



Children's Public Health 0-19 Nursing Service

YOUR CHILD'S HEALTH NOW THEY ARE STARTING SCHOOL

Your Nottingham City school nurses are here for you throughout your child's educational journey and starting school is an important time in your child's life.

As a parent/carer you may have lots of questions about your child's health, development and wellbeing. We in the Children's Public Health 0-19 Nursing Service would like to introduce ourselves, share some top tips and offer information on where and how to seek further support should you need it.

This guide shows some of the key areas that support your child's health and wellbeing. Every child is unique!

After reading the leaflet there may be some areas you have concerns about or would like to discuss further. Page 25 shows you how you can contact the service for advice and support from your school nursing team.



IN THIS BOOKLET

About the 0-19 Service and School Nurses

Healthy Eating

NCMP

Physical Activity Guidelines

Sleep

Oral Health

Continence

Emotional health

Car and Road Safety

Sun Safety

Vision

Hearing

Speech and language

Should my child stay off school?

Sepsis

Immunisations

Service contact details

ABOUT

The Children's Public Health 0-19 Nursing Service and your School Nurses



We are Nottingham CityCare's Children's Public Health 0-19 Nursing Service. We work together with other key professionals to offer support to all children, young people and their families who live in, or who go to school in, Nottingham City. We offer public health and early help services throughout the City in a variety of locations.

The service is delivered by a team of practitioners who all have different roles including:

- Specialist Community Public Health Nurses (Health Visitors) for 0-5-year-olds
- Specialist Community Public Health Nurses (School Nurses) for 5-19-year-olds
- Community Public Health Nurses
- Children and Young People Practitioners
- Children and Young People Support Workers

School nurses are qualified nurses or midwives who have undertaken additional qualifications to specialise in the care of children and young people aged 5 to 19 in the community. School nurses do not work for the schools, instead they work with the schools and with other professionals to deliver NHS advice and support to help keep children and young people healthy, safe and ready to achieve in the future. For children of primary school age, the school nurses and the wider 0-19 Service can deliver support on a range of different health needs.

We complete health assessments, including growth measurements and discussing your child's health and wellbeing. We also provide advice and deliver support. Our key areas of support are what we call our 'Programmes of Care' they are discussed throughout this booklet:

- Continence (day and nighttime wetting and constipation)
- Emotional Health and Wellbeing
- Healthy Lifestyles
- Sleep
- Behaviour and Parenting
- Healthy Relationships
- Speech, Language and Communication



HEALTHY EATING



The Eatwell Guide

is a visual representation of the different types of foods and drinks, and in what portions, can contribute towards a healthy balanced diet.

- Eat at least 5 portions of a variety of fruit and vegetables every day, these can be fresh, frozen, canned, dried or juiced.
- Base meals on potatoes, bread, rice, pasta or other starchy carbohydrates, choosing wholegrain versions where possible.
- Have some dairy or dairy alternatives (like soya), choosing lower fat and lower sugar options.
- Eat some beans, pulses, fish, eggs, meat and other proteins (including 2 portions of fish every week, one of which should be oily like salmon or sardines).

- Choose unsaturated oils and spreads and eat in small amounts.
- Drink 6-8 cups/glasses of fluid a day, ideally water or sugar free squash.

If consuming foods and drinks high in fat, salt or sugar have these less often and in small amounts.

Your school nurse can access a range of different Eatwell Guides which show balanced diets from different cultures. Contact us if you would like further information.

[Click here](#) for more information and to see a bigger version of this guide:

Vegetarian and Vegan Diets

Vegetarian or vegan diets may require some additional planning as some nutrients are harder to get. Plant based drinks and yoghurts should be fortified with Calcium and Iodine B12, consider a supplement if not. Iron can be sourced from beans, chickpeas, lentils, fortified cereals and nut butters (vitamin C helps to absorb iron). Omega 3 is found in chia seeds, linseed, hemp seeds and walnuts.

[Click here](#) for more information on:



NATIONAL CHILD MEASUREMENT PROGRAMME (NCMP)

The NCMP happens every year in every local authority school across the UK where the height and weight of children in reception and year 6 are measured.

The information collected from the NCMP is used by Nottingham City Council, the NHS and Nottingham CityCare to plan and provide better health services for children.

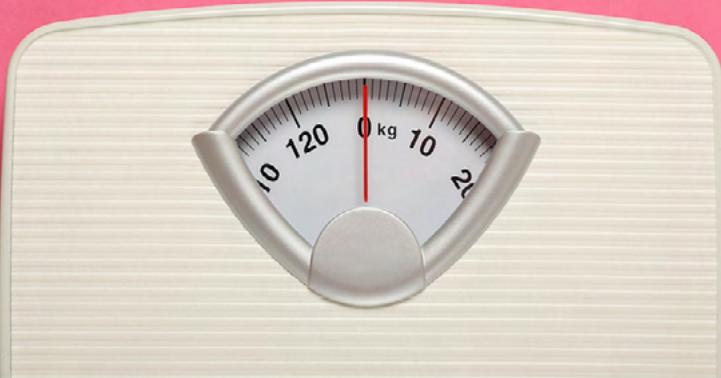
You will receive a letter from your child's school to let you know when we will be coming in to carry out the NCMP measurements. This is usually between Christmas and Easter but can be any time during their reception year. All measurements are carried out discretely by trained staff from the 0-19 team, all children remain fully clothed for the measurements, only removing their shoes and coats.

Measurement results will not be shared with the children by us, either at the time of the measurements or afterwards. Results will be sent to the national NCMP data collection and added to your child's confidential health records. If your child is a healthy weight, we will not contact you. If your child is not a healthy weight, we will send you a letter containing information to support your family's efforts with eating and moving for good health. Please be reassured that no personal information is sent to the school or provided to the children themselves. It is up to you, as their parents/carers to decide whether to share this information.



The purpose of the NCMP is to help to identify children who might need help or advice for their weight as early as possible. We are here to support you and your child. If your child's results surprise or worry you, you can contact us. We can provide a one-to-one supportive intervention through our 'Healthy Lifestyle Programme of Care' or a referral on to more specialist services. If for some reason you do not wish for your child to be weighed and measured, then you can choose to opt out of this. Information on how to do this will be in your letter.

[Click here for more information about the NCMP:](#)



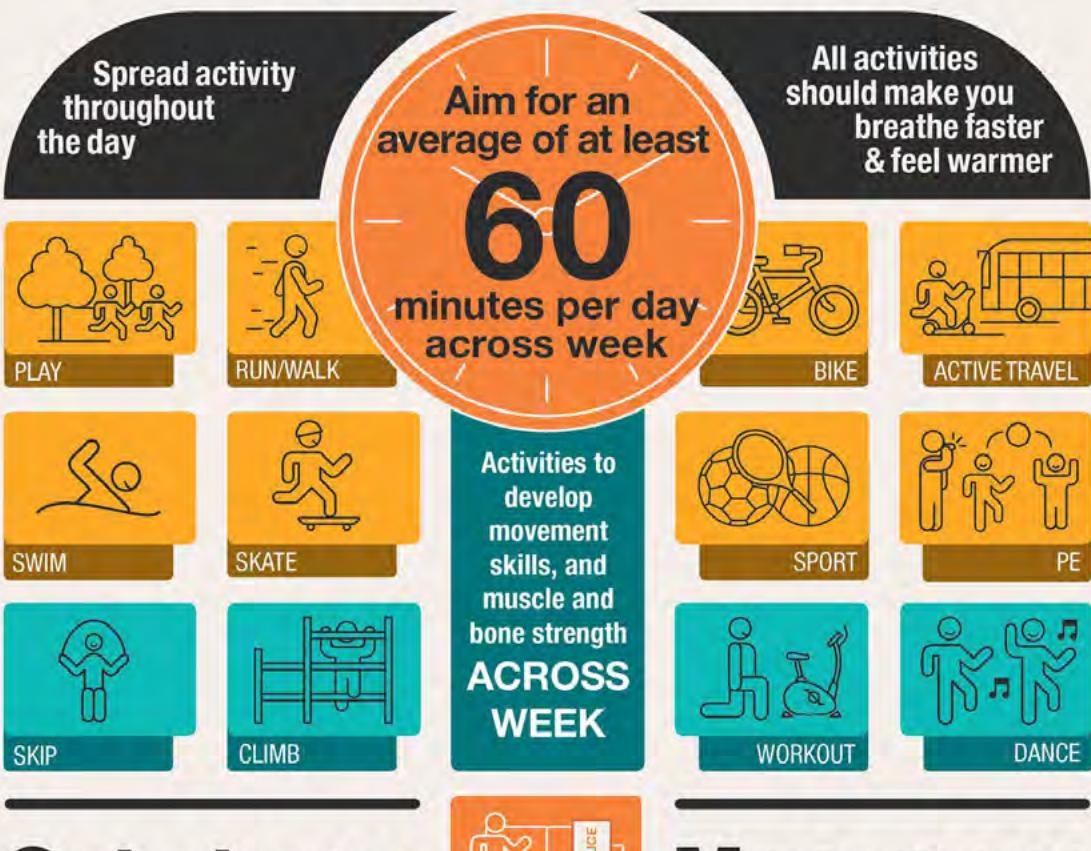
[Click here for information about how to talk to your child about weight.](#)

PHYSICAL ACTIVITY GUIDELINES

Physical activity for children and young people (5–18 Years)



Be physically active



Get strong



Move more

Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week

Physical Activity for Disabled Children and Disabled Young People

Getting and staying active is about



Equality



Inclusivity

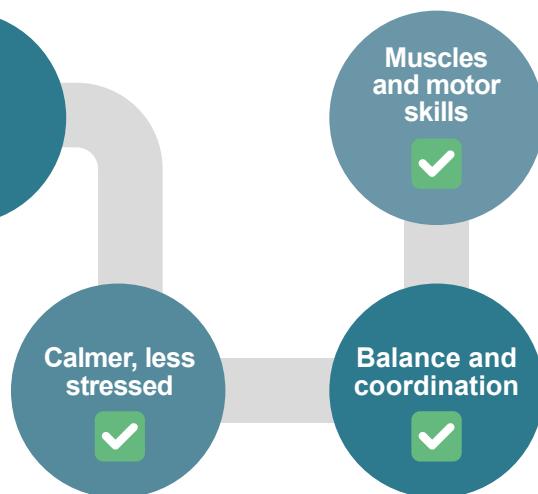
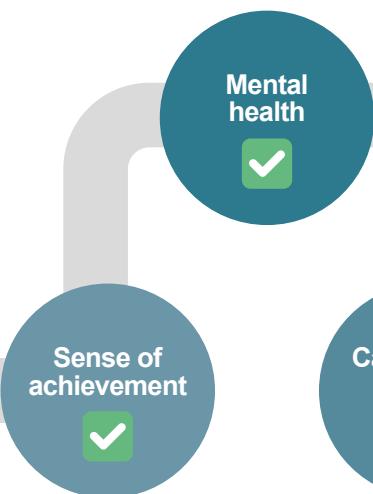


Finding what's fun



Exploring what activities make you feel good

Benefits of physical activity



How much physical activity should I do?

When starting build up slowly
Ask: Can you do this today?

Do bitesize chunks of physical activity throughout the day



Do challenging but manageable strength and balance activities 3 times per week

Small amounts of physical activity are good for you as well

UK Chief Medical Officers' Physical Activity Guidelines for Disabled Children and Disabled Young People 2022.
This infographic was co-produced with disabled children, disabled young people, parents and carers.

Click here for more information about physical activity guidelines:

SLEEP

Children aged 3-6 need between 10 and 13 hours of sleep per night. Having enough good-quality sleep is important for children. Sleep helps to regenerate their brains and bodies, process information and memories, boost immunity, guard against obesity and stress, and help concentration, learning and behaviour.

Nightmares

can be frightening for children, who have a harder time distinguishing between what's real and what's not. Children often wake up from nightmares, if this happens, offer them reassurance, and gently put them back to sleep.

Night terrors

otherwise known as sleep terrors, occur early in the night in about one-third of children. Your child may scream and bolt upright during a night terror, but they won't usually wake up or remember the incident in the morning. The best thing you can do is make sure your child is safe, trying to keep them in bed if possible. There's no need to wake them up or worry if your child experiences the occasional night terror, but if they become very frequent or if they're causing daytime sleepiness, they're worth discussing with your GP.

It is important, if sleeping does become an issue or becomes regularly disrupted, that help should be sought as soon as possible. If you are concerned about your child's sleep and need extra support, contact us, we can provide a targeted intervention with our '*Sleep Programme of Care*'.

Tips for bedtime routines

- present a calm and confident approach to bedtime.
- get fresh air and exercise in the day.
- have a night light on or a door left open if they are scared of the dark or anxious about being alone.
- avoid sugary foods and drinks with caffeine in.
- do not use laptops, tablets or phones close to bedtime.
- set a bedtime routine and keep it the same every night.



[Click here for more information about sleep:](#)

TEETH AND ORAL HEALTH

All children and young people should be registered with a dentist and be seen every 6-12 months. All NHS dental care for children and young people is FREE.

Finding an NHS dentist can be difficult for adults at the moment, but many will still register and see children.



- Fissure sealants can be done once the child's permanent back teeth have started to come through (usually around age 6 or 7) and helps protect the teeth from decay. The chewing surfaces of the back teeth are sealed with a special coating which keeps germs and food particles out of the grooves of the teeth and can last for up to 10 years.
- Fluoride varnish is applied to teeth every 6 months to prevent decay; it strengthens the tooth enamel and makes them more resistant to decay. Most areas in the UK fluoridate their tap water. This is a scientifically proven way of adding small units of fluoride to drinking water, a key player in the fight against tooth decay. The tap water in Nottingham has very low levels of fluoride compared to other areas; therefore, fluoride varnish is particularly important.

Tips for brushing

- brush at least twice per day for about 2 minutes with toothpaste.
- use toothpaste which contains between 1350ppm and 1500ppm of fluoride (this will be written in the ingredients list).
- use a pea-sized amount of toothpaste on the brush.
- teeth should always be brushed at night before bed and then on one other occasion, preferably in the morning to freshen the breath. The nighttime brush is the most important as it removes the day's food and bacteria from the teeth before saliva production is decreased overnight while your child sleeps.
- brushing should always be supervised by an adult until at least the age of 7.
- spit out but do not rinse, rinsing washes away the fluoride from the teeth.



For more information about taking care of children's teeth, [click here](#):

To find a dentist near you, [click here](#):

CONTINENCE

It is very common for children to have issues with toileting in the early years of primary school. ERIC estimate that in a class of 30 reception children, at least 3 or 4 of them will be struggling with delayed toilet training and several more will still have occasional accidents.

Bedwetting in young children is normal, many children around the age of 5 wet the bed. It can take some time for a child to learn to stay dry throughout the night.



There are things you can do to help:

Do ✓

- give your child enough water to drink during the day.
- make sure your child goes to the toilet regularly, around 4 to 7 times a day, including just before bedtime.
- agree with your child on rewards for positive actions, such as a sticker for every time they use the toilet before bed.
- use waterproof covers on their mattress and duvet.
- make sure they have easy access to a toilet at night.

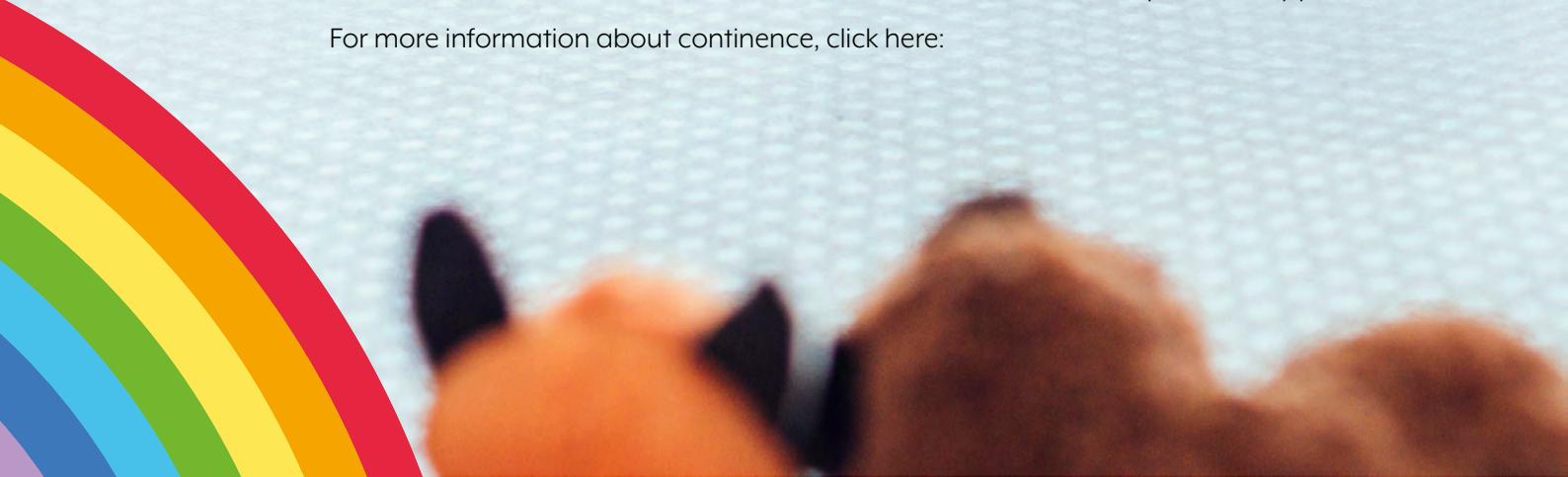
Don't ✗

- punish your child – it is not their fault and can make bedwetting worse.
- give your child drinks containing caffeine, such as cola, tea and coffee – this can make them wee more.
- regularly wake or carry your child in the night to use the toilet – this will not help in the long term, it just masks the problem.



If you need any more advice or support we are here to help, contact us. We can provide an intervention through our 'Continence Programme of Care' and then, where required, refer on to the local Children's Bladder and Bowel Service for more specialist support.

For more information about continence, click [here](#):



EMOTIONAL HEALTH

Reception is a wonderful year in your child's educational journey, but it can be an emotionally challenging time for both children and their parents/carers.

Separation can feel difficult because being physically close, and feeling emotionally close, to a care giver is key to a child's feelings of safety and security. It may take time, but it is important for them to develop familiarity and trust in their new school setting and those around them.

- **Talk positively to your child about school, as well as listening to and acknowledging any anxious feelings or fears they may have.**
- **Help your child to build their confidence. For example, make sure they know that it is ok to ask their teacher for help.**
- **If you as a parent/carer are feeling worried, make sure you have someone to talk to so that your child doesn't pick up on any negative feelings – and remind yourself that it is perfectly normal to feel a bit anxious about being away from your child yourself.**
- **Encourage them to be thoughtful about other children's feelings and remember to take turns and share.**
- **If you sense your child will feel clingy and not want to leave you in fear they will miss out, let them know what you have planned for the day and ensure they know when you will be back to see them again.**

If you are worried about your child's emotional health, then contact your 0-19 team for advice or support. We have tools and resources we can use to support your child to transition happily into school through our 'Emotional Health Programme of Care'.

For more information about how to support your child please click [here](#):



CAR AND ROAD SAFETY

Car Safety

Children are proportioned differently to adults, their bones are not fully formed, and a child's neck and head need greater support. All of these things develop as children grow older, meaning that the type of vehicle restraint system they need also changes, until they reach the point where a seatbelt can provide the same protection as for adults. A child's car seat is a legal requirement until they are either 135 cm tall or reach the age of 12, whichever comes first.

Children over 18kgs but under 135cm can use a high-backed booster seat designed to protect their head, neck, spine and hips. Wherever possible, a rear-facing seat offers the best protection, be sure to check the weight limit though, some only go up to 18kg, others go up to 25kg.

For more information, click [here](#):

Road Safety

Children need to be taught road safety from an early age to remain safe and develop traffic awareness on the roads, on foot or by scooter or bike. Children at the age of 4 and 5 cannot accurately judge the speed of traffic and how safe a gap might be in the way that adults can. They should not be left unsupervised to cross even quiet roads alone and should always be encouraged to hold your hand when they are crossing. The **STOP, LOOK, LISTEN, THINK** sequence is a safety rule to help children stay safe when crossing roads. Try promoting the rule whenever you cross the road with your child.

- **STOP**

before you come to the edge of the pavement when approaching a road.

- **LOOK**

all around for traffic, as traffic can come from any direction.

- **LISTEN**

for vehicles too. You may be able to hear them before you can see them. Pay close attention for electric cars which are much quieter.

- **THINK**

is there enough time for you to cross the road safely?

For more information on road safety [click here](#):



Helmets

Helmet use can reduce the risk of severe brain injuries by up to 88%.

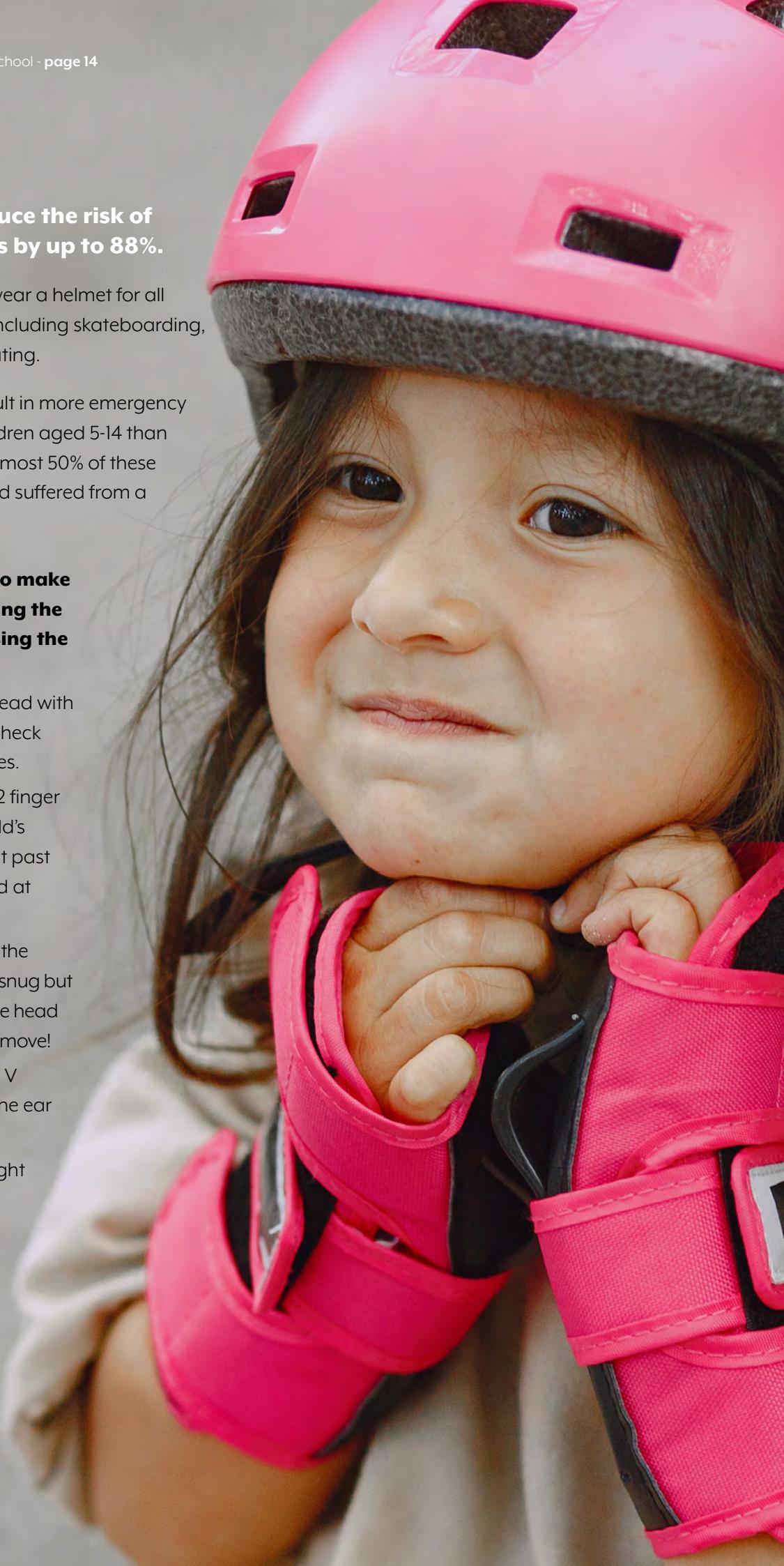
Children should always wear a helmet for all wheeled sport activities including skateboarding, scootering, and roller-skating.

Biking related injuries result in more emergency department visits for children aged 5-14 than any other sport, and in almost 50% of these attendances, children had suffered from a traumatic brain injury.

It is just as important to make sure your child is wearing the correct sized helmet using the helmet fit test:

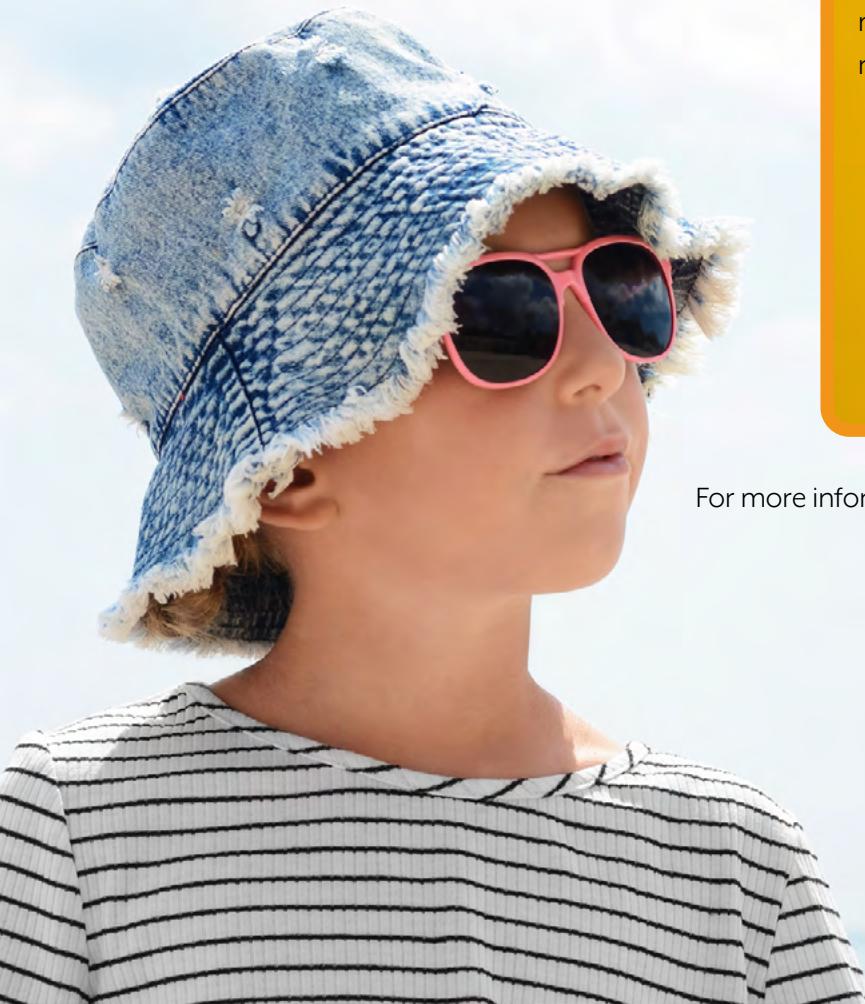
- Measure your child's head with a tape measure and check against the helmet sizes.
- The helmet should sit 2 finger widths above your child's eyebrows and stick out past their nose when looked at from the side.
- Before buckling, adjust the width until the inside is snug but comfortable – shake the head to make sure it doesn't move!
- Make the straps into a V shape at the base of the ear and buckle up.
- The strap should be tight enough to fit no more than 1 finger under.

For more information, click here:



SUN SAFETY

- Use a sunscreen with a minimum Sun Protection Factor (SPF) 50 and at least 4 stars for Ultraviolet A (UVA) protection (don't forget to check the expiry date!).
- Wear sunglasses, ideally with wrap around lenses or wide arms, which carry the CE logo and British Standard kitemarks.
- Reapply suncream every two hours or immediately after swimming or sweating.
- No sunscreen offers 100% protection so cover children up with loose, close weave clothing (such as cotton) and a wide brimmed hat to protect their neck, ears and face.
- Generously apply sunscreen (5 teaspoons to cover the whole body) 15 to 20 minutes before going out and seek shade between 11 am and 3 pm when the sun is at its strongest.



Sunlight and Vitamin D

Exposure to sunlight is most people's main source of Vitamin D. It is recommended that everyone takes Vitamin D supplements (10 micrograms) per day during the winter months October to March, but some people require it throughout the year including those with dark skin and those who cover up in the spring/summer. Vitamin D aids healthy bones and muscles.

The messages can seem confusing! For lighter skin types, daily sunlight exposure for 10-15 minutes between April and September provides sufficient year-round vitamin D while also minimising the risks of sunburn and skin cancer.

For darker skin types, 25-40 minutes is recommended.

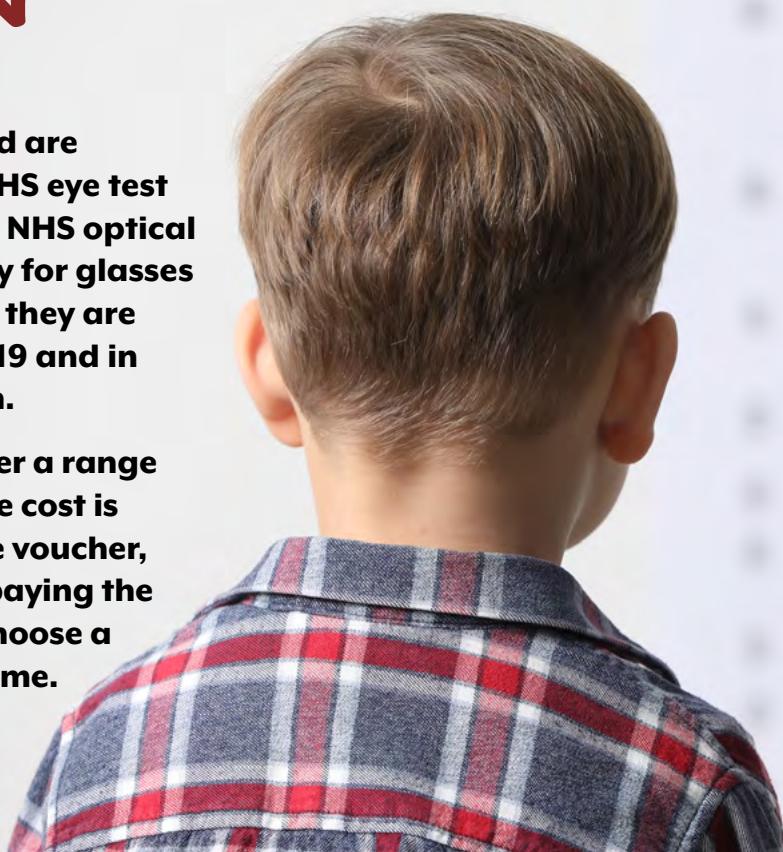


For more information, click [here](#):

VISION

Children in England are entitled to a free NHS eye test and can receive an NHS optical voucher to help pay for glasses or contact lenses if they are under 16, or under 19 and in full-time education.

Many opticians offer a range of frames where the cost is fully covered by the voucher, with parents only paying the difference if they choose a more expensive frame.



Warning signs that your child may have a vision difficulty:

- complaining of headaches, tired eyes or eye strain.
- difficulties reading, for example holding the book too close to their face, losing their place regularly or using their finger to guide their eyes.
- coordination difficulties such as difficulties catching or kicking a ball.
- frequent eye rubbing.
- straining to see, tilting head or closing one eye to help them see more clearly.
- presenting as unusually clumsy or bumping into things.
- sitting too close to the TV.
- the eyes not pointing in the same direction or there being a turn in one eye.
- sensitivity to light and/or excessive eye watering.
- a child who is disruptive, refuses to read or has difficulty concentrating.
- falling behind academically.
- avoiding activities which require near vision such as reading or homework or distant vision such as participating in sports or other recreational activities.
- a child that perceives that the text on a page slopes rather than stays in a straight line.

For more information, click [here](#):

HEARING

Hearing is routinely reviewed at birth and then does not need to be reviewed again unless there is a hearing concern.

Signs that a child may have a hearing difficulty are:

- delayed speech and communication development.
- mishearing and mispronouncing words.
- not hearing what's going on if there is background noise.
- asking you to repeat yourself or responding strangely to questions.
- not responding when called.
- talking very loudly.
- turning the TV volume up very high.
- problems with concentration, tiredness and frustration that affects their behaviour.
- difficulties with reading and learning.

If you are concerned about your child's hearing, contact The Children's Hearing Assessment Centre (CHAC) on 0115 948 5547 for a hearing test.

Click [here](#) for more information about hearing tests for children:

SPEECH AND LANGUAGE

It is normal for children to have some speech errors as they learn to use all of the different sounds in their spoken language.

At the ages of 4-5 children need to listen, understand more and share their ideas within the classroom. They will use their language skills to help them learn and read.

Children develop skills at different rates, but by 5 years usually children will:

- understand spoken instructions without needing to stop and look at the speaker.
- take turns in longer conversations.
- understand more complicated language such as 'first', 'last', 'maybe', 'above' and 'in between'.
- understand words that describe a sequence such as 'first we are going to the shop, next we will play at the park'.
- use sentences that are well formed but might still have some difficulties with grammar, for example, saying 'sheeps' instead of 'sheep' and 'goed' instead of 'went'.
- use most sounds effectively however they may have some difficulties with more difficult words such as 'scribble' or 'elephant'.

Children who are learning English alongside their first language can often present as quiet and observant, this is a normal part of their development, it is not a delay!

You should continue to speak to your child in your home language, which helps them to learn both languages. It can take up to 2 years for children to be able to speak a new language comfortably. There is NO evidence to suggest that learning English as an additional language will cause delay in the development of speech, language or communication.

If you are concerned about your child's speech please speak to your child's teacher or contact us for advice.

For more information about speech and language support for families of children aged 4-5, click [here](#):



SHOULD MY CHILD BE KEPT OFF SCHOOL?

It can be tricky deciding whether to keep your child off school when they're unwell. There are government guidelines to help, these say when children should be kept off school and when they shouldn't.

If you do keep your child at home, it's important to phone the school straight away to let them know.

Yes, your child should be kept off school if they have...

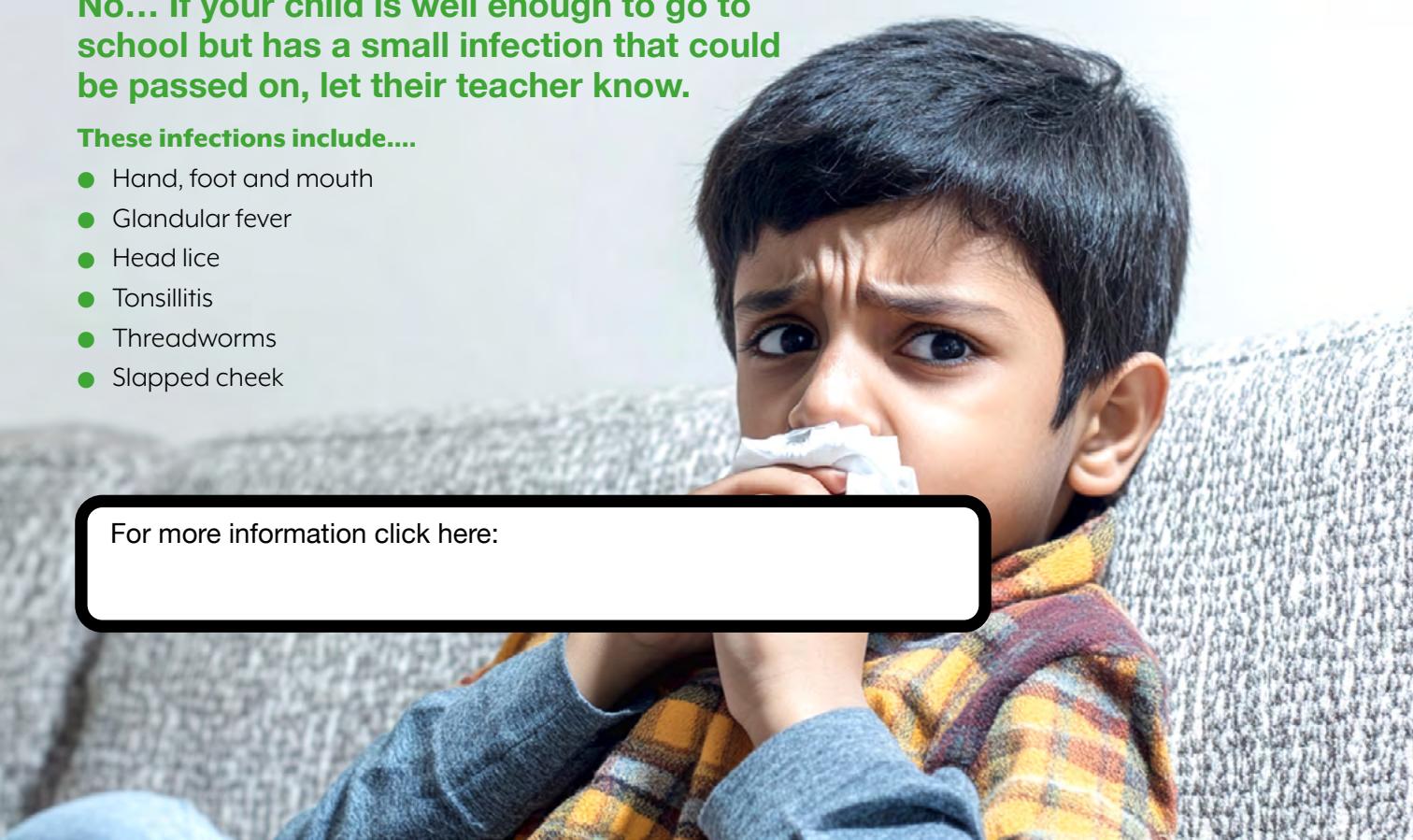
Chickenpox	Until at least 5 days from the onset of the rash and until all blisters have crusted over.
Diarrhoea and Vomiting	For 48 hours after their last episode.
Cold and Flu-like illness	Until they no longer have a high temperature and feel well enough to attend.
Impetigo	Until their sores have crusted and healed, or 48 hours after they started antibiotics.
Measles	For 4 days after the rash first appeared
Mumps	For 5 days after the swelling started.
Scabies	Until they have had their first treatment.
Scarlet Fever	For 24 hours after they started taking antibiotics.
Whooping Cough	For 48 hours after they started taking antibiotics.

No... If your child is well enough to go to school but has a small infection that could be passed on, let their teacher know.

These infections include....

- Hand, foot and mouth
- Glandular fever
- Head lice
- Tonsillitis
- Threadworms
- Slapped cheek

For more information click here: [\[link\]](#)



SEPSIS

Sepsis (also known as blood poisoning) is your immune system's overreaction to an infection or injury. Normally our immune system fights infection – but sometimes, for reasons we don't yet understand, it attacks our body's own organs and tissues. With early diagnosis sepsis can be treated with antibiotics, if it is not treated immediately, sepsis can result in organ failure and even death.

All children become unwell from time to time, but it is important to know some of the signs of serious illness in children and young people, these are:

For any red points call 999 or go straight to A&E: Think Sepsis!

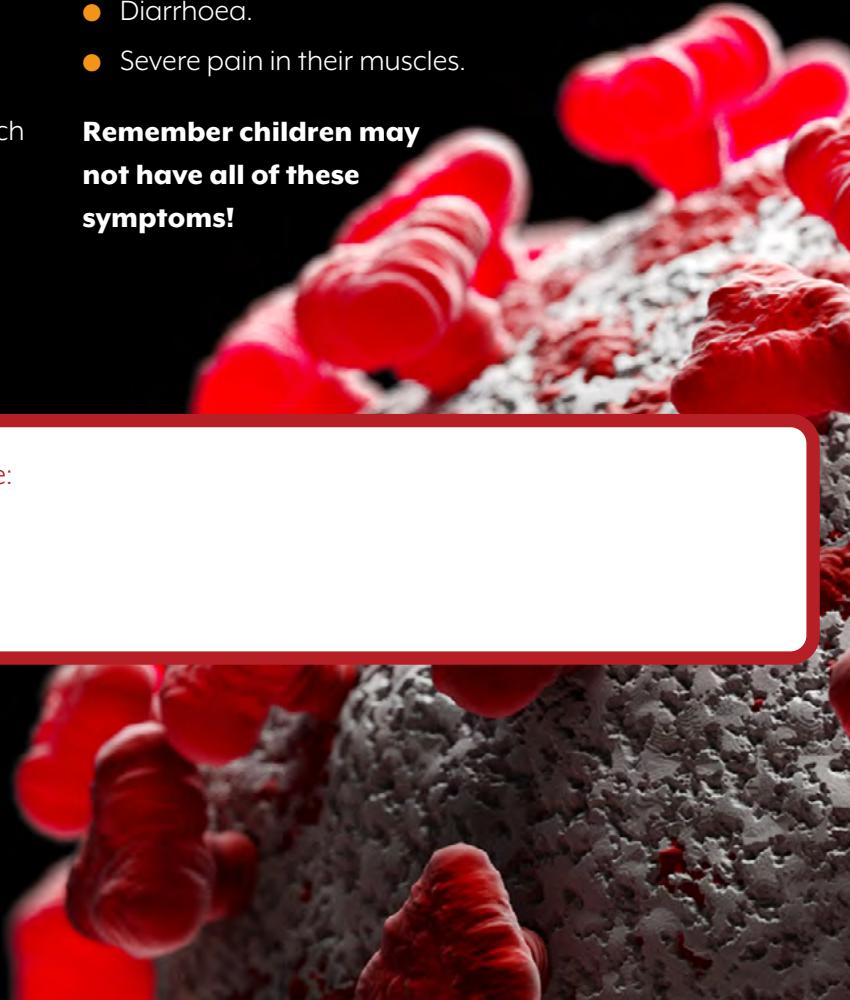
- Pale blue or blotchy skin, lips or tongue.
- A rash that does not fade when you press down or roll a glass over it. On brown or black skin, this may be easier to see on the palms of the hands or soles of the feet.
- Breathing difficulties: breathlessness, fast breathing or panting.
- Sucking in of the stomach or ribs when the child is breathing.
- Acting confused, speaking with slurred speech or not making sense.
- Fits or convulsions.
- Falling unconscious.

For all orange points see your GP or contact 111 and be alert of possible deterioration into sepsis.

- Having a very high or low temperature and feeling hot or cold to the touch or shivering.
- Not passing urine within 12 hours.
- Not responding like they normally would, having no interest in eating or their normal activities.
- Being sleepier than normal or difficult to wake up.
- Swelling, redness or pain around a cut or wound.
- Diarrhoea.
- Severe pain in their muscles.

Remember children may not have all of these symptoms!

For more information about Sepsis, click [here](#):



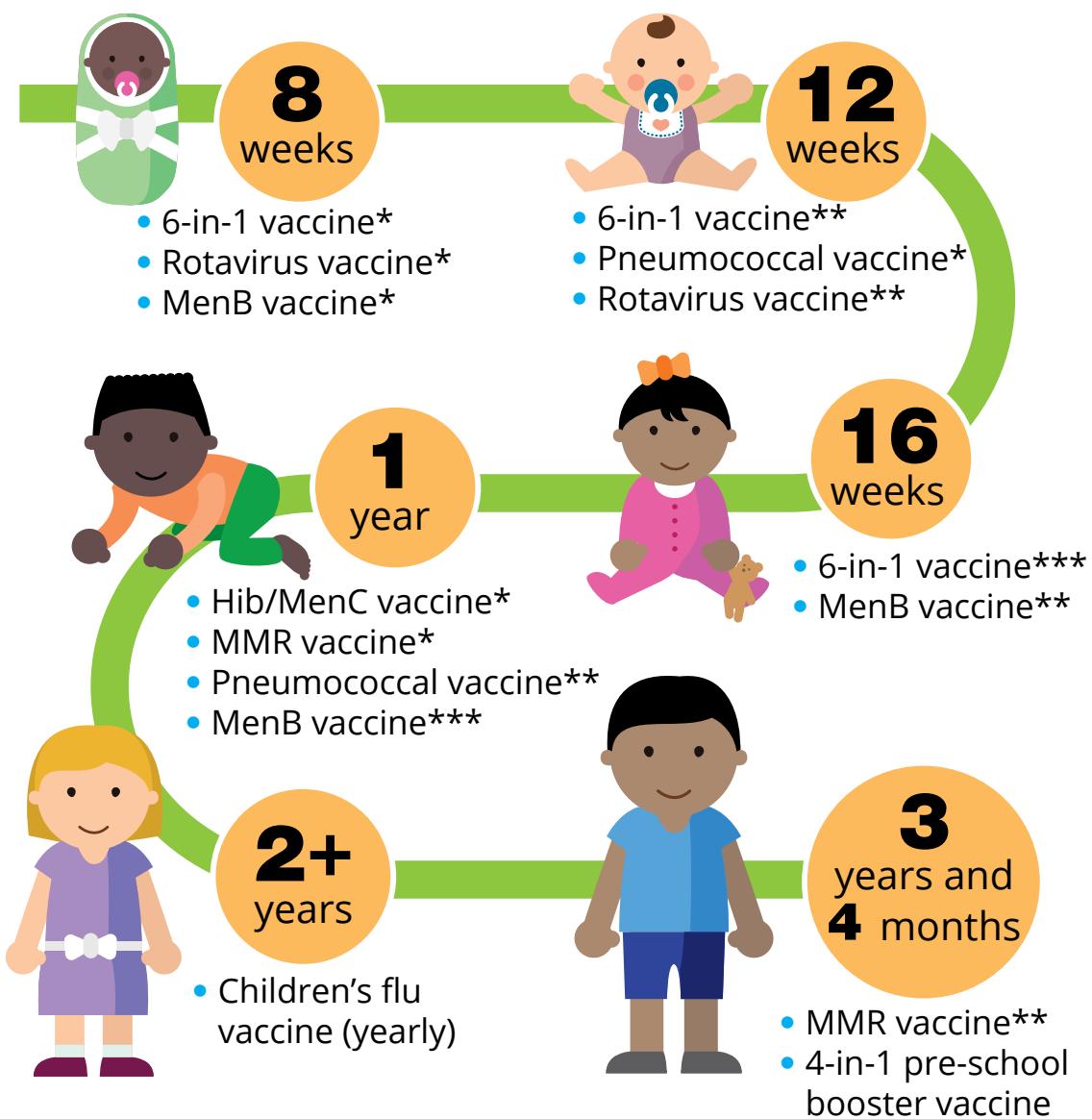
IMMUNISATION



UK Health Security Agency



Your child's vaccine schedule



* first dose, **second dose, *** third dose

6-in-1 protects against diphtheria, tetanus, whooping cough, polio, Hib and hepatitis B

4-in-1 protects against diphtheria, tetanus, whooping cough and polio

**Follow your child's vaccine schedule
to protect them against illnesses**

Stick this
timeline up as a
useful reminder

IMMUNISATION



- Childhood illnesses like measles and whooping cough are rising
- These illnesses can make children very sick, leading to hospital stays or lifelong problems
- If your child is not vaccinated, they are not protected
- It's important that vaccines are given on time for the best protection. Some need booster doses later too
- Check your child's red book or speak to your GP practice to see if they have missed any
- You can still catch up on most missed vaccines
- All the childhood vaccinations are free. As children grow up, they will be offered more vaccine appointments, right up until they are teenagers. Some vaccines are offered at school
- Vaccinations offered by the NHS are thoroughly tested to assess how safe and effective they are. All medicines can cause side effects, but vaccines are among the very safest.
- Research from around the world shows that immunisation is the safest way to protect our children's health

**Are your child's vaccines up to date?
Book now at their GP practice**

IMMUNISATION

Vaccines teach your immune system how to create antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once your immune system knows how to fight a disease, it can often give you lifelong protection.

Age
8
Weeks

- **6-in-1 (dose 1)** Protects against diphtheria, tetanus, polio and whooping cough, haemophilus influenzae type b, hep b. Highly contagious, sometimes life threatening bacterial and viral infections that babies and young children are particularly vulnerable to.
- **Men B (dose 1)** the most common form of meningitis, which can be serious and life-threatening. Many of those who survive have a permanent disability, such as brain damage, epilepsy, hearing loss, or the loss of limbs.
- **Rotavirus (dose 1)** a highly infectious stomach bug.

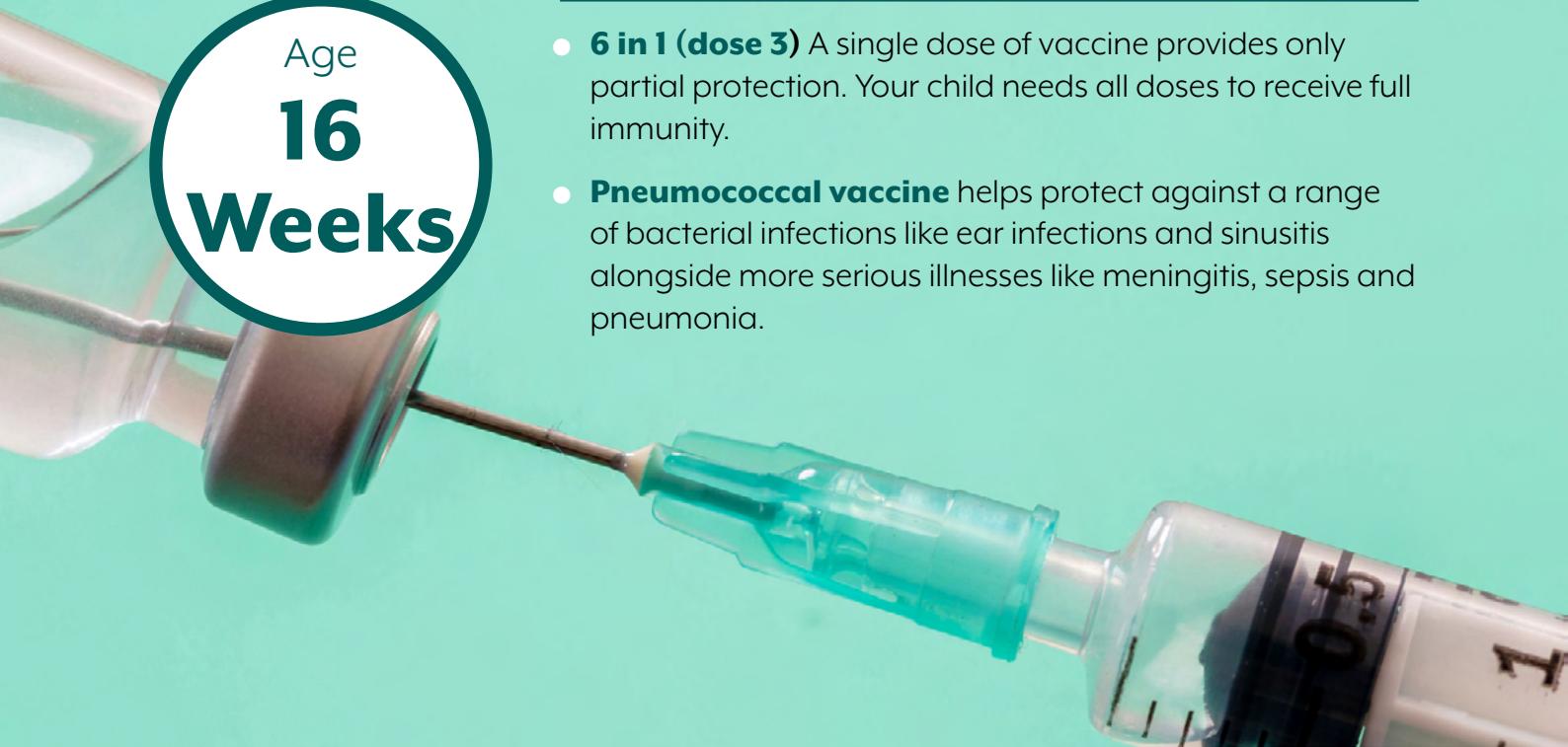
Age
12
Weeks

- **6 in 1 (dose 2)**
- **Men B (dose 2)**
- **Rotavirus (dose 2)**



Age
16
Weeks

- **6 in 1 (dose 3)** A single dose of vaccine provides only partial protection. Your child needs all doses to receive full immunity.
- **Pneumococcal vaccine** helps protect against a range of bacterial infections like ear infections and sinusitis alongside more serious illnesses like meningitis, sepsis and pneumonia.



IMMUNISATION

Age
**1-2
Years**

- **Hib/Men C** Protects against infections and boosts protection already gained from the 6 in 1
- **MMR (dose 1)** Measles, mumps and rubella all highly infectious with the potential for long term damage.

There's no evidence of any link between the MMR vaccine and autism. There are many studies that have investigated this.

The Oxford University Vaccine Knowledge Project website has a list of MMR studies and their findings.

Age
2-3 Years
then annually

- **Pneumococcal vaccine (dose 2)**
- **Men B (dose 3)**
- **Flu (annually)** a nasal spray, children can be 'super spreaders'. A super spreader is someone who transmits an infectious disease to an unusually large number of people.

Age
**3 Years
4 Months**

- **MMR (dose 2)**
- **4 in 1
preschool
booster**
Increases existing protection against diphtheria, tetanus, whooping cough and polio.

If you are having difficulty accessing vaccinations please contact the School Nurses who will be happy to help.





I am worried about my child's development.

**I'm here to help.
Whatever is worrying you, let's talk it through.**

We are a confidential text service for parents and caregivers that you can talk to about:

- Feeding and nutrition
- Sleep
- Toilet training
- Parenting advice and support
- Child development
- Family health

Text a Public Health Nurse on

07480 635002

We might inform someone if we were concerned about your safety but we would usually speak to you first. Your messages are stored and can be seen by other health care staff who follow the same confidentiality rules. We aim to reply to you within one working day and you should get an immediate message back to confirm we have received your text. Text will only be seen between 9am and 5pm. If you need help before you hear back from us contact your GP, nearest walk in centre or dial 111. Our text number does not receive voice calls or MMS picture messages. We support messaging from UK mobile numbers only (which does not include messages sent from landlines, international mobile numbers and some 'number masking' mobile apps).

To prevent the health professional from sending messages to you, text STOP to our number. Messages are charged at your usual rates.
For more information on how we use your information please visit www.nottinghamcitycare.nhs.uk/stakeholders/governance/you-and-your-information



You can call our **Children's Health Advice Hub** and speak to a nurse about your child's health and development. **0300 300 0040** (Mon-Fri, 8.30am to 5pm)

You can ring this number for health advice for your baby and child (up to the age of 19). You can also ring this number to cancel appointments and ask for them to be rearranged, to book clinic appointments and book to attend our feeding support groups.

