

THE HEALTH OF YOUR CHILD

Recommendations for parents



English-French Vocabulary

Hello	Bonjour
My child's name is	Mon enfant s'appelle
My child is Months old	Mon enfant a mois
My child is Years old	Mon enfant a ans
I am pregnant	Je suis enceinte
My child is sick	Mon enfant est malade
My child has fever	Mon enfant a de la fièvre
My child has a cough	Mon enfant tousse
My child is having problems breathing	Mon enfant a de la peine à respirer
My child has been sick	Mon enfant a vomi
My child has diarrhoea	Mon enfant a des diarrhées
My child has a sore tummy	Mon enfant a mal au ventre
My child experiences a burning sensation when urinating	Mon enfant a des brûlures en faisant pipi
My child has fainted	Mon enfant a fait un malaise
My child has skin problems	Mon enfant a un problème de peau
My child has been injured	Mon enfant s'est blessé
My child is constipated	Mon enfant est constipé
My child is crying	Mon enfant pleure
My child does not eat/drink anymore	Mon enfant ne mange plus/ne boit plus
My child is hungry/thirsty	Mon enfant a faim/soif
My child is bleeding	Mon enfant saigne
My child has a runny nose	Mon enfant a le nez qui coule
My child fell	Mon enfant est tombé
My child is allergic to...	Mon enfant est allergique à...
I need help	J'ai besoin d'aide
I need to go to Accident and Emergency	Je dois aller aux urgences
I need to see a doctor/dentist	Je dois voir un médecin/dentiste
Where is the hospital?	Où se trouve l'hôpital?
It is an emergency!	C'est une urgence!
Medicine	Médicaments
Thermometer	Thermomètre
Band-aid	Pansement

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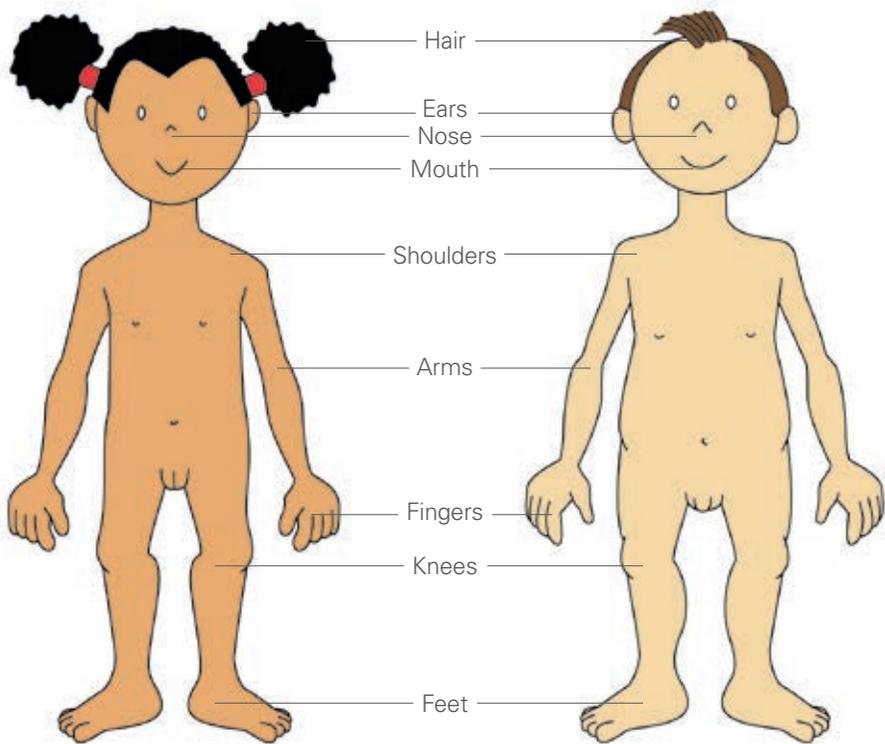
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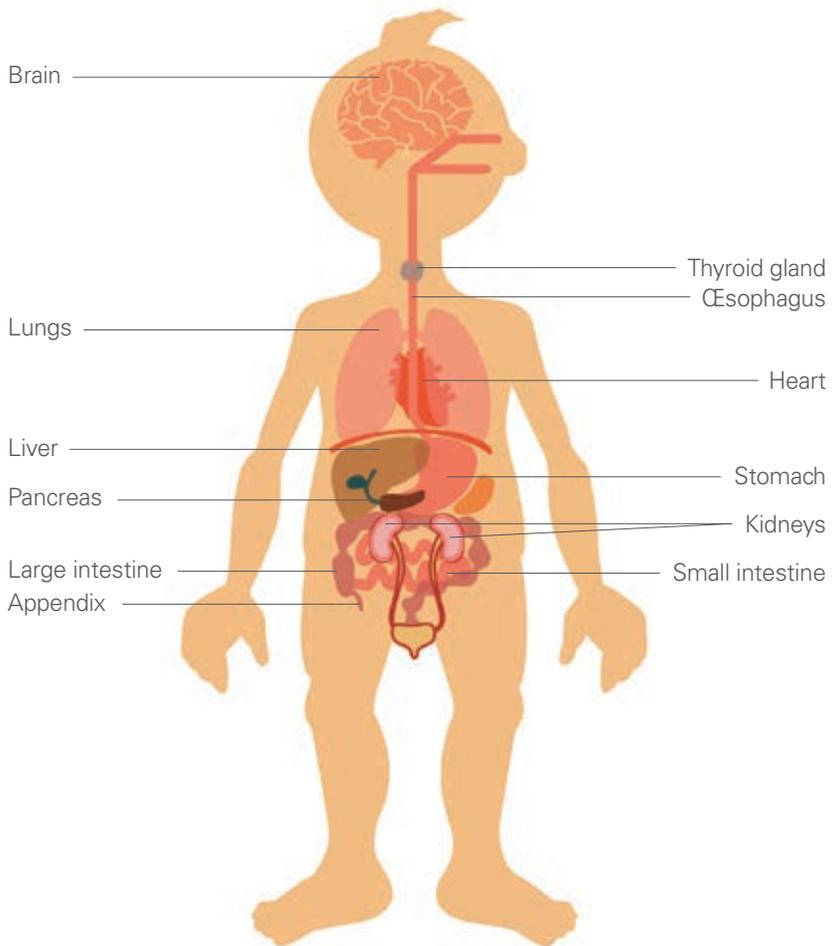
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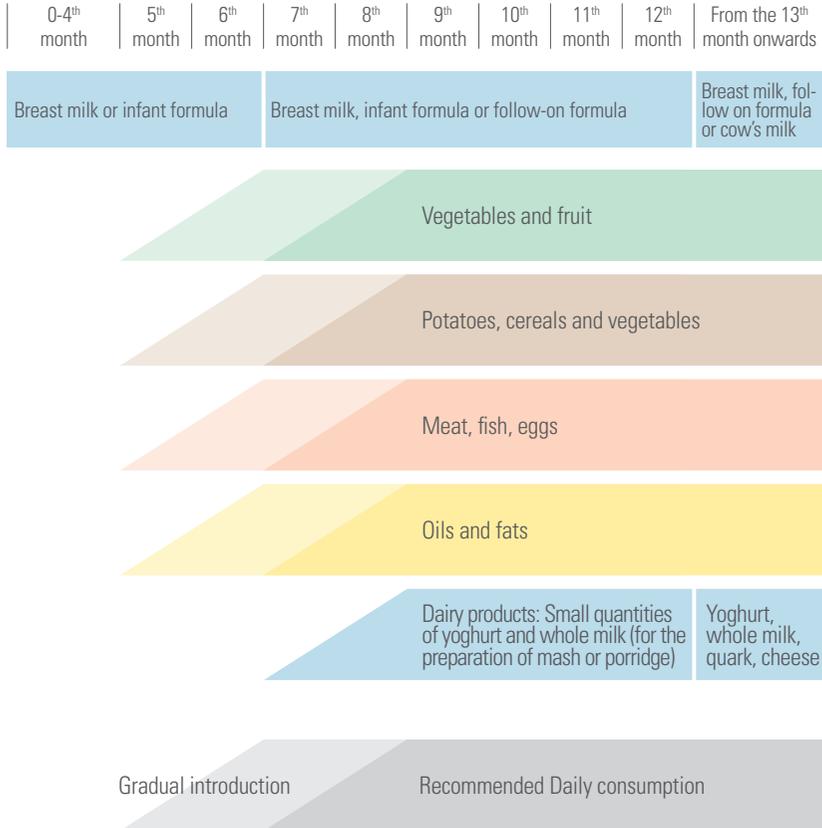
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The body





Nutrition for infants and small children



Adapted from "introduction of foods for the infant", Swiss Society of Nutrition SSN, Swiss Society of Paediatrics SSP, 2011.



Milk and other dairy products

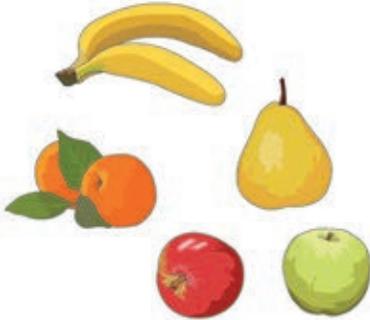
Breastfeeding is recommended for infants. Breast milk or a prepared milk formula are sufficient until the age of 5-6 months. There is no need to give additional water.

- ▶ From 6-7 months: start to introduce small amounts of plain yogurt in fruit puree or whole milk in porridge.
- ▶ From 1 year onwards: give the equivalent of 3 to 4 dl of whole cow's milk or other dairy products (yogurt, dairy dessert, Petit Suisse, cheese, cottage cheese, etc.).

Drinks

- ▶ After 4-6 months: introduce drinks other than milk. Choose water or unsweetened home-made herbal infusions (not tea). Consume other drinks in moderation. Avoid sugary drinks as they cause tooth decay (see the chapter on teeth on page 11).
- ▶ Stop night feeds (bottles or breastfeeding) as soon as your child is consuming sufficient quantities to meet his or her needs during the day.



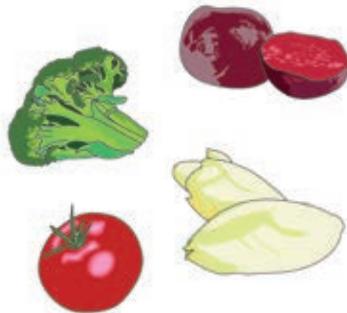


Fruits

- ▶ From 5-6 months: introduce, according to the season, banana, apple, pear, apricot, peach, melon and plum, etc.

Vegetables

- ▶ From 5-6 months: introduce, depending on the season, carrot, zucchini, fennel, squash, lettuce, turnip, spinach, beetroot, endive, eggplant, broccoli, tomato, etc.
- ▶ After 6 months: all other vegetables according to your child's preference.



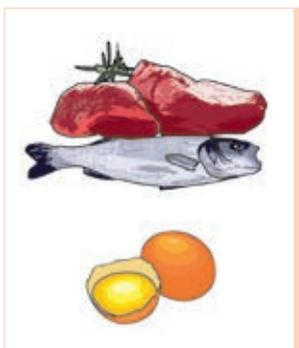


Potatoes, cereals and legumes

- ▶ Between 5 and 6 months: introduce special baby cereals of flour or flakes, ideally to supplement breastfeeding.
- ▶ From 9 months onwards: introduce starchy foods (potatoes, sweet potatoes, cassava, pasta, bread), all cereals (semolina, rice, millet, quinoa, polenta, etc.) and legumes (lentils, etc.) according to the tolerance of your child.

Fats and oils

- ▶ From 5-6 months: add rapeseed oil to the pre-cooked food (1 teaspoon per day). Cook foods without adding fat (oil, butter, etc.).



Meat, fish and egg

- ▶ From 5 months: introduce about 1 tablespoon of meat or fish, or 1/4 egg (white and yolk) per day.
- ▶ From 12 months onwards: give about 2 tablespoons of meat or fish, or 1/2 egg (white and yellow) per day.

Choose tender and low-fat meats (poultry, veal, beef, etc.) and deboned fish.

In case of allergy or special situations, ask your paediatrician.



RECOMMENDATIONS

- ▶ For up to 1 year, use only herbs and spices but no salt to season food.
- ▶ Avoid snacks.
- ▶ Avoid soy products (vegetable drinks, yogurts, tofu, etc.) before your child turns 1 year old.
- ▶ The texture of food should be adjusted as teeth start to develop and with your child's flavour preferences.
- ▶ Introduce new food flavours gradually: only one new thing at a time.
- ▶ Your child should eat at the table during the family meal as soon as possible.
- ▶ For a good nutritional balance, only give foods with a higher fat-intake (fried foods or dried meats) after the age of 1 year, individually and on rare occasions.
- ▶ A Vitamin D supplement is recommended from birth until the age of 3 (see chapter 12 on vitamin D).

The amount of food eaten by a child can vary a lot from one day to the next. This is completely normal.



WARNING

Do not give the following foods to a child under 3 years of age: Nuts (including peanuts, walnuts or hazelnuts), nut bread, pieces of solid fruit, berries, whole grapes or fish with bones, as these may induce choking.

Teeth

Clean milk teeth without cavities are important so that your child is able to chew food properly.

Cavities are holes in the teeth that cause pain. They appear if the teeth are not brushed regularly. Damaged milk teeth with cavities will hurt and need to be treated as they can also damage the health of permanent teeth.

Brushing the first teeth well

As soon as the first tooth appears, brush it at least twice a day with a soft brush for babies or children, and a small amount of fluoride toothpaste for children.

Good dental hygiene prevents problems

Let your children brush their teeth themselves as soon as they are able.

For very young children, re-brush their teeth every time and check that they are clean.

For older children, up to about 8 years of age, it is recommended that their teeth are re-brushed at least in the evening.



RECOMMENDATIONS

- ▶ Your child should brush their teeth after each meal and after eating sweets.
- ▶ Avoid putting their spoon, teat or baby bottle in your mouth as this can transmit bacteria that cause cavities.
- ▶ Avoid letting your child fall asleep with the dummy or bottle teet in their mouth, as this promotes cavities.

Vitamin D

Vitamin D plays a vital role in calcium absorption and helps to fortify bones.

Exposure of the skin to the sun provides this vitamin. However, avoid exposing your baby directly to the sun.

To ensure young children have enough vitamin D, the paediatrician will prescribe vitamin D in drops to be taken every day from the age of 2 weeks to 3 years, or more if the deficiency persists.

Medication

There are several doses of vitamin D.

Check the one your paediatrician has prescribed for your child in order to give the right quantities.

Name		
Packaging		
Dosage	All children from 0 to 3 years old. Beyond 3 years if a deficiency persists	All children from 0 to 3 years old. Beyond 3 years if a deficiency persists
0-1 years	1 drop a day Diluted in a spoon of breast milk or infant formula	4 drops a day Diluted in a spoon of breast milk or infant formula
1-3 years	1 drop a day Diluted in a liquid	6 drops a day Diluted in a liquid

Iron

Iron is very important for creating red blood cells. Most often, a balanced diet contains enough iron to meet your child's needs.

Sometimes, children lack iron and can no longer make their red blood cells alone. They become weak and pale, quickly get exhausted and have trouble concentrating.

This is called anaemia.

If your child lacks iron, the paediatrician will prescribe it in the form of drops or tablets.



Vaccines

Vaccines protect your child effectively from diseases that can be serious and sometimes even fatal. Your paediatrician will give you more information and will be able to answer all your questions.

The Swiss Vaccination Plan recommends the following vaccinations for your baby or young child. Vaccines that are not administered at the expected age should be administered as soon as possible in order to maintain an effective vaccination programme.

Other vaccines, such as hepatitis A, may be offered based on risk of exposure.

2 months	Diphtheria - Tetanus - Pertussis - Poliomyelitis - Haemophilus influenzae type b - Hepatitis B Pneumococcal disease
3 or 4 months*	Diphtheria - Tetanus - Pertussis - Poliomyelitis - Haemophilus influenzae type b - Hepatitis B Pneumococcal disease
4 or 6 months*	Diphtheria - Tetanus - Pertussis - Poliomyelitis - Haemophilus influenzae type b - Hepatitis B
9-12 months	Measles Mumps Rubella
12 months	Pneumococcal disease
12-15 months	Meningococcal C
15-24 months	Diphtheria - Tetanus - Pertussis - Poliomyelitis - Haemophilus influenzae type b - Hepatitis B Measles Mumps Rubella*
4-7 years	Diphtheria - Tetanus - Pertussis - Poliomyelitis
11-15 years	Diphtheria - Tetanus - Pertussis - Poliomyelitis - Hepatitis B (if not done in childhood) Varicella (2 doses, if the child did not have the disease) Human Papilloma Virus Meningococcal C

* Some vaccines are given earlier, and at a shorter intervals, to protect children who live within a community (for example, in a children's home) more quickly.

Sudden infant death

Sudden infant death is the sudden unexpected death of a baby under one year of age during sleep.

To date, the causes are unknown but the following recommendations significantly reduce the risk.

- ▶ Have your baby sleep on their back, in a sleeping bag, on a firm mattress, without a blanket, duvet, pillow or soft toys.
- ▶ Air the room every day.
- ▶ In case of hot weather, do not overdress your child.
- ▶ Do not smoke in the vicinity of your child

Breastfeeding reduces the risk of sudden infant death.



IMPORTANT

When awake and in your presence, lay your baby on their stomach with their arms forward so that they learn to raise their head and prevent distortion of the skull ("flat head"). By learning to support and readjust their position themselves, they will keep a well-rounded head.

The dangers of everyday life

Prevent the risk of falling



Always keep an eye on your baby.

Whatever the age of your child, the stairs are dangerous.



When biking, your child should always wear a helmet to protect their head.

When opening the window in a room, make sure your child can not reach it by climbing up on a chair.



Prevent electrocution, burns and drowning



Equip electrical outlets with a socket cover or thick tape.

Prevent your child from getting near hotplates or a cooking oven.



Always watch your child while in the bath or near a pond, river, lake or pool.

Prevent the risk of poisoning

Store all medicines and household products out of reach of your child.

Before buying a house or garden plant, ask the seller if it is toxic.



WARNING

In case of poisoning, call  145 or consult the accident and emergency.



Prevent the dangers of road traffic



Teach your child to walk on the pavement. Hold their hand in the street and to cross the road.

Preventing passive smoking

Cigarette smoke can cause respiratory diseases.

Avoid smoking in the house and put cigarettes and ashtrays out of reach of your child.



Limit the consumption of television and screens

Exposing children too early or for a prolonged duration to screens (television, tablet, etc.) can hinder their development.

Before the age of 2:

Avoid exposing toddlers to any TV.

Between 3 and 6 years old:

30 minutes of screen per day maximum.

Do not install a television in your child's room.



Fever

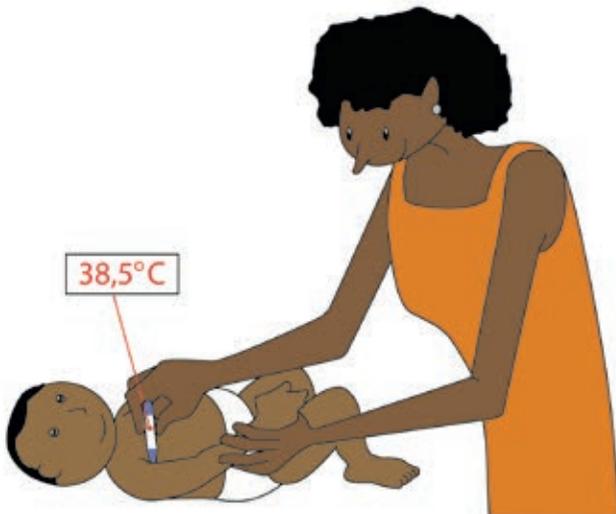
Fever is defined when the core body temperature is above 38°C.

Fever is the body's normal reaction to fight infections. It is common during common infections such as colds. It is rarely serious.

In most cases, it disappears without the need for treatment.

How to take the temperature of your child?

There are two ways to take your child's temperature: axillary (under the arm) or rectal (via the anus). Whichever is chosen, the thermometer must be in contact with the dry skin.



What to do in case of fever?

For infants under 3 months

Consult the paediatrician even if your baby does not seem sick.

For children older than 3 months

- ▶ Undress your child
- ▶ Give them something to drink (cool drinks)
- ▶ Keep the temperature in the room between 18 and 20°C
- ▶ Take their temperature again after 30 minutes

If your child seems uncomfortable and/or the temperature exceeds 39°C, give them a fever medication, preferably prescribed by your paediatrician. Monitor your child and quickly consult your paediatrician or the emergency services if there is no improvement.

If your child seems uncomfortable and the temperature is below 39°C, monitor them and consult the paediatrician if there is no improvement.

There is no risk in going outside to take a feverish child to the doctor.

When should I consult the paediatrician?

Immediately if:

- ▶ the state of your child worries you
- ▶ your child has a pale complexion and does not react to those around them
- ▶ your child coughs a lot and is breathing very fast
- ▶ your child has small red-purple dots on the skin that spread rapidly
- ▶ your child has a headache, vomits or cannot flex his neck.

During the day, if the fever:

- ▶ lasts for more than 3 days
- ▶ continues for several days after a cold or the beginning of a cough
- ▶ is accompanied by pain: throat, ear, stomach or urinating.

Febrile convulsions

Your child has a fever, he loses consciousness (his eyes look towards the back), becomes soft or on the contrary, stiffens and makes rhythmic movements with the limbs. These are without doubt fever seizures. These can occur between 6 months and 6 years old.

Most often, they stop spontaneously after a few minutes. Although alarming, they will not cause damage to the brain.

How to react in case of convulsions?

1. Keep calm.
2. Prevent your child from getting hurt.
3. Lay them on their side.
4. Lower the fever by undressing them. If your child is unconscious, do not give them anything by mouth.

When to consult someone?

- ▶ If it is the first convulsion with fever: call the paediatrician immediately.
- ▶ If the convulsion continues beyond a few minutes: make sure your child is safe and call an ambulance (dial 📞 144).
- ▶ If your child has already had fever seizures and his general condition is good, simply notify the paediatrician once the seizure has passed.

Colds

Colds and flu are caused by viruses. Children under 2 years old can catch up to 10 colds a year.

When a child has a cold, he/she may have a stuffy or runny nose, sneeze, cough, have a mild sore throat, loss of appetite and mild fever. In general, these problems last between one and two weeks. The symptoms of colds and flu may be similar, but the flu is usually more severe.

If s/he feels well enough, a child with a cold can continue their games and usual activities.

What to do in case of colds?

Nothing cures the cold: it disappears on its own. But you can relieve some symptoms:

- ▶ if necessary, gently clean the stuffy or runny nose (read below)
- ▶ make your child drink enough, especially if he has a fever
- ▶ if your child seems to be feeling bad and is feverish, you can give paracetamol. This medicine relieves your child but does not cure the cold.

+ INFO

Over-the-counter cough and cold medications are unsuitable for children under 6 and can be dangerous for them.

What to do if the nose is clogged?

Your baby with a cold may have trouble breathing because their nose is clogged with mucus.

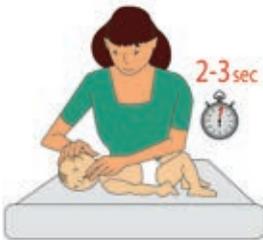
Since they breathe mostly through their nose, they might also find it uncomfortable to eat. It is therefore recommended to do a nose wash before meals.

How to wash the nose?

The baby's nose is sensitive and delicate. Perform the following actions gently.



Step 1: Prepare the saline solution and lie your baby on their side.



Step 2: Put the tip of the vial into the baby's upper nostril and gently empty half of the contents (about 2 ml) into this nostril. Wait 2-3 seconds. The liquid will come out with mucus secretions either through the lower nostril or it will pass into the throat.



Step 3: Sit your baby back up to catch their breath.



Step 4: Lie them on the other side and do the same thing with the other nostril.



Step 5: Wipe your baby's nose with a tissue.



IMPORTANT

Hold your baby securely during this treatment to avoid injury.
Do not use more than 2 ml of saline per nostril.

Coughing

Coughing is a useful reflex to rid the airways of irritations in the throat.

Most often, it is due to a virus, accentuated by the fluids of a cold (see chapter on colds, page 23). In rarer cases, it can be caused by inflammation of the bronchi or lungs.

What to do first?

1. In case of a cold, raise the head of the bed and wash your child's nose if necessary (read page 24-25).
2. In case of a barking cough with hoarseness, sit your child in the bathroom and produce as much steam as possible by opening all the hot water taps. Stay in the room for about 20 minutes.
3. If your child has asthma, start with their usual treatment.
4. In all cases, give small amounts of water or herbal tea to drink regularly.

Generally, the cough goes by itself.



IMPORTANT

Contact the paediatrician if:

- ▶ your child is having trouble breathing
- ▶ the cough lasts for more than 10 days
- ▶ the cough is accompanied by a fever for more than 3 days, rapid breathing or chest pain.

Call ☎ 144 if:

- ▶ your child has a lot of trouble breathing
- ▶ your child has an asthma attack for the first time or if treatment is ineffective
- ▶ your child has swallowed a small, crooked object and is breathing badly
- ▶ your child drools a lot and has a very sore throat.

Never expose children to tobacco smoke.

Sore throats

Sore throats are very often caused by viruses. They are then accompanied by a cold, an eye irritation and possibly coughing and fever.

Sore throats can also be a symptom of strep throat, a microbe that usually needs to be treated with antibiotics. In this case, the child often has a high fever and sometimes vomits. It can also present a rash of small pink and red pimples. This is called scarlet fever.

What to do first?

1. If your child is over 4 years old, you can give them some sucking pastilles to ease the pain. Ask the pharmacist for advice on a product suitable for his age.
2. If they have fever, treat with paracetamol.
3. Give them cold liquids to drink. Avoid fruit juices or lemonades that sting your throat.



IMPORTANT

If the pain persists for more than 3 days and your child has a fever or a rash of pimples, contact your paediatrician. If your child is in serious pain, cannot swallow liquids, drools a lot and has trouble breathing, hold them in a seated position and call  144 for an ambulance to take them to hospital.

Constipation

Breastfed infants are rarely constipated because breast milk is completely digested. If you are breastfeeding your baby and he or she has bowel movements only once a week, check the appearance of the stools: if they are soft and your baby does not have a stomach ache, your baby has no constipation problem.

What is constipation?

A child is constipated when the stool is irregular, hard and difficult to get out. Some children do this even if they do it every day, because they only evacuate the “overflow” of their gut in the form of very hard stools.

Sometimes, hard stools cause small cracks on the anus and fresh blood is visible. These cracks are very painful and prevent the child from evacuating regularly. The pain causes the reflex to hold back instead of pushing.

What can you do?

Food (see also the chapter on food on page 6)

- ▶ Your baby is less than 4 months old
If they have hard stools, tell your paediatrician and ask for advice.
- ▶ Your baby is over 4 months old
Give them apricots, peaches, pears or cereals with meals (in the form of mashed potatoes).
- ▶ Your child is over 1 year old
Give them fruit or vegetables at least five times a day (grapes, dates, plums, figs, fennel, zucchini, etc.). You can also give whole grains, biscuits or whole rice.

Decrease the consumption of milk, ice cream, chocolate and cheese, because an excess of dairy products causes constipation.

Your child should drink a lot and have a fruit juice at breakfast.

Regular hygiene

Your child should evacuate its bowels regularly without holding back. Suggest that he or she goes to the bathroom at a regular time.

If constipation persists despite this advice, consult your paediatrician who can prescribe a drug to soften the stools.



IMPORTANT

If constipation persists, your baby vomits, has blood in the stool or is gaining weight too slowly, consult your paediatrician. Never give a laxative or commercial fibre supplement to your baby without medical advice.

Diarrhoea and vomiting

Does your child vomit everything they swallow? Do they have frequent, watery and foul-smelling stools (diarrhoea), fever, stomach ache due to seizures (colic) and a loss of appetite?

They probably have gastroenteritis, or “stomach flu” which is an infection of the stomach and intestines. Often, this is a viral infection.

Your child will lose a lot of water through vomiting and diarrhoea. Dehydration is dangerous: the younger the child, the faster the dehydration.

What are the signs of dehydration?

- ▶ Your child is tired, refuses to play and stays in bed.
- ▶ weight loss.
- ▶ dark circles or “bags” around the eyes.
- ▶ Dry skin, mouth and tongue.
- ▶ Lack of tears when crying.
- ▶ Small volumes of urine
- ▶ Pale, dry tongue in the morning.



How to treat your child?

Diarrhoea and vomiting usually last 5 to 7 days and are cured spontaneously.

If you are breastfeeding, give shorter, more frequent feedings. If you are not breastfeeding, give your child the usual milk dosage more often and in smaller amounts.

If your child shows signs of dehydration an oral rehydration solution provides everything needed for rehydration. Your paediatrician will tell you the minimum volume of fluid to administer in 24 hours.



Step 1: Dilute one sachet of oral rehydration solution as indicated on the package. Keep the solution in the fridge.



Step 2: Give small quantities of this solution to your child every 3 minutes. Use a spoon or syringe.

Step 3: If your child does not vomit, increase the volume given gradually. If your child vomits again, continue to give very small volumes of the liquid.



Step 4: After 4 hours, resume breastfeeding or feeding with other undiluted milks.

As soon as vomiting is under control, your child can start eating small amounts again. Give plain and simple food. Rice, carrots and bananas are useful for increasing stool consistency.

What medicine to give?

If your child has a fever, you can administer paracetamol.

Is it contagious?

Yes, gastroenteritis is contagious through faecal matter and vomit. It can particularly occur as a mini-epidemic in nurseries, within families or in communities that live together. It is spread through contaminated hands, food or water.

Wash your hands with each change of nappy or after each diarrhoea.



When to take back to the nursery or the school?

When your child has no fever and no longer vomits.



IMPORTANT

Immediately consult the paediatrician or emergency centre:

- ▶ if your child's condition worries you
- ▶ if it is difficult to keep your child awake
- ▶ if your child has no more tears
- ▶ if your child has not urinated for 8 hours
- ▶ if your child has lost weight
- ▶ if the vomiting is greenish or contains blood
- ▶ if there is blood in the stool.

Consult your paediatrician or emergency centre if your child has diarrhoea for more than 2 weeks.

Nappy Rash

Red patches may appear on your child's buttocks and gradually spread under the diaper. These are caused when urine or stools irritate sensitive skin at this location. In the case of diarrhoea, the stool is even more irritating.

The patches are not serious and disappear quickly with simple means.

What can you do?

- ▶ Check the nappies every hour and change them as soon as they are wet.
- ▶ Clean buttocks with lukewarm water, without soap.
- ▶ Let your baby's skin dry in the air.
- ▶ Once your child's skin is dry, apply a thick layer of a zinc based healing ointment.



IMPORTANT

Consult your paediatrician if:

- ▶ the redness persists despite the proposed treatments
- ▶ crusts or bubbles develop
- ▶ the redness spreads beyond the nappy.

Lice



DID YOU KNOW?

Lice like clean hair as much as dirty hair and are transmitted by direct contact head to head. Once they are out of the scalp, they die in 48 hours.

Lice are tiny grey insects which cling to the hair and feed on human blood.

When to look out for lice?

- ▶ When there are lice in the environment (at school, nursery, family, friends, etc.).
- ▶ In case the head starts to itch.
- ▶ If you see eggs (nits) at the base of the hair. Nits are like dandruff. They are difficult to remove.

How to search and eliminate them?

With a comb purchased at the pharmacy, perform the check below on all family members.



Wet the hair.



Apply generously a detangling product.



Unravel the hair with your usual comb.



Brush the anti-lice comb through your hair: start from the roots and comb through to the ends, strand by strand.



Between each brushing, wipe the comb on toilet paper or kitchen roll to deposit any lice or nits.



Rinse your hair well.

If lice are present, repeat the procedure 2 to 3 times a week for 1 month.

If you did not find anything:

- ▶ Repeat this check after a week.

If you have found nits:

- ▶ Look for lice again twice a week.
- ▶ Stay alert, as lice may appear.

If you have found lice:

- ▶ Inform your child's school or nursery.
- ▶ The same day: check all family members and treat those with lice.
- ▶ Use a different hairbrush for each member of the family.



INFO

In case of lice, it is not necessary to clean bedding, clothes, soft toys, etc.

What to do if the lice persist?

- ▶ If, despite these measures, the lice have not disappeared, buy a product in the pharmacy containing dimethicone that stifles the lice. In general, two to three applications are required (on the 1st, 8th and 15th days). There is no preventive treatment.
- ▶ If the product is not effective, ask your paediatrician which alternative anti-lice treatment may be needed.

Crying infants

Crying is a means of expression and communication for the baby. It's their way of getting attention. A healthy baby can cry for up to 2 to 3 hours a day, often late in the day or in the evening.

Over time you will learn to differentiate between cries for hunger, discomfort or pain.

During the first months, a baby does not cry on a whim. Sometimes nothing can calm your child and this should not be a concern. You can lay your child on his or her back in bed, leave them in the dark and come see your child every 10 to 15 minutes if they have not calmed down.

Why is your baby crying?

- ▶ Your child is hungry.
- ▶ Your child is tired.
- ▶ Your child is hot or cold.
- ▶ Your child is bothered by a dirty nappy.
- ▶ Your child is disturbed by noise or light.
- ▶ Your child is poorly positioned or uncomfortable.
- ▶ Your child needs to release excess tension accumulated during the day before falling asleep.
- ▶ Your child needs to feel safe, reassured and in touch with those around them.

Your child can also cry for no particular reason.

How to calm your baby down?

- ▶ Check if your child is hungry, cold, or their nappy is dirty.
- ▶ Hold them in your arms to reassure them, rock them and walk them.
- ▶ Speak to your child gently while humming.
- ▶ Give your child a bath for relaxation purposes.
- ▶ Give them a massage, especially on the stomach if gassy.
- ▶ Give your child a dummy if they use one, since suckling can often reassure them.



IMPORTANT

If the crying seems excessive or different from their usual crying:

- ▶ Take your child to the paediatrician or hospital.

You can no longer tolerate the crying anymore:

- ▶ Never shake your child: when a baby is shaken, its head makes a violent rocking movement that can be fatal or seriously damaging to the brain.
- ▶ Do not scream or shout.
- ▶ Put your child comfortably in bed, leave the room.
- ▶ Call someone you trust (family, neighbours, friends, etc.) to help you look after the baby.

Do not hesitate to contact an emergency centre that can look after your child for a time in order to give you time to rest.

Warning signs

These warning signs should prompt an urgent consultation with your paediatrician or paediatric emergency centre.

Signs of serious illness

Seek help immediately if, despite treatment for fever, you observe the following signs:

- ▶ your child has a blue-grey complexion or blue lips
- ▶ your child is very tired, anxious and feels very bad
- ▶ your child is soft like a rag doll or refuses to move
- ▶ your child is too weak to scream or they shout when you try to touch or move them
- ▶ your child cries continuously for no apparent reason and is inconsolable even in your arms
- ▶ your child is not easily woken up or does not respond to you
- ▶ your child stares into space and refuses to play
- ▶ your child has abnormal behaviour or is disoriented.

Signs of dehydration

Seek help immediately if, despite your attempts to rehydrate (read Diarrhoea and vomiting at p.30), your child:

- ▶ has not urinated for more than 8 hours
- ▶ cries without tears
- ▶ has dark circles around the eyes
- ▶ is tired and lethargic
- ▶ has dry and cracked mouth and lips.

Respiratory difficulties

Seek help immediately if your child:

- ▶ makes a lot of effort to breathe
- ▶ moans with each breath
- ▶ has wheezing and fast breathing
- ▶ has blue lips
- ▶ pauses breathing and has difficulty breathing
- ▶ is exhausted.

Testicular Pain

Consult a medical professional urgently if your little boy:

- ▶ has pain in a testicle.

Refusal to walk

Consult a medical professional urgently if your little child:

- ▶ refuses to walk
- ▶ cries every time they try to walk.

Signs of diabetes

Consult a medical professional urgently if your child:

- ▶ urinates very often and in large quantities
- ▶ is always thirsty
- ▶ drinks several litres of liquid a day
- ▶ is increasingly tired and has lost weight.



WARNING

From 0 to 3 months

Consult a medical professional urgently if your infant:

- ▶ has a temperature over 38°C
- ▶ becomes very pale
- ▶ has unusual behaviour (e.g. he/she screams weakly)
- ▶ vomits frequently or violently (projectile vomiting)
- ▶ has very liquid and very frequent stools
- ▶ has a red or purplish navel with pus.

Useful information

Children's Hospital
Rue Willy-Donzé 6, 1205 Geneva
 022 372 40 00

Paediatric emergency Service
Avenue de la Roseraie 47, 1205 Geneva
 022 372 45 55

Impressum

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- ▶ The website www.monenfantmalade.ch, for chapters on diarrhoea and vomiting, red buttocks and warning signs
- ▶ The health department of the Canton of Basel-Stadt, for chapters on teeth, vaccines, constipation and the dangers of everyday life
- ▶ The Swiss Paediatric Society, for chapters on fever, cough, sore throat and warning signs
- ▶ The Reference Centre for Nursing Nurseries (CRIPE) of the canton of Vaud - AVASAD (www.avasad.ch), in particular the sheets: "Infant and small child feeding", "The fever in children", "Clogged nose: washing", "Crying", "Prevention of sudden infant death"
- ▶ The Quebec National Institute of Public Health, for the chapters on vitamin D, iron and cold
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