In this Topic Area you have covered:

1.1 Factors affecting pre-conception health for women and men

1.2 Other factors affecting the pre-conception health for women

1.3 Types of contraception methods and their advantages and disadvantages

1.4 The structure and function of the reproductive systems

1.5 How reproduction takes place

1.6 The signs and symptoms of pregnancy

***Pre-conception health* is the health and lifestyle of the mother and father are important factors before becoming pregnant:**

Diet: Eat a healthy balanced diet to give all the vitamins and minerals needed to help the baby grow and develop well.

Exercise: Being fit will help a woman carry the extra weight during pregnancy and help the birth go well.

Healthy weight: it can stop her getting pregnant the midwife might be able to monitor the baby properly cause the woman to have high blood pressure.

Smoking: affects the fertility of women and reduces the sperm count in men.

Alcohol: Too much alcohol can reduce the amount of sperm produced by men and disrupt the menstrual cycle of women. during pregnancy can cause FAS: Foetal Alcohol Syndrome,

Recreational Drug taking: reduces both men and woman's fertility. In women drugs cause hormones to be unbalanced preventing ovulation and causing birth defects.

Parental Age: Fertility for both Men and Women is affected by their age. This is due to the reduction in the quality of the sperm and eggs

Folic Acid—Vitamin B9: is needed by the woman to help make the central nervous system in an embryo, stopping birth defect such as: spina bifida.

Up to date Immunisations: The baby can be at risk if the mother becomes ill with whopping cough or German measles (rubella).

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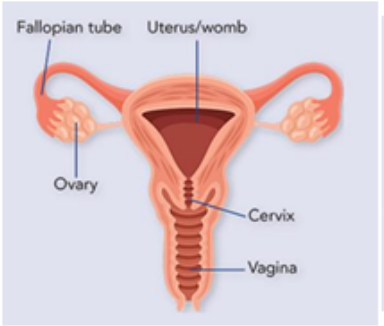
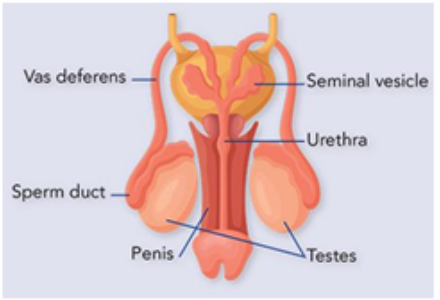
TA1: Pre-conceptual health and reproduction





Development of the embryo and foetus

Once fertilisation of the egg has occurred it is called a **Zygote,**
It then continues to divide into a solid ball of cells called a **Morula**.
After about 5-6 days it is now called a **Blastocyst**

Umbilical cord: Passes nutrients from the placenta to the foetus throughout the rest of pregnancy

Placenta: Starts developing from the embryo straight after implantation and holds the embryo in place as well as providing nutrients and oxygen from the mother and removing carbon dioxide.

Foetus is the name of the developing baby from 8 weeks until birth
By week 12 the placenta is fully developed.

Nausea

Signs and symptoms during pregnancy

Missed Period

Passing Urine frequently

Tiredness

Breast Changes

Contraception/ Effectiveness	Advantages	Disadvantages
Natural methods of contraception Used correctly 99%	•No side effects •Many religions and cultures accept them as a birth control method	They can be unreliable if not carried out correctly They have no protection against STI's
Male condom Used correctly 98%	Protects against STI's No side effects Available without prescription	Can slip off or tear May interrupt sexual pleasure Single use, for regular use will need a lot of them.
Femidom Used correctly 95%		
Diaphragm/ CAP Used correctly 92-96%	Can be put in place several before intercourse	Must be used with spermicide Requires practice to use correctly
Combined Pill Used correctly over 99%	Helps make periods lighter and less painful. Can reduce the risk of ovarian cysts	Only available on prescription Needs to me taken at the same time every day
POP Used correctly over 99%	Doesn't interrupt sexual pleasure Can be used during breastfeeding	Needs to me taken at the same time every day Only available on prescription Periods may become irregular
Contraceptive injection Used correctly over 99%	No need to remember to take a pill Safe when breast feeding	Only available on prescription may take up to a year for fertility to return.
Contraceptive Implant Used correctly over 99%	Safe when breast feeding Fertility returns back to normal immediately after removal	Requires doctor/nurse to put in/take out Periods may become irregular
IUD Used correctly over 99%	No need to remember to take a pill No hormonal side effects	Requires doctor/nurse to put in/take out May cause heavy periods
IUS Used correctly over 99%	No need to remember to take a pill Safe when breast feeding	Requires doctor/nurse to put in/take out Possible side hormonal effects Acne/mood swings
Emergency contraceptive Pill Only effective if used within 3 days	Used after intercourse e.g. forgot to take pill or condom breaks	Only available at pharmacies May affect other medications Side effects tummy ache/heavy bleeding

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TA2: Antenatal care and preparation for birth

In this Topic Area you have covered:

2.1 The purpose and importance of antenatal clinic

2.2 Screening and diagnostic tests

2.3 The purpose and importance of antenatal (parenting) classes

2.4 The choices available for delivery

2.5 The role of the birth partner in supporting the mother through pregnancy and birth

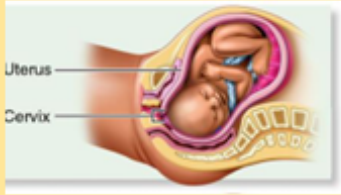
2.6 The methods of pain relief when in labour

2.7 The signs that labour has started

2.8 The three stages of labour and their physiological changes

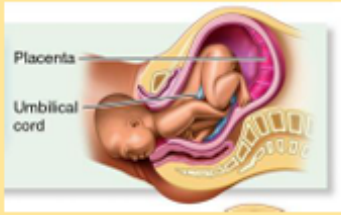
2.9 The methods of assisted birth

Stage 1:
Labour tarts and the neck of the uterus opens
A Show
Contractions
Waters break
Dilation of the cervix

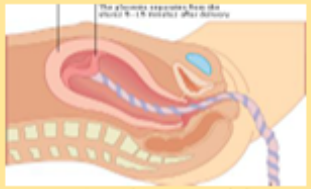


Transition (7-10 cm dilated):
body releases adrenalin
Contractions become very intense

Stage 2:
Contraction increase in strength
The baby is delivered
Skin to Skin
Cord clamped



Stage 3:
Delivery of the placenta and the membranes



Assisted Births use:

Forceps Ventouse Caesarean Section Episiotomy




Roles of Health Professionals

The General Practitioner (GP) A doctor who is the first port of call in for a patient if they think they are pregnant.

- Will book appointments for midwife and specialist doctors for scans and check-ups
- Answer any initial questions
- Discuss any specific issues e.g. medical conditions
- Treat the mother for any non-pregnancy related medical problems
- Respond to any emergency concerns e.g. abdominal pain.
- Provide postnatal medical care including contraception

Midwife: specialising in pregnancy, childbirth, postpartum, women's sexual and reproductive health and new-born care and up to 28 days after the birth.

- Provides full antenatal care: parenting classes; clinical examinations; screening.
- Identifying high-risk pregnancies.
- Monitoring women and supporting then during labour and birth
- Teaching new mothers how to feed, care for and bathe their babies.

The Obstetrician: A doctor specialising in complex pregnancies

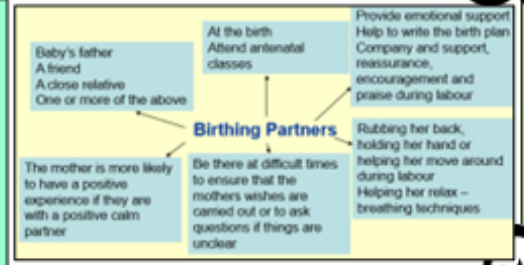
- Supports the mother if they have pre-existing medical condition that will complicate the pregnancy or birth
- Support the midwife if the baby becomes stressed during labour

Births

Hospital	Home
Equipment is available in an emergency Trained staff are always present Special monitoring equipment is there to check baby	Familiar surroundings therefore the mother is more relaxed Privacy during the birth No transport is needed

Pain Relief

Entonox: mix of oxygen and nitrous oxide
Pethidine: Injection in the bottom
Epidural: Anaesthetic in the back
TENS: Transcutaneous Electrical Nerve Stimulation
Massage
Water birth



Antenatal Classes

- Prepare both parents for labour and parenthood
- Provides advice on feeding and caring for a baby
- Promotes a healthy lifestyle and diet

Routine Monitoring Checks	Reason
Weight	A gain 10-12.5kg during pregnancy is normal, any more could be a sign of **pre-eclampsia or gestational diabetes**
Blood Pressure	checked at each appointment to see if it is too high as it could be a sign of **pre-eclampsia**.
Urine test	look for: **ketones** as could be a sign of *dehydration*; **glucose** a sign of *pregnancy diabetes*; **protein** a sign of *Pre Eclampsia* or *bladder infection*
Examination of the Uterus	Carried out from 28 weeks: Feeling the sides and top of the woman's abdomen and using a tape measure to measure the size of the uterus To monitor the baby's growth
Baby's heartbeat	This is to make sure that the unborn baby is alive and the heartbeat is normal

Blood Tests

- mothers level of Haemoglobin (the protein in red blood cells)
- mothers blood group (A,B,O,AB)
- contains rhesus factor, to make antibodies for the unborn baby
- iron level in the mothers blood, for anaemia
- infectious diseases hepatitis B, HIV or
- genetic syndromes e.g. Down Syndrome
- gestational diabetes which causes complications in pregnancy

Screening Tests

Ultrasound scan (The Dating Scan) 10-14 weeks measuring the baby's size to work out the estimated day of delivery the 'Due Date'

- ***Ultra Sound Anomaly Scan* 18-21 weeks** looking for Anencephaly; Spina Bifia; Cleft Lip; genetic disorders e.g. Edwards syndrome
- ***Nuchal Fold Translucency Scan*** measures the amount of fluid under the skin at the back of the baby's neck for Downs Syndrome
- ***Triple Test blood test*** measures 3 substances in the blood alpha-fetoprotein, human chorionic gonadotropin and unconjugated estriol. For Down's Syndrome and spina bifida

Specialised Diagnostics Tests

- ***Chorionic Villus Sampling (CVS)*** genetic conditions e.g. cystic fibrosis, sickle cell anaemia, muscular dystrophy
- ***Amniocentesis*** Chromosomal conditions e.g. Downs Syndrome, Edwards Syndrome
- ***Non-Invasive Prenatal Testing (NIPT)*** blood tests looking for foetal DNA looking for chromosomal abnormalities. For Down's syndrome, Edwards Syndrome

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TA3: Understanding **postnatal** check, postnatal provision and conditions for development

In this Topic Area you have covered:

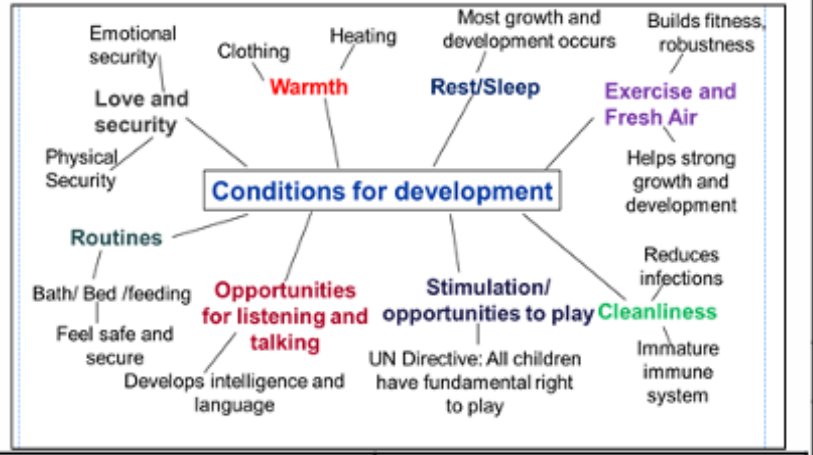
3.1 The postnatal checks of the new-born baby,

3.2 Postnatal care of the mother and baby

3.3 The developmental needs of children from birth to five year

Apgar score a score given to evaluate the physical condition of a new-born on assessment of their vital signs.

Indicator		0 Points	1 Point	2 Points
A	Appearance (skin color)	Blue, pale	Pink body, blue extremities	Pink
P	Pulse	Absent	Below 100 bpm	Over 100 bpm
G	Grimace (reflex irritability)	Floppy	Minimal response to stimulation	Prompt response to stimulation
A	Activity (muscle tone)	Absent	Flexed arms and legs	Active
R	Respiration	Absent	Slow and irregular	Vigorous cry



Sleeping
- Position to prevent SIDS (sudden Infant death syndrome)

Hygiene and Cleeanliness
- Bathing
- Topping and tailing
- Changing a nappy

Feeding
- Breast Feeding: lactation
- 'Breast is best'
- Bottle Feeding: Expressing and making a bottle feed

Socialisation
- Promoting Positive Behaviour
- Parents and carers handle bad behaviour
- Safety

Post natal provision – how they support the mother	
Father	**Midwife (10 days after birth)**
• Paternity leave • Care for mother • Household tasks • Care for baby – Change nappies – bonding • Support feeding choices • Spend time at home • Check visitors	•Feel the uterus is returning to its pre pregnancy size •Check any stiches •Take blood pressure readings •Give advice •Help with feeding •Check for post natal depression •empathy •reassurance •positive attitude
Family	**Health visitor**
Give space Give advice Help with babysitting older children Distraction Encourage getting out Bringing supplies	ensure mother & baby are healthy Check baby is making normal progress Give advise on feeding Advise mum on attending baby clinic Discuss immunisations Help & guidance with emotional problems Put mother in touch with other mothers locally

Centile charts:
showing the expected pattern of growth of a healthy baby, against which comparisons can be made.

Physical checks
- Fontinelle- soft spot
- Eyes: cateracts
- Feetwebbing/talipes
- Fingers: webbing/parlmer creases
- Hips: dislocation
- Heart: murmur
- Testicles: moved to scrotum after birth
- Heel Pick Test: sickle cell disease/cystic fibrosis

Skin Checks
- Vernix
- Lanugo
- Stork Marks (salmon Patches
- Strawberry Marks (Infantile haemangiomas)
- Flat brown patches (café au lait)
- Black or brown moles (congenital moles)

Mothers Postnatal Health

To ensure a woman's recovery after birth:
1.Eat a suitable diet
2.Sleep! Not get over tired
3.Not worry too much about domestic chores
4.Relax for a while each day
5.Find the energy to play, talk to her baby and take out
6.Do stretches to tighten tummy muscles again

Baby Clinic
- Development checks 6 weeks, 8 months, 18 months & 3 1/2 years
- record of baby's progress- height, weight
- advice with problems- weaning, feeding, rashes
- advice about immunisation
- parents meet & get to know other parents & children

Mothers postnatal exam – by GP
- *6 weeks after birth*
- Make sure Mum is generally healthy
- e.g. blood pressure/ weight/ urine
- the uterus is returning to normal and no discharge
- using an internal pelvic exam
- Check mental health and wellbeing
- Contraception advice

In this Topic Area you have covered:

4.1 Recognise general signs and symptoms of illness in children

4.2 How to meet the needs of an ill child

4.3 How to ensure a child-friendly safe environment

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TA4: Childhood Illnesses and a child safe environment

When to seek emergency medical help

Breathing Difficulties – caused by dust/pollen/pet hair, unwell with a cold. Treat by Reliever inhaler (blue), reassurance, sit up,

Seizures/ Fitting – caused by epilepsy or a high temp. Treat by call an ambulance, clear the surrounding area, once calm - place in the recovery position

High Temperature - Babies under 3 months with a temperature of 38oC or over, Babies 3-6 months with a temperature of 39oC or over, Call the ambulance—999. A Child over 9months with a temperature 38oC or over which can't be reduced with treatment of junior paracetamol.

Unresponsive or Limp - This means that a child is not moving or you are unable to wake them by shaking their shoulders
Call the ambulance—999, Place the child in the recovery position

Needs of an ill child

Physical Needs	Emotional Needs
•rest incl. extra naps •plenty of water •medication to reduce a temperature •medical help for worsening symptoms	•empathy •reassurance •positive attitude 
Social Needs	**Intellectual Needs**
•spending time with parent 	Undertake quiet activities •stories •Colouring •TV/tablets •visit from family or friends if appropriate

Hazards: they may cause you or others harm

Physical Hazards - e.g. things we could trip over
Security Hazards - e.g. easy to open doors and windows
Fire Hazards – e.g. heaters & electrical equipment
Food Safety Hazards – e.g. dirty food contaminated with bacteria or a warm fridge.
Personal Safety Hazards – e.g. a busy road

How to prepare a child for a stay in hospital:

Discuss what it will be like and answer any questions in an open and honest way
Read books or watch DvD's with the child about what its like to be in hospital Take a visit to the hospital with your child so they can see what its like
Play games e.g. dress up/ role-play with the child about being in a hospital, you could use pretend doctors medical equipment
Re-assure them that as a parent you will be able to stay all the time
Pack the child's bag together so that they know they will have all their special clothes and toys.

Safety Equipment:

Walking reins
Socket covers
Draw/cupboard locks
Safety Gates
Window locks
Fire blanket/extinguisher
Cooker guard
Play pen
Smoke alarm
Glass protector

Road Safety

1. Think!
2. Stop!
3. Look and Listen!
4. Wait!
5. Look and Listen (again)!
6. Arrive alive!

Safety Marks

BSI (kite Mark)

Lion Mark

Age advice

CE and UKCA

Flammability

Illness and cause	Signs and Symptoms	Important Information
Meningitis Bacteria or virus	severe headache / high pitched cry in babies, drowsiness, stiff neck, repeated vomiting, irritability, fever, dislike of bright lights	GLASS TEST Press the side of a glass firmly against the rash. If the rash fades and loses colour under pressure it is not a meningitis rash. If it does not change colour, you should contact a doctor immediately
Mumps bacteria	fever, swelling of one or more salivary glands in the neck.	passed from one person to another via droplets (sneezing, coughing) or direct contact with saliva. incubation normally 18 days but can be 12-25 days
Measles Virus	fever, conjunctivitis, cough and/or spots on cheeks or inside mouth. Then 3-7 days later red, blotchy rash appears which lasts 4-7 days	Complications of pneumonia can occur. It is spread by contact with coughing and sneezing
Tonsillitis Bacteria	a sore throat; problems swallowing; a high temperature of 38C or above; coughing; earache	Tonsillitis is not contagious, but most of the infections that cause it are, for example, colds and flu.
Chicken Pox Virus	itchy, spotty rash is the main symptom of chickenpox. It can be anywhere on the body	You can spread chickenpox to other people from 2 days before your spots appear until they have all formed scabs – usually 5 days after your spots appeared.
Common Cold Virus	a blocked or runny nose; a sore throat; headaches; muscle aches; coughs; sneezing; a raised temperature; pressure in your ears and face	rest and sleep and drink plenty of water ease aches or lower a temperature with painkillers like paracetamol or ibuprofen
Gastroenteritis Bacteria or Virus	sudden, watery diarrhoea, feeling sick, vomiting, a mild fever, a loss of appetite, an upset stomach, aching limbs and headaches.	The symptoms usually appear up to a day after becoming infected. They typically last less than a week, but can sometimes last longer.