

Child Development OCR Knowledge Organiser LO3

THEMES

THEMES	Postnatal checks	APGAR Score	<b>APGAR</b> <b>APPEARANCE PULSE GRIMACE ACTIVITY RESPIRATION</b> Evaluates the physical condition of a newborn, by assessing five vital Signs: Heartbeat Breathing Muscle tone Reflex response (when the foot/nostril is stimulated) colour. Reveals how well the baby is doing outside the mother’s womb, and whether medical assistance is needed. This assessment is carried out one minute after birth, and again five minutes after birth. If there is a problem, reassessment may continue every five minutes. Scores are given out of ten (each sign can score between zero and two).	Reflexes	Newborns are observed to see if they display the expected reflexes. If these do not occur naturally, the baby’s body may be stimulated to elicit the reflex medics wish to see. <b>Sucking reflex</b> – gently touch the roof of a baby’s mouth and they will make sucking motions. This motion allows them to feed. <b>Rooting reflex</b> – when a baby’s lips or cheek is touched, they move their head, searching for their mother’s nipple/bottle teat to feed. <b>Grasp reflex</b> – if you touch a baby’s palm, they will grasp your fingers with their fingers. <b>Standing and walking reflex</b> – when held upright with feet on a firm surface, newborns make stepping movements with their legs (but cannot take their weight). <b>Startle reflex</b> – if a baby wakes suddenly/hears a loud noise, they will make a fist with their hands and move stiff arms away from their body.	Postnatal support	<b>The role of the father/partner</b> The father/partner has a very significant role needs time to bond with the new baby alongside the mother. Can support the mother to take the time to take care of herself too, to stay fit and healthy, and to recover from the birth. <b>Support from other family and friends</b> This can be a huge help to new parents. Of particular help if their relationship comes under pressure as they adjust to new responsibilities. Practical help and advice is valuable (for example, helping with shopping, sharing childcare tips).	Conditions for development	<b>Love and security</b> All children need to feel loved wanted nurtured. This gives rise to feeling emotionally secure. Children also need to be kept physically secure safe from harm. <b>Warmth</b> To keep children warm they need sufficient: heating in the home clothing bedding. <b>Rest/sleep</b> These are crucial for a child’s physical health and well-being, learning, growth and development. The amount a child requires is often underestimated. <b>Exercise/fresh air</b> These are good for a child’s physical health and well-being. Young children are built to be busy and active. <b>Cleanliness</b> Children need clean and appropriately hygienic environments. <b>Stimulation/opportunities to play</b> All children need opportunities to play in ways that are appropriate to their stage of development. <b>Opportunities for listening and talking</b> I Listening and talking with a child shows that you care about them and are interested in them. <b>Routine (for example bedtime, bathtime, feeding)</b> Routines help young children to feel safe and secure. They also help adults to ensure that all of the child’s care needs can be met effectively every day..			
		Skin checks	<b>Skin</b> A newborn’s very thin skin is easily damaged. Skin takes about a month to mature into a protective barrier.  Skin is checked for birthmarks. <b>Salmon patches (stork marks)</b> Flat red/pink patches on eyelids, neck or forehead at birth. More noticeable when a baby cries as they fill with blood, becoming darker. Most fade completely in a few months. On the forehead or the back of neck, they can remain for four years or longer. <b>Mongolian spots</b> Bluish patches of darker pigment, appearing mostly over the bottom and on black skin. Can be mistaken for bruises but are harmless. Usually disappear by the age of four. <b>Infantile haemangiomas (strawberry marks)</b> Raised marks, usually red. Appear anywhere on the body. Grow in the first six months, but then shrink and disappear, usually by seven years of age.		Physical checks		<b>Weight</b> - Weight will be recorded in a Personal Child Health Record, given to all parents. Full-term babies usually weigh 2.7–4.1 kg. Weight is tracked on centile charts, which show the expected pattern of growth of a healthy baby, so that comparisons can be made. Steady weight gain indicates a baby that is healthy and feeding well. Babies tend to lose some of their birth weight within the first few days. This should soon be regained – usually within two weeks. Support will be given if this does not happen. <b>Length</b> - This is recorded on centile charts, so growth can be tracked. A full-term newborn’s length is usually 50–53 cm. <b>Head circumference</b> - The shape of the head is assessed, and the circumference measured. Used to track development over coming weeks/months. A squashed appearance is common, due to being squeezed through the birth canal. This usually resolves itself within two days. <b>Fontanelle</b> - Fontanelles are soft spots between the bones in the skull, where the skull bones have not yet fused together. There is one on the top of the head near the front, and a smaller one towards the back, covered by a tough protective membrane. Fontanelles will be checked – the bones won’t join for a year or more. <b>Eyes</b> - Tests do not reveal how well a baby can see. But they do check for cataracts and other conditions, through assessment of the appearance and movement of the eyes. A light is shone into the eyes to check a reflex. If a baby has cataracts, there will be a clouding of the transparent lens inside the eye. <b>Mouth</b> A finger is placed in the mouth to check that the palate (roof of the mouth) is complete.		Professional support	Health visitors give families support from pregnancy until children are five. They ensure children are healthy and developing normally. When a child is ill, the GP is usually the first point of contact. GPs liaise with others, including health visitors. This is to ensure that families get necessary treatment, information and advice. <b>SIDS</b> Professionals will give advice on SIDS prevention. Awareness of Sudden Infant Death Syndrome (SIDS) Parents and carers should know how to take measures to prevent SIDS.		
		Appearance	<b>Vernix</b> This is a white, waxy substance covering skin while in the womb. Apparent on newborns at birth. Natural moisturiser providing a protective layer that helps to prevent infection. Left to absorb naturally into the skin. In overdue babies, the vernix may have been absorbed while in the womb, leading to dry and cracked skin. This peels off on its own over a few days, revealing healthy skin underneath. <b>Lanugo</b> At around 22 weeks of pregnancy, a baby begins to become covered in this soft, fine hair. It is usually unpigmented (without colour). Thought to help keep baby’s body at the right temperature. Generally, shed during months 7–8 of pregnancy. Sometimes present in newborns but disappears within days/weeks.	Postnatal checks		<b>Postnatal check 6 weeks after birth</b> These checks ensure that the mother feels well, and she is recovering from the birth. I Not offered in every area, but mothers can request an appointment for a check, especially if there are concerns. No set guidelines for what should be covered in the check. <b>6–8-week review by a health visitor or doctor</b> In this review, the baby’s newborn physical examination is repeated. A mother can also expect questions about how she is feeling. Questions about vaginal discharge and whether there has been a period since the birth a blood pressure check an examination to see if stitches have healed (if relevant) to be asked about contraception to be weighed if overweight/obese, and to receive weight loss advice, healthy eating and physical activity guidance. Parents can contact their midwife, health visitor or GP to ask for help/advice.						