OCR Cambridge National

Child Development

Revision Guide

This booklet has been produced to help you revise for your upcoming exam.

It is split into topics with a list of relevant key words for each one, some simple tasks to complete and some questions from past papers.

IT IS YOUR RESPONSIBILITY TO LOOK AFTER THIS BOOKLET AND TO BRING IT TO LESSONS WITH YOU

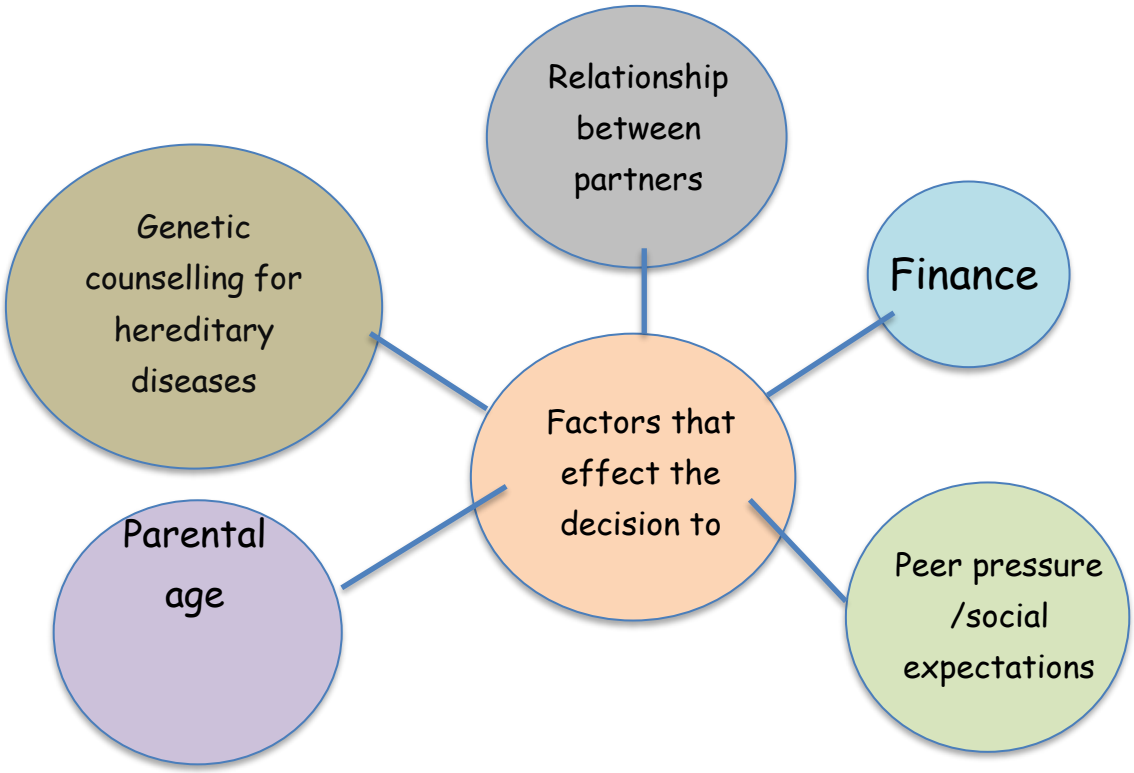
Name:_____

Understand reproduction and the roles and responsibilities of parenthood.

Key Words

Key Word	Definition
Family	A group of people living together or separately who have strong emotional relationships and are significant to each other through blood or other links.
Genetic Counselling	Guidance given to individuals who are considering having a child but are concerned because there is a blood relative with an inherited disorder.
Pre conception care	When both partners work to reduce known risk factors before trying to conceive.
Barrier Method	A Device that will not allow semen or sperm to come into contact with the cervix.
Contraception	The prevention of conception by the use of birth control devices.
Reproduction	The biological process by which new individual organisms – "offspring" – are produced from their "parents"
Fertilisation	When a sperm and an egg join together
Pregnancy	The process that occurs between conception and birth
Placenta	Provides the foetus with oxygen and nourishment from the mother via the umbilical cord.
Umbilical cord	The cord connecting the foetus to the maternal placenta. It contains blood vessels that carry nutrients and remove waste products.
Amniotic sac	The bag of amniotic fluid that surrounds and cushions the foetus.
Embryo	The unborn child during the first eight weeks after conception.

Factors which Effect the Decision to have Children



Having a baby changes the lifestyle of parents. They have fewer opportunities to go out, they are likely to be more tired, particularly with a young baby who wakes at night and needs constant attention. When planning to have a baby, parents need to think about their age, relationship, health and finances. They need to buy a range of equipment for their baby such as pram, cot, highchair and changing equipment. They will need a range of baby clothes too.

Before having a baby there are a number of things to consider….

- Are you fit and healthy? – Are you able to have a healthy pregnancy, are you able to look after a child?
- Are you too old or young? – Will you see your child grow up? Are you mature enough to have a child?
- Are you able to take on the responsibilities of parenthood?
- Are you able to accept the lifestyle changes having a child will bring?
- Do you have a strong and stable relationship with your partner?
- Do you have support from family and friends?
- Can you afford to bring you a child?
- Do you have suitable housing?
- Do you mind having a career break?
- Will you be able to find childcare?
- Can you cope with the demands of a baby?

Children can be a source of joy and pride, and raising them can bring satisfaction and love to a relationship, however planning a family should be carefully considered to ensure it is the right time for you and your partner.

<u>Hereditary Conditions</u>

Some diseases and conditions pass from one generation to another from the genes of the parents. Inherited diseases include cystic fibrosis and haemophilia. Cystic fibrosis affects the lungs, which build up mucus, no nutrients are absorbed properly. These children are at risk of infection and damage to their lungs. Their life expectancy can be short and they must take large quantities of drugs each day. They need physiotherapy to remove the mucus in their lungs. Sometimes the chances of passing these diseases can be reduced by talking and getting advice from a genetic counsellor.

Common hereditary disorders:

- Downs syndrome
- Cystic fibrosis
- Sickle cell anaemia
- Muscular dystrophy
- Haemophilia
- Thalassemia
- Phenylketonuria (PKU)

Exam Questions on Starting a Family

Suggest **three** factors a couple should consider before deciding to have a family. (3 marks)

……

……

……

Identify **two** ways that having a baby might change the parents' lifestyle. (2 marks)

……

……

……

……

State **three** functions of a family. (3 marks)

……

……

……

State **four** needs of a child, which are provided by a family. (4 marks)

……

……

……

……

There are advantages in starting your family when you are young, and also in being an older parent.
Discuss the advantages of being: (5 marks)

1) A younger parent:……

……

……

2) An older parent:……

……

……

Pre-conceptual Care

Pre-conception means before pregnancy begins **before** pregnancy begins.
It is important that couples think about their lifestyles and health before the woman becomes pregnant:

- ✓ Make sure that they are fit and healthy so that there is a good chance of becoming pregnant, when it is planned and that the pregnancy and labour will be uncomplicated.
- ✓ To give the best chance of having a fit and healthy baby
- ✓ To ensure that the child grows up in a safe and healthy environment.

Healthy Eating If a woman has a healthy diet then she will help the baby grow well during pregnancy. It is best not to be overweight before pregnancy begins – she will gain weight during pregnancy and any extra weight will put a strain on her heart and her back and she will find it very tiring. It may also be difficult to lose this weight after the pregnancy is over. A healthy diet means eating a variety of different foods. Eat **less** fat, **less** sugar, **less** salt and **more** fibre.

Folic acid helps reduce the risk of Spina Bifida!. Found in bread and green vegetables. Vitamin tablets can be taken.

Alcohol: It is best if a woman can give up alcohol before she becomes pregnant. Excessive alcohol can cause premature miscarriage Excessive alcohol during pregnancy can result in the baby being addicted and suffering withdrawal symptoms. Alcohol can inhibit the absorption of folic acid. If alcohol is taken it is better to spread the amount over a period of time rather than take in large amounts at any one time.

Smoking: in pregnancy means that the foetus does not get enough oxygen via the placenta.
This can lead to the baby being small at birth, a higher risk of premature baby and the baby's health is at risk. Smoking can increase the risk of death in a new-born baby. It is best if the mother can give up smoking before the pregnancy A smoke free environment is best for the baby so the father should give up too.

Exercise It is best if the mother's body is in good physical shape before pregnancy. There are many demands made on the lungs, heart and muscles of the back, legs and stomach. If a woman is fit, it will help her during pregnancy and birth – the muscles will be toned and supple. The type of exercise may need to change during pregnancy, if the woman is very active – swimming, walking, yoga are suitable. Exercise can make the woman feel good about herself.

Drugs Anyone who is a drug addict needs help before pregnancy, drugs can damage the foetus by;

1. causing congential deformity – some parts of the body may not develop properly during pregnancy.
2. cauding low birth weight – greater risk of infections
3. causing delay in intellectual development
4. causing the baby to be dependant on the drug at birth

drugs include medicines which can be bought over the counter eg paracetamol, aspirin, hayfever remidies and medicines prescribed by the doctor. A woman must discuss medication with her GP before pregnancy.

Diseases Some infections can pass through the placenta and harm the developing foetus. Rubella or German Measles is one of these and it is important that a woman checks she has immunity for this disease before she becomes pregnant. If a woman catches this disease early in pregnancy it can cause blindness, deafness or physical disability in the baby. Most women are immune because they have the rubella vaccine when they were young but they should check that they are still immune if they are unsure. The vaccine cannot be given to pregnant women. Other diseases, which can affect the developing foetus, are AIDS and sexually transmitted diseases, which can be given to the baby, and they are infected with the disease when they are born.

Roles and Responsibilities of Parents

Parenthood is about providing for a child's primary needs.

Primary need	Parental roles / responsibilities
Food	Children but be provided with food and water for basic survival. The food must contain the right nutrients for their child at each stage of their development. They need snacks and regular mealtimes to allow them to thrive and have sufficient energy to learn, grow, develop and play. Food must be healthy, of good quality and must be shopped for, prepared and cooked throughout the child's life.
Clothing	Children need to be provided with sufficient clothing throughout childhood. This can be a considerable expense for parents as children rapidly grow out of clothes. They need clothes suitable for all weathers. Clothes also need to be washed and ironed.
Shelter	This is somewhere safe for a child to live. If a child feels safe, settled and secure in their home it has a positive effect on their wellbeing. Damp homes can cause asthma and/or chest infections. Rent or mortgage payments must be made every month.
Warmth	Children need to be kept warm in the home so heating, warm clothes and bedding are needed. Heating a home can be very costly.
Rest	A child needs enough rest and sleep to ensure that they grow, learn and develop sufficiently. Parents may have to adapt their lifestyle to allow for this to happen.

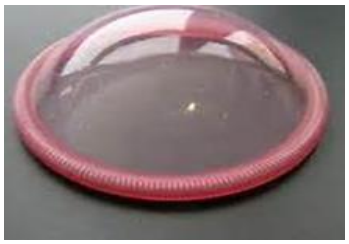
Parents must also provide **love and nurture**. This allows the child to be happy, thrive and have a good emotional and social experience. Children who do not receive this may fail to thrive and experience difficulties at home and in the wider world causing them unhappiness.

Parents need to provide opportunities for their child to **socialise, learn customs and values and understand acceptable behaviour patterns.** Parents need to support their child in dealing with their feelings. They must be good role models by demonstrating how to behave. They should give them an understanding of their family's customs and values, which, can be influenced by religion or ethical beliefs. These are very personal to a child and tend to influence their sense of identity.

Parents also need to plan opportunities for their child to socialise with their peers so that they are confident around others and are able to form friendships.

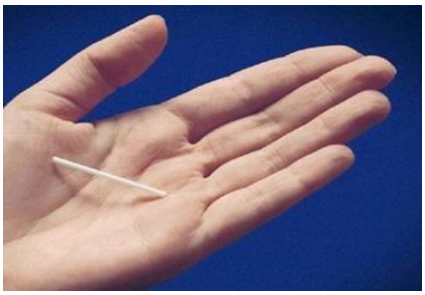
Contraception

Can you identify the various types of contraception; use the word bank on the screen to help you identify some of the lesser-known types.









Cap (Diaphragm)

A diaphragm is a circular dome made of thin, soft latex (rubber) or silicone. It is inserted into the vagina before sex, it covers the cervix so sperm cannot get into the womb. You need to use spermicide with it to kill sperm. The cap must be left in place for at least six hours after sex. Then you take it out and wash it. They're reusable. Caps come in different sizes. A GP or nurse must fit it for the correct size.

How effective are they? If used correctly with spermicide, caps are 92-96% effective.

Added benefits to using a cap?

- There are no serious health risks, and you only have to think about it when you have sex.
- You can put them in several hours before you have sex.

Combined pill

The combined pill is a tablet containing hormones that stop you getting pregnant. The combined pill contains hormones oestrogen and progestogen. You take the pill every day for 21 days, then stop for 7 days. During that week, you have a period-type bleed. After seven days, you start taking the pill again.

The hormones prevent your ovaries from releasing an egg (ovulating). They also make it difficult for sperm to reach an egg, or for an egg to implant itself in the lining of the womb.

How effective is it? If used correctly, the combined pill can be more than 99% effective. The chance of getting pregnant rises if:

- you don't take the pill according to the instructions
- it doesn't stay in the body long enough to work, for example, when you vomit
- other medications make it less effective

Added benefits? You don't ovulate when you take the combined pill, so you don't have a real period every month. Instead, you get a withdrawal bleed, which can be lighter and shorter than a period. If you have

problems with heavy periods or painful periods, taking the combined pill can help. The pill can protect against cancer of the ovary, cancer of the womb, cancer of the colon and some pelvic infections.

Female condoms (Femidom)

Female condoms are worn inside the vagina to prevent semen getting to the womb. It needs to be placed in the vagina before there's any contact between the vagina and penis.

How effective are female condoms? If used correctly and consistently, they are 95% effective.

Added benefits? By preventing the exchange of bodily fluids (semen and vaginal fluid), female condoms help to protect against many STIs, including HIV.

Male condoms

Male condoms are made from very thin latex. When used correctly during sex they help protect against pregnancy and sexually transmitted infections (STIs). The condom is worn on the penis to catch sperm. It has to be put on when the penis is erect and before the penis comes into contact with the man's partner.

How effective are condoms? If used correctly every time you have sex, male condoms are 98% effective.

Added benefits to using condoms? By preventing the exchange of bodily fluids, condoms help to protect against many STIs, including HIV. They come in different sizes, shapes, colours, textures and flavours.

Contraceptive implant

The contraceptive implant is a small flexible tube that's inserted under the skin of your upper arm by a trained professional, such as a doctor. It releases the hormone progestogen to prevent pregnancy. The implant is about 40mm long and contains progestogen. It lasts for three years. You can have the implant removed at any time, and your natural fertility will return very quickly. This means that once the implant is removed, you could get pregnant as easily as if you'd never had the implant. The implant stops the release of an egg from the ovary by slowly releasing progestogen into your body. It thickens the cervical mucus and thins the womb lining. This makes it harder for sperm to move through your cervix, and less likely for your womb to accept a fertilised egg.

How effective is it? If implanted correctly, it's more than 99% effective.

Added benefits?

- It's very useful for women who know they don't want to get pregnant for a while. Once the implant is in place, you don't have to think about contraception for three years.
- It can be useful for women who can't use contraception that contains oestrogen.
- It's very useful for women who find it difficult to take a pill at the same time every day.
- Antibiotics do not affect it.
- If you have side effects, the implant can be taken out.

Contraceptive injection

There are two versions of the contraceptive injection: Depo-Provera, which lasts for 12 weeks, and Noristerat, which lasts for eight weeks. The most popular is Depo-Provera. The injection contains progestogen. Progestogen thickens the mucus in the cervix, which stops sperm reaching an egg. It also

thins the lining of the womb so that an egg can't implant itself there. In some women, the injection stops ovulation (the release of an egg).

How effective is the injection? If used correctly it's more than 99% effective.

Added benefits?

- The injection lasts for eight weeks or 12 weeks (depending on the type), so you don't have to think about contraception every day or every time you have sex.
- It can be useful for women who might forget to take the contraceptive pill every day.
- It can be useful for women who can't use contraception that contains oestrogen.
- It's not affected by medication.
- The contraceptive injection may provide some protection against cancer of the womb and pelvic inflammatory disease.

Contraceptive patch

The contraceptive patch is a sticky patch measuring 5cm x 5cm (rather like a nicotine patch), which delivers oestrogen and progestogen into your body through your skin. Each patch lasts for one week. You wear them for three weeks, then have a week off without a patch. It contains the same hormones as the combined pill, and it works in the same way. This means that the patch:

- prevents ovulation (the release of an egg)
- thickens cervical mucus, which makes it harder for sperm to travel through the cervix
- thins the womb lining, which makes it unlikely that an egg will implant itself there.

How effective is the patch? When used correctly, the patch is more than 99% effective.

Added benefits?

- You don't need to think about it every day, and it's still effective if you vomit or have diarrhoea.
- Because the patch prevents ovulation, you don't have a period. Instead you have a monthly 'withdrawal bleed', which can be lighter and shorter than a period. So if you have heavy periods or painful periods, the patch can help.
- The patch may protect against ovarian cancer, womb cancer and colon cancer.

Intrauterine device (IUD)

An intrauterine device (IUD) is a small T-shaped plastic and copper device that's inserted into your womb by a specially trained health professional. There are various types and sizes of IUD (sometimes called a coil). Depending on the type, an IUD can last from three to 10 years. The IUD is a long-acting reversible contraceptive (LARC) method. This means that once it's in place, you don't have to think about contraception every day or each time you have sex. The IUD works by preventing sperm from surviving in the cervix, womb or fallopian tubes. It may also prevent a fertilised egg from implanting in the womb.

How effective is an IUD? IUDs are more than 99% effective.

Added benefits?

- An IUD is effective as soon as it's put in.
- It can be removed at any time by a specially trained health professional.
- Once the IUD is removed, you'll quickly return to normal levels of fertility.

Intrauterine system (IUS)

An intrauterine system (IUS) is a small, T-shaped plastic device containing progestogen. It's inserted into your uterus (womb) by a specially trained health professional. The IUS is a long-acting reversible contraceptive (LARC) method. Once in your uterus it works for five years, so you don't have to think about contraception every day or each time you have sex.

The IUS releases a progestogen hormone into the womb. This:

- thickens the mucus from your cervix, so it's difficult for sperm to move through and reach an egg
- thins the womb lining so that it's less likely to accept a fertilised egg
- stops ovulation (releasing an egg) in some women

How effective is an IUS? It's more than 99% effective.

Added benefits of an IUS?

- Like the IUD, it can be taken out at any time by a specially trained health professional. Your fertility quickly returns to normal.
- The IUS can make your periods lighter, shorter or stop altogether, so it may help women who have heavy periods or painful periods.
- It can be used by women who can't use combined contraception (such as the combined pill), e.g. those who have migraines.
- Once the IUS is in place, you don't have to think about contraception every each time you have sex.

Natural family planning

Natural family planning is a method that teaches you when you can have sex without contraception and with a reduced risk of getting pregnant. It works by plotting the times of the month (menstrual cycle) when you're fertile and when you're not. You learn how to record fertility signals, such as your body temperature and fluids in your cervix, to identify when it's safer to have sex. This method is more effective when more than one fertility signal is monitored.

How effective is natural family planning If the instructions are properly followed, natural family planning methods are up to 98% effective, depending on what method is used. It will be less effective if it's not used according to the instructions. It takes commitment and time to achieve 98% effectiveness.

Added benefits of natural family planning?

There are no physical side effects, and you can use it to plan when you get pregnant.

Progestogen-only pill

The progestogen-only pill is sometimes called the mini-pill or POP. It contains the hormone progestogen but doesn't contain oestrogen. The progestogen-only pill has to be taken every day within a specific three-hour time frame. The POP thickens the mucus in the cervix, which stops sperm reaching an egg. It also thins the lining of the womb so that an egg can't implant itself there. In some women, it stops ovulation.

How effective is the progestogen-only pill? If taken correctly, it can be 99% effective.

Added benefits?

- The POP can be used by women who can't use contraception that contains oestrogen, e.g. because of high blood pressure, previous blood clots or being overweight.
- You can take the POP if you're over 35 and you smoke

Male and Female Reproductive Systems

The three main jobs of the reproductive system are:

1. To produce eggs (ova) in the female and sperm in the male
2. For the sperm to fertilise the eggs and conception to take place.
3. To provide nourishment for the developing embryo

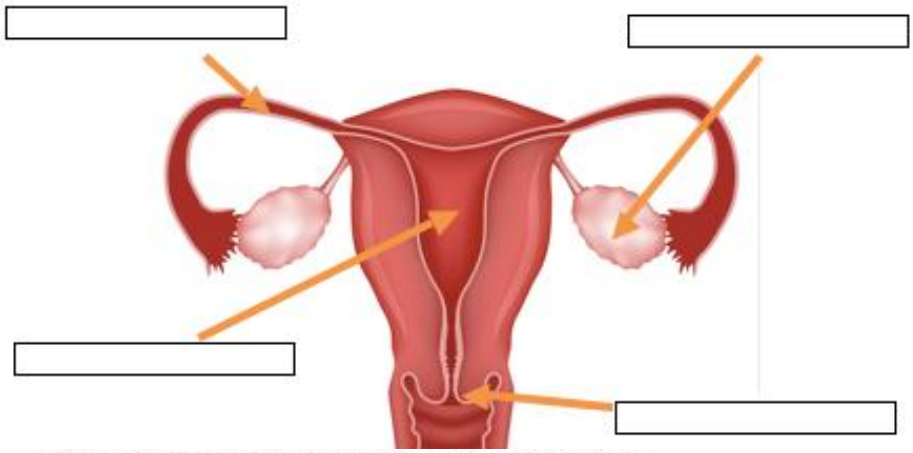
Female Organs	Function	Male Organ	Function
Ovaries	The female sex gland, these control the production of hormones oestrogen and progesterone and contain hundreds of undeveloped eggs.	Testes	The main male reproductive glands in which sperm are produced, as well as the male hormone testosterone.
Fallopian tubes (oviducts)	Two of these lead from the ovaries to the uterine cavity. When an ovary releases an egg, the nearest fallopian tube draws it in and transports it down to the uterus.	Sperm ducts	A muscular tube that passes upward, alongside the testicles, and transports the sperm containing semen. Also called vas deferens.
Uterus (womb)	A pear shaped organ with muscular walls where the foetus develops	Seminal vesicles	Glands which produce the fluid which carry the sperm
Cervix (neck of the womb)	A strong ring of muscle between the lower end of the uterus and the vagina. It keeps the baby in place while the woman is pregnant. It gradually opens during labour.	Urethra	The tube through which urine and semen exit the body. A ring of muscle ensures that the urine and semen do not get mixed up
Vagina	A muscular, hollow tube that leads from the cervix to the outside of a woman's body. A mans penis enters the woman's vagina during sexual intercourse.	Penis	The male reproductive organ, involved in sexual intercourse and elimination of urine.
		Epididymis	A storage chamber in the male body, which is attached to each testicle. This is where sperm cells are nourished and mature
		Scrotum	A bag of skin which contains the two testes

Test Your Knowledge

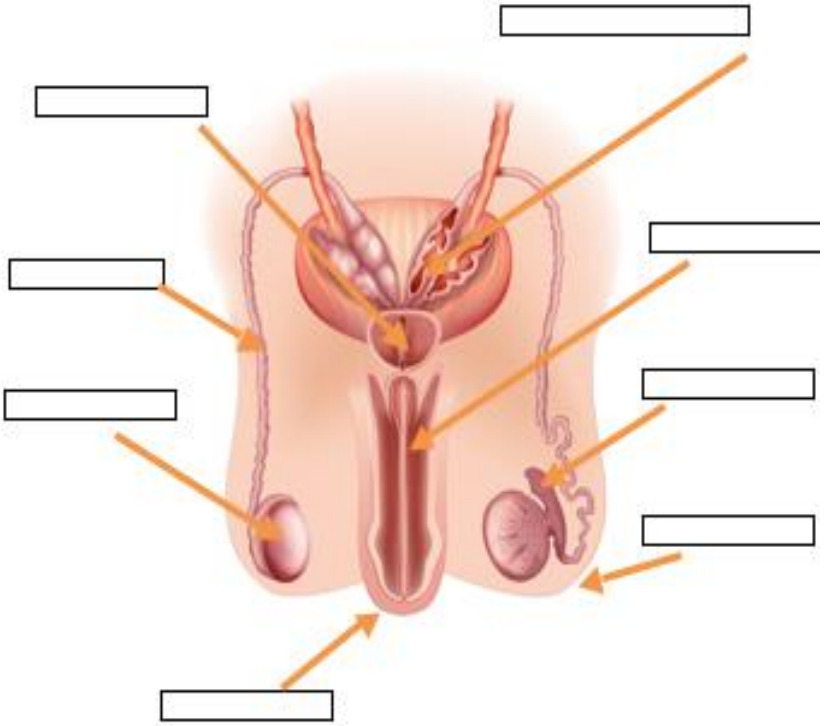
Where is sperm made?

Where is sperm stored?

Structure of the Female reproductive System



Structure of the Male reproductive System

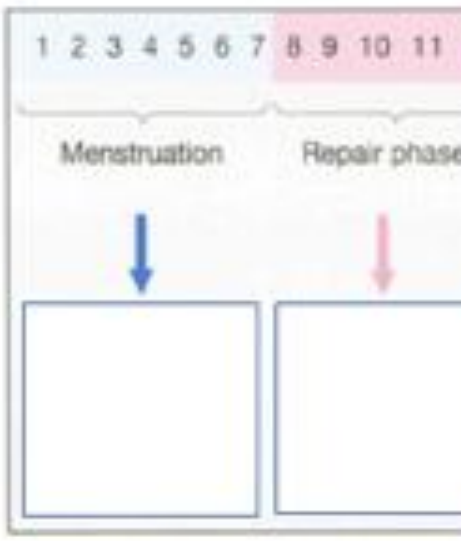


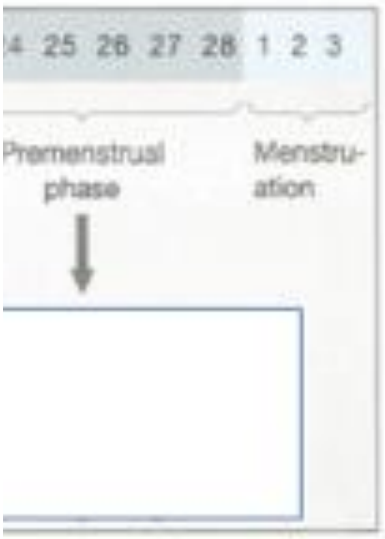
Part	Function
Uterus	
Lining of the uterus (endometrium)	
Fallopian tube (uterine tube, oviduct or egg tube)	
Funnel	
Ovaries	
Vagina	
Cervix	

The Menstrual Cycle

The purpose of the menstrual cycle is to produce an egg and prepare the uterus (womb) to receive the egg if it is fertilised. The average menstrual cycle for women occurs every 28 days but it is possible for some women to have longer or shorter menstrual cycles.

Explain each stage of the menstrual cycle.





There are 4 distinct phases of the menstrual cycle. Some of these phases overlap.

The menstrual cycle lasts ..... days.

Blood loss or menstruation takes place from day ..... to day .....

From day ..... to day ..... a new egg is developing (this is the follicular phase).

Ovulation (release of an egg) can take place anytime from day ..... to day .....

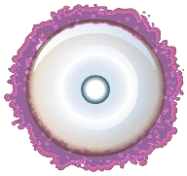
The uterus lining breaks down if the egg is not fertilised. This is the luteal phase, and lasts from day ..... to day .....

How Reproduction Takes Place

Once a girl has started her **menstrual cycle** she can become **pregnant** if she has unprotected sex. **Conception** occurs when the man's **sperm** meets and **fertilises** the woman's **egg**.

This becomes known as a **zygote**. Up until eight weeks the developing baby is called an **embryo**, and from then on it is referred to as a foetus.

Fertilisation and Implantation.



Fill in the gaps.

During _____ the man ejaculates, _____, a mix of fluid and sperm cells, is squirted into the _____. The sperm swim through the _____, and through the uterus. They then move into one of the _____ _____ (or oviducts).

If the woman has recently _____, an ___ will have been released from the _____.

If the sperm and egg meet, the _____ will enter the egg cell. This is called _____ or _____. (they mean the same)

The cells start to divide, they are now a _____. They move down the fallopian tube, into the _____. Here, the bundle of cells, now called an _____, _____ into the uterus lining.

A _____ system develops for the foetus, including the _____ and _____ ___. This provides all the nutrients and protection that the foetus needs, for the duration of the pregnancy.

Test Your Knowledge

How many sperm can fertilise the egg?

What stages does the egg go through before reaching the uterus?

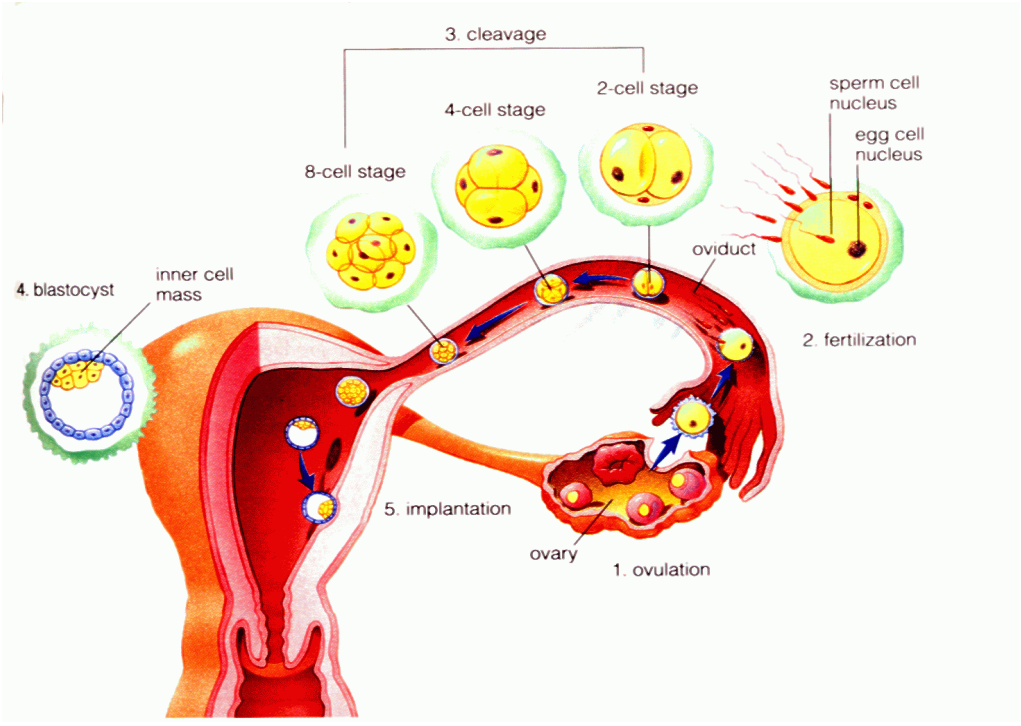
Where does the fertilised egg imlant itself?

What is ovulation?

Where are eggs stored?

What is a miscarriage?

Explain what an ectopic pregnancy is.



Signs of Pregnancy

Test Your Knowledge

What is the name of the pregnancy hormone that a pregnancy test detects?

Name **four** signs of pregnancy.

Development of the Embryo / Foetus

Week 4

Poppy seed (1mm)
- Heart starts to beat
- Basic placenta and umbilical cord are working

Week 8

Grape (1.6cm)
- Heart has four chambers and blood is circulating
- Toe buds develop

Week 12

Lemon (5.4cm)
- Finger nails are developed
- Most organs and structures are fully formed

Week 16

Avocado (11.6cm)
- Skeleton and nerves continue to develop
- Can hiccup and suck thumb

Week 20

Coconut (25.6cm)
- Skin gets thicker and develops different layers

Week 24

Swede (30cm)
- Foetus can tell if it is upside down
- Legally a foetus can be aborted up to this point

Week 28

Lettuce (37.6cm)
- Foetus has eyebrows and eye lashes
- Brain development increases

Week 32

Turnip (42.4cm)
- Foetus starts to inhale amniotic fluid to exercise its lungs

Week 36

Papaya (47.4cm)
- Rapid weight gain

Week 40

Pumpkin (51.2cm)
- Baby is ready to be born

The placenta

This provides food for the foetus
It passes nutrients from the mother's blood into the baby's bloodstream
It transfers oxygen from the mother to the embryo and carries carbon dioxide from the baby

The umbilical cord

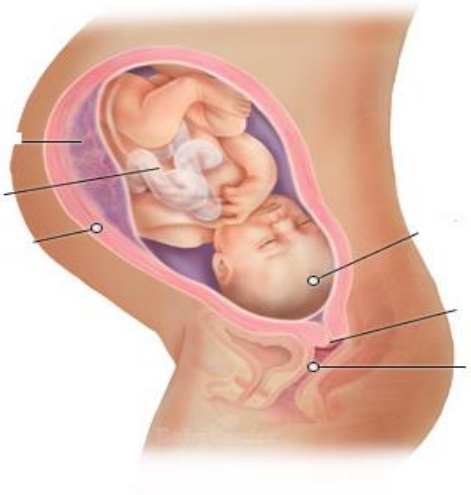
This links the foetus to the placenta
It has two arteries and a vein which transfer blood to and from the foetus
The cord and the placenta are expelled after the baby is born

The amniotic sac

This is a bag of fluid where the foetus develops
IT KEEPS A CONSTANT TEMPERATURE OF 37°C
It helps to protect the foetus from knocks
It allows the foetus to move around

The amniotic fluid

There is about 2000ml of fluid at the end of pregnancy
It absorbs foetal waste
It allows the foetus to learn to swallow and breathe



Label the parts

- ⇒ Foetus
- ⇒ Umbilical cord
- ⇒ Placenta
- ⇒ Amniotic fluid
- ⇒ Cervix
- ⇒ Cervical mucus
- ⇒ Amniotic sac

Multiple Pregnancies

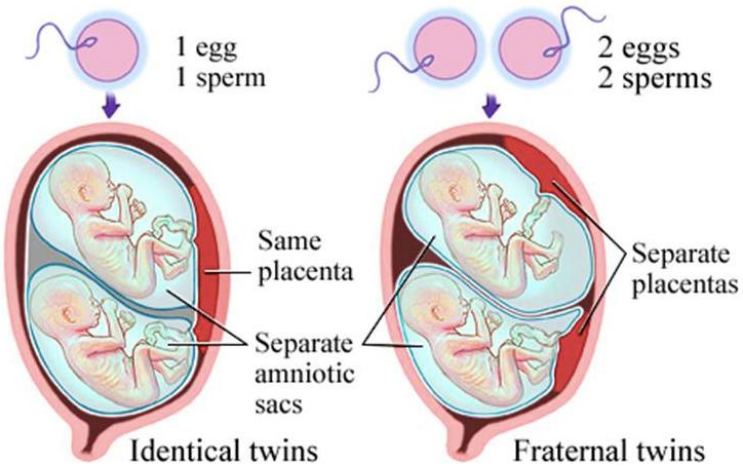
Normally one egg is fertilised and develops in the uterus.

There are two ways that parents can produce twins

1 Identical (one egg produced), which splits into _ or more, and both are fertilised.
2 Non-Identical (two or more eggs are produced) and both are fertilised.

Test Your Knowledge

Draw a table with two headings. One for identical twins and one for non-identical twins. Put these statements under the correct heading.
Have their own placenta
Share a placenta
Have identical genes
Don't look alike
Look the same
Are the same sex
Have the same blood group
Maybe a different sex
Have different genes



Understand antenatal care and preparation for birth

Key words

Key Word	Definition
Antenatal	The care of women during pregnancy.
Midwife	A nurse who is specially trained in pregnancy and birth. Looks after the mother and baby for 10 days after the birth
Health visitor	A community based nurse who works with mothers and children up to 5 years old.
Obstetrician	A doctor, who specialises in the care of pregnant women, looks after complications in pregnancy. Will carry out caesarean section or forceps deliveries.
Paediatrician	A specialist doctor in the care of children up to 16 years. Will attend difficult births, in case the baby needs resuscitation.

Professionals Involved During Pregnancy & Birth

Midwife	Expert in normal childbirth. Cares for pregnant women at antenatal clinics, Home visits and classes
Obstetrician	A doctor who is an expert in complicated pregnancies and childbirth. Usually works in a hospital.
Paediatrician	A doctor who is an expert in child health up to the age of 16. They attend all difficult births in case the baby needs resuscitation.
Sonographer	Specially trained to carry out ultrasound scans.
Neonatologist	A doctor who is an expert in new born babies

Anaesthetist	A doctor who specialises in pain management and sedation

Practice Nurse	A qualified nurse usually in a GP surgery. Often responsible for immunisations and taking blood samples.

General Practitioner	A doctor who specialises in family health. May run antenatal clinics with the Community Midwife

Test Your Knowledge

Explain the roles of three different health professionals who will support a pregnant mother.

Create a mind map of health professionals involved during a pregnancy, labour and birth and what they do.



Antenatal Care

Reasons for antenatal care

- To monitor the progress of the developing foetus and spot any abnormalities at the earliest possible stage.
- To give counselling to women who are at risk of giving to a handicapped child
- To give special care to women who are in a high-risk group e.g. they may have diabetes or heart problems, are very overweight.
- To ensure the woman remains as healthy as possible
- To a produce a healthy baby

Antenatal care is given at ANTENATAL CLINICS. These clinics may be at a GP's surgery, a community clinic or at a hospital. A woman will have her first visit at about 8 – 10 weeks and then will attend every 4 weeks until 28 weeks, and then every 2 weeks until 36weeks and then every week until delivery.

These clinics will provide

- Routine medical checks
- Regular monitoring of the mother and baby
- Special tests when necessary
- Free iron and vitamin supplements
- Advice on diet
- Opportunities to meet other pregnant mothers

Possible Problems

Pre-eclampsia – this is a high blood pressure condition that can occur during pregnancy. If it is not treated the blood vessels in the placenta can go into spasm and this will restrict the flow of oxygen to the baby and puts the baby at risk.

Symptoms include fluid retention, where the feet and ankles swell and protein in the urine. There may also be a sudden increase in weight. The woman must rest. If necessary the baby will be induced in later pregnancy if there is a risk to survival.

Ectopic pregnancy – this is where the embryo is implanted into the fallopian tube instead of the uterus. It is very dangerous and an operation is necessary. The baby cannot grow in the fallopian tube.

Placenta praevia – this is where the placenta has attached itself to the lower part of the uterus and blocks the exit for the baby during childbirth. It can cause bleeding in late pregnancy and the baby will need to be born by Caesarean section. The position of the placenta can be seen on an ultrasound scan.

Routine Tests

Weight	Women are weighed at their first appointment with the midwife and at the end of the pregnancy. They may be weighed in between if the weight gain is not as expected. Average weight gain 450g a week / 12kg over the 9 months.
Blood Tests	Testing for: • Anaemia • Blood Group • Rhesus Factor • Immunity to rubella • Hepatitis B • HIV • Sickle-cell disease • Thalassaemia
Blood Pressure	High blood pressure could indicate problems in pregnancy: Pre eclampsia – which is pregnancy induced high blood pressure and causes swollen ankles and weight gain. Having blood pressure checked regularly means this can be spotted early. If continued can cause epilepsy in late stages of pregnancy which can be fat
Urine	Tested for: • Sugar (glucose) – Could indicate diabetes • Protein (albumen) could indicate pre-eclampsia or infection • Bacteria – could indicate infection that could lead to premature birth
STI's	It is important to get tested for STI's during pregnancy so the most appropriate course of action can be taken to protect the baby. Some STI's can be safely treated during pregnancy, some need to be treated after birth.
Examination of the uterus	The uterus expands as the baby grows at a rate of around 1cm per week. At 28 weeks it should measure about 28cm. If the growth is not as expected further tests will be carried out. Towards the end of the pregnancy it is important to know the position of the baby.
Heartbeat	In the second trimester of pregnancy, the baby's heartbeat can be heard through a stethoscope, pinard or Doppler machine placed on the mother's abdomen.
Ultrasound scan (12 Weeks)	In an ultrasound scan, soundwaves are used to produce pictures of the baby in the uterus. A routine ultra sound is offered at around 12 weeks to estimate the age of the unborn baby and find out whether twins or more are present.

Screening Tests

20 Week Scan / abnormality scan	The purpose of the scan is to check the position of the placenta and look for any physical abnormalities of the unborn baby.
Nuchal translucency scan	Ideally carried out between 10 – 13weeks of pregnancy and will take place normally at the dating scan. The thickness of the fold of the skin at the back of the babies' neck is measured. The thicker the fold the higher the chance of the baby having downs syndrome or spina bifida
Alpha –Fetoprotein Test (AFP)	A blood test carried out at 15 – 18 weeks Measures the amount of AFP in the woman's blood AFP is a protein made by all unborn babies Low levels would indicate the baby has downs syndrome High levels indicate a multiple pregnancy or an increased risk of spina bifida

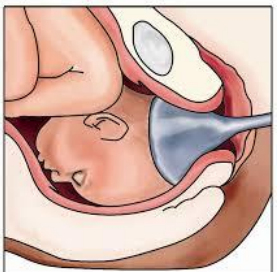
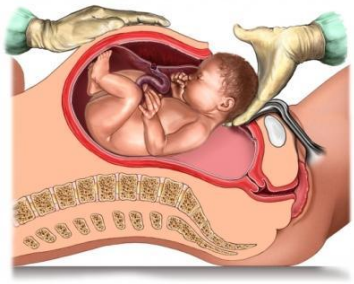
Diagnostic Tests

Maternal Serum Screening (MSS)	A blood test carried out around 15-16 weeks. The sample is tested for certain hormones, protein, including AFP, and HCG (human chorionic gonadotropin) The measurements are analysed in combination with the mother's age, weight, and exact gestation to assess the risk / chance of the baby having Downs syndrome.
Non-invasive prenatal testing (NIPT)	A blood test Carried out at around 10 Weeks Analyses DNA from the placenta in the blood of the mother Determines chance

Delivery Choices

	Advantages	**Disadvantages**
Home Birth	Familiar surroundings Mother is more likely to know her midwife Privacy is guaranteed No transport is needed More people can be present No other babies or women in labour to disturb the mother Less disruption to the other children in the family.	Not suitable for multiple births Not suitable if labour is premature Not suitable if the mother has had a previous caesarean Pain relief options are limited May need to transfer to hospital in an emergency Specialist care is not as easily accessible. Mother may feel she needs to do housework chores
Hospital Birth	Emergency equipment is available Equipment for foetal monitoring is available Midwifes are always close by. Other mothers to talk to Visiting is restricted which allows the mother to rest Mother doesn't have to do housework chores All pain relief options are available	Not as much privacy. Mother may feel isolated The journey to hospital may be long. You may forget to pack something.

Delivery Methods

Delivery Method	What is it?	Who has it?
Vaginal	The mother pushes the baby though the birth canal with the assistance of contractions.	Any healthy woman who has had an uncomplicated pregnancy can have a vaginal birth.
Forceps 	Forceps – like large tongs are used to ease the baby through the birth canal. Usually performed in conjunction with an episiotomy.	Performed if: The mother is exhausted. The baby is distressed. The contractions are not strong enough. The baby could be lying at a difficult angle. The mother should not over exert herself (high blood pressure, heart disease)
Ventouse 	This means vacuum extraction. Can be used before the cervix is fully dilated A rubber suction cup is attached to the babies head and gently pulled. The baby's head may be bruised after a ventouse delivery but will return to normal quickly.	It may be necessary if the mother is exhausted or the baby is distressed. The contractions might not be strong enough or the baby could be lying at a difficult angle.
Caesarean 	This is an operation to remove the baby. An incision is made though the abdominal wall and into the uterus. Epidural is usually given for pain relief and to allow the mother to remain conscious.	The birth canal might be too narrow / baby is too large. Baby is in a difficult position (breech) There is severe bleeding. Placenta praevia. The umbilical cord could be round the baby's neck. Severe foetal distress. The baby could be very late and induction has failed. The mother is too ill to withstand labour. The health of the baby or mother is at risk (e.g. pre eclampsia)

Test Your Knowledge

Give **three** reasons why a woman might be advised to have her baby in hospital.

A caesarean section is one example of medical assistance that may be needed during labour and birth.
List **two** examples of medical assistance that may be needed during labour and birth.

Give three reasons why medical assistance may be needed during labour and birth.

Give **three** methods of pain relief, apart from drugs, which may be used during labour.

What do you understand by the following terms?
Episiotomy
Forceps
Ventouse extraction

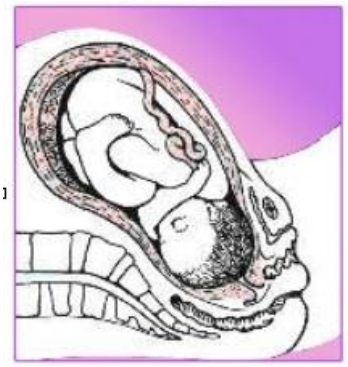
Stages of Labour

1st stage = Contractions Show Waters breaking

A **show** is where the plug of mucus comes away from the cervix as the cervix dilates.

Waters breaking: is when the bag of water surrounding the foetus bursts. Women may be advised to go to hospital to reduce the risk of infection.

1st Stage


FIRST STAGE

- The first stage can take 12 to 15 hours to delivery if it is the woman's first birth.
- The waters may break
- Contractions tighten and shorten, become stronger, more regular and longer.
- Contractions gradually open the cervix until it is fully dilated to a width of 8 to 10cm.
- The head will engage if it hasn't already

2nd Stage

- Once the cervix is fully dilated the vagina and cervix become one and are called the birth canal.
- Each time a contraction starts the mother will push down. This helps the baby move along the birth canal.
- Once the head is seen the midwife will ask the mother to stop pushing and blow out to allow the baby's head to be born gradually.
- When the head is seen at the vagina opening it is known as crowning.
- It is important for the head to be born slowly so that the perineum does not tear.
- Sometimes an episiotomy might be needed.
- Once the head is born the baby's body will be turned to allow one shoulder to be delivered at a time.
- The umbilical cord is clamped and cut.


SECOND STAGE

3rd Stage

- This is the shortest stage.
- After the birth has finished more contractions will push out the placenta.
- This can last 20 to 60 minutes. Often an injection of syntocin is given to speed this up and stop heavy blood loss.


THIRD STAGE

Pain Relief

Gas and Air / Entonox

+ It does not affect the baby
+ The mother can control the intake
+ It works very quickly
+ It does not stay in the system
+ It takes the edge off the contraction
+ It contains oxygen (good for baby)
+ Can be used at home and for water birth
+ Can be used when having an episiotomy or injection
  - Does not relieve all the pain
  - Mother may feel sick
  - Dry mouth

Water birth

+ Freedom of movement
+ Feeling weightlessness
+ Less drug related pain relief – release of endorphins
+ Lowers blood pressure
+ Less medical intervention
+ Gentle entry into the world
+ Partner can feel more involved
  - Slight risk of infection
  - Harder to monitor the baby
  - Doesn't relieve all pain

Epidural

+ Total pain relief
+ Mother is fully conscious
+ Controls high blood pressure
+ Little effect on the baby
+ Episiotomy can be performed quickly and stitched easily.
+ Suitable for a caesarean
  - Must stay in bed
  - Drip in arm for fluid / blood pressure
  - Catheter – urine
  - Labour takes longer
  - Heartbeat needs continuously monitoring
  - More likely to have ventouse or forceps

TENS

+ No side effects to the mother or baby
+ Can be used anywhere even on the way to the hospital
+ Mother can control the pain relief
+ Mother can move around freely
  - May not have much impact on severe
  - Cannot be used in a water birth

Pethidine

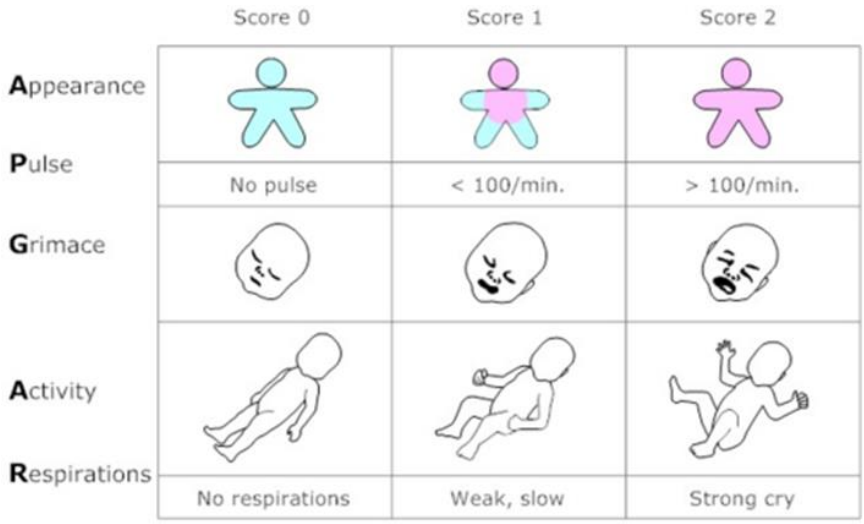
+ Works quickly, useful for pain relief in early stages.
+ Administered by a midwife – no need for a doctor
  - If given too late in labour can cross the placenta and make the baby drowsy too.
  - Can make the mother feel sick or disorientated.

Understand postnatal checks, postnatal provision and conditions for development

Key words

Key Word	Definition
APGAR Score	Five vital signs used to assess the health of a newborn baby. Appearance, Pulse, Grimace, Activity, Respiration.
Vernix	This may be present at birth. It is a white, greasy substance that covers the baby's skin.
Lanugo	Found of the skin of babies who arrive early. It is a fine layer of hair that usually disappears before birth.
Fontanelle	This is the soft spot on top of the baby's head.
Reflexes	These are automatic actions that occur naturally without thinking.
Premature (Pre-term)	A baby who is born before 37 weeks.
Post-natal	Post means 'after' and natal means 'birth'. So this term refers to the first few weeks after birth.

Postnatal Checks



APGAR score

A score of 8 – 10 = a healthy baby
A score of 5 – 7 = baby may need help e.g. with breathing
A score of under 5 = urgent paediatric attention required

Check	Description
Hips	Are checked for dislocation.
Sucking reflex	When something is put in the mouth, the baby sucks at once.
Weight	A measurement of how heavy the baby is. Average is 3.5kg.
Feet	Are checked for webbing and talipes (club feet).
Fingers	Are checked for webbing.
Rooting reflex	If one side of the baby's cheek or mouth is touched, the baby turns its head and the mouth purses in search of the nipple.
Mouth	Is checked for cleft palate and sucking reflex.

Vernix	The white, greasy substance that protects the baby's skin.
Startle reflex	When the baby is startled by a sudden noise or bright light, she will move her arms outwards with hands clenched.
Eyes	Checked for cloudiness.
Fontanelle	The soft spot in the skull, where the four pieces of bone have not joined up yet.
Grasp reflex	When an object or finger touches the palm of the baby's hand, it is automatically grasped.
Lanugo	The fine hair that covers the baby's skin.
Head circumference	A measurement around the head. Average size is 35cm.
APGAR	A quick assessment to check the baby's health.
Walking reflex	When held upright and tilting slightly forward, with feet placed on a firm surface, the baby will make forward stepping movements.
Length	A measurement of the baby's length. Average size is 50cm.

Reflex	**Description**
Sucking	When something is put in the mouth, the baby sucks at once.
Rooting	If one side of the baby's cheek or mouth is touched, the baby turns its head and the mouth purses in search of the nipple.
Startle	When the baby is startled by a sudden noise or bright light, she will move her arms outwards with hands clenched.
Grasp	When an object or finger touches the palm of the baby's hand, it is automatically grasped.
Walking	When held upright and tilting slightly forward, with feet placed on a firm surface, the baby will make forward stepping movements.

Test Your Knowledge

Identify these reflexes




Apgar Testing

Apgar tests are done at _____ and _____ minutes after birth. It checks that the major organs work and other tests for health. 5 areas are scored out of _____. The top score is ___. A baby who scores less than ___ is in a critical life threatening condition.

Premature Babies

A baby born before 37 weeks is classed as premature.

Characteristics of premature babies

Underdeveloped lungs
Breathing difficulties
Inability to suck and swallow or regulate body temperature
Small size
Low birth weight/little body fat
Weak immune system
Low calcium, iron and blood sugar levels
Red, wrinkled skin
A large head

A ventilator can help the baby to breathe.

Feeding can be done via a nasogastric tube.

Incubators regulate the baby's temperature.

Heartbeat, breathing and oxygen levels are monitored.

Light therapy can be used to treat jaundice

Test Your Knowledge

Name each piece of equipment found in special baby care units. Explain what conditions in pre-mature babies they are used to treat.

Conditions for Development

Cot Death – ALSO CALLED SUDDEN INFANT DEATH SYNDROME (SIDS)

Cot death is rare and usually affects babies between one and five months. It is not completely understood why it happens. To reduce the risk parents are advised to:

- Lay babies on their backs to sleep
- Keep babies away from tobacco smoke
- Do not let babies become too hot in bed – not too many clothes or blankets
- Breast feed if possible – the antibodies protect against disease
- Seek advice if the baby seems unwell

Behaviour and Discipline

Infants are not born knowing right from wrong. They must learn by watching others and through trial and error. Once a baby begins moving around the house, he or she may find a world full of "no's." All children are naturally curious about the world around them. Without the desire to explore, children would learn very little. Make rules and limits appropriate for the age of your child. A child doesn't understand the meaning of everything that is said. Use single words and a firm tone of voice. Give gentle reminders and understanding when a child forgets. This will let a child know, in a positive way, that adults care about their behaviour.

Discipline

Children need to understand right from wrong and it is best if discipline is;

- Fair – related to the cause (e.g. remove the toys if there is conflict)
- Quickly over
- Consistent
- Understood by the child (talk to the child and give reasons)

Physical punishment is not recommended and a child should not be threatened, by parents withdrawing their love. A parent may not like the action that the child has taken but this doesn't mean that they no longer love the child. It is best if the father is not used as a threat or acts like the policeman. Whoever is with the child needs to give the punishment – it should be dealt with there and then.

Understand how to recognise, manage and prevent childhood illnesses

Key words

Key Word	Definition
Signs of illnesses	Changes that occur when a child is becoming ill, for example loss of appetite, becoming 'clingy', crying, lethargic.
Symptoms of illness	Conditions such as: vomiting, diarrhoea, high temperature, breathing difficulties, fitting, developing a rash, unresponsive.
Antibodies	substances the body produces to try to control /destroy the disease
Contagious disease	disease that spreads from one person to another by contact.
Infectious stage	when germs can spread from one person to another.
Immunisation	protection against infection and disease by vaccination.
Immunity	a person's ability to resist infection.
Symptoms	Act like signposts because they signal that something is wrong.
Vaccine	A substance used to give someone immunity against a disease.
Obesity	A state of being seriously over weight.

Childhood Illnesses

Signs and symptoms:

- A Sign is…… a noticeable change that occur when a child is ill e.g. loss of appetite, crying.
- A symptom is…….. Something that is experienced by the ill child, e.g. vomiting, high temperature etc.

How do you know if a child is ill?

Signs	Symptoms
• Loss of appetite • Fretfulness (troubled / distressed / irritable) • Quiet • Pale • Cry • Not usual self • Clingy • Tired • Not interested in playing	• Fever • Rash • Vomiting • Diarrhoea • Cough • Runny nose • Sore throat • Discharge from ears • Discharge from eyes • Headache • Swollen Glands

Medical Help

When to call an ambulance:

- if a child stops breathing
- if the child has breathing difficulties
- severe or persistent vomiting and/or diarrhoea
- symptoms of meningitis
- cannot be woken
- appears to have severe abdominal pain
- if the child has a fit for the very first time
- unconscious/unaware of what is going on.

When to take the child to the G.P.

- if mumps is suspected
- if measles is suspected
- for tonsillitis that requires antibiotics
- vomiting/diarrhoea if child is very young.

Needs of an Ill Child

Physical	Food, drink, rest, sleep, temperature control, exercise, fresh air, safety, hygiene, medicine
Social	Play, contact with others
Emotional	Love, security, play, contact with others
Intellectual	Stimulation, appropriate activities: playing games, drawing and colouring, making jigsaws, watching TV programs, reading, watching DVD's, doing activities on Ipad apps

Hospital Stay

- Visit if possible
- Talk about their feelings
- Be honest
- Keep explanations simple
- Don't let them see you worry
- Play 'hospital' games / use role-play situations
- Be involved in your child's care
- Take their favourite toy or comforter
- Let them help pack their case
- Let staff know sleeping patterns and any other relevant information

Test Your Knowledge

Thermometers offer accurate ways to take a child's temperature. Identify the types of thermometers below. *(2 marks)*

A thermometer placed in child's ear

Type 1……

A thermometer placed on a child's forehead

Type 2……

Letting a child help pack a suitcase is one way parents/carers could prepare a child for a hospital stay.

Give **three** other ways parents/carers could prepare a child for a hospital stay. (3 marks)

1……

……

2……

……

3……

……

Common Illnesses

Illness	Signs and symptoms	Treatment
Mumps	Pain, swelling of the jaw in front of the ears, fever. Pain when eating and drinking.	Take to G.P. for diagnosis. Then home care. Rest, fluids, painkillers that are age appropriate for the child.
Measles	High fever, fretful, white spots inside mouth followed by blotchy rash on body. Discharge from eyes.	Phone G.P. to confirm diagnosis. Home care. Damp cotton wool to clean the eyes. Paracetamol or Ibuprofen to relieve fever. Plenty of fluids.
Common cold	Sneezing, sore throat, running nose, headache.	Home care. Treat symptoms i.e. headache, sore throat.
Food poisoning	Vomiting, diarrhoea and abdominal pain.	Fluids only for 24 hours. If child is very young or if symptoms are severe or continue for more than 12 hours, see G.P.
Meningitis	Headache, fever, neck stiffness and joint pains, small red spots. Inability to tolerate light.	Take to hospital A&E for emergency treatment.
Chickenpox	Slight fever, red itchy rash, child feels ill, severe headache.	Home care. Rest, fluids, cut child's nails to prevent scratching the rash and causing secondary infection. Use Calamine lotion to ease itching.
Tonsillitis	Very sore throat, fever, headache, pain on swallowing, aches and pains in back and limbs.	Take to G.P. for antibiotics. Then home care, rest, and fluids. Cold drinks to reduce pain.

Test Your Knowledge

Children often catch infectious diseases. Give **two** ways that infectious diseases can be spread.

Name **three** diseases that could cause a child to have a rash.

What term describes the time between a child being infected and the appearance of the first symptoms?

State **two** clear signs that could show a child has meningitis.

Diet Related Illnesses

	Facts	Common foods	Symptoms	Solutions:	Medical support
OBESITY	Caused by consuming more energy than is used up by the body.	Processed food, cakes, biscuits, fried food, and fast food.	Breathlessness, low body confidence, more prone to infections, unable to participate in some sports	Low fat and sugar diet, increased exercise, high fibre diet, minimise snacking.	Doctor, nurse, health visitors.
NUT ALLERGY	An immune system response to nut products.	Peanuts, Tree nuts, processed food containing nuts.	Rash, tingling on the body, itchy mouth, swelling face, difficulty breathing, abdominal pain, anaphylaxis	Avoid nuts and nut products	Doctor, Paramedic
MILK INTOLERANCE	An immune system response to milk products.	Milk, cream, cheese, yogurt	Rash, stomach upset, vomiting, bloody stools, anaphylaxis.	Avoid milk and milk products.	Doctor, Paramedic
COELIAC DISEASE	An autoimmune disease that affects the intestine.	Foods containing gluten	Bloating, diarrhoea, abdominal pain.	Avoiding foods containing gluten,	Doctor, nurse, health visitors.
ANAPHYLAXIS	The sudden, severe and life threatening allergic reaction.	Any allergen containing food.	Swelling of airways, swelling of face, rash, difficulty breathing.	Avoid allergen foods, carry epipen	Paramedic, Doctor
HYPERACTIVITY	Linked to eating of some additives.	Soft drinks, ice cream, sweets, cakes.	Overactive, lack of concentration.	Avoid E numbers	Doctor, health visitors.
ANAEMIA	Insufficient iron in the body, which limits the oxygen around the body.	Not enough red meat, beans and green leafy vegetables.	Tiredness, weakness, lack of energy.	Iron liquid / tablets, green leafy vegetables, red meat, beans.	Doctor, health visitors.
TOOTH DECAY	The teeth become damaged due to dietary choices	Bottles, milk, juice, fizzy pop, sweets.	Visual decay, toothache, bad breath.	Regular brushing, avoiding bottles at night, limiting sweets and juice.	Dentist, health visitor.

Know about child safety

Key words

Key Word	Definition
Safety strategies	Ways of reducing the risk or likelihood of danger. For example, having plug socket covers so children cannot poke things into the socket, fitting a stair gate, parents talking about stranger danger.
Hazard	This is something that could cause harm. For example, toys left on stairs are a trip hazard.
BSI safety mark	The item has been tested by the British Standards Institution and has been found to be safe.
CE symbol	A European symbol showing conformity with safety standards. Found on toys

Creating a Safe Environment

It is important to consider accident prevention. Babies and young children do not understand danger and more children have accidents at home than anywhere else. Children become more likely to have accidents as they become mobile and try to explore further. One of the most dangerous rooms in the home for a child is the kitchen. It is important to keep them away from cookers and kettles. A stair gate can help keep a child away from danger. The best way to prevent accidents is to supervise babies and children carefully. In the garden it is important to keep sheds locked and ponds securely covered. No poisonous plants should be nearby and animal faeces (poo) must be cleared up immediately.

Common Accidents

	How?	Prevention
➢ Choking ➢ Suffocation	Food Moving while eating Blind cords Plastic bags Blanket	Cut up food St when eating Move furniture away from windows Keep plastic bags away Feet to foot rule
➢ Burns / Scalds	Saucepan Kettle Hair straighteners Bath Coffee Light bulb Cigarettes Microwaves	Supervision No hot dinks on the edge Turn off straighteners Check bath temperature

	Candles	
➢ Falls	Windows Furniture High chairs Stairs	Move furniture away from windows Lock windows Fix furniture to the walls Stair gates
➢ Electric shocks	Plug sockets Chewing cables Fingers in DVD players etc.	Plug covers Check cables for integrity No electricals by water
➢ Drowning	Bath Pond Paddling pool	Never leave unattended Pond covered with sturdy mesh Bath seats Empty paddling pools
➢ Poisoning	Washing powder Cleaning chemicals Alcohol Tablets	Cleaning chemicals kept out of reach / locked cupboard. Never transfer chemicals into a drinks bottle. Alcohol and tables out of reach. Medicines to have child proof locks on

Social Safety

- **Know where your children are at all times.** Make it a rule that your children must ask permission or check in with you before going anywhere. Give your children your work and cell phone numbers so they can reach you at all times.
- **Point out safe places.** Show your children safe places to play, safe roads and paths to take, and safe places to go if there's trouble.
- **Teach children to trust their instincts.** Explain that if they ever feel scared or uncomfortable, they should get away as fast as they can and tell an adult. Tell them that sometimes adults they know may make them feel uncomfortable, and they should still get away as fast as possible and tell another adult what happened. Reassure children that you will help them when they need it.
- **Teach your children to be assertive.** Make sure they know that it's okay to say no to an adult and to run away from adults in dangerous situations.
- **Encourage your children to play with others.** There's safety in numbers!

Internet Safety

Use parental controls to protect from inappropriate content:

- Pornographic material
- Swearing
- Vandalism
- Crime
- Terrorism
- Racism
- Eating disorders

- Suicide
- Violence
- Cruelty
- Gambling
- Chatrooms

Younger children in particular don't often grasp how dangerous the Internet can be. Many young people are too trusting, and can befriend or fall for strangers posing as kids their age.
Predators will often send children friend requests on social media. You should explain the dangers of befriending strangers to your children. Remind your children that people online are not always who they say they are. Let them know that if they don't know the person in the real world, they should not accept their friend request. Even if the person has a few mutual friends with your child, they still should not accept the friend request. The friends that the person has in common with your child could be children who haven't been taught the dangers of befriending strangers.

Road Safety

Teach children the Green Cross Code and how to safely and correctly cross a road.

Safety Labelling

The BSI describe the Kite mark as "the world's premier symbol of trust, integrity and quality"

The CE Mark is a conformity mark (as opposed to a sign of quality of safety) that is used by toy manufacturers to show that their products meet all the relevant consumer safety, health or environmental requirements of the European Directive.

'Lion Mark' is an easily recognisable icon to help consumers identify toys that have been classified as being safe for children to use.

Age advice symbol means that the toy is unsuitable for children that are younger than three years old.

This means that garments carrying this label have not passed the test for low flammability. Extra care must be taken when anywhere near a flame or fire.