



**Child Development  
Crucial Knowledge  
Unit R018  
Learning Outcome 2**



**Unit R018: Health and well-being for child development**

Learning Outcome	Topic
LO1	Understand reproduction and the roles and responsibilities of parenthood
<b>LO2</b>	<b>Understand antenatal care and preparation for birth</b>
LO3	Understand postnatal checks, postnatal provision and conditions for development
LO4	Understand how to recognise, manage and prevent childhood illnesses
LO5	Know about child safety

Why am I learning this?	Careers Links
<p>In this learning outcome you will learn about how antenatal care helps to ensure the health and well-being of all involved, and why it is an important part of preparing for both the birth and the child's infancy</p> <p>In your exam you may be asked to explain the roles of different health professionals in supporting the pregnant mother, why antenatal classes are important, routine checks carried out at appointments, labour and methods of delivery.</p>	<p>Midwife, Family Support Worker, GP, Nurse.</p>

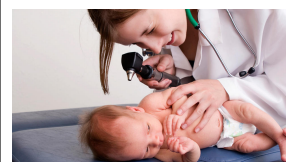


# Child Development Crucial Knowledge Unit R018 Learning Outcome 2



## Health Professionals involved in supporting the pregnant mother

- **Midwife** – look after a pregnant woman and her baby throughout antenatal care, during labour and birth, and for up to 28 days after the baby has been born. They monitor the mother and baby and provide dull antenatal care. Midwives fall into three categories: hospital, community and independent.
- **Obstetrician** – Takes on antenatal care of mothers for whom there is a complication. This can be in response to a pre-existing medical condition, a complication identified during pregnancy or a baby becoming distressed during labour.
- **General Practitioner** – Confirms pregnancy and books the mother into the maternity system. They will also be involved in treating the mother for non pregnancy medical problems and providing postnatal medical care.
- **Gynaecologist** – Treats fertility conditions and early pregnancy symptoms. They are also involved in care of mothers with complex medical problems, emergency care in early pregnancy and the termination of pregnancy.
- **Paediatrician** – This is a doctor who specialises in babies and children. They may be present at birth if there is concern about a baby's health, or be called if there is an unexpected concern after birth.





# Child Development Crucial Knowledge Unit R018 Learning Outcome 2



## The importance of antenatal and parenting classes

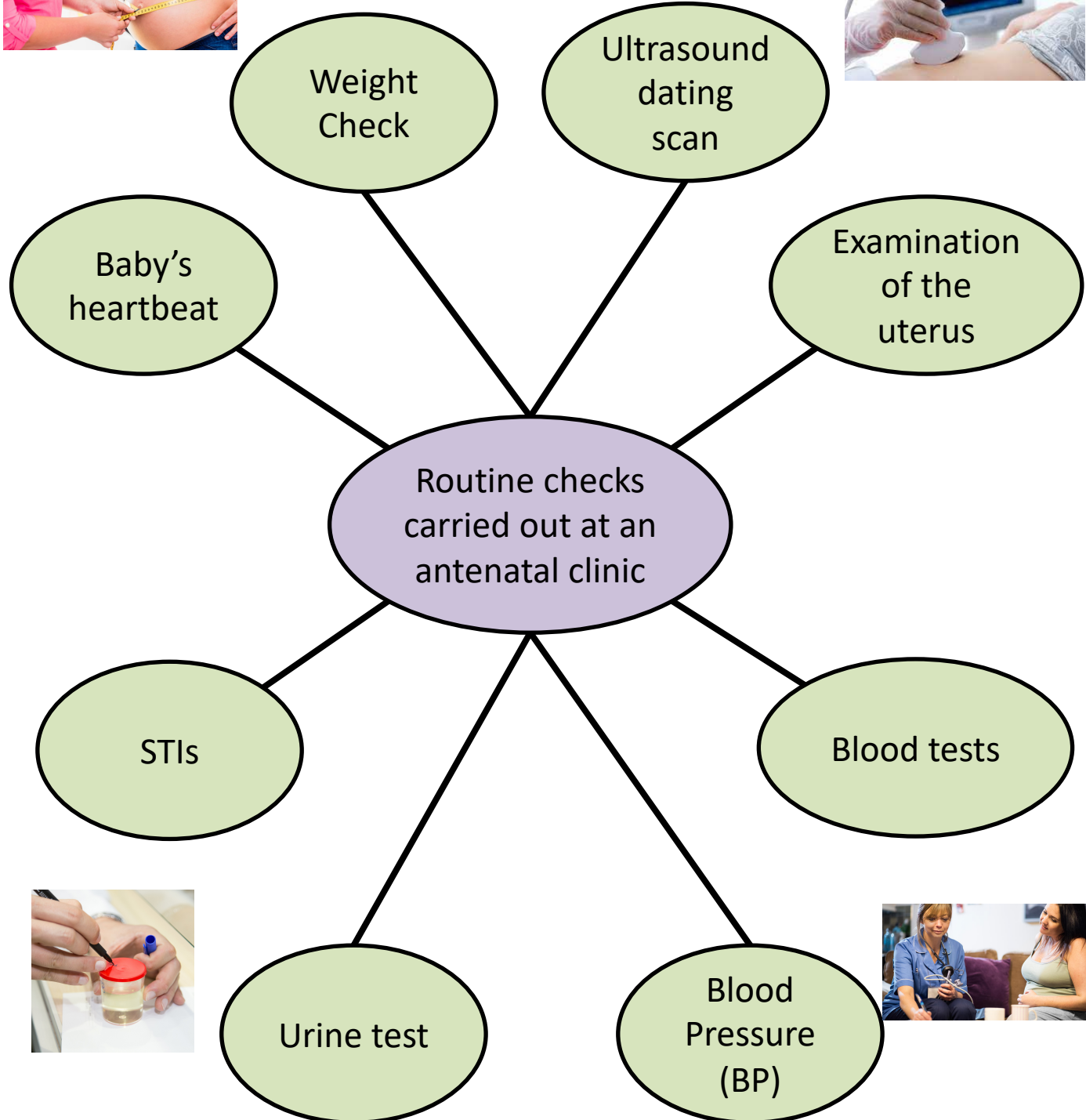
Expectant mothers and their partners usually attend classes weekly from around weeks 30-32 of pregnancy. They cover:

- Preparing for a safe pregnancy and delivery
- Preparation of both parents for labour and parenthood
- Role of the father/partner in supporting the mother throughout the pregnancy and birth
- For the birth to be an emotionally satisfying experience
- Promotion of healthy lifestyle and breastfeeding





Child Development  
Crucial Knowledge  
Unit R018  
Learning Outcome 2



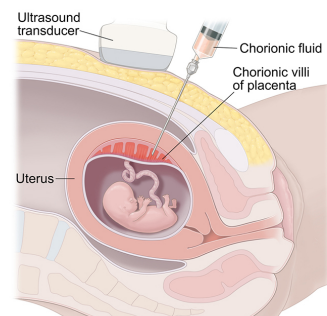


# Child Development Crucial Knowledge Unit R018 Learning Outcome 2



## Specialised Diagnostic Tests

- **Ultrasound anomaly scan/mid-pregnancy scan** – carried out at 18-21 weeks and checks for major abnormalities in the baby.
- **Nuchal fold translucency (NT) test** – The test is offered between weeks 11 and 13, it measures the amount of fluid present under the skin at the back of the unborn baby's neck. Babies with down syndrome often have an increased amount of this fluid.
- **Alpha fetoprotein (AFP) test** – AFP is made in the liver if an unborn baby and the test checks the levels of AFPO in the mother's blood. It shows whether a baby might have a condition such as spina bifida.
- **Chorionic villus sampling (CVS)** – carried out between weeks 11 and 14 by removing cells from the placenta this checks for genetic disorders.
- **Amniocentesis** – carried out between weeks 15 and 18 a small sample of amniotic fluid is removed and tested for genetic disorders.
- **Non-invasive prenatal testing (NIPT) blood test** – carried out from week 10 a blood sample is taken from the mother and fragments of the baby's DNA analysed for possible chromosomal abnormalities





# Child Development Crucial Knowledge Unit R018 Learning Outcome 2



Private hospital/  
independent  
midwife

Home birth

The choices  
available for  
delivery



Hospital birth

Domino  
scheme





# Child Development Crucial Knowledge Unit R018 Learning Outcome 2



## The stages of labour

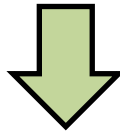
### Stage one – neck of the uterus opens

Contractions start, waters break and some women have a 'show'. Contractions become stronger and the cervix gradually dilates to 8-10cm wide. As contractions get closer together stronger and more intense the mother enters the transition stage that leads to the second stage of labour



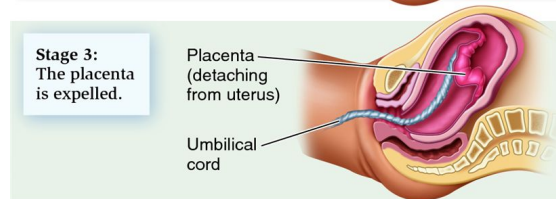
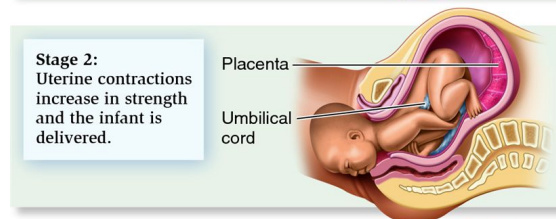
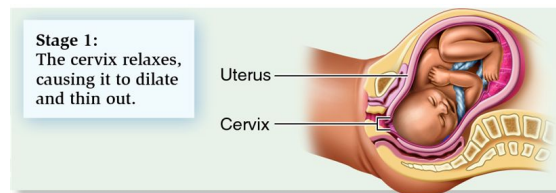
### Stage two – The birth of the baby

Starts when the cervix becomes fully dilated at 10cm and ends when the baby is born. The vagina and the open cervix now form a single passage called the birth canal.



### Stage three – Delivery of placenta and membranes

Contractions begin again and push the placenta out





**Child Development  
Crucial Knowledge  
Unit R018  
Learning Outcome 2**



**Methods of delivery**

<b>Forceps</b>	Carefully positioned around baby's head. As the mother pushes with a contraction the obstetrician gently pulls
<b>Ventouse</b>	A plastic or metal cup that fits firmly onto the baby's head and is attached by suction. As the mother pushes with a contraction the obstetrician gently pulls. Cannot be used before week 34 as the head is too soft
<b>Elective / emergency caesarean section</b>	Operation to deliver a baby through a cut in the abdomen and womb. It may be recommended as an elective (planned) procedure or it may be done as an emergency if vaginal birth becomes unsafe.

**Pain relief**

<b>Gas and air (Entonox)</b>	Helps to reduce pain and works within about 20 seconds, so a deep slow breath is taken as the contraction begins.
<b>Pethidine</b>	Given by injection it quickly makes the mother feel relaxed as it relaxes the muscles.
<b>Epidural anaesthetic</b>	Numbs the nerves that carry the pain impulses from the birth canal to the brain. It can provide total pain relief but is not always 100% effective
<b>TENS</b>	Delivers small electrical impulses to reduce pain signals going to the spinal cord and brain, relieving pain and relaxing muscles.
<b>Water birth</b>	Water can help relaxation and makes contractions more bearable. The water is kept at a comfortable temperature.