

Immunisation

Immunisation is a safe and effective way of helping children prevent or fight off certain diseases. These diseases can cause serious illness or even death.

The timetable below (effective from October 2002) details the immunisations your child requires.

RECOMMENDED CHILDHOOD IMMUNISATION SCHEDULE:

Age	Immunisation
Birth - 1 month	BCG (Usually in maternity hospitals)
2 months	Diphtheria, Tetanus, Whooping Cough* Hib, Inactivated Polio (5-in-1) Meningococcal C
4 months	Diphtheria, Tetanus, Whooping Cough* Hib, Inactivated Polio (5-in-1) Meningococcal C
6 months	Diphtheria, Tetanus, Whooping Cough* Hib, Inactivated Polio (5-in-1) Meningococcal C
12-15 months	Measles/Mumps/Rubella (MMR) Hib ¹
4-5 years	Diphtheria, Tetanus, Whooping Cough* Inactivated Polio (4-in-1) Measles/Mumps/Rubella (MMR)
11-12 years	Measles/Mumps/Rubella (MMR) - omit if 2 previous doses have been given
10-14 years	BCG ² (Interval of 4 weeks after MMR)
11-14 years	Tetanus/diphtheria (Td) Low dose.

*Pertussis

¹A single dose of Hib vaccine is also recommended if the child presents after age 13 months and has had no previous Hib vaccine.

²Only for those who are known to be tuberculin negative and have had no previous BCG.



Immunising your child does not increase the risk of Cot Death.



Seek medical advice early and quickly

If you have any queries about the information in this leaflet, or about Sudden Infant Death Syndrome (Cot Death) risk factors, contact your General Practitioner, Public Health Nurse or Health Centre.

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National SID Register: (01) 878 8455
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This leaflet is dedicated to infants everywhere that they may see their children's children, with the support of the Health Promotion Unit, Department of Health and Children, Hawkins House, Dublin 2
Telephone: (01) 635 4000
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If your baby is unwell, seek advice promptly

Babies and young children often have minor illness which you do not need to worry about. Make sure your baby drinks plenty of fluids and is not too hot.

It may be difficult to judge whether an illness is more serious requiring medical attention. If your baby has any of the following symptoms there may be a serious illness:

-  a high pitched or weak cry, is less responsive, is much less active or more floppy than usual
-  looks very pale all over, grunts with each breath, has obvious dips in the upper tummy or between the ribs as he or she breathes
-  takes less than a third of usual fluids, passes much less urine than usual, vomits green fluids, or passes blood in the nappy. Infants should have at least three wet nappies per day (24 hour period)
-  has a high fever with sweating



Caring for your Child

A few simple ways to ensure better health for your child



During the early years of your child's life there are a number of recommended guidelines and things you can do that will improve your child's general health and in some cases help reduce the risk of illness and even death.

Smoke Free Zone for Children



Smoking during pregnancy adversely affects your baby's health. Smoking is a powerful SIDS (Sudden Infant Death Syndrome) (Cot Death) risk factor increasing the risk of SIDS in Irish infants almost fourfold. The risk increases according to the number of cigarettes smoked. Pregnant women who smoke are more likely to deliver babies who are premature and small in weight and size. The increased risk of SIDS applies not only to maternal and parental smoking but also to any other household members suggesting both an in-utero and postnatal environmental effect.

Smoking around children (mother, father, relatives & friends) also affects your child's health. Children exposed to smoke have a higher risk of developing asthma, respiratory problems such as bronchitis and pneumonia, and are at increased risk of Sudden Infant Death Syndrome (Cot Death).

As these risks to your child's health increase with the number of cigarettes that is smoked each day, it is best if no-one smokes in your home. Avoid if at all possible taking your children into smoked filled areas.

Alcohol and Drug Intake during Pregnancy

Excessive drinking of alcohol during pregnancy is not recommended. The less you drink the better for you and the baby. An occasional drink may do no harm, but by cutting out drink completely you eliminate any possible risks.

Taking drugs during pregnancy is not recommended unless they are prescribed by your doctor.



Infant's Sleeping Environment

Face Up, Face Free

The best position for infants to sleep is on their backs. There is no evidence that infants might be sick and choke when lying on their backs. Occasionally, babies who require special care or have a particular medical problem need to be nursed otherwise. Your doctor, midwife or nurse will explain the reason why.





If your baby has slept on his/her tummy he/she may not like being changed onto his /her back and find it difficult to settle. Older babies can turn over and move around the cot. Always place them to sleep on their back. Infants should be encouraged to have some variation in their head position when sleeping whether the head is facing to the right or to the left side.

To prevent infants from wriggling down under the covers place them to sleep feet to the foot of the cot, basket or pram with the covers below the shoulders. Ensure that covers cannot slip over the baby's head.

When sleeping, babies can overheat because of too much bedding, clothing or because the room is too hot. To check how warm your baby is, feel his/her tummy. Your baby's tummy should feel warm, but not too hot. If your baby's tummy feels hot, or if the baby is sweating anywhere, he or she is too warm. Don't worry if baby's hands or feet feel cool; this is normal. Infants do not need hot rooms to sleep in.

If you want your baby to sleep in bed with you or with another child consider the following:

-  **Bed sharing is not advisable if you smoke, have drunk alcohol or taken other drugs, are excessively tired or if your baby is less than 16 weeks of age.**
-  **Ensure that your baby cannot:**
 - slip under the bedding, duvet, pillows or an adult;
 - get wedged between the bed and an adult or wall;
 - fall out of the bed.

It is fine to take your baby into bed for feeding or playing. It is recommended that infants do not spend the entire duration of their sleeping period in an adult bed especially if the parents smoke.

Pillows (infants' or adults') should not be used in your infant's sleeping area.

Feeding

Breastfeeding is the natural and best way to feed your baby. Breast milk on its own provides all your baby's food and fluid needs for the first 6 months of life. Breast milk contains the correct balance of nutrients and helps protect your baby from infections as well as many other diseases. Always remember that some breastfeeding is better than none. If you have opted to bottle-feed continue to give formula up to 1 year. It is not advisable to give cows milk, tea, fruit juices, fizzy drinks or bottled waters to infants under 1 year. Suitably nutritious semi-solid or solid foods should be introduced by 6 months. First foods should be pureed and of a soft, runny consistency without lumps and should be introduced one at a time, leaving a few days before the addition of each new food. Cooled boiled tap water can be used to mix with foods. You can use a little expressed milk or formula to help make food taste a bit more familiar. Sugar, honey or rusks should not be added to milk or put on soothers. Feeding bottles should not be left with babies at any time but especially overnight.



Many Irish parents (approximately 75%) choose to use soothers (pacifiers). These should never be dipped in sugar or honey and must be kept clean at all times. There is no evidence to suggest that soothers increase the risk of SIDS, although there is some evidence that early soothers use may interfere with successful breastfeeding.

Infants in Cars and Vans



Always make sure your child is safely restrained in the car. If you do, you can dramatically cut down the risk of serious injury in a crash.

When leaving the maternity hospital do not travel in the car holding your baby in your arms. The safest way for a small baby to travel in a car is in a rearward facing baby seat (from birth until about 8-9 months. Switch to a forward facing car seat when your baby reaches about 10kg (22lb) or when his/her head reaches the top of the seat). Baby seats are much safer than carrycots, and most parents find them more convenient too. If you use a carrycot for your baby in the car, always put the cover on and secure the carrycot with specially fitted straps. Your baby is much safer in a specially designed rearward facing baby car seat.