipple to stimulate the “Rooting Reflex”.
- ❖ When your baby's mouth is wide open, bring him quickly but gently towards breast.
- ❖ Baby is properly latched when his lips cover the areola and the nipple is well inside the mouth.

FEEDING CUES



- ❖ When you observe feeding cues-lip and tongue movements, rooting, sucking fingers or fists, alert and looking around; start feeding before the cry of hunger. **Initially you will experience pain in your nipple but after the first few sucks there will be no pain/discomfort.**
- ❖ Once the baby completes his feeds, sliding your finger between baby's mouth and your breast releases the suction and detaches the baby comfortably - avoids nipple pain.

How to breastfeed?

- ❖ Feed 8-12 times per day round the clock. Feed from one breast completely for 20-30 minutes. Start the next feed with the other breast. Continue night feeds upto 2 yrs.
- ❖ If newborn sleeps longer than 4 hrs at night, wake up the baby and encourage to nurse. If he sleeps after the initial vigorous suckling, wake up the baby by rubbing the sole of feet, stroking the back.
- ❖ Five days after birth, you should feel that your milk secretion has increased or your breasts will feel heavy due to filling with milk.
- ❖ After the 1 week of age, if the newborn passes urine which is dark yellow, less than 6 times per day – and/or by 2 weeks of age doesn't regain birth weight consult your doctor.
- ❖ **Breast milk consists lactose rich foremilk & protein and fat containing hind milk.** The baby should feed at one breast completely to ensure that both fore & hind milk are obtained.
- ❖ **A large towel, saree, dhupatta draped over the chest and shoulder will enable the mother to breastfeed the baby discreetly in public.**

How to breastfeed if mother has retracted nipple?



- ❖ For correcting retracted nipple and enabling the baby to latch well, use 20ml syringe technique. Cut the nozzle part, take out the piston and reintroduce through cut end. Gently pull out the nipple before each feeding.
- ❖ Do not wash nipple with soap and water before feeding the baby. Use a clean cloth to wipe nipple after feeding the baby.
- ❖ Milk from engorged breast can be expressed manually or by pump and given to the baby. A warm bath and a cold compress can reduce pain and swelling.

Can a working mother continue breastfeeding ?

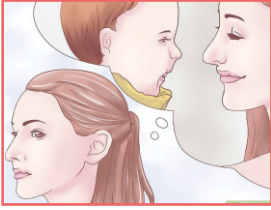


- ❖ With the support from the family and the employer, a working mother can continue to breastfeed up to 2 yrs and beyond.
- ❖ 2 weeks prior to rejoining duty, the mother should start expressing breast milk either manually or by pump. She can feed the milk to the baby with paladai, cup and spoon.
- ❖ Expressed milk can be stored in room temperature for 6 hrs, inside the refrigerator for 7 days and in the freezer compartment for 90 days. In case of frozen milk, thawing is needed by placing in a bowl of warm water.
- ❖ A clean covered stainless steel or glass container is good for storing the milk. Label with the time and date of expressing. Allow the expressed milk to come back to room temperature before giving to the baby. Use the oldest milk first.
- ❖ Mix the cream on the surface and feed. Finish the milk from the container. Do not save unfinished milk for reuse later.
- ❖ Before leaving for work mother can feed the baby and express or pump the milk for storing. Relatives at home can use the expressed milk while the mother is at the office.
- ❖ Mother's breast is the best refrigerator. So the milk will not be spoiled. She can feed the baby again after coming back from work. Milk from the engorged breast can be expressed and given.

To know about the positions, attachment, latching on and about breastfeeding issues and their solutions please see the Global Health Media Project. Breastfeeding videos available in English and in Few Indian languages:

The URL- <http://globalhealthmedia.org/videos>

How can a mother re-initiate breastfeeding?



- ❖ Mothers who have stopped breastfeeding or had failed lactation due to any reason, can start relactation by following the steps outlined below.

1.Pump It

- ❖ Stop the use of all pacifier, bottles, and teats.
- ❖ Express both breasts simultaneously for atleast 100 minutes per day, divided into 6 - 12 expression sessions. Express-pause to let-down responses.
- ❖ The milk from these sessions should be given to the infant. Supplement with liquid, ready to feed formula or donor milk, if available.

2.Snuggle up

- ❖ Increase continuous skin to skin contact with the baby as is feasible. Use slings and tie on carriers, to increase the amount of time spent “in touch” with the baby.
- ❖ The mother should give the baby each feed using a cup, and spoon. It should not be given by a volunteer.

3.Suck it Up

- ❖ Any attempts for the baby to breastfeed directly should be encouraged, regardless of the amount of milk being produced. The baby's skin contact will assist milk production and comfort both the mother and baby.
- ❖ Do not push the baby's head towards the breast.
- ❖ If the baby won't latch, do not force the latch, continue skin to skin contact. The goal is for the baby to associate the breast with food.

Care of Newborn skin

❖ Newborn skin plays an important role during intrauterine to extrauterine transition like thermoregulation, water balance, natural barrier for organisms and neurodevelopment. Hence care of newborn skin is primarily to promote normal development, prevent dryness, avoid traumatic injury and toxin exposure.

Skin care in delivery room:

- ❖ Baby should be gently wiped, removing blood and meconium, if any, immediately after birth and leaving the vernix as intact as possible to let it dry and peel naturally (vernix contains all major stratum corneum lipids and ceramides which are not yet synthesised by the sebaceous glands). Vernix is to be removed if baby is at risk of maternal blood borne pathogens (HIV, HBsAg). Baby should be wrapped to conserve heat and/or allow skin to skin contact with the mother.
- ❖ At birth, the cord should be cut with a sterile blade/scissors. Dry cord care, without application of antiseptics is preferred - keeping the cord clean, leaving it exposed to air or loosely clothed. Diapers should be folded down under the umbilical stump. If cord gets soiled, it is cleaned with soap and sterile water & allowed to air dry.
- ❖ For home births, topical 2.5% chlorhexidine application is recommended (reduces omphalitis and mortality). Apply within 24 hours of birth and daily till cord separates off. **Avoid** traditional materials (e.g. ash, herbal or other vegetable poultices & human milk).

Bathing



- ❖ First bath is to be given when the baby is haemodynamically stable and after cord separation. If bathing is required earlier for cultural reasons, then umbilical area is to be covered. Immersion tub bathing (water depth should be enough to cover the infants shoulders) or traditional bath of baby on floor in between outstretched legs is preferred over sponge bath or cloth bath.



- ❖ Bathing should be for short duration (approx 5 -10 minutes) with lukewarm water (38 - 40°C). Ideal room temperature of is 26 - 27°C. Close the doors to the room to minimise convective heat loss. All skin folds are dried thoroughly (armpits, groin, neck and behind the ears). Initial bathing frequency is 2-3 times/week. Then, with time, babies can be bathed daily. Bathing in the evening (pre–bedtime) helps to calm baby and improves sleep.

Skin Cleansing Agents :

- ❖ Use only mild liquid cleansers or syndets (synthetic detergents). Alkaline soaps (increase skin pH, disrupt acid mantle) and glycerine soaps (absorb excess water and causes dryness and irritation) are to be avoided. Infant's scalp and hair should be cared for similarly. Shampoo with pH close to tears (non-irritant to eyes), free from fragrance and anti-inflammatory agents are recommended. Antimicrobial soap is not recommended (harsh and potentially untoward effect on skin). **Besan (gram flour) or malai (milk cream) are not recommended.**

Moisturizers / Emollients :

- ❖ Routine application of at least twice weekly emollients after bath is recommended, if there is family history of atopy. Apply moisturizer twice daily at the first sign of dryness, fissures or flaking. An ideal moisturizer is relatively thick, pH neutral to slightly acidic, fragrance-free, dye free, relatively preservative free. **Avoid emollients containing sodium lauryl sulfate. Creams are preferred over ointments in hot weather.**

Oils :

- ❖ Oils can be added to water during bath or directly applied on skin. Coconut oil and safflower oil application are the most studied and safe. Pharmaceutical grade mineral oils are chemically inert, stable and generally regarded safe. **Avoid olive oil (damages the skin barrier) & mustard oil (increased contact dermatitis).** Use oil with caution during hot weather (Increased occlusion of sweat pores in newborns and irritant folliculitis).

Powders:

- ❖ Avoid powders - Powders block sweat duct pores leading to miliaria formation and accidental inhalation is a hazard. At least avoid in the first month. Do not use puff to apply. Use your hand. Do avoid medicated prickly heat powders. Use soft cotton cloth to dry the baby.

Nappy Care



- ❖ Nappy is to be changed whenever it is soiled or wet. Avoid excessive scrubbing. Achieve drying through air/ gentle patting with a dry towel or cotton. Evaluation of the perineal area is required during each nappy change. Skin cleanser may be used if stools are dry and difficult to remove.
- ❖ The bottom should be wiped from front to back. Wipes with pH buffers, free of irritants and well tolerated preservatives can be used from birth.
- ❖ Disposable diapers with absorbent gels are preferred over cloth nappies if affordable. Current disposable diapers are made from biologically inert polymers that have long-standing and well-trusted safety profile, with no sensitizing disperse dyes or latex. Change diapers frequently when baby wakes and after every stool passage. **Do not leave absorbent diapers for more than 12hours, (even) if unsoiled.**
- ❖ Barrier creams can be used if at risk of perineal dermatitis. 20% zinc oxide creams or petrolatum extracts can be used. Removal of barrier creams between nappy changes is not necessary, rather apply another layer.

Diet For Your Child



- ❖ *Continue breastfeeding upto and beyond 2 yrs of age.
- ❖ Add home made complementary feeding after 180 days. Feed times: twice or thrice upto 8 months, increasing to 3-4 times upto 11 months. After 1 yr, increase complementary feeds to 4-6 times per day.
- ❖ You can start introducing the foods one by one after 6 months ideally, before of 9 months of age. Once the child starts spitting out, it will be very difficult to introduce new tastes, textures and foods.
- ❖ You can give your family food without spices. Start initially as a porridge then slowly thicken the consistency. Follow it with finely cooked hand mashed food.
- ❖ You can start with single cereal preparations like, rice kanji, wheat kanji, ragi kanji. Then you can add multigrain and dhal mixed foods in the next few days.
- ❖ Babies like to eat foods with different tastes, textures and consistency. Saliva and digestive juices help in the digestion.
- ❖ **Do not add sugar to all dishes.** Baby should be able to get used different tastes. Do not prepare separately for the baby. Masala and Spices free home diet will make the child accustomed to family diet.
- ❖ From 6-9 months start giving, well cooked egg, meat, chicken and fish. This will help the child to get used to non vegetarian foods.

- ❖ Make it a habit for the child to wash the hands before child starts eating food on his own. Allow them time to munch and swallow. Help the child to wash the mouth, once he finishes his meal.
- ❖ **Avoid giving juices until 1 yr.** Give seasonal fruits which can be given easily in a mashed form.
- ❖ Do not serve the food while the child is watching cartoons in the television, tabs or smartphone. Child will not relish the taste and enjoy the cuisine. They may over eat. This will lead to overweight and obesity.
- ❖ Do not push food down the throat by giving gulps of water. Let the child eat his food according to his need. No need to have a full stomach.
- ❖ Keep a tumbler or a vessel with water nearby. Give enough water for the child to drink.
- ❖ Giving food to the crying and refusing child by forceful feeding is main reason for aspiration of food to breathing tubes. This will lead on to life threatening aspiration. So be careful while feeding the baby.
- ❖ While giving nuts and big chunks of food beware of choking. Give small pieces appropriate to the ability and age of the child.
- ❖ Food preparation should be done in a clean and hygienic place. Do not put the child to sleep immediately after food intake. Let the child stroll or play before retiring to bed.

Nutritional Elements

| | |
|---|--|
| <p>Protein For growth and making muscles strong</p> | Milk, Dairy Products, Wheat, Cereals and Egg, Fish, Meat, Lentils |
| <p>Carbohydrates Provides energy to remain enthusiastic</p> | Sugar, Potato, Milk, Banana, Grapes, Custard Apple, Cereals |
| <p>Fats Provides energy, helps in hormone production</p> | Soya bean, Groundnut, Coconut, Mustard oil. |
| <p>Vitamin A Clears the vision, avoid night blindness</p> | Green Vegetables, Carrot, Mango, Papaya, Orange, Chiku, Peeled Banana, Bajara, Egg Yolk. |
| <p>Vitamin B1, B2, B3, B6 Provides energy from food. Keeps muscles and skin healthy.</p> | Lentils, Cereals, Green Vegetables, Eggs, Fruits, Mushroom, Husk |
| <p>Iron Folic Acid Provides pure blood Prevents anemia</p> | Cereals, Lentils, Green Vegetables, Meat, Jaggery, Dates |
| <p>Vitamin C Absorbs Iron, prevents scurvy, recovers wound fast, keeps skin healthy</p> | Orange, Lemon, Grapes, Sweet Lime, Guava |
| <p>Vitamin D Absorbs calcium and phosphorus. Prevents bone osteoporosis</p> | Egg Yolk, Cod Liver Oil, Sunlight exposure between 10 am to 1 pm |
| <p>Calcium and Phosphorus For healthy teeth and strong bones</p> | Milk, Dairy Products, Tomato, Ragi, Carrot, Almond, Fenugreek Seeds |
| <p>Iodine Prevent Thyroid diseases</p> | Milk, Egg, Fish, Sea Food |
| <p>Zinc For growth and development. it is beneficial.</p> | Potato, Cereals, Groundnut, Milk, Meat, Egg |

Red flags signs in development milestones

2 months

- ❖ Doesn't respond to loud sounds.
- ❖ Doesn't watch things as they move.
- ❖ Doesn't smile at people.
- ❖ Doesn't bring hands to mouth.

4 months

- ❖ Doesn't watch things as they move.
- ❖ Doesn't smile at people.
- ❖ Can't hold head steady.
- ❖ Doesn't coo or make sounds.
- ❖ Doesn't bring things to mouth.
- ❖ Doesn't push down with legs when feet are placed on a hard surface.
- ❖ Has trouble moving one or both eyes in all directions.

6 months

- ❖ Doesn't try to get things that are in reach.
- ❖ Shows no affection for caregivers.
- ❖ Doesn't respond to sounds around him.
- ❖ Has difficulty getting things to mouth.
- ❖ Doesn't make vowel sounds (“ah”, “eh”, “oh”).
- ❖ Doesn't roll over in either direction.
- ❖ Doesn't laugh or make squealing sounds.
- ❖ Seems very stiff, with tight muscles.
- ❖ Seems very floppy, like a rag doll.

9 months

- ❖ Doesn't bear weight on legs with support.
- ❖ Doesn't sit with help.
- ❖ Doesn't babble (“mama”, “baba”, “dada”).
- ❖ Doesn't play any games involving back-and-forth play.
- ❖ Doesn't respond to own name.
- ❖ Doesn't seem to recognize familiar people.
- ❖ Doesn't look where you point.
- ❖ Doesn't transfer toys from one hand to the other.

1 year

- ❖ Doesn't crawl.
- ❖ Can't stand when supported.
- ❖ Doesn't search for things that she sees you hide.
- ❖ Doesn't say single words like “mama” or “dada”.
- ❖ Doesn't learn gestures like waving or shaking head.
- ❖ Doesn't point to things.
- ❖ Loses skills he once had.

18 months

- ❖ Doesn't point to show things to others.
- ❖ Can't walk.
- ❖ Doesn't know what familiar things are for.
- ❖ Doesn't copy others.
- ❖ Doesn't gain new words.
- ❖ Doesn't have at least 6 words.
- ❖ Doesn't notice or mind when a caregiver leaves or returns.
- ❖ Loses skills he once had.

2 years

- ❖ Doesn't use 2-word phrases (for example, “drink milk”).
- ❖ Doesn't know what to do with common things, like a brush, phone, fork, spoon.
- ❖ Doesn't copy actions and words.
- ❖ Doesn't follow simple instructions.
- ❖ Doesn't walk steadily.
- ❖ Loses skills he once had.

3 years

- ❖ Falls down a lot or has trouble with stairs.
- ❖ Drools or has very unclear speech.
- ❖ Can't work simple toys (such as peg boards, simple puzzles, turning handle).
- ❖ Doesn't speak in sentences.
- ❖ Doesn't understand simple instructions.
- ❖ Doesn't play pretend or make-believe.
- ❖ Doesn't want to play with other children or with toys.
- ❖ Doesn't make eye contact.
- ❖ Loses skills he once had.

Wrong beliefs and superstitions in child rearing :



- ❖ *Do not think that crying in a breastfed baby is always due to inadequate milk secretion. If the baby is gaining adequate weight and attaining milestones, there is no need for any supplementation up to 180 days of age.
- ❖ It is absolutely normal for the exclusively breast fed baby to pass 10-12 watery stools per day. Similarly not passing stools for 5 -7 days in the exclusively breast fed baby is normal. Hence do not use home remedies like putting tamarind twig, betel leaf, or soap inside the anus for making the baby pass stools.
- ❖ After the umbilical cord separates and falls off, clean the area with a soft washed dry cloth. **Do not apply** cigar ash, holy ash, coffee powder, turmeric, cow dung, talcum powder - these will predispose to tetanus infection.
- ❖ Please give vaccines as per the schedule to avoid child falling sick due to vaccine preventable illnesses. Wearing sacred threads, amulets, rings in different metals etc is faith based. Remember the dyes used in this, may lead on to contact dermatitis.
- ❖ For the breastfed baby, there is no need for gripe water, digestive tonics and various herbal preparations. Baby's saliva and the digestives juices will digest the breastmilk and later the complementary diet.
- ❖ Due to mother's hormones, new born's breast might get swollen. No need to squeeze and express. This might cause infection and incision and drainage may be needed.
- ❖ Head size, shape and facial features are predetermined genetically. It is a wrong belief that by manipulating and massaging the head and nose, facial features can be altered..

- ❖ It is incorrect to assume that the fruits and dhal mother eats, will affect the child's health. Mother can eat any nutritious food which she is used to and that will not cause any health problems in the newborn. It is absolutely normal for a breastfed new born to moan and groan, spit and regurgitate.
- ❖ It is wrong to apply lead based kajal to the eye lids. Do not clean the tongue and inside of the mouth using fingers. Do not forcefully retract the newborn's penile skin.

Diet and healthy lifestyle for a lactating mother



- ❖ Do eat your regular home based food. Take 4 meals apart from breakfast. Drink liquids 2 - 2.5 litres including plain water, milk, soup, juices & other non caffeinated beverages. Post delivery aim for physical rest and mental peace for 6 months.
- ❖ Apart from your regular diet, increase your intake of greens, vegetables, fruits, low fat dairy and different sources of high proteins - for vegetarians soya, egg, mushroom and dhal, paneer, ragi and multi grain porridge. Non vegetarians can eat mutton, fish, chicken, beef and pork.
- ❖ Spend at least 30 mts a day in the morning / evening or 8-10 mts in the afternoon sunlight, 5 days in a week for vitamin D. If your level is low, may need supplementation.

Home care for common childhood illnesses :

Cough & Cold



- ❖ Growing children normally get cough and cold 6 - 8 times every year.
- ❖ When infant gets nose 'block' i.e., thick secretions in the nose, breathing & breastfeeding becomes difficult. To remove nose block, introduce saline nasal drops into each nostril. You can use rubber bulb sucker to remove secretions.
- ❖ For older children steam inhalation from warm water will ease the breathing. Stay along with the child during the inhalation. If the water is hot, it may cause scalds or burns due to accidental spills.
- ❖ Quality honey mixed with warm water in children will soothen the throat and relieve the cough . For children above 1 yr upto 2 yrs, 2.5 ml three times daily in children above 2 yrs, 5 ml three times daily can be given.
- ❖ For children with asthma avoid precipitating and triggering factors.
- ❖ Rice, ragi kanji, soups, rasam, ORS (Oral Rehydration Salt) will replenish the body's lost water and salts.
- ❖ Antibiotics are often unnecessary and their frequent use results in resistance. For ear pain, tonsillitis, enlarged neck nodes, fast breathing, unconsciousness you must seek urgent medical care.
- ❖ Hand hygiene, covering mouth and nose while sneezing and coughing, avoiding shared towels, washing hands after nose cleaning will prevent spread of infection to others. Inculcate the habits early in life.

Fever

- ❖ Fever is usually due to infection.
- ❖ It is very difficult to determine whether the fever is due to bacteria or virus by measuring the height of the fever.
- ❖ Always use the thermometer to record the temperature. Keep the tip of the thermometer in the roof of axilla for 3 minutes. Add 1° F to the recorded temperature.
- ❖ Most effective way to reduce fever and the discomfort is to use paracetamol @ 15 mg per kg up to maximum 5 divided doses per day.
- ❖ The quantity to be given will vary depending on the strength of paracetamol present in the preparation used (Drops / Single strength / Double strength / Tablets).
- ❖ Advice soft loose clothes. Do not cover the child with too many cloths. Room should be well ventilated. Keep the ambient temperature not too high.
- ❖ Give plenty of liquids, Let the child take rest and have a good sleep. Continue breastfeeding. Avoid television, computer, video games or mobile phone.

Seek Medical Help

- ❖ In infants less than 3 months of age, having temperature above 100.4° F
- ❖ In infants of 3 months - 36 months having temperature 102° F or more.
- ❖ For child of any age having temperature above 104° F.
- ❖ For child of any age having chronic medical problems.
- ❖ For children who are unusually tired, feeling very sleepy, having rashes on the skin, cold peripheries, reduced urine output, fits, dehydration, chills.

Diarrhoea



What to give ?

- ❖ Continue breastfeeding. **Do not stop the breastmilk and replace with special (infant) formula.** Breastmilk is essential for the recovery of the child.
- ❖ Child will be losing salt and water from the body. To replenish the loss give WHO ORS (Oral Rehydration Salts) mixed in an appropriate container, 1-2 teaspoon every 5-10 minutes. Increase the quantity as vomiting settles and child retains more. Do not use bottle to feed ORS.
- ❖ ORS, rice kanji with added salt, rice and bengalgram porridge, sago porridge, tender coconut water, navadhaniya porridge, ragi porridge, lemon juice or buttermilk can be given. Easily digestible foods like idly, rasam, pongal, curd rice can be commenced. Quantity & consistency can be and slowly increased.
- ❖ Use zinc supplements in children below 5 yrs. **Do not give antibiotics unless prescribed by your doctor.**

What not to give?

- ❖ Do not give soft drinks, milk powder, cow, buffalo and goat milk, fruit juices, cane juice, energy drinks, tea with sugar, coffee, traditional medicines, biscuits, bread and bakery products. These may increase the loose motions and a few of them alter the levels of different salt in the body.

When you need to consult your doctor?

- ❖ When the child has either one or a combination of any of the symptoms described below you should consult your doctor. Viz. Excessive loose stools, continuous vomiting, high grade fever, irritability, fits, loss of consciousness, incessant cry, severe abdominal pain, distension of abdomen, breathing difficulty, fast breathing, blue nails, mottled skin, cold clammy limbs, wheezing, extreme fatigue & inactivity.

Other Childhood Illnesses

1. Continuous Crying

- ❖ A child may cry continuously due to many reasons including hunger, abdominal pain, fever, throat pain, ear infection, perianal excoriation, constipation, foreign body in eye, nose block, feeling hot or cold, soiled underpants, diaper rash, itching or insect bite etc.
- ❖ The child may cry if bored, wants to go outside, or feeling sleepy or feeling uncomfortable.
- ❖ There are many ways to reduce the cry. You can pacify the child and make her sleep by putting her in cradle, or by keeping her on your shoulder patting and walking. Snuggle her up in the bed and do not disturb unnecessarily.
- ❖ If the cry is continuous or the child is restless for a longer period of time please consult your doctor. Do not use vasambu - sweet flag (acorus calamus) Nutmeg (Myristica malabaricus) or concoction of medicinal herbs. They may cause harm.

2. Asthma

- ❖ Asthma in children will cause breathing difficulty for the child. It is not contagious (does not spread from person to person).
- ❖ Skin flakes, dust, garbage, chimney smoke, tobacco smoke, automobile fumes, pollens, hair from pets, cockroach's excreta, strong smells, paint smell, perfumes, certain foods, fungus, viral or bacterial infections, psychological stress, weather change are few of the known precipitating factors.
- ❖ Avoid the precipitating factors if known. Physical exercises, games, yoga strengthen the body. Breathing exercises, meditation will improve the lung capacity.
- ❖ Inhaler medications are prescribed for children who have severe disease. Inhalers are neither dangerous nor addictive. They are best in severe disease.
- ❖ Please continue your child's asthma medications as advised. Depending on the response the dose of the medicine may be reduced or stopped by your doctor. Please do not stop it on your own.

3. Burns and Scalds

- ❖ Burns are caused by dry heat and scalds by moist heat. Take the child away from the site of incident.
- ❖ Carefully remove child's dress. If adherent to skin, leave it. Remove the watch or jewellery from the affected limb before it swells.
- ❖ Do not burst any blister. Keep the burnt area under running tap water or pour water for 20 mts. Let the area cool. cover it with a sterile dressing or a clean piece of material.
- ❖ Do not apply lotions, creams, ice, cold water, butter, talcum powder, turmeric powder, rice flour, indian ink. All these will cause infection.
- ❖ If the area of the burn is more than 2 ½ cms in diameter or deeper or with a large blister please consult your doctor.
- ❖ If the area which is burnt is more than the size of the child's hand or if face, respiratory passage, genitalia or hands are involved, take the child to the hospital immediately.

4. Dogbite

- ❖ Clean the bite area with soap and water. Do not apply any thing on the wound. Put a clean cotton or cloth on and maintain light pressure.
- ❖ Please consult your doctor for his advice regarding the need for rabies immunoglobulin and vaccine course.

5. Scorpion Sting

- ❖ The scorpion venom is dangerous to the child. Don't be complacent. Clean the sting area with water.
- ❖ If the pain is severe, peripheries are cold and clammy with excessive sweating or the child is unconscious please reach the hospital at the earliest.
- ❖ Do not waste your time in getting lucky charms, reciting mantra or performing rituals.

6. Cuts & Wounds

- ❖ Seeing blood from cuts and wounds is very scary for children and adults. Use a clean cloth or cotton to arrest the bleeding by pressing on the wound. Blood will clot on its own. Do not apply turmeric powder, coconut oil, talcum powder etc., on the wound because these may cause infection.

7. Bleeding from nose

- ❖ Bleeding from the nose is common in children. Just pressing the bleeding nose with your thumb is enough for it to stop. Make sure to see your doctor to rule out serious disease when it is recurrent.
- ❖ Educate your child not to insert fingers inside nose. Avoid forceful clearing of nasal secretions.

8. Foreign bodies in the eye

- ❖ When dust and small insects enter the eye, it becomes red and swells. Do not rub the affected eye. Wash your eye with clean water held in cupped hands. Do not attempt to remove dust or small insects by using sharp instruments. See your doctor immediately.

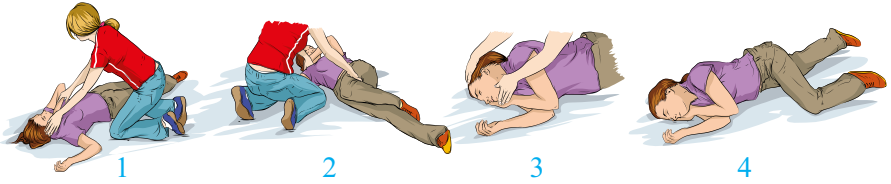
9. Consumption of poison

- ❖ Please remove any coating of medicine or poison from the child's mouth. Take the medicine along with you to the hospital. This will help the doctor to find out the drug ingested, approximate amount taken and to decide the best method to remove ingested substance and start the treatment with antidote.

10. Injured child

- ❖ After a fall, observe whether that child has vomiting, fits, drowsiness, loss of consciousness or does not recognize the parents. If these are present suspect bleeding inside the brain. Rush him to the hospital.
- ❖ If the child is not moving limbs, there could be injury to bone, joints or fracture and muscle sprain. Do not massage the injured limb. Do not attempt to pull the limbs or joints. Keep the injured part immobile and then see your doctor.

First Aid - Fits



What to do?

- ❖ *Don't get panicky. Be calm. The child should be laid down on the floor. If wearing glasses remove them. Loosen the clothes (Picture 1 & 2).
- ❖ Place the child in recovery position (Picture 3 & 4). This helps in clearing the excessive salivation and frothing and keeps the airway open.
- ❖ Keep the area around the child clean. Remove any materials nearby to avoid injury to the child. Keep a small pillow or cloth behind his neck.
- ❖ Please seek emergency medical help or call 108: a) if the child has had an injury. b) fits continuing beyond 5 minutes. c) fits are repetitive. d) there is difficulty in breathing after the fits stopped.

What not to do?

- ❖ Do not crowd around. Good ventilation is essential. Do not thrust anything (spoon, wood, fingers) in between teeth.
- ❖ Do not give iron rods, keys to the fitting child. The sharp ends might hurt the eyes or other body areas. It is a superstition to believe that metals like iron will stop fits.
- ❖ Do not forcefully hold the hands and legs of the child having fits.
- ❖ Do not give anything to drink or eat till the child regains consciousness fully.

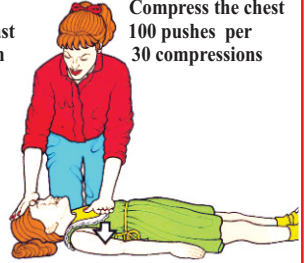
1 Attempt to wake the child and call for help.

If the child is not breathing (or is just gasping for breath, call 108 immediately and go to step 2, if someone else is there to help, one of you call 108 while the other moves on to step 2.



2 Begin chest compressions.

If the child is not breathing, place one hand on the breast bone directly between the child's nipples. Push straight down on the chest at least 2 inches (4-5 cm) or a third of the child's body. Allow the chest to completely recoil before the next compressions. Compress the chest at a rate of atleast 100 pushes per minute. Perform at this rate.



3 Open the airway.

After 30 compressions, open the child's airway using the head-tilt, chin-lift, method. Pinch the child's nose and make a seal over the child's mouth with yours. Use a CPR mask if available.



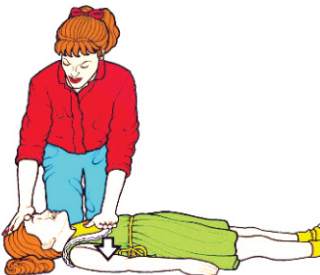
4 Begin rescue breaths.

Give the child a breath, just enough to make the chest rise. Let the chest fall, then repeat the rescue breath once more. If the chest doesnot rise on the first breath, reposition the head and try again. Whether it works on the second try or not, go to step 5.



5 Repeat chest compressions.

Repeat chest compressions. Do 30 more chest compressions just like you did the first time.



6 Repeat rescue breaths.

Repeat rescue breaths, Give more breaths just like you did in step 4 unless you are skipping the rescue breaths.

Repeat steps 5 and 6 for about two minutes (about 5 cycles of 30 compressions and 2 rescue breaths).



Less than 1 yr

1 Recognize choking

Cannot breathe or make a sound.
Has a cough that has no sound.



2 Remove object (support infant's head)

Give up to 5 back slaps. Hold the infant facedown and give slaps with the heel of your hand between the shoulder blades.

If the object does not come out turn the infant onto her back.

Give up to 5 chest thrusts use 2 fingers to push on the chest

Repeat giving up to 5 back slaps and upto 5 chest thrusts until the infant can breathe, cough, or cry or until she stops responding.



3 If the infant stops responding

Yell for Help, Check breathing
Give sets of 30 compressions and 2 breaths checking the mouth for objects after each set of compressions (remove object if seen)



1 (1 - 8 yrs) Signs of choking

Choking victim will have severe difficulty speaking, breathing, coughing and may be clutching throat with both hands. Ask if he (or she) is choking.

If able to speak or cough effectively donot interfere.

If choking persists, activate the EMS



2 Back blows

Bend the child forward at the waist and give five back blows between the shoulder blades with the heel of one hand.



3 Abdominal thrust

Place a fist with the thumb side against the middle of the child's abdomen, just above the navel, cover your fist with your other hand. Give five quick upward abdominal thrusts.



When you need medications / Medical help?

Conditions for which antibiotics are prescribed :

- 1.Thick purulent nasal discharge for more than 10 days.
- 2.Nasal impetigo, skin boils, abscess.
- 3.Ear discharge, ear infection.
- 4.Swelling of neck glands.
- 5.Tonsillitis.
- 6.Dental carries, root canal and gum infection.
- 7.Symptoms of pneumonia.
- 8.Bloody diarrhoea, bone and joint infections.
- 9.Urinary tract infections.
10. On doctor's recommendation for few diseases.

When antibiotics are not needed?

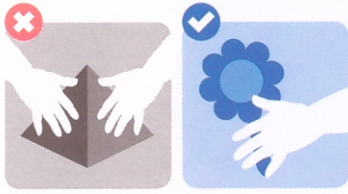
- 1.Common cold, running nose.
- 2.Cough and cold.
3. Watery loose motion.
- 4.Viral fever.
- 5.Allergy.

When medical help is needed?

In newborns : Feeding difficulty, reduced activity, tiredness, abnormal movements, fits, yellowish discolouration of skin, bluish discoloration especially of tongue, fast breathing, low or high temperature, continuous vomiting, less than 4 times urination after 4 days of life, irritable cry, excessive salivation, sweating of forehead while feeding.

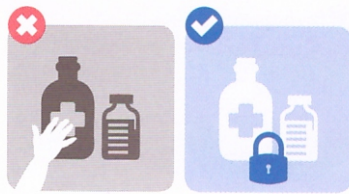
Older children: Fever associated with fits, yellowish /greenish persistent vomiting, blood and mucus mixed motion, high fever, change in child's behaviour, severe abdominal pain, reduced urine output, red spots in skin, bleeding, cold clammy skin, listlessness, ear discharge, blood vomiting.

Safe Home



Don't give breakable toys or items made of glass or ceramics to your child. Your child could get badly cut.

Do give sensible toys that are appropriate to your child's age.



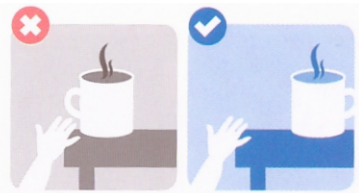
Don't keep medicine in containers which can be easily uncapped by children. Colorful tablets could be mistaken for sweets.

Do keep medicine in child proof bottles and containers and under lock and key.



Don't use pest control chemicals eg. mosquito mats, carelessly. Do not leave kerosene bottle within easy reach. A child could be poisoned if he swallows some.

Do put such chemicals in places away from children's inquisitive eye.



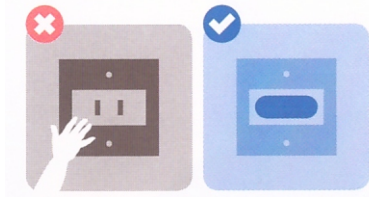
Don't place utensils with hot liquids near the edge of the table. Don't keep stove handles jutting out within reach of children.

Do keep all containers of hot fluid out of reach of children.



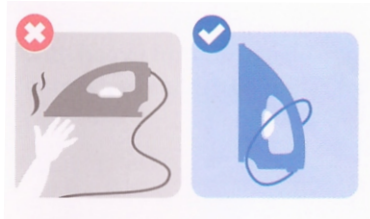
Don't pour hot water into a bucket and leave your child alone with it, even for a minute. He may think it's ready for his bath, and get fatally scalded as a result.

Do fill the basin with cold water first, then add in the hot water for mixing into a warm bath.



Don't expose empty wall sockets which your child could tamper with. It is best not to allow them to play near plug points.

Do put safety caps on all unused electric outlets and switch off when not in use. Cover up any electrical points with heavy furniture to be out of reach of children.



Don't leave a hot iron unattended, with cord hanging. A child may pull it down on top of himself.

Do switch off and store the iron away with the cord coiled up when you've finished ironing.



Don't allow children to light fire crackers unless an adult is present. Don't allow children to handle matches or lighters.

Do teach them the dangers of playing with fire.



Don't let children play near pools, drains, and streams they might fall in and drown.

Do ensure that they are always free of any imminent danger.

Do give children swimming lessons which will be of benefit to them in the long run.

Safe Habits



- ❖ Do not allow the child to walk barefooted outside home. Wearing a chappal or a shoe avoid injury by thorn prick stone and subsequent infection.
- ❖ *Do not encourage putting objects into ears, nose or mouth. Curtail usage of safety pin, hairpin and buds to clean the canal ear.
- ❖ *Do not allow the child to wear loosely fitted stone rings, ear rings, chains having small beads, on the neck .

Sleep

- ❖ For optimum growth all children need rest and good sleep. The duration of sleep required is different in various age groups.

| Age | Duration of sleep |
|------------|-------------------|
| Below 1 yr | 14.5 hrs |
| 2 yr | 13 hrs |
| 5 yr | 11 hrs |
| 10 yrs | 10.5 hrs |
| 16 yrs | 8-9 hrs |

- ❖ Make it a habit to retire to bed at a regular time. Switch off television and mobile phones 2 hrs before going to sleep. Do not keep the TV in the bedroom. Noon nap time should not be for more than an hour.
- ❖ Working parents: Working parents return home late. But the child should not be kept awake till then. The regular bedtime should be maintained. If this is maintained, the child can get up early in the morning & parents can spend some quality time.
- ❖ Wearing night dress, dim light, peaceful atmosphere, mother's lullaby, closeness of mother will promote sleep. Warm water bath in the evening, hearing stories, reading, listening to songs also helps. Consumption of milk will augment sleep, but caffeinated drinks keep the child awake.
- ❖ Minimize the use of cradle, to put the child to sleep. No need for sleep medicines or digestive tonics.

Personal Health

Good Hygiene Habits

You Should Teach Your Kids Early



Oral Hygiene



Bathing Ritual



Hair Care



Foot Hygiene



Toileting Hygiene



Hand Hygiene



Coughing and Sneezing Hygiene



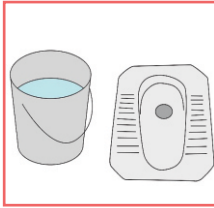
Home Hygiene

How to Brush your Teeth?



- ❖ Milk teeth can erupt in any order and it is complete by 3 yrs. Start cleaning the teeth as soon as they cut through. Use a clean damp cloth to clean gums and back and front of all teeth.
- ❖ Permanent teeth eruption is between the ages of 6 and 20 yrs. You can help the child to brush with nylon brush until 8 yrs.
- ❖ No tooth paste till 18 months. Use tooth paste without fluoride till 3 yrs followed by low fluoride paste till 6 yrs. Then you can use a pea sized amount of standard tooth paste.
- ❖ Sit or stand behind your child in front of mirror. Your child will see what you are doing and learn. Support child's chin with one hand, brush all sides of each teeth and gums using circular movements.
- ❖ Brush backwards and forwards on all chewing surfaces. Take utmost care with the back teeth. Check for signs of decay and plaque build up.
- ❖ After you finished brushing, make your child to spit out any left over paste. Rinse tooth brush and let it air dry.
- ❖ Brush teeth atleast twice a day. The night ritual could be brought forward to the late evening since the child may be too sleepy at night
- ❖ Avoid giving sugary snacks, drinks, juices and milk. Avoid giving milk in bottle. Use cup or tumbler.

Toilet Training



- ❖ When your child has dry nappies for 2 hrs or knows that he is going to poo or pee he might be ready for toilet training. Usually it happens around 18-24 months.
- ❖ The child might have a particular posture or facial expression which would indicate that he/she wants to poo/pee. He/she might juggle or hold his/her hands between the legs.
- ❖ Your child maybe interested in the toilet activity and wants to watch how you use it.
- ❖ Wear clothes with elastic waistbands which are easy to take off. It is helpful if he can pull his pants up and down.
- ❖ After a good night's sleep, brush the teeth, give warm liquids to drink. Let the child sit on the potty or toilet seat for 3-5 mts.
- ❖ Indian type toilets are helpful. In western type toilet use a footstool to prop up his feet and leg apart. Leaning forward with a straight back will help.
- ❖ Use water to clean the bottom or teach her to wipe / wash from front to back. Do not make a fuss or comment if she goes on the floor.
- ❖ Help her in washing her hand. Praise her for doing a pee or a poo in the toilet.

Play Time

- ❖ Play time is an important learning opportunity. Unfortunately, due to misplaced priorities, it is given the least importance in schools.
- ❖ Cooperation, comradeship, working together, competition and accepting other persons view points are imbibed during play.
- ❖ Send your child out to play after applying mosquito repellent cream on his exposed parts. Introduce different games either at home or school. Let the home atmosphere be conducive to play. Train him to face challenges under your watchful eyes.

| Age | Exercises / Games |
|-------|---|
| 2-3 | Kick a ball, jump at one place, throw a ball, hop like a frog, creep like a crocodile, row a boat, dance together. |
| 4-5 | Running, catching a ball, hopskip and jump, “pandi”, tricycle, swimming, dancing, hiking. |
| 6-12 | Helping in household chores, jump ropes, hula hoop, after dinner walk, bicycle riding, swimming, hiking, tag running, organized sports, ball games, roller skating. |
| 13-18 | Walking to school, running cross country, swimming, hiking, organized sports, weight lifting, workouts, treadmills, roller skating. |

1. Drink Water. It's what you're made off.
2. Do your Exercise.
3. Breathe fresh air.
4. Go outside when the sun is out.
5. Learn to relax.
6. Eat your fruits.
7. Eat your vegetables.
8. Eat whole grains.
9. White if you choose meat.
10. Get to bed on time.



Television, smartphone, Tabs and internet- why caution is needed?

- ❖ Continuous usage and watching the videos in the digital media will not give appropriate stimulation. **Children under 18-30 months of age who are exposed to personal interactions with parents/caretakers are more observant, curious & interactive.** Very young children need “contingent interaction” - two-way social interchange - to promote learning.
- ❖ Media violence is a risk factor for aggressive behavior. Meta analysis studies reveal that playing violent video games is associated with increased aggressive behavior, hostile affect, physiological arousal, aggressive cognition, and reductions in pro-social behaviors/desensitization in a majority of study participants.
- ❖ **While the media content matters more than the media platform** or time spent with media. All parents should take an active role in guiding their children's digital media consumption appropriate for their age. Remember the negative outcomes of digital media use, including cyberbullying, self-harm, and sexting. **Media should be viewed as a tool rather than a babysitter, reward, or punishment.**
- ❖ Today's youth see no boundaries between their real and “virtual” lives. Digital media can foster unhealthy and negative personal and social outcomes. Problematic digital media overuse (i.e., risky, excessive, or impulsive use), is often associated with other mental health morbidities like depression and anxiety.
- ❖ **Digital media can negatively impact sleep.** The light from screen media disrupts melatonin secretion, using screens before bedtime and keeping them in the bedroom overnight may delay sleep onset; shorten sleep duration; and interfere with achieving deep, restful sleep. **Sleep deprivation is strongly associated with obesity and poor academic performance.**
- ❖ Potentially addictive behaviors related to Internet use and gaming are another concern.

Recommendations for Parents

- ❖ **Set limits at every age. Limit-setting is key in digital media use.**
- ❖ For children younger than 18 months: Avoid use of screen media other than video-chatting with close blood relatives if there is a need.
- ❖ For children ages 2 to 5 years: Limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- ❖ For children ages 6 and older: Place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity and other behaviors essential to health.
- ❖ Familiarize yourself with a video game's content before allowing your child or teen play it. Parents and caregivers are often unaware of the content of video games, including factors such as virtual violence and mature sexual content.
- ❖ Do not allow video games that are at odds with your family's values inside your home. Keep gaming in a common area. Limit the time. Do not allow any age child to play online games. Children above 13 yrs can play video games.
- ❖ Caregivers should strive to maintain protected time for conversation, play and creativity.
- ❖ Address digital etiquette. Children and young adults must learn that online interactions should follow the same social guidelines as face-to-face encounters. Conversations about appropriate content, etiquette, empathy, and safety should occur early to provide a foundation for all digital media use.
- ❖ Engage in using digital media together. Let your children show what they are doing online; this helps children feel empowered and helps the parent learn while both are engaged. While classic parent-child activities like reading a story or playing a game look different in digital formats, it remains important to value time spent together.
- ❖ Create definitive media-free zones. Create media-free zones such as during meal times and at bedtime, and set aside specific days or hours as “media-free” periods.

- ❖ Model media behaviors. **Adults need to be attentive to their own personal digital media use (or over-use).** Parental behavior provides strong modeling for children's behavior.
- ❖ Improved parental awareness of high-quality media may encourage changes in the gaming marketplace, building consumer demand for healthier products.
- ❖ Help to assess the quality of apps purporting to foster interactive engagement and meaningful learning and recommend the best ones.
- ❖ **Do not feel pressured to introduce technology early.** Media interfaces are intuitive and children can learn quickly.
- ❖ Turn off TVs and other devices when not in use. Background media can distract from parent-child interaction and child play, which are both very important in child language and social-emotional development.
- ❖ Look for media choices that are educational, or teach good values - such as empathy, racial and ethnic tolerance. Choose programming that models good interpersonal skills for children to emulate.
- ❖ **Be firm about not viewing content that is not age appropriate:** sex, drugs, violence, etc. Movie and TV ratings exist for a reason, and online movie reviews also can help parents to stick to their rules.
- ❖ The Internet can be a wonderful place for learning. But it also is a place where kids can run into trouble.
- ❖ Discuss with your children that every place they go on the Internet may be "remembered," and comments they make will stay there indefinitely. Impress upon them that they are leaving behind a "digital footprint."
- ❖ Become familiar with popular social media sites like Facebook, Twitter and Instagram. You may consider having your own profile on the social media sites your children use. By "friending" your kids, you can monitor their online presence. Pre-teens should not have accounts on social media sites.

Life Education

Girl Child

- ❖ The development of breast occurs between 8-11 yrs which is readily noticed. Breast bud development starts from one side. It is an early sign that the girl is entering womanhood. Hormone secretion is responsible for this.
- ❖ Breast size depends on the fat deposition and body's hormones. She cannot control it. Whatever the size, whether small or large, nothing can be done. No particular exercise will change the size. It is natural. No worries.
- ❖ After attaining her periods, reproductive organs will grow. Height, weight will increase and hips will widen. Axillary and pubic hair will continue to grow.
- ❖ Menstrual periods. The , unfertilized ovum together with shedded uterine inner layers and the blood comes out as menstrual periods. It will last for 3-5 days. For around one year it may not be regular. Few will experience tiredness, headache, body pain, fullness of breast and abdomen, frequent urination, change in appetite, anxiety, impulsiveness and low moods.
- ❖ Avoid chocolate and salted foods. Do exercise regularly. Eat a balanced diet. Bathe twice a day. Wear washed, clean inner garments.
- ❖ She can prefer to use either a sanitary napkin or a clean cloth. The choice is hers. Depending on the menstrual flow change them. After using toilet, wash your private parts, inner sides of thigh clean.

Premenstrual tension

- ❖ There may be some minor changes in the body, mind and behavior. She may be in a labile mood. Drugs are rarely necessary. Understanding their condition helps to ease things out.

Boy Child

- ❖ His body becomes more muscular. He grows facial hair, moustache appears. Voice deepens. Chest, axillary and pubic hair appear.

Enlargement of Breast

- ❖ Due to the effects of hormones the breast may enlarge during and after puberty. Some will have large breast. This will make him shy. Nothing to worry. They need counseling to cope up with the bodily changes. Wearing a tight innerwear and a loose shirt will help.
- ❖ Nocturnal emission: Discharge of semen in sleep associated with some dreams is a normal phenomenon occurring due to lack of outlet for release of sperm. Some consider it as sure sign of sexual maturity.
- ❖ Masturbation: it is a normal and doesn't cause any harm or weakness. Sexual tension is released through it. If it becomes obsession and interferes with daily activities may cause problems. Good family relationships, social interactions, and creative pursuits will keep him busy.

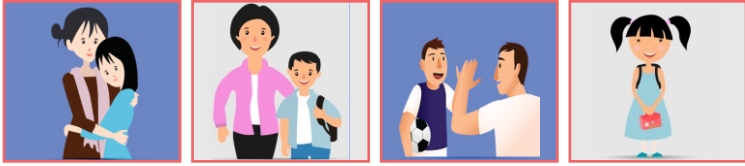
Homosexuality

- ❖ Sexual attraction and preference for the members of the same sex can happen in both adolescent girls and boys. Residential school stay, being together for maximum time, socio cultural factors, genetic and psychosocial factors play a role. It may be a passing phase. It is not considered normal by majority of the society. Treat it as a different sexual preference and try not to discriminate them

Pornography

- ❖ This happens due to sexual urge and curiosity. This tends to disappear as more and more opportunities of normal relationships occur. Obsession with hard core pornography will spoil the adolescent mind. It will disturb the normal image of woman as mother, sister and wife within the family structure. They might need medical help and counseling, if addiction becomes severe.
- ❖ Check your child's understanding of life education. Talk about your family rules and values and how they are important.

What is Good touch? What is bad touch?

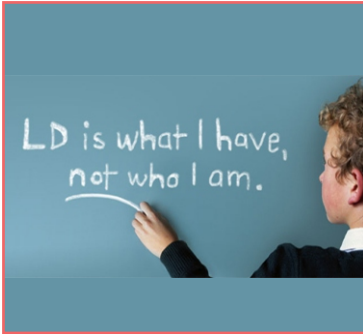


- ❖ Good Touch is comfortable to the child. It brings joy to them.
- ❖ Good morning wish and hugging by father /mother, patting child's back by the teacher, Hi five, hand shaking, touching and speaking with friends.



- ❖ Bad touch is when people known or unknown to the child touch the child's body parts, genital organs. Child's body and mind does not like this bad touch.
- ❖ The child will become restless on seeing them and will prefer to be away from them. The child will tell you this.
- ❖ Bad touch instils fear in the child. “The child becomes moody” May result in concentration deficit.
- ❖ The important thing is to teach child to vocalize loudly 'No' when someone uses bad touch.
- ❖ In a friendly manner ascertain from your child about the happenings in his class, tuition, coaching centre, weekend class, competitions in other schools, child's visit to other places.
- ❖ Child wants to talk about the experience gained. If you listen to the child you will know what has happened.

Learning Disability



- ❖ In any classroom 5-10% of children have disability in learning. Their teachers and parents think that these children are lazy, idiots, inattentive and careless in learning.
- ❖ Almost all their organs are normal. Their IQ will be in normal range. Yet they will score less in certain subjects, despite intensive coaching.
- ❖ Some will have illegible hand writing and some will have difficulty in reading loud. Some will find mathematics very difficult and some will write incorrectly when given verbal instructions. Some will not understand few subjects easily. If any one of this is seen, we can suspect that the child may be having learning difficulty.
- ❖ There is a mismatch between their learning and intelligence. They might have attention deficit, distractability, excessive activity, forgetfulness and co ordination issues.
- ❖ If learning disability is identified at an early age and remedial education given at the right time, child 's learning capacity will be improved.
- ❖ First make sure that the child has no existing health problems by doing master body check up, eye, ear and neurological examination. Special tests like I Q assessment, gross motor and fine motor evaluations are also needed.

Special Activities:



- ❖ To correct gross motor issues; walking in a straight line, backward walking, alternate walking (walking in between steps of a ladder lying on the ground) walk like an animal, walking on a board, skating, skipping, and sliding are a few which can help in gross motor issues. Learning about body parts, puzzles, point and telling game, identifying missing parts in the picture, drawing, touching, acting, measuring, walking as per instructions are few of the activities recommended.

To correct fine motor issues

- ❖ Games which use eye hand co ordination like throwing a ball, catching a ball, playing, touching the picture with fingers, cutting a paper, exercises using pencil are some of them.

To help hearing

- ❖ Identifying vowels and consonants, learning the phonetic quality of words, separating and learning words, teaching, listening to surrounding noise are few of them.

To improve memory

- ❖ Activities like repeating words, sentences and numbers in the same order are some of them.

To improve comprehension capacity

- ❖ Solving puzzles correctly, find the left out item, identifying objects, telling stories by seeing the picture, finding out the number of objects in a specified time, explaining the objects, all will improve, comprehension capacity. Using straw, munching, swallowing and learning speech through the vibration are the few activities for the muscles of speech.

Constipation

- ❖ Child will cry while passing motion and the motion may be hard, pellet or dry. Face will become red. Will stand and strain. Drops of blood may also be present with the motion - usually at the end.
- ❖ Frequent urination, pain while passing urine, lower abdominal pain, itching in the anus, heartburn, nausea and vomiting, loss of appetite, chest pain, reflux of food, headache and bad breath are few ways in which constipation can present.
- ❖ Lack of balanced diet, excoriation around anal orifice causing pain while passing motion, inadequate fluid and fibre intake, excessive consumption of milk, poor sleep, lack of play, intake of junk foods, immobility and low levels of thyroid hormones are the few reasons.
- ❖ Treatment includes removal of impacted motion with suppositories, enema or PEG. Then laxatives have to be given by mouth in adequate doses for atleast 3-6 months. It takes atleast several months for the large intestine to regain its peristaltic activity and anal sphincter it's tone.
- ❖ Add greens, vegetables and fruits daily. Whole grains, millets are preferred. Among fruits papaya, guava, orange and green banana, chikku (Sapota) are preferred due to their high fibre content. Increasing fibre content will help to relieve constipation.
- ❖ Milk or milk powder consumption should be less than 400 ml per day. Avoid junk foods like biscuits, chips, soft drinks, bottled juices and snacks.
- ❖ Need to drink at least a litre of water a day. Restriction of use of digital media will give time for real play. Playing in sunlight for one hour is helpful.
- ❖ Sleep (for no. of hours) as per the age is a must. Switch off TV or Mobile at least 1 -2 hrs before retiring to bed. **Child should get up early with minimum of 2 hrs to get ready for school.**
- ❖ While traveling, take adequate water and fruits. Increase solid and reduce junk foods.

Bed Wetting



- ❖ Bed wetting after the age of 6 is a common problem among children. It occurs in 1 out of 6 children. It causes depression and low self-esteem for children. Parents become anxious and start criticizing the child.
- ❖ Inadequate secretion of the hormone which controls urine production, low bladder capacity, unstable bladder, genetic predisposition, urinary tract infection, constipation, taking caffeinated drinks before bedtime are few reasons for bed wetting.
- ❖ Please understand that bedwetting is beyond a child's control and be patient with your child. Do not scold him or punish him for wetting his bed. Praise him on his dry nights. Treat the constipation, urinary tract infection after consulting your doctor.
- ❖ Let him drink water frequently during the day and adequately in the evening hours. Make him wear winter clothes during the cold season. Keep the toilet lights on at night. Wake him up to go to the toilet, 1 hr after retiring to bed.
- ❖ Behavioural therapy (star chart), using an alarm, bladder exercise will help. If there is no change or the situation worsens, consult your doctor who might recommend medications for the same.

Overweight and Obesity



- ❖ Among Indian children 19% of them fall into overweight and obesity category. Excessive eating, snacking, drinking many cups of coffee, tea and soft drinks, spending excessive time in media usage, life style changes which have deprived physical activity, keeping awake till late hours leading to sleep deprivation - all can cause overweight and obesity.
- ❖ To reduce the weight, eat slowly and do not gulp chunks of food. Eat unrestricted amount of greens, and vegetables. Avoid bottled fruit juices. Instead take whole fruit.
- ❖ When you feel hungry in between the meals consume buttermilk, tender coconut water, soups and plenty of water. Eat food according to your age and requirements.
- ❖ Use less oil while cooking. Avoid fried foods and snacks. Eat well washed uncooked or cooked vegetables.
- ❖ Reduce the television time. Do not snack or eat your food while watching TV. Do not sit continuously. Get up and walk every 1 hr.
- ❖ 40 minutes daily exercise is a must. Yoga, pranayama, meditation can be done daily. Joining a sports or a martial art class will help.
- ❖ Whenever child has time make him walk, climb the stairs, do skipping, do thoppukaranam AKA super brain yoga.
- ❖ The school interval time can be used for play. Evaluate smart phone apps. Websites like eg. <https://www.nhs.uk/pages/home.aspx>, <https://ihcw.aap.org/Pages/default.aspx> can also guide you in losing weight.

Medicines - for your attention please

- ❖ Please check the medicines and clarify your doubts about how to give medicines with the nurse/ doctor.
- ❖ Continue the medication for the prescribed number of days. Get a refill if the medicine gets over.
- ❖ Unless instructed by the doctor, please do not reuse the old left over medicine.
- ❖ For common childhood illnesses like cough, cold, running nose, fever, loose motion and vomiting find out the first aid medications you can use from your doctor. **Do not start antibiotics without your doctor's recommendation.**
- ❖ Keep the medicines in a cool, dry place away from sun light. Do not reuse medicines one month after opening.
- ❖ Do not stop the medicine once the child becomes better or cured. Complete the full course.
- ❖ Sterile water is to be added and mix the dry powder upto the mark on the bottle. Shake the bottle well before giving medicine.
- ❖ Testing your child's eye at 3-4 yrs will identify any refractive errors if present. This can be corrected by wearing glasses.
- ❖ Through the department of public health children are given deworming medication, Iron and folic acid, Vitamin A and vaccination. Please cooperate with the authorities. Discuss about other vaccinations which are available during mass immunisation.
- ❖ To help a child in danger, call child help line number by dialing 1098 which is available 24 hrs a day free of charge.

IAP Immunization Timetable

| Age (completed weeks/months/years) | Vaccines | Due Date | Given Date | Batch No. / Expiry Date | Sign. |
|--|----------------|----------|---------------|----------------------------|-------|
| Birth | BCG | | | | |
| | OPV 0 | | | | |
| | Hep-B 1 | | | | |
| 6 weeks | DTwP 1 / DTaP1 | | | | |
| | IPV 1 | | | | |
| | Hep-B 2 | | | | |
| | Hib 1 | | | | |
| | Rotavirus 1 | | | | |
| | PCV 1 | | | | |
| 10 weeks | DTwP 2 / DTaP2 | | | | |
| | IPV 2 | | | | |
| | Hib 2 | | | | |
| | Rotavirus 2 | | | | |
| | PCV 2 | | | | |
| 14 weeks | DTwP 3 / DTaP3 | | | | |
| | IPV 3 | | | | |
| | Hib 3 | | | | |
| | Rotavirus 3 | | | | |
| | PCV 3 | | | | |
| 6 months | OPV 1 | | | | |
| | Hep-B 3 | | | | |
| 9 months | OPV 2 | | | | |
| | MMR-1 | | | | |

| Age (completed weeks/months/years) | Vaccines | Due Date | Given Date | Batch No. / Expiry Date | Sign. | |
|--|-----------------------------------|----------|---------------|----------------------------|-------|--|
| 9-12 months | Typhoid Conjugate Vaccine | | | | | |
| 12 months | Hep-A 1 | | | | | |
| 15 months | MMR 2 | | | | | |
| | Varicella 1 | | | | | |
| | PCV booster | | | | | |
| 16 to 18 months | DTwP B1/DTaP B1 | | | | | |
| | IPV B1 | | | | | |
| | Hib B1 | | | | | |
| 18 months | Hep-A 2 | | | | | |
| 2 years | Typhoid Conjugate Vaccine booster | | | | | |
| 4 to 6 years | DTwP B2/DTaP B2 | | | | | |
| | OPV 3 | | | | | |
| | Varicella 2 | | | | | |
| | MMR 3 | | | | | |
| 10 to 12 years | Tdap/Td | | | | | |
| | HPV | I | | | | |
| | | II | | | | |
| III | | | | | | |
| 16 years | Tdap/Td | | | | | |
| Special Vaccines | Influenza Vaccine | I | | | | |
| | | II | | | | |
| | Rabies Vaccine | | | | | |
| | Meningococcal Vaccine | I | | | | |
| | | II | | | | |
| | Japanese Encephalitis Vaccine | I | | | | |
| | | II | | | | |
| | Cholera Vaccine | | | | | |

IAP Recommended Vaccines

BCG

It is given at birth or at the earliest contact with the health care provider. It provides protection from severe manifestations of tuberculosis. 2-4 weeks after BCG, swelling occurs which increases in size, opens, may discharge some whitish material & then heals leaving a scar. This might continue up to 2-3 months.

Polio Vaccine (Live oral drops / killed injectable)

Protects from polio. Primary series consists of 3 doses of oral polio drops with 3 doses of injectable polio vaccine. Though India is declared free from polio, few countries still have polio cases. Hence we need to continue polio vaccination. During all pulse polio days, drops must be administered to children.

Hepatitis B

Protects against liver disease that results from infection with Hepatitis B virus. The disease can cause lifelong infection, cirrhosis of the liver, liver cancer, liver failure and even death. Hepatitis B virus spreads through contact with contaminated blood and body fluids.

Triple antigen(primary series)

It is given to children from the age of 6 to 14 weeks. This vaccine protects against diphtheria, pertussis (whooping cough) and tetanus. It is given as 3 doses in monthly interval followed by 2 boosters at 1 ½ and 4-5 yrs of age.

Rota virus

Among the bugs causing diarrhea, rota virus causes severe diarrhea and dehydration. Hence immunizing the child with oral Rota Viral vaccine is beneficial.

Brain fever vaccines

Many bugs cause brain fever. Preventive vaccine is available for a few of them.

For infants in the age group of 6-14 weeks, Haemophilus influenza vaccine is given in 3 dose primary series followed by a booster. This vaccine prevents meningitis, pneumonia and inner ear infection.

To protect from meningococcal infection, vaccination is given

In a few states of india Japanese encephalitis is endemic. In these areas, vaccine is given after 8 months of age.

Pneumococcal Vaccine

Pneumonia in children below 5 yrs of age is serious and life threatening disease. The most common bug affecting lungs is pneumococcal pneumonia. The symptoms are, high grade fever, breathing difficulty. Extreme tiredness, cough and chest pain. Pneumococcal vaccine prevents the infection by common strains.

Flu

Protects against contagious respiratory illnesses caused by the influenza viruses. Influenza is serious disease that can lead to hospitalization and sometimes even death. The single most effective way to protect against the infection and severe outcomes caused by influenza viruses is to get vaccinated each year.

MMR

Protects against 3 common viral diseases namely measles, mumps and rubella. Measles is a highly contagious disease spread by droplets or direct contact with nasal / throat secretions of infected persons. Measles results in a rash which erupts, usually on the face and upper neck and eventually reaches the hands and feet. Mumps causes fever, loss of appetite followed by swelling of salivary glands. Rubella is an acute viral disease that causes fever and rashes. MR vaccine is given through the government programme.

Typhoid

Protects against typhoid fever, a life threatening illness caused by the bacterium salmonella typhi. Patients suffering from typhoid fever usually have a sustained fever as high as 103° to 104°F, with stomach pain, headache and loss of appetite. Generally people get typhoid from ingestion of contaminated food or water. A dose of Typhoid Vi-polysaccharide (Vi-PS) vaccine can be given if conjugate vaccine is not available or feasible; Revaccination every 3 years with Vi-polysaccharide vaccine. Typhoid conjugate vaccine should be preferred over Vi- PS vaccine.

Hepatitis A

Protect against contagious liver disease that results from infection with the Hepatitis A virus. This mainly spreads through contaminated food and water. In india, Hepatitis A is a common cause of liver infection resulting in jaundice. Besides jaundice other symptoms are vomiting, loss of appetite and abdominal pain which may last up to 4 weeks.

Chicken Pox

Vaccination is an effective way to protect against disease caused by infection with the varicella zoster virus. The infection results in a skin rash with blisters (250 - 500), covering the body but usually more concentrated on the face, scalp and trunk. The virus can also lead to pneumonia or meningitis (infection of the brain). These complications are rare, but serious. Almost everyone suffers from this infection once in life.

Cervical Cancer

Protects against the most common types of HPV (Human Papilloma Virus) that cause cervical cancer. It is a cancer of the cervix which is the mouth of the uterus. Cervical cancer is the no.1 cause of the cancer related deaths amongst women in india. Every year more than 72000 women die in india due to cervical cancer, this is even more than breast cancer. Vaccination along with regular screening provides against the best possible protection against cervical cancer.

Tdap

Protects children aged 10 to 18 years against diphtheria. Tetanus and pertussis as immunity wanes following primary vaccination with DTP Vaccine. Tdap is preferred to Td followed by Td every 10 years.

Adverse Reactions Following Vaccination

1. Adverse reactions following vaccination are usually mild. Child might develop low grade fever, body pain and tiredness. Paracetamol when given in the correct dose will alleviate these symptoms.

2. Following BCG vaccination child may develop axillary adenitis or abscess. Consult your doctor if you are concerned.

3. After DPT injection either singly as a combination vaccine child may experience pain, redness, swelling or induration. Few may develop incessant cry.

4. If your child has a history of allergy or fits inform this to your child's pediatrician prior to vaccination.

5. For children less than 7 yrs injections are given in the upper thighs. For older children the upper arm is the site of injection.

6. Breastfeeding can be given immediately after the vaccination. No need to wait for 30 minutes.

7. Do not rub, give hot or ice fomentation. You can give a bath.

8. Please wait for 20 - 30 mts in the clinic after the vaccination and make sure your child is alright before you leave.

9. For any side effects after vaccination please consult your doctor.

10. Register for **SMS - Vaccine free reminder** through your mobile. Send a SMS and register your child's details:

Immunise (Space) Baby's Name (Space) Date of Birth to **566778**