

Ask

*Expert advice for pregnancy,
baby health, child health
and development*

Q Is it possible for my child to build up a resistance to antibiotics?

A Dr Tim Wickham, Consultant Paediatrician at The Portland Hospital for Women and Children

Contrary to popular belief, we don't build up a resistance to antibiotics; it's the infections and bugs which make us poorly that build up a resistance. This can then become potentially problematic for children as they may contract the resistant bug again, which then may not respond to the antibiotic treatment. So it appears that the person is resistant to the treatment when, in fact, it is the infection itself that is the problem.

It is best not to have antibiotics unless they are really needed. Unnecessary treatment increases the risk of the bugs becoming immune to antibiotics and if those bugs then make you unwell, they will not be killed by the medication at the time you most crucially need it to treat you. And from the population point of view, if lots of people are unnecessarily treated with antibiotics, the antibiotic resistance of many common bacteria will continue to increase, which will eventually make it hard to treat even straightforward infections.

Q How can I spot if my child has a urinary infection?

A Dr Andrew K Raffles, Consultant Paediatrician at The Portland Hospital for Women and Children

Urinary tract infections (UTIs) are caused when bacteria infects the urinary tract, which is made up of the kidneys, ureters, bladder and urethra. They are common in children, but it may be harder to detect them in children under two years of age. The child may seem irritable, begin to feel poorly, or vomit. Sometimes the only symptom is a fever that seems to appear for no reason and doesn't go away.

In older children, symptoms such as pain or burning during urination can reveal which part of the urinary tract is infected. In a bladder infection, the child may have pain, burning, or a stinging sensation when weeing, an increased urge to urinate or frequent urination (though only a very small amount of urine may be produced), fever (though this is not always present) and wetting problems in the day or night, and especially if the wetting starts after a period of being reliably dry. Pain in the lower back or abdominal pain in the area of the bladder (generally below the belly button) is also a sign.

To diagnose a UTI, the urine must be tested with a dipstick. Whilst these sensitive sticks may detect infection they are only a guide – if an infection is suspected, the urine must be sent for bacterial culture. This is especially important for diagnosing a UTI in a baby under one year of age.

UTIs occur much more frequently in girls, particularly at the age when they are learning toilet skills, because a girl's urethra is shorter and closer to the anus. Uncircumcised boys younger than one year also have a slightly higher risk of developing a UTI.

These infections are highly treatable, but it's important to catch them early. Undiagnosed or untreated UTIs in a small number of children can lead to kidney damage, especially in those aged younger than six years.



Q My two-year-old's nap time has been a nightmare recently. She still needs to nap, but how do I keep a toddler in bed when she does not want to be there?

A Melissa Hood, founder of The Parent Practice, London

The daytime nap is an important part of your child's routine, as well as maintaining your sanity! Most children still benefit from a nap up until the age of three, and the transition between napping and no napping can be a painful process.

In this in-between phase you have a couple of choices: persist with trying to settle her to sleep, without making it a battle, or give up on naps and have quiet time instead, recognising she may not be tired enough to sleep. If you choose to persist, make sure she doesn't nap for more than an hour, and ensure she is awake by 3pm, otherwise it will impact on her night-time sleep pattern.

The situation can become fraught if your child refuses to go down, but it needn't. If the nap doesn't happen it's not the end of the world and you're not a bad parent – it may just mean your child is tired and finding it hard to settle as she is stressed too. Don't blame her; instead, empathise that it can be hard.

Children this age often need help to self-soothe. Touch is an incredible way of connecting with children and helping them to settle themselves. Try stroking your child, speaking in a low voice, getting slower and slower. Breathe abdominally, matching your child at first, then slowing down your own breathing. You can also try calming background music; having some household noise ensures she distinguishes between day and night to help her natural sleep cycle.

If, after 30 minutes, she is not asleep and restless, crying or calling out for you, you know she won't settle. Never leave your toddler to cry for long periods in which she becomes distressed. If you leave your child to settle herself you will need to return at regular, gradually increasing intervals. theparentpractice.com



Q What do I do if my baby chokes?

A Jenni Dunman, founder of Daisy First Aid

Babies love to explore new objects with their mouths. Whether it's to examine new tastes or textures, or to help little teeth emerge, mouthing is a great experience for your baby, so ensure that any play objects are safe, unbreakable and are too big to fit inside the mouth. If you are weaning, you may find that your baby occasionally gags on even the most puréed food. This sensitive gag reflex allows the food to move forward into the mouth and is quite normal.

If an object or food does get stuck in the throat and your baby is coughing, it is called a 'partial blockage'. Remember, if your baby can cough then they can breathe, so don't panic. Let your baby continue to cough until the blockage clears.

You will know if your baby is choking if they are unable to cough, cry or breathe. In this case, you should quickly take the following steps: Sit down and lay your baby face down along your thigh supporting their head. Give up to five sharp blows between their shoulder blades with the heel of your hand.

Check their mouth for the object. If you can confidently pick it out with your fingertips then do so, but take great care not to push it in further.

If the back blows do not clear the blockage, give up to five chest thrusts: with your baby laid face up along the length of your thigh, put two fingers just below the centre of the chest and push inwards and up towards your baby's head, up to five times. Check their mouth again and remove the object if possible. If choking persists, repeat back blows and chest thrusts until you dislodge the object and they can breathe. Call for help as soon as possible using the hands-free function on your mobile phone. daisyfirstaid.com

● Have a question? Email our experts at smallish@smallishmagazines.co.uk

