

10 ways to save your baby's life



Fear is natural, and fear that your child may come to harm or injury or succumb to illness causes desperate worry for even the most level-headed of mums and dads. Knowing what to do to help and how to react are essential parenting know-how, says **Alex Gazzola**.

Although it can feel like there's a lot to take in – in addition to all the other new-parent skills you need to acquire in the early days – getting a good handle on the key essentials will give you great peace of mind.

Meningitis wisdom

Sudden and potentially life-threatening, meningitis is one of the most feared diseases. It is an inflammation of the membranes surrounding and protecting the brain and spinal cord, and is most dangerous when caused by bacteria.

"Children under five are most at risk," says Lisa Slattery, Community Services Nurse at the Meningitis Trust (www.meningitis-trust.ie; helpline 1800 523 196), "but especially babies under one, as their immune systems are still developing, and less able to fight bacteria."

Some forms are preventable and vaccines against them are included on the Childhood Immunisation Programme, with pneumococcal meningitis to be added this year. But because not all forms are covered, it's essential you are aware of symptoms. These include feverishness,

cold hands and feet, a stiff neck, an arched back, drowsiness, pale blotchy skin – and possibly a distinctive rash which does not fade under the pressure of a glass (a sign of meningococcal septicaemia, or blood poisoning, a very serious symptom). A handy graphical symptoms card is available from the Meningitis Trust.

Lisa says key danger signs are rapid changes and newly emerging symptoms

over a period of a few hours. Remember that not all symptoms may be present. She adds: "The characteristic rash, if it comes, can start anywhere, even in places you may not think of looking, like buttocks, soles of the feet, or palms of the hand. Never 'wait' for the rash if other symptoms are strong. Trust your instinct and seek urgent medical attention."

Allergy Alert

Anaphylaxis is a severe allergic reaction, the symptoms of which may include wheezing, sweating, swelling and rashes – especially around the lips or face, diarrhoea or vomiting, floppiness, faint pulse and loss of consciousness. It is rare in babies under six months, as most allergies – especially food allergies – tend to develop in toddlerhood. Foods such as dairy, eggs, wheat, soya and nuts are typical triggers, as well as latex, drugs and insect stings.

It is unusual for a first allergic reaction to be serious, so it's likely you'll have had a prior warning, had your baby's allergy diagnosed and been advised on what to do. To handle a suspected anaphylactic reaction, keep calm, call 999 at once, lie your baby down with his feet up, and don't try to feed him anything at all, as he may choke. Talk to him calmly and evenly to reassure him. Paramedics may give him an injection of adrenaline when they arrive. For further advice see www.irishanaphylaxis.org

REMEMBER
Always trust
your instincts
and seek medical
attention

Bleeding wounds

Never remove anything embedded in your child, such as a shard of glass, as you can do more harm and increase blood loss. "Wrap and pad the affected area with bandages, tea towels, handkerchiefs – anything you have to hand," says Alice Walsh. "Obviously, it's better if you have clean material, but in an emergency it doesn't matter – you can treat any infection later."

If you're sure nothing is embedded, apply firm pressure to the cut area with gauze or tea towels to stem bleeding, and elevate it. Seek medical attention.

Choking

Alice Walsh, health and safety trainer at Responder Training (www.respondertraining.ie), says what might appear to be a choking infant, may not be, especially when babies are just starting on solids, learning how to eat and swallow and developing reflexes.

"Sometimes, food may appear to have gone down the wrong way, but hasn't – they'll cry, cough, splutter, go red in the

face, their eyes will water, but if they're crying, they're not choking," she says, adding that a few slaps on the back should bring up what they've probably got stuck in their food pipe. She adds: "But if they're not crying and they are going blue, then they're choking."

Have someone call an ambulance. Then, try the modified Heimlich manoeuvre for babies:

- Turn your baby upside down, face down with his head supported by his chin between your open thumb and forefinger, not around the neck, his body running the length of your forearm;
- With the heel of your free hand, give him five firm claps between the shoulder blades;
- If that doesn't dislodge the obstruction, turn him over so the back of his head is supported in the palm of your hand;
- Jab two fingers firmly into the chest five times, just below nipple level;
- Turn over and repeat the process, and a little firmer, if necessary.

For avoidance, keep items such as buttons, coins and other hazards away from babies. "To eat, babies should be

sat up in a chair and not distracted by anything," says Alice. "Sloppy food, with solids chopped small and kept moist is the way to go – and let him drink fluid regularly too. Avoid big and dry lumps of food."

Accidental poisoning

Obviously, you should keep all toxic cleaning materials or chemicals in childproof bottles, well away from toddlers' reach. Should the unthinkable happen, don't attempt to make your infant sick, which may further damage the oesophageal tube. Take him to hospital at once, with the bottle containing the fluid you suspect he has drunk, showing the ingredients. Do not give him water or milk unless advised to by medical teams.

7 SIGNS TO LOOK FOR

In January 2008, medical journal *The Lancet* published the results of a worldwide study into symptoms seen in babies up to two months of age and their value in predicting severe and life-threatening illness. Seven signs were found to have the highest degree of specificity, and it was suggested that these symptoms should be promoted more widely to mothers, in order to urge them to seek immediate medical attention should their babies be effected. The symptoms were:

- * history of difficulty feeding;
- * history of convulsions;
- * movement only when stimulated;
- * respiratory rate of 60 breaths per minute or more;
- * severe chest indrawing;
- * temperature of 37.5°C or more;
- * temperature of below 35.5°C.



Car seat safety

New 2006 regulations state that babies and toddlers cannot travel in a car unless restrained in a child seat appropriate to their weight. But according to 2007 research from the Road Safety Authority, only 25 per cent of babies' and toddlers' car seats are correctly fitted – a minor improvement on 2005 figures when the figure stood at 18 per cent.

Restraining a baby or toddler correctly in an appropriate seat can reduce injuries by 90 per cent in an accident. You must avoid putting baby into a front seat fitted with an automatic airbag, which could cause injury, or worse. "If such a child car seat is in the front passenger seat with an airbag that deploys it will create a whip lash scenario," says Brian Farrell of the RSA. "A baby is simply unable to support his own head – and the purpose of the seat facing rearward is to give a baby protection from whiplash. It's safer for the child to travel in the back." See page 95 for more information on child car seat safety and visit www.rsa.ie/childsafetyincars for demonstrations, leaflets and DVDs.

Dehydration

This can happen during very hot weather, in feverish children, or when they're suffering from diarrhoea or have been vomiting. Babies are particularly at risk. Signs include: dark yellow urine, no urination in the last six hours, fewer than half a dozen wet nappies in the previous

24 hours, lethargy or lack of playfulness, a sunken soft spot (fontanelle), and dryness of the mouth.

Margot Brennan, dietitian at the Irish Nutrition and Dietetic Institute, says young

indicate dehydration. Be aware that too much milk can cause constipation in itself, as milk is quite high in solutes and salts, so some water is important too."

Disease immunisation

Fact: immunising your child according to the HSE's Childhood Immunisation Programme offers the most important protection from life-threatening illnesses. When uptake of the MMR vaccine dipped in 2000 to around two-thirds, due to reported links with autism, an outbreak of measles in the Dublin area affected 1,600 children, resulting in three deaths. According to the World Health Organization, a 95 per cent uptake is needed to prevent such outbreaks recurring.

"Immunisation is completely safe," says Dr Brenda Corcoran, HSE spokesperson and a consultant in public health medicine. "Parents can be reassured that there is no evidence for any association with the MMR vaccine and autism or bowel disease. And although minor adverse reactions to the jabs – like sore arms, redness, irritability, mild raised temperatures – are possible, more serious side effects such as allergic reactions are extremely rare."

The immunisation schedule is due to change in 2008, with the introduction of the pneumococcal vaccine – already incorporated into UK and Northern Ireland's programmes – and hepatitis B for all. But won't additional jabs further overload an infant's system? Corcoran says vaccines' safety record is high: "Obviously it's distressing to see children receive injections, but it's much worse to see them acutely ill with a serious infectious disease which could've been avoided. That's what it boils down to."

Nappy checks
The Yellow Alert campaign, launched last year by the Children's Liver Disease Foundation in the UK (www.childliverdisease.org; +44 121 212 3839), highlighted the warning signs of liver disease in newborns. These are: prolonged jaundice – lasting beyond two weeks after birth – pale stools and/or yellow urine.
Catherine Arkley of the CLDF, says: "A healthy newborn's urine is usually colourless whereas the stool should be mustard yellow or green in bottle fed babies, and daffodil yellow or green in breast fed babies." Report any deviation from the norm to your midwife or doctor.

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babies are capable of 'self-regulating' their fluid intake, taking what they need and stopping when they need no more, but that during warm weather they may need extra. Frequent feeds should be offered. Babies of over six months can also be given boiled and cooled water in addition to their formula or breastmilk.

"One good long-term indicator to look out for is constipation," she advises. "If your infant is normally regular, and suddenly becomes constipated, that could

FIND OUT MORE

Alice Walsh of Responder Training runs paediatric first aid courses and offers private evening courses for groups of parents, covering all aspects of first-aid, airway obstructions, other medical emergencies and CPR. Call (01) 475 0318, email info@respondertraining.ie or visit www.respondertraining.ie