

# *Your Baby & Child's Health: An Important Ingredient*

*Your child's health is important to their ability to learn and grow. This section is designed to give you an overview of how to keep your child healthy and what to do if your child is having health concerns. Remember when dealing with health concerns, that you know your child best. If you are concerned, do not hesitate to call your health care provider for advice.*

*The following topics will be covered in this section:*

- \* Staying Healthy: Immunizations and Well-Child Check Ups*
- \* When Your Child Doesn't Feel Well*



## *Staying Healthy*

### **Immunizations**

*What are immunizations?*

Immunizations are vaccines given by injection (shots). Most vaccines contain inactivated or killed organisms of the disease. These organisms stimulate the body to produce antibodies to fight the illness. A series of doses are required for most immunizations to be effective.

*Why do we give immunizations?*

Most of us don't remember how serious and even deadly most of the diseases are that we can now protect our children from. Because children get immunized, we see less of these diseases today. But we must remain careful. These diseases can move rapidly among unprotected children.

What diseases do current immunizations protect against?

The following are brief descriptions of the ten diseases for which immunizations are currently given.

#### **DTaP**

**D**iphtheria can cause breathing and heart problems, paralysis, and death.

**T**etanus (lockjaw) can cause muscle spasms, breathing and heart problems, and death. It enters the body from a cut or wound.

**P**ertussis (whooping cough) causes a serious cough that makes it hard for a child to eat, drink, or breathe. It can cause pneumonia, seizures, brain damage, and death.

#### **POLIO**

Polio symptoms include fever, sore throat, headache, muscle weakness, and pain. Polio can cause lifelong paralysis and death.

#### **MMR**

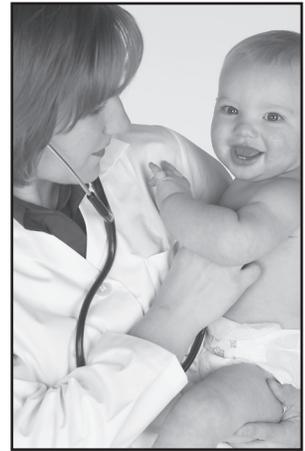
**M**easles causes a high fever, rash, cough and watery eyes. It can cause pneumonia, breathing problems, brain damage, hearing loss, seizures, and death.

**M**umps causes fever, headache, and swollen glands. It can cause hearing loss, meningitis, brain damage, and infertility in adult males.

**R**ubella causes a slight fever and a rash. The greatest danger from rubella is to unborn babies. Pregnant women who have rubella infection can lose the baby or the baby can be born blind, deaf, brain damaged, have heart defects, and more.

#### **Hib**

**H**emophilus **I**nfluenzae type **b** (Hib) can cause meningitis; pneumonia; brain damage; infection of the blood, joints, bone, throat and heart lining; and death. It is very dangerous to children under five years old.



## **Hepatitis A**

Hepatitis A is a serious liver disease caused by the Hepatitis A virus (HAV). HAV is found in the stool of persons with Hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

## **Hepatitis B**

Hepatitis B is a serious infection of the liver caused by a virus. It can cause liver damage, liver cancer, and death. It can be spread from an infected mother to her newborn or through contact with infected blood or body fluids.

## **Varicella**

Varicella (Chickenpox) is highly contagious and causes a skin rash. It can be harmful to small infants, adults who haven't had the vaccine or disease, and to people with impaired immune systems.

## **PCV**

PCV protects children against pneumococcal disease that causes meningitis and other infections.

## **Rotovirus**

Rotovirus is a virus that causes severe diarrhea mostly in babies and young children. It is often accompanied by vomiting and fever.

### ***When are immunization due?***

Refer to chart on next page.

- \* Be sure to get started on time, and stay on schedule.
- \* Don't put off immunizations because your baby has a cold, minor illness, or is on antibiotics.
- \* Carry an immunization record card for each of your children. You will need them for clinic visits, day care, school, camp, and even college.
- \* Ask about immunizations every time you take your child to the clinic.
- \* Immunizations work and have few side effects. The benefits far outweigh any risks.
- \* It is not recommended to give Tylenol or other pain relief prior to or after the time of an immunization. Please talk to your health care provider on this.
- \* Some of the diseases that immunizations prevent are much more serious for babies than they are for adults.
- \* Immunizing your child is one of the most loving things you can do as a parent. Like car seats, immunizations offer life-saving protection.
- \* Low cost or even free immunizations are available. Call your clinic or local public health department for more information.

## **REMEMBER WELL CHILD CHECK-UPS!**

Well Child Check-ups should accompany regular immunizations as part of your child's health care. Well Child Check-ups include a physical examination and an evaluation of vision, hearing, and development. These are areas that can impair learning and growing and are best discovered and treated early. Preschoolers should receive Well Child Check-Ups each year. Infants and toddlers should be seen more often. Check with your health care provider and refer to your immunization folder which will be given to you at the hospital or visit the website: [www.healthychildren.org](http://www.healthychildren.org) under the Safety & Prevention tab, or [www.health.state.mn.us/divs/idepc/immunize/schedules.html](http://www.health.state.mn.us/divs/idepc/immunize/schedules.html).

## When to Get Well Child Check Ups and Immunizations for Children

	Well Child Check Up	DTaP Diphtheria Tetanus Acellular Pertussis (Whooping Cough)	Polio Vaccine Polio	MMR Measles, Mumps, Rubella	Hib Hempophilus Influenzae Type B	HBV Hepatitis B	HAV Hepatitis A	Varicella Chicken Pox	PCV Pneumococcal	Rotovirus
Birth- 2 Mos.	X					X				
2 Mos.	X	X	X		X	X (30 - 60 days after the first HBV shot)			X	X
4 Mos.	X	X	X		X				X	X
6 Mos.	X	X	X (6 - 18 months)		X	X (6 - 18 months after the first HBV shot)			X	X
12-18 Mos.	9 mo. X 12 mo. X 15 mo. X 18 mo. X	X (15-18 months)		X (12-15 months)	X (12-15 months)		X X 2 doses 6 mo. apart	X (12 - 15 months)	X (12 - 15 months)	
4 - 6 Yrs.	Every year 2 - 6 yr. X Every other year 6-20 yr. X	X	X	X				X		

Sometimes vaccines can be given together in the same shot. **This schedule may vary a bit, depending on your specific doctor and child and any new recommendations.** For more information, call your doctor, clinic, health plan, public health department, or the CDC's Immunization Hotline at 1-800-232-4636 or go to Minnesota Department of Health at [www.health.state.mn.us/immune](http://www.health.state.mn.us/immune).

### *When Your Child Doesn't Feel Well*

#### ***Vomiting and Diarrhea***

Vomiting and diarrhea are usually caused by a viral infection. You can treat them at home by letting the stomach and intestines rest and heal themselves. The main danger from vomiting and/or diarrhea is dehydration, or becoming "dried-out."

Signs of dehydration include:

- \* There are no tears when child cries.
- \* Weight loss.
- \* The inside of your child's mouth has no saliva and is dry or sticky to touch.
- \* The child is listless (lethargic or sleepy) or hard to awaken.
- \* Eyes and/or soft spot seem sunken.
- \* Child has not urinated in eight hours.
- \* Skin looks dry, not elastic.
- \* The child acts confused or disoriented.

### **What can you do to help your child?**

Medications are seldom necessary. The best and most effective treatment is changing the diet. Always watch for signs of dehydration.

#### The First 24 Hours:

You should give your child *clear liquids* for the first 24 hours. **No milk, milk products, or solid foods** should be given during this time, as they can cause vomiting and diarrhea to start again or worsen. If you are breastfeeding, you may continue with breastmilk only for the first 24 hours. If there is no improvement, you may need to temporarily discontinue breast feedings, but talk to your health care provider.

Give small amounts of clear liquids often, usually less than 4 ounces at a time. Start with 1/2 to 1 ounce (1-2 Tablespoons) of clear liquids every 1/2 hour for a few hours. If your child tolerates these small amounts, gradually increase the amount a little bit every hour or so.

Remember, once your child is retaining clear liquids, you need to keep giving small amounts hourly to prevent dehydration. Examples of clear liquids include: popsicles, diluted apple juice (mix with water), soda pop w/o caffeine (de-fizzed), Gatorade, Jello-water (add twice as much water), solid Jello, bouillon broth, or Pedialyte (Lytren). For infants you may choose Pedialyte. For toddlers, you may choose additional clear liquids appropriate to their age.

Pedialyte is available at most stores, or you can make your own homemade recipe:

*Mix- 1 quart water (4 cups)  
2 T sugar  
1/4 tsp salt  
1/4 tsp soda*

#### The Next 24 Hours:

For a formula fed infant, gradually add formula back into the diet. Start with 1 ounce formula in 3 ounces water or Pedialyte. If the infant tolerates this, you may try 1/2 strength formula (2 ounces formula and 2 ounces water) at the next feeding. Continue with 1/2 strength formula the remainder of the day. If your baby has tolerated the 1/2 strength formula for 12-24 hours, you can continue to increase the strength of the formula until back to full strength.

For a breast fed infant, continue to breast feed for the next 24 hours.

For an older child who has tolerated clear liquids the first 24 hours, you may begin to add additional foods for the next 24 hours along with clear liquids. Avoid fried foods, raw foods, sweets, dairy products and milk for another 1-2 days. If your child tolerates some additional foods (start with a few foods such as bananas, rice, and toast), you can then continue to introduce blander food, advancing to a regular diet as tolerated.

### **Caring for a child with vomiting and/or diarrhea may include:**

- \* Change diet as explained above.
- \* Use frequent diaper changes including thorough cleansing and the application of a thick diaper cream, such as Desitin.
- \* Observe and record the number of diarrhea stools and/or vomiting episodes.
- \* Observe for signs of dehydration.
- \* Observe the number of wet diapers.
- \* Keep track of the amount of clear liquids your child has and tolerates.

### **When should I call my health care provider?**

- \* If your child cannot keep down small amounts of clear liquids.
- \* If vomiting/diarrhea gets more severe, frequent or continues longer than 24 hours.
- \* If your child has a constant stomachache or if it becomes more severe.
- \* If your child vomits blood or material that looks like coffee grounds.
- \* If your child vomits bile-colored or green-looking material.
- \* If your child's diarrhea becomes bloody with more than a streak of blood.
- \* If your child's cry is weak.
- \* If your child suddenly develops a high fever that doesn't come down with medication.
- \* If your child shows any signs of dehydration.
- \* If you have any questions.

### ***Diaper Rash***

Diaper rash is a skin irritation in the diaper area. It hurts when the diaper is wet or soiled. Diaper rash can become a severe condition that needs medical care. Diaper rash is often caused by wetness, contact with urine or bowel movements (stool), too much soap, or rubbing too hard while cleaning. When a baby has diarrhea a diaper rash will often develop. Sometimes diaper rash is caused by an infection, such as a yeast infection.

Signs of diaper rash include:

- \* red skin
- \* peeling skin
- \* bleeding skin

### **What can I do for my child?**

Start treatment at the first sign of redness:

1. Keep the diaper area clean and dry by changing diapers more often than usual.
2. Using water only, clean your baby's bottom and all skin folds well, removing all traces of creams. This should be done in a tub or sink whenever possible. Or you can use a squeeze bottle to run water over the skin. Pat dry. Do not rub with wash cloths or towels. Avoid diaper wipes, because they may irritate the skin.
3. Turn your baby on his or her stomach on a diaper. Let your baby play or lay on the stomach, with the diaper off for at least 15 minutes, in the sunshine from a window if possible. The sunshine and air will help dry and heal the rash.
4. When the skin is dry use a cream or ointment if advised by your baby's doctor. If using a diaper cream, use only a small amount, because it can burn the skin. Avoid using powder, cornstarch, or oil on the diaper area.
5. You can increase the air to the area by using larger diapers and putting them on loosely. Do not use waterproof pants while your baby has a diaper rash. They may make the rash worse by trapping moisture. Poke holes in disposable diapers with a pen before putting them on a baby.
6. Wash clothes with a mild soap recommended for babies.

### **When should I call my health care provider?**

- \* rash is not improving in a few days
- \* rash starts looking raw
- \* pimples, blisters, or bleeding develop
- \* the end of the penis has a sore or scabs
- \* the rash develops into bright red patches over most of the diaper area except the creases, and red dots appear around the edges.

### **Constipation**

Constipation is having difficulty with stools (bowel movements).

Signs of constipation include:

- \* pain with passing stools
- \* abdominal (belly) pain
- \* stool soiling in underwear
- \* hard, pebbly, rock-like stools
- \* very infrequent stools (only one in 3 to 7 days)

### **What can you do to help your child?**

To prevent constipation:

Check with your doctor or nurse to help you decide what would work best for your child. A satisfactory program for preventing constipation requires trial and error, time and patience. Keep in mind that each bowel program is different for each child. Try various methods until the successful one is found for your child.

1. If your child is toilet trained, have him or her sit on the toilet for 5 to 10 minutes after breakfast and dinner.
2. If the child's feet do not touch the floor when sitting on the toilet, put a box under the feet so the knees are higher than the hips. This squat position helps in passing the stool.
3. Praise your child for sitting the desired amount of time even if he or she does not have a bowel movement. You may want to use a reward system.
4. Clean the skin well after each bowel movement or accident. This prevents skin irritation. When the skin hurts, children may try to hold the stool.
5. Encourage active play and exercise, because a lack of activity tends to slow bowel function.

### **Feeding Suggestions to help Prevent Constipation:**

Encourage drinking water and fruit juices during the day. Make sure your child is eating fruits, vegetables, and whole grain products each day.

Add bran to the daily diet. It may be mixed in jelly, cereal, hamburger, casseroles or other foods, or be taken alone. Do not add bran to an infant's diet without medical advice.

- \* Children less than 6 years: 2 heaping teaspoons per day
- \* Children over 6 years: 3 heaping teaspoons per day

Limit apples, bananas, rice, Jello, and cheese. Limit milk and dairy products (substitute with non-dairy cream or soy bean milk) until child is not constipated.

### **What else do I need to know?**

Many children who have wetting problems also have constipation. Constipation can make the wetting problem worse. When a child is constipated, the rectum may be quite full of hard stool. This can affect the bladder so it does not hold as much as it should. A bowel program needs to be used, along with a bladder retraining program for successful bladder control.

### **When should I call my health care provider?**

- \* for advice on treating constipation before trying any over the counter medications
- \* any red streaks of blood in the stool
- \* constipation continues and no stool is passed in 48 hours
- \* abdominal pain
- \* continued soiling in the underwear

### ***Upper Respiratory Infections***

Upper respiratory infections can include colds, sore throats, and coughs. Most upper respiratory infections are caused by one of over a hundred possible viruses. Most upper respiratory infections last 7-10 days. If your child's infection is viral, antibiotics are generally not given. Antibiotics are effective against upper respiratory infections that are caused by bacteria. Your health care provider may do testing, such as a culture, to determine if the infection is bacterial.

### **Caring for a child with an upper respiratory infection may include:**

1. Babies do not know how to breath through their mouths. They become frustrated, and panicky when the nose is stuffy or congested. This makes it important to keep your baby's nose clean.
2. For children with plugged nostrils you may try the following suggestion: Make salt water drops with 1/2 tsp. of salt to 1 cup of water. Use 2-3 drops of salt water in each nostril to loosen the mucous. Then either turn the child on his stomach or carefully suction the nose with a bulb syringe. Do this one-half hour before each meal, and before bedtime.
3. Coughing is often due to the accumulation of thick mucous. This is particularly true at night when the child is laid to sleep and the mucous accumulates in the back of the throat and triggers the coughing and gagging reflexes. To help reduce these problems it is important to give a lot of clear liquids. This helps to thin the mucous, so the child is able to get rid of it easier. Examples of clear liquids are water, Kool-Aid, apple juice, pop, popsicles, Jell-O water, etc. Milk tends to make the mucous thicker and harder to remove. Use less milk until the nasal congestion is gone.
4. Use Acetaminophen (Tylenol, Tempra, etc.) or Ibuprofen (Advil, Motrin, etc.) every 4-6 hours to keep the child comfortable and for fever.
5. Use a humidifier or vaporizer in the room. Empty and clean humidifiers often to prevent growth of bacteria and mold. Keep your child's environment smoke-free.
6. Most sore throats are caused by irritation or infection. An older child may want to gargle with a solution of warm salt water (1/4 tsp. salt to 1 cup water) for comfort.
7. Most sore throats are very contagious. Do not share utensils, cups, or kisses until well. If your health care provider prescribes an antibiotic, it usually takes 24 hours to decrease the chance of spreading the infection from person to person.
8. Aspirin is usually NOT recommended for children because of the risk of Reye's Syndrome following its use in some children.

### **When should I call my health care provider?**

- \* If your child has any difficulty breathing.
- \* If your child is less than one year of age and has a temperature greater than 101 degrees.
- \* If your child has a temperature greater than 103 degrees for more than a day.
- \* If fever doesn't come down with medication.
- \* If your child has difficulty swallowing, very painful sore throat, swelling of throat or neck.
- \* If symptoms persist for more than 5-7 days or if symptoms get progressively worse.
- \* If your child has a rash with the other symptoms.

### ***Ear Infections***

Ear infections are generally caused by viral or bacterial infections. Regardless of the cause, most ear infections require medical attention. This reduces the chance of damage to your child's hearing.

### **Signs of ear infection include:**

- \* Pulling or tugging on one or both ears or report of ear pain in older child.
- \* Fussy behavior, behavior that indicates child is in pain.
- \* Drainage or bleeding from one or both ears.
- \* Fever.

### **Caring for a child with ear infection may include:**

- \* Give your child any prescribed medication such as an antibiotic according to directions.
- \* Give your child acetaminophen or Ibuprofen every 4-6 hours as needed for pain or fever.
- \* Be sure to cover your child's ears if out in cold or windy weather.

### **When should I call my health care provider?**

- \* You should call whenever you suspect an ear infection.
- \* Call with repeat ear infections.
- \* Your health care provider may recommend you bring your child in for a recheck following completion of any prescribed medications.
- \* Children with frequent ear infections may require further evaluation. Hearing screening may also be recommended.

### ***Fever***

A person has a fever when the body temperature is above normal. An average body temperature in the mouth is 98.6° Fahrenheit (F.). Average axillary temperature is one degree lower and rectal is one degree higher. After active play, a healthy child may have a temperature of 100° F. A fever itself is not an illness. It is only a sign of illness. Fever is not always bad. In most children, a fever of 101-102° F. causes no harm and may help fight illness.

Some normal activities may cause a child to have an increased temperature, such as dressing too warmly, having too little to drink, and being very active.

A fever may also be telling you that your child is sick. Ask yourself:

- does your child have a cold, sore throat, or muscle aches?
- does your child have vomiting, diarrhea, or is eating poorly?
- is your child irritable, sleepy, difficult to wake up, or generally looking sick?
- did your child just have immunizations (shots)?
- has your child been around other sick children or adults?
- is your child in pain?

### **Caring for your child with a fever may include:**

1. Use light clothing and covers. Even though some children have chills, light clothing and light covers will help lower their fever.
2. Try to have your child rest or play quietly.
3. Give plenty of cool liquids, such as cool water, fruit juices, soft drinks, ice chips, popsicles, Jell-O, ice cream. Wait 20 minutes when rechecking the temperature by mouth after cool liquids have been taken.
4. DO NOT USE rubbing alcohol to reduce fever. Sponging a child with rubbing alcohol can cause the child to be chilled and shiver. This makes the temperature go even higher. Rubbing alcohol can also be absorbed through the skin.
5. You may want to give your child a bath in lukewarm water, being careful not to over-chill or cause excessive shivering.

### **When should I call my health care provider?**

- \* If your child looks very sick or is in pain.
- \* If your child has a high temperature (over 103° in child, 101° in infants) that lasts greater than a day.
- \* If your child's temperature does not come down with acetaminophen or ibuprophen. Consult the Medication Dosages Chart in the Health Resources Section.
- \* If your child has any signs of a seizure (uncontrolled jerking movements, stiffening of body, or unconsciousness.) A febrile seizure is a medical emergency, you should seek medical help promptly. If your child becomes unconscious, call 911.

## ***Child Sexual Abuse***

Our children are so precious to us. It is hard to believe anyone would harm them. However, research shows one in four to six girls and one in six to eight boys will be sexually abused before the age of 18. Of those abused 90% of the time it was by someone they knew at least casually. It is never the child's fault. Adults are responsible to keep children safe. We adults have to learn to see when people are acting inappropriately around our kids. This awareness is key to prevention. There are things a family can do to keep the family safer.

### **What to Watch Out For When Adults Are With Children**

Have you ever seen someone playing with a child and felt uncomfortable with it? Maybe you thought, "I am over-reacting," or, "He/she doesn't really mean that." Don't ignore comments or behaviors, learn to talk about it or ask more questions about what you have seen.

***The checklist below offers some warning signs. Do you know an adult, adolescent or older child who:***

- \*Refuses to let a child set any of his or her own limits?
- \*Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this affection?
- \*Is overly interested in the sexuality of a particular child/teen (e.g., talks repeatedly about the child's developing body or interferes with normal teen dating)?
- \*Manages to get time alone or insists on time along with a child with no interruptions?
- \*Spends most of his/her spare time with children and has little interest in spending time with people their own age?
- \*Regularly offers to babysit many different children for free or takes children on overnight outings along?
- \*Buys children expensive gifts or gives them money for no apparent reason?
- \*Frequently walks in on children/teens in the bathroom?
- \*Allows children or teens to consistently get away with inappropriate behaviors?

***If you are concerned about yours or others behaviors toward children, please call **Stop It Now! Minnesota Toll-Free Helpline at 1-888-PREVENT** or visit [www.stopitnow.org/mn](http://www.stopitnow.org/mn) to learn more.***

### **How to Make a Family Safe Plan**

People who sexually abuse children count on us to be confused, to keep quiet, and to not call for help.

- \*Adults must watch for signs of abuse because children, especially young ones, are not able to protect themselves sexually. Teach children the proper names for body parts and that they can talk to someone if someone tries to touch them in a sexual way.
- \*Let everyone in the family know it is OK to ask questions. Keeping secrets from parents is not OK. The conversation is just a beginning and not a one-time event.
- \*Set and respect family boundaries. Allow a child to say “no” if they are not comfortable, (e.g., if a child does not want to give someone a hug or kiss then they can shake hands instead). If a child is not comfortable with a person then you must let the person know (e.g., tell him or her that you don’t want your child to sit on his/her lap). As a child matures boundaries in the home should as well (e.g., knock on the door before entering the room of an adolescent.)
- \*Monitor others in care of your child, if they seem “too good to be true,” ask more questions. Support Day Cares that do background checks and be observant of other adults in your child’s life.
- \*Be a safe, responsible and consistent resource person for a child or adolescent. Know your local resources: Visit [www.stopitnow.org/resources](http://www.stopitnow.org/resources).
- \*Care enough to reach out and help.

### **Physical Warning Signs a Child May Have Been Abused**

- \*Unexplained bruises, redness or bleeding of the child’s genitals, anus or mouth
  - \*Pain at the genitals, anus or mouth
  - \*Genital sores or milky fluids in the genital area

### **Behavioral Warning Signs a Child May Have Been Abused**

Some of these might be signs of other causes of stress in the child’s life. But if they have several of these behaviors, it is time to ask more questions.

- \*Nightmares, trouble sleeping, fear of the dark, or other sleeping problems.
- \*Extreme fear of “Monsters.”
- \*Sudden mood swings: rage, fear, anger, or withdrawal.
- \*Fear of certain people or places (e.g., a child may not want to be left alone with a babysitter, friend, relative, or some other child or adult; or a child who is unusually talkative and cheery may become quiet and distant when around a certain person.)
- \*An older child behaving like a younger child, such as bed-wetting or thumb sucking.
- \*Sexual activities with toys or other children, such as simulating sex with dolls or asking other children/siblings to behave sexually.
- \*New words for private body parts.
- \*Refusing to talk about a “secret” he/she has with an adult or older child.
- \*Talking about a new older friend.
- \*Suddenly having money.
- \*Loss of appetite, or trouble eating or swallowing.
- \*Stomach illness all the time with identifiable reason.
- \*Cutting or burning themselves as an adolescent.

*If you see behaviors that concern you, please call the safe and confidential **Stop It Now! Minnesota Toll-Free Helpline at 1-888-PREVENT for more information or visit [www.stopitnow.org/mn](http://www.stopitnow.org/mn).***