



Starters and Plenaries

for OCR Cambridge Nationals L1/2 Child Development

Unit R057: Health and Well-being for Child Development

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Teacher's Introduction

This resource contains 18 short and stimulating activities designed to cover the specification for **Unit R057: Health and well-being for child development**, part of the 2022 OCR Cambridge Nationals (L1/2) in Child Development.

These are all short activities, designed to take between 10 and 15 minutes each and can be used as introductions to a lesson to get students ready for learning, or can be used as a final activity to ensure that learning continues right up until the end of the lesson. Guidance is provided as to whether each activity might work best as a starter or plenary, but teachers should use their discretion and best judgement when deciding how to use each activity.

The activities are in a variety of different styles and formats to engage students in the topics on the unit's specification. There is also a mix of individual, pair and small-group activities, many of which have opportunities for whole-class discussion too. A table has been provided which outlines the suggested usage and specification points covered by each activity.

Remember!

Always check the exam board website for new information, including changes to the specification and sample assessment material.

September 2023

Specification Reference Table

This table will enable you to pick and choose starters or plenaries relevant to the teaching. While each activity has been selected as either a starter or a plenary, your starter and plenary tasks may be interchangeable, dependent on how you teach. Some may not work so well as a starter or plenary. It is at the teacher's discretion.

	Activity	Spec Reference	Ex Resource
Topic Area 1: Pre-conception health and reproduction			
1	Pre-conception health assessment	1.1–1.2	
2	Method of contraception: <i>Post-it notes</i>	1.3	
3	Structure and function of the reproductive systems: <i>Label the diagrams</i>	1.4	
4	The reproduction process and signs/symptoms of pregnancy: <i>Card sort</i>	1.5–1.6	Scissors
Topic Area 2: Antenatal care and preparation for birth			
5	Roles of different health professionals that support pregnant mothers: <i>Who am I?</i>	2.1	Scissors
6	Antenatal and parenting classes: <i>Create a timetable</i>	2.1 and 2.3	
7	Routine checks carried out at an antenatal clinic: <i>Forbidden words</i>	2.1	
8	Screening and diagnostic tests: <i>Divide</i>	2.2	
9	The choices available at delivery: <i>You're the expert</i>	2.4	
10	Labour and the methods of delivery: <i>Complete the diagram</i>	2.5–2.9	
Topic Area 3: Postnatal checks, postnatal care and the conditions for a healthy baby			
11	Postnatal checks of the newborn baby: <i>Quiz</i>	3.1	
12	Postnatal provision available for the mother, baby and family: <i>Dear diary</i>	3.2 (plus some 2.5)	
13	Developmental needs of children: <i>Storyboard</i>	3.3	
14	Acceptable patterns of behaviour and approaches to discipline: <i>Debate</i>	3.3	
Topic Area 4: Childhood illnesses and a child safe environment			
15	Infection and common childhood illnesses: <i>Quiz</i>	4.1	
16	Needs of an ill child: <i>Annotate the case study</i>	4.2	
17	How to create a safe, child-friendly environment: <i>Safety checklist</i>	4.3	
18	Safety signs: <i>Match-up</i>	4.3	

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Starter activity: Health assessment	
Aim of the activity	For students to understand how different factors can influence pre-conception health
Teacher's instruction	<p>Photocopy the activity page, giving one per pair of students. Ask them to draw up a checklist that could be used by health professionals to assess pre-conception health. They should add factors to the checklist with a rating of 1–5, and add a sentence explaining how each factor could be done for students as an illustration. This should be done for factors that should be done DURING pregnancy.</p> <p>This activity should take no longer than 10–12 minutes (approx.)</p>

Other factors students could list and explain in their checklist include:

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- **Up-to-date MMR vaccine (women only)**
 - The MMR (measles, mumps and rubella) vaccine can prevent harmful infections. Women should avoid becoming pregnant for one month after having the jab.
- **Folic acid: (women only)**
 - Also called vitamin B9. This should be taken for at least three months before conceiving to reduce the risk of neural tube defects such as spina bifida. A woman can either take supplements or eat green leafy vegetables, beans, fresh fruit and wholegrains in her diet.



Activity 1 – Factors affecting pre-conception

Health assessment

Work together in pairs to draw up a checklist which could be used by health professionals to assess the health of someone that is planning to conceive. Consider the different factors that can influence both men's and women's pre-conception health, and add them to the checklist below. For each factor, write a short sentence to explain why that factor is important for pre-conception health. One has already been added to the table, to help you get started.

Factors influencing pre-conception health

Smoking – both men and women should quit smoking before decide to try to conceive as smoking can affect hormone production, damage the DNA in sperm and damage the reproductive system.

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Activity 2 – Methods of contraception

Teacher's notes

Plenary activity: Post-it notes	
Aim of the activity	For students to summarise their knowledge on the different types of contraception and evaluate these
Teacher instructions	<p>Photocopy the activity page and give a set to each small group. They should work together to fill in the Post-it notes with key information about each form of contraception available. For each method, students should also write down about that method's reliability with perfect use; as well as its effectiveness.</p> <p>This activity should take no longer than 10 minutes (approx. 10 minutes for 3–4 students working simultaneously).</p> <p><i>Optional:</i> you may wish to cut out the Post-it notes (or supply your own) so they can stick on the board.</p>

Suggested answers (accept suitable alternatives):

Students could fill out their Post-it notes with information from the following:

Barrier methods

Male condom

- 98% effective if used correctly.¹
- Is a latex sheath that is placed over the penis while erect and prevents sperm from reaching the egg.
- Using a condom can be made an enjoyable part of foreplay.
- Condoms need to be stored correctly and must be used before the use-by date.
- A condom can fall off or tear if not used correctly.
- A condom can only be used once and must be disposed of appropriately.
- Condoms protect against STIs.

Female condom

- 95% effective if used correctly.¹
- Like male condoms, female condoms have use-by dates and CE or UKCA safety labels.
- It should be placed into the vagina before sex and it prevents sperm from reaching the egg.
- The condom can get pushed up inside the vagina during sex, but can be removed easily.
- It must only be used once and then disposed of correctly.
- Female condoms protect against STIs.
- Female condoms are suitable for use by women who are breastfeeding.

Diaphragm or cap

- A dome that is inserted into the vagina, which prevents sperm accessing the womb.
- 92–96% effective¹
- *Possible evaluation points:*
 - There are no major risks to health, but they can cause bladder infections for some women.
 - An individual must learn to use it properly, which may require some practice.
 - It must stay in for six hours after sex, and needs to be cleaned after each use (if reusable).
 - It can be inserted before sex, which reduces possible interruptions.
 - It doesn't protect against sexually transmitted infections (STIs).
 - Safe for women who are breastfeeding.

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¹ <https://www.nhs.uk/conditions/contraception/>

Hormonal methods

Combined contraceptive pill

- This contains artificial doses of the hormones oestrogen and progesterone – these prevent being released each month by the ovaries (ovulation), thickening cervical mucus (which the egg) and thinning womb lining (making it harder for a fertilised egg to implant and grow).
- It is over 99% effective if taken correctly.²
- *Possible evaluation points:*
 - Vomiting and diarrhoea can make it less effective.
 - It increases the risk of some serious health conditions (e.g. thrombosis, breast cancer).
 - It can protect against some other serious health conditions (e.g. pelvic inflammatory disease).
 - Some may experience unpleasant side effects (e.g. mood swings, nausea).
 - It doesn't protect against STIs.
 - Not recommended while breastfeeding due to the oestrogen content.

Progestogen-only contraceptive pill

- This contains doses of the hormone progestogen, which may prevent pregnancy by stopping ovulation (depending on pill type).
- It is over 99% effective if taken correctly.²
- *Possible evaluation points:*
 - Vomiting and diarrhoea can make it less effective.
 - It can be used by people that cannot take the hormone oestrogen.
 - Some may experience unpleasant side effects (e.g. acne, breast tenderness).
 - It can cause changes to periods.
 - It doesn't protect against STIs.
 - Safe for women who are breastfeeding.

Intrauterine device or system

- A T-shaped device that is inserted into the womb – the intrauterine system (IUS) releases hormones (lasts for 3–5 years, depending on type), and the intrauterine device (IUD) releases copper (lasts for 10–12 years).
- The IUS works as the hormone progestogen thickens cervical mucus (makes it harder for sperm to reach the egg) and thins womb lining (making it harder for an egg to implant and grow).
- The IUD works because the copper changes cervical mucus (makes it harder for sperm to reach the egg) and thins womb lining (making it harder for an egg to implant and grow).
- It is over 99% effective if correctly inserted.²
- *Possible evaluation points:*
 - It is long-lasting, but requires the procedure to be carried out by a medical professional.
 - Some people may get an infection as a result.
 - Depending on the type, it can be used by women that can't (or don't want to) take hormonal contraception.
 - Users must learn how to check the IUD/IUS is still in place, to ensure they are protected.
 - Some unpleasant side effects may be experienced with the IUS (e.g. headaches, weight gain).
 - There are no hormonal side effects with the IUD, but periods may become heavier.
 - It doesn't protect against STIs.
 - Safe for women who are breastfeeding.

Contraceptive injection

- The hormone progestogen is injected into the bloodstream, which prevents ovulation (thickens cervical mucus making it harder for sperm to reach the egg), and thins womb lining (making it harder for an egg to implant and grow).
- It is over 99% effective if used correctly.²
- *Possible evaluation points:*
 - It is long-lasting (8–13 weeks, depending on the type of injection) and is easier to remember to take than the pill.
 - It can be used by people that cannot take the hormone oestrogen.
 - It doesn't protect against STIs.
 - It can affect periods and cause unpleasant symptoms (e.g. headaches, reduced bone density).
 - It can affect fertility for up to a year.
 - Safe for women who are breastfeeding.

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² <https://www.nhs.uk/conditions/contraception/>

Contraceptive patch

- A sticky patch that provides pregnancy-preventing hormones (oestrogen and progesterone) to prevent pregnancy by stopping an egg being released each month by the ovaries (ovulation) and making it harder for sperm to reach the egg (and thinning womb lining (making it harder for an egg to implant and grow)).
- It is over 99% effective if used correctly.³
- *Possible evaluation points:*
 - Some may experience side effects (e.g. headaches, mood changes).
 - Patches must be changed each week, but it is easy to use.
 - For some women, it can ease premenstrual symptoms and make periods less painful.
 - For some, it can cause irritation to the skin.
 - It doesn't protect against STIs.
 - Safe for women who are breastfeeding.

Contraceptive implant

- A small rod that releases progesterone that is inserted into the upper arm, and which prevents ovulation, thickens cervical mucus (makes it harder for sperm to reach the egg) and makes it harder for an egg to implant and grow).
- It is more than 99% effective when used correctly.³
- *Possible evaluation points:*
 - Some may experience side effects (e.g. headaches, mood changes).
 - Periods can change (e.g. stopping, becoming irregular).
 - It is long-lasting, but requires the procedure to be carried out by a medical professional.
 - It can be used by people that cannot take the hormone oestrogen.
 - It doesn't protect against STIs.
 - Safe for women who are breastfeeding.

Emergency contraceptive pill

- Depending on the type of pill, it must be taken within 3–5 days of unprotected sex. There are two types: those that contain progesterone and those that contain levonorgestrel acetate – and they work in different ways.
- The effectiveness is unknown (as we can't know for sure how many women would get pregnant if they didn't take the pill), but it is more effective the sooner it is taken.⁴
- *Possible evaluation points:*
 - It doesn't protect against STIs.
 - There are no serious side effects; however:
 - It can cause unpleasant symptoms, such as headaches and nausea.
 - It can affect the menstrual cycle, e.g. the timing of your next period, or make it heavier or lighter.
 - It may be ineffective if used with other medicines.
 - It is not safe for women who are breastfeeding to take the emergency contraceptive pill.

Natural family planning

- During her menstrual cycle, a woman monitors signs of fertility (e.g. cervical mucus, basal body temperature, etc.). Sex is completely avoided during fertile times so fertilisation cannot occur.
 - *Body temperature* can increase by 0.3–0.5 °C during and after ovulation due to progesterone.
 - Oestrogen produces changes in the *cervical mucus* from thick, opaque and sticky to thin, clear and slippery as ovulation nears.
 - A woman needs to calculate her own fertile days based on her previous menstrual cycle. As an egg can only be fertilised within 24 hours of ovulation, she can determine when to avoid sex.
- If followed correctly, it can be up to 99% effective.³
- *Possible evaluation points:*
 - It must be used very precisely – signs of ovulation and fertility must be monitored, and sex must be avoided during certain stages of the cycle.
 - Signs of fertility can be disrupted by other factors, e.g. stress.
 - There are no side effects.
 - It is acceptable for most religious or cultural needs.
 - It can also be used to plan pregnancy.
 - It doesn't protect against STIs.
 - Safe for women who are breastfeeding.

³ <https://www.nhs.uk/conditions/contraception/>

⁴ <https://www.nhsinform.scot/healthy-living/contraception/emergencies/emergency-contraception#how-often>

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Activity 2 – Methods of contraception

Post-it notes

For this activity, you need to work in your groups to fill in the 'Post-it notes' below with key information about different types of contraceptive methods.

For each method, you should provide:

- A definition
- Information about its reliability/effectiveness (with **perfect** use)
- One evaluation point (e.g. a strength or weakness of the method)

One has already been completed for you.

Barrier methods:

Male and female condoms

Barrier methods worn on penis or inside vagina to prevent sperm entering the womb and fertilising the egg.

Effectiveness: 98% male, 95% female

Condoms can tear and should not be used past the expiry date.

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Hormonal methods:

Combined contraceptive pill

Progestogen-only pill

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Contraceptive patch



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Contraceptive injection



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Cervical mucus

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Activity 3 – Structure and function of the reproductive system

Teacher's notes

Plenary activity: Label the diagram	
Aim of the activity	For students to summarise their knowledge of the structure and function of the male and female reproductive systems
Teacher instructions	<p>Photocopy the activity page, giving one per student. For this activity, the diagrams below of the male and female reproductive systems are at the bottom of the page. Students are to label each structure and give a brief overview of the menstrual cycle diagram given.</p> <p>This activity should take no longer than 12–15 minutes (approximately three minutes for each reproductive system, three minutes for menstrual cycle).</p> <p>Note: Students do not need to be able to draw the systems.</p>

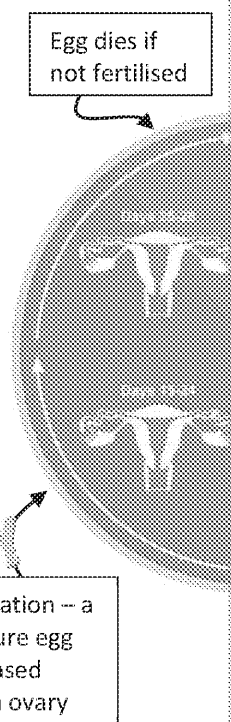
Suggested answers

Suggested answers for the structure and function of the male and female reproductive system are on the next page overleaf.

Below are the answers to what happens during the menstrual cycle:

Menstrual cycle: The menstrual cycle is a series of monthly events that are driven by hormones from the ovaries and the uterus and is where the uterus prepares for a possible pregnancy. One cycle lasts about 28 days.

- Menstruation** – during this time the lining of the uterus sheds out through the vagina and is no longer required to support a pregnancy.
- Around day 7**, the lining (endometrium) begins to build up again in preparation for the release of an egg for another possible pregnancy. This is caused by rises in the hormone oestrogen. During this time, another hormone stimulates the follicles in the ovary to develop into a fully mature egg (ovum).
- Ovulation** (the release of the ovum) normally happens at around day 14, and on day 15 the ovum travels down the fallopian tube where, if it meets a sperm, it will become fertilised and implant into the wall of the uterus. Progesterone levels have also increased and help to thicken the endometrium.
- If fertilisation has not occurred, the egg dies, hormone levels drop suddenly and the thickened lining will begin to shed.
- The cycle then starts again.

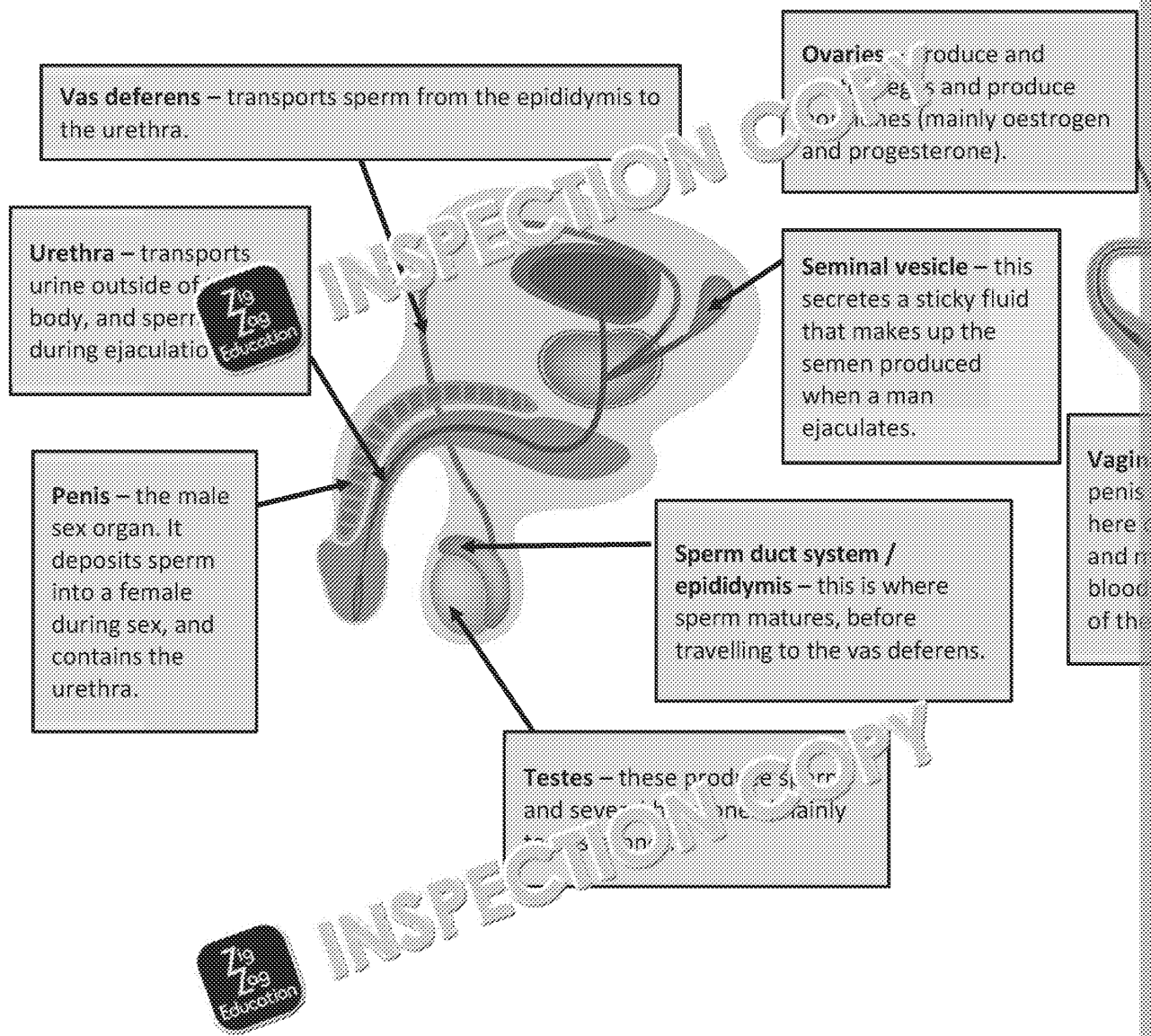


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Label the diagram answers (Answers)

Students should label and annotate their diagrams as follows (accept suitable alternatives):



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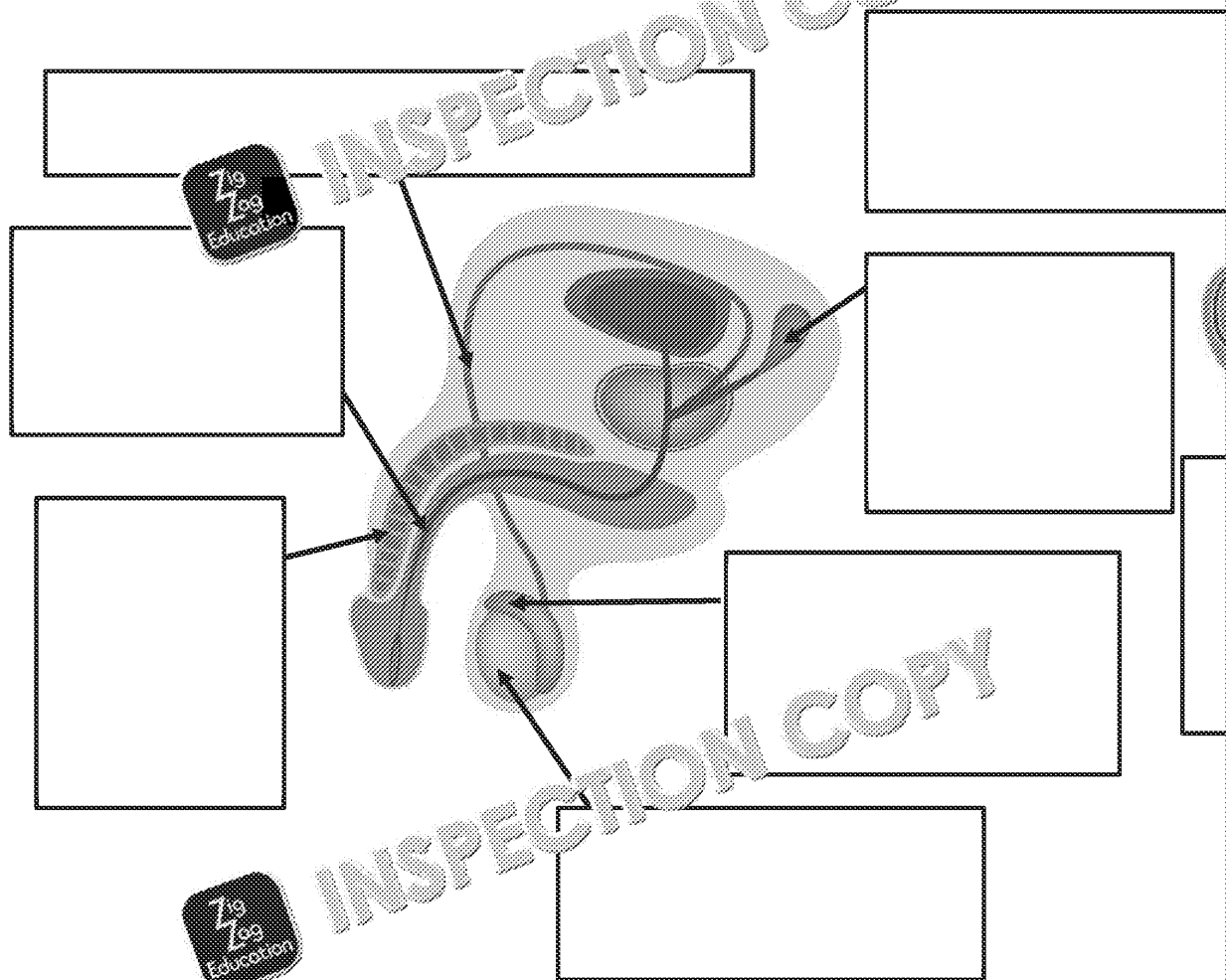
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Activity 3 – Structure and function of the

Label the diagrams

For this activity, you should label the diagrams below of the male and female reproductive systems with the labels at the bottom of the page. You should also explain the function of each structure and give a brief overview of the system.



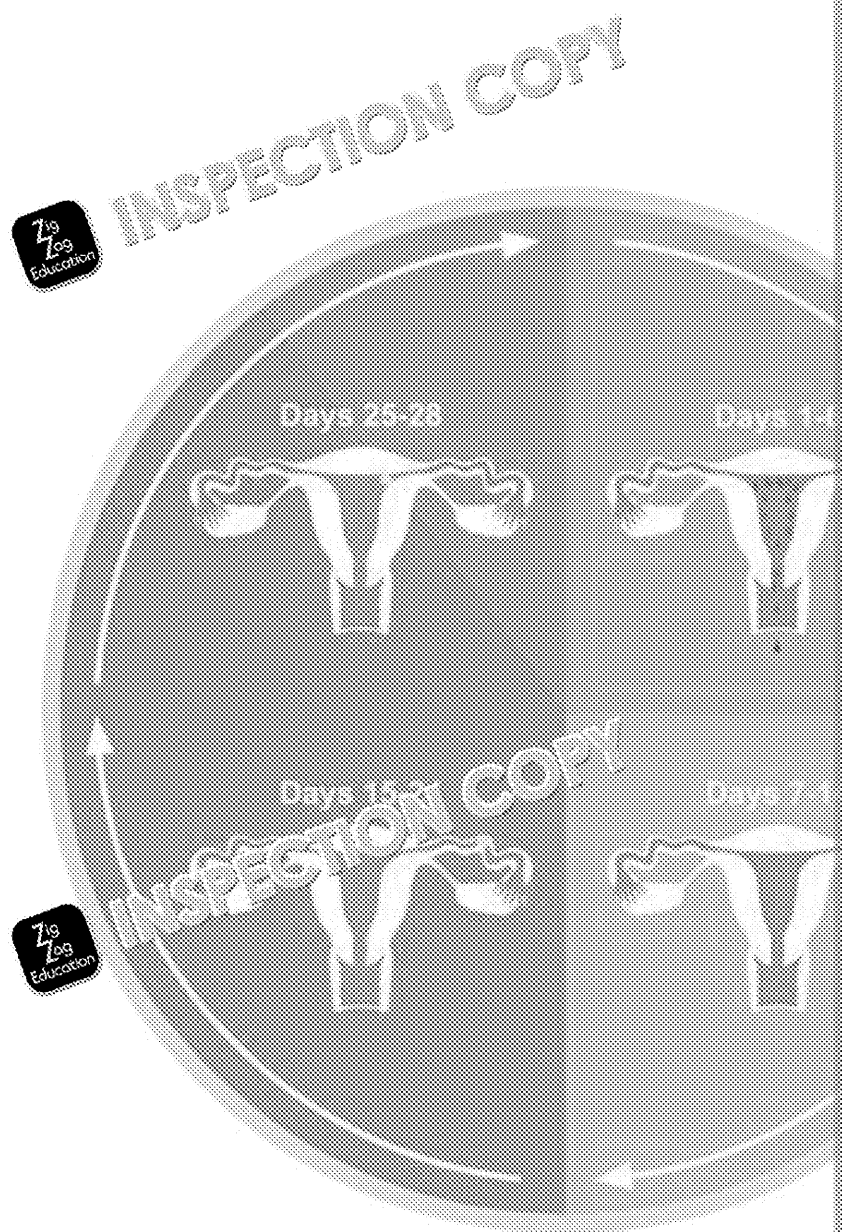
Testes	Cervix	Vas deferens	Uterus
Ovaries	Fallopian tubes	Urethra	Vagina

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Annotate the diagram of the menstrual cycle to explain what happens from the first menstruation (a period) to the day before her next period.



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Activity 4 – The reproduction process and signs of pregnancy

Teacher's notes

Starter activity: Card sort	
Aim of the activity	For students to be aware of how reproduction takes place, and the signs of pregnancy
Teacher's instructions	<p>Preparation: cut out the cards. The first activity page contains a series of stages of the reproduction process and accompanying descriptions. Give each small group of 3-4 students. Also photocopy enough of the cards so there is one per group.</p> <p>For the first part of the activity, students need to first sort the cards of the reproduction process to their accompanying descriptions. Then, students sort the 'signs of pregnancy' cards into the correct chronological order, and list them on the page. This part of the activity should take no longer than five minutes.</p> <p>The second part of the activity involves several short questions about the process in their groups and make notes on. This part of the activity should take no longer than 10 minutes.</p>

Answers

Part 1

Stages of reproduction (in order)

- Ovulation: An egg is released from one of the ovaries.
- Intercourse: The penis enters the vagina; sperm are released.
- Conception/fertilisation: The sperm joins with the egg.
- Implantation: The embryo attaches itself to the lining of the uterus.
- Development of the embryo: This involves the formation of critical body systems.
- Development of the foetus: This occurs after the eighth week of pregnancy.

Part 2 (acceptable alternatives)

1. Identify three signs and symptoms of pregnancy.

- Missed period
- Passing urine frequently
- Nausea
- Breast changes
- Tiredness

2. Explain the following organs linked with pregnancy.

- The amniotic sac and fluid – this develops by day 12 of pregnancy from the cells; the foetus develops in the sac surrounded by the fluid.
- The placenta – this forms gradually during the first three months of pregnancy while removing waste products from the foetus.
- The umbilical cord – by week seven this is fully formed; it connects the foetus to the placenta.

3. What is the difference between 'monozygotic' and 'dizygotic' twins?

Monozygotic twins are genetically identical, as they both develop from the same egg. Dizygotic twins have the same genetic similarity as siblings, as they develop from two separate eggs.

4. What other 'multiple pregnancy' can occur?

Triplet pregnancy, and in rare circumstances potentially even more. These involve the fertilisation of three eggs, resulting in three embryos.

5. How could experiencing multiple pregnancy affect the mother?

Symptoms such as nausea may be more severe, and the mother may be at a greater risk of complications during pregnancy (e.g. high blood pressure). There is also a higher risk of complications at birth, miscarriage).

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Activity 4 – The reproduction process and signs/symptoms of pregnancy

Card sort

<p>An egg is released from one of the ovaries.</p>	<p>Conception/fertilisation</p>	
<p>Development of the embryo</p>	<p>The penis enters the vagina; sperm are released.</p>	<p>Time</p>
<p>The sperm fertilises the egg.</p>	<p>Ovulation</p>	
<p>Development of the foetus</p>	<p>This occurs after the eighth week of pregnancy.</p>	<p>Time</p>

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Activity 4 – The reproduction process and signs/symptoms of pregnancy

Card sort

For the first part of this activity, your teacher will give you a set of cards. Some of the reproduction process, and others contain descriptions of each stage. Match in chronological order!

Once you've done that, you should list the key stages below in the correct chronological order.

1.



Now, answer these short questions relating to pregnancy. Discuss these in your groups and write down your answers below.

1. Identify three signs and symptoms of pregnancy.
2. Explain the role of the following organs:
 - a) Amniotic sac and fluid
 - b) Umbilical cord
 - c) Placenta
3. What is the difference between 'monozygotic' and 'dizygotic' twins?
4. What other kinds of 'multiple pregnancy' can occur?
5. How can experiencing multiple pregnancy affect the mother?

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Activity 5 – Roles of different health professionals support pregnant mothers

Teacher's notes

Starter activity: Who am I?	
Aim of the activity	For students to be aware of the different health professionals who support pregnant mothers
Teacher's instructions	<p>The first activity contains a series of cards which briefly describe health professionals who may provide support to pregnant women. Copy these cards, so photocopy as many sheets as required to go around. Photocopy enough copies of the second activity to have one.</p> <p>Give each student a card, and one minute to read through it. In secret. Give students 8–10 minutes to then go around the room asking questions to try and guess which profession their classmates are, to, they can ask as many questions as they like but they only have one person's profession. If they guess correctly, students should tick the activity sheet. Their partner is likely to then ask them questions before moving on to speak to other students. If students do not attempt, they will have to speak to other classmates until they guess the profession. The first student to guess all three professionals wins.</p> <p>Students may also wish to make quick notes on the activity page about these roles.</p> <p>This activity should take no longer than 10 minutes in total.</p> <p>Optional extension: If students complete this activity quickly, they can be asked to discuss their questions together as an in-class discussion.</p>

Answers

Not applicable for this activity. Students' notes may contain information taken from the cards while they question their classmates.

Extension answers:

Other professionals who may work with the roles listed include:

- **Nurses** – work with obstetricians and midwives to provide medical assistance, perform tests and measuring vital signs
- **Sonographers** – perform ultrasound scans to monitor growth and development
- **Counsellors/Psychologists** – provide emotional support to address anxieties that arise
- **Dieticians** – provide support with nutritional advice to ensure healthy development
- **Paediatricians** – a paediatrician is a doctor who specialises in working with children who may suffer from
- **Gynaecologists** – a gynaecologist is a doctor who specialises in conditions linked to the reproductive system.

Accept any suitable answers.

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Activity 5 – Roles of different health professionals who support pregnant mothers

Who am I?

Midwife

These qualified professionals specialise in the needs of pregnant women and provide care before, during and after birth. They also provide emotional support. Midwives can work in both community and hospital settings. For women with low-risk pregnancies, midwives will provide most or all of the care during pregnancy and birth. Midwives usually transfer care to the health visitor around 10 days after birth.

General Practitioner

This is a doctor who works in a GP surgery, treating common or minor health problems. General practitioners also provide specialist services when needed. Patients usually see their GP first in the community, who will refer them to a specialist if necessary.

Obstetrician

These are doctors who are specialised in the needs and care of pregnant women. A midwife or GP may refer a woman to an obstetrician if there are concerns or additional risks about her pregnancy or the birth. Obstetricians will monitor these concerns throughout the woman's pregnancy. Obstetricians also carry out caesarean sections and manage deliveries.

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Activity 5 – Roles of different health professionals who support pregnant mothers

Who am I?

For this activity, you'll each get a card with information on it about a different health professional who can provide support to the mother during pregnancy. Familiarise yourselves with the information on it, then pass this card to you.



You'll then go around the room and ask each other questions to try and work out who is which professional. You can like to learn about their role, but you only get one chance to guess their profession. You have to keep questioning other classmates until you do correctly guess that professional. Write the professions off the list below – the first person to find all five wins!

You may also wish to make quick notes on this page to record what you've learned.

Profession	Guessed? ✓ (Note the name of student)	Notes
Midwife		
General practitioner		
Obstetrician		

Extension question: Can you list any further professionals who may support a pregnant woman and her baby? Perhaps think of professionals who work with the roles listed above.

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Activity 6 – Antenatal and parenting classes

Teacher's notes

Plenary activity: Create a timetable	
Aim of the activity	For students to consolidate their knowledge on the different classes, and how these can support the baby and the parents.
Teacher instructions	<p>Photocopy the activity page, giving one per pair of students. For creating a timetable, this timetable should provide a program to parents to support them with antenatal care and parenting.</p> <p>For each class, students should provide a title and a one-sentence description of how the class provides support. The first has been done for students as an example.</p> <p>This activity should take no longer than 15 minutes (approx. time).</p> <p><i>Optional extension:</i> Some students could present their timetable.</p> <p><i>Optional extension:</i> Students could plan and run one (or more).</p>

Suggested answers (accept suitable alternatives):

Antenatal is the term that refers to the time that a woman is pregnant and before birth. The first appointment is normally at 8–12 weeks of pregnancy and will be with a midwife.

Class	Why should I attend?
Preparing for a safe pregnancy and delivery	This class will help you to stay healthy during pregnancy, give advice on how to reduce your risk of complications during labour and delivery.
How to maintain a healthy lifestyle during pregnancy	This class will teach you how to follow a healthy lifestyle during pregnancy. You'll be given advice about the best ways to stay active and maintain a healthy weight during your pregnancy. You will also learn about foods to avoid during pregnancy.
Role of the partner in supporting the mother throughout pregnancy and birth	This class will focus on the role of the partner, and will give tips on the best way to support the mother during pregnancy and birth. This is also an opportunity for partners to ask questions and talk about anything they are concerned about.
Preparing both parents for labour and parenthood	This class will explain what happens during labour and delivery, and of support that will be provided throughout. The class will cover some of your key responsibilities that you will have as a new parent.
How to make the birth an emotionally satisfying experience	This class will cover the different factors which can make the birth more likely that the birth is an emotionally satisfying experience. Delivery options will be discussed, as well as the support and care available.
Breastfeeding: the basics	This class will give you an introduction to breastfeeding and how to be more prepared after you have your baby. You will be given practical tips on how to breastfeed and express milk. It will explain why breastfeeding is encouraged at least for the first two weeks.

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Activity 6 – Antenatal and parenting

Create a timetable

For this activity, you'll be in your pairs and you'll be creating a timetable. This timetable should provide a programme of classes that are offered to parents to support them with antenatal care and parenting skills. For each class, provide a title and a one-sentence description of how the class provides support. The first has been done for you as an illustration.

The term antenatal means _____

The first appointment is _____

Class	Why should I attend?
Preparing for a safe pregnancy and delivery	This class will help you to stay healthy during pregnancy, and will give advice on how to reduce your risk of complications during labour.

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Activity 7 – Routine checks carried out at an antenatal clinic

Teacher's notes

Plenary activity: Forbidden words	
Aim of the activity	For students to refresh their knowledge on the different routine checks carried out at an antenatal clinic
Teacher instructions	<p>Photocopy the activity page, giving one per pair of students. Make sure each pair sees the activity sheet.</p> <p>The activity page contains a list of routine checks that are carried out at an antenatal clinic. One member of the pair that has the activity sheet must try to guess the name of the check itself or any of the 'forbidden words' listed. If they guess correctly, they can move on to the next one. Students continue until they have guessed all the routine checks.</p> <p>This activity should take no longer than 6–12 minutes (approx.)</p>

Suggested answers (accept suitable alternatives):

Routine check carried out at an antenatal clinic	Suggested description
Weight check	Measuring whether the mass of the mother's body has increased since her height
Blood tests	These can check for the presence of harmful infections, anaemia, and check the category of a key bodily fluid that is used for transfusion if needed
Blood pressure	Measuring the force that is required to send a key bodily fluid to other areas of the body. If this is high, it can indicate a health problem
Urine test	Providing a small amount of liquid waste that is checked for proteins, which can indicate an infection or pre-eclampsia
Examination of the uterus	Checking that the womb is increasing in size as expected for the baby's development
Baby's heartbeat	This is often listened to or observed first at the start of the pregnancy to ensure that a key muscular organ contracts.

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Activity 7 - Routine checks carried out at a

Forbidden words

You'll be in pairs for this activity – only one of you should see this activity sheet! Write down different routine checks that are carried out at an antenatal clinic.

However – you are not able to use the name of the checker (yourself or any of the forbidden words below) in your descriptions! Once your partner has guessed correctly, you can move on to the next check.

Routine checks carried out at an antenatal clinic	Forbidden words
Weight check	Weight
Blood tests	Group
Blood pressure	Pump; artery
Urine test	Weight
Position of the uterus	Group
Baby's heartbeat	Heart

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Activity 8 – Screening and diagnostic tests

Teacher's notes

Plenary activity: Dictionary	
Aim of the activity	For students to recap their knowledge on specialised diagnostic tests during pregnancy
Teacher's instructions	Photocopy both activity pages, giving one set per student. For this activity, use the 'dictionary' to summarise specialised screening tests and diagnostic tests during pregnancy. The description for each test should describe how the test works, what problems it can detect. Keywords are also provided to help students with their dictionaries. This activity should take no longer than 12–15 minutes (approx. two

Suggested answers (accept suitable alternatives):

Screening tests – Those listed below will identify whether your baby is at risk of suffering from a condition. Screening tests allow you to then decide about further diagnostic testing, which can be more invasive and carry a higher risk.

Ultrasound dating scan

- This is sometimes referred to as the 12-week scan.
- This shows how far along a woman is in her pregnancy, and checks whether the baby is developing normally.

Ultrasound anomaly scan

- This is carried out at around 18–21 weeks (mid-pregnancy) by a sonographer, and produces a black and white image. 3D and 4D scans are available privately.
- **Checks for:** Physical problems with body parts (e.g. bones, heart, spinal cord) and 13 chromosomes. Examples of conditions that can be detected include neural tube defects (e.g. spina bifida, anencephaly), cleft lip, diaphragmatic hernia, gastroschisis, exomphalos, serious kidney problems, renal agenesis, lethal skeletal dysplasia, Edwards' syndrome (13), Down's syndrome (21), Patau's syndrome (18).

Nuchal fold translucency scan

- This is an ultrasound carried out at around 11–14 weeks which checks the amount of fluid in the nuchal fold (the back of the neck). This is normally done as part of the 12 week dating scan.
- **Checks for:** Increased risk of Down's syndrome, as there is often an increased amount of fluid in the nuchal fold in this condition.

Triple test

This is a blood test carried out at 11–14 weeks of pregnancy which checks for the amount of three substances in the mother's blood.

- AFP (produced by the liver of the unborn baby) in maternal blood. However, further testing is needed to confirm a diagnosis.
- Human chorionic gonadotrophin (produced by the embryo and then the placenta)
- Oestriol – one of the group of oestrogen hormones
- Abnormal levels can be an indication of chromosomal or congenital abnormalities. However, this is not a definitive test, and further testing is needed in the form of a diagnostic test.
- **Checks for:** Down's syndrome, Edwards' syndrome, Patau's syndrome

NIPT blood test (non-invasive prenatal testing)

Again, carried out at 11–14 weeks

- This is an alternative way to screen for Down's syndrome that carries a lower risk of miscarriage than amniocentesis.
- **Checks for:** Down's syndrome

Diagnostic tests – these tests will tell you definitively whether the baby has a condition. They are normally carried out if screening tests have identified the mother as high risk. These tests are invasive and carry a small risk of miscarriage.

CVS (chorionic villus sampling) – Carried out between weeks 11–14 of pregnancy

- This is a diagnostic test which involves taking a sample from the placenta.
- **Checks for:** Genetic and chromosomal conditions such as Down's syndrome, Edwards' syndrome, Patau's syndrome

Amniocentesis – Carried out between weeks 15–20 of pregnancy

- This is a diagnostic test which takes a sample from the amniotic fluid.
- **Checks for:** Genetic or chromosomal conditions, e.g. Down's syndrome.

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Activity 8 – Screening and diagnosis

Dictionary

For this activity, you'll be writing a 'dictionary' to summarise the specialised diagnosis out during pregnancy. In your definition for each test, make sure you describe:

- How the test works
- The problems or conditions it can detect

There are keywords provided to help you, which should be included in your definition.



SCREENING TESTS

DATING SCAN / ULTRASOUND ANOMALY SCAN

Checks for:

Keywords: *weeks, sonographer*

NUCHAL FOLD / TRANSLUCENCY SCAN:

Checks for:

Keyword: *fluid*

TRIPLE TEST:

Checks for:

Keyword: *blood*

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NIPT BLOOD TEST (NON-INVASIVE PRENATAL TEST)

Checks for: _____

Keywords: Down's syndrome

DIAGNOSTIC TESTS

CVS (CHORIONIC VILLUS SAMPLING):

Checks for: _____

Keywords: placenta, diagnostic

AMNIOCENTESIS:

Checks for: _____

Keywords: fluid, genetic

CAN YOU EXPLAIN THE DIFFERENCE BETWEEN A SCREENING TEST AND A DIAGNOSTIC TEST?

Keywords: high-risk, invasive

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Activity 9 – The choices available for delivery

Teacher's notes

Plenary activity: You're the expert	
Aim of the activity	For students to be aware of the different choices available for delivery.
Teacher's instructions	<p>Photocopy the activity page, giving one per student. Students work in groups of four for this activity. All agree the following four delivery choices and then discuss them with their group members:</p> <ol style="list-style-type: none"> 1. Hospital birth, including private and independent midwife 2. Home birth 3. Domino scheme <p>Students must become the 'expert' on their allocated delivery choice. They must use their notes/textbooks to prepare to speak for two minutes on this. Give students five minutes for research and preparation.</p> <p>Next, students should take it in turns to speak to their groups. Each student should speak for a minimum of two minutes. Students should make notes from the other delivery choices, on their worksheets. This part of the activity should take no longer than 10 minutes (inclusive of two minutes for swapping over).</p> <p>This activity should take no longer than 15 minutes in total.</p>

Suggested content/guidance for answers (accept sensible alternatives):

Delivery choice	Advantages	Disadvantages
Hospital birth <i>Consultant-led units; midwife or doctor led units; birth centres, private hospital, independent midwife</i>	<ul style="list-style-type: none"> • Consultant-led units allow for access to specialist medical care when needed, e.g. from neonatologists or obstetricians. • Birthing centres can feel more comfortable and more like a home than a hospital, which aids relaxation. • Independent midwives are self-employed and work outside of the NHS (but are still registered and highly-trained professionals). • Some women may prefer this as the care can be more individualised, but this is not a free option. • Care can be provided by an independent midwife and a hospital (NHS) midwife. 	<ul style="list-style-type: none"> • There may be a longer waiting time for a midwife or birthing centre. • If the hospital is busy, the midwife may not be available. • Private provision is more expensive.
Home birth <i>Risk; role of the midwife; pain relief available</i>	<ul style="list-style-type: none"> • For low-risk pregnancies, home births are generally safe (the risk is slightly increased if it's the mother's first baby). • Being in home surroundings can aid relaxation and means that other children at home do not need to be left. 	<ul style="list-style-type: none"> • The risk of complications is slightly higher than in hospital. • The risk of complications is slightly higher if it's the mother's first baby. • The risk of complications is slightly higher if the mother has a pre-existing condition. • The risk of complications is slightly higher if the mother is over 35.

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Activity 9 – The choices available for

You're the expert

You'll be in small groups of four for this activity, and each of you will be allocated a different choice available for delivering a baby. You'll be given five minutes to become an 'expert' on your allocated delivery choice – using your notes and/or textbooks to write down key information. The table below contains some 'clues' for each delivery choice, to give you an idea of what to cover.

Then, you'll take it in turns to present your peers this key information – you'll get two minutes to do this. After each presentation, the other group members will use your activity sheet to make notes on the other choices for delivery.

Delivery choice	Advantages	
Hospital birth Consultant-led units; midwife or GP-led units; birthing centres Private hospital / independent midwife Self-employment; financial considerations		
Home birth Risk; role of the midwife; pain relief available		

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Activity 10 – Labour and the methods of delivery

Teacher's notes

Plenary activity: Complete the diagram	
Aim of the activity	For students to recap their knowledge of the signs and stages of delivery
Teacher's instructions	<p>Photocopy the activity page, giving one per student. The activity completed diagram outlines the role of the birthing partner signs that labour has started, the three stages of labour and the stages of delivery. Students should use the prompts provided to fill in the necessary details.</p> <p>This activity should take no longer than 15 minutes (approx. the time to complete the diagram to be filled in).</p> <p><i>Optional extension:</i> Several students could present their diagrams to the class. Other students could add anything they've missed into their own diagrams.</p> <p><i>Optional extension:</i> Students could discuss the advantages and disadvantages of different methods of pain relief when in labour.</p> <p><i>Optional extension:</i> Students could describe how each method of delivery works and why it may be necessary.</p>

Suggested answers

Suggested answers for the activity are on the page overleaf.

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Activity 10 – Labour and the method

Complete the diagram (Answers)

Role of the birthing partner:

1. Emotional support, e.g. active listening, encouragement, calming

2. Physical support, e.g. position changes, support, breathing techniques, hydration, communication

Signs of labour

Stages of labour:

Stage 1: Dilation of the cervix

The cervix (neck of the uterus) begins to dilate due to contractions. The cervix needs to be dilated to about 10 cm to allow the baby to come out of the uterus.

Stage 2: Birth

When the cervix is fully dilated, the baby will move down towards the vagina's entrance. The mother will push during contractions, which will help the baby to move through the vagina (if having a vaginal birth). The baby is born.

Methods of delivery

Forceps	A medical instrument shaped like tongs and made from metal. These are designed to fit around the baby's head, to pull them out gently.
Ventouse	This is a device which works via vacuum suction. The cup attaches to the baby's head, and suction is used via a tube to pull the baby out gently.
Elective or emergency caesarean section	This is a surgical procedure, which delivers the baby via a small incision in the abdomen. This option may be used if a vaginal birth could be risky for the mother or baby.
Episiotomy	This is when a cut is made in the vaginal wall and perineum to allow more space for the baby to be born.

Gas and air (Entonox)

50% nitrous oxide (laughing gas) and 50% oxygen. When inhaled, reduces perception of pain and helps relaxation.

Pethidine

A synthetic opioid analgesic medication that reduces perception of pain.

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Activity 10 – Labour and the method

Complete the diagram

The diagram below about the stages of labour and delivery methods is only partially completed. For the missing parts, you need to write down the missing information. There are prompts (★) added to help you!

Role of the birthing partner:

1. Emotional support, e.g.

2. Physical support, e.g. ★

Stages of labour:

Stage 1: Neck of the uterus opens

The cervix (neck of the uterus) begins to dilate due to contractions. The cervix needs to be dilated to about 10 cm to allow the baby to come out of the uterus.

Stage 2: Birth ★

Methods of delivery

Forceps	A medical instrument shaped like tongs and made from metal. These are designed to fit around the baby's head, to pull them out.	★
Ventouse		★
Elective or emergency caesarean section		★
Episiotomy		★

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Activity 11 – Postnatal checks of the newborn

Teacher's notes

Plenary activity: Quiz	
Aim of the activity	For students to test their knowledge on postnatal checks of newborns.
Teacher's instructions	<p>Photocopy the second activity page, giving one per student. The sheet contains 10 quiz questions. The sheet should not be seen by students before the quiz. Cover the postnatal checks that can be carried out on newborns until the end of the quiz, once you have provided the answers. The person with the highest number of points wins!</p> <p>This activity should take no longer than 12 minutes (approx. 10 minutes for the quiz and 2 minutes for the answers).</p>

Answers are on the quiz sheet overleaf.

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Activity 11 – Postnatal checks of the newborn

Quiz – question and answer sheet

This sheet should only be seen by the teacher.

- 1. True or false – the Apgar score is a blood test taken immediately after birth, which checks for genetic conditions.**
False – the Apgar score checks five vital signs – assess the baby's health, in terms of grimace response, activity and reflex response.
- 2. When checking a newborn's skin, what is 'lanugo'?**
A soft white hair that can cover parts of the baby's body. This usually falls away before birth and will usually fall away on its own.
- 3. Define 'vernix'.**
The white, sticky coating that protects a baby's skin in the womb and shortly after birth.
- 4. Give three physical measurements of the newborn that will be taken.**
Weight; length; head circumference
- 5. What is the 'fontanelle'?**
A soft patch on the baby's head where the skull has not yet fused over.
- 6. State two body parts that will be checked.**
 - Eyes
 - Heart
 - Feet
 - Fingers
 - Hips
- 7. What body part is checked only in males?**
 - Testicles
- 8. What is the 'heel prick' test?**
 - The heel prick test involves taking blood from a baby's heel at around five days old and putting it on a special testing card.
 - It tests for nine rare conditions, including cystic fibrosis, congenital hypothyroidism and sickle cell anaemia.

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Activity 11 – Postnatal checks of the new

Quiz – answer sheet for students

This activity involves a quiz about the postnatal checks that can be carried out on a newborn baby. How many can you get right? Add up your points at the end!

1

2

3

4

5

6

7

8

How many did you get right? Add up your points

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Activity 12 – Postnatal provision available for mother and family

Teacher's notes

Plenary activity: Dear diary	
Aim of the activity	To encourage students to think about the impact that different kinds of postnatal provision can have on the mother, baby and/or family
Teacher instructions	<p>Photocopy the activity page, giving one per student. For this activity, students write from the perspective of a new parent. This diary should be written about the experiences they have received since the birth and how this has helped them. The activity page provided on the activity page for the kinds of postnatal provision available in your area. Students write their diary entries.</p> <p>This activity should take no longer than 15 minutes.</p> <p><i>Optional extension:</i> You could have several members from the class write diary entries and then read them out and use these as a basis for class discussion.</p>

Suggested content for answers (accept suitable alternatives):

As students' diary entries are likely to vary widely, some indicative content is provided below. The prompts provided on the activity page.

Role of the father/partner

- Practical support with the baby/home, e.g. changing, feeds, sterilising bottles
- Emotional support, e.g. listening to and reassuring mother, being aware of stress

Support from other family and friends

- Practical support with the baby/home, e.g. changing, feeds, sterilising bottles
- Emotional support, e.g. listening to and reassuring mother, being aware of stress
- May also be able to offer advice from experiences if they are parents already

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

- Registering new baby with the GP means there is advice available if new parent needs it (emergency GP care is available without being registered, too).
- Midwives provide care immediately after the birth, e.g. a few days afterwards to ensure everything is going well. They will check the baby's weight and carry out a blood test to check for congenital issues.
- The health visitor will visit parents at home around 10–14 days after birth – to check on parenting skills, child development and give feeding advice. They can also signpost to other services.

6–8-week review by health visitor or doctor

Checks mother's welfare, e.g. recovery since birth, emotional well-being, healing of any wounds.

- Looks for developmental or congenital issues, including congenital heart disease, in the new baby.
- Checks growth and development in other aspects, e.g. head circumference, weight, length.

Awareness of sudden infant death syndrome (SIDS)

- The exact cause is unknown but there are several risk factors, e.g. being born prematurely, being a boy, being a first child.
- Babies should be placed on their backs to sleep, with any blankets tucked behind them and on a firm mattress.
- Babies should sleep in the same room as their parents (e.g. in a cot) for the first 6 months.

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Activity 12 - Postnatal provision available for new parents and family

Dear diary

For this activity, you should write a diary entry (from the perspective of a new parent) that describes the different forms of postnatal support you have received and how these have had an impact on you. You could write either as the mother or the father, and you should try to cover the following in your diary entry:

- Role of the father/mother
- Support from other family and friends
- Information, advice and support from GP, midwife and health visitor
- 6–8 week review by health visitor or doctor



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Dear diary,
Becoming a new parent has been really exciting but also quite scary.
I've received from different sources has been amazing. For example,

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Activity 13 – Developmental needs of children

Teacher's notes

Starter activity: Storyboard	
Aim of the activity	For students to understand the different conditions which support children's development.
Teacher's instructions	<p>Photocopy the activity page, giving one to each student. For this activity, create a 'storyboard' to illustrate the different conditions which support the development of children. Use the captions provided as a guide to help students, by giving them some ideas for their storyboard.</p> <p>This activity should take no longer than 12–15 minutes (approx. 10 minutes for the storyboard).</p>

Suggested answers (accept suitable alternatives):

Students' answers are likely to vary widely, but some suggested content for their storyboard could be:

Love and emotional security

- Involves showing that needs are understood and met appropriately
- Providing comfort (e.g. when upset) and physical affection
- Builds a child's confidence and self-esteem, and ability to have healthy relationships

Environmental conditions

- **Shelter/home:** Children should have a safe and secure place to live where they can thrive.
- **Warmth:** Being too cold means that a baby will struggle to rest properly.
 - Babies / young children are also at greater risk of hypothermia.
 - On the other hand, a room that is too hot can increase the risk of SIDS.
- **Rest/sleep:** Being able to rest adequately means that a child will have the necessary supports brain functioning.
 - See above for notes on temperature and rest/sleep.
 - Sleep disturbance can lead to emotional and behavioural difficulties.
- **Exercise:** Doing exercise helps a child to develop physically (e.g. muscle strength, bone density, etc.) and maintain a healthy weight.
 - Being outside also supports the intake of Vitamin D (supports the health of bones).
 - Being exposed to fresh air also supports the health of the respiratory system.
- **Cleanliness:** This reduces the risk of developing infections and also having accidents (e.g. spillage).
 - However, excessive cleaning (i.e. with harsh chemicals) can cause irritation, e.g. to the skin.

Stimulation, opportunities to play and socialisation

- Play supports intellectual development, e.g. problem-solving skills.
- It also supports social development, e.g. cooperation with others.
- Physical play also supports development of motor skills (gross and fine).
- It is important for children to socialise with others outside of their family group.

Opportunities for listening/talking

- Support language development (e.g. increase in vocabulary and comprehension skills).
- Support development of social skills and encourage appropriate behaviour.
- Build confidence.

Routine (e.g. bedtime, feeding)

- **Bedtime:** Having a consistent sleeping/napping routine reduces the risk that a young child will develop sleep problems.
- **Bath time:** Supports the baby's hygiene and physical health.
 - It is calming before bed, to aid sleep.
 - It also offers opportunity for bonding between babies and parents.
- **Feeding:** Finding a pattern of behaviour that indicates when a newborn is hungry is important so that their nutritional needs are met.
 - Having feeds at a predictable time (e.g. after a walk) can also be more comfortable for the baby.

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Activity 13 – Developmental needs

Storyboard

For this activity, you'll be creating a 'storyboard' which illustrates the conditions needed for the development of a child. You will create a storyboard with an illustration that portrays how these different conditions support a child's development.

Conditions for child development

	
Love and security	Quality of the environment (e.g. warmth, somewhere to rest and sleep, cleanliness, exercise and fresh air)
	
Opportunities for listening and talking	Routines for bath time and bedtime

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Activity 14 – Acceptable patterns of behaviour to discipline

Teacher's notes

Starter activity: Debate	
Aim of the activity	For students to understand how discipline can influence patterns of behaviour.
Teacher's instructions	<p>Split the class into two groups for this debate activity. The statement to debate is 'Children need high levels of discipline from their parents.'</p> <p>One side will be arguing for, and the other will be arguing against. The teacher should have one or more copies of the activity page.</p> <p>Give the class five minutes to prepare their argument – some copies of the activity page to help them. Each side should nominate a spokesperson. Each side should have five minutes to present their argument to the class. Note the opposition's perspective on the activity page.</p> <p>This activity should take no longer than 15 minutes in total.</p>

Suggested content for sides of the debate (accept suitable alternatives):

Side 1: Discipline is key to promoting acceptable behaviour patterns.

There is a need for boundaries:

- Boundaries set out clearly to children what is acceptable, and what is not.
- This can support them as they grow up into adulthood as they will be more able to behave in a socially appropriate way for the context.
- Having boundaries can also lessen anxiety for a child, as routines and expectations are clear.
- Setting boundaries helps children learn how to cope with being told 'no'.

Consideration of others is important:

- What a child wants to do may conflict with the needs of others (e.g. not wanting to go to work), so parents will have to teach the child that others' needs come first.
- A child's behaviour could harm another person (e.g. by acting aggressively), and a parent will have to teach the child not to behave in that way.
- Learning to cope with being told 'no' can also help to build empathy, as a child will understand the feelings of disappointment. They may be able to empathise with others in a similar situation as they grow up.

Discipline promotes safety:

- As children's brains are not yet fully mature, they often do not understand the dangers of the environment.
- Discipline helps to teach children what is and isn't unsafe to do, to prevent them from being hurt.

Discipline promotes positive behaviour:

- Encouraging children to behave in a prosocial way will benefit their development as they learn to form positive, helpful relationships with other people.
- By disciplining a child for acting/speaking aggressively – and encouraging a more appropriate way of managing their emotions – a child will be better able to handle their emotions and other instances of conflict.
- Being disciplined for poor behaviour gives the child the opportunity to understand what would have been the appropriate behaviour in the situation.

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Side 2: Discipline can sometimes be harmful for a child.**Very strict parenting can affect a child's self-esteem:**

- Being overly critical of a child can negatively affect their confidence, which can have their later years.
- Very strict and harsh parenting can lead children to feel as though parts of their personality increase the risk of developing mental health problems later in life.
- Children may struggle to have a positive relationship with parents that are harsh/cold upon self-esteem and the ability to have healthy relationships with others.

Children may imitate harsh or critical behaviour or language used by their parents:

- This could lead to interpersonal problems in later life, as their style of managing conflict to others.
- This could lead to behavioural problems at school, e.g. shouting at peers.

Children should be given the freedom to behave as they please:

- Some might argue this gives children the opportunity to learn from their mistakes /
- Some might also argue that being too strict could inhibit the development of a child
- Being too strict with rules could result in an inflexible style of thinking that is passed on creativity in later life.

Strict rules without explanation do not teach a child why they shouldn't behave in a certain way:

- If child does not understand why they have been disciplined, they may continue to repeat the behaviour and have the same undesirable result.
- Teaching a child why a behaviour is wrong discourages them from repeating that behaviour and the well-being of the child and of others.

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Activity 14 – Acceptable patterns of behavior to discipline

Debate

For this activity, your class will be split into two – each side will be arguing a different point (the teacher will tell you which side you're on). You have five minutes to make brief arguments and nominate a spokesperson(s). Each side of the debate will then be a case. Make notes as you listen to the other side's argument too.

You'll be debating the following statement:

'Children need high levels of discipline from their parents.'

Side 1: Discipline is key to promoting acceptable behaviour patterns.

There is a need for boundaries.

Consideration of others is important.

Discipline promotes safety.

Discipline promotes positive behaviour.

Side 2: Discipline is harmful.

Very strict parenting can harm a child's self-esteem.

Children may imitate bad behaviour/language.

Children should be allowed to behave as they please.

Strict rules without explanation can lead to a child why they should follow them.



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Activity 15 – Infection and common childhood

Teacher's notes

Plenary activity: Quiz	
Aim of the activity	For students to test their knowledge of infection and common childhood illnesses.
Teacher's instructions	<p>Photocopy the third activity page giving one per student. The page contains the list of quiz questions that should not be seen by students until the quiz. Cover infection and common childhood illnesses mentioned in the teacher's answers at the end of the quiz. The person with the most correct answers wins!</p> <p>This activity should take no longer than 15 minutes (approx. 30 minutes if you include the starter).</p>

Answers are on the quiz sheet overleaf.

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Activity 15 – Infection and common childhood illnesses

Quiz – question and answer sheet

This sheet should only be seen by the teacher.

1. List three general signs of illness in children.

Any three from (accept suitable alternatives)

- Irritability / mood changes
- Vomiting/diarrhoea
- Fever
- Coughs/sore throat
- Reduced appetite
- Nausea
- Aches/pains
- Lethargy/fatigue
- Runny nose
- Rash

2. What is the difference between a sign and a symptom?

- A sign is objective (can be seen by others, e.g. a rash)
- A symptom is subjective (felt by the person, e.g. fatigue).

3. True or false – the most recognisable symptom of chickenpox is a painful skin rash (located at the side of the face).

False – this is the most recognisable symptom of mumps.

4. List one key symptom of meningitis.

Any one from:

- Fever
- Pale/blotchy/blueish skin
- Drowsiness/lethargy
- Unusual crying
- Aversion to bright lights
- Bulging fontanelle
- Vomiting
- A rash that doesn't blanch
- Irritability
- Stiff neck
- Increased rate of breathing

5. Outline five ways that a parent can care for a child at home while they're unwell.

One from (accept suitable alternatives):

- Ensure that the child is well-hydrated.
- Provide nutritious food, if the child feels like eating.
- Ensure they are warm enough but also keep a room well-ventilated.
- Encourage sleep and participation in quiet activities.
- Use medication as appropriate/prescribed, e.g. painkillers.
- Contact health professionals with any serious concerns.

6. List two key signs/symptoms for which emergency medical help should be sought.

Two from (accept suitable alternatives):

- Breathing difficulties
- Limpness
- Fitting/seizures
- Unresponsiveness
- High fever

7. 'The first signs of measles are a high temperature, a runny nose and watery eyes five days after the onset of these symptoms.' Is this statement true or false?

- The statement is true

8. List two symptoms of chicken pox.

Two from the following:

- Headache
- Blotchy, itchy skin
- Small fluid-filled blisters
- Fever

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9. 'The symptoms of tonsillitis are a fever, sore throat with difficulty swallowing breath.' Is this statement true or false?

- The statement is true

10. List one key sign or symptom of a common cold.

One from the following list:

- High temperature
- Blocked nose
- Cough
- Runny nose
- Sneezing

11. Finish this statement: 'Shigellosis is...'

- ... a type of bacteria that causes diarrhoea and vomiting.
- It is caused by a virus called 'rotavirus' and is very common in young children.

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Activity 15 – Infection and common childhood illnesses

Quiz – answer sheet for students

This activity involves a quiz about infection and common childhood illnesses. How many can you get right? You should pair up with a partner at the end to mark each other's work.

1

2

3

4

5

6

7

8

9

10

11

How many did you get right? Add up your points

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Activity 16 – Needs of an ill child

Teacher's notes

Starter activity: Annotate the case study	
Aim of the activity	For students to consider the different needs of an ill child
Teacher's instructions	<p>Photocopy the activity page, giving one per student. Students study, which describes the experience and needs of a child who is ill, then need to identify the parts of the text which mention the child's (intellectual, emotional, social) that the child has. Students should underline to indicate where these are, and explain them in their own words.</p> <p>This activity should take no longer than 8–10 minutes (approx.)</p>

Suggested answers (accept suitable alternatives):

Students could complete the different boxes with content from the following:

Physical needs

- Children need to be able to rest safely and comfortably.
- Having her favourite blanket could help her to sleep, which will ultimately help her to recover.
- Being well-rested will also have a knock-on impact on Mia's intellectual and emotional needs.

Intellectual needs

- Mia is having to miss school, which could cause her to fall behind her peers in terms of learning.
- There may be less stimulation for Mia at times in hospital, due to the treatment she'll be receiving.
- In between treatment, hospital play services will be available at times, which could offer intellectual stimulation via play.

Emotional needs

- Mia's parents and hospital staff have explained her illness and treatment to her, which may cause her anxiety.
- Mia is anxious about missing her friends and family, which could be exacerbated by being in hospital.
- Mia will be in need of comfort during this distressing time, and familiar objects from home can help with this.

Social needs

- Mia is likely to be separated from her parents for some of her hospital stay as they need to go to work, which could make her feel anxious and lonely.
- Mia is also likely to be separated from her friends at school, unless they come to visit, which could make her feel lonely.
- There will be other children on the ward that Mia may start to socialise with, e.g. during play time.

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Activity 16 - Needs of an ill child

Annotate the case study

For this activity, you need to first read the case study in the middle of the page and needs of a child with a serious illness. Then, you need to identify the parts of different needs (physical, intellectual, emotional, social) that the child has. Draw and indicate where these are, and explain them in the boxes provided.

Emotional needs



Intellectual needs

Mia is six, and has had to come into hospital because of respiratory problems. She is likely to be in hospital for a long time. Her parents will stay with her as much as they can, but they also have to work, and cannot afford extended time off work. This is the first time in her life for such a long period of time, and she is worried about her friends and family. As she is also taking some time off school, her parents are anxious that she'll fall behind and get bored with limited stimulation. However, the hospital staff have done their best to explain to Mia what is going to happen while she's in hospital, and have given her lots of opportunities to ask any questions. Her parents have made sure that her favourite blanket has been brought in from home, which they hope will help her rest well.

Physical needs



Social needs

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Activity 17 – How to create a safe, child-friendly home

Teacher's notes

Starter activity: Safety checklist	
Aim of the activity	For students to be aware of what a hazard is and the different types of hazards which can influence child safety
Teacher instructions	<p>Photocopy the activity page giving one per pair of students. Students complete a checklist which could be used to assess whether someone's home is child-friendly. They are given different areas that need to be considered to make sure students should use the middle column to list specific hazards that could pose a potential hazard to a young child. A few have been provided to help students.</p> <p>This activity should take no longer than 10 minutes (1–2 minutes per student).</p> <p><i>Optional extension:</i> Students could use their checklists at home to assess whether their home is currently safe and child-friendly.</p>

Suggested answer (accept suitable alternatives):

A hazard is something that would be potentially damaging or dangerous, whether it is a loose plug socket or a child running into a road.

Area	Possible safety issues resolved/observed
Kitchen	Cupboards have child-safety latches.
	There are no electrical outlets close to the sink.
	Cleaning chemicals are securely locked away.
	Smoke detectors are in place.
	Cooking equipment is out of reach.
Bathroom	Sharp objects (e.g.) knives are out of reach or locked away.
	Medicines are stored in a locked cabinet.
	There are no electrical outlets close to the bath or shower.
	Cleaning chemicals are securely locked away.
	Water runs at an appropriate temperature.
Stairs	Anti-slip mats are present at the bottom of the shower or bath.
	Bannisters are sturdy and in good condition.
	Stairs are free from trip hazards.
	Child safety gates are present at the top and bottom of the stairs.
	Stairways are well lit.
Garden / play areas	Any carpets or runners are secure.
	Garden tools / machinery is locked away.
	Garden furniture/play equipment is sturdy and in good condition.
	Any ponds/water is protected, e.g. by a gate.
	There are no gaps in fences, hedges or gates.
Road safety	There are no plants in reach which are dangerous (e.g. poisonous).
	Child-safe gates prevent access to the road from the home.
	Car doors are locked securely.
	Car keys are out of reach.
	Toys are not left in the driveway, or anywhere else that cars could hit.
	Pavements near roads are free from trip hazards.

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Activity 17 - How to create a safe, child-friendly

Safety checklist

For this activity, you need to create a safety checklist (in your pairs) which could be used to check that someone's home environment is child-friendly. There are different areas that need to be considered down the left-hand side of the table and you should use the right-hand column to list specific aspects of that area which could pose a potential hazard to a child. A few have been filled in already to help you get started.

Firstly, can you explain what a hazard is?

A hazard is:



Area	
Kitchen	Cupboards have child-safety latches.
Bathroom/ toilets	
Stairs	
Garden / play areas	Garden tools / machinery is locked away
Road safety	



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Activity 18 – Safety labelling

Teacher's notes

Plenary activity: Match-up	
Aim of the activity	For students to consolidate their knowledge on safety labelling.
Teacher's instructions	<p>Photocopy the activity page, giving one per student. For the first part, students must match the different safety labelling methods to their descriptions. This activity should take no longer than five minutes.</p> <p>For the second part of this activity, students should describe to the class what could protect a child. This part of the activity should also take no longer than five minutes.</p> <p>This activity should take no longer than 10 minutes in total.</p>

Answers (accept suitable alternatives) – Part 1

BSI Kitemark	This is a symbol that a product has been tested for safety, reliability and quality by the British Standards Institution. This can be found on a range of electrical appliances, such as electric kettles and automatic bottle machines as well as baby monitors. It is also found on mattresses and pushchairs.
Lion Mark	This shows that a toy meets the British Toy and Hobby Association's standards, which state that guidelines regarding ethical advertising have been followed in Britain.
Age advice symbol	This provides guidance regarding the suitability of a product for a specific age group. It can be found on toys that are not suitable for children under the age of three.
CE symbol	This shows that a product meets the standards required for products sold in the European Economic Area. There may be additional warnings next to this symbol, such as 'WARNING: Not for use as a toy'.
UKCA symbol*	This is a safety mark put onto products that are made and sold in the United Kingdom.
Children's nightwear labelling	These are influenced by legal guidelines about which labels must be on children's nightwear. 'FIRE' This is because these items are high risk for fire. This is to warn parents that the nightwear is not suitable for children.

Suggested answers (accept suitable alternatives) – Part 2

Students could provide any two from the following:

- Fire safety warnings on nightwear could encourage parents to keep these away from children, reducing the risk of these items catching alight.
- By abiding by age advice symbols, parents are less likely to provide their very young children with toys that are unsuitable for them (e.g. containing small parts that could be swallowed).
- Toys which feature safety marks will not have been treated with chemicals that are harmful to young children.
- Toys which feature safety marks may be less likely to be flammable, which reduces the risk of catching alight.
- Toys which feature safety marks may be less likely to cause injury, e.g. by having sharp edges.

* This symbol is used as a replacement for the CE marking, which was used to denote that a product registered in the UK.

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Activity 18 - Safety labelling

Match-up

On this activity sheet, there are descriptions of different methods of safety labelling used by or with children. For the first part of this activity, you need to correctly match the description. You could do this by drawing arrows or lines.

Kitemark (BSI safety mark)	
Lion Mark	
Age advice symbol	
CE symbol	
UKCA symbol	
Children's nightwear labelling	

This shows the mark required for European CE additional w

This is a symbol tested for safety the British S

This is a safety are made a

This provides suitability of groups.

These are instructions about which FROM FIRE are high risk

This shows and Hobby safety, and ethical adv

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For the second part of this activity, you should decide on two ways that safety labelling

1.

2.

