## Child Development OCR Knowledge Organiser LO2

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	Health professionals	Health Professionals:  General Practitioner (GP) – The first port of call after a positive home pregnancy test, confirms the pregnancy and books the mother into the maternity system. They will also treat the mother for non-pregnancy related problems.  Midwife – looks after pregnant woman and her baby throughout the phase of antenatal care, during labour and birth, and for up to 28 days after the baby is born. There are three categories  Obstetrician – Takes on antenatal care of mothers for whom there is a complication. This may be in response to existing medical conditions of the mother, a complication with the mother or baby identified during pregnancy, or a baby becoming distressed during labour.		Stage 1	Stage 1 – Neck of the uterus opens. The uterus muscles start to contract and release. Gradually the contractions will become stronger and closer together. The waters break – the bag of amniotic fluid around the baby bursts causing a release of fluid from the vagina. The woman has a 'show' – this is when a plug of mucus that has sealed off the uterus during pregnancy comes away from the cervix. Not all women experience this. The cervix dilates to 8 – 10cm wide When contractions are closer together and stronger the mother enters the transition stage which leads to the second stage of labour.	Specialised diagnostic tests	Ultrasound anomaly scan – to spot physical abnormalities in weeks 18-21  Nuchal fold translucency scan – screens for Down's syndrome between weeks 11 - 13  Alpha Fetoprotein (AFP) test – checks level of AFP in the mother blood and shows whether a baby might have spina bifida.  Non-invasive pre-natal testing (NIPT) – screens for Down's syndrome, Edward's syndrome or Patau's syndrome from week 10.  Chorionic villus sampling (CVS) - tests for genetic disorders between weeks 11 – 14. Carries a risk of miscarriage and infection  Amniocentesis – tests for genetic disorders between weeks 15 – 18. less risk of miscarriage compared with CVS but results not given till later in the pregnancy.  Forceps – A curved metal instrument that fits around the baby's head. When the mother pushes with a contraction an obstetrician gently pulls to help deliver the baby.	partner in supporting	Providing practical support with tasks if she is feeling tired  Being emotionally supportive if she is anxious about coping with birth.  They will also learn how to help the mother during labour and birth by:  Massaging her back, shoulders or legs supporting her body  Timing contractions giving encouragement, drinks, snacks or ice cubes	
	Antenatal and parenting classes	Antenatal – Meaning 'before birth'  Antenatal classes help with preparation for a safe pregnancy, labour and parenthood. Classes are usually attended from around 30-32 weeks of pregnancy.  Classes will:  Prepare for a safe pregnancy and delivery.  Prepare both parents for labour and parenthood.  Teach the role of the father/partner in supporting the mother throughout the pregnancy.  Prepare for the birth to be an emotionally satisfying experience.  Promote a healthy lifestyle and breastfeeding.  Promotion of a healthy lifestyle is a key part of antenatal classes.  Parents will learn about: diet and exercise the negative impact of smoking, alcohol and recreational drugs during pregnancy and after the birth  The first appointment occurs at week 8 of pregnancy and the midwife carries out routine checks, that are repeated at later visits to monitor the health of the mother and baby.  Weight check  Blood tests  Blood pressure  Urine test  STIs  Examination of the uterus	Stages of labour	Stage 2	Stage 2: The birth of the baby This stage starts when the cervix becomes fully dilated at 10cm and ends when the baby has been born. The vagina and cervix now form a single passage called the birth canal, and the head of the baby moves into the birth canal. With each contraction the mother pushes to move the baby through the birth canal When the baby is delivered the umbilical cord is clamped and cut, and the baby placed on the mother for skin-to-skin contact.	Methods of delivery	Ventouse – a plastic or metal cup attached by suction to the baby's head. When the mother pushes with a contraction an obstetrician gently pulls to help deliver the baby.  Episiotomy – A cut is made between the vagina and anus to make the opening of the vagina wider allowing the baby to come through more easily.  Elective/emergency caesarean – An operation to deliver the baby through a cut made in the abdomen or womb. It can be planned or be done in an emergency for reasons such as the baby being in the wrong position.	Role of the father/partner	Sponging her down  Talking/finding ways to pass the time  Helping her to find a comfortable position  Making sure health professionals are aware of the birthing plan  Learning relaxation and breathing techniques alongside the mother	
	checks at antenatal clinics			Stage 3	Stage 3: Delivery of the placenta and membranes Contractions begin again and these push the placenta out An injection may be given to stimulate contractions and speed up the process. If a tear occurred or a cut was made during stage 2 this will be sewed up under local anaesthetic.	of labour Pain relief	Gas and air (Entonox) – Mixture of oxygen and nitrous oxide. Helps to reduce pain and works in about 20 seconds. Can be used alongside a painkilling injection.  Pethidine – opiate based drug given by injection. Makes the mother feel relaxed as it causes the muscles to relax. Makes the pain more tolerable and is used in early labour.  Epidural – Local anaesthetic that numbs the nerves which carry pain impulses to the brain. Can provide total pain relief but is not always 100% effective. It can only be given in hospital and has possible side effects such as prolonged second stage of labour.  TENS – small device that has leads connected to electrodes attached to the mother's skin that deliver small electrical impulses. This reduces the pain signals.  Signs labour has started:  A show – mucus plug coming away Waters breaking – amniotic sac breaks	Choices available for delivery	and participating alongside her during labour and birth.  Hospital birth – in consultant led units, midwife or GP led units or birthing centres. Access to highly trained staff, delivery methods and pain relief.  Home birth – offered if pregnancy is normal, and means birth occurs in familiar and relaxed surroundings.  Private hospital – Popular if parents are in the public eye and want privacy. Some parents believe it offers a better standard of	
	Routine	<ul><li>Baby's heartbeat</li><li>Ultrasound dating scan</li></ul>				Signs o	Contractions starting – Muscles of uterus getting tight and then relaxing		provision.	