

R57 TA1 CD Knowledge organiser

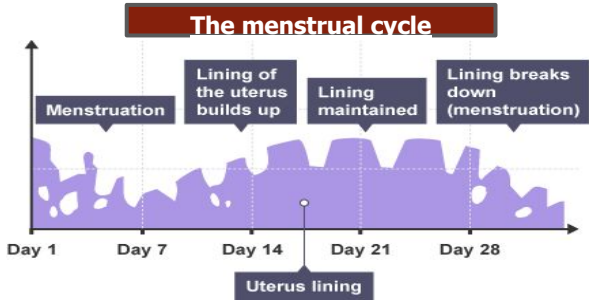


5 Preconception health considerations for parents:

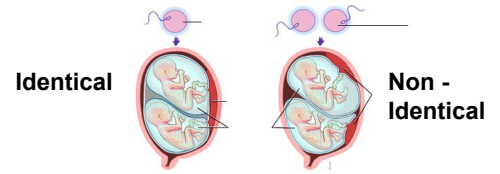
- Parental age
- Healthy weight
- Smoking/alcohol/recreational drugs

Mother only:

- Folic acid
- Up to date immunisations.



Twin Pregnancy Types

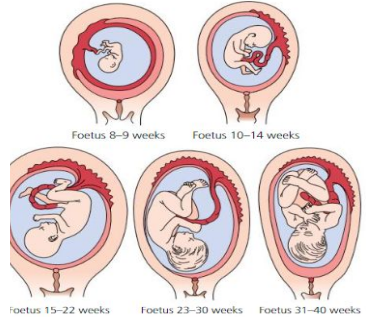


Identical	1 sperm, 1 egg. Egg splits. 1 placenta
Non - Identical	2 sperm, 2 egg. 2 placenta

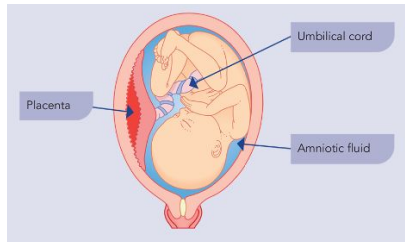
Key Words	Definitions
Ovulation	Mature egg cell (ovum) is released from the ovary
Fertilisation /conception	Sperm penetrates an egg and fuse into one cell.
Implantation	Fertilised egg burrows into lining of uterus
Barrier Method	Contraception methods which prevents live sperm from reaching an egg (ovum).
Hormonal Method	Contraception methods that prevent eggs from being released from the ovaries, thicken cervical mucus to prevent sperm entering the uterus and thins the lining of the uterus to prevent implantation.

The female reproductive system includes a cycle of events called the **menstrual cycle**. It lasts about 28 days, but it can be slightly less or more than this

- Development of a baby**
1. **Blastocyst - Fertilisation to implantation**
 2. **Embryo - implantation to week 8**
 3. **Foetus - Week 8 - birth**

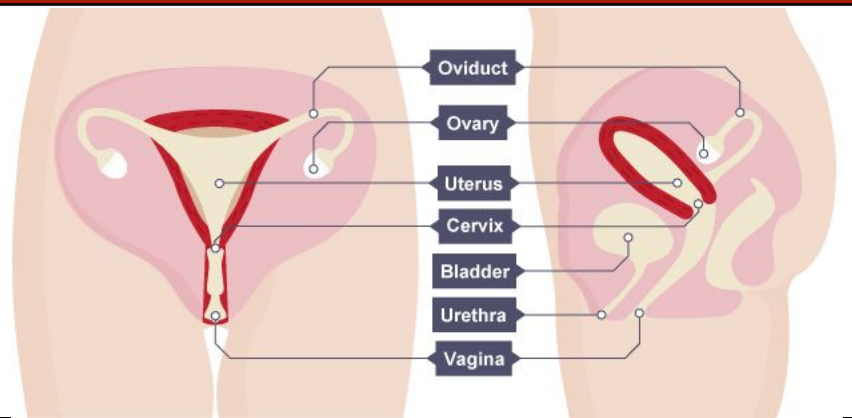


Placenta	Produces hormones, provides nutrients and oxygen, filters waste, separates mother and babies blood
Amniotic Fluid	Protects, maintains temperature, helps muscles development, lubricates to prevent toe/finger webbing.
Umbilical cord	Transfers oxygen, nutrients (to baby) and waste (away from baby)



- Signs and symptoms of pregnancy**
- Missing Period
 - Breast changes
 - Passes urine more frequently
 - Tiredness
 - Nausea

Female Reproductive System



Ovary : Stores eggs /produces the hormones/controls the menstrual cycle

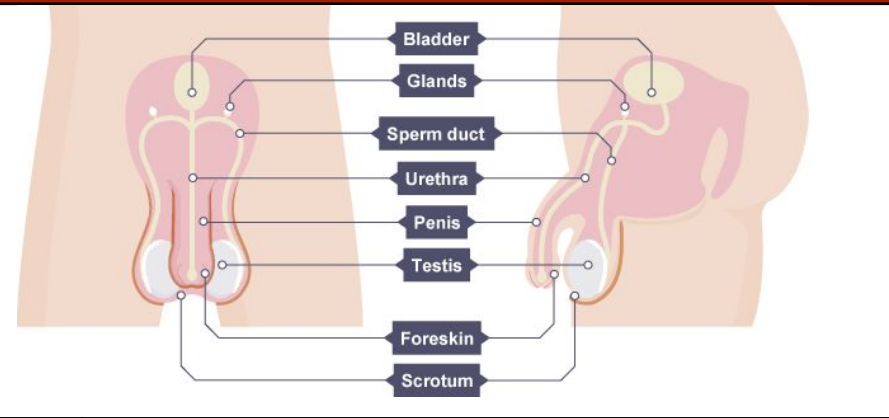
Fallopian tube: Connects ovaries → uterus, lined with cilia that move egg down the tube to meet the sperm

Uterus: where the egg is implanted, where the embryo/foetus grows and develops. Lining is called the endometrium.

Cervix: Strong ring of muscle between the uterus and vagina, keeps the baby in place, dilates during labour to let the baby out.

Vagina: MUSCULAR TUBE Connecting the cervix to the outside the body. Where the penis enters during sex

Male Reproductive System



Scrotum & Testes	The scrotum is the bag of skin that contains 2 testes. Testes make millions of sperm. They also produce hormones including testosterone.
Sperm duct system	The sperm duct system consists of the epididymis, which contains/stores sperm, and the vas deferens.
Urethra	Tube inside penis that carries urine and semen (not both at same time).
Penis	Consists of the shaft and tip, which has a small opening. Through this opening sperm and urine leave the body (separately) via the urethra.
Vas deferens	This is a muscular tube which extends upwards from the testicles, transferring sperm that contain semen to the urethra.

	How it works	Pros	Cons
Contraceptive Implant 99% effective	Small plastic rod placed under the skin in upper arm. Releases progesterone lasts for 3 years.	Doesn't interrupt sex Option if you can't use oestrogen-based contraception, Safe to use while you're breastfeeding Fertility will return to normal as soon as it is removed May reduce heavy/painful periods	Temporary side effects; headaches, nausea, breast tenderness, mood swings Periods may be irregular / stop altogether May get acne or your acne might get worse Need a procedure by GP or nurse to have it fitted and removed Doesn't protect against sexually transmitted infections (STIs)
Contraceptive Patch	Hormones released through the skin into the bloodstream to prevent ovulation. Same hormones as the combined pill and works in the same way. Thickens the cervical mucus (prevents sperm entering uterus). Thins the lining of the womb (prevents fertilised egg implanting).	Easy to use, doesn't interrupt sex, don't have to take a pill every day, you only have to remember to change it weekly. Works if you're sick (vomit) or have diarrhoea because the hormones aren't absorbed by the stomach Can make your periods more regular, lighter and less painful Can help with premenstrual symptoms May reduce the risk of ovarian, womb and bowel cancer, fibroids , ovarian cysts and non-cancerous breast disease	it may be visible, it can cause skin irritation, itching and soreness doesn't protect against STIs, so may need to use condoms too Can get temporary side effects to start with such as; headaches, sickness (nausea), breast tenderness and mood changes. Bleeding between periods (breakthrough bleeding) and spotting (very light, irregular bleeding) is common in the first few cycles of using the patch some medicines can make the patch less effective you need to remember to change it every week
Emergency contraceptive pill	Taking it is thought to stop or delay the release of an egg (ovulation).	Can be taken up to 3 days after sexual intercourse.	But it can cause: headaches, tummy pain, changes to your next period – it can be earlier, later or more painful than usual, feeling or being sick
Contraceptive pills	Combined pill – contains oestrogen and progesterone (progesterone). Stops egg being released, Thickens the cervical mucus (prevents sperm entering uterus). Thins the lining of the womb (prevents fertilised egg implanting). Progesterone-only – Thickens the cervical mucus. Thins the lining of the womb	Does not interrupt sex Usually makes bleeds regular, lighter and less painful Reduces risk of cancer of the ovaries, womb and colon Can reduce symptoms of PMS (premenstrual syndrome) Can sometimes reduce acne May protect against pelvic inflammatory disease May reduce the risk of fibroids, ovarian cysts and non-cancerous breast disease	Temporary side effects at first; headaches, nausea, breast tenderness and mood swings. Can increase blood pressure Does not protect against STI's Has been linked to an increased risk of some serious health conditions, such as blood clots and breast cancer
IUD/IUS	Prevents the sperm or egg from surviving in the womb or fallopian tubes. IUS - releases hormones IUD - releases copper which kills the sperm and egg.	Protects for 5 or 10 years, depending on the type. Works straight away. Does not interrupt sex. No hormonal side effects, (acne, headaches, breast tenderness). Safe to use if breastfeeding. Not affected by other medicines, fertility returns as soon as the IUD is removed No evidence it affects your weight or increase the risk of cervical cancer, cancer of the uterus or ovarian cancer.	Your periods may become heavier, longer or more painful, though this may improve after a few months. It does not protect against STIs, so you may need to use condoms as well. If you get an infection when you have an IUD fitted, it could lead to a pelvic infection if not treated. Most women who stop using an IUD do so because of vaginal bleeding and pain, although these side effects are uncommon.

	How it works	Pros	Cons
Contraceptive Injection 99% effective	Contains progestogen which thickens the cervical mucus (prevents sperm entering uterus). Thins the lining of the womb (prevents fertilised egg implanting). Can prevent the release of an egg each month (ovulation)	Lasts for either 8 or 13 weeks Option if you can't use oestrogen-based contraception Don't need to remember to take a pill every day, Does not interrupt sex Safe whilst breastfeeding, Not affected by other medicines May reduce heavy/painful periods, premenstrual symptoms	Periods may become irregular, heavier, shorter, lighter or stop altogether – this can carry on for months after you stop the injections Doesn't protect against sexually transmitted infections (STIs) Can take up to 1 year for periods return to normal/fertility returns May experience side effects like headaches, acne, hair loss, decreased sex drive and mood swings, weight increase
Male condom	"Barrier" method of contraception. designed to stop sperm from meeting an egg. Made of very thin latex (rubber), polyurethane or polyisoprene,	Used correctly, they are 98% effective Protect both partners from STIs Only used during sex, no advance preparation (other than obtaining them), suitable for unplanned sex. Usually no side effects. Easy to obtain	Can interrupt sex May split or tear if not used properly. Some people may be allergic to latex, plastic or spermicides, (you can get latex free condoms)
Female condom	Female condoms are made from soft, thin synthetic latex or latex. Worn inside the vagina to prevent semen getting to the womb.	Protect both partners from STIs, Used correctly, they are 95% effective. Only used during sex, no advance preparation (other than obtaining them), suitable for unplanned sex. Usually no side effects.	Can interrupt sex May split or tear if not used properly. They're not as widely available as male condoms and can be more expensive.
Diaphragm/ cap	Barrier method of contraception. It fits inside your vagina and prevents sperm passing through the cervix (the entrance of your womb). You need to use it with a gel that kills sperm (spermicide).	Only need to use when you want to have sex but can put it in at a convenient time before having sex (use extra spermicide if you have it in for more than 3 hours) Usually no serious health risks or side effects Female in control of contraception	Only 92-96% effective depending on if using correctly Doesn't provide reliable protection against STIs Can take time to learn how to use it, putting it in can interrupt sex Can cause cystitis (bladder infection) latex and spermicide can cause irritation in some women and their sexual partners
Natural family Planning Methods: ●Temperature ●Cervical mucus ●Calendar	A woman monitors and records different fertility signals during her menstrual cycle to work out when she is ovulating and likely to get pregnant. By avoiding unprotected sex during this time she will avoid getting pregnant During ovulation: Temperature rises slightly Cervical Mucus thins Tracking dates on calendar	Can be 99% effective if used correctly Acceptable to all faiths and cultures. Most women can use NFP, as long as they're properly trained by a fertility awareness teacher. Can be used either to avoid pregnancy or to become pregnant. No side effects, Doesn't involve chemicals Can help recognise abnormal vaginal secretions, so can be aware of possible infection. It involves partner, which can help increase closeness/ trust.	Does not protect against STIs such as chlamydia or HIV. Need to use barrier contraception or avoid sex (abstain), during ovulation. Abstaining could lead to 16 days of not having sex, depending on your cycle. Much less effective than other methods if not followed accurately, Can take several menstrual cycles to become confident in identifying fertile time. Need to keep a daily record of fertility signs. Not suitable for every woman. Stress, illness, travel, lifestyle and hormonal treatments can disrupt fertility signs and cycle. If emergency contraceptive pill is used, need to wait for 2 complete cycles before relying on natural family planning again.

R57 TA2 CD Knowledge organiser

Key Words	Definitions
Antenatal	ante= before/ natal = birth. So, before birth. (Can relate to care given before birth)
Antenatal clinic	Place where professionals (midwife/obstetrician) check the health of you and your baby. First appointment - should happened before 10 wks, (often 8-12 weeks).
Antenatal class	Prepares both parents for labour (what to expect during the birth) and parenthood, Promotes healthy lifestyle and diet. Provide advice on feeding and caring for the baby.
Breast feeding	Act of feeding the baby directly from the breast. Encouraged for at least first 2 weeks - protects baby from infections/diseases (antibodies in milk) and has other health benefits.

- Routine tests/checks**
- **Baby's heartbeat,**
 - **Blood pressure,**
 - **Blood tests,**
 - **Examination of the uterus,**
 - **Urine test,**
 - **Mothers weight check**

Role of the 3 health care professionals

Midwife:- provides full antenatal care, including parenting classes, clinical examinations and screening. Delivers baby. **Performs routine tests/checks**

Obstetrician
Specialist doctors that look after complicated pregnancies / during birth. (health problems/multiple births)
Carry out caesarean section, ventouse, or forceps deliveries.

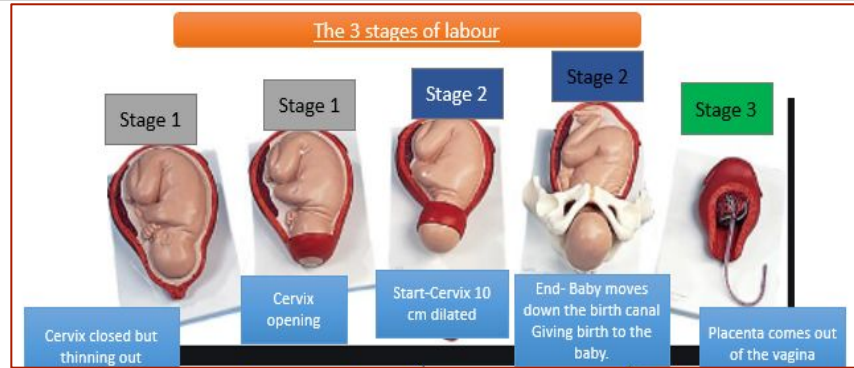
GP
Normally the first person they see and first to answer initial questions/makes necessary referrals/discuss medical issues/ concerns around pregnancy. Books mother into 'maternity system'
Treat non pregnancy related illnesses during and after the pregnancy
Emergency concerns about the pregnancy and postnatal medical care.

Screening tests - look for possible issues/conditions and Diagnostic tests - diagnose conditions

Ultrasound Dating scan	10-14 wks Development of pregnancy, how many babies, is baby growing in correct place (uterus), where placenta is, estimated due date (EDD), can detect some health conditions
Ultrasound Anomaly scan	18-21 wks Checks for major physical abnormalities, sonographer checks for 11 major conditions, looks at bones, heart, brain, spinal cord, face, kidneys and abdomen
Nuchal fold translucency scan	11-14wks Checks the fluid under the back of the neck. Can give a risk factor level for Down's syndrome but cannot say definitively. Further tests required
Triple test blood test	10-14 wks Assesses chance of mother having a baby with either Down's syndrome, Edwards syndrome or Patau syndrome (all chromosomal conditions)
Non-invasive prenatal testing (NIPT) blood test	From 10 wks Assesses chance of mother having a baby with either Down's syndrome, Edwards syndrome or Patau syndrome by examining fragments of baby's DNA. Considered more reliable than Triple test but often has to be paid for privately
Chorionic Villus Sampling -CVS	11-14 wks Tests for GENETIC disorders eg cystic fibrosis, sickle cell disease, thalassaemia or muscular dystrophy, or CHROMOSOMAL conditions Down's/ Edwards'/Patau's syndromes. Cells from placentas tested, risk of miscarriage
Amniocentesis	15-18 wks Tests for GENETIC disorders eg cystic fibrosis, sickle cell disease, thalassaemia or muscular dystrophy, or CHROMOSOMAL conditions Down's/ Edwards'/Patau's syndromes. Amniotic fluid tested, risk of miscarriage

Support a birth partner can give support during pregnancy/birth.
physical support: shopping/cleaning /Massages/timing contractions/food & drinks
Emotional support: positive encouragement/give professional birth plan/arrangements at home (childcare)

Key Words	Definitions
Crowning	It's when your baby's head becomes visible in the birth canal after you've fully dilated.
Contractions	Starts in the first stages of Labour. Gradually makes your cervix open (dilate).
Birth canal	A muscular canal that goes from the womb (uterus) to the outside of the body.



- Signs of Labour:
- A show
 - Waters breaking
 - Contractions start

- Choices for birth:
- Home birth
 - Hospital Birth

Forceps
Like tongs, fit around the baby's head
During contraction, as mother pushes, obstetrician pulls gently.
Can leave bruising/ marks that fade

Ventouse
Metal or plastic suction cap. Fits on top of baby's head
During contraction, as mother pushes, obstetrician pulls gently.
Not used before 34wks - head too soft.
Short term effect - bruising, jaundice or scalp swelling

Caesarean
Surgery to remove baby through the abdomen
Mothers healing time is longer (6wks) than vaginal birth

Pain relief	Pros	Cons
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TENS
Electrical stimulus helps body produce endorphins (natural pain-killing hormones) that interfere with signals to the brain that detect pain.

Pregnant person controls it and can vary the strength of the stimulus. Has no side effects for mother or baby / drug free. Can be used at home or in hospital

Cannot be used if the pregnant has a pacemaker
Cannot be used if the pregnant person has epilepsy or a heart problem
Cannot be used during a water birth

Pethidine
Strong pain killer injection. (Given with an anti-sickness drug as may cause sickness)

Lasts between 2 and 4 hours
Administered by midwife – doctor not needed
Also helps mother to relax

Takes 20 minutes to work. Can make baby drowsy. Can affect baby's breathing. Can make mother disorientated/woozy/sleepy.

Entonox (gas and air)
Mixture of oxygen and nitrous oxide, inhaled through a mouthpiece

No side-effects for baby. Works very quickly. Mother can control intake. Drug does not stay in the system. Contains oxygen - good for baby. Can be used for home and for water births.

Does not relieve all the pain – not a strong pain killer Wears off quickly. Gives mother a very dry mouth can make mother light-headed/dizzy/ drowsy.

Epidural
Fine plastic tube (epidural catheter) inserted into back (spine) near nerves that carry pain messages to brain.

Can provide 100% pain relief. It is an anaesthetic that numbs the nerve that carries pain from the birth canal to the brain.

Doesn't always work. Can only be given in a hospital
Pregnant person cannot walk. Takes 10 minutes to administer and 15 minutes for it to work.

R57 TA3 CD Knowledge organiser

Key Words	Definitions
Postnatal	ante= after/ natal = birth. So, after the birth. (Can relate to care given after the birth)
Health visitor	Qualified nurse or midwife who looks after mother and baby after the birth up until 5yrs old
SIDS	Sudden Infant Death Syndrome

Postnatal checks - immediately after birth

APGAR	appearance, pulse, grimace, activity, and respiration (colour, heart rate, reflex response, muscle tone, breathing)
Skin	Salmon patches (stork marks), Blue-grey spots, Infantile haemangiomas (strawberry marks)
Vernix	White waxy substance, covers baby's skin in the womb. Natural moisturiser & provides protective layer against infection.
Lungo	Soft, fine hair that develops from 22 wks. Thought to help regulate body temperature. Usually disappears during 7-8 months of pregnancy.
Weight	Weight measured so that it can be monitored in the days/weeks/months to come. 2.7-4.2kg (6-9lb) average for newborn.
Length	Length measured so that it can be monitored in the days/weeks/months to come. 50-53cm average for newborn.
Head circumference	Shape noted and circumference measured. This is monitored in the days/weeks to come. A 'squashed' head should correct within 2 days

Physical Examination - Checks carried out 1 - 5 days after birth

Feet	Counted and checked for webbing. Checked for talipes (clubfoot) - front half of foot turns in and down
Fingers	Counted and checked for webbing. Checked for 2 palmar creases. 1 crease can indicate Down's syndrome
Hips	Checks for Dysplasia - hip joint not forming properly
Eyes	Checks for cataracts and other conditions, and movement
Heart	Checks for murmurs. Common in newborns but corrects itself.
Testes in Boys	Check in right place. Boys testes form inside the body and drop into the scrotum by 9m old
Fontanelle	'Soft spots'. One towards the front and small one towards the back. They should be soft and 1-3cm.
Heel prick test (blood spot test)	Screening test to identify several rare/serious diseases (sickle cell/cystic fibrosis)

Health Visitors support the new family giving advice and support on:

Feeding

Safe sleeping

Run clinics

Inform the family; where they can get mental health support, of parent/baby groups they can join.

Discuss concerns re baby/child



Safe sleeping - SIDS - Sudden Infant Death Syndrome

Mattress: Firm, Flat, Waterproof, Good condition

DO: Place the baby; on their back, 'feet to foot', head uncovered, in cot in room with parents, breastfeed if possible, keep room 16-20°C

DO NOT: Smoke during pregnancy/smoke in same room as baby, sleep on bed, armchair, sofa with baby, let baby get too hot/cold

Mother's '6 week postnatal check' with the GP

Check mental health

Have they had a period since birth & has vaginal discharge stopped
BP checked

Check stitches (if Caesarean or Episiotomy)

If missed, book cervical screening for 12 weeks after birth

Discuss contraception

Guidance on weight loss if BMI of 30 or more



How partner, family and friends can provide physical and emotional support

Partner - Help with baby duties, support mother during early weeks making sure she remains healthy (mentally/physically), help with other children

Family/friends - Help with daily chores and helping with childcare for other children can help relieve strain on the new parents



The developmental needs of children from birth to five years

Love and emotional security	Exercise	Warmth - Clothing/bedding	Shelter/home - safe/secure	Fresh air
Cleanliness/hygiene-kitchen/clothing/bedding/child	Opportunities for listening and talking	Feeding - Nutrients, meals, snacks	Socialisation/play - interaction	Routine: Bath time Feeding
	Stimulation - interaction/play	Rest/sleep - Quiet time/sleep	Acceptable patterns of behaviour - boundaries	

R57 TA4 CD Knowledge organiser

Illness	Spread	Incubation	Signs & Symptoms	Treatment
Mumps	Airborne/droplet	14-21 days	Pain, swelling (throat), fever, swallowing painful. Swollen face/jaw in front of ears	Fluids (straw), hot compress, oral hygiene
Measles	Airborne/droplet	7-15 days	Fever, heavy cold, cough (later), fretful Day 1: Koplik's spots, Day 4: Blotchy rash face/body	Rest, fluids, tepid sponging, shaded room (to avoid light)
Meningitis	Airborne/droplet	2-10 days	Fever, vomiting, stiff neck, drowsy, confusion, seizures Red/purple spots that don't fade glass pressed against	Antibiotics, fluids, oxygen, Steroids, hospital treatment
Tonsillitis	Direct/ droplet		Sore throat, fever, headache, pain swallowing, aching (back/ limbs)	Rest, fluid, antibiotics, iced drinks,
Chickenpox	Airborne/droplet	10-14 days	Low fever, itchy rash, mild then feel ill. severe headache. Red spots with white centre on trunk and limbs first	Rest, fluids, calamine lotion, keep child's nails short
Common cold	Airborne/droplet	1-3 days	Sore throat, sneezing/runny nose/headache/low fever/irritable/partial deafness	Treat symptoms
Gastroenteritis	Direct contact Indirect: infected food/drink	7-14 days 30mins- 36hrs	Vomiting and diarrhoea, signs of dehydration	Replace fluids, seek urgent medical aid

When to seek emergency medical help

- Breathing difficulty
- Unresponsive - sleepy/drowsy
- Unresponsive - floppy/limb body
- Seizures/fitting
- High temperature than cannot be lowered

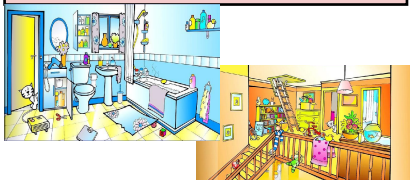
How to meet the needs of an ill child

- Physical needs - Fluids, food they can eat, correct body temperature
- Social needs - Reassure, Explain, company (people visiting)
- Emotional needs - Reassure if frightened
- Intellectual needs - activities to stimulate and amuse, promote learning and development

	Definition
Hazard	Something that could cause harm e.g. toys left on stairs are a trip hazard.
Risk	The likelihood of a hazard actually causing harm.

Hazards in the Bathroom

- Unsafe chemicals - could touch/drink.
- Sharp equipment e.g. razors.
- Hot taps and hot water.
- Access to water (drowning risk).
- Access to items unhygienic for children to handle e.g. toilet brush.
- Items that are slippery when wet.
- Window - child could fall out
- Medication -child who may think they are sweets.
- Child could slip in the bath.



Hazards in the Hall, Stairs and Landing

- Items left on the stairs - tripped over.
- Risk of tripping.
- Risk of falling.
- Faulty or missing handrail.
- Unsafe door mat.

Safety in the Home/Garden/Road



Hazards in the Kitchen

- Unsafe chemicals - could touch or drink e.g. dishwasher tablets, cleaning products.
- Food safety hazards e.g. raw meat.
- Hot equipment e.g. oven, grill, toaster,
- Sharp equipment e.g. knives, skewers, scissors, tin openers.
- Items that are dangerous if broken e.g. glass
- Electronic food preparation equipment.
- Access to power sockets / hot taps / water (drowning risk).
- Windows from which a child could fall.
- Wires that could be pulled – boiling kettle.
- Matches if left out.





Hazards in the Garden/Play area

- Garden pond full of water a child could drown in.
- Stinging nettles a child could fall into.
- Poisonous berries a child may eat.
- Broken glass on the ground.
- Fire left unattended a child could get burnt.
- Gates that are not locked or broken fences.
- Electrical equipment could be left out.
- Broken or cracked paving stones.
- Dog or cat faeces.
- Play equipment that is not well maintained or wrong age for child using it.

Road Safety

- Teach children the Green Cross Code.
- Teach them the principles of STOP, LOOK and LISTEN before crossing.
- Always stand slightly back from the curb.
- Hold adults hand when near road or crossing the road
- Parents should put children in high viz jackets when out near the road.
- Teach them to never cross between parked cars.
- Always cross at a crossing if one is nearby.
- Always walk across the road, never run.
- Always cross in a straight line.

These are safety symbols found on products

CE symbol  / UKCA 
 Symbol shows that toy is tested for compliance with EU standards and meets safety requirements. Most common toy label. By law has to be on all toys sold in EU. **E.g. toy car, puzzle, books, soft toy**

Age Advice symbol

Indicates that item is not suitable for under 3 years/36 months. That could be a choke hazard due to small parts. **E.g. Small figure toys, board games with small pieces, Lego**



Lion Mark symbol

Around 95% of toys in UK have this symbol. Appears on toys made by a member of the British Toy and Hobby Association and Toy Fair. **E.g. puzzles, board games, soft toys**



British Standards Institution symbol / Kitemark

British Standards Institution, a UK product quality certification mark. Identifies products where safety is paramount assuring safety and reliability. **E.g. Bike helmet, high chair, pram, car seat**



Children's nightwear labelling

Look for labels showing that they are low fl
 Nightwear can burn quickly, causing serious injury
E.g. Nightwear including dressing gowns



Preventing Hazards

Understand stage of development spot potential hazards before they become dangerous Carry out a risk assessment. Make good use of the safety products available: Harness/reins, Safety gates, cupboard/window locks, Safety glass/film, Play pens, Smoke alarms, Cooker guards, fire blankets/extinguishers