

# OCR Cambridge Nationals Level 1/2: Child Development

**What will I study? I will study 3 units overall:**

**The 3 units are briefly:**

**R018 – Health and well being for child development:**

In this area of study, I will learn about reproduction, parental responsibility, antenatal care, birth, postnatal care and provision, conditions for development, childhood illnesses and child safety.

**R019 – Understand the equipment and nutritional needs of children from birth to 5 years**

In this unit, I will learn about the equipment needs of young children and how to choose equipment appropriately. You will also learn about child nutrition, feeding and hygienic food preparation

**R020 – Understand the development norms of a child from birth to 5 years**

In this third unit, I will learn about the development of children from birth to 5 years old and compare them to the norms. I will learn how to plan, carry out and evaluate activities for children.

**Course assessment:**

**R018-** you will be assessed by a formal 1 hour 15 minute written exam at the end of the course (50%)

**R019 and R020–** you will be assessed on 2 pieces of coursework by your teacher which will then be moderated by the exam board (worth 25% each, 50% in total)

**What can I do with this qualification?**

I could go on to study further qualifications in Child Care, Health and Social Care, Psychology, Sociology and Biology or Teaching. This could lead to many areas of work including working in the health care sector, nursing or teaching to name just a few.



# R018: this unit is split into 5 sections: L01-L05

## L01: Understand reproduction and the roles and responsibilities of parenthood

### 1.1 Factors affecting the decision to have children

**Relationship with partners** – are you in a relationship? is it a healthy and safe relationship?

**Finance** – babies and children cost lots of money from food, clothes and equipment to child care costs – can you afford it?

**Parental age** – is there an ideal age to have children? If a person is too young they may not be physically or emotionally mature enough; likewise an older parent may be too tired for the physical demands of parenthood. Does it depend on the individual? Interesting discussion!

**Social expectations/peer pressure** – are we expected to have children because we reach a certain age or in a stable relationship?

**Genetic counselling** – are we at risk of passing on a genetic condition to our children? If we are high risk, genetic counselling may help us make important decisions.



### 1.2 Pre conception care

Pre conception – means BEFORE CONCEPTION so before someone becomes pregnant.

This is important so the couple is as healthy as possible to improve their fertility and conception chances.

Things to consider are:

**Diet** – are there foods which you should avoid or try to eat more of to help prepare you for becoming pregnant? For example, folic acid may reduce conditions like spina bifida in babies by up to 70%! Establishing good eating habits can help you become a **healthy weight** for becoming pregnant. Eating healthily, **exercising** regularly and considering your **lifestyle** habits (smoking/drinking alcohol/drug taking) are all advisable; this will not only improve your chances of conception but also help you and your future baby to be as healthy as possible during and after your pregnancy.

Lastly, are your **immunisations** up to date? If you are immune to infectious diseases such as rubella, it means you are much less likely to catch this whilst pregnant; some diseases can lead to miscarriage or disabilities.

### 1.3 Roles and responsibilities of parenthood



Becoming a parent is possibly the toughest, yet most rewarding job someone can do! A parent becomes responsible for another human being who is totally dependent on them to provide for their **primary needs**. Primary needs are the basics needed for humans to survive; these are **food, clothing, shelter (home), warmth and rest or sleep**.



When the primary needs are met, parents should also provide **love and care**, (safety and stability) which are classed as **secondary needs** and are also vital for a child's healthy development.



Parents also need to **socialise** their children, showing them how to behave with one another and interact with different social groups, making friends and learning manners so they can become well rounded members of society.

They will also share their **culture, customs, values and traditions** with their children.



### 1.4 Methods of contraception

Contraception mean 'against conception'. In other words, something which stops pregnancy. There are many different ways of preventing pregnancy; individuals have to find the method which suits them the best. This includes evaluating their lifestyle, health, age, cultural and religious beliefs and then deciding which method is best for them and their partner.

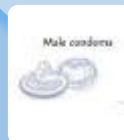
**Barrier methods** – these create an actual **physical barrier** to prevent the sperm fertilising the egg and include male/female **condoms** and the **diaphragm or cap**.

**Hormone based** methods include the contraceptive pill (combined and progesterone only) which needs to be taken orally every day and the **contraceptive injection, patch and implant** which release a small dose of hormone into the body gradually and usually stop the ovaries from ovulating. **The IUS** is inserted into the womb by a doctor and also gradually releases progesterone to prevent pregnancy. An **IUD or coil**, is similar to an IUS and also fitted into the womb; this prevents a fertilised egg implanting in the lining of the womb by releasing copper into the womb - this alters the cervical mucus and makes it unlikely for sperm to reach the egg.

**Natural family planning** relies on a woman being very self-aware, tracking her menstrual cycle and monitoring her fertility, working out when she is less likely to become pregnant and avoiding sexual contact at this time. This may involve temperature readings (body temperature rises slightly after ovulation) and tracking signs of ovulation.

**The emergency contraceptive pill (morning after pill)** is used when unprotected sex has taken place or someone has forgotten to take their contraceptive pill. It needs to be taken within 3 days to be effective. It stops or delays ovulation.

<https://www.nhs.uk/conditions/contraception/which-method-suits-me/>



## 1.5 Male Reproductive system

**Testes:** where the sperm and the male sex hormone, testosterone, are made (testicles is plural) they are protected by a bag of skin called the scrotum.

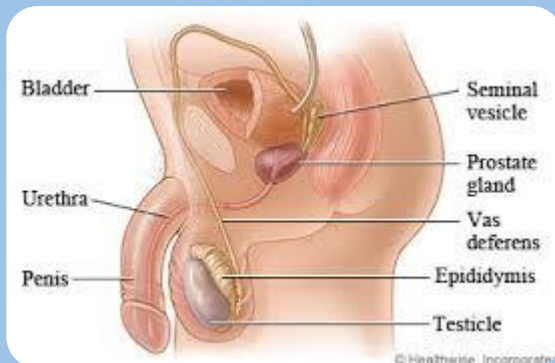
**Epididymis:** where the sperm are collected and stored. They mature here and acquire the ability to move.

**Urethra:** this tube runs down the centre of the penis and serves a dual purpose in males. It transports urine from the bladder and carries semen during ejaculation. There is a valve to prevent both substances mixing.

**Penis:** this shaft when filled with blood becomes rigid and erect ready to penetrate the female's vagina.

**Vas deferens/sperm duct:** this is a tube which transports sperm from the epididymis

**The seminal vesicles:** along with the prostate gland, these produce nourishing fluid which mixes with the sperm and becomes known as semen.



## Female Reproductive system

**Ovaries:** Where the eggs (ova) are released- called OVULATION and the female sex hormones, oestrogen and progesterone, are produced.

**Fallopian tubes:** these are connected to the uterus and lead to the ovaries where a fringed area like a funnel 'catches' eggs as they are released from the ovary. The eggs travel along the F tubes; IF there is sperm present the egg may be fertilised here before moving along to implant in the **uterus lining**.

**Uterus lining:** AKA the **endometrium**. This is where the fertilised egg implants ready to develop into an embryo. It is also the main part of menstrual blood which is shed during a period.

**Uterus:** Otherwise known as the womb, the uterus has a thick muscular lining (endometrium) which stretches with a developing and growing baby, and helps push the baby down the birth canal during labour.

**Cervix:** also called the 'neck of the womb'. This opens up or dilates during labour and allows the baby to move from the uterus down the vagina.

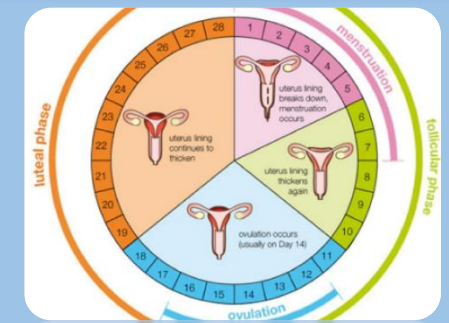
**Vagina:** this is a muscular hollow tube which connects the vaginal opening to the uterus; where the penis is inserted during sexual intercourse. It's also where the baby travels down to be born (part of the birth canal) and where menstrual blood exits during menstruation.



## The menstrual cycle

The whole menstrual cycle lasts approximately a month, but will vary slightly from woman to woman.

Normally, when there is no fertilised egg present, the cycle starts on day 1. This is called **menstruation AKA a period**, when the endometrium or uterus lining sheds (breaks away) and exits through the vagina. A period usually lasts from 3 - 7 days and symptoms can vary from woman to woman; from cramps to bloating to mood swings, tiredness and back ache. After menstruation, the lining of the uterus starts to re build and thicken and more hormones are released preparing the ovaries to ovulate. **Ovulation** happens around **Day 14** and a woman is at her most **fertile** (most likely to conceive) Her temperature will slightly rise (link to natural family planning). The lining remains thick and ready to receive a fertilised egg to implant. IF a woman IS pregnant, the lining will remain thick providing a safe and nutritious environment for a developing embryo. IF she isn't pregnant, the lining will start to break down and prepare for menstruation again...and so it repeats in a cycle.



## Reproduction

**Reproduction** means the process of breeding and producing offspring or children!

**Ovulation:** this is when the ovaries in the female reproductive system produce and release eggs (the female sex cell) to be fertilised by the male sex cell, sperm.

**Conception/fertilisation:** After sexual intercourse the egg and sperm could meet in the Fallopian tubes. The sperm (usually 1) enters the egg and the egg is 'fertilised'. The fertilised egg (zygote) then travels down the Fallopian tube towards the uterus and implants (embeds) into the uterus lining; this is known as **implantation**. This can take about 6 days and the cells are now known as a **blastocyst**.

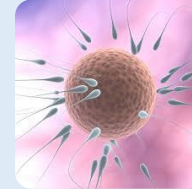
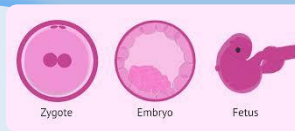
**Multiple pregnancies: when a pregnancy is more than one baby.** This can be either identical or non identical and usually is 2 children called twins. Non identical twins is when 2 eggs are fertilised by 2 sperm and develop in 2 amniotic sacs with 2 placentas. They can be different genders and look very different. Identical twins are when 1 egg is fertilised by 1 sperm but splits in half, sharing the same DNA. They are always the same gender and often look similar. Multiple pregnancies may be triplets (3), quadruplets (4), quintuplets (5) or sextuplets (6). However, these larger multiple pregnancies are rare.

**Development of embryo:** The blastocyst develops by the cells dividing and becomes known as an embryo until it reaches 8 weeks old and it will already be surrounded by an amniotic sac which helps protect the embryo. During this time the placenta also starts to develop which is the support system for the embryo/foetus to survive; it's the method by which the embryo receives nutrients and oxygen and gets rid of waste and carbon dioxide. The heart is the first organ to develop.

**Development of foetus:** after the 8<sup>th</sup> week the embryo is known as a foetus. This term is used right up to 40 weeks which is the usual **full term pregnancy**. By the end of the 3<sup>rd</sup> month (12 weeks) the foetus is fully formed and the main systems are working. It will be about 10 cm long and weigh 25g. During this time, the foetus will continue to get stronger and fully develop, putting on weight and fat in it's last 2 months.

An average baby weighs 7lb 8oz/3.5kg and is 50-53 cm long

<https://my.clevelandclinic.org/health/articles/7247-fetal-development-stages-of-growth>



## Signs and symptoms of pregnancy

Every woman is different and may not all have the same signs and symptoms

For women who have a regular monthly menstrual cycle, the earliest and most reliable sign of pregnancy is a **missed period**.

Sometimes women bleed slightly in the early stages of pregnancy when the fertilised egg implants in the endometrium- this is known as 'spotting'.

**Breast changes:** Breasts may become tender and 'tingle' and become larger in size.

**Passing urine:** often women feel the need to wee more frequently; this is due to the increased blood flow to the kidneys which can produce up to 25% more urine as a result.

**Tiredness:** many women feel tired or even exhausted during the first trimester (12 weeks) this is due to hormonal changes and usually passes.

**Nausea:** this is another word for feeling sick and often called 'morning sickness', however, it can happen anytime during the day or night. This usually starts 4-6 weeks into pregnancy. If this becomes a severe problem, it needs treatment from the doctor.

Other signs and symptoms may include: a strange metallic taste in the mouth, abdominal cramps, losing or gaining interest in certain foods or back ache.

### HUMAN EMBRYO AND FETUS DEVELOPMENT



# LO2: Understand antenatal care and preparation for birth

## 2.1 The roles of health professionals

**Midwife:** is a nurse who gives advice, support and care during pregnancy, labour and after birth. They often run antenatal classes and can work in the community, clinics and hospitals. They are also trained to take care of your newborn baby. They work in partnership with the mothers to be and hand over to Health Visitors about 10 days after the birth.

**Obstetrician:** is a doctor who specialises in any complications during pregnancy or childbirth. They will be in charge of any interventions during labour such as forceps, ventouse or Caesarean Section.

**GP:** a doctor who is usually seen for illnesses or treatment at the local surgery. They may be the first one to confirm your pregnancy and be involved prescribing any medicines if ill during pregnancy. They will be involved in the 6 week check after the birth checking how mum is emotionally and physically.

**Gynaecologist:** is a doctor who specialises in care and diseases of the female reproductive system.

**Paediatrician:** a doctor who specialises in babies and children up to the age of 16 years. They might specialise in new born or premature babies who require extra care in SCBU.



## 2.2 Antenatal and parenting classes in pregnancy

This is the care received whilst pregnant to make sure mum and baby are as healthy as possible. A pregnant woman is offered appointments with a midwife or obstetrician which start between week 8-12 and continue up to 40 weeks. It involves ultrasound scans and screening tests for mum and baby to make sure everything is prepared for a **safe pregnancy and delivery**.

Antenatal or parenting classes help **prepare both parents for labour and parenthood** by providing help, information and support for parents to be. The classes or sessions will teach how to look after and feed a new baby, how to stay healthy during pregnancy and to consider a birth plan and the choices available for labour. They also allow parents to be to meet other people in a similar situation, discuss issues and concerns and also make friends. The information gained in these classes also empowers parents to feel more confident and in control of what is going to happen during labour and beyond. One of the subjects discussed in antenatal classes is feeding of the new baby. The promotion of **breastfeeding** is important as it prevents diseases, providing all the nutrients a baby needs for healthy growth and development for the first 6 months of life.

Most pregnant women have a partner throughout their pregnancy and the **role of father/partner throughout pregnancy and birth** is an important source of support for the mum to be. Being supportive during pregnancy and labour can improve the experience of pregnancy and birth for all. Being involved in the birth plan and discussing what role they will play is important to consider. Attending antenatal classes will help partners understand what pregnancy and labour will be like and how to support the mother through the experience by helping with breathing techniques and birthing positions. They will also feel more involved in the whole experience themselves; they could cut the cord or be the first to hold the baby. This will help **the birth to be an emotionally satisfying experience for mum and partner**. Labour can be unpredictable and birth plans may have to be discarded, so having trust and confidence in a partner can help mums have a positive experience. Trusting the health professionals, especially the midwife, will contribute to a safe and controlled birth.

Encouraging parents to **follow healthy lifestyles** will help establish positive eating and exercise habits which they can follow with their young family and keep them as fit and healthy as possible, reducing the chances of diet related diseases and illnesses. Not only will this help parents cope more with the stresses of a new baby but also make them healthier role models for their children in the future who are likely to follow their eating and lifestyle habits.

<https://www.nhs.uk/conditions/pregnancy-and-baby/antenatal-midwife-care-pregnant/>



## 2.3 Antenatal checks and tests

As soon as a woman is pregnant, she can book an appointment with her GP or midwife to start her antenatal care. If she has special health needs, eg: heart issues, epilepsy or is at risk of genetic conditions, she may need to have specialised tests and more appointments to check on her health and well being.

Most women will have no special health issues and have their **routine** antenatal appointments at the GP surgery or clinic with their midwife. These will include:

**Weight checks:** women are weighed at their booking appointment, but usually only monitored if they are overweight as this may increase the risk of problems during pregnancy. Most women put on 22 to 28 lb (2 stone) in pregnancy.

**Blood tests:** some are offered to check for infections such as STI's , HIV, hepatitis B. Blood is checked for anaemia which can be treated with iron and folic acid; it's also checked for gestational diabetes. They also are useful to record blood groups and check for rhesus negative or positive; both important to have on record during and after birth.

**Urine test:** urine samples are asked for at every antenatal appointment to check for infections and signs of pre-eclampsia, which can be a life threatening condition; one of the signs is increased protein in the urine.

**Blood pressure:** this will be checked at every visit; a rise in blood pressure could be another sign of pre-eclampsia

**The uterus** will be palpated (felt with hands and fingers) from outside to check the size and position of the foetus. Likewise, the **foetal heartbeat** can be detected as early as 6 weeks in pregnancy and during routine checks is listened to on a hand held ultrasound device.

**Ultrasound dating scan:** all women are offered an ultrasound scan at around 8-14 weeks pregnancy. This is to **date** the pregnancy and check foetal development.



## 2.4 Specialised diagnostic tests

A diagnostic test tells you for certain whether mother or foetus have a condition. This can lead to a decision about whether to continue with the pregnancy or not. These are all optional and some are only offered if there is history of or concern for a genetic condition.

**Ultrasound anomaly scan:** this is also called the mid pregnancy scan at around 20 weeks; it checks the foetus is developing normally and also the position of the placenta.

**Nuchal fold scan:** All foetuses have fluid at the back of the neck but increased amounts of fluid can indicate Down's Syndrome; this can be identified during a scan. It's about 77% accurate and often used with a blood test to be more accurate (90%)

**AFP: Alpha-fetoprotein** is a protein produced in the liver of a foetus and passes through to the mother. Too much or too little AFP may be a sign of different foetal defects such as Down Syndrome or spina bifida. The blood test is carried out between 15<sup>th</sup>- 20<sup>th</sup> weeks of pregnancy.

**NIPT blood test: Non invasive prenatal testing** is when the mother's blood is tested for fragments of DNA from the foetuses placenta which can be analysed to test for genetic abnormalities.

**CVS: Chorionic villus sampling** is when a small sample of cells is removed from the placenta to check for Down's or other genetic conditions. It is carried out between 11<sup>th</sup>-14<sup>th</sup> week of pregnancy. There is a small risk of miscarriage in the procedure.

**Amniocentesis:** this is carried out about the 18<sup>th</sup> week of pregnancy and involves a syringe removing a small sample of amniotic fluid from around the foetus which is sent off for analysis; it checks for Down's and other genetic conditions. It has a slight risk of miscarriage or infection as it is an 'invasive' procedure.



## 2.5 Where to give birth?

**Hospital:** Most women give birth in an NHS maternity unit which is part of a main hospital. Midwives look after the births but obviously there are doctors and specialised equipment if required, such as anaesthetists in case an epidural, C Section or other intervention is required. There is also a wide range of pain relief on hand. The special care baby unit (SCBU) is also close by in case there are problems with the new baby.

**Home birth:** if all is going well in the pregnancy and there are no complications, a home birth might be a good choice. Home comforts and routines can be reassuring; family members can be present and involved if wanted. There will be a midwife available to support before, during and after the birth. If things don't go as planned, the midwife will arrange an ambulance to the hospital.

**Domino scheme:** the midwife looks after mum in the early stages of labour at home and then they transfer to hospital for the actual birth. After the birth with all being well, mum, baby and midwife will return home. This is a compromise between hospital and home; useful for pregnancies with no complications.

**Private hospital:** Private care has to be paid for by the individual unlike the NHS. They offer more privacy such as a comfortable private room with bathroom and usually more antenatal appointments or choice of tests which can be tailor made to your needs and requests at your convenience. Some people mix and match private and NHS care, choosing to pay for some aspects like extra scans but using the NHS for other appointments. The cost of a birth may cost around £5000.

## 2.6 Stages of labour: there are 3 stages of labour

**Stage 1** - this is the signs labour is starting and involves 3 main signs, but this may vary from woman to woman. It is usually the longest stage of labour and can last several hours, from 8-12 hours; with 2<sup>nd</sup> or 3<sup>rd</sup> pregnancy it's usually quicker. The signs may happen in any order.

**Contractions** are the muscles in the uterus wall contracting and expanding to make the cervix dilate (open). Eventually the cervix will be **fully dilated** and measure 10cm wide. The contractions will be irregular to begin with but over time will become regular and more intense as the labour progresses. Another sign in stage 1 is the **waters breaking** – this is when the membrane which surrounds the foetus in the amniotic sac ruptures or breaks and the amniotic fluid is released. This can make the contractions become stronger (sometimes the midwife may artificially break the waters to induce or bring on the labour) The 3<sup>rd</sup> sign is **'the show'**, which is when the mucous plug which has 'sealed' the cervix to prevent infection, comes away. It is usually a pink, jelly like substance and can go unnoticed during a visit to the toilet.

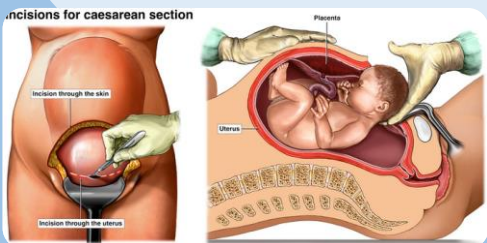
**Stage 2** – this is the time from the cervix being at 10cm dilation to the birth of the baby. The **birth canal** is formed from the **uterus, cervix and vagina** forming a tunnel; the baby will move down the birth canal helped by the contractions and the pushing by mum. The midwife will help mum control the urges to push too hard and supports her through this hard work. The baby's head will appear at the vaginal opening and this is called **'crowning'**. It's important for the head to be born gently and slowly so the skin can stretch rather than tear. If the vaginal opening needs to be wider the obstetrician can perform an **episiotomy** which is a small cut to widen the vagina; this will be anaesthetised to numb the area and then stitched together after the birth. The midwife will help deliver the head and then help the shoulders slip through and finally the rest of the baby. Usually, the baby will be given to the mother immediately to have a cuddle and start the **bonding** process.

**Stage 3** – this is the delivery of the **placenta and membranes** around the baby. After the baby is born, the uterus contracts and pushes the placenta out. This is often helped by an injection of **oxytocin** which speeds this process up. The cord will be clamped and cut – the partner may like to do this. The midwife will remove the placenta and check it's complete to make sure no parts are left inside the uterus which may cause infection later.

**Assisted delivery is when forceps or ventouse suction cap** are used to help deliver the baby. Forceps are smooth metal instruments that look like large spoons or tongs. They're curved to fit around the baby's head. The forceps are carefully positioned around your baby's head and joined together at the handles. With each contraction and pushing, an obstetrician gently pulls to help deliver the baby. **A ventouse (vacuum extractor)** is an instrument that's attached to the baby's head by suction. A soft or hard plastic or metal cup is attached by a tube to a suction device. The cup fits firmly on to your baby's head. During a contraction and with the help of mum pushing, the obstetrician or midwife gently pulls to help deliver the baby.



**A Caesarean section** is an operation to remove the baby from the uterus through the abdomen wall. After an anaesthetic is given (often an epidural) a cut is made in the lower stomach and womb so the baby and placenta can be removed. If this is a **planned C section it is called elective** and usually carried out in the 39<sup>th</sup> week of pregnancy; this could be due to baby's position – breech, low lying placenta, pre eclampsia or infections such as HIV or genital herpes. If unplanned, it is called an **emergency C Section** and may be necessary if the labour is not progressing normally, baby is not getting enough oxygen and mum and/or baby may be in distress.





**Pain relief: this is offered to mum to help with the pain of labour and usually given or used during the 1<sup>st</sup> stage of labour.**

**Pain relief can be natural or drug based. It usually starts off with natural methods and then progresses to drug based if required. The birth plan will be where different pain relief options are discussed; this is particularly important as some need to be pre arranged or organised by the hospital or midwife (if a home birth) such as the water birth, or TENS machine . An epidural can only be given in the hospital by an anaesthetist (doctor).**

<https://www.nhs.uk/conditions/pregnancy-and-baby/pain-relief-labour/>



### Breathing and relaxation

These techniques are taught in antenatal classes and can be extremely useful in helping to control the pain experienced in labour. It's **totally natural** and mum learns to be in control using the rhythm of breathing deeply and rhythmically including panting to 'ride' the contractions. It works by helping to inhale more oxygen to the brain and provides a focus for mum to help stay calm and relax. Birth partners can also play a key role in helping to support mum by learning the breathing techniques to use with her. Sometimes certain songs can be used to help mum with the contractions peaking and falling as they provide a constant rhythm and are easy to remember eg: 10 green bottles!

Moving around and rocking can also help with pain and soothe mum during labour; using the large gym balls to sway and support the body is popular. Partners massaging mum's back may provide comfort.



### Water birth

Water is often used as a **natural** pain reliever and relaxer- a warm bath will soothe aches and pains. Therefore many women opt for a water birth which can be used during the 1<sup>st</sup> stage of labour and/or for the 2<sup>nd</sup> stage. The water bath is a like a large bath tub in the hospital but portable, inflatable ones can be hired for the home. The water is kept at a constant 37.5C. There are lots of mothers who report that a water birth helps quicken labour and there is less need for intervention or other types of pain relief. It isn't always advisable for pregnancies with complications but women can discuss this with their midwife.

<https://www.nct.org.uk/labour-birth/your-pain-relief-options/water-births-and-labouring-water-questions-answered>

### TENS

This stands for 'transcutaneous electrical nerve stimulation'...so TENS is used for obvious reasons!

It is a hand held device that has leads connected to electrodes in sticky pads which are attached to the skin. Mum turns on the machine and it sends small electrical impulses, a sort of tingling sensation. These reduce the pain signals going to the brain and spinal cord, helping to relax muscles and relieve the pain.



They are said to encourage endorphin production which are the body's **natural painkillers**. It is non invasive and mum is in control of her own pain relief.

There are no side effects and is generally ok for all to use; unless mum has a type of metal implant like a pace maker or suffers from epilepsy or a heart condition. It cannot be used in a water birth as it runs on batteries!

### Pethidine

Pethidine is a opiate **drug** which is injected and works quickly causing the muscles to relax. It doesn't remove ALL the pain but reduces it greatly. It can help mums rest and stay calm in the early stages of labour but is NOT given nearer to the birth as it can cause mum to sleep and not be in good shape to deliver her baby. It sometimes causes sickness and can also make the baby sleepy. As with any administered drug, mum has no control once the drug is given to her and has to wait for it to wear off which may take 2-4 hours.



### Gas and air (Entonox)

This is a mixture of oxygen and nitrous oxide gas. It doesn't remove all the pain but helps to relieve it and make it more bearable. The gas is breathed in through a mouthpiece or mask and mum can control it herself by using it on demand, when she needs it. Mum should take long, deep breaths for best results.

It works very quickly but doesn't last long.

There are no harmful side effects but it can make some mums lightheaded and feel sick. It can be used with other methods of pain relief.

### Epidural anaesthetic

This is a **drug** which is an anaesthetic that numbs the nerves sending the pain impulses to the brain. It can provide 100% pain relief and mum usually can't feel anything from her waist down. It needs to be given by a doctor (an anaesthetist) in hospital. This can take time to arrange. A tube is carefully inserted into the back near the nerves which carry pain from the uterus to the brain and then the anaesthetic is pumped through the tube. It may take about 10 minutes to work but can be topped up if required through the tube.

Mum and baby will be continuously monitored and due to the lack of feeling, mum may not experience the need to push, so this may result in forceps or ventouse being used to help baby out.



# LO3: Understand post natal checks, provision and conditions for development

## 3.1 Postnatal checks

As soon as the baby is born, the midwife/doctor carry out routine tests and physical checks on the baby looking for any problems. The **APGAR** score is a test that they run through to make sure the vital signs are all good. It is carried out immediately after birth and then 5 minutes later to check the health of the baby. It may be repeated if there are any issues.

APGAR SCORES EXPLAINED			
Indicator	0 Points	1 Point	2 Points
<b>A</b> Appearance (skin color)	Blue; Pale	Pink Body; Blue Extremities	Pink
<b>P</b> Pulse	Absent	Below 100 bpm	Over 100 bpm
<b>G</b> Grimace (reflex irritability)	Flabby	Minimal Response to Stimulation	Prompt Response to Stimulation
<b>A</b> Activity (muscle tone)	Absent	Flexed Arms and Legs	Active
<b>R</b> Respiration	Absent	Slow and Irregular	Vigorous Cry

### Appearance Pulse Grimace Activity Respiration

Each sign is given a score out of 2, making a total of 10. Most healthy babies score 9, if the score is 0-2 this is an emergency and baby will need resuscitation. Most scores are lower immediately after birth but should improve at the 5 minute check.

**Skin-** the new born is checked for birthmarks such as salmon patch/stork marks, Mongolian spots (usually on black skin) and strawberry marks. Most of these marks are harmless and fade or disappear over time.



When baby is in the amniotic fluid in the womb, it is covered in a white, waxy substance called **vernix**. This is a natural moisturiser which protects the baby's skin. When born some of the vernix may still be present and is left to absorb into the skin. At around 22 weeks in the womb, the baby's skin begins to be covered in a fine downy hair called **lanugo**. This is thought to keep the body at the right temperature and usually disappears before birth.



## Physical checks



Within **72 hours**, the new born baby will be given a full physical examination, in hospital or at home. This helps to pick up any problems or abnormalities which can then be identified and treated. The baby's **weight** is recorded at birth; a normal birth weight is around 3.5kg or 7 ½ lbs and then tracked on a growth chart to make sure baby is a healthy weight and continues to gain weight steadily. The **length** of the new born baby is recorded and is usually 50-53 cm. The **head shape and circumference** is checked and measured – the head can look a bit squashed as it's been squeezed through the birth canal but this goes back to normal usually in a day or two. The **eyes** are checked NOT for sight (baby is too young) but to check for other conditions and normal movement. The **mouth** is checked to make sure the roof of the mouth (palate) is complete and the baby has a sucking reflex.

The **fontanelle** are the soft spots between the bones in the skull, which have not fused together yet. This allows some movement of the skull during birth. There are 2 fontanelles, 1 larger one near the front and a smaller one nearer the back of the skull. Both are covered with a tough layer of membrane and skin. The bones will eventually join together; the smaller one in a few months but the larger one won't be until baby is 18 months – 2 years old. The fontanelle is an excellent way for doctors to check the baby's health- when dehydrated the fontanelle sinks (concave), if there is pressure in the brain the fontanelle will bulge outwards.

The baby's **feet** are checked for correct positioning and **fingers** and toes counted and checked for webbing \*. Palms are checked for creases; a single crease is often a sign of Downs. (\*signs/symptoms of Downs Syndrome)

**Hips** are rotated and positioning checked for displacement or dysplasia; this is when the hip joint isn't formed properly and can lead to a limp in later life if not identified and corrected (clicky hip).

## Reflexes

Newborn babies are born with natural reflexes; the presence and strength of a **reflex** is an important sign of nervous system development and function. There are 5 main ones:

**The sucking reflex:** happens when the top of the mouth is touched this allows them to feed



**The startle or MORO reflex:** happens when baby wakes suddenly or hears a loud noise – their arms open with stiff arms.



**The grasp reflex:** when a baby's palm is touched it will automatically grasp the object or fingers.



**The rooting reflex:** when a baby's lips or cheek is touched it turns it's head looking for food.



**The standing/walking reflex:** when held upright with feet on a firm surface, baby will step up with their legs (they can't take their weight)

## 3.2 Premature baby /Special Care Baby Unit (SCBU)

Some babies need extra care when they are born and are taken to the SCBU within the hospital. This may be linked with the APGAR score (too low) or for another reason, often because they are **PREMATURE or PRE TERM**. A premature or pre term baby is one that is born **before 37 weeks**. Premature babies may have health problems because they haven't had time to develop fully or aren't strong enough to survive on their own without help from the SCBU. Common problems are breathing difficulties (the lungs are the last organ to develop), a weak immune system so they might catch an infection easily, inability to feed properly (sucking reflex not developed fully), weak muscle tone, problems keeping their body temperature warm, low iron levels, jaundice or their eyes may be un-opened.



Babies body temperature is kept at a constant temperature in an incubator or on a heat mat. Baby's progress is monitored constantly. The parents will be able to talk to , touch and stroke their baby through arm holes in an incubator – this will encourage bonding whilst they can't hold or cuddle their newborn

### Treatment for infection

Pre mature babies have immature immune systems so are more likely to pick up an infection During or after the birth; this could be bacterial, viral or fungal and they will need antibiotics or anti fungal medication to clear this up. Advice on nutrition and support will also be available to help parents/carers.

### Breathing problems

In the womb, babies' lungs are filled with fluid to help them develop. Usually during labour the fluid is absorbed ready to be replaced by air once the baby is born. In pre term babies, the lungs are often not mature enough to take in air so they require help to breathe properly; this is provided by a ventilator.



When babies are in SCBU, it can be a stressful and worrying time for parents/carers as they cannot take their newborn home or interact with baby as they might wish. They also may have to stay in hospital or visit regularly which may put added stress on family members, especially other children.

### Feeding problems

Babies may not have developed the sucking and swallowing reflex so will need feeding through a tube directly into their stomach. Another problem could be when a baby has a cleft palate. This is when there is a gap in the roof of the mouth so feeding is difficult. Surgery is needed to repair this. Another problem is when a baby is 'tongue tied'. Here, the tongue is anchored to the bottom of the mouth by a piece of skin which is too tight and short. Again, this can be sorted by surgery.



### 3.3 Post natal provision

The term 'post natal' means after birth, provision means the support and help available for new baby and parents/carers. The level of post natal provision will depend on the needs of the baby and the family; however, it's available for ALL new families as they adjust to their new lifestyle.

#### Role of the father/partner

The **father/partner** has a very important role to play helping and supporting mother and new baby. They can help take care of the baby but also make sure mum is looking after herself and recovers after the birth. They will need to take time and have the opportunity to bond with new baby. Having support from other **family and friends** will also help the new parents adjust to their new responsibilities. Practical help such as shopping, cleaning and offering help and advice on childcare can all be invaluable to new parents.



#### Information, advice and support from GP, midwife and health visitor

**Health visitors** give families support from pregnancy to check children are healthy and developing normally. Health visitors usually 'take over' from the midwife about 10 days after the birth until the child is 5 years old. They give information, advice and support to families eg: arranging 'new mum/dad' groups or checking the developmental milestones. If a child is ill, the **GP** (doctor) is the main health professional but may liaise with the health visitor.

**Six weeks** after the birth, mum may have a **post natal check** up to make sure she is recovering well from the birth. She may have to request this or combine it with her baby's **6-8 week review**. This may involve checking any stitches have healed, checking blood pressure, advice about contraception and asking if there any problems with her well being or mental health. The baby's review will involve repeating the new born physical checks such as the reflexes, eye movement, and checking if feeding is going well.

Both these reviews may be carried out by the health visitor or GP.



Any urgent health queries about baby should be directed to the GP or NHS 111, walk in centre/A&E dept.

### 3.4 Conditions for development

For children to successfully thrive, develop and grow, they need certain basic conditions

Love and security

All children need to feel loved, wanted and nurtured. This makes them feel emotionally secure. They also need to be physically secure and safe from harm

Warmth

Children need to have heating in the home, suitable clothing for different times of the year and bedding.

Rest and sleep

This is crucial for their physical health well being, learning and development. Babies often sleep for 16 hours a day, toddlers around 13 hours and 5yr olds around 11 hours

Exercise/ fresh air

Young children should be busy and active: Exercise builds fitness and muscle tone, helps strong growth and development, helps sleep and mental well being. Can help with self esteem

Cleanliness

Children need a clean and hygienic environment as their immune system is less mature so they may pick up an infection, they could contract food poisoning in dirty kitchens. They should be bathed/washed daily with clean clothing.

Stimulation

All children should have chance to play and stimulate their imaginations and develop at their age group.

Routine

Routines help children feel safe and secure. These include feeding, bathing, sleeping routines. Routines help children settle and know what to expect. It also helps parents to plan the day and include enough time for their children's needs.

Opportunities for talking and listening

Listening and talking with a child shows you are interested in them and care about their opinions. It encourages and develops social and emotional development; also intellectual and language development.

### The need for acceptable patterns of behaviour and approaches to discipline

Children need to learn how to behave appropriately in different social situations and they use adults primarily as their role model to copy behaviours. An adult should be consistent in their **discipline** or a child will become confused or worried about how to behave.

Children need **boundaries** set for their behaviour so they know what to do and what not to do, these should be consistent so mixed messages aren't confusing, including the boundaries for other children/siblings. If boundaries are explained, a child can start to understand why they are in place and try to consider their future behaviour.

Being **considerate of others**, to be kind and thoughtful are behaviour traits which parents will hope their children develop. As babies and very young children, this may be difficult as at a very young age children mainly think of themselves and only learn to think how others may feel as they get older. Role modelling and talking through different social situations will help children learn how to consider others and how they might be feeling; developing empathy for others.

A lot of the rules families make are in place to keep children **safe** in the home and outside, holding hands on the street for example or not touching the oven. It is important for children to understand why these safety rules are in place and how they can become more responsible for their own safety as they become older.



### Promoting positive behaviour

When a child does something good, giving them praise and positive comments will make them feel proud of themselves and they will want to repeat the behaviour. Using a reward chart is another way a child can see their good behaviour earning them a reward and want to enjoy the positive effect their good behaviour is having. Likewise, ignoring poor behaviour is also a good way of limiting inappropriate behaviour.



### SIDS: Sudden Infant Death Syndrome

(was known as cot death)

It's not known why babies die suddenly and for no obvious reason.

Parents should be aware that expert advice suggests sleeping baby on it's back, not allowing them to overheat, sleeping baby 'feet to foot' and not smoking in baby's presence, can all reduce the risk of SIDS.



# LO4: Understand how to recognise, manage and prevent childhood illnesses

## 4.1 Immunisation

**Immunity** means when someone or something has the ability to resist a disease; they are unaffected by it. **Antibodies** are proteins which are found **naturally** in the body which make the disease ineffective. A **vaccine** is a medicine created by experts which helps prevent the disease.

When babies are born they have a **natural immunity** which has been passed to them in the womb from mum; these can only be passed on IF mum has the immunity herself. For example, if mum has had rubella or the vaccine for rubella, she will pass on rubella antibodies to baby.

They will receive these antibodies in the last 3 months of pregnancy, therefore premature babies may have a weaker immune system as they have fewer antibodies passed onto them. This **natural immune system** is only temporary in babies so they need vaccines to keep them protected from disease. Some antibodies are also passed on through breastfeeding.

To protect babies and children from contracting serious diseases and also help to eradicate (destroy) common diseases the NHS have a free **childhood immunity programme** which starts at 2 months old and involves vaccinations against a range of diseases. Some will involve a booster jab to add extra protection.

**Reasons for immunisation:** the vaccinations are quick, safe and effective and usually once a child has had a vaccination, their body fights off the disease successfully. This will prevent them suffering from a serious and potentially deadly disease. Vaccinating children also helps protect whole communities from diseases as the transfer of infection is much less. Some illnesses have been massively reduced or totally eradicated in the UK as a result of the vaccination programme ie: smallpox and polio.

Some children may not be vaccinated due to medical reasons, they can't get to the clinic, they are too young or rarely, the vaccine doesn't work. Additional vaccines may be offered to children with asthma, heart failure or diabetes.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/849184/PHE\\_complete\\_immunisation\\_schedule\\_Jan2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/849184/PHE_complete_immunisation_schedule_Jan2020.pdf)

**How vaccines work**

Microscopic or dead/diseased bacteria introduced into the patient, often by syringe

White blood cells triggered to produce antibodies to fight the disease

If patient encounters disease later, antibodies neutralise the invading cells

Age	Vaccine	Infantia heaa
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPvHib/HepB
	Meningococcal group B (MenB)	MenB
	Rotavirus gastroenteritis	Rotavirus
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPvHib/HepB
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)
	Rotavirus	Rotavirus
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPvHib/HepB
	MenB	MenB
	Hib and MenC	Hib/MenC
One year old (on or after the sixth birthday)	Pneumococcal	PCV booster
	Measles, mumps and rubella (German measles)	MMR
	MenB booster	MenB booster
(Eight paediatric age group)	Infantia (each year from September)	Live attenuated infantia vaccine (LAV)
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPv
	Measles, mumps and rubella	MMR (check first dose given)

## 4.2 How to recognise and treat common ailments and diseases

There are childhood ailments and diseases which most children will suffer from at some time. Most are not serious and the child will recover quite quickly without any long lasting effects. To recognise when a child is ill there are general signs they may display, usually with one or two others. For example, a child with a cold could have a blocked nose, a headache and a sore throat.

**General signs** could be: vomiting, diarrhoea, high temperature, tiredness, lack of sleep, reduced appetite, flushed or pale complexion, irritable/fretful behaviour, lack of desire to play, headaches, swollen glands, runny/blocked nose, cough.

A child with any of these symptoms will need checking regularly and sympathetic care. Often a suitable paracetamol like Calpol can help the symptoms and even if their appetite is poor, they should be given regular drinks to prevent dehydration.

### • Caring for a sick child:

- Keep the room airy without being draughty. If the room is too warm, they'll probably feel worse.
- Give your child plenty to drink. For the first day or so don't bother about food unless they want it. After that, start trying to tempt them with bits of food and encouraging them to have nutritious drinks like milk.
- Try to give your child time for quiet games, stories, company and comfort.
- Sick children get very tired and need plenty of rest. Encourage your child to doze off when they need to, perhaps with a story read by you or on tape or CD.
- Never fall asleep with a sick baby on the sofa with you, even if you're both exhausted. This increases the chances of sudden infant death syndrome (SIDS).



### Common childhood ailments and diseases

- Common cold
- Chickenpox
- Food poisoning
- Gastroenteritis
- Measles
- Mumps
- Whooping cough (pertussis)
- Rubella (German measles)
- Scarlet fever
- Tonsillitis

<https://eput.nhs.uk/wp-content/uploads/2014/01/Childhood-illnesses-your-guide.pdf>

### 4.3 When to seek treatment and help – the key signs and symptom

If the general signs of illness become worse or persist (continue longer than expected) the child may need further treatment. This may be from NHS 111 for advice or the doctor.

Some signs and symptoms are URGENT and may need immediate or urgent medical attention. These include:

- Breathing difficulties
- Convulsions/seizures/fitting
- Increased pain
- Child is unresponsive – floppy/limp
- Severe headaches and dislike of light or stiff neck
- Rash which doesn't fade when pressed with a glass
- Vomiting which carries on longer than 24 hours
  - Unusual high pitched crying
- High fever which cannot be lowered
  - Will not drink fluids.

If urgent medical attention is needed call an ambulance without delay



#### Self Care

Grazed knee, sore throat, cough.  
Ensure your medicine cabinet is well-stocked and visit [www.selfcareforum.org](http://www.selfcareforum.org) for guidance on Self Care.

#### Pharmacist

Diarrhoea, minor infections, headache, painful cough, runny nose.  
To find your local pharmacy visit [www.nhs.uk/servicedirectories](http://www.nhs.uk/servicedirectories)

#### NHS 111

Call 111 when you need medical help fast but it's not an emergency.  
NHS 111 is free from landlines and mobiles 24 hours a day, 7 days a week, 365 days a year.

#### GP Surgery/Health Centre

Continuing ear pain, fever, stomach pain, vomiting and other illnesses.  
To find your local GP surgery visit [www.nhs.uk/service-search](http://www.nhs.uk/service-search) or call NHS 111.

#### A & E or 999

Choking, chest pains, heavy bleeding, cannot breathe, serious burns, fractures.  
To find your local A & E visit [www.nhs.uk/service-search](http://www.nhs.uk/service-search) or call 999.

### 4.4 Diet related illnesses

Some children experience illnesses that are related to diet; this may be eating to excess, nutrition deficiency or intolerances/allergies.

**Obesity** is when children are overeating the wrong nutrition and this results in becoming overweight. This usually continues into adulthood and lead to serious health problems such as CHD and Type 2 diabetes. <https://www.nhs.uk/news/2007/pages/obesityinchildren.aspx>

- Try to make sure your child eats 5 portions of fruit and vegetables a day -have a family fruit bowl for a quick snack instead of crisps and sweets.
- Keep to child size portions.
- Be firm but offer incentives: 1 treat per week max
- Try to replace the role junk food has in your child's life with an activity. If they love going to a fast food restaurant for a special occasion like a birthday, try a water park instead.
- Get your child interested in a sport that they will enjoy. If you can, get your child to walk to school or even just get off the bus one stop early
- Fix the hours that they can watch TV and play computer games



Children may be at risk at developing **deficiency diseases** if they don't receive enough nutrition, especially vitamins and minerals. For example lack of Vitamin D and calcium may result in a condition called rickets which is weakened bones.

Some children have **intolerances or allergies** to a certain food meaning their diet has to be carefully monitored or restricted to prevent a reaction. This can range from **mild symptoms** like a rash or itchy throat, to **severe reactions** such as anaphylactic shock, which can be life threatening ; the throat becomes restricted and breathing becomes difficult and almost impossible in extreme cases. This can be fatal and immediate action must be taken...call an ambulance...check if there is an epi pen for the child- this contains adrenaline which could save their life.

Most common triggers for intolerances and allergies tend to be: shellfish, nuts, eggs and wheat. It is important for parents/carers to fully understand the child's dietary needs/restrictions and make sure others are aware especially child minders/babysitters or family and friends who might offer food to the child.

Some children have **diabetes (type 1)** when their body doesn't produce insulin which means their body isn't able to process the glucose/sugar in food. They usually need an injection of insulin at times in the day to regulate their blood sugar levels.



## 4.5 Needs of an ill child

When a child is poorly, they rely on adults to care for them and meet all their needs. These needs fall into 4 categories:

### Physical

A sick child needs plenty of rest; usual routines may need to be adjusted to allow for extra sleep and nap times in the day, especially if night time has been interrupted by sickness.

They may need different foods, to settle stomachs or soft foods if they have a sore throat. They will need plenty of fluids, especially water. They may have a high temperature.

Their physical condition should be carefully monitored for any changes



### Intellectual

Children are likely to need peace and quiet when they are unwell. But they will also need to be occupied by quiet yet stimulating activities like colouring, craft, books or IT devices. If a long term illness, short visits from family and friends can be fun and enjoyable.



### Emotional

Babies and children can be confused when they're ill as their normal health, feelings and routines will have changed. If possible, adults should explain what is happening to the child and why they feel as they do. Talking positively to the child will help and keeping calm about the illness. They may need reassurance and lots of cuddles and extra attention.

Some children may regress during an illness and might seek comfort from sucking their thumb, ask for a dummy or become clingy.



### Social

## 4.6 Staying in hospital

Going into hospital can be a worrying time for everyone, especially young children. If an emergency, there is no time to prepare, but adults should remain as calm as possible and reassure the child. If hospital admission is planned, adults will have time to prepare the child to make the time as stress free as possible.

If possible, adults could arrange a visit beforehand to the hospital so the child can meet the staff and see where they will be staying. Adults can use imaginary play to help children play out their fears; they could use games and kits with hospital equipment to act out using their toys as patients. There are lots of books and videos to help read, listen or watch stories about their favourite characters going into hospital.



Being honest without scaring the child is the best policy as it builds trust with the child and allows them to believe any further such conversations. Adults can explain the positives of going into hospital such as the long term health benefits of treatments.

Parents/carers may be able to stay in the hospital with their child, sleeping nearby or even in the same room as their child. They may be able to remain in contact with their child completing tasks such as washing or changing nappies, feeding and bathing. They may be able to read a story and play with their child if appropriate.





# LO5: Know about child safety

## 5.1 Creating a safe friendly environment

Adults should make a child's environment as safe as possible by looking at the areas a child uses and thinking about the **hazards** (things which could cause harm) and then the **risks** (how **likely** is the hazard going to actually cause harm?) Steps should then be taken to **prevent or reduce** the risk of the hazard causing actual harm. There will always be accidents and it's impossible to totally prevent them but adults should try to reduce the risks to children as much as possible.

The **home** is where most accidents take place and by looking at each room in the house adults can think about how to reduce or prevent accidents happening. Some hazards will be the same in every room such as windows from which a child might fall or electric sockets which are tempting for little fingers to poke! Remember that as children get older, their awareness of different hazards will change.

**The main risks** are cuts, slips/falls/trips, burns/scalds, drowning, electrocution, poisoning, suffocation.

**Kitchen:** cleaning chemicals, hot equipment (oven/stove) and hot or boiling water, sharp equipment (knives), glass jars and bottles which could break easily and cause cuts, lots of electrical equipment and sockets, sinks filled with water.

**Bathroom:** medicines in cupboards/drawers, cleaning fluids, sharp items like razors, hot taps and water, baths filled with water, unhygienic items like toilet brushes and toilet bowls/seats, wet floors which cause slips.

**Living room:** electrical items, power cords and sockets, heating- fires/hot radiators, furniture which can be pulled over or sharp corners such as coffee tables, ornaments.

**Bedroom:** power sockets, medicines, furniture which can be climbed on. Loose fabrics/bedding which can get caught round necks or over faces.

**Stairs:** items left on stairs to fall over, loose carpets, no handrail, falls.

**Garden and play** areas must be safe for children of different ages. Gates and fences need to be secure so children can't wander out or strangers or animals enter the space uninvited. Are ponds or water containers securely covered? The area should be free of rubbish, animal poo, sharp or dangerous garden equipment and any chemicals such as weed killer removed or locked away securely. Poisonous plants should be removed. Any play equipment should be assembled properly, be well maintained and age suitable for the child using it.

**Roads** are obviously full of traffic and potential hazards; children should be taught road sense as early as possible. Children should hold hands with a responsible person at all times whilst near the road and walk on the pavement. Reins are a good idea for toddlers to prevent them running off and babies should be safely strapped into prams and buggies. The Green Cross Code should be followed by adults and children to help reduce the risks of crossing the road. Adults should provide a good example for children to follow and use crossings where possible and follow the Green Cross Code themselves.  
<https://www.roadwise.co.uk/schools/using-the-road/green-cross-code/>

Both adults and children should always use seatbelts in the car and an appropriate child seat should be safely fitted and used at all times when travelling in a car.

Mobile phones should not be used by drivers unless hands free.






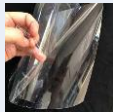


Teaching by example, children should have good role models to follow.



## Safety in the home

<https://www.capt.org.uk/Pages/Category/safety-advice-injury-types>

Safety equipment can help to create a safer environment for your child. It doesn't replace the need for supervision, especially with younger children, but it can make protecting your child easier.

Equipment	Used for...?
<b>Safety gates and barriers.</b> 	These stop babies and toddlers climbing stairs and falling down them. They are also very helpful for stopping children going into rooms where it's dangerous for them to be, like the kitchen. You can use them until your child reaches two. When they are two or over they may be able to climb over them or open them.
<b>Window locks or safety catches.</b> <b>Cupboard locks</b> 	They can stop the window from opening too wide and your child being able to climb out. It's good to keep keys for locks in a place that's easy for adults reach in case there is a fire. Prevents children accessing cupboards with chemicals or medicines
<b>Five point harnesses and reins</b> 	These are really important to use in highchairs and pushchairs to stop your child falling out. Reins prevent toddlers running off.
<b>Corner protectors.</b> 	These can help to protect wobbly babies or toddlers from hurting themselves on sharp furniture when they fall.
<b>Smoke alarms.</b> 	Having a working smoke alarm on each level of your home <i>doubles</i> your chances of getting you and your family out alive if a fire starts at night. They need to be checked every week to make sure they're working properly.
<b>Safety glass/Safety film</b>  	It's a requirement by Building Regulations for all low level glass to be safety glass and glass in new furniture will almost always be safety glass. If you are replacing any low level glass make sure it's replaced with safety glass. Film helps to toughen glass and stop it from splintering if it's broken. It can be put on your existing glass.
<b>Playpens.</b> 	Are useful for keeping young children in one place and out of harm's way.

## Road Safety

Walking on a pavement, crossing roads and being near traffic is a daily occurrence for everyone; children need to be aware of the hazards from an early age and learn how to reduce the risk of being involved in an accident.

Learning how to cross the road safely is essential and adults need to teach by example and also by helping children learn the Green Cross Code.

<https://www.roadwise.co.uk/schools/using-the-road/green-cross-code/>

1 **Think**...find a safe place to cross. If possible choose a subway, footbridge, zebra, pelican, toucan crossing or a road island. Avoid crossing between parked cars or where you can't be seen by traffic.



2. **Stop**...Just before you get to the kerb, stop.

Stand on the pavement near the kerb and make sure that you can see the traffic. DO NOT step on to the road.

3. **Look**...Look all around you for traffic. Make sure that you listen carefully for traffic that you can't see.

Look right first, look left and then to your right again before you cross.

4. **Wait**...If traffic is coming, let it pass. If you are waiting at a crossing then wait until the cars have stopped or, at pelican, toucan, puffin or pegasus crossings, the green man shows, before you cross. If you are not at a crossing wait until it is safe to cross. Once the traffic has passed look around again and listen.

5. **Look and listen again**...when it is safe and there is no traffic, walk straight across the road.

Showing children videos, teaching them songs and rhymes can help them learn about road safety in a fun way!



## 5.2 Safety labelling

Safety labelling gives information about the product and whether it is suitable for use with or by children

Safety Label	What? Where? Why?
<b>BSI safety mark/kite mark.</b> 	This stands for British Standards Institution (BSI) and used to identify products when safety is the essential such as <b>bicycle helmets</b> or <b>smoke alarms</b> ; it gives assurances that the product should be safe and reliable
<b>Lion mark</b> 	This appears on <b>toys</b> that have been made by an organisation, the British Toy and Hobby Association and Toy Fair. They insist on a strict safety Code of Practice. About 95% of toys sold in the UK are supplied with the Lion Mark.
<b>Age advice symbol</b> 	This identifies when <b>equipment or a product</b> isn't suitable for children under the age of 3 years or 36 months. It may have small parts which could be a choking risk for children under 3 years.
<b>CE symbol</b> 	This is a very common label found on <b>toys</b> and has to be displayed by law on toys made in the EU. It proves it has been tested to EU toy safety standards.
<b>Nightwear labelling</b> 	<b>Nightwear</b> can set on fire quickly and can cause serious injury. Labels confirming the flammability of garments should be checked for in the clothing. Flammability means how likely the fabric/object is likely to set on fire.

### 5.3 Be aware of the most common childhood accidents

<https://www.capt.org.uk/pages/category/safety-advice-injury-type>

It is important for adults in charge of babies and children to learn basic first aid, but when medical assistance is urgently needed they should phone for the ambulance on 999 or 112. **This could save a life.**

#### Choking and suffocation

Any object that can block an airway can be a choking or suffocation hazard for a baby or young child. This could be a piece of hard food like apple, plastic off a toy, a button or loose bedding which could cover their mouth and nose.  
<https://www.nhs.uk/conditions/pregnancy-and-baby/helping-choking-baby/>

If it's a partial blockage, a child may be able to get **some** air into their lungs and start to cough, cry, make a strange noise and hold their neck. Not being able to breathe will cause loss of consciousness and they need urgent medical attention.

Try to get the child to cough to loosen the object. Check the mouth and remove any obstruction. Back blows can be given between the shoulder blades or with older children, the Heimlich manoeuvre can be used



#### Burns

Burns and scalds can be caused by fire, hot liquids, the sun, hot materials (metal), chemicals and electricity.  
<https://www.nhs.uk/conditions/burns-and-scalds/treatment/>

Giving immediate treatment will limit the effect of a burn or a scald. Running under cold water for at least 10 minutes will cool down the skin. Covering the burn with cling film, a clean plastic bag or sterile dressing will help prevent infection. Clothing or material which is over the area should **NOT** be removed – this may take the skin with it! Then hospital for further treatment.



#### Falls

Falls are very common as young children slip and trip easily on unsteady feet. They are naturally curious so will climb up stairs and on top of furniture to find out more about their environment, putting themselves at risk from a fall. The biggest risk is a head injury from a fall as these can be more difficult to assess and treat, yet are the most serious injury.  
<https://www.nhs.uk/conditions/minor-head-injury/>

A child could suffer from **concussion** which is when the brain is shaken within the skull – usually temporary with a full recovery. **Cerebral compression** is when pressure builds up on the brain – usually requires surgery and can cause long term disability or death. **Skull fracture** is a break to the skull. Signs and symptoms can include bumps or bruises, headache, drowsiness, loss of consciousness, vomiting or nausea, loss of memory, dizziness, seizures, problems with vision, bleeding from the head, changes in behaviour or speech. Swollen fontanelle in babies. Hospital is essential to check for damage but adults need to supervise closely for at least 6 hours in case there is a late onset of cerebral compression.

#### Electric shocks

Electric shocks can be extremely serious and can kill by stopping the heart. The flow of electricity needs to be stopped before touching the child or the adult might also be electrocuted, so the power must be switched off at the mains if possible. If not possible, the child could be pulled or pushed away from the power source using a non conductible material like a wooden spoon or broom.  
<https://www.nhs.uk/conditions/first-aid/>

Once the power is removed, the child may's heart may have stopped so **CPR** needs to be given and an **ambulance** called. There may be entry and exit burns which could be treated with cold water but **BEWARE** as water and electricity are a very dangerous combination



**CPR – cardiopulmonary resuscitation – heart massage and 'mouth to mouth'**

<https://www.nhs.uk/conditions/first-aid/cpr/>

#### Drowning

Can occur in as little as 2.5cm water if mouth and nose are covered in the water. Common places are outside such as the sea, rivers, canals, ponds and lakes but also swimming and paddling pools and of course, the bath. Babies and children should **NEVER** be left unattended or unsupervised near any water.  
<https://www.nhs.uk/conditions/pregnancy-and-baby/resuscitating-a-baby/>

The child should be carried out of the water with their head lower than their chest and their wet clothing removed, then covered with dry blanket or towel. If unconscious, they should be put in the **recovery position**; if not breathing then CPR given.



#### Poisoning

Poisons enter the body when eaten or swallowed (berries, tablets, bleach), inhaled (poisonous fumes or gases) or when on contact with the skin (poison ivy or plants). Common household include cleaning fluids, medicines, drugs and garden plants or bushes.  
<https://www.nhs.uk/conditions/poisoning/>

Children might vomit or be in pain. They may experience burns, rashes or blisters on the skin or be very itchy. They may become unconscious. Their breath may smell unusual. Other evidence might be with empty or half full boxes or packs or bottles of chemicals nearby. Open storage cupboards.

Call an ambulance immediately and try to find out what the child has taken to tell the doctors. Monitor closely and place in the recovery position.

## 5.4 Social safety

**Personal safety awareness** involves teaching children about their rights in respect to their bodies, what to do in an emergency situation and what to do if they are bullied.

By teaching children about personal safety, it helps to keep them safe as they are more aware of what makes them vulnerable and how to avoid danger or protect themselves.

Children should be taught what to do if they are lost: try to find their responsible adult, approach a safe person such as a policeman, shop assistant or even a parent with a child. They should NEVER go with a stranger on their own anywhere but wait in a public place until help arrives. They should also know not to open the door when they are alone and be aware who they should go home with if their parent can't collect them from playschool or a friends house.

Children should learn their name, address and telephone number in case of emergencies.

**Awareness of strangers:** children need to be told what a stranger is and how to behave if one approaches them. If asked to go with a stranger, they need to be confident to be 'rude' and walk away and tell a safe adult immediately. They must learn to say 'no' and that it's ok to shout out or kick someone whom they feel is a danger to them.

**Avoiding inappropriate personal contact:** children need to be taught that their bodies and feelings are their own and that to be touched or felt by someone else in a way that feels wrong or rude is unacceptable. They do not have to have physical contact or show physical affection with others if they don't want to; it's always ok to tell a safe adult if they feel they are being forced to do something they don't feel comfortable with. They may prefer some privacy when using the toilet.

They should be aware of what bullying is and what to do if they experience bullying or see others being bullied.



## Internet safety

By the age of 5 years old, most children are using computers; they are very likely to have access to the internet through family members. Computers can add great value to a child's education or entertainment but there are also dangers involved **using technology**. They may be exposed to inappropriate content such as pornography, violence or illegal behaviour. It could be just inappropriate for their age. They may attempt to buy things on line and could access in-app purchases. There is a danger that strangers may try to befriend the child and this may lead to **child grooming** or **cyber bullying**. They may divulge personal information which others may use for **identity theft or fraud**.

Because of all these dangers, its essential that adults **talk to children about internet use and how to keep safe**. Adults should talk about and explain the dangers and also put controls in place to protect the child, such as parental controls, so they can enjoy the internet safely.

Some of these **safety strategies** include teaching children about child friendly search engines, discussing family rules about internet use and looking at sites and content together. Children should be told not to give out or post personal information, visit chat websites, arrange to meet strangers or respond to unwanted messages. It's also essential children are encouraged to talk to adults about anything they are worried about and ask for help or advice if they feel they have done something they are unhappy or concerned about.

Adults should set clear **boundaries** for internet use, for example using the computer in a family space with the screen showing, openness about which sites they have accessed, taking regular breaks from all screens, asking permission to download or purchase anything online.

Adults can set **parental controls** on all technology including games consoles, phones and tablets and should be aware when children are using their screens, setting time limits on their usage and removing them at bedtime.

Parents can also set a good example by balancing their own use of technology with other activities and encouraging conversations and other non-technology activities with their children.

